

Management role of surgical center nurses: perceptions by means of images

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Received: 04/08/2015.

Accepted: 11/18/2016.

Published: 06/30/2016.

Suggested citation:

Dalcól C, Garanhani ML. Management role of surgical center nurses: perceptions by means of images. Rev. Eletr. Enf. [Internet]. 2016 [cited __/__/__];18:e1168. Available from: <http://dx.doi.org/10.5216/ree.v18.34888>.

ABSTRACT

The objective of this study was to analyze the perceptions of surgical center nurses concerning their work environment and management role. Qualitative study conducted with 10 nurse supervisors in public and private hospitals, by means of individual projective interviews, from February to August 2013. The interviews were transcribed and submitted to content analysis. The results allowed analysis of the perceptions of nurses by means of images, such as: strategist, chameleon, conductor, flagship, owl head, and superhero. Regarding the environment, they described images associated with purposes and physical characteristics of the unit, highlighting it as the heart of the hospital. Regarding the management role, the images were associated with leadership, decision-making, adaptation, flexibility, teamwork and supervision. The results showed that nurses had a proactive but sometimes idealized view of their performance. It is of utmost importance that they reflect on their role and try to give their performance higher visibility.

Descriptors: Perioperative Nursing; Nurse's Role; Nurses, Male; Surgicenters

INTRODUCTION

Surgical centers are a restricted, specific and complex sector integrated into the hospital system, where anesthetic and surgical procedures are performed, requiring the work of different healthcare professionals, such as anesthesiologists, surgeons, surgical aides, nurses and nursing technicians⁽¹⁻²⁾. In this environment, professionals make use of exclusive clothing and have specific routines for the performance of

procedures. Each member of the staff has a defined role, which is important and necessary for the safe performance of procedures⁽³⁾.

Surgical assistance is essential worldwide, and there have been important advances in the last few decades, such as the implementation of safe surgery strategies by the World Health Organization (WHO) in 2007⁽⁴⁾. Technological diversity is a challenge faced by professionals in this area, with tracking and monitoring systems, technological instruments, laparoscopic and robotic surgeries, monitors with high-definition images, and hemodynamic procedures, among others⁽⁵⁾.

Nursing performance in surgical center units requires abilities and management skills with a focus on work processes and care. Nurses act as bureaucratic, organizational and assistance managers, providing indirect and direct care to patients and families, and evaluating and coordinating their teams⁽⁶⁻⁷⁾. They carry out their roles, planning safe, competent and autonomous actions and providing a link between professionals on surgical staffs and hospital administration⁽³⁾.

The general image of nursing has historical, cultural and social aspects. It is a profession that is often misrepresented way by the media, healthcare staff themselves and patients. Demystifying these images is a challenge, and strategies for achieving this purpose must be developed.

One such strategy is personal marketing, seeking greater media visibility and recognition of healthcare staff⁽⁸⁾. Surgical center nurses must increase their visibility vy patients, families, teams, managers of institutions and governments, the development of skills and attitudes. This will not only lead to a more coherent status for nurses, but will also allow them increased participation in the provision of health care in Brazil⁽⁹⁾. However, achievement of this visibility requires that nurses themselves recognize their professional autonomy.

The present study asks the following question: What images do surgical center nurses associate with their work environment and their management role? The objective was to analyze the perception of surgical center nurses concerning their work environment and their management role.

Regarding nurse supervisors of surgical centers, it is worth mentioning the importance of explaining this performance to nurses in their own units, other nurses working in various hospital areas, other healthcare professionals, and nursing students. It is expected that the results will contribute to reflection on the management role of surgical center nurses, with a focus on the autonomy and visibility of this action. The present study supports that promoting visibility of this practice may have an impact on the improvement and safety of developed perioperative care, considering the complexity of surgical centers in the hospital context.

METHOD

This descriptive study, using a qualitative approach, was conducted with ten nurses who worked in surgical centers of seven public and private hospitals from two cities in the south and southeast regions of Brazil, from February to August 2013.

