

NURSING SUPERVISION FROM THE PERSPECTIVE OF NURSE COORDINATORS OF A TEACHING HOSPITAL

REPRESENTAÇÕES DE SUPERVISÃO NA PERSPECTIVA DOS ENFERMEIROS COORDENADORES DE UM HOSPITAL DE ENSINO

REPRESENTACIONES DE SUPERVISIÓN EN LA PERSPECTIVA DE ENFERMEROS COORDINADORES DE UN HOSPITAL DE ENSEÑANZA

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How to cite this article: Dias CA, Santos DC, Matias LO, Servo MLS, Santana CLA, Tanaka LH. Nursing supervision from the perspective of nurse coordinators of a teaching hospital. *Rev baiana enferm.* 2018;32:e27422.

Objective: to report the opinions of nurse coordinators on supervisory activities performed by nursing assistants in the hospital setting. **Method:** a qualitative study based on the theory of social representations. Sixteen nursing coordinators from a teaching hospital were interviewed. The data were analyzed using qualitative thematic content analysis. Nursing supervision was divided into three categories: 1. a management tool that qualifies care, 2. an activity that interconnects nursing management and health care practice, and 3. a reflection of the formative process and the institutional context. **Results:** the opinions of nursing coordinators indicate that nursing supervision is a managerial practice based primarily on the exercise of authority but not on supervision training. However, this practice has a positive impact on the quality of care. **Conclusion:** the opinions of nursing coordinators about nursing supervision revealed deficiencies related to educational gaps, excessive work demands, and lack of supervision training.

Keywords: Nursing. Theory of Social Representations. Nursing Supervision.

Objetivo: compreender a percepção dos Coordenadores de Áreas Assistenciais de Enfermagem sobre a supervisão de enfermagem realizada pelos enfermeiros assistenciais no contexto hospitalar. *Método:* estudo de abordagem qualitativa, fundamentado na Teoria das Representações Sociais. Foram entrevistados 16 coordenadores de enfermagem de um hospital de ensino. Os dados foram analisados pelo método Conteúdo Qualitativo-Temático. Emergiram três categorias empíricas: Supervisão de Enfermagem: Ferramenta Gerencial que Qualifica o Cuidado,

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Imbricamento entre Administrar e Cuidar e Supervisionar: Reflexo do Processo Formativo e Contexto Institucional. Resultados: a significação dada pelo grupo social dos coordenadores sobre a supervisão de enfermagem praticada revela uma prática gerencial de controle e pouco educativa, porém com impacto positivo para a qualidade assistencial. Conclusão: a percepção dos Coordenadores de Áreas Assistenciais de Enfermagem sobre a supervisão de enfermagem revelou deficiências na implementação atribuídas às lacunas da formação, às demandas excessivas no trabalho e à falta de capacitação em relação à prática da supervisão.

Descritores: Enfermagem. Teoria das Representações Sociais. Supervisão de Enfermagem.

Objetivo: comprender la percepción de Coordinadores de Áreas Asistenciales de Enfermería sobre supervisión de enfermería por enfermeros asistenciales en el contexto hospitalario. Método: estudio cualitativo, basado en la Teoría de las Representaciones Sociales. Se entrevistaron a 16 coordinadores de enfermería de hospital de enseñanza. Datos analizados por el método Contenido Cualitativo-Temático. Emergieron tres categorías empíricas: Supervisión de Enfermería: Herramienta Gerencial que Qualifica la Atención, Imbricamiento entre Administrar y Cuidar y Supervisionar: Reflejo del Proceso Formativo y Contexto Institucional. Resultados: la significación del grupo social de coordinadores sobre supervisión de enfermería practicada revela práctica gerencial de control y poco educativa, pero con impacto positivo para calidad asistencial. Conclusión: la percepción de Coordinadores de Áreas Asistenciales de Enfermería sobre supervisión de enfermería reveló deficiencias en la implementación atribuidas a las lagunas de la formación, a las demandas excesivas en el trabajo y falta de capacitación en relación a la práctica de supervisión.

Descriptores: Enfermería. Teoría de las Representaciones Sociales. Supervisión de Enfermería.

