The social representations of the process of choosing leaders in the perspective of the nursing team

REPRESENTAÇÕES SOCIAIS DO PROCESSO DE ESCOLHA DE CHEFIAS NA PERSPECTIVA DA EQUIPE DE ENFERMAGEM

REPRESENTACIONES SOCIALES DEL PROCESO DE ELECCIÓN DE JEFATURAS EN LA PERSPECTIVA DEL EQUIPO DE ENFERMERÍA

Gisela Maria Schebella Souto de Moura[1], Ana Maria Müller de Magalhães[2], Dirciara Barañano Souza[3], Clarice Maria Dall'Agnol[4]

ABSTRACT

This exploratory-descriptive, qualitative study was performed with the objective to analyze the social representation of the process of choosing leaders among nursing workers of a university hospital. The information was obtained through free word association and open interviews. For the purposes of this study, thematic content analysis was performed, guided by the Social Representations Theory. Through this focus the following category emerged: division of the nursing team – the input and output of the process of choosing leaders. The category consists of a crystallization of the social representation of the subject, anchored in elements related to leadership, impartiality, change, knowledge, trust and humanization. The idea of leadership is highlighted as inducing a movement in the division of the team as it is associated with the process of choosing leaders for an environment of communication, suitable for integrating the team and recognizing potential leaders.

DESCRIPTORS
Leadership
Health management
Nursing team
Hospital administration
Nursing, supervisory

RESUMO

Pesquisa exploratório-descritiva, qualitativa, com o objetivo de analisar a representação social do processo de escolha de chefias entre profissionais de enfermagem de um hospital universitário. As informações foram obtidas mediante as técnicas de associação livre de palavras e entrevista aberta. Para este artigo realizou-se análise de conteúdo categorial temática, tendo como guia de leitura a Teoria das Representações Sociais. A partir desse enfoque emerge a categoria: divisão da equipe de enfermagem – constituintes e constituídos pelo processo de escolha de chefias. Esta se configura como a cristalização da representação social sobre o objeto, ancorada em elementos relacionados à liderança, imparcialidade, mudança, conhecimento, confiança e humanização. Destaca-se a noção de liderança por acenar um movimento na imagem de divisão da equipe ao associar o processo de escolha de chefias a um espaço de comunicação, propício à integração da equipe e ao reconhecimento de potenciais líderes.

DESCRITORES
Liderança
Gestão em saúde
Equipe de enfermagem
Administração hospitalar
Supervisão de enfermagem

RESUMEN

Investigación exploratorio-descriptiva, objetivando analizar la representación social del proceso de elección de jefaturas entre profesionales de enfermería de un hospital universitario. Informaciones obtenidas mediante técnica de asociación libre de palabras y entrevista abierta. Para este artículo se realizó análisis de contenido categorial temático, teniéndose como guía de lectura la Teoría de las Representaciones Sociales. A partir de tal enfoque, emerge la categoría: división del equipo de enfermería – constituyentes y constituidos por el proceso de elección de jefaturas. Esta se configura como la cristalización de la representación social sobre el objeto, anclada en elementos relacionados al liderazgo, imparcialidad, cambio, conocimiento, confianza y humanización. Se destaca la noción de liderazgo por inducir un movimiento en la imagen de división del equipo al asociar el proceso de elección de jefaturas a un espacio de comunicación, favorecedor de la integración del equipo y al reconocimiento de potenciales líderes.

