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RESEARCH

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THE NURSE EXPERIENCING INTENTIONALITY AS MEANING IN THE IMPLEMENTATION OF THE NURSING PROCESS

O enfermeiro vivenciando a intencionalidade como significado na implementação do processo de enfermagem
La enfermera experimentando intencionalidad como significado en el implementación del proceso de enfermería

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ABSTRACT

Objective: to analyze meanings attributed by nurses in the implementation of the Nursing Process in a Hospital Institution. **Method:** qualitative study guided by Content Analysis and Thematic Analysis based on the References: Symbolic Interactionism and Clinical Role of Nurses; with data collected from nurses through a focus group. **Results:** from the meanings attributed by the nurse, the central theme “Doing with Intentionality” emerged; among other meanings “Enabling the Implementation of the Nursing Process”; “Corroborating for the Establishment and Recognition of Identity, Scientificity and Professional Satisfaction” and, finally, “Overcoming Impasses”. **Conclusion:** even in the face of difficulties, obstacles and impasses, the experience with the implementation of the Nursing Process revealed the intentionality of nurses’ daily activities, corroborating the establishment of their professional identity. This study can contribute to stimulating and training those who want to work with the Nursing Process.

DESCRIPTORS: Nursing process; Hospital care; Nursing; Nursing service hospital; Qualitative research.

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RESUMO

Objetivo: analisar significados atribuídos pelo enfermeiro na implementação do Processo de Enfermagem em Instituição Hospitalar. **Método:** estudo qualitativo guiado pela Análise de Conteúdo e Análise Temática fundamentado nos Referenciais: Interacionismo Simbólico e Papel Clínico do Enfermeiro; com dados coletados junto a enfermeiros por meio de Grupo Focal. **Resultados:** dos significados atribuídos pelo enfermeiro, emergiu o tema central “Fazendo com Intencionalidade”; entre outros significados “Viabilizando a Implementação do Processo de Enfermagem”; “Corroborando para Estabelecimento e Reconhecimento da Identidade, Cientificidade e Satisfação Profissional” e, por último “Superando Impasses”. **Conclusão:** mesmo diante de dificuldades, obstáculos e impasses, a vivência com a implementação do Processo de Enfermagem revelou a intencionalidade do fazer cotidiano do enfermeiro corroborando para o estabelecimento de sua identidade profissional. Este estudo poderá contribuir para estímulo e capacitação daquele que anseia trabalhar com Processo de Enfermagem.

DESCRITORES: Processo de enfermagem; Assistência hospitalar; Enfermagem; Serviço hospitalar de enfermagem; Pesquisa qualitativa.

RESUMEN

Objetivo: analizar los significados atribuidos por las enfermeras en la implementación del Proceso de Enfermería en una Institución Hospitalaria. **Método:** estudio cualitativo guiado por Análisis de contenido y Análisis temático basado en las referencias: interaccionismo simbólico y papel clínico de las enfermeras; con datos recopilados de enfermeras a través de un grupo focal. **Resultados:** de los significados atribuidos por la enfermera, surgió el tema central “Hacer con la intencionalidad”; entre otros significados “Habilitar la implementación del proceso de enfermería”; “Corroborando para el establecimiento y reconocimiento de la identidad, la científicidad y la satisfacción profesional” y, por último, “superando los impases”. **Conclusión:** incluso frente a dificultades, obstáculos e impases, la experiencia con la implementación del Proceso de Enfermería reveló la intencionalidad de las actividades diarias de las enfermeras, corroborando el establecimiento de su identidad profesional. Este estudio puede contribuir a estimular y capacitar a quienes desean trabajar con el Proceso de Enfermería.

DESCRIPTORES: Proceso de enfermería; Atención hospitalaria; Enfermería; Servicio de enfermería en hospital; Investigación cualitativa.

INTRODUCTION

This study emphasizes the experience of nurses in implementing the Nursing Process (NP).

