Nursing Management Conduct in the Intensive Care Unit

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abstract

The different levels and complexity of care provided to patients require the nurse, an ability directed to manage physical, material and human resources. The nurse recognizes herself close to the client, even when in indirect care activities, once she supervises the work of her team, it is configured as an action to do, characterized by direct care, indirect care and bureaucratic acts. Regardless of the map, the client is the object of care of the nurse under the principle "well taken care of". It is his responsibility to elaborate nursing care planning. The objective of this study is to discuss the general process related to the management of resources exercised by the nurse professional and their relevance within an intensive care unit. The results indicate that the nurse is committed not only to the administration of human resources, but also to provide and provide material resources to better meet the patients' demand in the unit. Method used Integrative literature review. With this, it is concluded that the nurse is the key piece in the management process, for an efficient execution of management, it is necessary besides a generalist vision, to be persuasive and manipulator of adverse situations.

Keywords: Nursing Management, ICU, Competence & Administration.
1. Introduction

The different levels and complexity of care provided to patients require the nurse, an ability directed to manage physical, material and human resources. When nursing patients in intensive care units (ICUs), the nursing team is constantly confronted with the life and death binomial and, due to the technological and scientific characteristics, it is necessary to prioritize highly complex technical procedures (Martins, et al. 2009).

The nurse recognizes herself close to the client even when in indirect care activities as she oversees the work of her staff. It is configured as a doing action, characterized by direct care, indirect care and bureaucratic acts. Regardless of the map, the client is the object of care of the nurse under the principle "well taken care of". It is his responsibility to elaborate nursing care planning.

The planning seeks to provide information and data that allow an evaluation of the general conditions of the patient, the orientation of the medical and nursing behaviors, the interaction between the Medical and Nursing Services. Although fragmented work prevails, it is the job of the nurse to coordinate, perform and evaluate the nursing activities, as well as to implement and use the nursing process to prescribe the care to be performed. Haag, (2001). That is, this professional is expected to know how to plan, organize and evaluate the work of the nursing team.

The management process is inserted the transformation of information into general decisions, already the practice, to manage these decisions be inserted in the process of implementation implemented by the institution. In this context, the nurse starts to exercise leadership, establish and define roles. Mobilizing resources, expanding their knowledge and participating in the education and research process. The term "management and competence" is not new, Taylor (1970), already warned of the need for companies to hire efficient and competent workers. Based on Taylorists' theories of selection and training it is necessary to emphasize that it is not enough to train, it is necessary to monitor, evaluate and reevaluate these workers, however it is necessary to provide conditions so that the expected results are efficient.

Competence is defined as the capacity resulting from one's deep knowledge of a subject. Sparrow and Bognanno (1994), on the same theme, refer to a repertoire of attitudes that allow the professional to adapt rapidly to an environment that is less stable and to be oriented towards innovation and lifelong learning. According to these authors, competencies represent attitudes identified as relevant to achieving high performance in a specific job during a professional career or in the context of a corporate strategy. There are also authors who define competence not only as a set of qualifications that the individual holds. For them, it is also necessary to put into practice what is known, that is, to mobilize and apply such qualifications in a specific context.
Studies carried out by Barreto (2013) reveal that from the perspective of the nurse, the analysis of the statements indicated that managing the ICUs means providing care to the patient, administering the nursing care and administering the health team. That in the nurses' labor process, management plays an unparalleled role, articulating the nursing team's various working methods. (managing material and human resources).

Focusing on the client in his work process, he guides his actions from the seriousness of the client's clinical picture. Intensive care units are important resources for serious patients or potentially serious patients who need ongoing and specialized care.

In Brazil, the first ICUs were installed in the 1970s, with the purpose of centralizing serious patients recoverable, in a hospital area with human resources, equipment and specific materials directed to the care of these patients. MIAKO, et al., (2000).

It is known, however, that there is a great diversity among ICUs in terms of structural resources. The Intensive Care Unit (ICU) is specific for the treatment of severe clients requiring intensive and uninterrupted treatment. With emphasis on the dynamics and routines of the ICUs, cooperation and interaction in the pursuit of understanding and making itself understood requires effort and self-knowledge among team members at all shifts, generating or triggering behavioral process changes and attitudes (Batista, et al., 2007).

Nursing has sought a new configuration, seeking to reorganize itself into a new care model, but continues reproducing within it the technical division of labor, separating the managerial tasks from those directed to the care provided directly to the patient. Such dimensions are interdependent insofar as, for the exposure of a skill, the individual is presumed to know specific principles and techniques.

