

Relational competence of nurses in surgical center units

A competência relacional de enfermeiros em unidades de centros cirúrgicos

Competencia relacional de enfermeras em unidades de centros quirúrgicos

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ABSTRACT

Objective: to identify and describe how relational competence is developed in surgical nurses' day-to-day work and identify when and in what situations nurses use this competence. **Method:** qualitative, exploratory study. The scenario were surgical units at five private hospitals in a municipality in Minas Gerais, and the sample comprised 43 nurses working in these units. The focal group technique was applied in 2018 and the data were interpreted by inductive thematic analysis. **Results:** relational competence was found to be developed by the nurses' acquiring and developing capacities/skills, such as conflict management, assertive communication, people management by appropriate personnel scaling, and emotional intelligence. **Final considerations:** the surgical environment demands activities that heighten nurses' physical and emotional exhaustion, and its effects on other members of the health team, making it essential to improve capacities/skills in relational competence.

Descriptors: Perioperative Nursing; Interpersonal Relations; Communication; Professional Competence; Communication; Emotional Intelligence.

RESUMO

Objetivo: identificar e descrever como é desenvolvida a competência relacional no cotidiano do trabalho de enfermeiros cirúrgicos e identificar em que momento/situações o enfermeiro utiliza essa competência. **Método:** estudo exploratório, qualitativo. O cenário foram unidades cirúrgicas pertencentes a cinco instituições hospitalares privadas de um município no Estado de Minas Gerais e a amostra composta por 43 enfermeiros atuantes destas unidades. Foi realizada a técnica de grupo focal em 2018 e os dados foram interpretados pela análise temática indutiva. **Resultados:** evidenciou-se que a competência relacional se dá por meio do desenvolvimento de capacidades a serem adquiridas pelos enfermeiros, tais como o gerenciamento de conflitos, comunicação assertiva, gestão de pessoas por meio do dimensionamento de pessoal e inteligência emocional. **Considerações finais:** O ambiente cirúrgico demanda atividades que potencializam o desgaste físico e emocional do enfermeiro com demais membros da equipe de saúde, o que torna imprescindível o aprimoramento de capacidades/aptidões associadas a competência relacional.

Descritores: Enfermagem Perioperatória; Relações Interpessoais; Comunicação; Competência Profissional; Inteligência emocional.

RESUMEN

Objetivo: identificar y describir cómo se desarrolla la competencia relacional en el trabajo diario del enfermero quirúrgico e identificar cuándo y en qué situaciones el enfermero utiliza esta competencia. **Método:** estudio exploratorio cualitativo. El escenario fueron unidades quirúrgicas de cinco hospitales privados de un municipio de Minas Gerais, y la muestra estuvo conformada por 43 enfermeras que laboran en estas unidades. La técnica del grupo focal se aplicó en 2018 y los datos se interpretaron mediante análisis temático inductivo. **Resultados:** se encontró que la competencia relacional es desarrollada por las enfermeras adquiriendo y desarrollando capacidades / habilidades, tales como manejo de conflictos, comunicación asertiva, manejo de personas por escalamiento apropiado del personal e inteligencia emocional. **Consideraciones finales:** el ambiente quirúrgico demanda actividades que aumenten el agotamiento físico y emocional del enfermero, y sus efectos sobre otros miembros del equipo de salud, por lo que es fundamental mejorar las capacidades / habilidades en la competencia relacional.

Descriptorios: Enfermería Perioperatoria; Relaciones Interpersonales; Comunicación; Competencia Profesional; Relaciones Interpersonales; Comunicación; Inteligencia emocional.

INTRODUCTION

In a hospital, the Operating Room Unit (ORU) is a complex unit due to the technology available, the intrinsic variation in its work processes and patients' condition of vulnerability¹. The nursing team in this sector, represented by an expressive contingent of professionals, is managed by nurses who, depending on how they organize their work, can interfere with the quality of the care provided, thus affecting the organization in a relevant manner.

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^VArticle resulting from the doctoral dissertation entitled "Matrix of Competencies of nurses working in an Operating Room Unit", presented to the Universidade de São Paulo in May 2019.

