Global Academic Nursing Journal

EXPERIENCE REPORT

Theoretical-practical relationship of nursing administration experienced in a health unit: an experience report

Relación teórico-práctica de la administración de enfermería vivida en una unidad de salud: un relato de experiencia

Relação teórico-prática da administração em enfermagem vivenciada em uma unidade de saúde: relato de experiência

Agatha Raysa Borges Maia[1]
ORCID: 0000-0002-1136-258X
Carolina Neves Dias de Andrade[1]
ORCID: 0000-0002-8354-2619
Gabriella Bitancourt Nascimento[1]
ORCID: 0000-0003-2856-6148
Giullia Taldo Rodrigues[1]
ORCID: 0000-0001-6533-3744
Juliana Medeiros Fernandes[1]
ORCID: 0000-0002-4917-7953
Karoline Lacerda de Oliveira[1]
ORCID: 0000-0001-8755-5858
Priscila Braga Valinho[1]
ORCID: 0000-0003-1368-7238
Antônio de Magalhães Marinho[1]
ORCID: 0000-0002-2433-8271
Ronilson Gonçalves Rocha[1]
ORCID: 0000-0003-4097-8786
Maria Lelita Xavier[1]
ORCID: 0000-0003-3014-733X
Cristiano Bertolossi Marta[1]
ORCID: 0000-0002-0635-7970

[1]Universidade do Estado do Rio de Janeiro. Rio de Janeiro, Brazil.

How to cite this article:
Maia ARB, Andrade CND, Nascimento GB, Rodrigues GT, Fernandes JM, Oliveira KL, Valinho PB, Marinho AM, Rocha RG, Xavier ML, Marta CB. Theoretical-practical relationship of nursing administration experienced in a health unit: an experience report. Glob Acad Nurs. 2021;2(1):e77. https://dx.doi.org/10.5935/2675-5602.20200077

Corresponding author:
Cristiano Bertolossi Marta
E-mail: cristianobertol2014@gmail.com

Chief Editor: Caroliny dos Santos Guimarães da Fonseca
Executive Editor: Kátia dos Santos Armada de Oliveira

Submission: 11-18-2020
Approval: 12-01-2020

Abstract

Experience report on the theoretical-practical relationship of nursing administration experienced in a health unit. The aim was to report the experience of the teaching-learning process with a focus on the theoretical-practical relationship of nursing administration, aiming to identify and describe the situational diagnosis of the health unit and to outline solutions for the identified problems. It is a descriptive, narrative, experience report type study, referring to the vision and performance in the administration sub-area of a group of students of the Nursing course at the State University of Rio de Janeiro in a health unit located in the Zona North of the municipality of Rio de Janeiro. Based on the students' experience and interaction with the health unit environment, conformities and disharmony were noticed when associated with the findings of RDC No. 50, of February 21, 2002, and RDC No. 197, of December 26 de 2017. The participation of nurses attentive to the management processes, helps in increasing the quality of care provided, as well as in the care of users, in the optimization of available resources and in the reduction of unnecessary expenses.

Descriptors: Problem-Based Learning; Nursing Management; Nursing Administration; Diagnosis of the Situation.

Resumén

Informe de experiencia sobre la relación teórico-práctica de la administración de enfermería vivida en una unidad de salud. El objetivo fue reportar la experiencia del proceso de enseñanza-aprendizaje con un enfoque en la relación teórico-práctica de la administración de enfermería, con el objetivo de identificar y describir el diagnóstico situacional de la unidad de salud y esbozar soluciones a los problemas identificados. Se trata de un estudio descriptivo, narrativo, tipo relato de experiencia, referido a la visión y desempeño en la subárea de administración de un grupo de estudiantes de la carrera de Enfermería de la Universidad Estadual de Rio de Janeiro en una unidad de salud ubicada en la Zona Norte del municipio de Rio de Janeiro. Con base en la experiencia e interacción de los estudiantes con el entorno de la unidad de salud, se notaron concordancias y discordancias al asociarse con los hallazgos del RDC No. 50, del 21 de febrero de 2002, y RDC No. 197, del 26 de diciembre de 2017. la participación de enfermeras atentas a los procesos de gestión, ayuda a incrementar la calidad de la atención brindada, así como en la atención a los usuarios, en la optimización de los recursos disponibles y en la reducción de gastos innecesarios.