In the same way, the adoption of a behavior in the work demands of the person, not infrequently, the arrest not only of knowledge, but also of appropriate abilities and attitudes. Approaches such as this seem to have broader acceptance in both the hospital and academic settings, since beyond the individual level the concept of competence applies to the workforce and the organization as a whole.

It is verified that the competence beyond the know-how, adds values ??and superior performance in the accomplishment of tasks in any situation, the hospital environment alone, already causes some apprehension and when the environment is the intensive care unit, causes a higher expectation in patients and families, requiring a greater understanding and approach of cessible communication on the part of the nurse professional.

The life of the patient in the hospital depends on the diagnostic-therapeutic procedures and care of the
health team, in addition to quality and availability such as: physical structure, material, human and financial resources and those who are in charge of managing these resources is the Professional nurse (Veiga, 2000).

Throughout the twentieth century, performance evaluation has shifted from methodologies of time control and movement to processes that consider the employee and his work as part of a broader organizational and social context. Several companies have resorted to the use of models of management and competence.

These processes consist of establishing objectives, goals and deadlines to be reached according to the strategy adopted by the nurse responsible for the distribution of the tasks to be performed by her team. In order for the goal proposed by the nurse to be reached, it is necessary to engage all of the staff in an individualized and systematized assistance (Coelho, 2004).

In the management of nursing care, whose goal is the well-cared for client, the nurse is close to the client, although he does not perform direct care. There is appreciation of planning to take care of critical customer and offer appropriate working conditions. (Barreto, 2013).

The planning of patient care is exclusive to the nursing professional, according to the Resolution of COFEN-272-2002, Revoked by Resolution COFEN nº 358/2009. This methodology is an exclusive instrument of the nurses' work process, which enables the development of actions that modify the state of the life process and health-illness of individuals. Therefore, the Systematization of Nursing Assistance (SAE), allows the achievement of results for which the nurse is responsible.

The implementation of the SAE provides individualized care, as well as guiding the decision-making process of nurses in the nursing staff management situations (Andrade, 2005). Systematizing care implies using a methodology based on scientific work. This results in the consolidation of the profession and visibility for the actions performed by the nurse, as well as offers subsidies for the development of technical-scientific knowledge.

Nurses should have strategic vision and pertinent attitudes when managing, delegating tasks to their employees, seeking to be fair in their attitudes, since the nurse is responsible for the management conception of the nursing process, should create favorable mechanisms for the execution of the tasks that were planned and implemented.

The adoption of classification systems allows the use of a single and standardized language, which favors the communication process, the compilation of data for assistance planning, research development, the professional teaching-learning process and fundamentally confers scientificity care. (Truppel, 2009).
It is important to emphasize that the physical structure of the intensive care unit must obey technical standards and provide a safety environment for patients and multiprofessionals, contributing to the reduction of stress on everything the workload. (Santos et al., 2009).

The process of care in intensive care units requires employees not only technical knowledge in procedures, but also requires the technical-operational knowledge of health professionals. In the handling of the equipment, being responsible for the training and qualification of the team, the nurse.

The implementation of the strategies allow the adaptations of the units, enabling ideas and empowering employees so that they can express and create new projects to improve nursing care. (Oliveira, et al., 2009).

In the work developed by the nurse must be understood that, in addition to the care with the hospitalized individuals, it is fundamental that the needs of these, whether biological, physical, psychic or spiritual, are met.

Faced with the highly specialized and complex care nurses carry out in an Intensive Care Unit, the systematization and organization of their work, and therefore the work of the nursing team, are essential for quality care, with efficiency and efficacy (Truppel, 2009).

In caring for hospitalized patients (ICUs), the nursing team is constantly confronted with life and death situations. In the ICU, despite the different levels of complexity provided to the clients, each component of the nursing team presents a different professional profile. Some may be newly trained with little experience in care, others already have practical skills, but not prepared to perform complex nursing actions, while other professionals are already qualified to perform the interventions prescribed by the nurse (Balsanelli, 2009).

A study carried out by Truppel describes that the SAE is implemented with all its stages composed by historical items, diagnosis, prescription and evolution and is based on the Wanda theory of Aguiar Horta (developed from the Human Motivation Theory of Maslow) and the adoption of the NANDA taxonomy to identify nursing diagnoses. However, in his conclusive study, the author reports that the care prescribed by nurses should be reviewed, through studies that identify effective prescriptions that actually interfere with the patient's clinical status (Truppel, 2009).

