

PERCEPTION OF STUDENTS, TEACHERS AND WORKERS ON THE NURSING WORK PROCESS

PERCEPÇÃO DE DISCENTES, DOCENTES E TRABALHADORAS SOBRE O PROCESSO DE TRABALHO DA ENFERMEIRA

PERCEPCIÓN DE DISCENTES, DOCENTES Y TRABAJADORAS SOBRE EL PROCESO DEL TRABAJO DE ENFERMERA

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Objective: to analyze the perception of students, teachers and workers about the work process of nurses. **Method:** this is an exploratory research, which uses a qualitative approach. The subjects were students, teachers and nurses. The data were collected through a semi-structured interview, organized into tables, classified according to the categories of nurses' work process and analyzed in the light of the Marxist theoretical framework on the work process in health/nursing. **Results:** the participants conceptualized the nurses' work process in a fragmented way, did not recognize their inseparable managerial nature, and considered the managerial work of nurses as an obstacle. **Conclusion:** there are no differences in the perception of students, teachers and workers on the work process of the nurse.

Descriptors: Work. Nurse. Nursing student. Education in Nursing.

Objetivo: analizar la percepción de discentes, docentes y trabajadoras sobre el proceso del trabajo de enfermera. *Método:* investigación exploratoria, con abordaje cualitativo. Los individuos de estudio fueron discentes, docentes y enfermeras. Los datos se recolectaron a través de la entrevista semiestructurada, fueron organizados en cuadros, clasificados conforme las categorías del proceso de trabajo de la enfermera y analizados a la luz del referencial teórico marxista sobre el proceso de trabajo en salud/enfermería. *Resultados:* las participantes concibieron el proceso de trabajo de la enfermera de manera fragmentada, no reconocieron su naturaleza indisoluble de asistencia y de gestión y consideraron el trabajo de gestión de la enfermera como un obstáculo. *Conclusión:* no hay diferencias en la percepción de discentes, docentes y trabajadoras sobre el proceso de trabajo de la enfermera.

Descriptorios: Trabajo. Enfermera. Estudiante de Enfermería. Educación en Enfermería.

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Introduction

In the Marxian perspective, a work process is composed of five elements: the work object, defined as the matter that will be transformed by the instruments of work; the means used to perform a given activity; the work itself, which aims to achieve a purpose; this purpose that is designed at the beginning of the work process to produce a final result; and the product of work. It is emphasized that the labor process is embedded in social relations established in the capitalist mode of production, and is conditioned by objective facts of the political, economic and cultural contexts of this mode of production⁽¹⁾.

In relation to the health work process, it is shaped by the dynamics between object, instruments and purpose and follows the same determinations of the work process in general. In this sense, the object of health work is the health needs expressed in a socially referenced body, situated in the hegemonic assistance model and in the mode of capitalist economic production; the instruments of work can be material (machines, inputs, equipment, among others) and non-materials (knowledge, communication, among others); and the purpose of health work, depending on the care model, may be to recover the individual and collective workforce or to act on health needs⁽²⁾.

A peculiarity of the health work process is that it requires a strong interaction among workers and between workers and service users, being performed collectively by different laborers with varied technical qualifications and performing actions that connect and complement each other⁽³⁾. One of these workers is the nurse.

In general terms, it is understood that the work process of the nurse is the way in which this worker conducts her work, executing, indissociably, assistance-managerial actions mediated by power relations, articulating philosophical, political and technical knowledge. It should be noted that this work process responds to factors such as: normativity of the health organization; anatomic-physiological and extra-biological needs of health service users;

demands for direction and coordination of the work process in nursing; and demands of the organization of the work process in health, in a certain historical time and in a certain society⁽⁴⁾.

Studies on the nursing work process, in particular on the nurse's work process⁽⁵⁻⁹⁾, show that in this field, the work is performed by different workers - nurses, nursing technicians and assistants - who have different backgrounds and different work processes. Indeed, nursing work is organized on the basis of a deep technical division that fractionates and hierarchizes the nursing work process, as well as cheapening the workforce and accentuating the conflict between workers⁽²⁾.

In the context of the technical division of nursing work, the nurse's work process is characterized by being inseparably assistance-managerial, encompassing activities related to the execution of assistance procedures considered of greater technical complexity, as well as to the coordination of the work process in health/nursing and the management of health services. The work process of other nursing workers includes the manual activities of nursing work, that is, the assistance to users, which is less valued economically in the capitalist mode of production. Because of this, women workers occupy different places in the nursing work process, since their practices are different, their work processes are different, their salaries are different and the work of each category has different meaning, values and regulations⁽⁹⁾.

