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Personal and professional nuances of nurses who perform administration functions in the university hospital

CARACTERÍSTICAS PESSOAIS E PROFISSIONAIS DE ENFERMEIROS COM FUNÇÕES ADMINISTRATIVAS ATUANTES EM UM HOSPITAL UNIVERSITÁRIO

CARACTERÍSTICAS PERSONALES Y PROFESIONALES DE ENFERMEROS CON FUNCIONES ADMINISTRATIVAS EN UN HOSPITAL UNIVERSITARIO

Iraci dos Santos¹, Carolina Bittencourt Castro²

ABSTRACT

Considering the particular nuances of the nurses who exert management function, the following problem was delimited: what is the profile of the nurse leader in a management role? The objective of the study was to delineate the profile of the nurse in a management position according to personal and professional characteristics. The research was performed in 2007, in Rio de Janeiro, Brazil, using the descriptive method, applying a questionnaire to 66 nurses in managerial positions. The predominant age group was 44 to 48 years, in a stable relationship and having one child. Most participants (89.39%) have two public jobs, graduated from 21 to 25 years ago (39.39%), have theoretical preparation for leadership (80.39%), and have postgraduate diplomas either *lato sensu* (36.36%) or *stricto sensu* (36.06%). In conclusion, nurses in leadership roles have, predominantly, specialization in clinical areas and leadership is essential for the care process. Future studies should correlate their profile to managerial styles and to leadership dimensions.

KEY WORDS

Nursing.
Organization and administration.
Nursing, supervisory.
Leadership.

RESUMO

Considerando as características próprias dos enfermeiros que exercem funções administrativas, delimitou-se como problema: qual é o perfil do enfermeiro administrador do cuidar em enfermagem? Tem-se como objetivo: delinear o perfil do enfermeiro administrador segundo suas características pessoais e profissionais. A pesquisa se realizou em 2007, no Rio de Janeiro, através do método descritivo, aplicando-se um questionário a 66 enfermeiros exercendo cargos de chefia. Constatou-se a predominância da faixa etária entre 44 e 48 anos, com união estável e um filho. A maioria (89,39%) tem dois vínculos públicos, tempo de formado de 21 a 25 anos (39,39%), preparo teórico para a liderança (80,30%), curso de pós-graduação *lato sensu* (36,36%) e *stricto sensu* (36,06%). Concluindo-se que os enfermeiros administradores possuem, predominantemente, especialização em áreas clínicas, e sendo a liderança indispensável ao processo do cuidar, sugere-se que em estudos futuros seu perfil seja correlacionado aos estilos gerenciais e dimensões da liderança.

DESCRIPTORES

Enfermagem.
Organização e administração.
Supervisão de enfermagem.
Liderança.

RESUMEN

Considerando las características propias de los enfermeros que ejercen funciones administrativas, se delimitó como problema: ¿cuál es el perfil del enfermero jefe, a cargo de la administración de los cuidados de enfermería? Se tiene como objetivo delinear el perfil del enfermero administrador de acuerdo a sus características personales y profesionales. La investigación se realizó en 2007, en Río de Janeiro, Brasil, a través del método descriptivo, efectuándoseles un cuestionario a 66 enfermeros en ejercicio de cargos de jefatura. Se constató el predominio de pertenencia a la faja etaria comprendida entre los 44 y 48 años, con unión estable y un hijo. La mayoría (89,39%) tiene dos empleos públicos, tiempo de graduado entre 21 y 25 años (39,39%), preparación teórica para el liderazgo (80,30%), curso de postgrado *lato sensu* (36,36%) y *stricto sensu* (36,06%). Se concluye entonces en que los enfermeros jefes poseen, con predominancia, especialización en áreas clínicas, y que el liderazgo es indispensable en los procesos de administración de cuidados de enfermería; por lo cual se sugiere que en estudios futuros su perfil se correlacione con los estilos de gerenciamiento y las dimensiones del liderazgo.

DESCRIPTORES

Enfermería.
Organización y administración.
Supervisión em enfermmería.
Liderazgo.

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INTRODUCTION

Coordination, head of services, supervision and nursing team head positions, in health institutions infer the adoption of leadership behaviors as initiative, defending point of views, and commitment to the work and motivation to the work team. In addition, management development is recommended to contribute for the integration of the managing function to the development of leadership roles⁽¹⁾.