With this regard, in order to work in ORUs, nurses must develop both managerial and technical/care-provision competencies². Therefore, rethinking the necessary competencies that can guide their professional practice is a relevant aspect to reflect on the gaps in these workers' knowledge, skills and attitudes.

It is noteworthy that, at the national level, general competencies have been established for nurses³. In the international context, as regards Operating Room Units, the scientific system for assessing surgical nurses' competencies is highlighted, as it portrays competencies related to patient care as well as those specific to management⁴. Also, with this regard, American researchers attribute surgical nurses' competencies based on specialized knowledge, professional skills, attitudes and self-motivation^{4,5}.

Specifically in the context of management, nurses must be the mediators of conflicting situations, carrying out negotiations between different teams in order to solve problems, since conflict situations are common in health care institutions where professionals with diverse knowledge work. The lack of solutions to conflicts can cause disastrous consequences for the team as well as pose risks to users' health⁶.

With this regard, among nurses' managerial competencies, being able to manage conflicts and establish a harmonious and stable relationship, herein referred to as relational competence, is highlighted. The concept of relational competence has its origin in psychology, being defined as the ability to form and maintain a relationship between closest peers, regardless of their type of relationship⁷. The concept of relational competence reflects intellectual and emotional intelligence in our relationships with ourselves, with people, with the context and with life.

In this context, nurse managers of surgical units must develop relational competence to deal with possible situations that generate disagreement between the teams; this implies improving skills such as knowing how to dialogue and knowing about work dynamics in order to find alternatives so as to solve existing problems, whether related to human, material or financial resources.

It is believed that because relational competence is directly related to the ability to work on a team, it seems to be one of the essential competencies for ORU nurses, and it consists in the ability to relate effectively with others. Thus, the question is: How is relational competence established among ORU nurses? Do nurses use such competence to manage conflicts in the development of their activities?

Thinking of relational competence as a result of ORU nurses' cognitive knowledge, skills and attitudes should help to overcome traditional interpersonal relationships and the distancing among health care workers themselves, thus contributing to the effective care provided to users. In addition, the failure to identify this professional competency for specific sectors, such as ORU, can cause problems related to relationships and behaviors in the team, with consequences to the care provided.

This article aimed to identify and describe how relational competence is developed in the daily work of ORU nurses and to identify in what moments/situations they often use such competency.

METHODS

This is an exploratory study using the qualitative approach. The study scenario consisted of five private hospitals in a municipality in the state of Minas Gerais. Data collection occurred from January to July 2018. Male and female nurses working at ORUs of the abovementioned institutions with more than six months of employment were selected. It is noteworthy that the nurses had a weekly workload of 40 hours, as well as a direct work relationship with a multidisciplinary team and care provision itself. The population of nurses comprised 52 professionals, but 43 participated in this study, as those on vacation or on a sick leave were excluded.

For data collection, the Focus Group (FG) technique was used, which is a method that aims to promote group discussion about the theme among participants⁸. Firstly, the participants' awareness period was held, during which they were invited through personal approach, using an invitation letter and electronic mail. Then, in order to compose FG, six to ten nurses were selected, as follows: a group of eight nurses in hospital I; two groups of six nurses each in hospital II; a group of seven nurses in hospital III; a group of nine nurses in hospital IV, and a group of seven nurses in hospital V. Additionally, whether participants shared the same workplace was also taken into account for group composition, considering that such condition favors their reports of experiences and needs, thus enabling interaction on the theme in question.

It is noteworthy that the groups were held in the participants' own institutions, in their respective meeting rooms or in the company's auditorium, thus providing easier access for professionals because they were in their own workplace.

At the beginning of the discussion, a questionnaire was applied to the participants. It contained sociodemographic, education and professional performance data, such as: sex, age, experience, level and period of education, graduate studies and professional experience in the institution and in the Operating Room Unit. During the discussions, two guiding questions, as listed above, were used. Digital recorders were also utilized for information recording.

