



COLLECTIVE SKILLS OF NURSES IN MANAGEMENT AND CARE IN THE SURGICAL CENTER

COMPETÊNCIAS COLETIVAS DO ENFERMEIRO NA GESTÃO E ASSISTÊNCIA EM CENTRO CIRÚRGICO

Janine Maria Konarzewski Paluchowski¹, Sandra Leontina Graube², Luciano Lemos Doro³, Rosane Teresinha Fontana², Francisco Carlos Pinto Rodrigues², Vivian Lemes Lobo Bittencourt^{2*}

ABSTRACT: Objective: to identify the collective skills of nurses in management and care in a Surgical Center. **Method:** qualitative, descriptive research. Nurses from a Surgical Center were interviewed in the second half of 2023 in a private hospital in the countryside of Rio Grande do Sul. The research was approved and complied with the requirements of the Research Ethics Committee of the University. **Results:** Seven nurses participated. Speeches focused more on collective skills related to the management of the Surgical Center than on patient care were assessed. Most nurses interviewed were unaware of the existence of work instructions for care activities and all reported receiving institutional incentive for improvement and use of new technologies. **Conclusion:** Among the collective skills of nurses in the management and care of a Surgical Center, the highlight refers to the knowledge related to the management of the specificities of the operating unit, observing gaps in care skills.

KEYWORDS: Professional skill; Perioperative nursing; Nursing management.

¹Nurse. Regional Integrated University of Alto Uruguai and the Missions, Santo Ângelo Campus (RS), Brazil. ²Professor at the Regional Integrated University of Alto Uruguai and the Missions, Santo Ângelo Campus (RS), Brazil. ³Professor at the Serra Gaúcha University Center, Caxias do Sul (RS), Brazil.

***Corresponding author:** Vivian Lemes Lobo Bittencourt – Email: vivilobo@hotmail.com.

Received: 26 June. 2024

Accepted: 29 Aug. 2024

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RESUMO: Objetivo: identificar as competências coletivas de enfermeiros na gestão e assistência de um Centro Cirúrgico. **Método:** pesquisa de abordagem qualitativa, do tipo descritiva. Foram entrevistados enfermeiros de um Centro Cirúrgico, no segundo semestre de 2023, em um hospital privado no interior do Rio Grande do Sul. A pesquisa foi aprovada e respeitou as exigências do Comitê de Ética em Pesquisa da Universidade. **Resultados:** Participaram sete enfermeiros. Aferiram-se falas voltadas mais a competências coletivas relacionadas à gestão do Centro Cirúrgico do que ao cuidado assistencial ao paciente. A maioria dos enfermeiros entrevistados desconhece a existência de instruções de trabalho para as atividades assistenciais e todos referiram receber incentivo institucional para aprimoramento e uso de novas tecnologias. **Conclusão:** Dentre as competências coletivas de enfermeiros na gestão e assistência de um Centro Cirúrgico o destaque refere-se ao conhecimento relativo à gestão das especificidades da unidade cirúrgica, observando-se lacunas quanto às competências assistenciais.

PALAVRAS-CHAVE: Competência profissional; Enfermagem perioperatória; Gestão de enfermagem.

INTRODUCTION

The multidisciplinary diversity of the surgical team requires from the nurses in the Surgical Center (SC) a performance that covers both managerial skills and technical and care skills¹. According to Fleury and Fleury², skills refer to the knowledge of technological and non-technical abilities, proactivity, integrating and building knowledge, competencies that add economic value to the organization and social esteem of the individuals. All these elements refer to the need for the professionals to develop skills, with a view to the quality of care for users undergoing surgical treatment.

In the study by Silva et al.³, there are four collective skills, organized into a matrix of competencies, which will be considered in this study: teamwork; knowledge of the specificities of care and the surgical unit; management of material and financial resources of the surgical unit; and management of people in the surgical unit. Therefore, when nurses are able to develop collective skills in daily life, they act effectively in promoting health in the surgical environment.

The competency matrix is a management tool, seen as the beginning of the whole process and its objective is to ensure a better use of human resources, for the function that the professionals play in the organization through the development of professional skills, in order to guarantee the quality of the services provided⁴.

The nurse manager of the SC must understand that the management of the unit, especially of material and financial resources, is of paramount importance for the continuity of the service offered by the health organization. In the case of people management, it is necessary to have theoretical knowledge of the norms and routines of the sector, through training and the constant search for updated practices³.