Introduction

Nursing supervision is a management tool used in the work of nurses. It allows qualifying the organization of nursing care at all levels of health care and is based on the planning, implementation, and evaluation of the work of the nursing team to qualify professional care for patients and families⁽¹⁾.

Few studies to date evaluated this topic between 1990 and 2010 in Brazil. During this period, the studies considered nursing supervision as an administrative function of the nurse or emphasized the development of skills in managerial training. Another factor addressed in this period was the relationship between nursing supervision and the management theories that underpinned the managerial work of nurses⁽²⁻³⁾. At present, the studies on this topic have focused on social supervision⁽³⁾. Despite the limited number of studies on the subject, there is a strong discrepancy between the approaches, including studies on nursing supervision that are focused on clinical care and those focused on managerial activities; nonetheless, these studies do not consider the interconnection between nursing management and health care practice⁽⁴⁻⁵⁾.

In the international literature, the topic is also presented from the perspective of nursing

management and health care practice. In North American countries, scientific publications emphasize that nursing supervision is an instrument for clinical practice, i.e., an evaluation tool that ensures standardized nursing care⁽⁶⁻⁸⁾. In European countries, in addition to the studies on clinical practice, some studies evaluated nursing management, and this practice was considered a possible qualitative differential for evaluating nursing services⁽⁹⁾.

In recent years, in the context of nursing management in Brazil, after implementing policies on the quality of health care services and patient safety, nursing management is understood as an administrative tool capable of creating horizontal processes in the work of nursing professionals in health institutions for managing care practices and human and material resources^(3,10). This is because this management tool combined managerial functions with continuous training in a more dialogical and participative manner and is no longer used as an instrument to assess the tasks to be accomplished^(3,10).

Nursing supervision in the twenty-first century has changed, and procedural guidance has improved, evidenced by continuous actions and reflections at each step, which allows the

involved parties to be in constant reflection-in-action, and became an instrument and method of intervention in nursing management. Nursing supervision can transform processes and the involved parties⁽¹¹⁾.

The acknowledgment of the changes in nursing supervision in Brazil and worldwide, and its correlations with public policies on health care management and practice, led to a deeper reflection on nursing supervision as a management and care activity in the hospital environment. The analyzed discourses revealed significant concerns involving the application of one of the most important management tools in nursing work. The ability of this tool to change health care practices allows improving the daily work of nurses and the quality of care provided by the nursing team.

The recognition that this phenomenon involves health care practice and nursing management broadens the view of the work processes of nursing assistants and the dynamics of nursing activities in the hospital environment. This phenomenon was acknowledged by nursing coordinators, who are the social group representative of nurses.

The observation that, in the past 20 years, despite the curricular changes in nursing education and the discussions about management concepts and values, nursing supervision contains remnants of the traditional management model, characterized by exercise of authority and based on empirical and individual management practices, allowed elaborating the following question: "What is the current opinion of nursing care coordinators (NCCs) on nursing supervision in the hospital setting?"

The objective of this study is to report the opinions of NCCs on the supervision performed by nursing assistants in the hospital environment.

Methods

This exploratory qualitative study adopted the theory of social representations as a theoretical-methodological model, allowing the comprehension of concepts and opinions of a

social phenomenon by evaluating the relations established in a social group by discourse analysis.

Social representations (SRs) occur via two processes: objectification and anchoring. Objectification transforms an unknown abstract object or phenomenon into a concrete object, removing it from the imaginary and making it known via language. Anchoring is a process that allows classifying, evaluating, or encoding something to obtain unknown memory representations and placing them in a known context, transforming them into something known and shared⁽¹²⁾.

In the social context of nursing, SRs of supervision are constructed at all times. This study may reveal these representations in the discourses of the participants and the characteristics of nursing supervision.

The study was performed at the University Hospital of the Federal University of São Paulo (Universidade Federal de São Paulo–UNIFESP), São Paulo, Brazil. Sixteen nurses working as NCCs were interviewed. These professionals were chosen because they might know in depth the studied phenomenon and were responsible for assessing the practice of nursing assistants. The professionals should have at least 2 years of experience in the job and be present during the period of data collection. These criteria led to the exclusion of seven participants from the list of 23 employees, according to data from the Nursing Board. Of the seven employees, six were excluded because they did not meet the selection criteria and one was excluded because of participation in the pilot test to improve the questionnaire.

