

NURSES' PERCEPTIONS OF PRIMARY HEALTH CARE VS. UNIT MANAGER ASSIGNMENT

PERCEPÇÃO DO ENFERMEIRO DA ATENÇÃO PRIMÁRIA À SAÚDE FRENTE A ATRIBUIÇÃO DE GESTOR DA UNIDADE

PERCEPCIONES DE LOS ENFERMEROS DE LA ATENCIÓN PRIMARIA A LA SALUD FRENTE A LA ASIGNACIÓN DE GESTOR LA UNIDAD

Hiasmin Marques Cardoso¹, Grasielle Cristina Lucietto², Rondinele Amaral da Silva³, Joely Maria Oliveira⁴, Monique Maira Maciel⁵

ABSTRACT

Objective: To understand the perceptions of nurses professionals about the role of primary health care manager. **Method:** This is a qualitative study, descriptive and exploratory. Interviews were conducted through self-administered questionnaires from September to November 2017, with eight nurses working in Primary Health Care, specifically in the Family Health Strategy in a municipality in the middle north of the State of Mato Grosso. **Results:** The thematic analysis of the contexts resulted in the construction of two thematic axes in order of relevance: Transition of graduation to the labor market and Factors influencing the work process of the nurse manager. **Conclusion:** Through the research findings, it was verified that nursing professionals face difficulties in acting as manager of primary care, processes resulting from the professional training model.

Descriptors: Nursing; Primary Health Care; Administration of health services; Leadership.

¹ Graduada em Enfermagem pela Universidade do Estado de Mato Grosso (UNEMAT). Campus Tangará da Serra, Mato Grosso, Brasil.

² Enfermeira Mestre em Enfermagem pela Universidade Federal do Estado de Mato Grosso (UFMT). Docente Assistente da Universidade do Estado de Mato Grosso. *Campus Tangará da Serra*, Mato Grosso, Brasil.

³ Enfermeiro, Mestre em Ciências Odontológicas Integrada pela Universidade de Cuiabá (UNIC). Docente Auxiliar da Universidade do Estado de Mato Grosso. *Campus Tangará da Serra*, Mato Grosso, Brasil.

⁴ Graduada em Enfermagem pela Universidade Estadual do Mato Grosso - UNEMAT, Mestranda em Saúde Coletiva pela Universidade Federal do Estado de Mato Grosso (UFMT), Brasil.

⁵ Enfermeira Especialista. Docente Auxiliar da Universidade do Estado de Mato Grosso. *Campus Tangará da Serra*, Mato Grosso, Brasil.

RESUMO

Objetivo: Compreender as percepções dos profissionais enfermeiros (as) acerca da função de gestor (a) dos serviços e equipes de saúde. **Método:** Trata-se de um estudo de abordagem qualitativa, tipo descritivo e exploratório. Realizou-se entrevistas por meio de questionários autoaplicáveis no período de setembro a novembro de 2017, com oito enfermeiros (as) gestores (as) atuantes na Atenção Primária a Saúde, especificamente na Estratégia de Saúde da Família em um município do médio norte do Estado de Mato Grosso. **Resultados:** A análise temática dos contextos resultou na construção de dois eixos temáticos por ordem de relevância, sendo eles: *Transição da graduação para o mercado de trabalho e Fatores influenciadores no processo de trabalho do enfermeiro gestor*. **Conclusão:** Através dos achados da pesquisa, verificou-se que os profissionais de enfermagem enfrentam dificuldades na atuação enquanto gestor da atenção primária, processos decorrentes do modelo de formação profissional.

Descritores: Enfermagem; Atenção Primária à Saúde; Administração dos serviços de saúde; Liderança.

RESUMEN

Objetivo: Comprender las percepciones de los profesionales enfermeros acerca de la función de gestor de la Atención Primaria a la Salud. **Método:** Se trata de un estudio de enfoque cualitativo, tipo descriptivo y exploratorio. Se realizaron entrevistas a través de cuestionarios autoaplicables en el período de septiembre a noviembre de 2017, con ocho enfermeros (as) gestores (as) actuantes en la Atención Primaria a la Salud, específicamente en las Estrategias de Salud de la Familia en un municipio del medio norte del Estado de Mato Grosso. **Resultados:** El análisis temático de los contextos resultó en la construcción de dos ejes temáticos por orden de relevancia, siendo ellos: *Transición de la graduación al mercado de trabajo y Factores influyentes en el proceso de trabajo del enfermero gestor*. **Conclusión:** A través de los hallazgos de la investigación, se verificó que los profesionales de enfermería enfrentan dificultades en la actuación como gestor de la atención primaria, procesos derivados del modelo de formación profesional.

