

INFLUENCE OF THE GENDER, AGE AND TIME OF PRACTICE IN PERCEPTION ON TEAMWORK INFLUÊNCIA DO SEXO, IDADE E TEMPO DE ATUAÇÃO NA PERCEPÇÃO SOBRE O TRABALHO EM EQUIPE INFLUENCIA DEL GÉNERO, EDAD Y TIEMPO DE ACTUACIÓN EN LA PERCEPCIÓN DEL TRABAJO EN EQUIPO

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ABSTRACT

The aim of this study was to identify if the variables gender, age and time of work influence the perception of professionals about teamwork in the Family Health Strategy (FHS). This is a non-probabilistic cross-sectional study, conducted with 458 professionals belonging to 72 FHS teams allocated in 34 basic units in a city in northwestern Parana. Data were collected from March to July 2016 with survey of sociodemographic data, application of the Team Climate Inventory (TCI) and two questions: "What grade would you give to your team FHS as teamwork" and "In what grade would you be as member of your team?" In the association between the results and the different variables we used the Kruskal-Wallis test followed by the post hoc test of multiple comparisons of Dunn. It was observed that there was no significant difference between the genders for the marks awarded to the team (NE), personal note (NP) and average TCI. To the age, was observed a difference between the NE ($p = 0.0138$) and NP ($p = 0.0210$), where the professionals of up to 30 years old, who attributed the lower average scores (186.11 and 184.76 respectively). For the work of time variable in the team observed a significant difference in NP ($p = 0.0030$), with lower scores assigned by professionals with up to one year in teams (186.65). It concludes that younger professionals or with less acting time tend to assign lower grades for the work of their teams, and for themselves.

Keywords: Family Health Strategy; Job; Patient Care Team.

RESUMO

O objetivo deste estudo foi identificar se as variáveis sexo, idade e tempo de atuação influenciam a percepção dos profissionais sobre o trabalho em equipe na Estratégia Saúde da Família (ESF). Trata-se de estudo transversal não probabilístico, realizado com 458 profissionais pertencentes às 72 equipes da ESF alocadas nas 34 unidades básicas de um município do noroeste do Paraná. Os dados foram coletados no período de março a julho de 2016 com levantamento de dados sociodemográficos, aplicação da Escala de Clima na Equipe (ECE) e dois questionamentos: "qual nota você daria para sua equipe da ESF quanto ao trabalho em equipe?" e "qual nota você se daria como membro de sua equipe de trabalho?" Na associação entre os resultados e as diferentes variáveis foi utilizado o teste de Kruskal-Wallis seguido do teste post hoc de comparações múltiplas de Dunn. Observou-se que não houve diferença significativa entre os sexos para as notas atribuídas à equipe (NE), nota pessoal (NP) e média da ECE. Quanto à idade, foi evidenciada diferença entre as NE ($p=0,0138$) e NP ($p=0,0210$), sendo os profissionais com até 30 anos os que atribuíram os menores escores médios (NE=186,11 e NP=184,76). Para a variável tempo de atuação na equipe, apurou-se diferença significativa na NP ($p=0,0030$), sendo os menores escores atribuídos por profissionais com até um ano nas equipes (NE=186,65). Concluiu-se que os profissionais mais jovens ou com menos tempo de atuação tendem a atribuir menores notas para o trabalho de suas equipes, assim como para o próprio desempenho.

Palavras-chave: Estratégia Saúde da Família; Trabalho; Equipe de Assistência ao Paciente.