DESCRIPTORES
Liderazgo
Gestión en salud
Grupo de enfermería
Administración hospitalaria
Supervisión de enfermería

[1] Registered Nurse. PhD in Administration. Professor of the School of Nursing and of the Post-graduate Program of the Federal University of Rio Grande do Sul. Vice Coordinator of the Center for the Study of Nursing Management. Porto Alegre, RS, Brazil. giselasm@terra.com.br [2] Registered Nurse. PhD in Nursing. Professor of the School of Nursing and of the Post-graduate Program of the Federal University of Rio Grande do Sul. Member of the Center for the Study of Nursing Management. Porto Alegre, RS, Brazil. amagalhaes@hcpa.ufrgs.br [3] Registered Nurse. MSc in Nursing. Doctoral Student of the Post-graduate Program of the School of Nursing of the Federal University of Rio Grande do Sul. REUNI Financial Support. Member of the Center for the Study of Nursing Management. Porto Alegre, RS, Brazil. dirciara@ufrgs.br [4] Registered Nurse. PhD in Nursing. Associate Professor of the School of Nursing and of the Post-graduate Program of the Federal University of Rio Grande do Sul. Coordinator of the Center for the Study of Nursing Management. Porto Alegre, RS, Brazil. clarice@adufrgs.ufrgs.br

INTRODUCTION

Management processes and models of work organization in healthcare are becoming increasingly more complex and challenging due to the necessity of advancing in the consolidation of the policies of the Brazilian National Health System (SUS). Nursing professionals as subjects, and nursing as an area of knowledge, have the opportunity to occupy a central place in these processes due to the scope and importance of their practice in the institutions that operate healthcare policies with the users and other professionals. In this regard, the need is stressed for the modernization of the management practices and production of care processes in nursing from conceptual frameworks that take account of such a complex and dynamic system, with a view to creating a more democratic and participatory environment[1-3]. This notion refers to the assumption of leadership as a process that is guided by establishing a constructive bond between the people and the environment, requiring continuous learning grounded in relationships of exchange in the name of the collective group[4-5].

At present, the hospital still occupies and cultivates its hegemony over the healthcare actions and reproduces an undemocratic management model, which reiterates crystallized labor practices that do not favor the emergence of the subjects that can transform the method of managing and performing healthcare[6-7]. The constant advances and transformations in the production scenarios of healthcare practices, especially in the hospital environment, have an impact on the ways in which the teams organize themselves to provide healthcare and led the professionals to rethink their actions and ways of caring, not forgetting that Nursing occupies a central position in the healthcare systems and in the care process to the user, this condition being a prerequisite for the transformation of realities[8].

The practice of the work teams and the organizational arrangements constitute a powerful instrument for the operationalization of the strategies and policies of healthcare to the population. When mobilized, for this purpose, it is important to take a closer look at the management processes of the work teams and the way the leadership and coordination positions of these groups are defined. The processes of selection or appointment of managers in the organizational structures reflect, to some degree, the ways management is performed in the institutions, revealing traits that indicate the current models in the administration. The adoption of management models directed towards a participatory, shared or collegiate culture, points to a transformation in our environment, where there are still many obstacles to be overcome to effectively democ-

ratize the power relationships that exist in the healthcare organizations. This is particularly relevant to the hospital, which still reproduces a management model anchored in the traditional assumptions of administration with power and decision making concentrated among the nurses[6].

By highlighting the importance of the participatory process in choosing leaders and achieving positive outcomes in the healthcare organizations and in nursing, it would be pertinent to question some statements and explore some meanings, such as: What is the meaning of positive considering the reach of the results and for whom does this apply? What contradictions permeate the representations of those who elect these leaders? What tensions are established in the quotidian lives of these nursing professionals and how do they influence the vote? Based on this comprehension, the aim was to analyze the social representation of the process of choosing managers among nursing professionals of a university hospital.

> The process of analysis of the social representations, between the different segments that compose the teams (nurses, nursing technicians and auxiliary nurses), in the choice of candidates, implies making the unspoken and latent explicit in the complex web of quotidian relationships that are established in the workgroup.