It is known that there are some challenges in the management of nursing work, among which is the primacy of essentially administrative tasks to the detriment of direct patient care⁵. Nurses' attention to the patients in the surgical environment is based on the organization of the physical space, regulated by RBD n. 50, of 2002, and on the publications of the Ministry of Health related to patient safety, such as RBD (Resolution of the Board of Directors) n. 36, of 2013, which institutes actions for patient safety in health services and provides other measures^{6,7}.

Nursing management needs connections between people who experience the organicity of complex care systems, driven by the training activities of the nursing team and health for nurses. The practice of nurses involves management through care and education, accumulation of knowledge and articulation of the various hospital services in the search for better quality of care¹.

A study developed by Martins et al.⁵ describes that nurses working in SC value administrative processes and work organization. Nursing management is relevant for nurses, but mainly with the nursing team. Martins, Corgozinho and Gomes⁸ report the relevance of adopting strategies that seek to optimize the unit is indisputable, such as care to predict essential resources that favor the continuation of surgery and, consequently, contribute to patients' safety and an adequate surgical environment⁹.

A study involving 21 surgical center nurses in Nigeria assessed non-technical skills such as communication, teamwork, leadership, situational awareness and decision making. The authors identified that communication and teamwork are the most deficient skills (38.57%) and most necessary for the improvement of the surgical team (45.67%)¹⁰.

However, a survey conducted in Croatia, which aimed to examine the perspectives of 151 nurses on continuous professional development of skills, identified a statistically significant difference in activities related to this issue ($p = 0.036$) between staff in surgical and intensive care units compared to other departments, where a higher level of engagement was present among staff in these other

departments. Still, the research concluded that there is a need for adaptable and specific programs for each function to meet the various needs and improve professional skill in the nursing workforce ¹¹.

In view of the above, the present study is justified by the relevance of the theme in professional practice and the importance of nurses knowing and reflecting on strategies that can assist them in daily activities. Thus, the use of a matrix of collective skills can contribute, as it is a guiding and flexible management tool, considering the dynamism of the daily work process of nurses in this scenario. It is also noteworthy that the development of this research makes it possible to value and promote the health of nurses in the workplace from the recognition of what is expected of their position, as well as promoting the health of the patients, by enabling the theoretical visualization of collective skills.

Thus, it is understood that the work of nursing in the surgical environment is full of impasses, as well as unpredictability, thus reflecting on the quality of care. Based on this, the question is: what are the collective skills, according to the nurses' perspective, in the management and care of a SC? It is believed that this understanding can support reflections on the process by which professionals form and develop the managerial and care skills and abilities necessary to work in SC. The objective of this study is to identify the collective skills of nurses in the management and care of a SC.

METHODOLOGY

This is a qualitative research, of the descriptive type ¹². The study participants composed a convenience sample; all nurses working in the SC of a medium-sized private hospital in the countryside of the state of Rio Grande do Sul, regardless of the work shift. The current nursing team in this sector at the institution consists of a total of eight nurses, distributed across morning, afternoon, night and evening shifts.

The research was carried out in the second half of 2023 and had as its location the SC of a medium-sized private hospital, located in the countryside of the State of Rio Grande do Sul. Currently, the hospital has five surgical centers and performs a mean of 613 monthly surgeries.

The inclusion criteria listed for this study were: being a nurse working in the SC, working for at least three months as a nurse in the sector and accepting to sign the Informed Consent Form. The exclusion criteria used were: professionals on leave, either by medical certificate, leave of any nature or due to vacation during the data collection period.

The first contact with the participants took place through a meeting, scheduled with the hospital's nursing manager. At this meeting, the project was presented with an expression of acceptance from participants who were interested in the research. In view of the interest in participating, contact information and scheduling of individual interviews were collected. The interview was conducted at an agreed time between the researcher and the participant, in the morning, afternoon or evening shifts, until data saturation.

Data collection was carried out through an interview based on the Collective Skills Matrix for nurses' performance in Surgical Units, formulated by Silva^{13,3}. The audios of the interviews were recorded with the authorization of the interviewees, and the information was transcribed in full for the analysis.