Inclusion criteria were: being a nurse working in surgical centers for at least one year; and having worked as a manager of the unit for at least one year. The selection of the participants was intentional and for convenience of the main researcher, based on the identification of professionals who met the inclusion criteria and worked in different work shifts and institutions. After the selection, nurses were directly contacted by telephone or personally, and an interview was scheduled according to a date, time and place of their preference. Nurses who agreed to participate in the study worked in different work shifts and in seven hospitals, being three public and four private, located in two cities in the state of Paraná and São Paulo, which performed elective and emergency surgeries of different medical specialties. Data collection was completed after the tenth interview after data saturation.

Recorded individual projective interviews were used for data collection. This type of interview is performed by means of visual techniques, with the use of resources such as cards, pictures, films and images, which allow the development of perceptions on a certain matter and avoid direct responses(10). Perceptions of nurses on the surgical center environment and their management role were associated with images. In projective interviews, images can be grouped into two dimensions: visual representations associated with drawings, paintings, prints, or mental representations revealed as visions, imaginations or schemes(10). The objective of the present study was to identify images as mental representations, since they may support historicizing, recording, telling, exposing, thinking, i.e., understanding and interpreting information acquired in the day by day.

The following guiding questions were used for the projective interviews: When I say surgical center, what comes to your mind? When I say surgical center nurse, what comes to your mind?

The interviews were fully transcribed, and semantic and spelling errors were removed. Analysis steps proposed by Bardin(11) were used, with subject grouping and analysis of images associated with the surgical center environment and the managing role of nurses. The nurses' statements were identified with the letter E, followed by a number randomly assigned to the interviews.

The study followed all ethical procedures recommended by the Brazilian legislation for human research development, approved by the Research Ethics Committee of the State University of Londrina under protocol no 225/2012, and registered under CAAE no 07887812.3.0000.5231. All participants signed an informed consent form.

RESULTS

Eight participants were women, with professional experience in surgical centers ranging from one to 23 years. Five had specialization in the area and four were specialists in other areas. Three worked in the morning shift, three in the afternoon shift, two in the day shift and two in the night shift. Four were from private institutions and six from public institutions.

The results were organized in: perceptions associated with the surgical center environment and the

managing role of surgical center nurses, as presented in Table 1.

Table 1: Perceptions associated with the surgical center environment and the nurses' managing role.

Londrina, Paraná, 2013.

Perceptions associated with the surgical center environment	
PHYSICAL AND FUNCTIONAL CHARACTERISTICS OF THE SURGICAL CENTER	<p><i>A closed unit. You have little contact with other professionals of the hospital, you do not go to the units; you have contact with a closed group, with your colleagues: only the group of anesthesiologists, surgeons come and go; therefore, it is a closed unit. (E5)</i></p> <p><i>When I hear surgical center, for me, the image of the central corridor comes to mind, because there we get in until the corridor: the anesthetic recovery room is on the left, the rooms are on the front and the material center is on the right. I think that is how I feel, in this patient's way. (E4)</i></p> <p><i>It is not possible to think in only one thing: I think about people with the exclusive clothing of the sector, cap, shoe covers and people coming and going, taking stretchers, bringing stretchers, getting patients... (E7)</i></p>
PURPOSE OF THE SURGICAL CENTER	<p><i>Because here the surgical center is our soul inside this hospital; the soul is the surgical center. (E2)</i></p> <p><i>So... I would consider the surgical center as... I am going to put three words: the Hospital Heart Unit. I think patients get in, come to us and go, come to us and go... So, it is like blood, that is why I think it is the heart, then it flows, comes, goes. (E5)</i></p>
Perceptions associated with the managing role of surgical center nurses	
STRATEGIST	<p><i>I think like a strategist. For me, a strategist is the best definition I have. (E3)</i></p>
FIGHTER	<p><i>The surgical center nurse is a fighter; she is someone who has to be in harmony with herself, to be able to deal with difficulties with the patient, the doctor and the employee... So, she is a fighter [...] Someone who must have leadership power, who is able to harmonize all members of the team, the anesthesiologist, the surgeon, the radiologist who comes, the students... So here, more than ever, she is a fighter. (E6)</i></p>
CHAMELEON	<p><i>Chameleon, because she has to be well all the time and serve everyone according to the situation, do you understand? She has to... it is not a mask: She must have wisdom, know how to act in each situation. (E6)</i></p>
CONDUCTOR	<p><i>Everything as if the nurse was a great conductor, you know? And he</i></p>