The process of analysis of the social representations, between the different segments that compose the teams (nurses, nursing technicians and auxiliary nurses), in the choice of candidates, implies making the unspoken and latent explicit in the complex web of quotidian relationships that are established in the workgroup. Access to these representations can support new methodological approaches in the making of these choices in order to enrich the system that has been adopted. The *construction* element assumes a central space, representing the effort to bring individuals to their subject place, in that they perceive their two-dimensional condition of simultaneously constituting and being socially constituted. This is because

social representations are the result of the re-appropriation of the content coming from other chronological periods, such as those generated by the new contexts, which causes them to be established concurrently as constituted and constituting thought [9].

This article thus seeks to add value to the academic discussion on the theme *process of choosing nursing managers* started in a previous publication[10]. It is believed that the reading of this process guided by the Theory of Social Representations may contribute to a greater comprehension of the elements present and, therefore, qualify a management practice based on the assumptions of the participatory approach.

METHOD

This is an exploratory-descriptive, qualitative study, conducted in an, intentionally selected, university teaching hospital, part of the hospital network of the Ministry

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of Education. The participants of the study were 62 nursing professionals, representatives from all the sectors of the institution, who agreed to be interviewed and signed the Terms of Free Prior Informed Consent. Experience in the last consultative process of choosing unit managers that occurred in the institution was considered a criterion for inclusion in the group of interviewees. The interviews occurred in the period from June to September 2009.

In the hospital that was the site of this study, the construction of a management model founded on the participatory perspective is becoming a collective exercise that, evolving over the years, has gained greater participation in the decision making processes of the institution. The process of choosing unit managers occurs through a proposal in which nurses, technicians and auxiliary nurses participate in the choice of their manager through a consultative process, by voting in the sector where they work. Data collection was initiated after the submission of the project to the Research Ethics Committee of the institution where the study was conducted and approval was obtained under protocol No. 07-275. Information was gathered through the free association and open interview techniques. Thematic category analysis of this information was performed, using the Social Representations Theory as the reading guide[9,11]. From this perspective, the category emerged *Division of the nursing team – constituting and constituted by the choice of manager process*. Following this design, the social representations concept defined the psychosocial insertion in the study, searching for the limit between the social and psychological, as a dynamic process in order to comprehend the formation of social thought and the functional mechanisms of the social development of the reality.

The test of free association of words was operationalized through the evocation of words, using the expression *process of choosing unit managers*, as an inducer of the associations. The following question was posed: What are the first three words that come to mind when you hear the expression 'process of choosing unit managers'? Soon after, the participants were asked to organize these three words highlighting the two most significant or important. This technique helps locate areas of blockage and repression of an individual and triggers the process of capturing the constituent elements of the social representations, seeking a first impression of the study subjects regarding the object of study[12]. As a result, the interviews were conducted using a script composed of open questions. Each participant was asked to freely express their opinion and to report their experience concerning the topic under study, highlighting the criteria used in choosing the unit manager, as well as the strategies used in this process, and the expectations regarding the future manager.

The association of words technique allows a qualitative analysis of data processed quantitatively to be made, since the significance was quantified, i.e. the words mentioned from the expression that characterizes the object under study[13]. However, to get the condensed and explanatory representations the information needs to become accessible and manageable[12]. The interviews were audio taped, transcribed and coded with the letter *E*, followed by a number, according to the chronological order in which they were performed. Thus, the product of the statements was organized, using the Microsoft Excel 2010 program, into frequency lists, order of appearance of the three words evoked, and the importance attributed to them by the participants. Subsequently, points of convergence and reinforcement were ascertained, in the significant results, raised through the word association test, through associations or confrontation with the meanings that emanated from the interviews.

When analyzing the interviews, from the perspective of the categorical content analysis technique, it is understood that

> the idea of theme is linked to the message that refers to a particular subject. (...) it is a unit or meaning that emerges from an analyzed text according to criteria relating to the theory that serves as a reading guide [12].

Themes, in their design, appear as the center of the consciousness based on the experience, and the *thematic structuring coincides in some way, with the work of objectification* of the representation. Thus, the affective, cognitive and social elements, which organize and allow the themes to emerge, indicate the second central point for the comprehension of the social representations, i.e., the anchoring[14].