Descriptores: Aprendizaje Basado en Problemas; Gestión de Enfermería; Administración de Enfermería; Diagnóstico de la Situación.

Resumo

Relato de experiência acerca da relação teórico-prática da administração em enfermagem vivenciada em uma unidade de saúde. Objetivou-se relatar a experiência do processo de ensino-aprendizagem com foco na relação teórico-prática da administração em enfermagem, visando identificar e descrever o diagnóstico situacional da unidade de saúde e traçar propostas resolutivas para os problemas identificados. Trata-se de um estudo descritivo, narrativo, do tipo relato de experiência, referente à visão e atuação na subárea de administração de um grupo de estudantes do curso de Enfermagem da Universidade do Estado do Rio de Janeiro em uma unidade de saúde situada na Zona Norte do município Rio de Janeiro. Com base na vivência das acadêmicas e interação com o ambiente da unidade de saúde foram percebidas conformidades e desarmonias quando associados os achados às normativas RDC n.° 50, de 21 de fevereiro de 2002, e RDC n.° 197, de 26 de dezembro de 2017. A participação do enfermeiro atento aos processos de gestão, auxilia no aumento da qualidade dos cuidados prestados, bem como no atendimento dos usuários, na otimização de recursos disponíveis e na redução de gastos desnecessários.

Descritores: Aprendizagem Baseada em Problema; Gestão em Enfermagem; Administração em Enfermagem; Diagnóstico da Situação.

CC BY NC ND

Introduction

Currently, the professional market has been contemplating transformations increasingly linked to organizational and management skills. Such demand is essential in the practice of nursing, demonstrating its importance in the implementation of the principles of the health system and in the development of the institution itself. The effective performance of these professionals requires such skills, since educational, managerial and assistance activities will be present in their routine. The ability to systematize all these points is an important requirement of the nursing professional in the Family Health strategy[1].

For that, it is necessary to have knowledge and mastery about the management tools to diagnose demands, formulate proposals, dialogue with the other components of the teams and, consequently, consolidate nursing as an autonomous profession. In this sense, legal frameworks that establish the roles of this professional are constantly revisited to reflect on the practice and support it[2].

Some attributions that are exclusive to the nurse and are related to the theme in question are set out in the regulation of nursing practice, in Law No. 7,498 / 86: "Art. 11: The nurse performs all nursing activities, including: consulting, auditing, and issuing an opinion on nursing matters"[3].

Norms such as this impose the need for specific tools to systematize the performance. The Situational Diagnosis of Nursing and Health (DSES) is one of them, and it is defined as a method of analysis and identification of the real needs of the institution, aiming to elaborate organization proposals based on regulatory norms. Such a tool is essential for the performance of more qualified care, as it aims at identifying and adapting to the demands of users and implementing the good practices of services for the population[4].

Thus, the Collegiate Board Resolution (RDC) No. 50, promulgated on February 21, 2002, has as its main objective the inspection and / or elaboration of health care establishments (EAS) based on standards with updated infrastructure technologies, aiming, in this way, the safety of all who transit there. It can be seen, then, that this resolution is used as a tool by the National Health Surveillance Agency (Anvisa) with the perspective of organizing and structuring health care establishments in the country according to technical and legislative opinion, considering the organizational principles of the Unified Health System Health (SUS)[5].

Therefore, it is of utmost importance that all actors involved with the infrastructure of an EAS know and execute the standardization to ensure adequate functionality of the health unit in the provision of services to the population. Therefore, it is necessary that the sectors of maintenance, purchasing and quality of service, as well as managers, administrators and inspectors are active participants in the process of reform, expansion, or construction of a health care unit, as specified in 1st Article[5].