The NP is presented as a methodological instrument of the profession; constituting a systematic model that, in a unique way, allows guiding the assistance to the person, the family, or the community.¹⁻² Its application is the exclusive responsibility of nurses and enables effective compliance with the ethical-professional determination, according to Resolution COFEN 358/2009, so that nursing interventions are focused on the person's responses to the health-disease process and to the stages of the life cycle.³

As an organizational method, the NP represents one of the most important achievements in the profession's scientific and care field;⁴ since it is one of the components of the nurse's clinical role, highlighting its contribution to population health care, with increased professional recognition and visibility.^{3,5} The nurse's clinical role is understood as a complex psychosocial process resulting from the nurse's interaction with the person, family, or group, with a view to decision-making processes in areas of nursing domain that lead care experiences and governance of the interactional space.⁵

In clinical practice, the implementation of the NP is configured as challenging, because nurses face difficulties in its application, due to obstacles internal and external to nursing itself, such as insufficient human resources, lack of institutional support,

contradictions in teaching-learning of the NP in undergraduate courses, for example, when the student performs practical activities in health institutions that do not have care systematized by the NP.⁶

Thus, in recent decades, there has been an increase in the production of knowledge about the insertion of the NP in health care institutions, providing implementation strategies with favorable conditions for its clinical applicability.⁶ Sharing such experiences may collaborate with the nursing praxis, favoring nurses' reflections on their clinical role and its invisible aspects, such as judgment and clinical autonomy.^{5,7-8} From this perspective, this study aims to analyze the meanings attributed by nurses in the implementation of the Nursing Process in a Hospital Institution.

METHOD

Qualitative research conducted by the method of content analysis and the technique of thematic analysis,⁹ with theoretical basis in Symbolic Interactionism¹⁰ and the Clinical Role of the Nurse.⁵ The purpose of content analysis was to search for the meanings of a communication, aiming to systematically describe its content.¹¹ The Thematic Analysis technique, under the theoretical perspective of Symbolic Interactionism, focused on the social and symbolic construction of the interaction experience.¹⁰ And, the Clinical Role of the Nurse model was the basis for the understanding of care experiences and its elements.⁵

The development of the study was carried out with care nurses from different sectors of a private, medium-sized and

highly complex hospital, located in the south of the state of Minas Gerais – Brazil and accredited at Level 1 by the National Accreditation Organization. In the institution, nurses who are members of the Commission entitled Systematization of Nursing Care (SAE) implemented the NP in 2011, in computerized form, in the inpatient units and Intensive Care and also in the Surgical Center through the Systematization of Perioperative Nursing Care (SAEP).

In the selection of the intentional non-probabilistic sample,¹² we included those who were involved in the implementation of the NP. And, we excluded those who had been active in the institution for less than a year, because we believed that this time would be insufficient for the professional to have critical knowledge about the NP.

Data collection was performed using the focus group technique¹³ in the second half of 2015, in a private place of the institution, lasting 120 minutes. Initially, we clarified the nurses about some aspects of the study and about the Focus Group session. We presented the Informed Consent Form.

To facilitate the conduct of the interview, we developed a script of activities that contained broad triggering and provocative questions for the session: – Comment on the NP in the context of nursing care, in general, not limited to the institution; – Talk about your perceptions about the implementation of the NP at the institution; – With the implementation of the NP at the institution, what do you observe in relation to the nursing work process?

To analyze and interpret the collected material, we used the Thematic Analysis technique⁸ to identify the Registration Units (UR), which corresponded to a segment of the content. In the codification process, the URs were marked with alphanumeric

codes and aggregated to Context Units. Then, these Units were organized into groups and subgroups by similarities and differences, thus creating thematic categories and subcategories that revealed meanings attributed by nurses in their experience with the NP. Data analysis was also based on the integrative literature review⁶ that integrated knowledge about impasses, conditions and potentialities to the implementation of the NP.

