

CREATION AND APPLICATION OF KNOWLEDGE IN THE MANAGEMENT OF NURSES IN HOSPITALS

CRIAÇÃO E APLICAÇÃO DO CONHECIMENTO NA GESTÃO DE ENFERMEIRAS EM HOSPITAIS

CREACIÓN Y APLICACIÓN DEL CONOCIMIENTO EN LA GESTIÓN DE ENFERMERAS EN HOSPITALES

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Objective: to analyze how management practices are developed for the creation and application of knowledge, in the context of nursing, in public hospitals of a municipality in the Brazilian Northeast. **Method:** qualitative research, conducted with 14 nurses and one nurse managers of care units from July to September 2022. Data were collected in semi-structured interviews and analyzed based on the theory of organizational knowledge creation. **Results:** management for the creation and application of knowledge by nurses was grouped in the category Process of improving the nursing service and in the subcategories Production of explicit knowledge for the service and Requalification of care and administrative practices. **Final considerations:** the conversion between tacit and explicit knowledge needs to be understood by the managing nurse, in order to significantly improve the capacity of creation and application of knowledge in the service. Thus, it improves the quality of care, the development of professionals and hospitals.

Descriptors: Knowledge Management. Nursing. Professional Practice. Practice Management. Nursing Service, Hospital.

Objetivo: analisar como são desenvolvidas as práticas de gestão para a criação e aplicação de conhecimentos, no contexto da enfermagem, em hospitais públicos de um município do Nordeste brasileiro. Método: trata-se de pesquisa qualitativa, realizada com 14 enfermeiras e um enfermeiro gestores de unidades assistenciais de julho a setembro 2022. Os dados foram coletados em entrevistas semiestruturadas e analisados com base na teoria de criação do conhecimento organizacional. Resultados: agrupou-se a gestão para criação e aplicação do conhecimento por enfermeiros na categoria Processo de aperfeiçoamento do serviço de enfermagem e nas subcategorias Produção do Conhecimento explícito para o serviço e Requalificação de condutas das práticas assistenciais e administrativas. Considerações finais: a conversão entre o conhecimento tácito e explícito precisa ser compreendida pelo enfermeiro gestor, para melhorar, de forma significativa, a capacidade de criação e aplicação do conhecimento no serviço. Assim, aprimora a qualidade assistencial, o desenvolvimento dos profissionais e dos hospitais.

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Descritores: Gestão do Conhecimento. Enfermagem. Prática Profissional. Gerenciamento da Prática Profissional. Serviço Hospitalar de Enfermagem

Objetivo: analizar cómo se desarrollan las prácticas de gestión para la creación y aplicación de conocimientos, en el contexto de la enfermería, en hospitales públicos de un municipio del Nordeste brasileño. Método: se trata de una investigación cualitativa, realizada con 14 enfermeras y un enfermero gestores de unidades asistenciales de julio a septiembre 2022. Los datos fueron recogidos en entrevistas semiestructuradas y analizados basándose en la teoría de creación del conocimiento organizacional. Resultados: se agrupó la gestión para creación y aplicación del conocimiento por enfermeros en la categoría Proceso de perfeccionamiento del servicio de enfermería y en las subcategorías Producción del Conocimiento explícito para el servicio y Recalificación de conductas de las prácticas asistenciales y administrativas. Consideraciones finales: la conversión entre el conocimiento tácito y explícito necesita ser comprendida por el enfermero gestor, para mejorar de forma significativa la capacidad de creación y aplicación del conocimiento en el servicio. Así, mejora la calidad asistencial, el desarrollo de los profesionales y de los hospitales.

Descritores: Gestão do Conhecimento. Enfermagem. Prática Profissional. Gerenciamento da Prática Profissional. Serviço Hospitalar de Enfermagem

Introduction

Creating and applying new knowledge in the practice of health care within nursing is part of the performance of nurses throughout its history and has allowed the transformation of the current ways of managing the service and caring for the population with more quality and safety. This path follows the logic of human nature, which transforms the world in a constant search to know what surrounds it and develop new knowledge, thus contributing to the progress of science. In the Health context, in particular, it is essential to foster the creation of knowledge through daily activities and external knowledge acquired⁽¹⁾. It is important to highlight the understanding that the nursing service in the hospital field is structured in a complex organizational environment and an intense flow of knowledge, which requires the team dynamic and procedural learning to follow the technical and technological evolution, as well to meet the health needs of the population with quality. Knowledge is certainly one of the most important determinants for the professional action of the nurse and his team, because it provides a basis and security for making decisions related to the patient and to the operational and administrative activities of the unit. In this context, the relevance of appropriate management actions in the individual and collective conduct of professionals for the creation and use of

strategic knowledge that meets the specificity of the service.