One of the important components for the construction of the DSES is the characterization of the users of a given health service since it demonstrates its relevance when defining the priorities of each team in the provision of assistance. As the user population is characterized according to their needs and vulnerabilities, strategic plans are made with greater assertiveness, thus allowing the optimization of available resources[4].

Such statement is in accordance with Articles 2 and 3 present in the standard, which make possible a decentralization of power for the implementation of the rules in force in the national territory, reinforcing that the implementation of the described requirements and adherence to local specificities favor the population with a physical environment with infrastructure quality. Therefore, the State and Municipal Health Secretariats have the role of applying and executing actions that comply with the Technical Regulation. This will be presented and guided by Anvisa[5].

Article 5 shows that if there are non-conformities with the current rule in the EAS, it will suffer infractions as established by the federal health legislation Law No. 6.437, promulgated on August 20, 1977. This legislation presents, in Article 10, items II and III the types of allocations that are contrary to legal norms and the latter may suffer a penalty: warning, interdiction, license cancellation and / or fine[5].

According to the Ministry of Health[6], primary care services are the preferred gateway for assistance, also seen as the center of the Health Care Network (RAS). They are located and installed according to the population characteristics of the territory. These services can be carried out on a scheduled basis or by spontaneous demand, through the basic specialties previously defined.

The services offered and classified as basic specialty are pediatrics, gynecology, general practice, and nursing, and may also have dental care and other specialties of higher education. The scenario analyzed in this study contained these specialties except for dentistry[6].

These primary care spaces are intended to promote health and prevent health problems, perform screening seeking early diagnosis as well as specific treatment, provide rehabilitation and harm reduction, in addition to maintaining health, with the aim of developing comprehensive care, universal and equitable. Identifying and acting on health determinants and conditions in a complementary way[6].

Faced with this, the following research question arises: "what is the experience lived by the academics in the teaching-learning process with a focus on the theoretical-practical relationship of nursing administration?". Therefore, this study was developed with the objective of reporting the experience of the teaching-learning process with a focus on the theoretical-practical relationship of nursing administration experienced in a health unit. Therefore, the aim of the study is to identify the situational diagnosis of the health unit, describe the situational diagnosis of the health unit and draw up resolutive proposals about the identified problems.

Methodology

Descriptive, narrative, experience report type, referring to the vision and performance in the administration

CC BY NC ND

subarea of seven students of the Nursing course at the State University of Rio de Janeiro in a health unit located in the North Zone of the city of Rio de Janeiro, in the period of September 2020.

In this physical plant is the Basic Health Unit (UBS) acting in conjunction with a Municipal Health Center (CMS). The services provided by both are well defined, being separated by means of team scales, different cabinets for storing material, in addition to different days for the use of the procedure rooms.

This experience report has the principle of approaching the subject to highlight the participation or the researcher's point of view about what is reported, that is, about the fact that occurred in the past. Therefore, it is a research tool that allows reflection and synthesis of evidence on actions that address a situation experienced in the academic sphere of interest to the scientific community. It allows to observe the gaps found in the theoretical-practical relationship of the subarea of administration experienced in the internship field[7].

The following techniques were used for data collection: structured observation, participation in clinical and managerial activities, analysis of the physical structure and work routine of the nursing team and identification of parameters in non-compliance with RDC No. 50 and RDC No. 197.

Its purpose is the collection and processing of information experienced by nursing students and the survey of a situational diagnosis, aiming at the identification of positive and negative aspects of the experience to offer the researcher subsidies for the construction of knowledge regarding the administration of one unit. Therefore, researchers who choose qualitative research, using participant observation as a data collection technique, when used rigorously, constitute a highly impactful instrument that precedes and feeds in the analysis of qualitative data[7].

Experience Report

For observation and evaluation of the Health Unit, a situational diagnosis of the place was carried out, the immunization room, the dressing room and the screening room were analyzed, using two norms: the RDC No. 50, of 21 February 2002, and RDC No. 197, of December 26, 2017. This is used more specifically for the immunization room, was RDC No. 197, which provides for the minimum requirements for the operation of health services. human vaccination in private, civil, military, public or philanthropic service networks[8].

