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THE CONSTRUCTION PROCESS OF MANAGERIAL PROFILE COMPETENCIES FOR NURSE COORDINATORS IN THE HOSPITAL FIELD

The construction process of managerial profile competencies for nurse coordinators in the hospital field*

O PROCESSO DE CONSTRUÇÃO DO PERFIL DE COMPETÊNCIAS GERENCIAIS PARA ENFERMEIROS COORDENADORES DE ÁREA HOSPITALAR

PROCESO DE CONSTRUCCIÓN DEL PERFIL DE COMPETENCIAS GERENCIALES PARA ENFERMEROS COORDINADORES DE ÁREA HOSPITALARIA

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ABSTRACT

The objective of this study was to construct a profile of managerial competencies, based on the consensus of nurse coordinators in the field. This study was developed in a philanthropic hospital in São Paulo, following the research-action model, and included 13 nurse coordinators as participants. The data collection was performed using the focal group technique. Data analysis was performed using the theoretical frameworks related to the working process and managerial competencies. The results identified the greater emphasis assigned to the competencies related to the mentor, coordinator and director roles. It was, therefore, possible to construct a professional development plan that is based on competencies in the technical, ethical-political, and communicative domains, as well as the development of citizenship. The analysis of the managerial working process and the study of the competencies within the managerial environment were shown to be important, because they highlighted the professionals' need to improve, thus fulfilling personal, professional, and organizational demands.

DESCRIPTORS
Nursing
Management
Professional competence
Nursing, supervisory
Education, nursing, continuing

RESUMO

Este estudo objetivou construir o perfil de competências gerenciais, consensuado por enfermeiros coordenadores de área. Desenvolvido em um hospital filantrópico de São Paulo, na modalidade de pesquisa-ação, participaram da pesquisa 13 enfermeiros coordenadores de área. A coleta de dados ocorreu por meio da técnica de grupo focal. Para a análise dos dados utilizaram-se os referenciais teóricos relacionados a processo de trabalho e competências gerenciais. Os resultados identificaram maior ênfase atribuída às competências relacionadas aos papéis de mentor, coordenador e diretor. Foi possível, então, construir um plano de desenvolvimento profissional, pautado em competências que atendam as dimensões técnica, ético-política, comunicativa e de desenvolvimento da cidadania. A análise do processo de trabalho gerencial e o estudo das competências no âmbito gerencial mostraram-se importantes, pois problematizaram necessidades de aprimoramento desses profissionais, assim, respondendo às demandas pessoais, profissionais e organizacionais.

DESCRITORES
Enfermagem
Gerência
Competência profissional
Supervisão de enfermagem
Educação continuada em enfermagem

RESUMEN

Estudio que objetivó construir el perfil de competencias gerenciales, consensuado por enfermeros coordinadores de área. Desarrollado en hospital filantrópico de São Paulo. Fue realizado en modalidad investigación-acción. Participaron de la investigación 13 enfermeros coordinadores de área. La recolección de datos se efectuó mediante técnica de grupo focal. Para análisis de datos se utilizaron los referenciales teóricos relacionados al proceso de trabajo y competencias gerenciales. Los resultados mostraron mayor énfasis atribuido a las competencias relacionadas al papel de mentor, coordinador y director. Se pudo efectuar un planeamiento de desarrollo profesional, pautado en competencias que atiendan las dimensiones técnica, ético-política, comunicacional y de desarrollo de la población. El análisis del proceso de trabajo gerencial y el estudio de competencias en el ámbito gerencial mostraron su importancia, pues problematizaron necesidades de mejoramiento de tales profesionales, atendiendo a las demandas personales, profesionales y organizacionales.

DESCRIPTORES
Enfermería
Gerencia
Competencia profesional
Supervisión de enfermaria
Educación continua en enfermería

INTRODUCTION

Work as mediation between man and nature is characterized as the process of transformation to satisfy human needs, which in the area of nursing, corresponds specifically to the health needs[1]. The speed with which changes have been occurring throughout the last decade, especially those of a technological nature, is astonishing. To accompany such changes and to continuously adapt to them the organizations have granted some flexibility in work processes.