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RESUMEN

El objetivo de este estudio fue identificar si, en la percepción de los profesionales, las variables género, edad y tiempo de actuación influyen en el trabajo en equipo en la Estrategia Salud de la Familia (ESF). Se trata de un estudio transversal no probabilístico, realizado con 458 profesionales pertenecientes a los 72 equipos de la ESF ubicados en las 34 unidades básicas de un municipio de Paraná. Los datos se recogieron de marzo a julio de 2016 con aplicación de la Escala de Clima en el Equipo (ECE) y con dos preguntas: "¿Qué nota le daría usted a su equipo de ESF sobre el trabajo en equipo?" y "¿Qué nota se daría usted como miembro del equipo de trabajo?" En la asociación entre los resultados se utilizó el test de Kruskal-Wallis seguido del test post hoc de comparaciones múltiples de Dunn. Se observó que no hubo ninguna diferencia significativa entre ambos géneros para las evaluaciones atribuidas al equipo (NE), evaluación personal (NP) y promedio de la ECE. Con respecto de la edad hubo diferencia entre las NE ($p=0,0138$) y NP ($p=0,0210$) y se observó que los profesionales con hasta 30 años son los que dieron los promedios más bajos (186,11 y 184,76 respectivamente). Para la variable tiempo de actuación en el equipo se observó diferencia significativa en la NP ($p=0,0030$) y que las notas más bajas fueron dadas por profesionales con hasta un año en los equipos (186,65). Se llega a la conclusión que los profesionales más jóvenes o con menos tiempo de actuación tienden a atribuir notas más bajas al trabajo de sus equipos y a su propio desempeño.

Palabras clave: Estrategia Salud de la Familia; Trabajo; Grupo de Atención al Paciente.

INTRODUCTION

Interpersonal relationships are present in all spheres of human life, and the routine is highlighted by a group life. Individuals are constantly interacting with other people, whether in the family, work, social groups, and friendship, religious groups or community.¹

In the workplace, it is common for individuals to be organized into corporate teams. Teamwork is related to the collective idealization of a common objective or goal, requiring the participation of all its members to achieve it. Some aspects must be considered to consolidate the teams, such as the union between those involved and the building of relationships based on trust and respect.²

Teamwork is not only carried out by a group of different professionals in the same corporate environment. It is necessary to be the collaboration of its members, an exchange of knowledge and complementarity in the activities.² The inter-professional and multi-professional collaboration represents a unique aspect in the improvements of the quality of care offered to patients.³

Working as a team also presupposes relationships that promote collaboration and communication not only in the personal sphere, but also with the aim of contributing to mutual assistance in the development of work, based on dialogical and horizontal relationships.²

Teamwork is driven by assertive interpersonal relationships, which in addition to communication and respect, it requires coordination and experience of its participants. Information sharing, effective communication, well-defined professional assignments and common values are essential for the development of inter-professional practices.^{4,5}

For teamwork to occur, it is critical that, besides the interest and willingness of those involved, the organizational and managerial aspects are coherent and consonant with the proposal to work as a team. Thus, people management must be in line with the job assumptions.⁶

Thinking about the positive aspects of the discussion of this issue in the primary care setting, the objective of the study was to identify if the variables gender, age and time of action influence the perception of professionals about teamwork in the Family Health Strategy.

MATERIALS AND METHODS

This study is a non-probabilistic cross-sectional research of a quantitative nature. Data were collected between March and July 2016 in the 34 Basic Health Units (BHU) of a medium-sized municipality in the northwest of Paraná, Brazil.

The first contact was through the directors of the health units, and after a previous appointment, the invitation was made to all the professionals working in the 74 FHS teams of the municipality who were at the time of collection. However, a total of 458 individuals, nurses, physicians, dentists, nursing and oral technicians/assistants and community health agents (CHA) were included in the research population. Individuals that had a duration of less than one month were excluded from the study.

Two teams opted not to participate in the study, besides 12 other individual refusals, 33 professionals on vacation, 39 on medical certificates, 9 medical or maternity leave, 10 missing and 12 CHAs from rural areas.

The data were collected using a self-administered questionnaire in a reserved environment within the BHU and during the work shift of the professionals. After explaining the objectives and methodology of the study, all participants who accepted to participate in the study signed the Free and Informed Consent Form in two copies.

The self-administered questionnaire used by the authors consists of three parts: the first dealing with data regarding the characterization of the study population. The second corresponding to the Team Climate Scale (RCS). The third including two questions: "What grade (zero to 10) would you give your

FHS team teamwork?" "What grade (zero to 10) would you give yourself as a member of your team?"

The Team Climate Inventory (TCI) was developed by the English Michel A. West and Neil R. Anderson and translated into Portuguese as *Escala de Clima na Equipe* (ECE), which aims to assess the climate in the proximal working groups.⁷ The instrument has 38 items with Likert type scale responses subdivided into four modules: a) participation in the team (12 to 60 points); b) team goals (8 to 40 points); c) support for new ideas (11 to 77 points); d) task orientation (11 to 49 points). The instrument's total score ranges from 38 to 226 points.