It is understood that a work environment with several levels of complexity, such as nursing, requires systematic management practices and competent conduct, focused on the development of enabling conditions that enable various interactions that enhance the process of knowledge creation, at individual, group, organizational and intra-organizational level. In this sense, it is important to reduce resistances and barriers to knowledge, in order to improve critical processes, which, when not supported, may prevent their generation. Minimizing these barriers also allows to evaluate the professional capacity at individual, collective and organizational levels about the value attributed to new knowledge, investments of a political nature and practices oriented to the generation and application of knowledge⁽²⁾.

Therefore, this study adopted as a theoretical and methodological basis the Theory of Organizational Knowledge Creation, by Nonaka and Takeuchi, which proposes the model of Socialization, Externalization, Internalization and Combination (SECI) of knowledge creation in the organization⁽³⁾. This model demonstrates that the creation of knowledge occurs in a circle through SECI actions, and that people, in actions

and interactions with the environment, create and expand knowledge by converting tacit and explicit knowledge. This model provides relevant elements for the understanding and induction of managerial practices and presents a conceptual structure composed by two dimensions: epistemological and ontological⁽¹⁾.

In the epistemological dimension, tacit and explicit knowledge stand out. The tacit one refers to personal experiences, values, beliefs and emotions of an individual, while the explicit refers to knowledge that can be articulated, written and stored. It is noted, therefore, that both are inseparable, interact together in the relationships between people and are produced in action, in which experiences interfere in the distinct mode of acting of each professional.

In this sense, research highlights that the lack of studies in hospital organizations applied to Knowledge Management (KM) triggers absence of their practices. On the other hand, the benefits of KM for the hospital include facilitating the creation, treatment, organization, sharing, use and reuse of knowledge for hospital decision-making purposes, as well as helping to improve the services provided by health institutions, with better efficiency and effectiveness to the assistance and management processes⁽⁴⁾.

In this understanding, the present study is justified due to the current and increasing incorporation of new knowledge in the hospital field and, specifically, in the work of the nursing team, as well as the relevance of the managerial function of the nurse. In addition, it is based on the expansion of the theory of the creation of organizational knowledge, by guiding conduct in companies and studies on the subject, as well as evidence that the process of creation and application of knowledge potentiate the quality of services provided⁽⁵⁾. Thus, this study aims to analyze how management practices are developed for the creation and application of knowledge, in the context of nursing, in public hospitals of a municipality in the Brazilian Northeast.

Method

This is a qualitative study, with exploratory and descriptive design, part of the results of a research that analyzes the reports of nursing managers on organizational knowledge management in the context of nursing, in public hospitals in a city of the Brazilian Northeast. The writing of this study followed the guidelines of the checklist Consolidated Criteria for Reporting Qualitative Research⁽⁶⁾ (COREQ) for qualitative studies, consisting of items divided into three domains: research team and reflexivity; study concept; and analysis and results. The requests for consent to the research were sent to 20 medium and large hospitals in the city, places of labor practice of nurses in managerial positions in nursing care units. Six public hospitals agreed to participate in the survey.

Initially, all the nurses managers working in these hospitals were selected through direct communication with the general nursing management of the hospitals, which enabled the contacts of those who managed the nursing services. After the first interviews, new participants were activated, according to the analytical need of the research. The sample definition occurred by saturation with the performance of 15 interviews, following the criterion of information exhaustion, to finalize the search for participants. The inclusion criterion considered was for the managers was the performance for at least six months in the function, because after this period, they were already integrated in the organization and more secure them in the management process regarding the conduct of the team and institutional policies. Managers on vacation or special leave or gestational in the period of data collection and those who postponed the interview after three appointments were excluded.