Descriptor: Enfermería; Atención Primaria a la Salud; Administración de los servicios de salud; Liderazgo.

INTRODUCTION

In the historical context, in the 19th century, during the Crimean War, Florence Nightingale began the institution of nursing management, due to the need to organize and administer the hospitals of Scutari in Turkey to receive a large number of the wounded during the war.¹

In Brazil, more than 880 institutions are responsible for the education of nursing graduates, under the guidance of the *Leis de Diretrizes e Bases da Educação Brasileira* - LDB, (National Education Bases and Guidelines Law) and of the *Diretrizes Curriculares Nacionais* - DCN (National Curricular Guidelines), for courses of the health area. Therefore, it configures itself as potentially capable of influencing the construction of new practices, including

those related to management and administration.²

With the advent of the healthcare reform and the construction of the Unified Health System (UHS), new care and management demands emerged, a condition of strategic importance for the consolidation of public policies and reorganization of the health models. In Brazil, the Primary Health Care incorporates the principles of the UHS, adopts the designation for the Family Health Strategies, and emphasizes the reorientation of the care model through the universal and integrated system. The Primary Health Care presents a strategy for the organization of health care to meet the needs in a regionalized, decentralized, continuous, systematic form to integrate actions of promotion, prevention and rehabilitation.³⁻⁴

The successful implementation of specific assignments at the Primary Health Care and the Family Health Strategy levels requires the performance of a multidisciplinary team, composed of generalist physicians, nurses and nursing technicians, community health agents, and receptionists. Among these professionals of the multidisciplinary team, the nurse works in the leadership, in the functions of care, team and unit management.⁴

Resolution CNE/CES n. 3, of 7 November 2001, establishes national

curricular guidelines of Nursing undergraduate course, general skills and abilities that every nurse must have, including: the ability of decision-making, communication skills, ability to assume positions of leadership, ability to take the initiative, to manage and administrate both the labor force as physical, material and information resources.⁵

Law 7,498, of 25 June 1986, in Article 11, reports as competence of the nurse to lead the service and the Nursing unit in public and private institutions; to organize and direct the Nursing services and their technical and auxiliary activities; to plan, organize, coordinate, implement and evaluate the Nursing care services. Thus, the nurse is the leader of the nursing team, which comes from the hierarchical position acquired during the education period based on technical and scientific knowledge.⁶

Some nurses carry out their activities with good care performance, but have weaknesses in the development of administrative assignments or the opposite, which shows a difficulty to integrate the management and care dimensions, thus prevailing the fragmentation of assistance. The nurse tends to underestimate the activity he/she does not perform, and consequently, to value the role he/she plays, whether management or care.⁷

The function of decision-making and administration of teams with the aim of

keeping them satisfied and productive belongs to the nurse. The expectation is that nurses perform a function of mediator of conflicts not only between the team itself, but in the whole interdisciplinary context, characterizing a complex managerial activity.⁸

The nursing management is a process that requires specificity, objectivity and purpose, emphasizing the work organization from administrative tools and resources that seek quality assistance and through a qualified nursing team, in which the nurse may govern managerial activities, articulating the managerial process with care. As soon as the professional leaves the academic life, he/she begins to deal directly with issues related to technical assistance and team management and the first professional experience can lead to major obstacles and frustrations.⁹

Analyzing the difficulties faced by nurses that perform the role of manager is essential, since the managerial aspects have a direct relationship with the quality of services provided to the population. This justifies the development of this study, once the nurse is responsible for managing both health care services as the multidisciplinary team, acting as a facilitator to change the paradigm of the biomedical health model, centered on the disease, and acting as agent of transformation of care, acting in an integral manner in order to benefit the

health of the collectivity at all stages of health promotion, prevention, recovery and rehabilitation. Another important factor is to demonstrate that, despite the arduous tasks of nurses as managers, coordinators and assistants, they are essential to a qualified assistance based on doctrinal principles of the Unified Health System. Therefore, the objective of this study is to understand the perceptions of nurses about the role of manager of Primary Health Care, especially those working in the Family Health Strategy.