The information obtained was transcribed and analyzed by the content analysis technique¹⁴. The research followed the ethical precepts and Regulatory Norms for Research Involving Human Beings, according to the Resolution of the National Health Council number 466/12, of the Ministry of Health¹⁵. The co-participating institution signed the Term of Consent, authorizing the study to be carried out and the research was approved by the University's Research Ethics Committee under opinion number

6,265,852. To maintain confidentiality in the presentation of the results, pseudonyms were used for identification as Participant 1 (P1), Participant 2 (P2), and so on.

RESULTS

Seven nurses participated in the interviews, four female and three male. Regarding the time of experience, three nurses worked from one to five years in the hospital, the others worked from six to ten years in the institution in the position of nurse (Table 1).

Table 1. Characterization of participants

Variables	% (n)
Sex	
Female	57% (4)
Male	43% (3)
Age	
18 to 28 years	14% (1)
29 to 39 years	71% (5)
40 to 50 years	14% (1)
Education level	
Under graduation	14% (1)
Graduation in Surgical Center	43% (3)
Graduation in another area	43% (3)

Source: Results obtained in the research.

After analyzing the interviews, three thematic categories emerged: knowledge of the specificities of care and the surgical unit; management of material and financial resources and people management in the surgical unit; and teamwork in the surgical unit.

KNOWLEDGE OF THE SPECIFICS OF CARE AND THE SURGICAL UNIT

The diversity of functions that the nursing professionals of the SC perform in their shifts is notorious, with attention to possible complications. To meet the demands of the sector, they need to seek constant improvement of their knowledge. When professionals were asked about how they develop their work as nurses in the SC, they mentioned similar organizations:

[...] I arrive, I take the schedule with the colleague and I have this autonomy to, after she delivers the shift, look at everything around. I go to room 2, room 3, hemodynamics [...] (P4).

[...] When I arrive, the schedule is usually ready, right? The nurse from the previous shift makes the schedule ready. I look at the schedule, I look at the surgeries they have, and then I go room by room checking. If the patient has a room, if there is circulating, if the physician has any request, I give a general pass like this in all rooms (P5).

When asked about the existence of a support instrument for work organization, few reported work instructions standardized by the institution to guide specific and operational activities, but it was observed that most nurses are unaware of its existence.

Yes, we have today, there is a checklist of things that nurses do here; the checklist exists! Nurses don't use it, because, historically, they already know it exists; when the nurse arrives here, he has to look at the surgical map, what he has to do is make the schedule. It is described in the work instructions; the checklist exists; yes, it is described [...] (P6).

No, not that I know of. It's a checklist, right? It's like a checklist that says: is this function mine? There's no checklist... No! (P5).

In reference to knowledge, the search for specialization and the use of new technologies used in user care, the interviewees unanimously mentioned a good incentive provided by the institution, citing cost support and regular training as the main points of encouragement.

[...] direct we have training that is offered by the hospital itself. When there is more specific training the hospital makes available to us, they arrange everything for us to participate [...] (P1)

[...] I did two graduate studies, and I did so with the financial support and sponsorship of the institution [...] (P2).

[...] Whenever possible, the coordinator here in the block, when she has a lecture or a course, she always tries to involve the team [...] (P7).

When questioning the guidance and supervision of the nursing team before and after surgeries:

[...] Sometimes there is a very complex surgery as well and sometimes the team does not know... the techniques they do not know how to handle... what they have to do. We always have to help; each physician has a routine of his patient. So it's up to me to know how to pass and guide the team [...] (P2).

MANAGEMENT OF MATERIAL, FINANCIAL RESOURCES AND PEOPLE MANAGEMENT IN THE SURGICAL UNIT

Regarding the knowledge of nurses about material and financial resources, it was verified that they have knowledge and seek to guide the nursing team regarding the proper use of the resources made available by the institution, avoiding waste.

[...] we always keep an eye on trying to cut costs, of course, always as much as possible, right? We will not do anything that will lead to any kind of damage to the patient or the physician, in short [...] (P5).

[...] the team, they are aware of the expenses, cost, how much the material costs, when the material arrives, I usually put how much it cost for them to know [...] (P6).

Regarding the management of people in the surgical unit, it can be observed that nurses seek to know the profile of employees, seek to socialize their knowledge to the team, through training and continuing education:

[...] If we have a look that an employee is different. We try among nurses to observe this, to talk and call [...]. So we try to mitigate situations too, change shifts when they request [...] (P4).