RESULTS

The social representations theory considers subjects who, in their relationship with the world, construct it and themselves. From the generating processes of representation - objectification and anchoring - the representation of the process of choosing managers by the nursing staff gained prominence in the category Division of the Nursing Team - constituting and constituted by the process of choosing managers, focusing on the technical and social division of the labor and the feeling of not belonging to the team, as expressed in the following statements:

> In the time that I have been here, there has always been a nomination either from the actual manager or from the group of nurses (E33).

> The names were, from what I remember, already nominated by the nurses (E6).

> (...) because it is very easy to talk about humanity, but very little is seen inside here (...) They (nurses) are like robots (...). I have worked a long time to know this, much has changed. They are old and they continue with the same vision. Because a few years ago, when I came here it was very difficult, here was a headquarters of terror, there was much terrorization, and today, there are people who still act like this (E38).

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Because this choice is made by the (...) how I'll explain this: the nurses themselves, they make the selection, this includes those who have an interest (E42).

(...) there was the possibility of another who withdrew their application because there was a lot of difficulty in interpersonal relationships, not so much with us, the nurses, but with the technical and auxiliary personnel (...) Then there was this thing of getting together to vote for her (E62).

The representation regarding the process of choosing managers presents itself, from the analysis of the interviews, anchored in elements related to leadership, impartiality, change, knowledge, confidence and humanization. These themes were reinforced in the word association test, with emphasis on *leadership* and *knowledge* from the higher frequency, order of appearance and importance attached by the participants, having been mentioned prominently in three statements. The contents of these anchorings allow the subjects to comprehend and transmit the image of the division of the nursing team, allowing adaptations of the representation to occur to the changes of the context of this participatory process and taking positions regarding a given situation. The themes leadership, impartiality and knowledge were mentioned as elements present in the process of the choice of managers, which is illustrated in the following statements:

Through the meetings, the group eventually constructed a platform together, which the candidate ended up endorsing and assuming collectively as hers. So I think this is the best process (...) (E13).

(...) we could *count on her* when it was needed, we could talk to her, she understood, she also led, when she needed it she could also demand, but she could also listen (E4).

Even if you do not please everyone, you have to have a line so you do not go too much to the technician's side, or to the nurse's side. You have to be impartial, but you have to know when you have to act. And our manager that we had was like this. She had to call our attention for technical reasons, but she supported us when we needed her, she was present both humanly and professionally (E38).

(...) someone who has knowledge, who has leadership skills, who can also work in harmony in the sector (E42).

Leadership emerged in the statements of the participants, linked to issues of humanization and trust:

(...) group vision, treating the professionals as human beings. This treatment has to be dignified, it has to respect these people, respect their differences, their abilities and try to find what each person does best. (...) a person skilled in the technical part and a person who can maintain a harmonious group and that respects this group, seeing them as the human beings they are. Because the technical part we learn in the day to day, but dealing with the human being (E1).

(...) sit, get together, mobilize and everyone goes to the same side, I think things happen, the work functions better. You can you improve the quality, you can humanize (E6).

(...) transparency in the management process, the ability to work in groups and the ability to work with the differences (E10).

(...) so much so that our manager was elected three or four times, because none of the others inspired confidence, you have to trust the person, not that she will do it 100 percent right, but it is a person that has to play the game, be a manager, the person has to know how to be technically correct and to have that human side (E38).

(...) we chose the same manager that we had, who was more humanistic, because some time ago, here in the hospital, the previous manager had no humanism and respect (E44).

That the person be fair to everyone and that is for the good of the unit, because if the group is united, the unit moves forward. But if the group is not united, then (E46).