It is noteworthy that the focus groups were conducted by the researcher (moderator) and a research assistant (observer). The moderator was responsible for keeping the group interacting with security by providing confidence and without creating conflicts, in order to obtain data concerning the research topic, and the observer was in charge of analyzing the network of interactions present during the group process, aiming to describe all the situations identified by the participating professionals⁸. Each group lasted, on average, 50 to 55 minutes.

After data collection, data transcription and analysis were performed. Inductive thematic analysis was used, as it is method that contributes to information identification and analysis as well as enables its detailed description, serving as a useful and flexible research tool⁹.

The study was conducted in compliance with Resolution 466/2012 and approved by the Research Ethics Committee (CEP) of the proposing institution under number CAAE 65960517.0.0000.5393. Also, the participants signed an Informed Consent Form, and, in order to preserve the anonymity of participants, the letter "N", which stands for nurse, was used, followed by an Arabic numeral according to the increasing chronological order of group performance in each hospital.

RESULTS

The study sample consisted of 43 nurses who worked in the selected ORUs. The prevalence of females (n=39; 90.6%) and the age group between 20 and 29 years (n=17.2; 48.80%) were observed. According to their length of employment at ORU, there was a prevalence of participants working between one and two years (n=8.4; 20.90%), and 24 (58%) reported having professional experience from surgical units of other hospitals, with a mean work period of three years. In addition, 30 (72%) reported having been trained to perform in Operating Room Units in their undergraduate education. However, only seven (16%) informed that they had specialized to work specifically in such type of unit. Ten (23.25%) reported having specializations in other fields, such as ICU, with emphasis on Urgencies and Emergencies, Auditing, Health Management and Hospital Infection Control.

The data showed that the characteristic of the relationship among team members reflects the quality of the care provided to users. With this regard, the participants pointed out that relational competence occurs through capacities/skills to be acquired by nurses, highlighting conflict management, assertive communication, people management and emotional intelligence.

Relational competence

Conflict management

The participants showed that, in order to use relational competence, it is vital for professionals to know how to manage conflicting situations within the team and expressed that adjusting workers' workloads, flexibility, knowing how to handle situations and dealing with different types of personalities were necessary.

(...) when we talk about relational competence, we talk about conflict management because there are several professionals at the same time; there are factors that do not depend only on us. (N4 - Hospital III)

Managing conflicts is essential for relational competence ... knowing how to deal with all these situations because (...) we work with different people, with different personalities; so you have to know how to deal with X; with Y; how to talk, even how to demand things. So, because of all this, you have to be balanced and flexible. (N2 - Hospital III)

Assertive communication

Communication was also perceived as a professional's capacity that must be added to relational competence because, according to the participants, it can facilitate the resolution of conflicting issues at work, thus facilitating the resolution of disharmonic situations among the teams.

(...) I think it is communication; it is with assertive communication that we are able to deal and alleviate various conflicts, and thus it has everything to do with relational competence (N1 - Hospital II focus group I)

When we are unable to resolve things with the doctors, then we talk to the clinical director, so that she talks to them in a more impartial way, so it is like this, if our communication, our dialogue does not work out, we talk to her and then, as the director, she talks to them and resolves things with them. (N4 - Hospital II focus group I)

This communication issue is the great difficulty, having to deal with some professionals (...). Because many of them work their own way, sometimes they won't listen to us. (N3 - Hospital V)

People management: adequate staff sizing

An ORU nurse must have competencies for managing people, namely, knowing how to size the nursing staff. Staff sizing is part of his/her duties, and it is important because it justifies the need for a larger workforce to meet the demands of the sector. The data showed that correct staff sizing avoids conflicting situations, thus reducing work precarization and respecting breaks and overtime, as well as labor rights, which, if inadequate, can lead to professional stress and wear.