	<i>goes there with that stick and says: You play now, you after, you now. And the nurse, like a conductor. (E3)</i>
FLAGSHIP	<i>So, I think it is like this, today, at this hospital, the nurse is, let's say, the flagship of the unit, it is not the anesthesiologist, it is the nurse, I think. Because the anesthesiologist, he works like the nurse, determines there in the program that he elaborated and that is it. (E5)</i>
OWL HEAD	<i>I think that professional who has to have an owl head, let's say, an eye behind and an eye in the front, do you understand? So that you can manage everything. (E5)</i>
SUPERHERO	<i>Look, many times he is a superhero, you see, because he does miracles in there. (E4)</i>
ROBOT	<i>I thought about a robot, but I would not associate with a robot, because the nurse has to be sentimental too, right? He cannot be that robotic thing, make everything routinely: he has to feel something strange in the environment, so that he can modify what is not right. He is a robot, but with feelings, because I saw myself as a robot, because he is a being, who does, who is fast, who knows, who goes, who never stops, I think that is why, because he never stops. (E10)</i>

DISCUSSION

The surgical center environment

Perceptions associated with the surgical center environment reiterate the characteristics of a closed unit, which in face of its purposes and objectives must be protected from risks of contamination that come from other environments and through people and materials that move around it.

Surgical centers are characterized as a closed area for visitation, free movement and visual speculation, and it is restricted to professionals who work there, with a planned physical structure for inaccessibility and invisibility from the inside out and vice versa. According to the Brazilian resolution RDC no. 50, surgical centers are units for the performance of anesthetic and surgical procedures, as well as for their recovery, and they must have restricted access and supporting environments inside their own sector. In their structure, corridors, surgical rooms, anesthetic recovery room and material center are part of the characterization of this environment, and they must have their physical areas established, meeting the specific resolution⁽¹²⁻¹³⁾.

In this environment, the exclusive uniform is characterized by specific clothing, along with a cap and shoe cover, constituting an access barrier to the unit, with the purpose of controlling risks of contamination and protecting professionals.

These physical and structural characteristics and the functionality of the sector were also reported by

other nurses, with emphasis on the characteristic of restricted areas, with surgical rooms and corridors, an exclusive uniform and intense movement of stretchers and people⁽¹²⁾.

The nurses who were interviewed also associated the surgical center with images of heart and soul. Since the most ancient scriptures, the heart has always been the center of attention, associated with life and death. It has different meanings for diverse cultures, and it may unite or divide people. It is not just an anatomical organ that pumps blood, but an image and a symbol, becoming the place of our consciousness, feelings and emotions. Therefore, the soul is also put inside the heart, and because it has the consciousness and the soul, it became a primary symbol in our culture⁽¹⁴⁾.

The nurses' interviews illustrate this association of surgical centers with the heart, describing this unit as the center of the hospital, just like the heart within the human body. The professionals referred to the importance of this unit, without which care and continuity of life would not be possible. They characterized the sector as being associated with other areas distributing "life".

The word soul has polysemy meanings and representations, depending on the cultural and religious perspectives of each individual. Nonetheless, it probably represents something important and vital, independently of beliefs.

In conclusion, when considering the surgical center as the soul of the hospital, nurses refer to it as something of great value in the hospital context. Therefore, the purpose of the hospital is to promote comprehensive care to patients, by means of specialized services^(4,15), in which the surgical center stands out as the unit that has specific elements for the performance of safe surgical procedures, aiming to offer comprehensive, humanized and quality care.

The nurses' perceptions go beyond the structural and technical aspects of the surgical center, also approaching humanistic aspects related to its purpose.