The Wilcoxon-Mann-Whitney test was applied to approximate the normal distribution (Z) to test the difference between the scores attributed to females and males. The Kruskal-Wallis test (KW), analysis of variance for independent samples, with chi-square approximation, followed by the post-hoc multiple comparisons test of Dunn were used to compare the differences in grades by age and time of performance in the team. The decision to reject H0 was not taken considering a 95% confidence level ($\alpha=0.05$), that is, p-value less than 0.05. All the tests were single-handed. The data were analyzed in the program Statistical Analysis Software (SAS, version 9.0)⁸ from a database built through the Excel application.

The study was carried out by Resolution N° 496/12 of the National Health Council, and the project was approved by the Permanent Committee on Ethics in Research Involving Human Beings of the State University of Maringá (CAAE: 50482615.4.0000.0104).

RESULTS

Most of the 458 professionals under study were female (88.65%). The mean age of participants was 41.84 years old, ranging from 18 to 73 years old. The average time in the profession was nine years, ranging from one month to 48 years and the time of performance in the same FHS team ranged from one month to 21.33 years, with a mean of 5.52 years.

The study population consisted of 57 nurses (12.44%), 37 physicians (8.07%), 20 dentists (4.36%), 47 nursing assistants/ technicians (10.26%), 19 oral health assistants/technicians (4.14%) and 278 CHA (60.69%). There were 22 of the 72 teams that participated in the research with oral health integrated with the FHS and five of them were without the presence of the doctor one or two months ago.

The average of the grade assigned to the team (NE) regarding teamwork in the FHS was 8.48, with the lowest grade being three and the highest grade of 10. The average grade attributed to itself (NP) in the teamwork was 8.41, with a variation between five and 10.

Although the women reported better results in NE (221.65) and NP (220.06), the men who scored the best in TCI (242.45), according to the data. However, no significant difference was found between the female and the male sex (Table 1).

Table 1 - Difference between the team's score, the personal note and the average team climate scale, by gender – Maringá-PR, 2016

	Female		Male		P-value
	Median	Average score	Median	Average score	
NE	9.00	221.65	8.75	220.33	0.4720
NP	8.00	220.06	8.00	215.13	0.3939
ECE	7.95	227.84	8.05	242.45	0.2270

Source: the author, 2016.

Regarding the age, no significant difference was found between age groups when TCI was analyzed ($p=0.3839$). For NE ($p=0.0138^*$) and NP ($p=0.0210^*$) a significant difference was found. Among the groups, professionals aged less than 30 years old attributed the lowest scores, both for NE (186,11^a) and NP (184,76^a) (Table 2).

The variable time of performance in the team was also correlated, but a significant difference was found only for the NP ($p=0.0030$), and the professionals with up to one year in the FHS teams assigned the lowest grades (186.65^a) (Table 3).

Table 2 - Comparison of the difference between the team score, personal grade and the mean of the team climate scale, by age – Maringá-PR, 2016

	Up to 30 years old		31 to 50 years old		Older than 50 years old		P-value
	Median	Average score	Median	Average score	Median	Average score	
NE	8.00	186.11 ^a	9.00	232.97 ^b	8.00	217.89 ^b	0.0138*
NP	8.00	184.76 ^a	8.50	224.34 ^b	9.00	232.99 ^b	0.0210*
TCI	7.99	214.04	7.98	235.66	7.90	224.65	0.3839

*Significant at the 95% confidence level ($\alpha=0.05$). The numbers marked with the same letter(a,b) do not differ by the Kruskal-Wallis test, followed by the Dunn test. Source: author, 2016.

Table 3 - Comparison of the difference between the team score, personal grade and the average of the team's climate scale, by team time – Maringá-PR, 2016

	Up to 1 year		1 to 5 year		More than 5 years		P-value
	Median	Average score	Median	Average score	Median	Average score	
NE	8.00	202.26	9.00	227.55	9.00	226.11	0.2311
NP	8.00	186.65 ^a	8.00	215.99 ^b	9.00	238.80 ^b	0.0030*
ECE	7.72	201.10	8.05	233.76	8.01	240.13	0.0708

* Significant at the 95% confidence level ($\alpha=0.05$). The numbers marked with the same letter do not differ by the Kruskal-Wallis test, followed by the Dunn test. Source: author, 2016.

