



## THE IMPLICATIONS OF PROFESSIONAL PRACTICE OF NURSES OBSTETRICIANS GRADUATED FROM EEAN: THE QUALITY OF CARE

AS IMPLICAÇÕES DA PRÁTICA PROFISSIONAL DE ENFERMEIROS OBSTETRAS EGRESSOS DA EEAN: A QUALIDADE DA ASSISTÊNCIA

LAS CONSECUENCIAS DE LA PRÁCTICA PROFESIONAL DE ENFERMEROS OBSTETRAS GRADUADOS DE EEAN: LA CALIDAD DE LA ATENCIÓN

Bianca Dargam Gomes Vieira<sup>1</sup>, Maria Aparecida Vasconcelos Moura<sup>2</sup>, Valdecyr Herdy Alves<sup>3</sup>, Diego Pereira Rodrigues<sup>4</sup>

### ABSTRACT

**Objective:** To analyze the implications of professional practice of these nurses graduated from the CEEO EEAN / UFRJ for quality health care for women. **Method:** This was a qualitative study, where the subjects were twenty (20) obstetrician nurses graduated at CEEO / EEAN who work in the city of Rio de Janeiro. **Results:** The autonomy and ownership of the practice of midwives are legitimized and enforces the law as a nurse midwife, however, the autonomy of childbirth care is limited by its lack of knowledge about the legal support to serve in this area of care, due to the impediment professional practice and prejudice from health institutions and medical staff through verbal violence and its derivations, generating negative implications for the quality of care and practice. **Conclusion:** So, professional recognition by the acceptance of nursing practice in its entirety should be legitimized. **Descriptors:** Nursing obstetric expertise, Quality health care, Professional practice.

### RESUMO

**Objetivo:** Analisar as implicações da prática profissional desses enfermeiros egressos dos CEEO da EEAN/UFRJ para a qualidade da assistência à saúde da mulher. **Método:** Trata-se de um estudo qualitativo, onde os sujeitos foram vinte (20) enfermeiros obstetras egressos do CEEO/EEAN que atuam no Município do Rio de Janeiro. **Resultados:** A autonomia e a apropriação da prática dos enfermeiros obstetras são legitimadas e faz valer o direito como enfermeiro obstetra, entretanto, a autonomia da assistência ao parto está limitada por seu desconhecimento sobre o respaldo legal para atuar nesta área do cuidado, por conta do impedimento e preconceito o exercício profissional provenientes de instituições de saúde e da equipe médica por meio de violência verbal e de suas derivações, gerando implicações negativas para a qualidade da atenção e sua prática. **Conclusão:** Então, o reconhecimento profissional pela aceitação do exercício de enfermagem na sua plenitude deve ser legitimado. **Descritores:** Enfermagem obstétrica, especialização, Qualidade da assistência à saúde, Prática profissional.

### RESUMEN

**Objetivo:** Analizar las implicaciones de esas enfermeras de práctica egresados de la EEAN CEEO / UFRJ para la atención de salud de calidad para las mujeres. **Método:** Se realizó un estudio cualitativo, donde los sujetos fueron veinte (20) parteras graduados CEEO / EEAN que trabajan en la ciudad de Rio de Janeiro. **Resultados:** La autonomía y la propiedad de la práctica de las parteras son legitimadas y hace cumplir la ley como una partera, sin embargo, la autonomía de la atención del parto se ve limitada por su falta de conocimiento sobre el apoyo legal para servir en esta área de atención, debido al impedimento la práctica profesional y los prejuicios de las instituciones de salud y personal médico a través de la violencia verbal y sus derivaciones, generando consecuencias negativas para la calidad de la atención y la práctica. **Conclusión:** Por lo tanto, el reconocimiento profesional por la aceptación de la práctica de enfermería en su totalidad debe ser legitimado. **Descriptor:** Enfermería experiencia obstétrica, Atención de salud de calidad, La práctica profesional.