The process of globalization and the constant transformations in the work processes directly impact in the profile of professionals demanded by the market, requiring that they are aligned with the organizational aims, goals and results, including the provision of services sector, which includes the provision of health services. In this sector, the changes in the profile of competences of the professional nurses, among other professionals who work in the healthcare organizations, were directed towards meeting the healthcare needs, requiring that they know how to act, to mobilize, to transfer knowledge in order to solve practical situations, to constantly learn and engage in response to the demands and needs of each area of practice. The management of changes and the adoption of strategies to alter the profile of professional competences should be performed by those who conduct the work processes, requiring people to guide the changes toward the precepts of quality and productivity. This requires the development and aggregation of new competences.

In the 1980's, studies of the labor process approach allowed us to comprehend the activities performed by healthcare and nursing professionals, not only as the result of the scientific and technical progress, but as interventions that express a given concept of health-disease process, as well as the social dynamics and organization of the services[2]. Studies on this aspect of the work processes clarify that the object of health and nursing work is directed toward different perspectives, such as promotion, prevention and/or recovery of health. In any of these levels where the work occurs the need is evident for the involvement and practice of multiple social agents, i.e. different agents that compose the multidisciplinary team, constituting, in any scenario, an atmosphere of collective work, where the final product is the result of multiple interventions performed by different professionals[2]. The same authors indicate that, in this articulation to healthcare, each specialized work is a means for the performance of the work in health, generating a process of social and technical division of it. The professionals involved in this process use specific technical knowledge from each

area and from instruments for the development of the work. Among them, the nursing professionals, particularly, transform the object (needs) using specific knowledge, methods, techniques, materials and equipment, needing to have safe control over these.

With reference to the theoretical framework regarding the work process for the professional practice of the nurse, it is known that there are four distinct processes, namely, the care process, the managerial process, the educational process and the research process[2]. Considering the object of this study - the managerial competences of the nurse - the scope will prioritize the restoration and discussion of the managerial work process of nurses, particularized for the study subjects, as background to the process of construction of the profile of competences of the professional nurses that assume positions of this nature. It should also be noted that the perception of the group regarding the managerial work process constitutes an important aspect to support the construction of a profile of competences, since they indicate which competences the area coordinator nurse needs to perform the roles inherent in this workplace.

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Usually, the authors distinguish and explain the differentiation of the process of nursing work discussing the process of care work and the managerial work process. Firstly, they explain that the object is centered in the intervention with the care needs and aims to provide comprehensive care, secondly, the focus is on the organization of the work and on the human resources in nursing, in order to implement appropriate conditions of care for the clients and to improve the performance of the professionals that compose the nursing team[2-3]. We can therefore apprehend the comprehensive approach of the management practice in the technical, political, and communicative dimensions, and in the development of citizenship[4].

The *technical dimension* is defined as the set of instruments, knowledge and skills necessary to achieve the objectives of a particular project, such as planning, coordination, supervision, control, evaluation and even the set of knowledge such as epidemiology, health planning and others.

The *political dimension* is characterized by means of the articulation of the managerial work to the care project that it proposes to perform.

The *communicative dimension* highlights the work relationships of the healthcare team aiming for cooperation to achieve a certain objective and, above all, the construction of a common project. In the *development of citizenship* there is the establishment of a relationship in the form of dialogue that will mediate the theory and the practice,

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especially in the determination of the link between the agents present in the work process and the clients who use the service. Based on these assumptions, it is therefore possible to affirm that the transformations that have occurred in the work, inevitably, have also caused changes in the managerial role of the nurse. It can be affirmed that the market requires professionals that develop competences in order to assume leadership roles consistent with historical and social models of management, acting as: negotiators, directors, producers, innovators, facilitators, monitors, coordinators and mentors[5].

The students of contemporary management confirm, through research, that the employers value people with a profile to assume management positions, combining characteristics having the ability to determine priorities, knowledge of their competences and how to exploit them, development of their abilities, discovering how to achieve results, improving the management of people leading the collaborators to acquire knowledge, learning with those that are not clients, continually seeking to update their knowledge, preparing themselves for changes. It is in this context, therefore, that the model of people management by competences is included[5].

The model of people management by competences indicates three emerging transformations: the first consists of the occurrence of unforeseen situations, requiring the individual to aggregate the resources in order to resolve unusual situations. The second focuses on the need for the improvement of the internal communication processes in the organizations, changing vertical systems of information and communication and the third, aims for strategies of service excellence which relate to the full attendance to the needs of internal and external clients[6].