This study was approved by the Research Ethics Committee of the Universidade Federal de Alfenas – MG, CAEE: 42666515.4.0000.5142, under opinion number 1.092.331, on 04/28/2015, whose completion and signature were imperative for such participation.

RESULTS

The sample was composed of seven nurses, of whom five (85%) had specialist degrees, and the time of professional practice in the institution as nurses varied from ten to four years. The meanings revealed in the nurses' statements allowed the construction of four categories and eight thematic subcategories (Figure 1), thus outlining interrelated components in the implementation of the NP.

We began the presentation of the categories and subcategories by the conditions that made the implementation of the NP possible. Next, we demonstrate the interaction of nurses with the NP, in a general and specific way, and with the steps that constitute it. Finally, we present results achieved and obstacles overcome in the implementation of the NP. We emphasize that the word patient was used to refer to the person who was under nursing care.

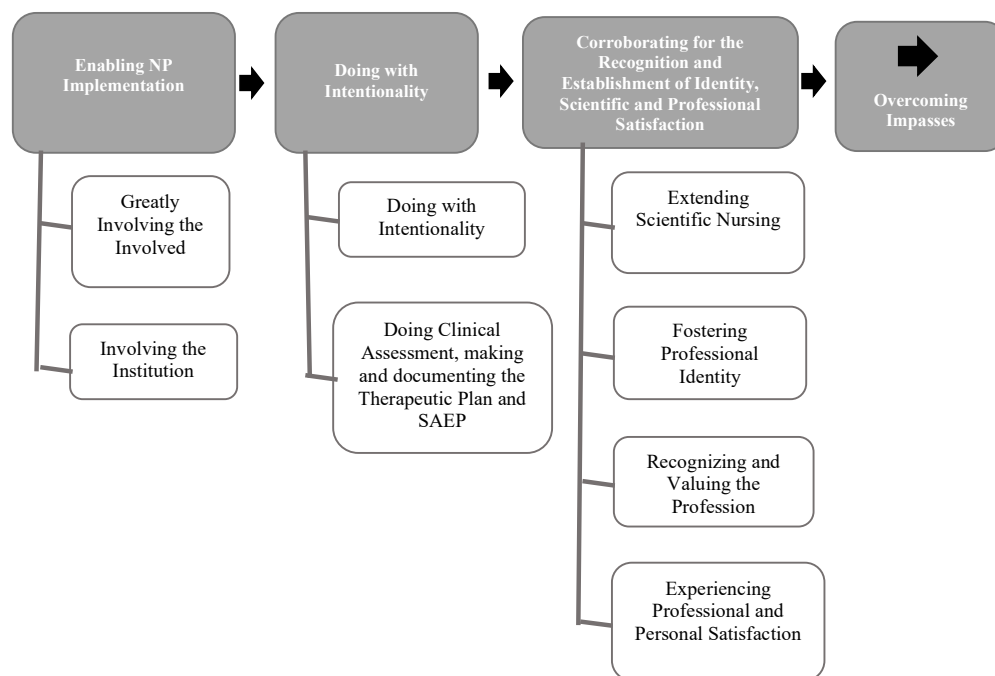


Figure 1 – Synoptic of thematic categories and subcategories of the implementation of the NP in hospital clinical practice. Alfenas, MG, Brazil, 2016.

ENABLING NP IMPLEMENTATION

The conditions and strategies that advocated this category are outlined in two thematic subcategories: Involving those involved a lot and Involving the Institution.

Involving a lot of those involved

The redundancy in the title of this category is intentional and points to the first elements that made possible the implementation of the NP as a process of care work. It highlights the mobilization and commitment of the members of the SAE Commission in the viability of the NP in the Institution by recognizing in the NP a perspective of transformation and improvement of the care reality.

[...] this initiative of a group of nurses to mobilize [...] was praiseworthy [...] they were in order to transform the reality that we lived before, [...] with the perspective of improving every day. (E2)

The nurses on the SAE Commission invested in sensitizing the nursing staff with a focus on the nurses themselves.