Data collection took place from July to September 2022. After identifying and locating the participants, they were contacted for the presentation of the researchers and the research project. At that time, the invitations were sent

by e-mail and social networks, whose content explained the research intention, objectives and importance of participation in the study.

After hearing the necessary clarifications about the study, each participant agreed to sign the Informed Consent Form (ICF) in two copies, one delivered to the interviewed nurse and the other kept under the possession of the researcher, which was signed before the start of interviews. To preserve the identity of the managers, we used the alphanumeric system M of manager, followed by a number corresponding to the order in which the interviews were conducted, from M1 to M15.

Three test interviews were conducted to validate the script, which were not considered for analysis. The first of the two parts of the interview script contained sociodemographic information, and the second, with the following question: Describe how your management practices are developed to create and apply knowledge in the nursing service. The interviews, conducted individually, lasted, on average, 40 minutes, in a quiet room, exclusive and without interruptions, at the place of choice of the interviewees and virtually using the platform Google Meet®. They were recorded after authorization of the participants, with the help of the voice recorder of the mobile phones of the researchers, qualified PhD and MSc students, who conducted the interviews and recorded all the information provided. At the end of the interview, participants had the opportunity to listen to the recordings, to authorize or not their respective transcriptions.

The data were analyzed according to the Content Analysis⁽⁷⁾ and followed three steps. In the first, there was the floating reading of the content of the interviews to constitute the corpus. In the second stage, the criteria of completeness, determined by the use of all the content of the interviews, the representativeness, to express the experiences and the homogeneity of the in search of the similarities and relevance of the content to the objectives of the research. Then, there were cutting, decomposition and assignment of the thematic registration unit, which, due to their similarity, were grouped into one category:

Process of improving the nursing service. From this, two subcategories emerged: *Production of explicit knowledge for service* and *Requalification of care and administrative practices*.

The data saturation point was reached when information began to be repeated without new elements being identified in the analysis category. The third step was accomplished by interpreting the results and synthesizing the analysis. The results analysis was based on the SECI model of knowledge creation⁽³⁾.

First, in the process of Socialization, the new tacit knowledge is converted through the experiences shared on a daily basis during social interaction. In Externalization, tacit knowledge is made explicit, so that it can be shared with other people and subsidize new knowledge, whether they are concepts, images and written documents. In turn, by the process of combining the various explicit knowledge produced, they are processed, articulated and united, forming a complex and systematic set. In Internalization, then, the explicit knowledge created and shared by the organization is converted into tacit knowledge, being applied in practical situations in the service.

The study was conducted after approval of the Research Ethics Committee of the applicant institution, in December 2021, Certificate of Presentation of Ethical Appreciation (CAAE) 53613621.0.00005531, under Opinion number 5.168.134, with own funding.

Results

Fifteen interviews were conducted, 14 with female participants and one with male. All interviewees held management positions in nursing care units and were management specialists. The time in these positions ranged from 1 to 11 years and the end of the nursing degree varied between 12 and 37 previous years; all managers are specialists. These individual characteristics of the interviewees facilitated the understanding of their reports, given the context to which they were linked, their experiences,

professional maturity and qualifications for the position.

It was identified that, in order to create and apply knowledge in the nursing service, the interviewees developed managerial actions that involved the improvement of their own work and of other professionals.

Process of improving the nursing service

The reports evidenced the recognition of the importance of creating and updating protocols, flows, indicators and processes, which were identified as a form of production of nursing knowledge in the hospital, as follows:

The indicators that we produce, the presentations of the indicators that we make to the board are generally also shared with the group, so that they are aware of what was produced by them. (M13).

Protocols for putting on PPE and removing it in sequence for assistance and I created them here for the MSC, because there were no differences in the wet area. Wet area, right? In the dirty, contaminated area... I felt the need for us to create a manual, which I call a cardex. Instead of calling it a cardex, I am now putting it as a flow processing manual. (M12).

We really needed to create several protocols, because COVID-19, for example, was a new disease. We didn't know anything about it. It was a time when a series of scientific articles were coming out and changes were constant, because the studies were still progressing, right? And we needed to keep up to date so that we could constantly update our protocols. (M10).