<sup>1</sup>Nurse, Master in Nursing from the College of Nursing Anna Nery, Federal University of Rio de Janeiro, Brazil; Assistant Professor, Department of Maternal-Child and Psychiatric of the Nursing School Aurora de Afonso Costa, Federal Fluminense University, Niterói, Brazil; E-mail: biadargam@gmail.com. <sup>2</sup>Nurse, PhD in Nursing from the College of Nursing Anna Nery, Associate Professor, Department of Maternal-Child Nursing Anna Nery School of the Federal University of Rio de Janeiro, Brazil. E-mail: maparecidavas@yahoo.com.br. <sup>3</sup>Nurse, Doctor in Nursing from the College of Nursing Anna Nery, Federal University of Rio de Janeiro, Brazil; Professor of the Department of Maternal-Child and Psychiatric Nursing School Aurora Afonso Costa, Federal Fluminense University, Niterói, Brazil; E-mail: herdyalves@yahoo.com.br. <sup>4</sup>Nurse, Master of Science in Health Care of the School of Nursing Aurora Afonso Costa, Federal Fluminense University, Niterói, Brazil. E-mail: diego.pereira.rodrigues@gmail.com.

## INTRODUCTION

The maternal mortality is an important indicator for assessing the living conditions and health of the female population, and its indicators show a critical health situation for women in our country. This situation is triggered by several factors such as inadequate health care for this group, the users access to health services on behalf of a safer delivery and high qualified staff, such as nurse midwife for care in pregnancy and puerperal and in a particular normal delivery without dystocia.

In this sense, the major challenge for the government would be breaking the interventionist paradigm-medicalized, sought to recover the role of women as the protagonist of the action, thus avoiding a series of procedures that have mischaracterized the parturition process as natural physiological phenomenon, leading him to a dangerous and often coming death.

Despite the reduction of maternal mortality is a national priority by all municipalities, the indicators are extremely high, and it is characterized by a rate of 51.7 maternal deaths in 2003, nearly three times the maximum value determined by the World Health Organization (WHO), which is 20 deaths per 100,000 live births.<sup>1-2</sup>

Therefore, it is important to note that in 2007, C-sections accounted for higher rates in public health, where figures in Brazil was around 35%, while in the state of Rio de Janeiro approximately 50%, and Municipality of Rio de Janeiro, the framework revolved around 21.33%, worrying situation for the context of healthcare in the country. Thus, obstetric care is the main instrument of the health sector to combat maternal mortality.

Sharing the idea of the Ministry of Health, the National Health System (SUS), involves a

professional nurse midwife in building a new care model, less interventionist and more humanized care to women in the birth process, as recommended by international organizations by modifying this design women's health in the context of labor and birth.

Humanization and qualification of care, understanding as a result of a relationship between training and practice are essential conditions for the actions of the nurse midwife and health will result in solving the problems identified within an ethical framework that ensures full health and well-being of women within the inherent issues of women's health.

To meet the government proposal to increase the quantitative and qualitative midwives in public, the State Health Departments (SES), the Municipal Health Service (SMS), the Ministry of Health (MOH) and the Pan American Health Organization ( PAHO / WHO) began funding Specialization Courses in Obstetric Nursing (CEE0) throughout the national territory. These skilled professionals would, in their daily lives, using the knowledge acquired in order to achieve improvements in the quality of care provided to women in and out of pregnancy and childbirth.

It is worth noting that to give effect to the study elected as Education Institution School of Nursing Anna Nery (EEAN) / Federal University of Rio de Janeiro (UFRJ), for being the only place in the city of Rio de Janeiro offering the Course Specialization in Obstetric Nursing (CEE0) funded by public resources, besides being a Federal Education Institution that is, in its history, closely linked to issues of socio-political origins of our country, especially in the case concerning the reduction of morbidity and mortality mother, through the qualification.