[...] So it was necessary to sensitize even the nurses themselves to be working and working with the NP, for them to know and know why this would happen and how much it would change the quality of care [...]. (E3)

[...] there was a lot of involvement from those involved. (E3)

Considering the relevance of the sensitization of the team, this process went through issues that demanded a change in culture related to the way of doing Nursing, ensuring new achievements and spaces in the scope of practice.

[...] there was an awareness, an interaction, that made the nursing team think [...] A second part was the acceptance of the nursing technicians themselves, because they were used to following the medical prescription and, for them, only this one had value. So we had this work of sensitizing them and showing them the importance of the NP. (E3)

Involving the institution

This subcategory includes the awareness and consequent interest and participation of the Institutional Management in the insertion of the NP in practice. In this way, the Management values the proposal to provide the necessary means, generating resources for a better dimensioning of the nursing professionals as well as making material subsidies available.

[...] The involvement of top management is everything, if the management doesn't come together, doesn't support our processes, our projects, we can't do it; because it demands financial resources: it was an extra computer that needed to

be installed in the sectors; it was paying time bank; generating human resources; because to do individualized care needs human resources [...]. (E3)

It is emphasized in this conjunction, the nurse's interest in favoring the involvement and cooperativism of the whole institution to the insertion of the NP in its structural, organizational, political and cultural context.

DOING WITH INTENTIONALITY

In the experience with the NP, the nurse interacts with the patient and family, having intentionality. Thus, this category allowed the unveiling of meanings of nursing care based on the NP, with regard to the Doing with Intentionality and the Making Clinical Assessment, performing and documenting the Therapeutic Plan and the SAEP.

Doing with intentionality

This subcategory is a subjective interpretation of the essence of the meaning of systematized care. In this study, the NP in clinical practice is considered the ideal and most suitable method to work with, because it instruments the nurse's action with intentionality; conforming it with purposes, directions, senses and meanings to the detriment of random doing. Doing with Intentionality leads nurses to think about what they are doing, why they are doing it, and how they are doing it, thus consolidating judgment and clinical reasoning. Among others, the activities of listing nursing diagnoses, elaborating a therapeutic plan, and discharging the patient become done with intentionality.

[...] I worked in a hospital where we did it just for doing it, because we had to do it [...]. (E4)

[...] I see that where there is no NP, the work is random, it is just doing it for doing it, it is not doing it because why am I doing it? How am I doing it? Then everything becomes meaningless, everything is very lost [...]. (E5)

Doing with Intentionality is also established in the promotion of holistic care, contributing to a differentiated and effective practice. Therefore, the intentional doing guides the quality of care, promotes optimization of hospitalization days and cost reduction; being evidenced, naturally, by quality indicators.

[...] the NP gives us security [...] It is a maintained quality, because it is 24 hours, so this care extends [...]. (E2)

[...] with the NP we manage to minimize the days of institutional stay [...]. With follow-up of the nursing prescription and comprehensive care, you can minimize costs for the Company [...]. (E6)

Thus, this subcategory reveals the centrality of the meaning of the experience of implementing the NP, configuring a new “nursing practice”, an “intentional practice” in the performance of the nurse’s clinical role and in the achievement of quality care.

Doing Clinical Assessment, making and documenting the Therapeutic Plan and SAEP

Specifically, this subcategory outlines two stages of the NP – the clinical assessment and the nursing prescription, in addition to characterizing the NP. Clinical assessment is recognized as the primary instrument for investigating the patient’s health conditions, initiating the development of the NP. Nurses expressed the intentionality of achieving the completeness and accuracy of this assessment, favoring critical thinking and the identification of nursing diagnoses to the patient’s responses to the health-disease process and to the stages of the life cycle.