This present study points out leadership as a group phenomenon involving a social influence system of an individual over others. It is also a collective process shared between members of the group⁽²⁾. The need for nurses to integrate administrative functions inherent to managing positions to the performance of leadership roles is also connected to the development of nursing work care process

This process is considered as the propelling and conditioning trigger for all the work aimed at client services, developed in hospital institution operational units; because users' needs guide the planning, organization, control and assessment of interventions in the nursing team. Therefore, the administrator's competence and ability to conduct the work process is important.

In addition, it is important to mention that every administrative behavior, in this case, leading work teams for caring for the client admitted to the hospital, involves a conscientious or non-conscientious selection of certain actions among those physically possible for the agent (the leader) and for all of those over who he exercises influence and authority⁽³⁾. Therefore, the work of nursing team involved in caring for the client is influenced by the competence and ability of its potential leaders, because this group searches to adjust to the model seen as important for the development of its professional practices.

Recommending people to exercise managing and coordination positions in health institutions, generally involves valuing personal and professional features, even when we consider cases where the community elects the people for these institutions. Therefore, individual and professional growth is important for those who search for situations involving responsibilities and commitment in the work group's scope. This growth is necessary when the professional does not have the appropriate preparation in graduation, or when the abilities for these leading functions and performance of the leading role are not consolidated as personal characteristics.

In addition, an ability improvement through imaging other administrators and objective training are acknowledged. However, it is most common to learn to deal and to relate to problems and people, especially in the beginning of the professional carrier. Taking postgraduate degree and leadership courses and graduation in the administrative

area, allow for better preparation in exercising leadership positions. The influence of external factors regarding the family, income, housing and education are fundamental for understanding the administrator nurses' social context, therefore, potential features for the leadership role⁽⁴⁾.

This way, the following problem was described in this present study as research problem: which is the profile of the active administrator nurses in leading nursing work teams considering their personal and professional features? In face of daily work reality in the administration to provide services for the client, in which nurses perform general services coordination activities, managing operational and supervision nursing units, the following objective is set: describe nurses' profile according to their personal and professional features.

Learn how this profile can contribute for identifying elements that can support the performance of nurses who have difficulties in leading nursing teams. Acknowledging that these difficulties are related to the preparation to exercise leadership, we search to make professors from the nursing area aware of the need to implement concrete managing experiences integrated to leadership in the development of nursing administration disciplines.

The work of nursing team involved in caring for the client is influenced by the competence and ability of its potential leaders.

METHOD

In order to explain issues referring to the problem exposed, a quantitative and descriptive method was implemented. It regards an information survey for which a questionnaire was used considering it as a structured self-report⁽⁵⁾. The study field is a large general university hospital of high complexity, connected to the health public network and located in the city of Rio de Janeiro. The research was carried out from June to July of 2007.

Sixty-six nurses participated in the investigation following these inclusion criteria: performing administrative functions as general nursing coordinators, services coordinators, supervisors and managers of operational units for client services, despite the fact that the population of those performing these functions is composed of 77 nurses, those who, after learning about the objectives, advantages and risks of this study, did not sign the Free and Informed Consent Form, were excluded; also, those who were on vacations and /or license leave; those who incorrectly or lacked to fill out the Data Collection Instrument (DCI) and/or those who did not return the instrument to the researchers.

Following the 196/96 Resolution of the National Council of Health, this investigation was approved by the Research Ethics Committee (Protocol REC/HUPE 1653) and the collaborating nurses in this study agreed to disclose their answers, as long as their privacy was ensured.

For this study, only simple variables were selected, for instance, personal features as: gender, age bracket, type of mari-

tal union, family composition, family income, socio-housing conditions; and professional variables as: working contracts, type of contract, graduation time, time exercising the profession, time exercising administrative functions, preparation for leadership, postgraduate degree courses, and specialization areas. These variables compose the Data Collection Instrument. After the application on the research subjects, 66 questionnaires that presented clear information were analyzed. The data produced were stored in the computer program Epi-info and the descriptive statistics was used considering the absolute and relative frequency of the data obtained.

RESULTS

Since it regards an excerpt of a Master's degree dissertation, we chose to describe results by presenting the predominant percentage frequency of data regarding the selected variables for the study, highlighting nurses' personal and professional characteristics acting in administrative functions in a university hospital.

Table 1 - Personal characteristics of the administrator nurse according to frequency predominance, HU/UERJ (State University of Rio de Janeiro) - Rio de Janeiro - 2007

Personal characteristics		F%
Gender	Female	87.88
Age Bracket	44-48 years old	25.76
Type of marital union	Stable	56.06
Family Composition	One child	33.33
Family income	5-16 min. salary	66.66
Socio-housing conditions	Own house	84.85

(N=66) - Source: Castro⁽⁴⁾.