Thus, the present study aimed to analyze the implications of such practice nurses graduates

Vieira BDG, Moura MAV, Alves VH *et al.*

*The implications of professional...*

of the CEEO EEAN / UFRJ for quality health care for women.

and later proceeded to the transcript of the depositions, which were validated by the interviewees, before performing the analysis.

## METHODOLOGY

Qualitative research aiming at the enhancement of subjective data in a social survey.<sup>6</sup> Held in Specialization Courses in Obstetric Nursing (CEEO), offered by the School of Nursing Anna Nery / UFRJ, financed by public funds, the period from 1998 and 2005.

The investigation was performed after consent and approval of the Research Ethics EEAN being approved as also predicts Resolution No. 196/96 of the National Health Council, under Protocol No 06/2008.

The study population was composed of twenty (20) midwives graduates of Specialization Courses in Obstetric Nursing EEAN the classes of 2000, 2003 and 2005, who work in the city of Rio de Janeiro, chosen at random, as we could contacts (by letter to the General Coordination of Postgraduate Studies and research in Nursing and Coordination Specialization Courses in Obstetrical Nursing) and they agreed to participate in the research.

The technique used as an instrument for data collection was individual semi-structured interviews with open and closed questions. Data collection took place during the months of March to September 2008 in various locations in the city of Rio de Janeiro, almost always in their places of work of graduates.

The search for more testimony was interrupted when we realize the saturation repetition of information collected. Respondents were identified as "graduates" and received an alpha-numeric code sequence (E<sub>1</sub>, ..., E<sub>20</sub>) to ensure confidentiality and anonymity of their evidence.

The interviews were recorded on a tape, always with the permission of the interviewees, J. res.: fundam. care. online 2013. out./dez. 5(4):408-16

## RESULTS AND DISCUSSION

### Characteristics of Subjects

Of the 20 subjects who participated in the study, the data showed a female predominance (95%), and predominant age group between 40 and 50 years (60%), constituting a population more advanced in terms of age.

And as the year of completion of the Specialization Course in Obstetrical Nursing was interviewed over the last class of 2005 and concluded in 2006 (50%) due to the contacts of the students in this latest edition of the course are recent and have not been altered, as also, by having some kind of relationship with the School of Nursing Anna Nery, the prosecutor CEEO.

When investigating the performance in obstetrics among subjects, we observed that 100% worked in that specialty, bringing a positive outlook for the assistance. What about the operating time of the study participants in obstetrics most frequently was between the period from 1 to 10 years, totaling 75% of respondents.

### Implications of professional practice for the quality of care

The denotative meaning of implication refers to a relationship of consequence from objects or actions initiated; hence, this category addresses the implications of the professional practice of nurses graduates, listing as a result the quality of health care for women.

Starting the analysis was identified through the testimonies about the daily professional practice, comprehensive care as a positive implication for the quality of care for women. The nurse midwife perceives the client as the subject of the care process, with expectations and needs to be observed.

The entirety of health care is one of the principles of the Unified Health System (SUS), 7 and that principle being directed to treat the woman comes to the realization that this population has the right to be served in all of their needs and expectations, leaving health services are organized to provide the attention required.

In the statement below, CEEO brought a personal reflection and professional nurses towards improving the work and thus improving care for women before, during and after pregnancy. Respondents expressed, on balance, that the knowledge gained about women as a whole and understanding of their uniqueness, were essential for growth and improvement.

*Actually, being midwife is not just to make childbirth is for you accompany women on before being pregnant, during pregnancy, and after it, and even then, so she can get pregnant again. I think the best part of course was the knowledge of women as a whole. So I have tried, after the course, making that link. I've been trying to improve my work, not only in relation to delivery. (E<sub>2</sub>)*

The evaluation of the patient was also indicated by graduates, inserted in professional practice and therefore a positive implication for the quality of health care to the clientele.