It's about producing protocols within the hospital, renewing routines and, ultimately, providing technical advice that goes to the board, to the CME, to the cleaning service, to the managers of the care line unit. (M2).

The production of knowledge was also motivated by the service's need, as reported below:

We create a flow that needs to be trained, passing on to Operations what is expected, what the risks are, and what we can do to minimize these risks. So, it depends a lot on me acquiring this information, because I have to have the problem. It can come as a change in profile, it can come as a change in the literature, or it can come as signals, which, in this case, are notifications, if it is the case of creating protocols. (M11).

The creation of knowledge occurred due to the need to implement new processes, protocols and flows, and through activities carried out with the organization's employees and reviewing the existing material in the unit as organizational policy... The creation of a new way of caring, new protocols, flows and the modification of the organization's structure itself to care for Covid patients, a new way of caring, and these were shared among

leaders and in training spaces with the organization's professionals. (M3).

Requalification of procedures for care and administrative practices

Throughout the process of improving the nursing service, it was notorious the search for the requalification of behaviors in the exercise of labor practices with the team, in an integrated process of creating and applying knowledge in a procedural and concomitant way: create-apply and apply-create. The speeches demonstrated an action driven by the need to solve problems and meet new demands, creating or expanding spaces to experiment with new forms of work:

Here, some things that we realize work, and what doesn't, right?... There's this feedback. So, this is a way that I believe we can also be producing knowledge: "Hey, this worked", "this is broken", "this didn't work", "this deteriorated", "look at the situation". So it's this feedback. I believe it's also a way of producing and applying the knowledge that we already have, we already know that this way worked or didn't work. (M12).

I usually apply it like this: by doing this, I review the SOPs, the SOPs that already existed; if there is a problem, I update them, already putting this application in them: "It is not in this update of the SOPs", "we can adapt". So I always make this comparison of the oldest ones here in the hospital with the knowledge of the RDCs, to see if it is within the scientific principle that we apply. (M15).

[...] we involve a pilot plan in each unit and evaluate what has been working and, based on this evaluation, we pass it on to the other units [...] We create another PDCA and, based on that, we try to see if there has been an improvement and if this strategy is more positive in relation to the work we do every day. And, in this way, you already create knowledge: You created, innovated and applied. (M4).

It is applied in a team, new knowledge is produced in its management process through complaints, that is, we make a situational diagnosis of the unit, because we understand what the weaknesses are and, with this weakness of my unit, I seek actions to socialize and improve the care process of my unit and, with that, I transfer this information to my employees. (M6).

We apply this in our daily work processes, don't we? In the entire process, the path that the material takes within a MSC also exists. There are not only specific technical documents for the work processes, but also some documents that talk about the functioning, between the MSC, the MSC Surgical Center, other units, such as flowcharts that are prepared, so we apply this in our daily work. (M14).

Managerial actions to enable the application of knowledge useful to the service were also highlighted.

So not all new knowledge will be applied across the institution. However, we do put much of what is possible into practice. Our goal is always to put as much of the available knowledge into practice to assist patients. Now, this knowledge needs to be at an applicable level, both commercially and culturally. (M5).

Putting knowledge into practice is very easy because we are talking about needs. If we are being trained and seeking to train ourselves in needs that are of the institution, then it is very easy. Just as you give water to someone who is thirsty, then you improve your knowledge and apply it almost immediately, because knowledge, like all knowledge, cannot be hidden; at some point, it will come out, especially when you have a need. (M8).

We seek to apply knowledge using the articulation between management areas in a practical way: applying the knowledge acquired to transform reality, developing strategies for the patient safety process. (M3).

Discussion

The improvement of services provided by nursing was considered, in this study, an emerging category of reports analyzed when exemplified management actions to promote the creation and application of knowledge. The talks demonstrate that, in the processes that permeate the search for improvement, there is production of explicit knowledge for service as they create and update protocols, technical and managerial manuals for the service, as the instruments of operational conductions and for the care process. It was also reported the search, in the exercise of labor practices, new ways to perform work and solve problems in the daily life of the service, which allows the requalification of behaviors in care and administrative practices.

Therefore, the creation of organizational knowledge is understood as a process that extends in an organized way the knowledge created by people, instituting them as part of the organization's knowledge network⁽³⁾.