Considering this, regarding the infrastructure of the vaccination room, it was observed that the reception was dimensioned in such a way as to be separate from the vaccination room. The place where the vaccines were administered contained a wash basin, bench, table, chair, easy-to-sanitize cooler, exclusive refrigeration equipment for the storage and conservation of vaccines with a current thermometer, a visible place for the storage of materials used for vaccine administration, containers for disposal of sharps and biological residues and thermometer now with extension cables for the thermal boxes.

Considering the organizational conditions, it was identified the National Vaccination Calendar of SUS posted in the reception area, containing the indications of the vaccines available, being a form of information for the users of the service, as well as guidance of the practice of the professionals themselves.

Regarding vaccination records and notifications, users' individual medical records were kept according to the age group from 0 to 18 years old, with a record of all vaccines applied. According to the management of technologies and processes, it was analyzed that all vaccines in the Health Unit were certified by Anvisa, and their storage was adequate according to the Cold Chain. As for human resources, the Nurse responsible for the team informed that there was periodic training, in line with the demand for the service.

It was analyzed that in the immunization room there were the presence of three kits with support material in cases of anaphylactic reactions, with the periodic verification of the material being made from a support list. The team was asked about their knowledge of the support protocol in case of anaphylactic reaction, in what they said.

Another place analyzed was the dressing room, which was approximately six square meters in size. The person in charge of the place was a nursing technician, recently handled from the blood collection room about a month ago and is in the process of becoming accustomed to the service, flow and dressing techniques. The professional, who was supervised by a nurse, was receptive and predisposed to answer questions.

As for the devices in the room, the presence of a sink, washbasin, trash for common garbage, trash for contaminated garbage, stretcher, two benches, two storage cabinets for dressing materials and coverings - a cabinet with products from the Centro Municipal de Health, and another with those of the Family Clinic -, lamp, computer table, chair, and cart to support the materials to be used. According to the technique, material orders were made weekly, but there is no specific day for that. It was also observed that other procedures were performed in the room, such as blood pressure measurement and blood glucose test.

Considering the situational diagnosis of the Unit, according to the analysis criteria of RDC No. 50/2002, which considers the architecture, electrical and electronic installations, hydraulics, and fluid-mechanics of a health unit: the architecture was analyzed the presence of ramps at the side entrance of the Unit and different widths of wheelchairs for assistance, the structure of the unit has signs with signs indicating their respective rooms.

In relation to Hydraulics and Fluid-Mechanics, there was a Heating System for hot water consumption in the unit's locker room, present in the basement of the unit. There was also a fire prevention and fighting system, with extinguishers (valid for 2020), as well as fire hoses.

The Health Unit, which served as the setting for the experience report, established a screening room of approximately eight square meters, open during the entire service period of the unit, where two professional nurses performed the services.

In addition to these features, the room had two sets of table and chairs (two chairs for each table), two desktop computers, a printer, a steel cabinet containing materials such as a stethoscope, a device for measuring blood pressure, thermometers, oximeter pulse, among others and administrative roles. The room also had a sink with supplies for hand hygiene, and the room was air-conditioned with air conditioning, had lighting and one of the doors in the room had a problem with its lock.

Discussion

In view of the participation and the perception arising from the performance of the academics in the unit, a comparison between the norms described by the technical regulation present in the RDC nº 50/2002 can be delimited.

Starting from a general principle of the place, the architectural, electrical / electronic, hydraulic, and fluid-mechanic questions were analyzed, where in turn several points were found in accordance with the established norms, for example, presence of devices to users such as chairs of wheels in different sizes and good signage of the localities with signs and some information.

Incompatibilities were expressed in physical accessibility, with the lack of access ramps at the main entrance, thus generating the risk to people with disabilities and difficulty in walking, since they are lifted and carried over the stairs by security guards and other users. assist your entry into the unit.