The interviewees were reached by personal contact in their respective areas of practice. After that, the participants were informed about the proposed objectives of the study and were scheduled for the interviews. The individual interviews were performed by the leading researcher after the participants signed the Term of Free and Informed Consent. The average duration of each interview was 35 minutes. The guiding question was: "How do

you evaluate the nursing supervision performed by nurses?" Transcription was performed after each interview. During this period, a corpus of analysis, represented by a 141-page document, was obtained. After the transcripts, each interview was sent to the respective author by e-mail for content validation.

The results of the interviews were analyzed using the content analysis technique⁽¹³⁾ to generate theories, hypotheses, or topics based on the adopted theoretical frameworks. In summary, the following procedures were performed: data preparation, critical reading to remove noise data, critical assessment of the corpus to review the results, first-level coding for creating data units and interpretations, classification of categories by similarity, and compliance with the study object to identify opinions⁽¹³⁾.

At all stages of the study, the ethical principles established by Resolution No. 10 of 2016 of the National Health Council were respected⁽¹⁴⁾. The study was authorized by the Research Ethics Committee of the São Paulo Hospital of UNIFESP under Opinion No. 503,577 and approved on December 20, 2013. The study was also approved by the Coordination of Teaching and Research of the University Hospital on October 10, 2013, under Protocol No. 70.

Results

The classification of the categories produced themes, which allowed understanding SRs on the nursing supervision performed by nurses in the hospital setting from the perspective of the NCCs. The three thematic categories created were 1. nursing supervision as a management tool that qualifies care, 2. nursing supervision as an activity that interconnects nursing management and health care practice, and 3. supervision as a reflection of the formative process and the institutional context.

Nursing supervision as a management tool that qualifies care

This category received this title because of the interpretation made by the NCCs about the

supervision as a management tool for health care practice. Supervision was understood as a management tool used to guide the work dynamics of the nursing team and ensure the provision of human, physical, and material resources for performing nursing care. This interpretation was demonstrated by the following speech:

[...] that which concerns the organization of physical, material, and human resources for caregiving, as well as the delegation of tasks according to the technical competence and abilities of each nurse [...] It is the coordination of the tasks performed by the professionals combined with the evaluation of the obtained and expected results. (E14).

Considering the principle of anchoring, the SRs indicated that supervision is a managerial resource for organizing work and assessing the care practice. The opinion that supervision aimed at assessing nursing activities and providing resources was strong among the NCCs and appeared whenever they described the supervision of nurse assistants.

These traditional influences were represented in the speeches, especially regarding the organization of human and material resources and the care environment. The participants recognized their importance in achieving the objectives of supervision, i.e., providing better working conditions for the team and better nursing care:

Nursing supervision needs to be performed to organize work because that way you prioritize, organize, and qualify nursing work, and care is tailored to each patient. So, supervision is critical. (E2).

Supervision involves assessing nursing work, managing the staff, evaluating, and overseeing the overall work and the quality of nursing care in each hospital unit. (E11).

Despite the administrative rigidity of supervisory activities, the coordinators understood its purpose as a tool for qualifying nursing care and managerial practice.

The SR below indicates that the nurses performed supervision by randomly evaluating nonconformities without planning and organizing the actions:

[...] is not a programmed thing. The nurse cannot coordinate the nursing assistants all the time [...] It's not like this: let's go and do some supervision today, no! The nurse circulates a lot in the rooms, infirmary, semi-

intensive care unit, and this is the opportunity to evaluate what is going wrong or not. (E5).

Although the commitment to quality of care was present in the speeches, supervision was performed by nurses according to the needs and specific situations of each hospital unit. The discourses did not indicate the use of instruments for organized supervision that are based on planning, execution, and evaluation of the practices of the whole team. In addition to the identification of the lack of planning, there were few descriptions about the educational role of supervision:

The residents undergo training to avoid failures or errors that become repetitive [...] but the nurses do not receive training because they are very busy. (E6).

The SRs indicated that educational orientation was individualized and intended to correct

errors. However, the individual approach should not be adopted because education is one of the foundations of supervision as a practice involving cooperation and co-responsibility.