DISCUSSION

The nursing professionals, when speaking of this participatory process of choosing managers, emphasized the construction of a space conducive to the integration of the team, whilst they did not mention that this is being experienced in the performance of the quotidian work. Emphasis was given to the fact that this process, because it is new, is still very unfamiliar for the different professionals that make up the nursing team. There is a strong association between this process and the thematic category nominated as the division of the nursing team - constituting and constituted by the process of choosing managers. This category is characterized as the crystallization of the social representation about the object, where the materialization of what was abstract to the subjects is found, that is, through the thought and speech of the nursing professionals, anchored in the elements of their reality[13].

This process of objectification is based on the art of transforming a representation in the reality of the representation, transforming the word that replaces the thing, into the thing that replaced the word [9].

Since its institutionalization as a profession, nursing has been shaping its practices and actions supported by standards and routines with a marked social and technical division of the labor with strong repercussions in the construction of the relationships that are established in the team. It is a dynamic in which predominantly dilemmatic thought reverberates that, in turn, causes a distorted reading of reality, a fragmentation of bonds and a reiteration of the status quo for some, in the organization of work[15]. Therefore, the memories and experiences of the nursing professionals must be taken into account, while integrating the process of choosing managers to the idea of leadership, still providing elements linked to the solidity of the notion of man-

ager with the power that acts linked to the interests of the reified universe[9] - the institution. This stability is related to the dependence of the representations on the memory, since the *solidity of the memory prevents the representations from undergoing sudden modifications, giving them a certain amount of independence from the current events* [9]. Thus, the focus of the division of the nursing team gives the subject the familiarity necessary for understanding the process of choosing managers and externalization as a representation manifested in the practice.

The feeling of not belonging to the team (them/us; they/we; the nurses/the staff) mainly comes out in the statements of the auxiliary nurses and the nursing technicians. These workers, when referring to the nurses, speak of someone far away, who is not a member of that team. The feeling of not belonging to the team may indicate a belief, on the part of subjects, of not being perceived as important by the institution itself, represented by the nurses. Also, this refers to an immobilization or impotence in the face of the explicit problem. Is there unclear thinking on how to assume the process of choosing managers, constituting or constituted by the process? The discussion about the process of choosing managers can also make sense when linked to the issue of impartiality raised by the nursing professionals, to the extent that the discourses of the subjects reveal the need for the new manager to move in synchrony and harmony – as much as possible - between the working group under his/her direction and the goals of the institution itself. Likewise, a comprehension emerges from the interviews based on the premise that *who thinks has power and can command those who know less and therefore have less power*. Here can be perceived what could be indicating the evocation of the word knowledge that comes linked to the image of division between constituting and constituted in the quotidian work, solidifying what is abstract in the tension that arises between these professional categories.

From the perspective of the social representations theory, knowledge has no owner, i.e., it is not a privilege of enlightened groups of scientists, because once it is disseminated it becomes part of the conversations, of the discussions of specific groups who interpret and reconstruct it. This movement prevents knowledge from having an authorship and discards the constructions developed in the quotidian work, regardless of education level or hierarchical position of the different individuals in the group. It is agreed that

> in most cases, the individuals are unaware of their constituting position (...), hence the importance of studies that make it possible for the individual, the producer of representation, to visualize not only their constituted condition but also that of constituent [16].

However, the word change, evoked by the subjects, may suggest an awareness of the need to revise this way of thinking about constructing relationships in the group. This returns to the notion of leadership that emerges from

the interviews as a strong anchoring element of the representation about the process of choosing managers. Currently, the concept of leadership is guided by organizational strategies guided by collegiate and participatory decisions that democratize the management[4,6,17]. Thus, leadership appeared in the interviews revealing a movement for the transformation of what is now maintained in the representation of the nursing professionals about the process of choosing managers. The emphasis given by the notion of leadership reveals a contradiction between the participants, when they relate these previous ideas of division of the team with the highlighting by these professional of the existence of teams in which there is a more integrated and cooperative space of communication and construction. In such cases, the group mentioned a democratic process.