DISCUSSION

Although the data of this research did not show significant differences in the context of teamwork from the perspective of men and women (Table 1), it is worth emphasizing the importance of discussing gender, since they are groups with distinct characteristics in the same corporate environment and being historically shaped by society's demands over the years.

Historically, in the most different models of production, women have their activity linked to the private or domestic sphere. This division of labor between the genders contributed to their responsibility for maintaining immediate life, feeding their families, reproducing, caring and raising children, clothing and organizing the home. Women, in the sociology of labor area were understood, for the most part, outside the realm of production, linked only to the role in the domestic sphere, important for the recovery and reproduction of the labor force.⁹

The fact that women, for the most part, play an important role in the performance of domestic activities in their family contributes to limitations in their participation in the labor market. They end up using time in an overlapping way, dividing between conflicting functions, on one side of the clock and the other, the fulfillment of the social requirements embedded in the difficulties of double-day overload.¹⁰

In the context of health workers, a study that dealt with health-labor relationships from the perspective of the genders revealed that women have a mandatory character in the care of their children and their homes, even after working at night shifts, culminating in the accumulation of jobs. For men, the priority is to sleep, even under the same working conditions.¹¹

The woman is different from the man in the way of working, for possessing characteristics that can contribute in the professional scope, like being sensitive, delicate and capricious. She also faces challenges. They have inferior remuneration than men, most of the times do not occupy positions of leadership or authority in the companies and, constantly, they are discriminated against for becoming pregnant.¹²

A survey conducted in Brasília with 146 professionals from seven teams managed by women revealed that their management strategy was based on personal relationships, based on

respect for individuals and concern for the quality of work. It is an interactive management style, with a focus on the ability to promote inclusion, characteristic of forms of flat management networks.¹³

Another research carried out with managers that occupy positions in the high hierarchy evidenced that the managers affirm there is a feminine way of managing, directed to the work in the team and characterized by the preoccupation with the other. These managers recognize the transposition into the work environment of home-built learning, through home management, as negotiators of family relationships and multi-role managers such as mothers, wives, daughters and mistresses.¹⁴

Male behavior is motivated by the desire to dominate and by internal standards of excellence. On the other hand, female behavior is motivated by the need for affiliation and social recognition, reproducing the cultural stereotypes of femininity and masculinity.¹³

Still on the data in Table 1, it is noteworthy that both genders evaluated their teams with better grades (female=221.65 and male=220.33) than those attributed to them (female=220.06 and male=215.13). At the time of data collection, it was observed the difficulty of the participants in assigning grades to their performance, for fear of being presumptuous, not observed when they assigned grades to their work colleagues.

A study carried out by nursing professionals from a university hospital in the north of Paraná showed that, although most respondents were satisfied with the performance evaluation used by the institution, a significant part of them believed that one of the negative aspects of this tool was peer evaluation (coworkers). This may exalt the power relationship in the teams and some workers' dissatisfaction.¹⁵

There is the possibility of causing discontent. However, the peer evaluation represents an important managerial tool to allow an extended analysis of the professional's performance from different angles. The evaluation performed by members of the same work team also helps in the sharing of good practices among professionals and in the growth of all those involved.¹⁶

Among the analyzed variables, age was the one obtaining the most significant difference between the groups (Table 2),

so the younger ones assigned the lowest scores for NP and NE. It is believed that this is because people belonging to different generations have specific peculiarities, which in a way influence the work process and how they perceive it.

Today, different generations are living together in the same organizations or work environments. This is not new in the corporate scenario. However, it is highlighted that they have very different characteristics to this coexistence between generations, which may or may not be associated with the social and historical context in which individuals relate, live or learn.¹⁷

However, even with the importance of considering the different generations in the discussion about the individual's behavior in the work environment, this classification alone may not be enough to support the discussion of these findings. This is because the characteristics that define each generation of workers, at least in the case of this study, are not so marked, besides sharing common aspects. However, in an attempt to explain part of the results concerning the age of the FHS workers in this research, a classification in which individuals are distributed from the year they were born in five generations will be used as the basis. Thus, considering the age of the participants, only three cuts will be discussed: baby boomer generation, born between 1945 and 1964; Generation X, between 1965 and 1981; And Generation Y, between 1982 and 2003.¹⁸