METHOD

This is a descriptive, exploratory study, with qualitative approach. The qualitative approach enables understanding the social reality, once it works with beliefs, values and attitudes.¹⁰

The research was developed in a municipality in mid-north Mato Grosso. The primary health care of the city comprises 21 Family Health Strategies present on the National Register of Health Establishment (CNES - *Cadastro Nacional de Estabelecimento de Saúde*). The research sites were eight Family Health Strategies and the participants, eight nurses of the respective units, these being randomly selected.

The participants were selected through inclusion and exclusion criteria.

The study included nurses working in the area of team management of the Family Health Strategy for more than six months. This time delimitation is due to the need for professionals to have a period of experience, and assimilate, through the practice, aspects related to management. Exclusion criteria were professionals who were on leave, medical leave or vacation, and/or other professionals away or retired, because it would hamper the contact and access to them, at the risk of delaying the process of data collection.

The data collection occurred in the period from September to November 2017. The research instruments consisted of semi-structured questionnaires containing ten questions, with the first question regarding the socio-demographic profile of nurses: Sex, age, self-reported color and marital status. The other questions were specific about the managerial activities, potentialities and limitations in the development of the tasks of manager of the unit. The authors prepared the instrument, and conducted a pilot test to remedy possible misunderstandings arising from the construction, with the approval by the Research Ethics Committee (REC).

In the initial period of data collection, there was the scheduling and prior contact with the coordination of the Family Health Strategy for presentation of the research and authorization of the person in charge of its

implementation. After approval by the coordination, there was the first contact by phone with the nursing professionals of the family health strategy, thus scheduling a meeting. In the second moment, there was the presentation of the Informed Consent Form (ICF) to give the opportunity for these professionals to understand the purpose and importance of the study. Then, after signing the Informed Consent Form, they received the self-administered questionnaires and returned to researchers as they finished its filling out. The data collection period was terminated from the moment the narratives started presenting the exhaustiveness of the information of interest, as proposed by the data saturation.¹⁰

After data collection, there was the organization of the information in its entirety in detail, for the analysis construction and review. The descriptive analysis of all variables of the study was performed through the method of typing, Windows program 10.0. The data were then grouped into analytical categories, from the senses and meanings of the narratives of the participants.

The empirical material was analyzed and categorized according to the content analysis of thematic type, i.e., concerning the research techniques that allow making inferences replicable and valid about data from certain situation, through specialized and scientific procedures¹¹.

All phases of the research complied with Resolution 466, of 12 December 2012, of the National Council of Health Research. It was approved by the Research Ethics Committee (REC) through the opinion number 082614/2017. The data that comprised this study remained confidential, ensuring the confidentiality of participation during the entire study, including its disclosure. In order to safeguard anonymity, the names were replaced by letters and numbers (Participant: enf.1, enf.2, enf.3).

RESULTS

The participants were eight professionals working in the Family Health Strategy, being seven females and one male, the age ranged between 28 and 30 years and the time of service, from four years to nine years. In relation to stability, one professional is government worker by the municipality and the other participants have position occupied by means of selective processes during given time.

The thematic analysis of contexts resulted in the construction of two thematic axes in order of relevance, namely:

Transition from graduation to the labor market; and Influencing factors in the working process of the nurse-manager.

1. Transition from graduation to the labor market

It emphasizes the difficulties encountered in the experience of the first job, the management of conflicts in the work environment; the expectations of the first job; the need for improvement in the area of management; difficulties in dealing with the feeling of lack of training. The professionals answered under the perspective of their professional trajectories and stressed that the expectations, the fear and insecurity were present at the beginning of the career of them all.

The narratives infer that this lack of preparation may result from the professional education. According to the reports, the undergraduate nursing courses have offered little content related to the nurse's role as manager and leadership, focusing on an approach for a assistance look.