Managing role of surgical center nurses

The images described enabled reflecting on some management aspects perceived by nurses, such as leadership, decision making, adaptability and flexibility. They also enabled a debate on the relevance of the overall view and parts of the unit, as well as nurses' professional autonomy and teamwork.

When the strategist image was described, nurses referred to the use of several tactics to achieve their objective, requiring anticipation, decision making, overall view and adaptation to changes.

According to the Brazilian Society of Surgical, Anesthetic Recovery and Material Storage Center Nurses (SOBECC, as per its acronym in Portuguese), surgical center nurses perform activities associated with the functioning of the area, personnel administration, and administrative and technical activities seeking to meet patients' needs⁽⁷⁾. Decision making is a central element of a sector's administration⁽¹⁶⁾, and the overall view and perception of its parts⁽¹⁷⁾ are essential understandings for supporting it.

The fighter image emerged from knowing how to deal with difficulties found in the daily work, especially those associated with interpersonal matters and teamwork.

In the surgical center context, teamwork should be performed in a systematized, synchronized and harmonic way⁽¹⁸⁾. Procedures must be executed in a coordinated and safe way, and conducting interrelated actions among the nursing staff, surgeons, anesthesiologists, patients and families is required, involving technical, intellectual, emotional and psychological aspects⁽¹⁸⁻¹⁹⁾.

The chameleon image was used due to its characteristic of camouflage and adaptation to the environment where it is found. Nurses seem to make use of this ability when adapting to different situations.

Since the perioperative environment is complex, dynamic, multidimensional, and composed of a multidisciplinary staff⁽²⁰⁾, it is up to the manager nurse to think and act with flexibility and planning, as well as to develop a constant analysis capability and adaptability. Perioperative nurses are adaptive leaders who respond to changes of the environment where they are integrated⁽²¹⁾.

Therefore, the strategist, the fighter and the chameleon images represent adaptation actions, analysis of parts and of the whole unit, flexibility, decision making and teamwork.

The conductor and the flagship images directly indicate leadership ability. The conductor who represents a leader holding a stick, gesticulating and organizing the performance of the daily life symphony, and the flagship that opens the parade.

The coordinator nurse is responsible for performing administrative, technical, operational and ethical control in activities performed in the surgical center, providing material and human resources, developing strategic planning, verifying the scheduling of surgeries and the orientation for the preparation of operative rooms⁽⁷⁾. The surgical center manager role in other studies was also associated with the "head" in charge of the unit, controlling the allocation of rooms, the multidisciplinary staff, surgery requests, supply, support services, and the communication with the internal and external environment^(6,22).

A study⁽²¹⁾ made an analogy of perioperative teamwork with a baseball game, since both the nursing staff and other members share responsibilities for the patients' care, highlighting the leader's role in assuming responsibilities for errors, searching for improvements, encouraging its team to go back to the game and directing it to the final goal, which is always the patient's health recovery.

The owl image represents this bird's sharp sense, like the acute hearing and its ability to recognize the origin of sounds, as well as its excellent vision, being able to see everything that is happening around it. Nurses make an association with the need to have a broad and general view of the parts and the whole⁽¹⁷⁾, to be always alert, so that they are able to know, identify, analyze and make decisions to act assertively.

In this perspective, the owl's sharp senses could be used by nurses other than merely control actions, but attempting to perceive the parts and the whole in a dynamic and cyclical movement, to understand the complexity of the work process in the surgical center.

The superhero image was associated with performance in difficult tasks. We can reflect on the role of nurse supervisors, who are commonly so-called "super" by themselves and other staff members. This denomination associates the nurse with a being who has superpowers, such as superhuman vision and superhuman hearing, being able to see and hear everything and everybody.

The managing role of nurses must have a fluid dynamics and a “divine look”, since they supervise everywhere and everybody, performing control, monitoring and organization of the sector⁽¹²⁾. Among the attributes of the supervisor nurse, besides technical skills and abilities, they must also understand the human needs of their team⁽²³⁾.

The robot image represents the ability to work by itself, guided on the task, sensitive to the environment and able to adapt to changes and previous errors. We can reflect on the perception of professional nurses who are able to overcome their humanity, becoming beings who are able to predict and solve situations in advance.