Nursing supervision as an interrelation between nursing managing and health care practice

The analysis of SRs of nursing supervision indicated an interrelation between routine managerial actions and daily nursing care.

In view of the diversity of nursing activities in management and caregiving, a table was prepared to classify the activities into three categories (Chart 1): actions to ensure the supervision of the teamwork, organization of the care environment, and direct and indirect nursing care.

Chart 1 – Management actions and instruments for the supervision of nursing care

Management actions combined with the supervision of nursing care		
Supervision of the staff	Organization of the care environment	Direct and indirect nursing care
Create schedules for patient assignment.	Date bottles and tapers/ nebulizers.	Help nurses in providing direct care.
Delegate tasks and make decisions.	Create a schedule for work organization in each hospital unit: nursing station, disposal area, etc.	Perform inpatient visits.
Conduct training to optimize the use of equipment and development of routines in each hospital unit.	Control the temperature of the refrigerator of the nursing station and test the emergency crash cart.	Provide care of medium and high complexity and perform nurse-specific procedures.
Provide material and human resources and control absenteeism/presenteeism in each hospital unit.	Check and control psychotropic drugs.	Evaluate the care performed by the team according to institutional norms and routines.
Evaluate nursing care.	Request general repairs.	Organize nursing care.
	Elaborate daily censuses.	
Tools for care supervision/management		
Degree of patient dependency. Organization of nursing care. Nursing care indicators. Institutional protocols, norms, and routines. Nursing records.		

Source: Created by the authors.

The SRs demonstrated that supervision involved the interrelation between nursing management and direct and indirect nursing care. Therefore, management instruments such as nursing supervision are essential for organizing nursing care.

The content of the speeches evidenced the predominance of managerial actions, focusing on supervision as a care management tool:

He makes the schedule. He helps his collaborators in complex procedures. During patient shower, the nurse comes in to evaluate the patient [...] He can also monitor, along with the clerk, the supply of materials and medications from the daily quota and other activities [...] So he does all this service, in addition to organizing nursing care, which is also his function. (E7).

You look at the schedule and say: "It's busy today." So today I have a few employees and many patients. How are my patients? [...] So, I determine what is the priority and inform each employee about how the work should be done. (E11).

The speeches demonstrated that nurses performed direct and indirect care during supervision. The focus of management and health care was represented by an unknown interrelation, i.e., the coordinators, for the most part, were not aware of this interrelation because they described the various actions performed during supervision without recognizing this interconnection.

Although the interrelation was a strong SR, some discourses indicated that the coordinators believed that the nurse assistants, in carrying out essentially bureaucratic managerial actions, distanced from direct care:

[...] we have a structure that does not allow us to do this because of the characteristics of the hospital. Especially in the last six months, we are having problems related to absenteeism, lack of essential materials [...] because helping employees to provide better care is not my role. (E8).

[...] the nurse often does not perform this role. It's so much easier for the supervisor because he simply organizes and manages. Of course, this is much easier; creating awareness is more difficult. I see that almost all nurses have this difficulty [...] (E13).

Supervision as a reflection of the formative process and the institutional context

In the third and final category, the NCCs reported that supervision was below the desired

level and attributed this fact to deficiencies in the formative process and professional knowledge and skills, especially in care management, which prevented nursing assistants from performing proper supervision. This opinion was demonstrated in the following statements:

I think they come very unprepared from university, both private and public [...] therefore, universities should review the institutional curriculum and provide better training to nurses. (E12).

They fail to determine what is being done wrong and to teach the correct way. They do not know how to do [...] I do not know if the curriculum is changing in university, and they are not ready for nursing practice [...] they seem very unprepared. (E16).

The increase in work assignments was another factor indicated by the coordinators as responsible for the poor efficiency of supervision. The NCCs reported that the shortage of human and material resources in the institution increased the functions of nurse assistants and limited nursing supervision.

If it were a little less busy, the nurse coordinator could ask the staff: "What do you think is missing? Are you in doubt about anything?" [...] The shortage of staff prevents the coordinator from doing that. He has no time [...] he could manage his staff better [...] The main problem of this hospital is the shortage of staff and materials. (E11).