[...] we saw it, identified it and did an on-site training on hand hygiene. To try to make the teams more aware, right? So, we are always identifying what we realize is not cool (P7).

When asked about the ability to recognize the talents of their employees by praising their successes, one interviewee mentioned that:

Yes, we always praise, we have to give positive feedback to them, because negative everyone does. But, I try to talk to them (nursing technicians) [...] (P6).

TEAMWORK IN THE SURGICAL UNIT

Regarding teamwork, nurses mentioned that there is respect of nursing technicians for nurses and that teamwork works very well. Some nurses seek non-traditional (or active) methodologies to develop continuing education processes, such as games, and reported sharing and developing, on a daily basis with the team, information and updates:

[...] we had training on hand hygiene with alcoholic preparation, right? And from there to the block there was a game about the surgical practices of the hospital, with stickers. People come and get involved! After the time passed, we resumed training in the sectors! Then I go there and teach each one again, you have to teach, because it is something that ends up getting lost in practice (P1).

It was reported that the surgical unit team is proactive and working together:

I think they work here, because they help each other a lot, you know? [...] (P3).

[...] we have a very good harmony and one is always looking to help the other, right? So, this facilitates our work, our conduct of the service within the operating room as a whole [...] (P5).

It is noteworthy that, according to the statements of the study in question, nurses are aligned with the collective skills necessary for the management of the surgical unit, an encouraging fact, since it adds visibility and scientificity to the practice of nursing in this sector; however, gaps were identified regarding the care skills in the service. Thus, in order to answer the research questions of the study, it can be inferred that among the four collective skills that make up the Competence Matrix ³, the participants of this study emphasized their knowledge of the specificities of care and the surgical unit.

Box 1 presents the structure of the Skill Matrix ³ with the concepts of collective skills and their respective behaviors/attitudes valued by the participants of this research.

Box 1. Skill Matrix with the concepts of collective skills³ and behaviors/attitudes valued by participants, Brazil, 2023.

FUNCTIONAL/COLLECTIVE SKILLS	BEHAVIORS/ATTITUDES
Knowledge of the specifics of care and the Surgical Unit Ability to discern and conduct information about the Surgical Unit and the type of surgery, as well as actions aimed at the care of the users.	Make use of technologies present in surgical units for quality care. Guide and supervise the nursing team regarding the organization of the operating room before and after surgery.
Management of material and financial resources of the Surgical Unit It is the ability to manage the material and financial resources of the Surgical Unit, with adequate acquisition, distribution, allocation and billing of resources for the hospital organization, in order to ensure quality care to the users.	Monitor and carry out periodic evaluations of the materials made available in the Surgical Unit, checking their durability, expiration date, need for preventive and corrective maintenance, asset identification. Guide the nursing team in the use of materials in order to avoid unnecessary expenses.
People management in the Surgical Unit It is the ability to manage professionals by adopting management models that corroborate the development of the team in the Surgical Unit, identifying their skills and organizing their work process.	Know and size the team of accessible nursing workers for the activities in the Surgical Unit. Guide and supervise professionals in the Surgical Unit. Provides continuing education and in-service education to employees. Evaluate the professional skills of the team making use of the talent of each one according to his characteristics, scheduling them to activities that they can perform with mastery and dexterity. Provide training, courses and capacities providing feedback on issues related to performance of the team. Recognize talent, praises, rewards, and celebrates team success
Teamwork It is the ability to carry out activities together with other professionals who have different functions/roles, seeking to articulate them among themselves for the integral care of the users.	Be active and cooperative, as well as dynamic, as a component of the group to which you belong. Share information and knowledge pertinent to the service and make yourself available to help your team and others. Guide the nursing team regarding the care that should be provided to the patients, aiming at their recovery.

Source: The authors (2023).

DISCUSSION

We believe that the institutional scenario and culture influence and promote collective skills. Thus, they appear in the nurses' statements with greater intensity, reflecting what the hospital institution requires from the nursing professional.

The SC nurses perform care related to procedures, management and supply of materials, as well as the development, implementation, monitoring and evaluation of specific standards and routines¹⁶. Thus, the organization of nursing work depends on the knowledge and structure of practice that nurses

conveniently select to provide safe nursing care focused on the needs of the unit and also the patients, which require a sum of the development of collective skills¹⁷.