In this way, it will provide necessary changes to the improvement of the service, as well as to the development of the professionals/the hospital environment, where all work in different areas, but with the same purpose: provide satisfaction to the patient during his/her stay in the hospital⁽⁴⁾.

It was found that the production of knowledge is part of the actions carried out by

the interviewees to improve the nursing service, something understood in this study as the production of explicit knowledge. In this context, it is evident that the practices of the participants were recognized as relevant to the concepts of Socialization, Externalization, Internalization and Combination of the SECI model⁽³⁾. Externalization was highlighted in the production of institutional tools, such as concepts, images and written documents mentioned by nurses managers. Thus, the production of explicit knowledge that was created and shared by nursing is converted into tacit knowledge and applied in the work process, understood as an action to requalify the conduct of care and administrative practices in nursing services; and in this context, recognized as a process of Internalization.

The participants' reports also evidence that the conversion by socialization is implicit in the reports presented, understood in this study as inherent to the professional practice in nursing services, when the new tacit knowledge acquired in the learning and individual experiences of the professional is shared on a day-to-day basis during social interaction between professionals. The process of conversion by combination has also become evident, since the various explicit knowledge are processed and articulated, composing a complex, systematic and collective sharing set, which can extend to the various care units.

In 2020, an editorial, published in the Brazilian Journal of Nursing (REBEN), alerted to the importance of producing research focused on technological innovation in nursing, such as protocols based on the best evidence, validated evaluation instruments, definition of work processes systematized, among others, in a finding that innovative research is able to improve the way to develop or modify the provision of care⁽⁸⁾.

A Brazilian study with 76 nurses working in the management and assistance of Primary Health Care (PHC) identified 42 innovative actions, considered as new forms of work. Emphasis was placed on the reorganization of

services and strengthening the participation of professionals and the population, with actions to overcome the current model and focusing on comprehensiveness and quality of care for users and health staff. Thus, it was found that the process of creating and implementing innovative nursing actions provides positive results in the work routine⁽⁹⁾.

In view of the theoretical foundations of this study, it is highlighted the task of the manager to promote, facing the needs of solving problems, the creation of new knowledge intentionally and quickly, therefore, strategically planned. It should also enable an adequate context that allows professionals autonomy for self-management and provide the development of new ideas that arise in dialogues and discussions. In this sense, the individual perspectives are integrated to the new collective conceptions, so that, producing new knowledge, expands and crystallizes the individual knowledge as part of the organizational knowledge network, since it promotes the continuous interaction, between tacit and explicit knowledge⁽³⁾.

The process of creation, validation and implementation of protocols in nursing services has been widely applied as a modern tool capable of instrumentalizing the nurses in assistance activities, management, education and research. Thus, standardized and safe care is promoted for the patient and the professional, by ensuring legal support and improvement of nursing care by improving care through the use of scientifically based practices⁽¹⁰⁻¹¹⁾. In this understanding, it can be stated that the assistance protocol is a model of application of scientific knowledge in professional practice⁽¹²⁾, considered a health technology⁽¹³⁾, whose construction, validation and implementation aims to improve the care and health care provided to the population.

A research⁽¹⁴⁾ reaffirms that there is creation of assistance and administrative technology by nurses in various everyday situations. This occurs when new ideas for innovation in the service are applied, which serve to improve processes, models and protocols, strategic action plan, various commissions, as well as the

construction and use of indicators, maintenance of relationship with suppliers, cost management and use of the information system⁽¹⁴⁾.

It is known that there are numerous innovative technologies within the scope of explicit knowledge produced in the various nursing services, which build the cultural heritage stored in the hospital. Some of them, however, were not expressed by the interviewees of this study, among others, the instruments of registration of the nursing process, the adaptations and improvements of clinical evaluation scales, the patient guidance manuals for procedures and discharge, technical analysis reports and research.

Within the scope of application of acquired knowledge, reports emerged of new ways to perform work and solve problems in daily service. Such notes were understood, in this study, as evidence that managers, during the course of labor practice, enable the application of useful knowledge to the service, requalifying behaviors of assistance and administrative practices. Thus, they seek innovation in the exercise of labor practices.