An important action of the nurse midwife in her care is the assessment of clientele since, through this practice he identifies the need of your audience, and performs procedures and operations necessary, qualifying assistance and reducing the risks to women's health.

In the speech below, graduates relate the performance evaluation after CEEO more qualified at the time of pre-natal care, labor and delivery, making the shares more suitable for the special care:

*Today I can better assess a woman's prenatal, forward it properly guide for all exams and evaluate exams. So I think it contributes a lot to the tour. (E<sub>6</sub>)*

Evaluation of Nursing consists of a non-invasive technology, simple and low cost, which should be valued, and yet allied to global observation of the mother, being useful to avoid unnecessary procedures, uncomfortable or embarrassing. Another advantage is that the procedure represents an opportunity for the nurse to stay a longer time with the woman, with the possibility to individualize care.<sup>8</sup>

The autonomy of the practice of midwives emerged in expressions, further implications for the quality of healthcare females.

The sum of intellectual independence, gained in CEEO, with the right to be governed by its own laws, like the Law of Professional Nursing, the No. 7.498/86, which defines the competence of the nurse or midwife in nursing care to pregnant women, childbirth, postpartum and newborn Ordinances issued by the MOH and WHO recommendations on the subject appear as autonomy. And this is important for the personal and professional development specialist and Nursing, through the exercise of unfettered and decision-making power on the relevant measures deemed necessary in obstetrics.

For autonomy and ownership of the practice was endorsed by midwives obtaining the title conferred by the speeches CEEO below:

*I think the title of Specialist, is always something else (...). When you go to a graduate, you have another look. A graduate degree gives you a direction. You can have more autonomy. (E<sub>10</sub>)*

Titration in Obstetrical Nursing represents for the graduates, certification and proof of acquired knowledge through theory and practice, as well as professional empowerment arising out of this learning to their autonomy in the face of actions regarding the area and the interrelationships and linkages with the health institution and your teammates.

Vieira BDG, Moura MAV, Alves VH *et al.*

*The implications of professional...*

The legal support was also mentioned by one interviewee as a condition to assert the rights of the nurse midwife and, consequently, the autonomy to health care for women:

*As a nurse recognizer of my rights as a professional, being able to assert my attention to this woman, not afraid to be entering an area that is not mine. By now we have a backing on the ordinances, laws that guarantee us that right. And job security for the development of this practice, recognized throughout the legal support that you have to provide it in a different way and as a nurse. (E<sub>5</sub>)*

The autonomy of the nurses of assisted vaginal delivery is limited by their lack of knowledge about the legal backing to act in this area of care, the medical power by deficiency of technical and scientific knowledge to the management of labor and the overhead activities.<sup>2</sup>

However, it is worth noting that the graduates brought in their speeches the idea that autonomy is achieved through knowledge on the subject, and also the initiative of professional attention.

Moreover, reports have emerged in the difficulties in relation to autonomy, such as prejudices and impediments in the exercise of the practice of Obstetric Nursing, generated by health institutions and medical staff.

*We as an obstetrics nurse sees that there is still a lot of prejudice in relation to the performance, especially the doctors. You give the correct information, and they often harass it, thinking that we have no knowledge. It's hard, because they think we cannot act. (E<sub>4</sub>)*

By similarity, the prejudices of obstetrics, doctors towards nurses generally are provisional judgments arising out of the medical ultra-generalization, which reacts to practice nursing using the analogy to previous experiences and history concerning the representation of work nursing as domestic and manual, understood as an

act banal and repetitive everyday women, and the situation of subordination of woman to man, the doctor and nurse at work run from the orders without scientific knowledge.

Following the agreement, physicians can break that relationship through acceptance of possibilities for understanding and evaluation of nursing care in obstetrics and motivating as a partner, in order not to prejudice the crystallization and therefore not producing damage and errors by the institution and health professionals in the development of multidisciplinary teamwork, especially in health care targeted to women.