It is noteworthy that the concept of competence was proposed in a structured way for the first time in 1973, by David McClelland, following the publication of an article entitled *Testing for competence rather than for intelligence* aimed at seeking more effective methods in the selection of people and linking competence to five factors: knowledge, skills, behavior, motivation and personal aptitude[7]. Competence, according to the author, is *an underlying characteristic of a person casually related to superior performance in a particular situation or when performing a task*[8]. It is understood, in view of these studies, that competence is not only effective within the sphere of knowledge and skills, but requires the mobilization of these resources for action, that is, creating conditions for its applicability in practical situations responding to the demands of the labor market

In the healthcare area, organizational changes should be linked to a management model capable of making competences effective, understanding management as *an action for which there is less predictability about the outcome of the process to be managed*[9]. This management concept reinforces the idea of valuing the human character with respect to the technical aspect, considering the integration of the professional with the company, whose major focus is the internal and external clients.

The main purpose of this study was to construct the profile of managerial competences, agreed by the area coordinator nurses, to support their management development plan, starting from the discussion of the managerial work process and of the competences necessary for the performance of the duties inherent to the position. Thus, this study aims to: identify how the area coordinator nurses perceive the managerial work process they develop in the hospital; analyze their perception regarding the competences necessary to act in the managerial work process; and identify the convergences and divergences between the profile management competencies outlined by the institution and the profile defined by the coordinator nurses.

METHOD

This is an exploratory study developed in the form of action-research that consists of a social research methodological strategy in which there is ample and explicit interaction between the researcher and those involved in the situation investigated. This interaction results in the prioritization of the problems to be investigated and of the solutions to be implemented as concrete actions. However, as proposed by the author, the object of investigation is not the people, but the social situations and their problems with emphasis on the process[10]. The study was conducted in a general, philanthropic, teaching hospital, focused on tertiary care, located in the east of the municipality of São Paulo.

The nursing team, consisting of 1322 professionals, is coordinated by the Nursing Management who report directly to the Director of the Hospital. The Nursing Service has three nurses in the Continuing Education Service (CES). Following the hierarchy, there are the 21 area coordinator nurses, 153 practical nurses, 58 nursing technicians, 1070 auxiliary nurses and 17 employees from the support services, performing activities related to materials control and routing of examinations and documents.

The study subjects consisted of 13 area coordinator nurses, which corresponds to 62.0% of the total of the coordinators selected according to the following inclusion criteria: to have a year or more experience in the position; to have completed a specialization course in the area of practice or in hospital administration; to have worked previously as a practical nurse and to have undergone the process of promotion by the nursing management to the post of area coordinator in the institution.

Considering the aims of the study, the method adopted, the problem to be investigated, which is a real situation in the work of the area supervisor nurses, and the purpose of exploring and intervening in this problem, it was chosen to collect data using the focus group technique. This technique allows the study of the representations present related to a given theme in a specific social group[11].

Regarding the guidelines for the development of action-research, four group meetings were scheduled over the period May-June 2007, coordinated by the researcher, with the help of an observer from outside of the group, hired specifically for this function. Each meeting served a specific purpose, in order to monitor the gradual development of the group discussions. The meetings were recorded and the discussions were transcribed, serving as the basis for the elaboration of the data. The meetings were held in a room at the study Institution. The subjects were released from their activities during the meetings, with no outside interference during the development of the group discussions. At the end of each meeting, the coordinator, in conjunction with the observer, performed a synthesis on the development of the group activities in order to highlight the main issues of the individual and collective context. At the beginning of each new meeting feedback was given on the material produced by the group in the previous meeting, aiming to encourage a continuous process of collective construction, establishing nexuses with the guiding question of the following meeting. This material was used as the empirical material proceeding to the in-depth analysis in order to inter-relate the guiding questions of each meeting and the analytical categories derived from the theoretical framework that supported the study. The first and second meetings focused on the task related to the delineation and re-composition of the managerial work process, from the perspective of the subjects of the group.

In the first meeting, for the basis of the participants with respect to the work process, there was, for example, a theoretical presentation regarding the care work process, so as not to interfere in future discussions of the management process. After this presentation the discussion and re-composition of the managerial work process was reinforced as a task of the group, using the representations of the experience by the area coordinator nurses in the Institution as the reference.