Yes, we feel insecure in the activities, we lack more management classes. Enf.4

Difficulty to understand at first that not everything depends on our willingness to solve any problem, working as a manager of services, especially in the UHS, requires patience, abilities and knowing to manage problems, which are attitudes poorly

developed in the graduation because we cannot interfere as interns, in most of them, we can only observe. Enf.5

The first job is always difficult, because of the fear, insecurity, and because in relation to the management, the graduation did not provide much practical experience. Enf.7

When asked about the expectations concerning the powers and functions of the nurse in the management, specifically related to the experience of the first job, all interviewees reported that their expectations and desires resulted from the lack of knowledge and experiences, and that these are directly linked to the complexity of managerial activities assigned to the nurse in his/her routine. The narratives below show some of these perceptions:

I must confess I got disappointed, because many managerial activities depend not only on me but on a set of collaborators and sectors that must be also willing to solve the problems. Enf. 4

I did not have many expectations, but I had concerns, such as the fear of not being able to manage the health service to which I was intended. We left college with the feeling that we know nothing and that we are not capable, when we face the role of manager, we gradually adapt to the

function and realize that much of what we have learned during college, if only in theory, helps us a lot. Enf. 5

When asked about the expectations that nourished the prerogatives of the nurse-manager, still when they joined and worked for the first time, the professionals responded and pointed out that the expectations were large, some not so positive as others, but they still face difficulties in the role of managers.

My expectations were good, then during the beginning of the work and for about five years, these expectations were surprised and overcome and four years ago, these expectations are bad. I have been very demotivated with the Public Health in Brazil. Enf.4

My expectations remain the same of when I started in my first job as a nurse. I still seek to give my best in my role of manager. Enf. 5

The reality is that the nurse should exercise the function of manager only and not in conjunction with the function of care and I still have the same opinion. Enf.7

With respect to the learnings acquired with the responsibility to perform the activities of a manager, the reports indicate how the practice is essential, as well as the knowledge of Public Health Policies and bureaucracy, agility to perform the assignments, devise strategies, planning and survey of problems for the attainment of goals for the improvement of the services provided, above all, the professional needs to be a good leader, to seek knowledge, especially in the skills of nursing management.

The experience makes us understand the importance of bureaucracy in the sector where I worked and work and the difficulties it brings, and that poorly planned actions reflect for many and many years on health teams and population. Enf1

I am still qualifying, I am finishing a post-graduation, I hope I can improve every day. Enf3

Influencing factors in the working process of the nurse-manager

It discusses factors that exist in the routine of professionals that interfere in the process of managerial work, detached by order and relevance, namely: Motivation and/or demotivation in the work environment; teamwork; need to devise

strategies and tools to manage with quality; bureaucratic activities and division of time between care and managerial activities.

The motivation and/or demotivation factor was one of the aspects reported by the research participants, with divergence in the reports, as some reported feeling motivated, fulfilled, thankful to performing the role of management. On the other hand, other reports showed dissatisfaction, demotivation and even obligation to exercise the function of manager.

What motivates me is seeing how people, both patients and health professionals, are benefited by my management in health services where I have already worked. Enf.1

I do not like to be manager, I work because I had no option, I'd rather be care nurse. Enf.2

Another influencing factor is the importance of the nurse-manager to the team, which can be both positive as negative.

Yes. The team watches the manager, even if it is a slow process, we can influence to motivate the team. Enf.4

Yes. Because the manager is able to move his team with positivity or negativity,

it depends on your ability to be a leader. Enf. 3

The professionals aim to look beyond the democratic management, methods and leadership strategies to position themselves before the team as a leader, facing the bureaucratic difficulties.

My management is always shared, with the characteristic of placing the care and the user's needs in the first place, this sharing occurs between the team and the patient himself. Enf.1

I try to hold weekly meetings with the team, in which I avoid to complaint about any specific person. I try to involve all team members in the management of the health service. Enf5

Bureaucracy, lack of people and also training, our time is not exclusive for the management, we cannot manage to have control of the evolution of processes and goals and meet the public with techniques with the same quality. Enf. 1

Achieving the goals to achieve a successful management becomes an arduous task for nursing professionals regarding the difficulties present in the management routine. The difficulties are described as influencing factors in the work process of management of the nurse, highlighting the bureaucratic procedures, considered a great challenge, and the

division of time between the managerial and care functions.