In the SRs of NCCs, another issue reported to be detrimental to supervision was the deficiencies related to the institutional duty to provide education in the workplace. However, the coordinators reported that professional training was an individual responsibility and that there was, to a certain extent, negligence because the nurse assistants rarely sought education. The nursing coordinators expected the proactivity of nurse assistants in individual qualification but recognized that the institution should more actively perform supervisory training:

I think all nurses should have a continuous education program [...] However, the top management does not stimulate professional training because nowadays we only have online training. (E8).

We always have to improve, learn, and train nursing assistants and technicians [...] Some nurses are in the comfort zone, do not seek training, and do not train their team. (E9).

The problem of the unpreparedness to supervise and the few educational actions

implemented to address this deficiency were essential elements in the speech of the NCCs. It was evident that supervisory training usually occurred in interprofessional relations in daily practice, demonstrated by the following statement:

The nurse learns the job intuitively[...] because he has no training or someone with more education to train him. And so he learns independently. (E15).

They have to mature, and daily practice improves maturity, and they are supported by more experienced nurses. Did you have an argument with a nurse? Then let's settle the differences. After everything is all right, we say, "Look, do not do this way, next time try another way." (E16).

Discussion

The main characteristic of the category "nursing supervision as a management tool to qualify care" is the exercise of authority by assessing the processes related to nursing work. Supervision is considered the exercise of authority in nursing management. Supervision ensures the identification of problems and allows adapting activities to the institutional standards and norms. The primary objective is ensuring the maintenance of the quality of the work by technical and management guidance of the nursing team⁽¹⁵⁾.

Nursing supervision is based on the principles of the classical theory of management. Therefore, it presents characteristics such as division of labor and hierarchization of functions. Despite the social transformations, studies show that nursing supervision has conservative characteristics of the Taylor/Ford labor model and the bureaucratic organization of Fayol^(3,10).

At present, nursing supervision by situational planning is based on contextualized problem-solving, which allows including all professionals of the nursing team in elaborating care programs for patients⁽¹⁶⁾. The lack of planning underscores the need to develop supervisory training to increase the comprehensiveness of supervision⁽¹⁷⁻¹⁸⁾.

An integrative review from Brazil on nursing supervision in the hospital setting found that the

majority of nurses practice supervision according to the traditional model, with a technical character, using normative care protocols to manage the daily activities of team. However, supervision based on collective participation and co-responsibility between nurses and their staff in a less hierarchical and more educational manner has also been adopted⁽²⁾.

This reality is also present in nurses' managerial work in primary health care units. However, despite advances and paradigm shifts in nursing work in primary health care, many nursing coordinators perform their duties by exercising authority, for corrective purposes only, and provide little training, despite the tendency of flexibility and horizontality in labor relations⁽¹⁸⁻¹⁹⁾. The literature findings on the reality of primary, secondary, and hospital care were similar to those of the present study. This study found no correlation between nursing supervision and training, considering the emphasis of the speeches on the exercise of authority.

Supervisory training allows professionals to reflect-in-action. Untrained professionals act in a mechanistic and decontextualized manner, discouraging horizontalization in the workplace. Continuous training and shared supervision are administrative tools that build and reconstruct the care practice and also present a strong potential to overcome the biologicist care model, in which few professionals decide how and what to do, and the active professionals are unaware of why work is performed in a certain way. Therefore, changing this style of supervision is essential⁽¹⁷⁾.

The analysis of the results of the category "nursing supervision as an interrelation between nursing management and health care practice" allowed elaborating a model that represents nursing supervision as a management tool that enables the interrelation between nursing care and nursing management, in which the nurse is responsible for implementing this practice. In this respect, the supervisors perform the planning, execution, and evaluation of the care demands involving human and material resources to guarantee "convergence between these two categories"⁽¹⁹⁻²⁰⁾.

Administrative actions should contribute to the organization and dynamics of nursing activities, providing support for managerial decision-making and qualification of care. However, studies showed that bureaucratic management distanced nurses from care practices^(16,19).

A study on the implications of nursing supervision on work outcomes and quality of care found that “[...] the nurse has several responsibilities and duties to the nursing team, patients, and the health institution, and needs to become organized by providing care, investigating, managing, and educating”^(21:15). Therefore, quality and safety of care are achieved by integrating caregiving and nursing management, and nursing supervision is fundamental to achieve this change in the care model⁽²¹⁾.