Although the work process of the Brazilian nurse is assistance-managerial, it is identified that "[...] the nursing work activities continue to stand out, both in the content of the training and in the construction of the social imaginary of the profession, for whom [...] the nurse is the woman who is always close to the patient, providing care and who only works in the hospital"^(2:54).

In the context of the contemporary training of the nurse, the curricula are directed towards the development of skills and knowledge for the delivery of care, to the detriment of managerial

skills and knowledge. This results from the way these curricula are organized, as well as from the political-pedagogical conception that guides them and from the perspective of the teachers in relation to the work process of this professional. On this last aspect, a study on the teachers' view regarding the nurse's work process identified that

[...] there was a consensus [among the participants] that the essence of the nurses' work process is caring [...] Caring was considered the main work process in teaching to characterize the nurses that one wishes to train, while managing them [...] It rises as a need of the labor Market [...] The strong characteristic of our training [is] the direct care to the patient^(10,484-486).

Although the nurses' educational curriculum contains curricular components about the managerial work process, these are punctual, poorly contextualized and are concerned with teaching "[...] only norms and routines and the elaboration of scales, forgetting the other functions and administrative skills, instruments and tools for work in management"^(11:455). This situation leads many nurses to question their distance from care activities, "[...] thus reflecting on their low agreement with the management"^(11:457).

The dissociation between care and management in the field of nurse training, in addition to the hegemony of care activities at the discursive level, can be explained as follows: the technical division of nursing work in Brazil is masked, a fact revealed mainly in the use of the term "nursing" to designate the profession, when it refers to the field of work of three categories of workers; it is not explicit in the training nor in the work contracts that the nature of nurses' work process is assistance-management, paying (little) only for the care service. Thus, an ideological construction is maintained and reinforced that the nurse's work is developed beside the patient's bedside and considered emotionally rewarding as it is called care⁽²⁾.

It is observed that in the nursing field there is an ideological construction that masks the technical division of labor and does not recognize the managerial dimension of the nurses' work process⁽⁹⁾. This fact is also identified in the training of nurses and contributes to the

generation of conflicts among workers, work dissatisfaction and little identity of students, teachers and workers with the work of nurses.

In light of these considerations, the objective is to analyze the perception of students, teachers and workers about the work process of nurses.

Method

This is an exploratory research with a qualitative approach. The research was carried out in a Psychosocial Care Center (CAPS), in six Basic Health Units (BHUs) and in a public university. All these institutions were located in the same municipality of the state of Bahia and the health services were chosen because they were practice camps for the training of nurses and for developing teaching, research and extension actions in articulation with the public university.

The data collection took place in the period from June to August 2015, through a semi-structured interview. To do so, three scripts were used, one for each participant category, containing questions related to the elements of the nurses' work process (for all), the interface between the nurse's training and work process in the Unified Health System nurses and teachers), and aspects of the nurses' work at BHU (for nurses). The scripts were submitted to a pilot test, and were applied to 15 subjects (five teachers, five students, and five nurses). After the pilot test, the scripts were modified, as suggested by the participants.

Twenty-four subjects participated in the research, of which 10 were nurses working in BHU and one CAPS, seven teachers and seven students linked to the Nursing Undergraduate course of a public university in the state of Bahia. The quantitative of participants was defined by theoretical-empirical saturation and by repetition of the contents seized in the collection process. In order to collect the data, telephone contact with the participants was initially established to schedule the interviews, through intentional sampling. The interviews were conducted by two fellows of scientific initiation qualified for this purpose, under the supervision of a researcher,

and had an average duration of 15 minutes each. It is worth commenting that the interviewers did not know the selected participants and there was no refusal to conduct the interviews. After signing the Informed Consent Term, the interviews were recorded and transcribed with acquiescence.

The data were organized in tables and were classified according to the categories of the nurse's work process (object, instrument, purpose, activity). In the process of data organization and analysis, interviews were repeated in order to deepen the contact with the analyzed phenomenon, to understand the sense and the meanings of the testimonies, as well as to identify the singularities, convergences and

divergences between the participants. Finally, the data were analyzed in the light of the Marxist theoretical reference on the work process in health/nursing^(2,12).

The research followed the norms of Resolution No. 466/2012 of the National Health Council, and was approved by the Research Ethics Committee of the State University of Bahia, with the Opinion No. 821,560.

Results and Discussion

The results of this research are presented in Chart 1, which synthesizes the elements that characterize the work process of the nurse in the perception of students, teachers and workers.