[...] not to mention that NP guides the nurse when he/she arrives in the room [...] you get there and know where to start [...]. (E7)

[...] regarding the interview and investigation, I have an example in my sector; during the interview with the patient I found out that he had not only abdominal pain, but also an aneurysm [...]. (E4)

With the NP [...] we were able to detect patient responses in the physical examination that other professionals did not see [...]. (E1)

[...] with the nurse’s eye, we can generate more accurate nursing diagnoses [...]. (E3)

Furthermore, the subcategory presupposes the intentional making of the Therapeutic Plan, which generates nursing interventions with a patient-centered approach. Guaranteed by clinical autonomy, the prescription of interventions continuously favors the nurse’s evaluation of institutionalized care protocols.

[...] in the nursing prescription I describe interventions for comfort [...], patient safety, and I can review care protocols. (E2)

[...] for us it’s an autonomy that nurses didn’t have before. (E3)

This subcategory also illustrates the importance of documenting nursing interventions, making them accessible to the entire healthcare team.

[...] the nursing prescription supports us as professionals and also supports the institution in which we work [...]. (E3)

In the intentional action and in the performance of the clinical role; the nurse who works in the Surgical Center

(SC), reveals that the SAEP directs, qualifies and values the operative assistance, allowing the realization of the safe surgery protocol.

[...] in the HS it is the SAEP that will direct the rest of the care [...] the SAEP comes to strengthen, for us to really know the patient that we will intervene in the SC [...]. (E3)

[...] the SAEP came to give quality to our patients [...] in relation to the SC; I think that SAEP came to improve, to value and give quality to care [...]. (E4)

In view of the systematized clinical practice, this thematic subcategory portrays the interaction of nurses with the dynamics of the NP, which is founded on clinical autonomy and charged with intentionality in achieving care results, especially in the Therapeutic Plan stage.

CORROBORATING FOR THE RECOGNITION AND ESTABLISHMENT OF IDENTITY, SCIENTIFIC AND PROFESSIONAL SATISFACTION

This is the largest thematic category of this study, comprising four subcategories that expose results experienced in the clinical practice systematized by the NP.

Extending scientific nursing

Denotes a fundamental result of the applicability of nursing care; since the NP is described, by the nurse, as a promoter of scientificity in everyday nursing care, expanding the knowledge of nursing science.

[...] the knowledge of Nursing with the NP grew a lot, because we had nurses who didn’t even know how to do a physical examination [...]. (E1)

[...] the NP [...] came to show that nursing no longer works empirically, based on guesswork, because we have a specialized care, differentiated, that works with evidence [...] that evaluates and we have the conditions and technical-scientific knowledge to generate individualized and quality nursing care. (E3)

This develops the perception and awareness of nurses about the responsibility and importance of the continued construction of technical and scientific knowledge within the profession.

Favoring professional identity

Expresses relationships between nurses and other team members, in the search for the definition of their identity as health care professionals.

Nurses have to understand that NP is part of the routine and the profession [...]. (E5)

[...] NP came to enrich and give us autonomy [...]. (E3)

[...] with the NP [...] we prepare our prescription and put our practice without dependence on other professions [...]. (E2)

With the nursing care process, nurses are faced with a reorganization of their professional space, anchored in autonomy and in the performance of the clinical role, unveiling their own distinct and independent practice.

Recognizing and valuing the profession

The interaction of the professionals with the Institution, mediated by the NP, enables it to be recognized as an effective methodological instrument of care, since it contributes to the organization and qualification of care; providing recognition of nursing in the Institution and in other Institutions and Institutional Agencies.

[...] with NP, we managed to gain space in front of the multi-disciplinary team [...]. (E3)

[...] we also have recognition from other agencies, for example, we are part of the Network of Sentinel Hospitals. And one of the requirements to be part of this network is to promote patient safety, which we achieved with the NP [...]. (E3)

[...] the NP is magnifying, [...] if the institution did not have, [...] perhaps, we would not have the same advance [...]. (E6)

In this context, the professional recognition and valorization, interceded by the NP, allows us to assert that this care instrument permeates the construction of a new nursing practice.