In terms of signaling, as noted, there were no signs or markings related to the distance between people waiting for appointments, either in queues or in waiting places where they are seated, leading to a greater likelihood of contagion for contagious infectious diseases, and nowadays, COVID-19.

As for the lighting, it was effective, giving the rooms and corridors good visibility and clarity, however the conditions of the wires and lamps cannot be considered safe for those present, since there is apparent wiring, with hanging lamps, generating a risk of shorts and fires.

Once mentioned, the issue of fires is another point to be highlighted, since devices for this purpose, such as fire extinguishers and hoses, were present throughout the unit, but the employees' statement indicated the lack of training in the use of instruments and mainly the ignorance of the escape routes and attitudes to be taken in a possible incendiary event.

On the other hand, in an analysis of some locations where specific services are present in the unit, such as the screening and risk classification room, the immunization and dressing room, other items can be added to the lists of consonance and antagonisms with the exposed in the technical standards. present in the DRC no. 50/2002.

Starting with the screening and risk classification room, a large apparatus was mentioned as to the material inputs that the activities provided there need; good use of human resources, having two professionals scheduled per day, most of whom are nurses. These points can be qualified as aspects of the site in accordance with the standards in question. However, even in sectors with great success it is possible to notice misalignments, among them the size of the room that is inappropriate due to the proximity of the service desks is indicated, which may lead to the embarrassment of users when exposing their symptoms, and the pandemic moment currently experienced.

According to RDC No. 197/2017, which has minimum requirements for the operation of human vaccination services, the vaccination room is within the requirements of organizational conditions, has a license for the activity, data maintenance in the National Registry of Establishments (CNES) and the SUS National Vaccination Calendar visible to the population is available.

From human resources, it has periodic training to professionals involved in vaccination processes according to the unit's demand, it is perceived that they have knowledge about assumptions contained in the DRC, with basic concepts of vaccination, current calendar, conservation, storage, and transport of immunobiologicals, safe preparation and administration, records, waste management, hand hygiene, adverse events and conduct in front of them.

In its infrastructure, another resolution already exists, RDC No. 50/2002, where it has the minimum mandatory requirements for the proper functioning of the site, are classified as appropriate: vaccination room separate from the reception area, and this room containing: wash basin, bench, table, chair, easy-to-sanitize cooler, exclusive refrigeration equipment for vaccine storage and conservation with a thermometer at the moment, visible place for storage of materials used in vaccine administration, containers for disposal of sharps and sharps. biological waste, thermometer now with extension cables for the thermal boxes and stretcher, and in inadequate: absence of a toilet. It is important to note that other methods available in the room were also identified to assist in the optimization of services and reduce the ergonomic risks to the professionals working: raising the height of the sinks, benches and chairs used for the time of administration of the vaccines.

As for the management of technologies and processes, the unit is adapted using only vaccines registered and authorized by Anvisa, having sufficient and well distributed vaccine storage boxes between the boxes to guarantee their conservation, effectiveness, and safety, with the appropriate temperature between + 2ºC to + 8º C. There is a management gap regarding the possible failure in the supply of electricity, in the unit there is no pre-arranged direction of transport to another unit, so there is a gap in conservation, effectiveness and safety if any unforeseen happens.

It is also the competence of the vaccination service, the registration of vaccines performed on the vaccination card and in the information system of the Ministry of Health, in this case the E-SUS, an individual record of the entire vaccination history, in the unit contains the age group of 0 to 18 years and if the occurrence of adverse events after vaccination (AEFI) must follow the notification protocol of Anvisa. The vaccination card, as well as the recommendation, consists of data on the vaccinee, name of

the vaccine, date of administration, batch number, identification of the establishment, vaccination item and date of the next dose, when applicable.

It was identified that there is a leader, having all the inherent characteristics, Lanzoni, Meirelles and Cummings[9] describe how the influence among professionals, the leader is the agent of change and quality within his unit; he is responsible for acting on personal and organizational relationships between the team, conflict management, establishing trust / bond and positively interfering in the work and assistance process.