The baby boomer generation, represented by people over 50, was the best self-assessed (NP=232.99b). In general, its members are characterized as moralists, but do not accept that authoritarianism or institutional principles stand out over morality or ethics. They do not sacrifice personal pleasures on behalf of the group, thus they are individualists. In the work environment, they value the status and the professional growth. In that sense, they build alliances to achieve their goals. They are usually loyal employees to the organizations in which they work and bond with their companies.¹⁸

According to the findings of this research, being an older professional apparently does not negatively influence the perception of their performance in teamwork, since older professionals attributed the best NPs. This is in line with the results of another study, which infer that over the years some professionals may feel less motivated with work, which may be a source of dissatisfaction as the individual grows older.¹⁹ These professionals also tend to be more rigorous in evaluating the performance of their younger peers, especially when compared to their performance since the score attributed to NE (217.89^b) was lower than NP (232.99^b).

Individuals aged 31-50 years old, belonging to Generation X, attributed the best NE (232.97^b) and the best mean in TCI (235,66). Most of the time, this generation values family relationships and friendship, and less materialism. In this sense, they work with enthusiasm when they have a well-defined

goal, they are more informal, tending to prioritize personal interests and not trusting organizations.¹⁸

Finally, Generation Y, the youngest in the labor market, attributed the lowest NE (186.11^a), NP (18476^a) e mean in the TCI (21404). Most of this generation has grown in the midst of technology, continually with computers and instant messaging programs. They can be extremely informal professionals, even in the workplace, restless, anxious, impatient and immediate. Because of the open relationship with parents, they perceive authority indifferently, so they respect and admire real competence, not hierarchy. Usually, it is a "boastful" or "self-sufficient" generation, becoming bosses or team leaders quickly, as well as being defiant of everything that exists or is said. They are constantly feedback dependent, either from superiors or peers.¹⁸

Regarding the "generation conflict" in the labor market, a study highlighted a strong association between the psychosocial factor of burnout among younger professionals, due to the rigorous execution of the work. In general, younger professionals are more tolerant when compared to older people. However, the younger workers is who report more stressful experiences related to overwork, career and remuneration.²⁰

The fact that younger professionals assign lower grades, both for NE and NP, can be a reflection of a period of demands and collections in the work environment, as well as the accumulation of activities, precisely because they are younger and more active, corroborating a study on this theme.²⁰ The TCI's average may be associated with the fact that, for many of this generation, this is the first job with an interdisciplinary role. Therefore, it is acceptable that they are not yet developing a critical sense of teamwork.

Although there was no significant difference, the younger professionals in the teams also assigned lower scores for NE (202.26) and TCI (201.10). The professionals with performance above 5 years presented the best mean score for NP (238,80^b) and TCI (240,13). Interviewees with one-to-five years of practice gave the best scores for NE (227.55) (Table 3).

Every professional goes through stages in the process of insertion in the new work team. In his Group Development Theory, Will Schutz¹ says that a group organizes from a probabilistic curve in which the interpersonal ties are experienced in different complementary and interdependent phases: inclusion, control, affection, and separation. The duration of these steps may vary for each individual, from days to months, depending on the behavior of each of the involved.

The first phase of the insertion is the "inclusion", in which the interaction with the other members of the team takes place. At this stage, there is the concern of individuals to feel accepted by others, to realize that their presence in the group is of interest to the other participants. Usually they tend to be more observant and nothing will make it come from the ordi-

nary voice until the inclusion stage is complete. However, some people may also try to mark space, and to be noticed they are even capable of distances.¹

Although there is not much research relating the influence of acting time on the perception of teamwork, it is believed that a justification for the dissatisfaction with teamwork of professionals with less time to act, NE (202.26) and ECE (201.10) should constantly be in situations of stress in the corporate environment²⁰, either because of work overload when trying to understand the work process or the search for acceptance of colleagues.¹

However, they were also the professionals who assigned the lowest averages for NP (186, 65^a) highly significant ($p=0.0030^*$). Perhaps the explanation for poor self-assessment is because they still do not feel ready to contribute like other members, since they are relatively new and are in the process of appropriating routine and insertion into teams. Although they attributed inferior NE in the other groups, NP was even smaller, that is, they evaluate the work of the team as a whole better than the one performed by them.