Verbal violence represented by retaliation against the medical cause of Nursing, also perceived as gender violence, moral, psychological, professional and institutional, was explained in the following testimony:

*I, as an obstetrics nurse, within a low risk unit, I can and am able to do so. So I do a touch patient, to know how it was. And after I did the touch, the doctor entered the room and called me, speaking thus: Are you there scratching around the patient. I was coming examine. You have nothing to be touched [perform touch the patient. (E<sub>8</sub>)*

Verbal violence, when from the medical part of the game of power and domination in the context of existing work, is felt more and more difficult to overcome by nursing workers when caused by someone on your team, since identified as inconceivable because they experience the same reality contextual stressful and exhausting.<sup>10</sup>

The violence manifested verbally can generate great mental suffering, including repercussions on the physiological level, especially when this situation occurs repeatedly.

The recognition of professional practice emerged from the expressions of midwives, as well as an implication for the quality of health care for women. One of the issues that permeate

Vieira BDG, Moura MAV, Alves VH *et al.*

*The implications of professional...*

the universe of Obstetric Nursing is precisely the recognition of their actions before the health institution and staff, intending to carry out its assistance, especially in relation to labor and birth, without difficulty using the knowledge learned CEEO us.

the expression level professional hierarchical, where one refers egress feel, at times, almost at the same level as the doctor because of their recognition:

*We are midwives, we have this title. But in practice, and with respect to the medical staff, is not recognized. (E<sub>4</sub>)*

*You feel almost the same level of the physician. You see the doctor trusts you. (E<sub>3</sub>)*

The nurse-midwives are recognized as the most appropriate professional for attention to women's health monitoring of the mother in childbirth without dystocia and this recognition is extremely necessary, since the profession has faced great obstacles to accomplish this assistance.<sup>11</sup>

The contacts in everyday life in the social division of labor can be made between different jobs and occupations are related to inequalities involving relations of superiority and inferiority. Therefore, leads us to infer the extent to which midwives are consistent with this understanding and therefore not mobilize to enforce its recognition by truly believe that health is a subordinate and inferior to yet another.

However, when the nurse midwife refers to recognition, not only the legal acceptance objective exercise of his practice in all its fullness, but the approval and respect of his fellow-travelers to the effectiveness of teamwork, using a multiplicity of knowledge of obstetrics towards the improvement of women's health.

This demonstrates the stigma or prejudice still generated the beginnings of the History of Nursing as a profession, and that continues to the present day, as to, historically speaking, women's work, always had lower social prestige and were always separated from intellectual knowledge. This same reasoning applies when considering the presence of women in nursing and subordination of class to the medical category, essentially male.<sup>14</sup>

Sometimes, however, the nurse finds neglect and difficulty in accepting their shares in their own nursing staff, identifying the lack of corporatism and the complicity of their partners, unlike other professions, as one interviewee noted:

*And there is a time his own aides caught the patient, it took my appointment [marking him for another professional]. Now they themselves are keen [to make an appointment for me]. (E<sub>3</sub>)*

The graduates' reflections on their practice and obstetric care were also identified as positive implications for quality of care, since concerns and seek answers provide training, profession, institutional policies and proposals ministry.

The autonomy of the nurse is impaired by conflicts arising from interventions by members of the nursing staff in their conduct, but also the perception that they are tested by nursing assistants and technicians for their professional competence.<sup>12</sup>

The questions about the practice of Obstetric Nursing are for the competence and autonomy based on ethical and legal principles of nursing, especially after titration of CEEO, as respondents reported below:

Throughout the interviews, we identified a very significant statement about understanding

*I did a specialization course in a Federal School at UFRJ, which enabled me to make delivery anywhere in the national territory of Brazil and nobody can say that I cannot touch a patient. That gave me the*

*Course. I do, I am enabled, I can. Like it or not, I can. (E<sub>16</sub>)*

We realize that achieving the CEEO, nurses, brought as a result, in a natural way, the quality of care reported by them, from the utilization of such knowledge, practices and discussing the implications of the expanded understanding of the activities, and transmission knowledge in general, to the nursing staff, as respondents reported the following:

*If you do the course and if you know everything that happens, if all information is given in relation to high-risk pregnancy, normal childbirth, cesarean birth, breastfeeding, quality comes in a natural way. The quality you end up passing to your team, to the techniques of Nursing for auxiliaries. This quality ends up falling for the group in general. And everyone ends up winning it. The whole team. (E<sub>4</sub>)*

The transformation in the logic of the training of professionals in healthcare, by itself, does not guarantee changes in the quality of services offered to the population. This assistance takes on a complexity that goes beyond the quality of the professionals that perform.<sup>15</sup>

In this sense, the responsibility of health services, which should act promptly to eliminate or minimize the points chokers that usually obstruct the quality of work and hence the attention to women's health.<sup>16</sup>

## CONCLUSION

Regarding the implications of the professional practice of nurses graduates of CEEO / EEAN to quality health care for women, emerged from reports identified as positive consequences. The comprehensive care, arising also from personal reflection and professional, stimulated by courses, generating improvement of practice, and assessment of clients, qualifying care, emerged in the interviews. Autonomy was also highlighted, obtained by titration of legal support and professional knowledge and initiative. The

limitation was identified by prejudice from health institution and medical staff through verbal violence and its derivations, which generated negative implications for the quality of care and practice.

Professional recognition was represented by legal acceptance of the practice of nursing, and by the approval and respect of staff in their workplace, despite the neglect and the difficulty of adopting some of its members. The cast thought about hierarchy and inferiority of Nursing in relation to medicine, as inconsistency arose the question, which requires discussion and points to other studies. The graduates' reflections on their professional practice and obstetric medical pointed to the critical-reflexive capacity in relation to the care dispensed to women.

The quality of care emerged from the testimonies, naturally, as a result of a qualified professional practice through the use of knowledge and discussion of the actions, the expanded understanding of the activities and the transmission of knowledge acquired for the nursing staff.

Therefore, it is concluded that strategies would be needed to enable quality care to women, and the strengthening of identity, legitimacy of professional practice and the autonomy of the nurse midwife, not only through the reformulation of training policies in the area of human resources but also in relation to qualifications offered by CEEO, which should stimulate the political posturing and the issues relevant to militancy, thereby broadening the vision for critical thinking and doing.

A continuous updating of the graduates, and constant feedback on training of specialists, and consequently, the proposals of specialization courses, using experienced real practice, together with the ministerial policy directed to women's health.

What about the practice, performed by graduates should be no interference institutional, with more autonomy for its full fiscal year, and support the deployment and implementation of actions on women's health, offering subsidies for performance quality and the possibility of transformation of reality the clientele, through comprehensive care.

Given the above, the realization of the importance of specialization courses in Obstetrical Nursing for nurses working in the area of women's health, and the certainty that the research objectives have been achieved, it is the expectation that nurses obstetricians seek improvement professional as a way to provide assistance to its customers consistent with what society expects of Nursing, in particular meet the scientific assumptions and the legal support available to these professionals to perform their work activities efficiently to improve the health of women and fetus.