DISCUSSION

The thematic axis *transition from graduation to the labor market* reinforces how difficult the process of adaptation in managerial activities is, once nurses are not prepared sufficiently in the professional education period to deal with the management and its specificities. The first job is seen as something challenging and as a threat, because there will be new requirements, both behavioral as well as competence and suitability for professionals recently graduated in Nursing.¹¹

The pressure of health services on the newly graduated nurses is remarkable, especially to occupy positions of leadership, lead nursing teams with greater experience and technical skill. Considering these aspects, nurses feel insecure and insufficiently prepared to face this reality.¹²

In this context, it is necessary to investigate the scenario of managerial practices based on the Political Pedagogical Project of Nursing undergraduate courses, since the model of teaching still focuses on the care with hospital-centered, biomedical and curative vision. Therefore, there is a need to devise strategies during undergraduate studies, changes in

Pedagogical Plans to involve the faculty, the student and the professional of health services, asking the management demands of the work process, focusing on the analysis of managerial competence of academics during undergraduate training and internships that allow students to discern their limitations and potentialities for managerial assignments.¹¹

Regarding the responsibilities of nurses, discussed in isolation between the plans of education and work, their skills became a reflection of market needs, resulting in competent professionals and aware of their management role. In this way, there is the need for adaptation of professionals to certain instability of their performances, defined and formed by the practice of educational institutions and services.^{2,11}

In addition to the needs for modification in the education, there are health work processes, developed through hierarchical relations, with a focus on the professional individualities, which stress out their weaknesses. It is necessary to recognize the weaknesses of services as a whole, the work processes are fragmented, with isolated and individual knowledge, causing difficulties for management services.¹²

The nurse needs to deploy skills and knowledge about the instruments of management of nursing assistance, as well

as develop skills that result in improvements in the care and managerial contexts.¹³

The lack of knowledge of the powers of the manager or leader ends up limiting some professionals, consequently reflecting on assistance, highlighting the importance of quality management, considered an indicator of quality of services.¹⁴

As regards the expectations of nurses on managerial competencies, in general, their evaluations were positive in relation to the expectations, once they have developed skills and abilities throughout their professional life. At the same time, the period of experiences assist in the development of managerial skills and competencies, the modification of their expectations can occur negatively in some cases, as evidenced in the narratives of participants who demonstrated demotivation in performing the job as manager.

In this perspective, the nurse should be able to perform his/her role as a manager, since the healthcare and managerial activities should not be carried out decoupled. In the middle of the formative and healthcare processes, there is need for changes, considering the management as a broader potential, which encompasses the training of professionals also for leadership and management, as a market division. There is a need to have specific attributes of

the nurse-manager, in addition to recognizing the importance and accomplishment of teamwork. In this health care model, it is essential to search for a minimum profile required for a performance of quality, with specific knowledge to perform the activities proposed for this scenario.

The thematic axis *influencing factors in the working process of the nurse-manager* discusses the difficulties faced in the daily life of professionals that interfere in the process of managerial work, such as the motivation and/or demotivation in the work environment. The demotivation of professionals can cause a disruption in nursing services, which may lead to the devaluation of professionals, directly affecting the work of the nurse.¹⁵ The leader has a fundamental role to provide and maintain harmonious and motivating atmosphere in the work environment, in addition to providing a means for the professionals of the team to feel encouraged and engaged to carry out the daily functions, consequently obtaining positive results for the service.¹⁶⁻¹⁷

In relation to the aspects of demotivation, there is need to devise strategies and tools, seen as influencing factors in the management process of the nurse, such as: the importance of maintaining the interaction with the team, such as the accomplishment of meetings;

providing and maintaining the dialog to share actions and goals; make distributions of roles and assignments to each individual that is part of the team. Thus, the process of planning relies on the use of motivation and encouragement of all to reach the goals.¹⁷

The most frequent style of leadership among nursing professionals is the democracy. However, in this context, nursing still faces many challenges in leadership, due to work based on assistance with technical division. The leadership based on dialog, knowing how to listen, take commitment and stimulate teamwork are behaviors seen as positive instruments for a successful leadership. It is important that nurses be able to identify the process of leadership, and that, through it, guide the team to work excited, and, for that, they should propose motivating strategies for the execution of tasks in order to achieve the objectives in a collective manner.^{7,18-19}