Chart 1 – Synthesis of the elements that characterize the work process of the nurse in the perception of students, teachers, and workers. Salvador, Bahia, Brazil – 2018 (continued)

Participants	Activities	Intended purpose	Instruments	Object
Students	<p>Assistance: dressing, puncture, technical procedures, nursing consultation, patient care.</p> <p>Management: coordination of teams, sector organization, work planning in nursing, evaluation of processes and services, staffing dimensioning.</p> <p>Educational: training of workers and health education for the population.</p>	<ul style="list-style-type: none"> - Care for the human being; - Care for the patient; - Prevent and treat diseases; - Promote health; - intervene in the health-disease process; - Manage services; - Manage care. 	<ul style="list-style-type: none"> - Theoretical-practical knowledge; - Communication; - Material technologies; - Non-material Technologies. 	<ul style="list-style-type: none"> - Body; - Human being; - Person; - Patient - Caution; - Families; - Community; - Territory.
Teachers	<p>Assistance: curative, patient care, technical procedures, medication prescription and administration, nursing consultation, home visits.</p> <p>Management: care planning, sector organization, coordination of work in nursing, resource management and waste materials, staff dimensioning, referral of patients.</p> <p>Educational: health education for the population.</p>	<ul style="list-style-type: none"> - Prevent and treat diseases; - Take care of people; - Provide nursing care; - Promote health; - Relieve suffering; - Manage and coordinate the team; - Organize services; - Empower subjects; - Educate for health. 	<ul style="list-style-type: none"> - Knowledge; - Light technology; - Creativity; - Dialogue; - Reception; - Communication; - Equipment; - Inputs; - Action planning; - Records; - Meetings; - Caution; - SAE; - Scheduling of medications. 	<ul style="list-style-type: none"> - Well-being of the population; - Person; - User; - Patient; - Human being; - Individual - Socially constituted human being.

Chart 1 – Synthesis of the elements that characterize the work process of the nurse in the perception of students, teachers, and workers. Salvador, Bahia, Brazil – 2018 (conclusion)

Participants	Activities	Intended purpose	Instruments	Object
Workers	<p>Assistance: nursing consultation, technical procedures, home visit;</p> <p>Management: coordination of teams, organization and coordination of BHU, supervision and guidance of workers;</p> <p>Educational: population-based health education and training of workers.</p>	<ul style="list-style-type: none"> - Take care; - Watch; - Educate for health; - Advise workers; - Help the population; - Promote health; - Prevent diseases; - Provide nursing care; - Perform technical procedures; - Please the audience; - Create a bond; - Establish priorities; - Plan, organize and coordinate health units; - Heal all ills and health problems. 	<ul style="list-style-type: none"> - Theoretical-practical knowledge; - Communication; - Material technologies; - Nursing consultations; - Educational activities; - Permanent education. 	<ul style="list-style-type: none"> - Material instruments; - Purpose of the work; - Not able to identify; - Patient; - Community; - Workers; - Quality of life.

Source: Created by the authors.

The results indicate that the predominant activities in the nurses' work process can be grouped into three categories, traditionally associated with nursing work: care, management and education. They also indicate that the participants conceptualized the nurses' work process in a fragmented way and did not recognize their inseparable care-management nature.

In the perception of the participants, the assistance activities are summarized in the execution of technical procedures and in the solution of problems through the nursing consultation:

The nurse, when involved in care, is more concerned with the procedures and the elaboration of the Nursing Care Systematization, which is where the nurse identifies the problems and establishes some diagnoses and actions that will be performed by the nursing technician. (Student 1).

One of the activities that nurses perform in the health services is the nursing consultation, which is the evaluation of the people [...] to identify a problem and solve it. Remembering that in our case, the solution must be aligned with the demands of the person, because it the nurse is the one who will determine what to follow or not. (Teacher 5).

Basically, what I do most is the nursing consultation: prenatal, preventive, among other things. (Nurse 6).

It is observed that the nursing consultation was the care activity most mentioned by the participants. The consultation, in the biomedical care model, represents the technical and power act of the physician. When highlighting this care activity as one of the most relevant, nurses, teachers and students seem to choose to build their professional identity by mimicking acts similar to the medical act. Thus, when prioritizing the nursing consultation in detriment of other assistance activities, such as vaccination and extramural activities, the participants of the study reproduce the biomedical model and, even if unconsciously, they value the medical work and not the nurse's.

In a study developed in Spain, the nurse's care work was considered by the participants an activity restricted to the application of technical procedures in a sick person, a typical view of

the biomedical care model⁽⁸⁾. In this, which is at the same time hegemonic, the work of the nurses has the purpose of removal the disease. Its organization is based on the decisions made by the doctors supported in the definition of the diagnosis and the medical prescription. To achieve this goal, nurses develop a specialized knowledge focused on the disease, which will be used to succeed in the treatment of certain diseases⁽³⁾.