In the unit there is also a specific dressing room available, which has a responsible nursing technician and a supervising nurse, the absence of leadership on the spot, the absence of an educational process, training, and encouragement of knowledge of the compositions, indications, and new dressing products. In addition to the professional technical survey, a survey of the physical and material resources required.

The room is approximately 6m², below the recommended by RDC No. 50/2002, which is 9m² in outpatient care, making service difficult, since not only was the size small, but the large number of devices had on the site, which hindered the organization and disposal of them, are: sink, washbasin, trash for common trash, trash for contaminated trash, stretcher, two benches, two storage cabinets for dressing materials and coverings (one cabinet is with products from the Municipal Health Center and another separate from the Family Clinic), lamp, computer table and chair and cart to support the materials to be used. It was also observed that the room served to carry out other procedures such as blood pressure and blood test, making the structure more inadequate for so many procedures and so many devices.

The products, PPE and necessary utensils were diverse, even though they did not include the entire existing arsenal and in a convenient quantity. It is pointed out that essential fatty acid (AGE), collagenase, PHMB, calcium alginate, hydrogel, 0.9% saline, 2% chlorhexidine, sterile gauze and micropore were available.

Scholars cite in a survey that the average knowledge per nurse was lower in 50% of the questions asked, a fact that affirms the precariousness of assistance and lack of sufficient professional updating in view of the techniques and products used in wounds10. Following the comparison of the experience of the academics in the unit and the recommendations arising from the regulations, it is possible to devise possible interventions to be implemented to adjust and improve the conditions in disarray.

In view of the present architectural conditions, it is believed that the trajectory to be considered is initially the requirement for a structural assessment by specialized professionals who can ponder and investigate the real risks of the site and the feasibility of works of an enlarging sense for certain spaces.

In view of the adversities found in the assessment of the team, it is suggested to continue training and qualification aiming at scientific updating and equity and improvement of the care that will be provided. This proposal can include lectures, courses, provision of theoretical frameworks, periodic training, incentive to take proactive and managerial attitudes, creation of an ombudsman channel for employees, among other possible actions with beneficial purposes.

Still within the team training field, the eminent need to prepare all staff for emergency situations stands out, with an emphasis on episodes of fire and rapid escape from the site, demonstrating possible routes, help phones, conduct towards users to avoid, and reduce panic, even cases of lack of energy, emphasizing the procedure for immunobiological material, as a reference unit for sending, for example.

In contrast to the organization of material inputs, it is recommended to reduce unsuitable objects and / or with no purpose of eminent use to expand the physical space, decrease the size of the bins and differentiate the disposal in two different containers, better organization of the materials so that they are not left behind. overlapping each other, preventing even their use by the large amount of them in a small place and mainly using equipment that allows height adjustment and enable support to improve the quality, ergonomics, and comfort of the professional and client.

Affirming about the relationship of effecting multi-procedures such as time optimization, the importance of separating the provision of services is emphasized so that they can be carried out in their appropriate time and place, preventing the overload of the acting professional, attenuating the rate of changes in the results. and delimiting functions and spaces.

Once admitting nursing as an active member and responsible for the management of health units, part of the responsibility for adequacy and alignment with current legislation is assigned to this professional class to idealize strategies, meetings, requests for funds and audits for control. and monitoring the adoption and restructuring of its tactics.

Final Considerations

The nurse's participation in the multidisciplinary planning of the sector or even of the institution, is justified by the fact that it is the professional who is most in direct contact with the patient. This allows the recognition of most of the institutional routine, increasing the quality and service of users. Such action also helps in the better use of spaces and in reducing the possibility of becoming an area in disuse.

The scrap generated in health, linked to the scarcity of resources, makes health professionals adapt and seek alternatives to provide adequate assistance as far as possible. However, because it is directly involved with care, it is sometimes not able to identify problems. Thus, it is necessary to have a person designated to assess the needs of the unit to optimize the available resources and avoid possible unnecessary expenses.

Thus, we conclude that this experience was enriching, since it enabled a critical and broad look at the situational diagnosis of health in nursing. This experience allowed us to understand that the qualified provision of care

CC BY NC ND

involves not only the service itself, but also the physical adequacy, planning of human, financial, and material resources.