It would be a meeting to manage the work shifts ... so, to tell everyone "look, we are now going to work 12-hour shifts, not 8-hour shifts anymore", because the number of staff is not enough to meet the service's demands, employees work double shifts ... and even with good communication, but without the proper number of employees, that could lead to errors (N4 - Hospital II focus group I)

There were times when there were not enough nurses on the staff in the sector and I went to the doctor and said: the nursing technicians are going to have lunch, and the doctor replied: how come they are going to have lunch, why? ... so I had to ask other employees who had left for lunch to come back earlier and ask another one who was leaving to stay, and they had to come back into the room because the service cannot stop, and this led to a conflict, because the nursing staff was already overloaded, and they still had to work longer, which generated serious arguments. (N1 - Hospital II focus group I)

Emotional intelligence

The nurses pointed out that for the use of relational competence to be successful, it is necessary to have emotional intelligence, to have control over oneself, over one's emotions, in order to be able to use communication and express oneself, so as to be understood in the face of conflicts.

And to do all of this (to have relational competence) you need to be calm and emotionally controlled to deal with these surgery situations; each day is different, the surgeon's stress, the team's stress, unforeseen events that may happen at the moment, so I think it is working under pressure and knowing how to deal with these situations. (N5 - Hospital V)

Emotional stress, the technicians' workload, and together with the doctors too, who put a lot of pressure on us because they have to finish a surgery because there is already another one waiting, so this control has to be much greater (...) it is as if they were goals that you have to accomplish. There is also the fact that it is a closed sector, you stay in a sector for 12 hours, and so the person needs to have control. (N3 - Hospital V)

You have to have emotional control at the moments of conflicts, remain firm, with the team, with yourself and with the other sectors, because we have conflicts all the time. (N6 - Hospital I)

The nurses also reported that, in order to have emotional intelligence, it is necessary to be able to get to know oneself, to know the team and to be a moderator, to be balanced, to have common sense to deal with the different profiles of the professionals who work there.

For you to have relational competence, it is necessary to know yourself first, to be able to deal with your team, to know your team and be fair and balanced, using proactivity, leadership and patience. (N1 - Hospital V)

Emotional control is not only about knowing yourself, it is ... (pause) knowledge about the team also because you have to provide such emotional control. (N4 - Hospital IV)

DISCUSSION

The data showed a predominantly female population, a consequence of the culture of nursing work, where women have historically been more often present. Corroborating these data, researchers have pointed out that, in the early days, different care-provision forms occurred in the domestic environment, an activity that was private to women, which justified the predominance of this gender in the profession¹⁰.

The professional profile showed participation in several specialization programs, but most professionals had not taken specific courses on ORUs. The results showed that specialized academic training to work in ORUs was not considered relevant in the selection of professionals, since only a small number of them had such more in-depth knowledge.

However, it is relevant to reflect on the constant demand for graduate programs in nursing, a fact that can be explained by the insecurity and lack of skills resulting from training. Evidence points out that nurses arrive at the job

market with limited preparation to face their work reality and, therefore, often seek professional improvement after their academic training¹¹. In addition, another study showed that a similar length of work and experience in a highly complex sector to the length of employment in the institution itself demonstrates that most of the admitted professionals are, from the beginning, hired to work in the high-complexity sector, many of them being young and recently graduated¹², thus corroborating the results showing young nurses, which is justified by current characteristics, as such young individuals have been admitted to university earlier and earlier.

It is known that, in the ORU, teamwork capacity is essential for nurses, considering their constant interaction with a multiprofessional team. Such interaction can be present and adequate when the development of relational competence occurs. With this regard, this study showed that relational competence can occur through the ability to manage conflicts, assertive communication, appropriate staff sizing and emotional intelligence.

Conflicts permeate the work environment and can lead to wear and tear as well as damage in care provision. Thus, in order to manage conflicting situations it is vital to adjust the workers' workload, to know how to handle situations and deal with different personalities. Research shows that conflict at work has been found to be a dominant stressor and can lead to Burnout¹³.

In agreement with relational competence, it is known that the use of assertive communication is essential to manage conflicts. With this regard, evidence points out that effective leadership encourages communication between team members, and with increased communication, they can acquire relevant information about colleagues, such as their personal competencies. This, in turn, leads members to be judgmental about their colleagues' reliability. Thus, the information contained in the communication between team members would form the basis for trust to develop in these new teams¹⁴. With this regard, building effective communication between team members is necessary for collaboration among professionals.