The nurse is responsible for making decisions about the provided services, thus, it is necessary to obtain the knowledge and ability to perform the functions of management in the face of challenges, such as the lack of training resulting from the training model, based on the hospital-centered model and weakened in managerial aspects; the hierarchy of services; bureaucratic aspects of public policies of health services; administration of the work process; need to fulfill goals

expected by the Ministry of Health; psychological pressure; dealing with the health of the collectivity, because the PHC is the entrance door of users to other health services; dealing with the lack of resources and materials essential for the provision of services; the supervision of multidisciplinary team; the emergence of feeling of frustration, discontent in the professionals causing a feeling of discouragement and the fragmentation of managerial and care tasks.^{12, 17, 20}

In this sense, the nurse needs to be able to deal with the tasks of manager at the level of Primary Care, due to the characteristics and peculiarities that this level offers, because it is the entrance door of the user to other health services, and especially for being the field that allows acting in the levels of health promotion, disease prevention, recovery and rehabilitation.

CONCLUSION

The study allowed knowing the perceptions of nurses in their professional experience about the function of manager of services in Primary Health Care, especially nurses working in the Family Health Strategy. The findings of the survey showed that nursing professionals face obstacles to work as a manager resulting from their

training, still rooted in the hospital-centered and care model, weakened in managerial aspects.

The study participants pass through difficulties that involve the lack of specific knowledge about management and leadership of teams; demotivation of the team, work overload and great demand for care activities. They reported difficulty participating in continuing studies on management, due to lack of opportunities and unfavorable conditions of work. The disinterest in the area in question was predominant, which reflects the situation in the labor market, which makes the presence of trained professionals necessary for management.

The difficulties described in the findings relate to the process of training during the academy, influenced by curricula with the care look, leaving the management and leadership issues with less emphasis. The posture adopted by educational institutions results in difficulty in the future for nursing professionals, who need knowledge and experience to manage the health services with quality. These professionals face various challenges, seeking to adopt strategies and tools to manage with quality, dealing with the bureaucratic activities and division of time between care and managerial activities.

Therefore, the study confirms the existence of an unfavorable condition for

the strengthening of the management model of professionals related to knowledge management, involving the ability of team leadership and the bureaucratic little knowledge of services for greater control and quality. With this, this study provides information and contributions within the research framework, since the nursing area directly relates to the management process, but managerial tasks and competence still represents a great challenge for professionals. This reflection shows the fragility that exists in Brazilian Nursing, since it is necessary to reshape the scenario of teaching and adjust it according to the needs of the labor market.

The study also raises questions and reflections for managers and administrators of services of Primary Health Care, so that they can contribute and be active with actions that aim to reduce the weaknesses discussed, such as suggestions, more investments in the practice of continuing education, in order to improve and update the knowledge, in addition to providing favorable work conditions that make professionals feel motivated, consequently reflecting positively on the quality of services provided. Furthermore, further studies should be developed, analyzing of the curriculum and methodologies of teachings of Nursing graduate courses, so that they can comply with the needs of health services, as well as strengthen the

partnerships and linkages between higher education institutions along the management and coordination of local health services.

ACKNOWLEDGMENTS

To all participants, who were essential for the construction of this study.

REFERENCES

- 1-Santana IF, Silva JP. Gerenciamento em enfermagem: os empecilhos e benefícios encontrados na prática de gerenciamento de enfermagem de um hospital público. *Rev FAESF*. 2018; 2(2):45-56.
- 2- Teixeira E, Fernandes JD, Andrade AC, Silva KL, Rocha MEMO, Lima RJO. Panorama dos cursos de graduação em enfermagem no Brasil na década das diretrizes curriculares nacionais. *Rev Bras Enferm*. 2013; 66(N Esp):102-10.
- 3- Merhy EE. Um dos grandes desafios para os gestores do SUS: apostar em novos modos de fabricar modelos de atenção. In: Merhy EE, Magalhães Júnior HM, Rimoli J, Franco TB, Bueno WS, et al. *O trabalho em saúde: olhando e experienciando o SUS no cotidiano*. São Paulo: Hucitec; 2007. p. 15-35.
- 4- Matta GC, Morosini MVG. Atenção primária à saúde. In: Escola politécnica de saúde Joaquim Venâncio, Estação de trabalho observatório de técnicos em saúde, organizadores. *Dicionário da educação profissional em saúde*. Rio de Janeiro: Fiocruz; 2009. v. 2 p. 23-25.
- 5- Conselho Nacional de Educação (Brasil). Resolução CNE/CES nº 3, de 7 de novembro de 2001. Institui Diretrizes Curriculares Nacionais do curso de graduação em enfermagem [Internet]. Brasília, DF: CNE; 2001 [citado em 24 jan 2019]. Disponível em:

<http://portal.mec.gov.br/cne/arquivos/pdf/ES03.pdf>

- 6- Conselho Federal de Enfermagem (Brasil). Lei Cofen nº 7.498/86. Regulamentação do exercício de enfermagem. Brasília, DF: Conselho Federal de Enfermagem; 1986.
- 7- Souza FA, Paiano M. Desafios e dificuldades enfrentadas pelos profissionais de enfermagem em início de carreira. *REME Rev Min Enferm.* 2011; 15(2):267-73.
- 8- Marta CB, Lacerda AC, Carvalho ACS, Stipp MAC, Leite JL. Gestão de conflitos: competência gerencial do enfermeiro. *Rev Pesqui Cuid Fundam.* [Internet]. 2010 [cited 2019 jan 24]; 2(Ed Supl):604-8. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1062/pdf_228
- 9- Lima RS, Dázio EMR, Rosado SR, Lourenço EB. Dificuldades e facilidades no gerenciamento de enfermagem no hospital na perspectiva do enfermeiro. *Rev Enferm UFPE on line* [Internet] 2014 [cited em 24 jan 2019]; 8(12):4253-60. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10171/10706>
- 10- Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14ed. São Paulo: Hucitec; 2015.
- 11- Guerra KJ, Spiri WC. Compreendendo o significado da liderança para o aluno de graduação em enfermagem: uma abordagem fenomenológica. *Rev Bras Enferm.* 2013; 66(3):399-405.
- 12- Martins AB, Cardoso ML. Uma reflexão crítica sobre as dificuldades do enfermeiro recém-formado no exercício da liderança. *Vitrine Prod Acad.* 2015; 3(2): 144-52.
- 13- Santos AM, Nóbrega IKS, Assis MMA, Jesus SR, Kochergin CN, Bispo Júnior JP, et al. Desafios à gestão do trabalho e educação permanente em saúde para a produção do cuidado na estratégia saúde da família. *Rev APS.* 2015; 18(1):39-49.

- 14- Sade PMC, Peres AM. Development of nursing management competencies: guidelines for continuous education services. *Rev Esc Enferm USP.* 2015; 49(6):988-94.
- 15- Santos MCL, Braga VAB, Fernandes AFC. Nível de satisfação dos enfermeiros com seu trabalho. *Rev Enferm UERJ.* 2016; 6(1):101-5.
- 16- Lanzoni GMM, Magalhães ALP, Costa VT, Erdmann AL, Andrades SR, Meirelles BHS. Becoming nursing manager in the nested and complex border of caring and management dimensions. *Rev Eletrônica Enf.* [Internet]. 2015[citado em 24 jan 2019]; 17(2):322-32. Disponível em: <https://www.fen.ufg.br/revista/v17/n2/pdf/v17n2a16.pdf>
- 17- Neves VR, Sanna MC. Concepts and practices of teaching and exercise of leadership in nursing. *Rev Bras Enferm.* 2016; 69 (4):686-93.
- 18- Ruffatto J, Pauli J, Ferrão AR. Leadership style influence on the motivation and conflict inter-personal in family companies. *Rev Adm FACES Journal.* 2017; 16(1):29-44.
- 19- Paula GF, Figueiredo ML, Camargo FC, Iwamoto HH, Caixeta CRCB. Concepções de liderança entre enfermeiros assistenciais de um hospital do Norte de Minas Gerais. *Rev Eletrônica Enferm.* [Internet]. 2012[citado em 24 jan 2019]; 14(4):821-30. Disponível em: <https://revistas.ufg.br/fen/article/view/15102/13346>
- 20- Lima FS, Amestoy SC, Jacondino MB, Trindade LL, Silva CN, Júnior PRBF. The exercise of leadership of nurses in the family health strategy. *Rev Pesqui Cuid Fundam.* [Internet]. 2016[citado em 24 jan 2019]; 8 (1):3893- 906. Disponível em: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3905>

RECEBIDO: 03/03/2019
 APROVADO: 07/07/2019
 PUBLICADO: 12/2019