Organizational socialization, or integration, at the moment when the professional is inserted in the work environment aims to contribute to the understanding of social, technical and cultural aspects of his new place of performance.²¹ For this, the institution needs to socialize and integrate the new Employees to the desired work model, creating a pleasant and welcoming environment, especially in the initial phase of employment. In the reception of these professionals, basic information about the company's organizational structure, mission, vision, values and attributions should be clear.²¹

The second phase of insertion and adaptation is the "control". In it, the relationships of command and authority are established, in which it is perceived who assumes which role. It is at that moment that the leaders, the rebels, the pranksters, the followers, and other roles emerge. Competition for leadership, discussion and formulation of norms of behavior within the group begin. With the power game, each member seeks to reach a place that pleases their needs for control and influence.¹

"Openness" or "affection" is the phase of confidences and acceptance. At that moment, the members already feel at ease to disagree, to expose their points of view, to leave the zone of comfort. Finally, the phase of "separation" in which interdependence predominates, is easily sought but difficult to achieve. Through it, it is possible to observe the level of group maturity, the evidence of improvement in the interpersonal relationships, and the commitment of the members with the tasks and the productivity.¹

When teams are in the "openness" or "separation" phases, they tend to establish more harmonious relationships, accepting interferences better, as well as positioning.¹ This corroborates

the results found in this research, whose professionals between one and five (227.55) and professionals over five years attributed better NP (238.80^b) and mean in TCI (240.13).

Discussing the work process is not an easy task, because in the context of health teamwork requires interaction and integration among different professional categories. This integration presupposes the active adherence of professionals, whether younger or older, anchored in mutual collaboration and contribution of colleagues beyond the minimum attributions expected at work.^{22,23}

Thus, health workers, especially the FHS, should understand that collaborative practice facilitates teamwork and contributes to the improvements in professional interactions as well as community health care.²⁴ Valuing a good interpersonal relationship within the team will influence the entire work process, as well as the results of it, and consequently the quality of the services offered.

CONCLUSION

The results show that, although the women had better scores for their teams and for their performance, the men better evaluated their teams from the TCI instrument. Despite this finding and because there were innumerable differences between the perceptions of work, even from historical and social processes between men and women, the differences were not significant.

Although the Team Climate Scale (TCI) is a widely used tool for assessing the work climate in the teams, it did not appear to be significantly different between the groups. Thus, it can be concluded that, according to the TCI, characteristics such as gender, age and time of performance do not influence the perception of FHS employees regarding teamwork.

As to the variable age, it can be observed that it exerted influence on NE and NP. The younger professionals were those who were less satisfied with the work done by them and their teams. Regarding the time of performance in the team, individuals with a performance of up to one year, who are also often the youngest, attributed the lowest NP.

The findings of this investigation corroborate the research that addresses the interpersonal relationship, as well as the work process in the FHS, but it is believed that there is a need to reflect more about corporate relationships to establish coping strategies that can minimize the causes of suffering in the workplace.

The limitations of the study were teamwork in the context of health, and its characteristics were little discussed in the literature, hindering the results found to be better discussed and the data collected during the work shift. However, this was a strategy that greatly facilitated the participants' approach.