It is known that the simple act of communicating is not such an easy task, since individuals are usually closed within themselves, due to the education received, conflicting relationships, shyness and social phobia, and these factors can interfere in the way to communicate and interact in different social groups. Studies¹⁵ have shown that courses on communication skills should be mandatory during staff training and should be incorporated at all levels of permanent education, from beginners to nurses with professional experience.

Above all, for surgical care to occur effectively, efficient people management by nurses is essential. They should be concerned about adequately sizing their teams, since a reduced number of workers contributes to greater overload and stress, generating conflicts that can interfere in care provision quality and, consequently, affect the relational competence that must be present at an ORU¹⁶.

With this regard, the nurses showed that a small staff can still cause adverse errors even if communication is present throughout the process. Thus, with appropriate sizing, work overload is avoided, as it poses risk of stress to ORU professionals. According to researchers, the surgical environment is considered stressful due to several work-related factors and undesirable physical conditions, such as noise, light, heat, humidity, high workload and small number of employees¹⁷.

Therefore, a sufficient number of nursing professionals is essential to develop relational competence. Nurses must estimate staff sizing by respecting the time necessary for each surgery and for cleaning the operating rooms, the classification of surgeries and the number of hours to provide care for each patient. Every 24 hours, one nurse is needed for every three operating rooms, with one nursing technician in each operating room assuming its circulation. One nursing technician is also required for instrumentation in each operating room¹⁸.

Researchers¹⁹ reinforce that staff sizing estimation is fundamental for care planning and organization. In addition, the use of computerized resources and programs contributes to facilitate the performance of this activity.

Also, this study showed the importance of emotional intelligence to ensure relational competence. The use of emotional control is relevant in the surgical team's work process, as it is a complex field with the presence of stressful situations for the professionals who work in it. Emotional intelligence provides a framework for improving collaboration, positive behaviors during conflict and healthy relationships in the clinical care setting. It is an important factor that can measure individuals' performance in their professional lives, increase or decrease their success, contribute to the measurement of managerial qualities and improve communication and organizational interaction¹⁶. Therefore, it is a necessary component to build relational competence.

With this regard, in order to improve this skill, it is necessary to develop strategies that consolidate emotional intelligence. Studies indicate that creating appropriate situations for nurses to express their negative emotions can reduce their emotional tension and prevent exhaustion and frustration¹⁷. Therefore, there is a need for training programs designed to improve conflict management and nurses' emotional intelligence in order to effectively manage conflicts among them, which are often unavoidable in health care institutions¹⁶.

Therefore, relational competence can be worked on and enhanced through these skills and through permanent education, thus contributing to improve the team's performance, which consequently results in improving the quality of the care provided to users.

This study has the limitation of having been conducted only with nurses and in surgical units of private institutions; therefore, the results found cannot be generalized to other realities. Thus, it is suggested that studies be carried out in public institutions, as well as with other members of the health care team linked to Surgical Units.

FINAL CONSIDERATIONS

The study has made it possible to show relational competence as essential for work at ORUs. These units have characteristics that bring risks for physical and emotional wear and tear to professionals, which cause conflicting situations to emerge routinely. With this regard, in order to deal assertively with such adversities, improving relational competence has proved to be substantial, using for such the ability to manage conflicts, assertive communication, the management of human resources and emotional intelligence.

Although individuals are sociable beings, every relationship is complex, as people have different personalities and behaviors. And in a competitive context, such as the hospital work environment, these factors are even more aggravating, as they directly reflect on professionals' results and performance with consequences for the institution.

In the surgical environment, where there are activities with a high level of complexity, in addition to a multidisciplinary team, the need is evident for managers and professionals to reflect on their role and the necessary competencies for interprofessionalism, such as developing skills for relational competence, in order to achieve efficiency in their performance. This study should enable reflection by training centers, so that they recognize the importance of adapting pedagogical structures to meet the demands of the current job market. It should also cause changes in clinical practice, since the construction and maintenance of relational competence improves the quality of the care provided.

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