Gender

Confirming researches performed on the profile of nurses⁽⁶⁾, this present investigation presents predominance of females (87.88%) exercising nursing activities (Table 1). Even regarding head nurse and leadership positions, the most present gender in this profession is female, a fact that characterizes higher strength in nursing work. The nursing profession was instituted by Florence Nightingale, because this activity, historically, was performed by men, priest nurses and brother nurses, before the 20th century. The institutional charity care was maintained from the Colonial Brazil period up to the 20th century, when the male domination gradually ceased to exist. Therefore, the female leadership predominance was founded in the Nightingale system as from studies and works on hospital area administration⁽⁷⁾.

Age Bracket

The nursing population holding administrative positions in a university hospital is composed of adults with middle age predominance within the age bracket from 44 to 48 years old (25.78%). The recommendation for leadership positions for older people suggests the expectation for a

more experienced performance with professional maturity. The same way, there is no great turnover in leadership positions. In the Family Health Program (FHP) study, in Piauí (Brazilian Northern State), there is a predominance of the age bracket between 26-30 years old⁽⁸⁾. We infer that these people search for the FHP because they consider having better opportunities in these programs, and also because they have been graduated for less time. Also the working possibilities in the FHP are better accepted because they ensure higher salaries. It configures an attempt to stay in the job, especially for this region.

Type of marital union

The stable union is the most frequent in 56.06% of subjects in this research. It is justified by the age bracket they stand in - 49 and 53 years old predominantly (Table 1). Form this percentage, the existence of leader nurses with stable union is verified. Other researches carried out with nurses also mostly point out stable unions⁽⁹⁾. While an investigation, in the same field as this investigation, describes a contrary movement from what is expected throughout the years, 46% of stable unions and 54% of unstable unions⁽¹⁰⁾, reflecting on modern society's profile, the concept of family can be observed as changing regarding the need for the stable union through a religious or lawful marriage.

Family Composition

Nurses with one or two children, showing no significant difference between them, -33.33% and 30.30%, respectively (Table 1). In this case there is a concern of these collaborators about family planning and the education of children regarding health and quality of life. A research carried out in João Pessoa points out a family composition of up to four children⁽⁹⁾. This is a reflection of the cultural influence in the Northeastern Region, which favors having children, seeing birth control not as a priority. In this investigation, the predominance of people under a stable union is justified, mainly when most part of the population under study is within adult middle age with salary income raging from 05 to 16 minimum salaries. Because when there is a low income (R\$ 1,160.00 to R\$ 1,870.00) in a family, rent, housing financing and children's education, including private school costs, must be provided.

Family income

The family income is concentrated raging between 5 and 16 minimum salaries (ms), 66.66%. The same proportion is shown raging between 5 and 10 ms and 11 and 16 ms, representing a family income between R\$ 1,900.00 and R\$ 6,080.00 Brazilian Reais (ms R\$ 380.00). Therefore the salaries earned by professionals who specifically work in this institution, the research field, stand out because they are considered high salaries in comparison to the public health reality in the city of Rio de Janeiro (Table 1). Studies carried out in Piauí with FHP nurses demonstrated similar salaries, around 8 ms and above 10 ms. In the FHP of Ceará, 76.7% of nurses earned the same salary range^(8,11). Since there is equivalence between FHP sala-

ries, this salary incentive poses as an attraction for nurses on choosing this specialty, contributing for its acceptance in the North and Northeastern Regions.

In a study with nurses who were submitted to tender and in a Basic Health Unit statute, in João Pessoa, a family income between R\$ 1,160.00 and R\$ 1,870.00 Brazilian Reais ⁽⁹⁾ was demonstrated, however the salary of those submitted to tender and statute is between R\$ 327.00 and R\$ 474.00. Low earnings supposedly elevate dissatisfaction levels with the profession, because in the research carried out in health institutions of Aracajú, 84.6% of nurses are not satisfied with their current salary (<R\$500.00 to R\$ 3,500.00) in the institution; justifying that it does not provide personal and professional needs.

Housing Conditions

A sum of 84.85% of nurses has their own home, while only 15.15% live on rent (Table 1). However, another real-

ity is demonstrated, Showing nurses who pay rent or housing financing⁽⁹⁾. The concern on having a home suggests a concern with security and stability.