It is possible to perceive an organization in the microformality of small leaderships that establish strategies for the choice of the nurse team leader, although this does not occur in a fully conscious way. This highlights the existence of various informal leaders who, although not recognized as such, assume spaces and discover, in conjunction with the team, methods to assume the condition of constructors of knowledge that will modify the practices. It is important to mention the strong link between leadership and the idea of trust, when they speak of what they expect from a leader/manager. The concept of trust reveals a feeling of complicity that is presented as the need to choose someone who, although also representing the interests of the institution, assumes a role of facilitator of the labor relationships and the interpersonal relationships of the team they coordinate. In this sense, the theme humanization appears. For the participants, the leadership needs to be combined with the respect for human beings, in their individuality within the team. There seems to be a veiled bitterness which manifests itself in the complaint of humanization in the labor relationships between the leader and the led, reinforcing the feeling of division between constituters and constituted in the process of selecting managers.

The valorization of closer personal relationships, expressed as humanized relationships, is something that has been indicated in studies that discuss the topic from the viewpoint of healthcare workers[18-19]. From this perspective, there is agreement regarding the importance of the worker reflecting on the conditions, labor relationships and the way they act, and thus entering into the reality in a more critical and conscious way. To problematize and solidify the humanization of the environment, more specifically from the perspective of the worker, implies a critical reflection and dialogue about the principles and values that guide the practices of the professionals[19], in order for them to assume their status as subjects and agents of transformation.

It should be noted as a limitation of the study that the results discussed relate to the context of a public university hospital and explain characteristics of the subjects and groups that constitute it. The findings bring new elements for the comprehension of the phenomenon in

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focus, however, further complementary studies in different scenarios which maintain connections with distinct characteristics of the management processes in the healthcare services are necessary.

CONCLUSION

The social representation of the nursing professionals regarding the process of choosing managers gains materiality in the social image of nursing expressed in the division of the team. As the representations are not thought about by the individuals – they are not conscious – they may be influencing behavior and attitudes that do not signify advances consciously desired by the team for the process of choosing managers, and may compromise the participatory and collective nature of this process. The results confirm the permanence of a feeling of not belonging to the team, indicating a distancing between nurses and auxiliaries/technicians and explaining a conflict installed in the relationship between these professionals. However, a strong movement among the elements that anchor this image of division can be perceived. This movement, driven mainly by the concept of leadership, highlights possible transformations in these representations. Leadership emerges linking the process of choosing managers to the space of communication, conducive to the integration of the team and to the recognition of potential leaders who are able to move themselves as facilitators of the working relationships and the interpersonal relationships of the team, contributing to an effectively participatory management. Furthermore, visualized in this social representation is the existence of a space for the qualification of the process currently in effect, bringing benefits for both the professional and the institution. This is because the symbolic is not separate from the organization of the choice of manager process, but is an integral part of the latter, structuring the relationships between the work groups and between these and the institution. That is why knowing the concepts that organize the social representation of division of the team and their influence on this process can help to clarify possible pathways by which changes can be driven in a participatory way. It is believed that the proximity of the team members, reducing the distance once perceived that was being historically constructed in nursing, may favor the development of the subjects as constituents of the process. The nursing management in the hospital can provide greater strength and consistency to the institutional process of choosing the unit managers and contribute to the legitimization of the manager, together with the nursing team in that sector.

Concluding the present study, it is assumed that to examine the choice of nursing managers, according to the Theory of Social Representations, reveals genuine elements of human nature present in the subjects participating in this process. The academic discussion about the phenomenon under investigation reveals the dynamics of the social world that exists within the formal organizations, where groups and individuals constitute themselves and are constituted, in a dynamic and continuous movement, in the real context of life.

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Correspondence addressed to: Gisela Maria de Moura Schebella Souto de Moura
Rua Gen. Ibá Mesquita Ilha Moreira, 180/501 - Bairro Boa Vista
CEP 91340-190 - Porto Alegre, RS, Brazil