The care of nurses in SC is the result of the union of knowledge about equipment management, pathophysiology of diseases, basic elements and privacy of care¹⁸. Thus, there was an absence of statements related to the care functions of the SC nurses, which can be justified by several factors, one of which is the accumulation of activities that are deliberate because it is a dynamic sector. Thus, novice nurses sized for this hospital area tend to have difficulties in understanding the nurse's role, in addition to being insecure when performing this role¹⁹.

According to Martins et al.⁵, management and care are interdependent responsibilities of nurses and are particularly relevant for those who work in this area, due to the complexity of surgical care and the various key situations and uncertainties that permeate this daily work. For this, these SC professionals must develop care skills and know management tools, with emphasis on the quality of care for users undergoing surgical treatment.

As for patient care, there was an absence of statements related to patient safety and concern with common situations in the surgical area, such as the positioning of the surgical patient, hypothermia, thirst, preoperative fasting, for example. One of the statements presented here says about "*If the patient has a room, if there is circulating, if the physician has any request (P5)*", however, there is a gap between the "have", for the surgery to occur, and the safe conditions of execution. It is possible to reflect that if nurses were more active in the sector and exercising skills and abilities with the specificities of care, information on this theme might be referenced.

The planning of perioperative care directly involves the nursing team, which is the basis of the nursing management process in this area²⁰. Having a nursing station in a centralized location is a factor that also helps in decision making for nurses and helps to have a broad perspective on what happens in preoperative care and post-anesthetic recovery²¹.

Another interesting piece of research is the institution's incentive to seek technological improvement and advancement, which is in line with a study that highlighted the need to develop issues related to nurses' attitude and interest in organizational support in situations involving information and communication technologies to improve nurses' work, since there is a need for trained professionals²².

The participants of this study also mentioned that they are encouraged to carry out the management and care of hospital assets, which is in line with a research that analyzed technical specifications in bidding for the acquisition of autoclaves and reinforced the participation of nursing professionals in this care process with technical specifications and equipment²³. The daily encouragement to the exercise of care with the heritage of the hospital institution strengthens relations with professionals and assists in the vision of auditing as something ancillary and educational in nursing practices.

Another interesting fact of the present study is the incentive received by nurses for constant improvement. The leader's motivation and the manager's role influence the team and its leaders and provide a relevant impact, stimulating the team in the face of daily stress. In this sense, nursing managers and leaders assume the role of reference in the teams and exert influence. Connecting nurse leaders and managers to their teams requires understanding the team, investing in communication, learning about the team and those led, providing feedback, motivating the team and engaging those managed²⁴.

Thus, the importance of teamwork is highlighted as a means of standardizing care, aligning perceptions between the collaborators of the nursing team and the interdisciplinary team, in search of best practices added to the care results. In this process, the leadership of nurses stands out as an example of control, growth and training skills of their team members²⁵.

The care included in the speeches refers us more to a classification of indirect and managerial care. From the perspective of the interviewed nurses, statements focused more on collective skills related to the management of the SC than on direct care and assistance to the patients were referenced.

It can be pointed out as a limitation of the study the sample size, which in a way hindered the relationships and significant generalizations from the data and the reduced number of previous studies on the subject.

This study enables practical implications, such as the recognition of the potential and weaknesses of a team of nurses in relation to collective skills and enables individual planning in line with the company's principles. Also, it is possible to invest in the knowledge of the nursing team about the skills that are expected in the daily work with a view to promoting the health of patients and, consequently, the health of workers, who will be more successful in work activities.

CONCLUSION

This study allowed the identification of the collective skills of nurses in the management and care of a SC, with emphasis on the statements regarding knowledge of the specificities of care and the surgical unit. Speeches focused more on collective skills related to the management of the SC than on direct care and assistance to the patients were assessed.

It is also reported the incentive of the institution to seek knowledge, adequate management of material and financial resources and the lack of knowledge of institutional instruments for guidance on the performance of SC nurses.

The data from this research can be used by professionals and the institution for situational assessment, as well as providing theoretical knowledge to adapt the definition of skills and alignment of conducts. In this sense, the production of other studies is encouraged, conducting new research in other scenarios, which may reflect on the role of nurses in the surgical space with the use of a guiding instrument for the management and care of the unit.

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