In the second meeting, the group could position themselves freely in the search for a consensus of the ideas presented in the first meeting, also addressing the elements of the managerial work process, namely, the purpose, object, means and instruments, the final product, and the organization and division of the work.

In the third meeting, the coordinator presented to the group support regarding the development of the concept of competence according to the theoretical framework of the study. Participants were asked that, for the delineation of the competences, they should use the managerial work process that was delineated in the previous meeting as a reference, outlining the profile of competences they judged necessary for the performance of the activities inherent to the managerial practice experienced.

The fourth meeting was aimed at identifying convergences and divergences between the profile defined by the group in the third meeting and the profile previously structured in the institution by the nursing management and CES.

The coordinator performed the role of facilitator, conducting the reading of each item of the instrument previously outlined by the CES and noting the convergences and divergences highlighted by the nurses participating in the group regarding the competences to perform the duties inherent to their work positions. The study was approved by the Research Ethics Committee of the Institution, with all the ethical and legal requirements for its performance being observed.

RESULTS

The complexity of the managerial work process and the requirements that affect the nurse coordinators responsible for it, such as achieving the goals of reducing costs, maintenance requirements and improving the quality of care, were highlighted in the discussions as being considered to be elements that determine the workload and the accumulation of tasks. The addition of these elements to the lack of sufficient human resources to provide the assistance desired culminates in a direct compromise of the outcome of the care and management work.

The reconstruction of the managerial work process, described below, was agreed by the group.

Purpose of the management process:

To direct the work process; to achieve and maintain a balance in the working relationships; to guarantee the smooth operation of the units; to promote the spread of the institutional philosophy; to guarantee the conditions for the implementation of the quality of the care; to ensure positive results; and to promote continuing education and professional qualification.

Object:

Internal customers; external customers; the Institution and technological resources.

Means and instruments:

Planning, organization and control; situational diagnosis; evaluation; action plans (short, medium and long term); physical resources, materials and equipment; technical and scientific knowledge; and communication.

Organization and division of the work:

Determination of priorities; implementation of manuals of standards and routines; use of institutional protocols; and distribution of tasks.

Product:

Organized environment; professional valorization; qualification of the care; client satisfaction; reduction of the costs; and promotion of the institutional philosophy.

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The group discussion was evaluated as useful and the coordinator nurses highlighted the difficulties of implementing the specific management activities citing, again, the lack of human resources and focusing on various institutional problems related to the management. For the identification and description of the competences, the group opted to list them according to the four pillars of education as defined in the Delors report, which discusses the basis for higher education in the twenty-first century, namely: knowing how to be, knowing how to know, knowing how to do and knowing how to exist with other people[12], as described below.

Knowing how to be:

To assume an ethical position and have emotional intelligence; to be creative, supportive; entrepreneurial; to be consistent; impartial; flexible; to develop leadership; to be objective and clear; to have dynamism and be convincing; to have humility; be communicative; to have commitment and involvement; to be cooperative and have initiative; to develop self understanding.

Knowing how to do:

To have effective communication and autonomy in the work; to develop technical skills (know how); to know how to direct; to evaluate; to plan (human and material resources); to outline priorities; to manage teams; and to manage the processes of quality.

Knowing how to know:

To possess technical and scientific knowledge; to promote and encourage the knowledge of the team under their supervision; to seek and encourage professional development; to take care of the resources available in the institution; to know the institutional mission and philosophy; and to manage costs.

Knowing how to exist together:

To manage conflicts; to share; to have good interpersonal and multiprofessional relationships; to develop working partnerships; to develop the marketing staff; to know how to listen and to relate with different hierarchies.

Furthermore, using the analytical category model of competences and roles in the exercise of leadership, returning to the theoretical framework regarding the eight main roles of leaders[5], it was possible to perform a comparative analysis between the characteristics discussed and highlighted by the study subjects. For this, a summary table was created of the competences which compose a profile for area coordinator nurses, as shown in Chart 1.