It is observed that the application or adoption of new knowledge using different strategies are part of the development of nursing managers' work, whose relevance corroborates the study⁽¹⁵⁾ developed with 479 professionals from a federal hospital in Nigeria, who evaluated the opinion on knowledge management practices, concluding that the application of knowledge was the second most important professional action. After the acquisition of knowledge to be practiced in the hospital, there must be the adoption and urgent implementation of knowledge management processes and strategies and practices of interprofessional collaboration in the daily activities of the clinical workforce in hospitals⁽¹⁵⁾.

In the field of application of scientific knowledge, a study highlights that it is challenging to apply scientific evidence to clinical practice and to exchange with groups in different contexts of health and organizational interests⁽¹⁶⁾. In addition, there were deficiencies in the preparation of professionals to elect research

with high-quality results and care applicability, which do not reach patients and services in a timely manner, decades for implementation in health practices and policies⁽¹⁷⁾. However, since the relevance of scientific evidence to increase the autonomy and visibility of nursing is unquestionable, it is recommended to encourage the training of nursing teachers, since they have the responsibility of promoting the development of the students' skills to produce studies based on scientific evidence and thus implement them in professional practice⁽¹⁸⁾.

Also referring to the application of scientific knowledge, it is notorious in Brazil, the incipient partnership between researchers, professionals, patients, families and institutions, as well as reduced incentive for funding in research at this level. There is also a need for professional training to evaluate productions in conditions of applicability⁽¹⁶⁾, to make data accessible and create research networks⁽¹⁹⁾. Finally, it is important to mention how essential the valorization of research as a guiding principle for the decision-making process and qualified practices during the development of nursing work⁽²⁰⁾.

Therefore, it can be said that knowledge management, with the use of a set of practices and methodologies to coordinate all existing knowledge in a will enhance the results of nursing work and promote the application and creation of new knowledge, as well as professional and organizational development, in addition to improving the quality of care and contributing to reduce time, costs and errors⁽²¹⁾.

It is important to highlight that the organization's role in the process of creating organizational knowledge is to promote the appropriate context to facilitate group work, creation and individual knowledge, so that contextual resources and opportunities form new daily actions, and these, in turn, a new reality. It should, however, assume conditions based on the intention, based on the organizational strategy and the autonomy granted to the professional, represented by freedom of action and needs for change⁽²²⁾.

A survey conducted with 211 doctors, nurses and technicians in the health network of an Iranian

city found significant positive relationships between the processes of creation, retention and application of knowledge and the satisfaction of professionals at work⁽²²⁾. Other studies also highlighted the positive results in the competitive capacity of organizations where knowledge and information are very important assets in the development of skills and consequently in the production of better results⁽²³⁻²⁴⁾.

In general, the present study identified that the creation and application of knowledge in nursing services do not occur in isolation, but rather articulated, concomitant and integrated. It is believed that by applying a new knowledge in service, one can transform the existing or produce a new one, and thus, one perceives the movement of producing applying and applying itself producing.

It was evidenced that nurses developed actions to promote the creation and application of knowledge in the service in a punctual way. However, they did not demonstrate understanding that these are actions of knowledge management processes. These, when linked to other processes of acquisition, sharing and storage of knowledge, are decisive for the improvement of the quality of assistance, development and professional and organizational growth.

Given the above, with the considerations presented in this study, it is reiterated the need for managers' understanding of the importance of leading the team to transform individual knowledge into collective action, through a strategic planning to be applied systematically. For this, it should be used the best practices of communication, including the creation of virtual and physical spaces, as well as to aggregate influencers and collaborators to encourage the exchange of experiences, promote the mapping of information diffusion flows, the management of documents and existing explicit knowledge, and the guarantee of the autonomy of professionals, allowing space for experimentation and new ideas.

The implications of the results of this research show possibilities of managerial actions of nursing professionals, for the adoption and implementation of knowledge management processes. It is important to focus

on the creation and application of knowledge in professional practices for improving the quality of care, development of the team and hospital organization.

A limitation of this study concerns the fact that the results only portray the experiences of managers of contexts of public hospitals in a municipality of the Brazilian Northeast. Thus, other studies should be developed to add new elements from the experiences of nurses in the private network and from other regions of Brazil, for the creation and application of knowledge in the management of nurses in hospitals. Nevertheless, the experiences here presented can be thought-provoking and serve as references for other realities.