Experiencing professional and personal satisfaction

Translated by the nurse's satisfaction or gain, this subcategory expresses in consequence of the quality of care, especially in the patient's satisfaction with the care of his or her needs.

[...] working with the NP is a personal satisfaction. You put together a plan based on that care, on that patient; then you get a feedback, because I prepared it, I put it together, and the feedback is positive. It's as much personal satisfaction as professional, this counts a lot [...]. (E6)

In this context, a more subjective reflection and evaluation of the "doing" of nurses, intermediated by the NP within the scope of the institution, promotes the exchange of interactional experiences capable of generating feelings of satisfaction in relation to the patient, who is the center of care and, consequently, in relation to the professional.

OVERCOMING IMPASSES

In this category are aligned difficulties, specific to nurses, which emerged at the beginning of the NP structuring, among them the nurses' inexperience in working with the NP.

[...] It was really not an easy task, because at the time some nurses had not even had the discipline of NP as an undergraduate. So, many had already worked for years in the profession and did not know the NP and, besides the inherent difficulties of implementation, there was this issue of lack of knowledge about the NP [...]. (E3)

In this category, "living with the myths" is another impasse overcome by the nurses themselves, because it was understood that the NP would bureaucratize and hinder the development of care.

I participated in the implementation of the NP from the beginning [...] when many did not know the NP and thought it would bureaucratize and hinder the service, and also, that it would be long and time consuming [...]. (E3)

The specificities of this thematic category reveal that in the experience of implementing the NP, nurses encountered difficulties, obstacles and myths. And the search for ways to live with and overcome such impasses gave nurses the opportunity to build knowledge and new paths favorable to the viability of the method in everyday care.

DISCUSSION

The analysis of the nurse's experience in the implementation of the NP allowed the construction of an integrated knowledge, which presents the completeness of the meanings elaborated by him/her in a process of symbolic interaction. In the clinical scenario, the nurse-protagonist enters with his/her personal and professional identity, with perspectives, with references and experiences, positive or not, among others.¹⁰ Thus, the process of interaction of the nurse with the institutional context, with the patient and his/her clinical situation, with the self, or with him/herself begins;¹⁰ encountering possibilities of enabling and implementing the NP, but also with impasses, obstacles, and difficulties.

The interaction of nurses with the dynamics of the NP, in a hospital setting, is evidenced by the central theme "Doing with Intentionality". Thus, the care provided by the NP allows nurses to ensure more accurate clinical judgments and more assertive decision-making¹⁴ with the patient and family; in a continuum of diagnostic and therapeutic reasoning. In this clinical space, the nurse's action seeks to achieve quality care, committed especially to patient comfort and safety.

In the intentional practice, clinical autonomy¹⁵⁻¹⁶ is configured as a significant element of the nurse's interaction with the patient; it is characterized by choosing nursing interventions and feeling free to do them with intentionality, influencing the patient's health conditions in an innovative

way.¹⁷ When the nurse feels empowered by clinical autonomy, he/she appropriates, together with his/her identity and self, a role⁵ and a practice that is his/her own, as well as distinct and independent.

The experience of implementing the NP can be unveiled in other clinical settings, hospitals or Primary Care, public or not, that develop the NP with all its stages or some of them, since this study in a single institution may represent a limitation. Likewise, meanings of the NP can be considered from the perspective of other professional categories, such as the nursing technician or even the multiprofessional team.

The reflection about the variables, conditions and potentialities involved in the implementation of the NP offers possibilities of transferring the strategies or the results to other institutions. It can also contribute to the awareness of nurses as to the systematization of nursing care based on the NP and, equally, to their stimulation and training, awakening their therapeutic potential in the performance of the clinical role.

CONCLUSION

The study revealed that even in the face of difficulties, obstacles, and impasses, the experience of nurses in the implementation of the NP is centered on “doing it with intentionality,” corroborating the recognition and establishment of the profession’s identity, expanding its scientificity, and favoring the achievement of care results.

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