Chart 1 - Summary of the competences profile for area coordinator nurses in the field of study institution - São Paulo, 2007

Competence	Descriptors
Focus: Monitoring, Coordination and Leadership. **Communicative Ethical-political and Educational Management Dimension**	
Comprehension of self and of others	1. To promote the marketing staff to internal and external clients. 2. To have self understanding. 3. To display ethical behavior, using consistency, critical capacity and emotional intelligence. 4. To have leadership 5. To show commitment and involvement with the work, the team and the Institution.
Monitoring of individual and collective performance	1. To have a good relationship with the work team 2. To be concerned with the development of the employees, through an encouraging attitude, promoting and stimulating professional development. 3. To impartially perform the supervision and performance evaluation of the work team.
Multiprofessional Management	1. To have a good multiprofessional relationship, making partnerships in the work process effective and sharing the decision-making. 2. To manage conflicts with flexibility, autonomy and the ability to negotiate, articulating the resolution of multiprofessional situations. 3. To know how to relate with different hierarchies.
Effective Communication	1. To have the ability to present ideas in a clear and concise manner, both in verbal and written communication. 2. To be convincing. 3. To know how to listen
Focus: Production, Direction and Negotiation **Management Technique Dimension**	
Establishment of goals, aims and management of changes	1. To know and disseminate the institutional mission and philosophy, implementing it in the professional practice. 2. To have initiative and to creatively develop it. 3. To know the dynamic and operation of the Nursing Service in which they are, directly or indirectly, inserted.
Planning and Organization	1. To effectively organize and plan the human and material resources which are their responsibility, through the management of the available resources and costs. 2. To be critical and consistent in the direction and decision-making and the establishment of priorities. 3. To posses scientific and technical knowledge compatible with the area of practice.
Productivity in the Work	1. To implement corporatism, developing, in the workplace, an attitude of partnership with the employees. 2. To be proactive, developing the activities inherent to the work using skill, knowledge and techniques. 3. To present dynamism and entrepreneurship, aiming for autonomy in the work process.

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After presenting the profile created by the Nurses of the Continuing Education Service of the Institution and the competences identified and discussed by the coordinator nurses participating in the study, it was possible to compare the two profiles, and to identify that there were no significant divergences in the profile sought, except regarding the professional qualification to obtain promotion for those who will occupy this position. In relation to the convergences it was identified that there was a complementation of the competences that compose the profile.

DISCUSSION

The study subjects reported that the discussion of the managerial work process provided the opportunity for a first reflection on the complexity involved in this work process and the complete differentiation of the care work process as well an understanding of the complementarity of activities among them. However, it was highlighted that it is also essential to deepen this reflection, advancing in the discussion of management models with a socio-critical perspective. This will enable the nurses to perceive the contradictions and to discuss aspects relevant to the relationships of power, in their different expressions and dimensions from the perspective of emancipation of the subject workers, taking into account the ethical and political dimensions and the dimension of citizenship[4].

The profile of competencies defined herein demonstrates, in part, the complexity of the work process in which the area coordinator nurses are involved. The pillars of competences most frequently listed were the knowing how to do and knowing how to know that complement the profile of competences directed toward the attitudinal and relational profile of the professional who occupies the role of unit manager. It is noteworthy that the technical knowledge brings together the administrative and care knowledge specific to each area of practice.

With the specific competence and in the *axis of administrative support*, the managers should have an *analytic capacity* which includes possessing the focus and concentration to organize a given theme into smaller parts, to sort, comprehend and analyze, facilitating the resulting decisions and actions[13]. Thus, it is comprehended that the technical-scientific knowledge emphasized by the group also relates to the preparation of the coordinators to supervise and lead the teamwork, making the educational process relevant. According to this aspect, the process of construction of the profile of competences requires the professional to exercise leadership and to generate new opportunities in their area of practice, being open to the constant development and acquisition of new competences.

As well as the leadership of the nursing staff, it is traditionally the nurse that assumes the management of the physical, human, material and information resources, which requires knowledge and skills to develop the work with an ethical and political attitude[14]. An important aspect to be highlighted is the dynamism of the competences: what is essential today may not be tomorrow. This leads to the requirement for constant evaluation and diagnosis regarding the desired profile, as well as actions for the development of the competences, especially in times of transformation within or outside the organization. The profile of competences of the area coordinator nurse constructed by the group suggests a tacit knowledge that represents the ideas of the group as a whole.

CONCLUSION

We consider that the analytic category originating from the theoretical approach of the work process, deployed for the context of the managerial work process, allows the comprehension of the constituent elements of it. It also allows an understanding that, regarding the object, purpose, means and instruments, and the final product desired, there is a fragmentation of knowledge about the perception of the managerial work process on behalf of the study subjects. This is because the recognition and reconstruction of these elements, with reference to the management practice, was carried out by them in a multi-faceted manner, not demonstrating a joint vision.