In this sense, nurses are “[...] predominantly specialized technicians, followers of institutional routines and protocols”^(8:927), who do not carefully evaluate their object of work. This way of conceiving the care work does not include, in the work process, the life projects of the users, the empowerment of subjects and the promotion of health. The discourse of the participants in this study contradicts this view when they consider that the purpose of the nurse’s job is to promote health and care for people.

With regard to managerial work, this was conceived as a set of planning activities, but with emphasis on administrative activities, aimed at the control of the worker and health service producing units. The following statements illustrate this result:

In the hospital service, the nurse is responsible for planning the actions so that care is offered to the patients [...] In basic care [...] besides planning all actions [...] the nurse coordinates the work of the Community Health Agents, and controls and manages the frequency of professionals and workers. (Teacher 4).

This is what I most do: I observe the unit in general, how it is in terms of dressing, vaccine room, pharmacy, and if something is missing. (Nurse 3).

It is understood that nurses have the perspective that the managerial work of nurses is an instrument of control of workers and productive processes, as recommended in the Taylorist model. However, in Brazilian health organizations, the managerial work of nurses articulates and integrates the actions provided by other health workers, ensures the continuity of health care, and the fulfillment of the users’ health demands⁽¹²⁻¹³⁾. Thus, it is imperative that nurses perform managerial activities, since they act in the space between the health

organization, users and other health workers, as intermediary managers, organizing health work and coordinating nursing work⁽¹³⁻¹⁴⁾.

However, it was found that the managerial work of the nurses was also perceived as an obstacle, since it removed the focus from what, in the ideological perception of the nurses’ job, would be its function: to be beside the patient’s bedside and to provide assistance:

I always say [...] that we have two jobs for one person; that we do coordination and assistance, and this is a problem. Right now, I was resolving management issues and didn’t answer anyone. Because it [management] takes people’s time, which could [be used to] meet [the managerial work] overubelms us and we don’t provide the assistance that it should. (Nurse 9).

Assistance, which is important in most services, is left aside, since you have to do both [service and management], or even spare a much shorter period of time for it. (Teacher 2).

Usually, the coordinator of this work [of nursing technicians and assistants] is the nurse. That’s a problem, because we often realize that there is a departure from the nurse in direct care to the user. (Teacher 4).

It is noted that the nurse’s work process was also conceived in a dichotomous and idealized way, since the participants defined it as two independent work processes, “[...] one being related to direct assistance to the hospitalized individual, the generator of satisfaction in the work, and another one related to the management of the nursing team and of the production unit [of health services], source of suffering in the work”^(12:7). In another research, it was also detected that the managerial work of the nurse was a source of frustration and indignation, because it prevented her from developing the assistance activities and distanced her from the idealized purpose of her work (providing clinical care to patients)⁽⁸⁾.

Research⁽⁹⁾ found that in 12 countries, nurses performed managerial and care activities. However, in a large part of these countries, there is an appreciation of care actions and the understanding that managerial work distances nurses from direct patient care, leading them to conceal the “managerial component” of their work. Still in this research, it was identified that, in Brazil and the United Kingdom, the managerial work of the nurses “[...] receives a

pejorative connotation, with the designation of these activities as bureaucratic, since they use the bureaucratic term with the same meaning used by common sense and not by the sense applied in the theoretical field of administration^(9,87).

In fact, many conflicts arise and work dissatisfaction increases, as nurses do not identify with their work and their profession⁽¹²⁾; they do not understand that the nature of their work process is managerial-assistance, although both dimensions are complementary and interdependent^(6,8,13), and do not recognize managerial work. This fact points to an ideological construction about the profession, which reflects the development of alienated work, since the workers are unable to recognize their real work and their purposes, as well as mischaracterize the nature of their own work process. It adds to this, the convenience of this denial of managerial work to those who employ them “[...] whether they are from the public or private sector, since there is no claim for payment of what is unpaid work, and which is denied by the workers themselves^(9,91)”.

It should be said that the assistance/management nature of the work of nurses is not separated in the work process. At one time and place, one dimension of the nurses’ work process may overlap with another, requiring them to “perform actions of assistance or managerial characteristics in a varied quantity and intensity, both directed towards the same purpose: to produce actions and services^(13,62)”.

As to educational activities, it was observed that they also constitute the work process of the Brazilian nurses, mainly in Primary Health Care (PHC), and they predominantly include health education and training for the population. In view of the assistance-management nature of the nurses’ work process, it is stated that educational activities are contemplated in the inseparable nature of the nurses’ work process as instruments of managerial work (for example, the training of workers and continuing education in health care) and health care work (e.g. health education).