Modern organizations need performance evaluation mechanisms at various levels: at the corporate level, planning, and follow-up. The evaluation restricts the mission, vision and objective to be achieved, having the organization's sustainability as an expected result (Oliveira, et al, 2009).
It is necessary to invest and train all professionals in an intensive care unit, thus avoiding or even minimizing the occurrence of iatrogenic during the course of care. In the scope of management, competence has been defined as a responsible and recognized responsible knowledge, which involves mobilizing, integrating, transmitting knowledge and skills that add economic values to the organization and value.

According to Rika et. al. (2010), from the social to the individual. The need arises for the construction of professional competences to take place in the organizational context, in the continuous training and in the management of resources, whether human or material.

Already according to Fernandes et. al. (2003), the pursuit of the customer for quality products and services, the growing technological advances in several areas, changes in work processes, financial problems, among others, are factors that require public and private companies to adapt quickly and constantly to changes and instabilities of the present times. In this context, it is observed that the manager's behavior must be modified in the face of contemporary demands.

The organization of team-based work "has certainly been the most democratic, productive, and humanized way of doing health work." Spagnol, (2002). Training, as well as the development of the nursing team, is justified by the promotion of specific technical training, the acquisition of new concepts, attitudes and the critical view of contemporary problems, social responsibilities and cooperation inside and outside the work environment. Nursing progresses continuously incorporating new technologies that must be reversed in the qualification of the care provided. Although a historical root of authoritarianism, centralization of decisions, and impersonality in relationships still prevails in nursing, it is noticed that the introduction of new managerial approaches, due to the intense transformations that are occurring in the society, is driving the managers to seek new alternatives to organize the work.

According to Fernandes (2003), these new approaches bring in their concepts concepts of flexibility, hierarchy reduction, teamwork and decentralization of decisions, aiming at the satisfaction of clients and workers, as well as productivity and shared responsibility, which must be glimpsed by the managers of the future.

Regarding the professional practice of nurses, the value of leadership is perceived and highlighted, as it is through this that the professional ensures good management and improvement of the quality of nursing care (Santos, 2010). It is notorious that in many health institutions, it still governs the precepts of classical theories, centralizing decision-making power in a select group of people, who are often dispersed from the real problems that may eventually occur at the base.

According to Santos (2010), paradoxically, in the more contemporary management models, based on
flexible structures, decentralized and linked to the accountability of those involved, less intense thought should be given to vertical communication and, in the first place, in horizontal or lateral communication, encouraging such process both interunidades and intraunidade.

Throughout this historical trajectory, with the implementation of the SAE, with the structural changes beyond the assistance and teaching competence, management and research competence was required, requiring the development of professional competences that add values to the institution and to the individuals that contributed to the organizational results (Fleury, 2004).

To achieve organizational success in institutions, the nurse must be the link in the communication chain, since it is constantly in contact with the multiprofessional team. In addition, the insufficiency of the communication process is responsible for the triggering of factors that generate dissatisfaction in health institutions. In the management of people by skills, some essential premises, such as focus on the development of people, the process, the reconciliation of the interests of the company and the professional. An integrated and strategic model, rather than consisting of disjointed parts (Dutra, 2002).

Authors cites the communicative process as one of the necessary points to achieve managerial success in health institutions, highlighting the various contributions that clear and adequate communication is able to provide to the teams. When the management model of the institution is based on the Classical Approach of the Administration the vertical communication, truncated and therefore inefficient. Already when adopting the contemporary style of management, we seek to intensify communication at all levels, that is, vertically and horizontally (Santos, 2010).

In this context, it is sought to emphasize care as the main axis of nursing work, exploring the field of activity of nurses responsible for intensive care unit, trying to identify the importance / relevance they attribute to care delivery.

In view of the above, it is necessary to ask: what would be the relevance of the nurse practitioner within an intensive care unit? What are the competencies required for this professional in the care process? And to what extent would the nurse be prepared to perform the competent management function? We will cover here some pertinent questions attributed to the professional nurse in the intensive care units.

The objective is to discuss the general process related to the management of resources exercised by the nurse professional and its relevance within an intensive care unit.