Among the competences highlighted in the profile constructed by the group, the more represented were those related to *knowing how to be*, demonstrating the importance attributed to the behavioral characteristics of the area coordinator in the performance of their duties. An ethical attitude and position, impartiality, flexibility and leadership were characteristics repeatedly mentioned in the discourses of the subjects as essential for the nurses who coordinate groups and act as mediators and articulators between the professional teams, the internal employees, the clients and the institution itself.

Concurrently developing competences to deal with the necessary and present rationality in the managerial work process, and ethical-political and communicative competences which cover self understanding, knowing how to relate to others, dealing with difficult people, dilemmas and knowing how to manage conflicts, are some of the more important challenges for those who assumes the coordination of areas and the management of people. Therefore, it is emphasized that competences which encompass all the dimensions of the managerial work process should compose the management development policy, i.e. technical, ethical-political, communicative and citizenship competences.

The process of management by competencies, also a trend in the healthcare organizations, consists of a larger process that involves the participation of all the management contexts of the institutions, so that this study can be comprehended as an initial, exploratory stage for the

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process as a whole to be effective. It is noteworthy that the managerial competencies indicated as important in the administrative literature, designated as essential for the management level, were confirmed in this study, other than the specificities of the managerial work process in nursing. It is concluded that the consensus construction of the profile of managerial competences positively impacts in directing the activities of recruitment, selection and staff development conducted by the Continuing Education Service, as well as contributes to the production of knowledge in the context of the managerial work process of nurses in different services.

Finally, the process of mapping of competences highlighted the challenges of developing the management by competencies, confirming the need and the importance of changes in the educational and evaluative processes based on methodologies and tools that allow for career planning according to the human resource and organizational policy in effect.

REFERENCES

1. Mendes-Gonçalves RB. Práticas de saúde: processo de trabalho e necessidades. São Paulo: CEFOR; 1992. (Cadernos CEFOR – Textos, 1).

2. Felli VEA, Peduzzi M. O trabalho gerencial em enfermagem. In: Kurcgant P, coordenadora. Gerenciamento em enfermagem. Rio de Janeiro: Guanabara Koogan; 2005. p. 1-13.

3. Hausmann M, Peduzzi M. Articulação entre as dimensões gerencial e assistencial do processo de trabalho do enfermeiro. Texto Contexto Enferm [Internet]. 2009 [citado 2012 fev. 3];18(2):258-65. Disponível em: http://www.scielo.br/pdf/tce/v18n2/08.pdf

4. Mishima SM, Villa TCS, Silva EM, Ribas-Gomes EL, Anselmi ML, Pinto IC, et al. Organização do processo gerencial no trabalho em saúde pública. In: Almeida MCP, Rocha SMM, organizadoras. O trabalho de enfermagem. São Paulo: Cortez; 1997. p. 251-96.

5. Quinn RE, Thompson MP, Faerman SR, McGranth M, Swirski M. Competências gerenciais: princípios e aplicações. 3ª ed. Rio de Janeiro: Elsevier; 2003.

6. Zarifian P. Objetivo competência: por uma nova lógica. São Paulo: Atlas; 2001.

7. Fleury MTL. As pessoas na organização. 4ª ed. São Paulo: Gente; 2002. A gestão de competência e a estratégia organizacional; p. 51-62.

8. McClelland DC, Spencer LM. Competency assesment methods: history and state of the art. Boston: McBer Research; 1990.

9. Dutra JS. Gestão de pessoas. São Paulo: Atlas; 2002.

10. Thiollent M. Metodologia da pesquisa-ação. 5ª ed. São Paulo: Cortez; 1992.

11. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 1996.

12. Delors J. Educação: um tesouro a descobrir. São Paulo: Cortez; 1998. p. 11-102.

13. Dutra JS. Competências: conceitos e instrumentos para a gestão de pessoas na empresa moderna. São Paulo: Atlas; 2007.

14. Oliveira JC, Prado C, Peres HHC, Fernandes MFP, Leite MMJ. Management competence level on nursing of a private university graduates. Rev Esc Enferm USP [Internet]. 2009 [cited 2012 Feb 3];43(n.esp 2):1221-25. Available from: http://www.scielo.br/pdf/reeusp/v43nspe2/en_a13v43s2.pdf

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