References

1. Lopes OCA, Henriques SH, Soares MI, Celestino LC, Leal LA. Competências dos enfermeiros na estratégia Saúde da Família. Esc. Anna Nery 2020 fev; 24(2); [acesso 30 de outubro de 2020]. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414814520200002002 14&lng=pt&nrm=iso&tlng=pt
2. Kleba ME, Krauser IM, Vendruscolo C. O planejamento estratégico situacional no ensino da gestão em saúde da família. Texto Contexto Enferm. 2011 Jan-Mar; 20(1): 184-93. [acesso 30 de outubro de 2020]. Disponível em: https://www.scielo.br/pdf/tce/v20n1/22.pdf
3. Brasil. Lei n.º 7.498, de 25 de junho de 1986. Dispõe sobre a regulamentação do exercício da enfermagem, e dá outras providências. Diário Oficial da União 26 jun 1986. [acesso 30 de outubro de 2020]. Disponível em: http://www.planalto.gov.br/ccivil_03/LEIS/L7498.htm
4. Tiensoli SD, Bonisson RL, Matozinhos FP, Meléndez GV, Velásquez FSL. Diagnóstico situacional: perfil sociodemográfico e clínico de pacientes internados em unidade de clínica médica. Rev Min Enferm. 2014 jul-set; 18(3): 573-578. [acesso 30 de outubro de 2020]. Disponível em: https://cdn.publisher.gn1.link/reme.org.br/pdf/v18n3a05.pdf
5. Agência Nacional de Vigilância Sanitária. Resolução - RDC n.º 50, de 21 de fevereiro de 2002. Dispõe sobre o Regulamento Técnico para planejamento, programação, elaboração e avaliação de projetos físicos de estabelecimentos assistenciais de saúde. Diário Oficial da União 22 de fevereiro de 2002. [acesso 14 de outubro de 2020]. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/anvisa/2002/rdc0050_21_02_2002.html
6. Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Regulação, Avaliação e Controle, Coordenação-Geral dos Sistemas de Informação (BR). Cadastro Nacional De Estabelecimentos De Saúde – CNES, Anexo Do Manual Técnico Do CNES Tabelas Atualizadas. Brasília (DF): MS, 2008, [acesso 30 de outubro de 2020]. Disponível em: http://portal.pmf.sc.gov.br/arquivos/arquivos/pdf/10_02_2010_9.51.16.41f407d83e652672c75ce698959edca9.pdf
7. Corbishley ACM, Carneiro MLM. Considerações sobre o uso da observação participante na pesquisa em enfermagem. Rev. Min. Enf. 2001 jan-dez; 5(1/2): 82-85. [acesso 30 de outubro de 2020]. Disponível em: https://cdn.publisher.gn1.link/reme.org.br/pdf/v5n1a13.pdf
8. Agência Nacional de Vigilância Sanitária. Resolução - RDC n.º 197, de 26 de dezembro de 2017. Dispõe sobre os requisitos mínimos para o funcionamento dos serviços de vacinação humana. Diário Oficial da União 28 de dezembro de 2017. [acesso 14 de outubro de 2020]. Disponível em: https://sbim.org.br/legislacao/867-rdc-anvisa-n-197-26-de-dezembro-de-201.
9. Lanzoni GMM, Meirelles BHS, Cummings G. Práticas de liderança do enfermeiro na atenção básica à saúde: uma teoria fundamentada nos dados. Texto Contexto Enferm 2016; 25(4): e4190015. [acesso 30 de outubro de 2020]. Disponível em: https://www.scielo.br/pdf/tce/v25n4/pt_0104-0707-tce-25-04-4190015.pdf
10. Aguiar JS de, Brandão ES, Queluci GC, Braga ALS, Soares MF. Estrutura física e recursos materiais das salas de curativos das policlínicas regionais. Rev enferm UFPE [online] 2019;13: e237336. [acesso 30 de outubro de 2020]. Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/237336/32468