Type of working contract

Regarding the working contract, all 66 nurses are in their majority working in the public institution in this research, and the amount of those working in private institutions is not significant (10.61%). An interest in preserving professional stability is inferred, consequently, in adjusting to the public health model implemented throughout the years (Table 2). A study on work motivation and dissatisfaction factors points that the salary issue, in most cases, is not the determining factor when choosing a working contract. The facts that influence this choice are enjoying what you do, good interpersonal and multi-professional relationship, professional elevation possibilities, resolution power congruent to the commitment with the population and working conditions⁽¹¹⁾.

Table 2 - Professional characteristics of the administrator nurse according to frequency predominance, HU/UERJ (State University of Rio de Janeiro) - Rio de Janeiro - 2007

Professional Characteristics		F%
Type of working contract	Exclusively public	89.39
Number of contracts	Two	53.03
Time of graduation	21-25 years	39.39
Period exercising the profession	21-25 years	40.91
Period exercising the management position	16-20 years	24.24
Leadership preparation	Theory	80.30
Postgraduate degree level	Lato-sensu	36.36
	Lato-sensu and stricto-sensu	12.12
	Stricto-sensu concluded or not	36.06
	No postgraduate degree	15.16
Área de especialização	Non-administrative	56.06
	Within Administrative area	28.78

(N=66) - Source: Castro⁽⁴⁾

Amount of working contracts

The majority of 53.03% of subjects have more than one working contract. Those with two contracts are predominant (Table 2). Regarding university hospitals, it is inferred that most leader nurses work as teachers with view to reaching care educational integration. That is because the research scenario is a practice field for internal or nursing residence students. Although it regards the same reality referring to health, public network and education, the fact disagrees with the research carried out in public university hospitals in São Paulo showing that the majority of nurses, 66%, exclusively are dedicated to the institution⁽⁶⁾. However, in the same institution, 34% hold two working contracts.

In an investigation carried out in Rio Grande do Sul, 80.7% of nurses have more than one employment, search-

ing for better life, health, social living conditions, which are aspects related to the quality of life⁽¹³⁾. Earnings are connected to working motivation. They represent determining factors for satisfaction; therefore some authors refer to good earnings as providers of better life conditions and enabling employment stability and, consequently improving the quality of the service provided⁽¹³⁾.

Time of graduation

Nurses between 21 and 25 years of graduation are predominant. This characterizes a highly experienced and professionally mature nursing group (Table 2). In the FHP of Piauí, periods of different graduation time were observed, characterizing a heterogeneous group, whose limits are extreme, with graduation time higher than 10 years

(50%) and lower than 4 years (41.6%). It is inferred that two groups are mentioned, one recently graduated and another with higher experience, probably the program coordinators⁽⁸⁾.

Other results are similar: 41.6% of nurses have 21 and 25 years of graduation, higher professional experience; however, there is a parcel of subjects with 10 to 15 years of graduation (33.3%)⁽¹⁴⁾ and this group are also expected to be experienced. However there is a description of an inversion of these percentages, 38% of nurses were graduated in the 1990s and 35% in the 1980s⁽⁶⁾.

Period exercising the profession

Head offices are allegedly offered to people with more professional experience. The predominance of the interval between 21 and 25 years (40.91%) confirms the previous statement (Table 2). Nurses with less experience time, less than 6 years, have few managing position opportunities. There are studies with nurses with no managing functions⁽¹⁰⁾ mentioning a professional exercise time of 2 to 5 years for 46% of nurses, 6 to 9 years for 38% and above 9 years to 16%.

Similar results point out professionals in managing positions, with little professional experience, 28.91% between 5 and 10 years, 17.93% between 10 and 15 years and 4.35% above 20 years⁽¹³⁾. These data contradict previous studies, since professionals with little professional experience are rarely recommended for managing positions.

The equivalence of 41.6% active professionals between 21 and 25 years of graduation, however there is a tendency on 33.3% of professionals with middle time of professional experience between 10 and 15 years⁽¹³⁾.

Time exercising administrative positions

Despite the time exercising administrative functions (Table 2) is concentrated between 16 and 20 years (24.24%), there is an expected turnover of leaders within the hospital, where subjects with less than 6 years (18.18%) and with 6 and 10 years (16.67%) represent a new managing proposal and a renewal in leadership recommendations. Regarding renewals, 50% of nurses are in managing positions for 1 and 5 years and 33.3% for 6 and 10 years, confirming management with a new profile and a new look at competences and abilities that regard the leader nurse⁽¹⁴⁾.

Graduation preparation to exercise leadership

Leader nurses who report theory preparation for leadership abilities predominate (80.30%), while 31.82% of them refer that this preparation is connected to professional practice (Table 2). This fact shows these professionals' concerns with education. There is a reference about the difficulty nurses show to develop the ability to lead for not knowing how to act in certain situations, believing that, if

they had better preparation, they would know how to act choosing the best way according to the situation⁽¹⁴⁾.