The images described emphasized the profession’s management aspects pervaded by communication, interpersonal relationship, patient safety, approaching patient care indirectly and making no mention to families. Several authors found similar results, pointing nurses as key elements in the surgical center management^(6,12,16,21-22,24).

Nonetheless, a bibliographic study conducted between 2003 and 2013 showed that only 21% of the studies on surgical center nursing approach the nurses’ administrative and managing role, and 79% are associated with other aspects, such as patient care and safety, education, workers’ health, fields of work, communication and ethics, and family care⁽²⁵⁾.

Some images described by nurses brought idealized perceptions that place nurses as individuals with deductive skills, who are able to predict events and plan for them, being always moral, ethical, correct and efficient, providing care for everybody. This idealized conception might take away the nurses’ own humanity, creating fictitious images and statuses.

Another important reflection is that nurses often assume responsibilities, which can be shared with the surgical team, without losing their leading and managing role. In healthcare services, it is relevant that the work process be performed by a multidisciplinary team in a competent and balanced way, enabling the redesigning of work processes and promoting the quality of the services provided. These assumptions also find resonance in the surgical center, since many responsibilities can be shared among different professionals.

In this respect, the importance of reflection and training areas for surgical center nurses are emphasized, seeking to increase their managing role view, as well as their performance’s visibility. Nurses’ training⁽²⁴⁾ must involve knowledge, abilities and management skills to achieve a scientific and human technical preparation, in order to provide quality care to surgical patients.

In addition, surgical center nurses should build their autonomy, performing shared actions with technical, scientific and humanistic competence supported by teamwork and evaluation of surgical patients’ safety. Autonomy is relative and relational⁽¹⁷⁾, built on the interaction with other workers. Nonetheless, to be autonomous, nurses depend on their team relationship focused on patients. The study confirms that the search for consolidating autonomy must be pervaded by the development of real competences built collectively in the daily work process of the surgical center.

CONCLUSION

Perceptions associated with the surgical center environment highlighted the unit as a central and relevant area in the hospital context. Regarding the managing role of surgical center nurses, leadership actions, decision making, identification of strategies, adaptation and flexibility, teamwork and supervision were emphasized.

Considering the complexity of the surgical center environment and its purpose on performing safe procedures, it is of utmost importance that professionals who work in it have technical, scientific and human knowledge, developing specific skills and abilities. Nurses have a proactive view on their performance, but sometimes it is idealized. Idealized images refer to the centralization of actions, decision making and the control of work processes, seeking to strengthen power, control and autonomy in a specific and complex environment.

In this respect, it is imperative that surgical center nurses reflect and discuss views such as centralization, control, leadership, idealization and sometimes fictitious and unachievable views. It is necessary to debate on teamwork and shared responsibilities in the performance of daily healthcare services and in surgical centers. The relevance of the managing role of surgical center nurses is unprecedented, but their actions can be shared. The recognition of professional autonomy transcends the achievement of a work developed collectively and directed toward the comprehensiveness of care.

The present study enabled reflection on how perceptions carry influences of historical, cultural and social images, which reinforce the role of nurses in continuous adaptation, shaping, control and being wise. There is a need to think further in teamwork and sharing responsibilities, enabling the real and true expression of each professional.

Professional visibility is built individually and is spread to the collective, reflecting on different practice fields. For changes in visibility of surgical center nurses, it is essential that they reflect on their actions and face challenges, assuming their technical, scientific and relational skills. The aim of this study was to contribute to the reconstruction of the identity and visibility of surgical center nurses and encourage other studies, in order to promote the reconstruction of professional identities, as well as their visibility.

The gaps identified by this study point to the need for developing other studies exploring images and perceptions of nurses regarding weaknesses in the management process of the unit, teamwork challenges and need for continuous education. Studies focusing on technical and direct care actions for patients, as well as actions directed toward families of surgical patients, who stay for hours in surgical center waiting rooms without specific assistance, may be interesting to qualify care in this nursing work context.

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