2. MATERIALS AND METHODS

Integrative literature review. The articles were searched in the online database. All literary review went
through a systematic process of analysis and the articles related to the subject were selected, after the citations were taken and subsequent registration, whose description met the objectives of the proposed study. We found 45 scientific articles, covering the period from 2000 to 2015, selected topics relevant to the subject matter. Data collection from sources such as: (Lilacs) Caribbean Literature, (SciELO) - Scientific Electronic Library Online, (BIREME) Virtual Library of Medicine; Medical Literature Analysis and Retrieval Systems Online (MEDLINE) and data from the following entities: (COREN-SP) Regional Council of Nursing DE São Paulo. For the research of this work were used the descriptors: ICU, Nursing, Management & Competence. Using the described ones, 45 articles were found that were available in full. Initially, we checked the titles, authors and abstracts, with the purpose of separating the repeated publications, then we scanned all the publications found and selected the articles inherent to the subject addressed. 22 articles were discarded because they did not fit the objective and used to the other publications to compose this study.

3. RESULTS AND DISCUSSIONS

Table 1 - Characterization of articles by year of publication. São Paulo, 2016.

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<thead>
<tr>
<th>Year</th>
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<tbody>
<tr>
<td>2015</td>
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<td>2014</td>
<td>00</td>
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<tr>
<td>2013</td>
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<td>2012</td>
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<td>2011</td>
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<tr>
<td>2010</td>
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<td>8.69</td>
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<td>2009</td>
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<td>2008</td>
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<td>Total</td>
<td>23</td>
<td>100</td>
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</table>

Source: Data prepared by the author

Table 1- It can be observed, as shown in the table above, that there was an instability between the years of publications from 2000 to 2009, with a significant increase of publications in 2009, in a total of 06 published articles representing a percentage of (26%).
It is possible to observe that in the years of 2006, 2012, 2014 and 2015, no articles were found that fit the theme in question. In the years 2000, 2001, 2002, 2004, 2008 and 2010, two publications were found each year, together they form a total of 12 publications, representing a percentage of (52.17%).

It is also possible to observe that the years of the lowest publication number were the years of 2003, 2005, 2007, 2011 and 2013. Only one article was found that fit the abjective of the study, together they total a total of 5 articles, representing a percentage of (21.73%).

Table 2 - Characterization of the sample by managerial themes addressed in the literature, São Paulo, 2016.

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<thead>
<tr>
<th>Management Issues</th>
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<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Management</td>
<td>06</td>
<td>26.08</td>
</tr>
<tr>
<td>Competence</td>
<td>04</td>
<td>17.39</td>
</tr>
<tr>
<td>Leadership</td>
<td>03</td>
<td>13.04</td>
</tr>
<tr>
<td>Work load</td>
<td>03</td>
<td>13.04</td>
</tr>
<tr>
<td>SAE</td>
<td>03</td>
<td>13.04</td>
</tr>
<tr>
<td>Communication</td>
<td>01</td>
<td>4.34</td>
</tr>
<tr>
<td>Education</td>
<td>01</td>
<td>4.34</td>
</tr>
<tr>
<td>Administration</td>
<td>02</td>
<td>8.69</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Data prepared by the author

Due to the large number of articles related to management, the articles were divided by themes: management, competence, leadership, administration, workload, communication, Nursing Assistance Systematization (SAE) and education.

It was verified that, with the greatest number of publications were management and competence, management were found 6 articles (n = 26.08%) and competence 4 articles (n = 17.39%). It is possible to observe that the themes: leadership, workload and SAE, were found 3 articles by themes (n = 13.04%), 9 articles together representing a percentage of (39.13%).

On the subject of administration, 2 articles were found (n = 8.69). According to the table, the subjects education and communication were the lowest number of publications, only 1 article each (n = 4.34%), together add up to a percentage of (8.68%).

As management is faced with administration, Taylor's theories have also been reviewed one of the pillars of classical theories, which guide the tasks developed by nursing professionals in public and private health institutions throughout the country.
In this context, ICUs have become units where highly specialized human and technological resources are concentrated, providing assistance considered as the most complex, sophisticated and costly of the health care system. Among the various scientific methods specific to nursing sciences, the Nursing Process (SAE) adapts itself to the objectives of care, in order to meet the dynamics of systematized and interrelated actions, aimed at assisting the human being.

The nurse is committed not only to the administration of human resources, but also it is his responsibility to provide and provide material resources to better meet the demand of patients in his unit, the best cost manager is who knows the operations deeply and not whoever only concepts related to cost accounting (Santos, 2009).

Another important factor within the ICU is time management. Allocate time for planning and prioritization; Complete the highest priority task whenever possible and finish one task before starting another task; Establish new priorities based on the remaining tasks and new information that have been received. All this takes time, requires competence and ability to think, analyze data, visualize alternatives and make decisions.