Therefore, leadership can be learnt, mainly from experiences in daily routines; the individual who enters the working market showing insecurity to exercise leadership can learn with practice from their own mistakes and successes⁽¹⁵⁾. This position is reinforced reflecting that the nurse in the hospital institution with no leadership references, generally use their *own way* to coordinate the work team, considering the environment, situation and active role of the leader in this process⁽¹⁶⁾.

In order to become a leader, understanding what leadership is and having an auto-perception of the leadership style and how to develop this ability is necessary. Consequently, when training a teaching professional, there is a gap regarding nursing administration practice, which could be softened by the integration of assistance teaching, an acknowledged subject and of great value in education⁽¹⁷⁾.

Postgraduate degree level

Among subjects of the research, 36.36% have *lato-sensu* postgraduate degree, 12.12% conjugated *lato-sensu* and *stricto-sensu*, 33.33% *stricto-sensu*, and 15.16% refer to no postgraduate degree level (Table 2). These results reflect the profile of a university hospital concerned with professional training. Leader nurses are observed to have various areas of specialization, deducing that the fact is related to the unit in which they developed leadership functions. The statement confirms the description that 76.6% of nurses have specialization courses in the area they lead⁽⁸⁾.

Taking postgraduate degree courses demonstrates nurses' commitment with the quality of their professional performance. It favors achieving good results in the care, consequently, improving clients' health quality indicators. However, as they perform managing position, these people should be concerned with specializing in administration in order to, satisfactorily exercise leadership positions in the work team. This conception, from the 1980s, refers to the nursing leader as a technical and administrative authority⁽¹⁸⁾.

Some authors mention that in a university hospital in the interior of São Paulo, 64.48% of nurses do not have postgraduate degree courses. A total of 27.72% have *lato-sensu* and 3.81% *stricto-sensu* under a Master's Degree level, demonstrating institutional lack of concern with nursing professionals' training. Another study carried out in three university hospitals in the city of Rio de Janeiro reveals that 57.1% to 79.3% of nurses have no postgraduate degree, 18.4% and 42.8% have *lato-sensu* courses and 1.4% have taken master's degree courses⁽¹⁹⁾. The difficulty on liberating nurses from the institution implicates on a negative search for professional improvement. Another aspect refers to the investments in professional training, pointing it as a duty of the institution valuing to qualify the care provided by the institution to the population.

CONCLUSION

As a response to the problem raised by the research, the profile of nurses who exercise administrative functions and leadership roles in the nursing teams in the hospital in this research is concluded as predominantly female nurses, confirming the prevalence of this gender in the profession. The study subjects are within the 44 to 48 years old. They are middle age adults, with stable marital union, demonstrating interest in constituting a family. Regarding the number of children, a concern with birth control and quality of life is shown, confirmed by the fact that most subjects have only one son.

The family income is predominantly of 5 to 16 minimum salaries. Family income is considered, in place of the individual salary of each nurse. Many of these subjects earn reasonable, compatible salaries to the working market. The housing issue shows concerns, since most of them have their own homes. In professional characteristics, the predominance of two working contracts in public institutions stands out, demonstrating a need for a better family income.

Regarding time of graduation and professional experience in nursing, the range between 21 and 25 years and 16 and 20 years in the administrative function are presented.

This fact point to a quite experienced and professionally mature group, with planning, organization, coordination and direction abilities. Theoretical preparation for leadership during graduation is privileged, suggesting, initially, a practical

incapability to exercise leadership in the first years of the professional life. Institutions' concerns on training competent nurses to perform complex technologies with a view to provide for the working market are also highlighted.

However, leadership and managing activities are a need of the market in face of the nursing professional legislation that individually requires from nurses the necessary competences to exercise planning, coordination, consulting activities, and issuing technical statements. These competences must be developed according to managing functions and leadership role performances.

Nurses take postgraduate degree courses, however, master's degree education occur, mainly in the clinical specialties areas, not privileging administrative education. Leadership and administration preparation are considered relevant in face of the need for nursing leaders to be prepared for dealing with political and ideological issues. These issues certainly interfere in nurses training, due to the assistance and managing perspectives that favor adhering public policies of health.

The research concludes that a broad profile was described for the administrator/leader nurse. It contemplated demographic and professional data that can be more significant if correlated to other variables, for instance, managing styles and leadership dimensions. Therefore, future researches are suggested with the correlation of these data due to the inexistence of studies on this theme in the literature researched.

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