Further evidence refers to the multiple purposes of the nurses’ work process, which include caring for and assisting (patient, human

being, person), preventing and treating illness, promoting health, guiding workers, educating patients, human beings, persons, workers) and managing (services and work processes). These multiple and distinct purposes indicate that nurses’ work is characterized by the multiplicity of processes⁽¹²⁾ and that the products and objects of their work process are also multiple and distinct.

In this sense, the nurse’s work process has two objects: the socially referenced needs of the users and the body of the other health workers. Each of these objects demands different instruments and purposes, but also requires an action that the nurse must perform: the articulation between these two work processes. Thus, the guarantee of these variations of the nurses’ work object, depending on the health organization where it is located, is precisely due to the intensity of this articulation and the assistance-management actions that need to be performed⁽¹³⁾.

In this perspective, “[...] the plurality of actions makes the work of nurses very different depending on each place where they enter the field of work, contributing to their invisibility^(12,7)”. Moreover, the multiplicity of purposes and actions, together with the lack of clarity on this fact, “[...] facilitates the exploitation of the work of these professionals [...] generates uncertainty about the activities that nurses must perform [...] and ends up causing an overload of activities and lack of understanding of the place and importance of the nurses’ work^(12,7)”.

As to the instruments of work, the participants identified materials (material technologies, such as equipment and supplies) and non-material instruments (knowledge, planning, educational activities, meetings, and Nursing Assistance Systematization, among others). The non-material instruments were the most cited by the participants, which indicates that these are frequently used in the nurses’ work process, a fact that stems from the relational nature of health work.

Finally, with regard to the work object of nurses, it was found that it is learned in different and distinct ways by students, teachers and workers. It should be remembered that the

object of work is the component of the labor process over which the workers, through the instruments and their workforce, will intervene and transform⁽¹⁾. With this, the work object is something material, tangible and possible to be apprehended objectively by the worker.

In the field of health/nursing, the object of work is complex and multidimensional, and comprises the determinants of the health-disease-care process and the health needs expressed in a socially constituted body⁽²⁾. Despite this fact, it was identified that, even when considering the multidimensionality of the nurses' work object, it is only perceived from the viewpoint of disease and illness, that is, a sick body:

Our work object is the frail people who are suffering, in pain, and in some kind of discomfort, be it psychological, physical, social, spiritual [...] so we deal with one of the most difficult objects [work], which is dealing with the human being in its multidimensionality. (Teacher 5).

By apprehending the work object of nurses only from the viewpoint of illness, activities aimed at health promotion, such as the development of self-care, citizenship and individual and collective capacities, are excluded from the work process. This can be explained by the hegemony of the biomedical care model in the organization of work in nursing and points out the need to broaden the perspective regarding the work object of the nurses, as evidenced by one of the participants:

The object of work is the human being, but it is the socially constituted human being, the citizen human being, who has the potential to recognize his limits, the challenges, the construction of citizenship, to the limit of his rights and duties. (Teacher 3).

It should be noted that half of the nurses interviewed did not understand their work object, conceiving it as the purpose or instruments used in the work process:

We understand object [of work] as the purpose of my work. (Nurse 2).

Object? What do you mean? My work object is my room, my papers. (Nurse 3).

The object is what I use in my work. (Nurse 5).

This result indicates that the research participants, in addition to not apprehending their object of work, performed their work in isolation.

This reflects the ideology built for these workers: that they should be at the head of the patient. By basing the professional construct on an ideological statement detached from reality, such a construct contributes to the nurses working without knowing about which work object to intervene and for what purpose to direct their work process.

Conclusion

The results show that there are no differences between the participants' perception about the nurses' work process. The nurses conceptualized it in a fragmented and ideological way, did not recognize the indissociable assistance-managerial nature of the nurse's work process, and denied the managerial work.

The teachers' perception reinforces that the nurses' training process is dominated by the ideological conception of nurses' work as non-work. In fact, the trained nurses do not understand the work they do, which, together with the growing precariousness of work in health services, can deepen frustration and low identity with the profession, as well as the alienation of these workers.

Collaborations:

1. conception, design, analysis and interpretation of data: Nildo Batista Mascarenhas and Tatiane Araújo dos Santos;
2. writing of the article and relevant critical review of the intellectual content: Nildo Batista Mascarenhas, Tatiane Araújo dos Santos, Tatiane Cunha Floretino and Handerson Silva Santos;
3. final approval of the version to be published: Nildo Batista Mascarenhas, Tatiane Araújo dos Santos, Tatiane Cunha Florentino and Handerson Silva Santos.

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