Final Considerations

The process of knowledge creation and application is managed by nurses in hospital units during the development of actions to promote the improvement of nursing service specifically during the production of explicit knowledge, with the elaboration and updating of protocols, standard operational plan (SOP), indicators and technical manuals. In the application of knowledge, it is sought to requalify behaviors in care and administrative practices through the adoption of new ways of performing work with quality. To do so, it is based on the evaluation of the weaknesses of the service, scientific production and organizational culture. There was, however, the limitation of reports on explicit knowledge creation products, recognized as existing in nursing.

Managers should better understand the importance of leading the team, to transform individual knowledge into collective action through a strategic planning to be applied systematically, in favor of the quality of assistance and improvements in professional and organizational development and growth using the best communication practices, promote the creation of virtual and physical spaces, adding influencers and collaborators, encouraging the exchange of experiences, mapping the

information and knowledge diffusion flows, managing documents and existing explicit knowledge. Moreover, to ensure the autonomy of professionals for experimentation and new ideas, enabling the creation of technologies for the execution of care at various levels.

Collaborations:

1 – conception and planning of the project: Ana Lúcia Arcanjo Oliveira Cordeiro;

2 – analysis and interpretation of data: Ana Lúcia Arcanjo Oliveira Cordeiro;

3 – writing and/or critical review: Ana Lúcia Arcanjo Oliveira Cordeiro, Rosana Maria de Oliveira Silva, Josicélia Dumê Fernandes and Gilberto Tadeu Reis da Silva;

4 – approval of the final version: Ana Lúcia Arcanjo Oliveira Cordeiro, Rosana Maria de Oliveira Silva, Josicélia Dumê Fernandes and Gilberto Tadeu Reis da Silva.

Competing interests

There are no competing interests.

Data Availability Statement

The data that support the findings of this study are available in the article itself.

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References

1. Attard C, Elliot M, Grech P, McCormack B. Adopting the Concept of 'Ba' and the 'SECI' Model in Developing Person-Centered Practices in Child and Adolescent Mental Health Services. *Front Rehabil Sci.* 2022;2:744146. DOI:10.3389/fre.2021.744146
2. Farnese ML, Barbieri B, Chirumbolo A, Patriotta G. Managing Knowledge in Organizations: A Nonaka's