In order to avoid a discrepancy between the activities carried out by nurses and those delegated to other employees, it is necessary to have an adequate planning of the activities, since the nursing services within an ICU are complex, demanding an immediate response, involves study and use of facts and principles, thus requiring knowledge, imagination, reasoning, skill and research technique (Gonçalves, 2001).

Over time, the intensive care nursing has incorporated some roles, the care actions practiced by the nurses with the patients the most expressive of them is consequently the increasing participation in decision making (Viana, 2011).

It was necessary for nurses to deal with their staff, to develop mechanisms and skills to manage the tasks assigned to them. Today it is possible to dimension the actions of nurses and their work teams in the ICUs directed care, with care with more rigorous patient needs.

**Table 3** - Distributions of articles according to the respective journals. São Paulo, 2016

<table>
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<th>MAGAZINES</th>
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</tr>
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<tbody>
<tr>
<td>Rev. of the School of Nursing of</td>
<td>7</td>
<td>30.43</td>
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<tr>
<td>USP</td>
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<tr>
<td>Rev Latino-Americana de</td>
<td>6</td>
<td>26.08</td>
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<tr>
<td>Enfergaem</td>
<td></td>
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<tr>
<td>Rev. Brasileira de Enfermagem</td>
<td>4</td>
<td>17.39</td>
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<tr>
<td>Journal of Business</td>
<td>1</td>
<td>4.34</td>
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</table>
According to the data presented in the table above, we noticed a marked increase of publications in the Journal of Nursing School of USP in a total of 7 publications. Representing a percentage of (30.43%).

Then with 6 publications, the Revista Latino-America de Enfermagem, with (26.08%), followed by the Brazilian Journal of Nursing with 4 articles (17.39%).

In the Revista Gaúcha de Enfermagem, 2 publications were found (8.69%). And in the magazines: Editora Artmed; Journal of Business Administration; Brazilian Journal of Intensive Therapy; Journal of the Federal University Fluminense was found a publication in each magazine. (4.34%). Together they total a total of 4 articles, representing a percentage of (17.36%).

The burden of work is a factor that worries the managers of the intensive care units, it is known that the excess of workload and increasingly complex procedures, require greater attention of employees. Surveys point out that tired employees with overloaded tasks are more likely to make mistakes than those who are rested. The safety of the patient during the hospital stay has deserved increasing attention in the quality and the minimum possible risk for the patient with the implementation of protocols of risk of falls.

In Brazil, through the National Curricular Guidelines (DCNs) for Nursing Undergraduate Courses in force, it is attempted to guide general competences to be achieved by the future nurse, such as health care, decision making, communication, leadership, management and continuing education and management.

With this in mind, studies have been carried out on the professional competence of nurses, and research that investigates managerial competencies of the nurse, related to the expectations of the training institution and the labor market, stands out. In the world literature, the importance of the nurses' performance in the ICUs is verified, however, day by day, there is a dichotomy between what is learned during the training and what is done in practice. The practice of nursing, based on scientific evidence, the dissemination of research related to nursing care and the ability to standardize care, to supervise the work of the nursing team.
CONCLUSION

The data of the present study, we conclude that the nurse is the key part in the management process, for an efficient execution of management, it is necessary besides a generalist vision, to be persuasive and manipulator of adverse situations.

The work of the nurse in an Intensive Care Unit (ICU) is characterized by complex managerial and assistance activities that require technical and scientific competence, whose decision-making and adoption of safe behaviors are directly related to the life and death of the people. In this context, it is extremely important to identify the competencies of these professionals when developing high complexity nursing care, such as in the case of the ICU.

The light of the uncertainties of the sector, is in the continuous improvement, expansion of the knowledge, handling of equipment and skilled labor. It is necessary to emphasize that for an efficient management, there must be favorable conditions for its applicability.

The nurse assumes the supervisory role of the nursing team, regardless of the position, being education one of its activities of greater relevance to its personnel. Supervision as an educational process that aims to motivate and guide your team. The duties and competences of nurses are professionals who accumulate roles and responsibilities, and the full performance of their tasks can lead to better and faster recovery of patients.

The professional practice of nurses is based on the nurse-patient-family-team interpersonal relationship. The use of technology variably seems to tangle this relationship, bringing some doubts, insecurities and fears of the professionals in appropriating the technology, as if it would interfere negatively in the quality of the assistance. There is evidence that technological incorporation in no way fragments care, since the use of these resources can improve the quality of care. The nurse has the possibility of appropriating this for the development of strategies of permanent education of the nursing team and correlate with managerial and assistance indicators of the unit.

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