## REFERENCES

1. Ministério da Saúde (Br). Secretaria de Atenção à Saúde. Manual dos comitês de mortalidade materna. Brasília; 2007 [citado 2008 maio 27]. Disponível em: URL: [http://bvsmms.saude.gov.br/bvs/publicacoes/comites\\_mortalidade\\_materna\\_3ed.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/comites_mortalidade_materna_3ed.pdf).
2. Organização Mundial da Saúde (OMS). Serviços de enfermagem e obstetrícia: orientações estratégicas 2002-2008. Genebra; 2002 [citado 2008 junho 10]. Disponível em: URL: [http://whqlibdoc.who.int/hq/2010/WHO\\_HRH\\_HP\\_N\\_10.1\\_eng.pdf](http://whqlibdoc.who.int/hq/2010/WHO_HRH_HP_N_10.1_eng.pdf).
3. Ministério da Saúde (Br). Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Pesquisa para Saúde: desenvolvimento e inovação para o SUS - relatório final. Brasília; 2008 [citado 2008 junho 22]. Disponível em: URL: [http://bvsmms.saude.gov.br/bvs/publicacoes/pesquisa\\_para\\_saude\\_relatorio.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/pesquisa_para_saude_relatorio.pdf).
4. Ministério da Saúde (Br). Agência Nacional de Saúde Suplementar. O modelo de atenção obstétrica no setor de Saúde Suplementar no Brasil: cenários e perspectivas. Rio de Janeiro; 2008 [citado 2008 junho 22]. Disponível em: URL: [http://bvsmms.saude.gov.br/bvs/publicacoes/mode\\_lo\\_atencao\\_obstetrica.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/mode_lo_atencao_obstetrica.pdf).
5. Ministério da Saúde (Br). Sistema de Informações Hospitalares. Percentuais de Cesarianas do Rio de Janeiro. Rio de Janeiro; 2007. [citado em 2008 junho 26]. Disponível em URL: [http://www.saude.rio.rj.gov.br/media/sms\\_aihce\\_s\\_1107.pdf](http://www.saude.rio.rj.gov.br/media/sms_aihce_s_1107.pdf).
6. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª ed. São Paulo (SP): HUCITEC/ABRASCO; 2010.
7. Senado Federal (Br). Lei Orgânica da Saúde: 1990. Brasília (DF): Lei N.º 8.080 de 19 de setembro de 1990. 1990.
8. Schneck CA, Riesco, MLG. Intervenções no parto de mulheres atendidas em um centro de parto normal intra-hospitalar. Rev Min Enf 2006 jul; 10(3): 240-246.
9. Barros LM, Silva RM, Moura ERF. Autonomía de la enfermera que asiste el parto normal en Brasil. Invest Educ Enferm 2007 set; 25(2): 44-51.
10. Costa ALRC. As múltiplas formas de violência no trabalho de enfermagem: o cotidiano de trabalho no setor de emergência e urgência clínica em um hospital público. [Tese]. São Paulo: Universidade de São Paulo: 2005.
11. Araújo NRAS, Oliveira SCA. Visão do profissional médico sobre a atuação da enfermeira obstetra no centro obstétrico de um hospital escola da cidade do Recife-PE. Cogitare Enferm, 2006 jan/abr; 11(1): 31-38.
12. Berti HW, Braga EM, Godoy I, Spiri WC, Bocchi SCM. Percepção de enfermeiros recém graduados sobre sua autonomia profissional e sobre o processo de tomada de decisão do paciente. Rev Latino-Am Enfermagem, 2008 mar/abr; 16(2): 184-191.
13. Heller A. Sociologia de la vida cotidiana. 4. ed. Barcelona: Ediciones Península; 1994.
14. Geovanini T, Moreira A, Schoeller SD, Machado WCA. História da Enfermagem: versões e interpretações. 2. ed. São Paulo (SP): Revintes; 2005.
15. Nunes IM, Moura MAV, Filho AA, Telles JL. O trabalho em saúde no contexto hospitalar: processos e necessidade como subsídios para a



Vieira BDG, Moura MAV, Alves VH *et al.*

*The implications of professional...*

formação profissional. Esc Anna Nery R Enferm, 2006 dez; 10(3): 509-513.

16. Lima YMS, Moura MAV. Consulta de Enfermagem pré-natal: a qualidade centrada na satisfação da cliente. Rev. de Pesq.: cuidado é fundamental, 2005 jun; 9(1): 93-99.

**Received on: 02/10/2013**

**Required for review: no**

**Approved on: 01/04/2013**

**Published on: 01/10/2013**