- SECI Model Operationalization. *Front Psychol.* 2019;10:2730. DOI: 10.3389/fpsyg.2019.02730
3. Nonaka I, Takeuchi H. *Gestão do conhecimento*. Tradução Ana Thorell. Porto Alegre: Bookman; 2008.
 4. Pereira R. *Gestão do Conhecimento aliada ao crescimento organizacional: perspectivas à prática hospitalar*. AtoZ. 2021;10(1):103-12. DOI: <https://doi.org/10.5380/atoz.v10i1.75082>
 5. Viana MEFS, Presser NH, Silva AB. Aplicação dos conhecimentos adquiridos no mestrado na prática profissional: um estudo de caso. *Perspect Gest Conhecimento*. 2018;8(3):172-91. DOI: <http://dx.doi.org/10.21714/2236-417X2018v8n3p172>
 6. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349-57. DOI: <http://dx.doi.org/10.1093/intqhc/mzm042>
 7. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2016.
 8. Reichembach MT, Pontes L. Pesquisas inovadoras na enfermagem: uma mudança necessária. *Rev Bras Enferm*. 2020;73(4):e2020n4. DOI: <http://dx.doi.org/10.1590/0034-7167-2020730401>
 9. Oliveira IB, Peres AM, Martins MM, Bernardino E, Haddad MCFL, Lowen IMV. Innovative actions developed by nurses in primary health care. *Rev Bras Enferm*. 2022;75(1):e20200782. DOI: <https://doi.org/10.1590/0034-7167-2020-0782>
 10. Schweitzer G, Nascimento ERP, Malfussi LBH, Hermida PMV, Nascimento KC, Moreira AR. Implementation of the protocol of nursing care in trauma in aeromedical service. *Rev Bras Enferm*. 2020;73(3):e20180516. DOI: <http://dx.doi.org/10.1590/0034-7167-2018-0516>
 11. Conselho Federal de Enfermagem. Diretrizes para elaboração de protocolos de enfermagem na atenção primária à saúde pelos Conselhos Regionais [Internet]. Brasília (DF); 2018 [cited 2023 Dec 1]. Available from: <https://www.cofen.gov.br/wp-content/uploads/2019/03/Diretrizes-para-elabora%C3%A7%C3%A3o-de-protocolos-de-Enfermagem-.pdf>
 12. Fernandes MA, Sousa KMP, Silva IJB, Silva NFB, Paz AVUP, Silva J. Acidentes laborais e a construção coletiva de um protocolo assistencial. *Rev enferm UFPE on line*. 2019;13(2):511-7. DOI: 10.5205/1981-8963-v13i2a235981p511-517-2019
 13. Comissão Nacional de Incorporação de Tecnologias no Sistema Único de Saúde. *Protocolos Clínicos e Diretrizes Terapêuticas* [Internet]. Brasília (DF); 2021 [cited 2023 Oct 20]. Available from: <http://conitec.gov.br/index.php/protocolos-e-diretrizes>
 14. Cordeiro ALAO, Fernandes JD, Mauricio MDALLD, Silva RMO, Barros CSMA, Romano CMC. Structural capital in the nursing management in hospitals. *Texto Contexto Enferm*. 2018;27(2):e4880016. DOI: <http://dx.doi.org/10.1590/0104-07072018004880016>
 15. Opele JK. Inter-professional collaboration and knowledge management practices among clinical workforce in Federal Tertiary Hospitals in Nigeria. *Knowl manag e-learning*. 2022;14(3):329-43. DOI: <https://doi.org/10.34105/j.kmel.2022.14.018>
 16. Vieira AKM, Gastaldo D, Harrison D. How to translate scientific knowledge into practice? Concepts, models and application. *Rev Bras Enferm*. 2020;73(5):e20190179. DOI: <http://dx.doi.org/10.1590/0034-7167-2019-0179>
 17. Daraz L, Morshed KG. Can we streamline the concepts of knowledge translation, dissemination and implementation for lay stakeholders? A perspective. *BMJ Open*. 2023;13(3):e068946. DOI: <http://dx.doi.org/10.1136/bmjopen-2022-068946>
 18. Corrêa BLMAL, Santana RF, Rocha GS, Bandeira TM, Carmo TG, Carvalho ACS. Melhoria de qualidade no paradigma da ciência da implementação em programas profissionais: revisão de escopo. *Rev Gaúcha Enferm*. 2023;44:e20220159. DOI: <https://doi.org/10.1590/1983-1447.2022.20220159.p>
 19. Schneider LR, Rodrigues Júnior AS. Estratégias para promover a translação do conhecimento na atenção primária à saúde: revisão de escopo. *Rev Gaúcha Enferm*. 2022;43(spe):e20220107. DOI: <https://doi.org/10.1590/1983-1447.2022.20220107>
 20. Silva IR, Ventura CAA, Costa LS, Silva MM, Silva TP, Mendes IAC. Knowledge management: connections for teaching research in undergraduate nursing. *Rev Bras Enferm*. 2021;74(Suppl 6):e20201295. DOI: <https://doi.org/10.1590/0034-7167-2020-1295>
 21. Ayatollahi H, Zeraatkar K. Factors influencing the success of knowledge management process in health care organisations: a literature review. *Health Info Libr J*. 2019;37(2):98-117. DOI: 10.1111/hir.12285

22. Fadaie N, Lakbala P, Ghanbarnejad A. Impact of knowledge management on job satisfaction and organizational performance among healthcare employees: A structural equation modeling approach. *Health Sci Rep.* 2023;6(9):e1560. DOI: <https://doi.org/10.1002/hsr2.1560>
23. Santos V, Bastos RC. Avaliação da maturidade da gestão do conhecimento na administração pública. *Perspect Gest Conhecimento.* 2019;9(1):24-41. DOI: <https://doi.org/10.21714/2236-417X2019v9n1>
24. Roza R. Revisitando a teoria da criação do conhecimento organizacional. *Rev Interam Bibliot.* 2020;43(3):eRv2. DOI: <https://doi.org/10.17533/udea.rib.v43n3eRv2>

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