The last category present in the speeches is related to the existing gaps in work and its interconnection with training in building the knowledge and skills necessary to perform nursing supervision. Undergraduate courses have failed to provide knowledge on nursing management and develop managerial skills⁽²²⁾. Moreover, health institutions have invested little in developing specific knowledge and skills in nursing supervision and care management, which makes nurses seek training outside the work environment in the form of continuing education⁽²²⁾.

Studies on the work process indicate that the efficiency of supervision was low because nurses perform various activities that usually are not part of their professional role^(9,23). Work overload makes supervision superficial and poorly contextualized for the demands of nursing professionals involved in care⁽²¹⁻²²⁾. Poor management is also associated with the lack of specific knowledge of managerial skills. This knowledge, when deficient from undergraduate education, should be adequately developed at the beginning of the professional life. However, the coordinators and institutions that receive graduate students cannot overcome this deficiency^(22,24).

The lack of knowledge and skills on supervision and inadequate training are also associated with the deficiency in practical learning because, in most institutions, learning is acquired empirically via the proactivity of nurses in different fields of practice, who share their experience with less experienced nurses. Moreover, the nursing professionals who provide training usually do not adopt the fundamentals of nursing management in this educational action⁽²³⁻²⁵⁾.

NCCs are responsible for managing nursing assistants and, therefore, should be co-responsible for providing training and supervision because developing managerial skills is a continuous process in the practice and intersubjectivity of the nursing work⁽²⁴⁻²⁵⁾.

The results obtained by objectification and anchoring corroborate the notion that nursing supervision performed by nursing assistants is an activity inherent to the nursing profession. Supervision starts to be developed before the beginning of care practice but is only established as a qualified professional activity when it aggregates knowledge and experiences of interprofessional relations and institutional values⁽²⁰⁾. Our results corroborate this argument because, in the institutional context of the participants, nursing supervision evidences the need to develop institutional policies that conform to the model of social supervision, with an emphasis on continuing education.

One of the limitations of this study was the evaluation of a single hospital. However, investigating this problem in other contexts is possible and recommended because it may bring new interpretations about the study object.

The study may help understand supervisory activities by nurse assistants, which is an essential practice in the daily work of nurses and should be understood and implemented as a method of intervention in nursing management. Another contribution is the broadening of the discussion about the flexibilization of supervision as an expression of the participative management model, and this activity is fundamental for professionals involved in hospital care (coordinators,

supervisors, and managers) and teachers who work in undergraduate courses to strengthen care management because it is not possible to qualify nursing care without supervision. The analysis of the opinions of NCCs on nursing supervision evidence that developing interventional studies using systematic instruments is fundamental for changing current paradigms.

Conclusion

The SR of NCCs on nursing supervision and its practical application in the routine of nursing care revealed principles and values related to traditional supervision, in which nurse assistants guide their actions by the positivist knowledge and the classic theories of management.

The primary model is the exercise of authority. This model underpins educational programs and is focused on errors and nonconformities of daily practice, in which supervision is considered a management tool that allows achieving quality of care and cost containment. Educational actions are performed in a sporadic and decontextualized manner, with few situations involving the participation of nurses as educators for reflection-in-action. The results indicate that the inability to supervise was due to deficiencies and gaps in the formative process and institutional factors related to labor division and nursing training, which leads to a lack of managerial competence for providing supervision.

Health care and work organization in health units are considered by NCCs the primary activities related to nursing supervision. In the evaluated hospital, these activities are performed routinely but without planning and organization and with little participation of the nursing team. Therefore, although these activities were implemented, the emerging changes in paradigm observed in contemporary nursing management both in developed countries and Brazil have not been incorporated.

Collaborations

1. planning, design, analysis, and data interpretation: Claudia Aparecida Dias, Dilma Costa Santos and Luiza Hiromi Tanaka;

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3. approval of the final version of the manuscript: Claudia Aparecida Dias, Dilma Costa Santos and Luiza Hiromi Tanaka.

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Received: July 19, 2018.

Approved: October 23, 2018

Published: December 26, 2018



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