REFERENCES

1. Schutz WC. O prazer - expansão da consciência humana. Rio de Janeiro: Imago; 1974.
2. Silva SEM, Moreira MCN. Equipe de saúde: negociações e limites da autonomia, pertencimento e reconhecimento do outro. *Ciênc Saúde Coletiva*. 2015[cited 2016 Dec 15];20(10):3033-42. Available from: <http://www.scielo.org/pdf/csc/v20n10/1413-8123-csc-20-10-3033.pdf>
3. Morgan S, Pullon S, McKinlay E. Observation of interprofessional collaborative practice in primary care teams: an integrative literature review. *Int J Nurs Stud*. 2015[cited 2017 Jan 15];52(7):1217-30. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/25862411>
4. Valentine MA, Nembhard IM, Edmondson AC. Measuring teamwork in health care settings: a review of survey instruments. *Med Care*. 2015[cited 2017 Jan 15];53(4):16-e30. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24189550>
5. Tubbesing G, Chen FM. Insights from exemplar practices on achieving organizational structures in primary care. *J Am Board Fam Med*. 2015[cited 2017 Jan 15];28(2):190-4. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/25748759>
6. Goulart BF, Camelo SHH, Simões ALA, Chaves LDP. Teamwork in a coronary care unit: facilitating and hindering aspects. *Rev Esc Enferm USP*. 2016[cited 2017 Jan 15];50(3):479-86. Available from: http://www.scielo.br/pdf/reeusp/v50n3/pt_0080-6234-reeusp-50-03-0482.pdf
7. Silva MC. Adaptação transcultural e validação de instrumento de avaliação de trabalho em equipe: Team Climate Inventory no contexto da Atenção Primária à Saúde no Brasil [dissertação]. São Paulo: Universidade de São Paulo, Escola de Enfermagem; 2014.
8. Stokes ME, Davis CS, Koch GG. Categorical data analysis using SAS system. 2nd ed. Cary: Statistical Analysis System Institute; 2000.
9. Duraõ AVR, Menezes CAF. Na esteira de E.P. Thompson: relações sociais de gênero e o fazer-se agente comunitária de saúde no município do rio de janeiro. *Trab Educ Saúde*. 2016[cited 2017 Jan 15];14(2):355-76. Available from: http://www.scielo.br/scielo.php?pid=S1981-77462016000200355&script=sci_abstract&tlng=pt
10. Dedecca CS, Ribeiro CSMF, Ishii FH. Gênero e jornada de trabalho: análise das relações entre mercado de trabalho e família. *Trab Educ Saúde*. 2009[cited 2017 Jan 15];7(1):65-90. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1981-77462009000100004
11. Brito JC, Neves MY, Oliveira SS, Rotenberg LS. Subjetividade e trabalho: o enfoque clínico e de gênero. *Rev Bras Saúde Ocup*. 2012[cited 2017 Jan 15];37(126):316-29. Available from: http://www.scielo.br/scielo.php?pid=S0303-76572012000200013&script=sci_abstract&tlng=pt
12. Rocha-Coutinho ML. Quando o executivo é uma "dama": a mulher, a carreira e as relações familiares. In: Carneiro TF. Família e casal: arranjos e demandas contemporâneas. São Paulo: Loyola; 2003. p. 57-78.
13. Mourão TMF, Galinkin AL. Equipes gerenciadas por mulheres - representações sociais sobre gerenciamento feminino. *Psicol Reflex Crítica*. 2008[cited 2017 Jan 15];21(1):91-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-79722008000100012
14. Fontenele-Mourão TM. Mulheres no topo de carreira: flexibilidade e persistência. Brasília: Secretaria Especial de Políticas para as Mulheres; 2006.
15. Ano VM, Vannuchi MTO, Haddad MCFL, Pissinati PSC. Avaliação de desempenho na opinião da equipe de enfermagem de hospital universitário público. *Ciênc Cuid Saúde* 2015[cited 2017 Jan 15];14(4):1403-10. Available from: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/27886>
16. Cisic RS, Francovic S. Using nursing peer review for quality improvement and professional development with focus on standards of professional performance. *Nurs Health*. 2015[cited 2017 Jan 15];3(5):103-9. Available from: http://www.hrpub.org/journals/article_info.php?aid=2916
17. Comazzetto LR, Vasconcellos SJL, Perrone CM, Gonçalves J. A geração Y no mercado de trabalho: um estudo comparativo entre gerações. *Psicol Ciênc Prof*. 2016[cited 2017 Jan 15];36(1):145-57. Available from: <http://www.scielo.br/pdf/pcp/v36n1/1982-3703-36-1-0145.pdf>
18. Rodrigues MR, Bretas ACP. O envelhecimento no trabalho na perspectiva de trabalhadores da área de enfermagem. *Trab Educ Saúde*. 2015[cited 2016 Oct 10];13(2):343-60. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1981-77462015000200343
19. Washburn ER. Are you ready for generation X? *Physician Exec*. 2000[cited 2017 Jan 15];26(1):51-7. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/10788119>
20. Gomes A, Bem-haja P, Alberty A, Brito-costa S, Fernández MIR, Silva C, *et al*. Capacidade para o trabalho e fatores psicossociais de saúde mental: uma amostra de profissionais de saúde portugueses. *INFAD Rev Psicol*. 2015[cited 2017 Jan 15];1(2):95-104. Available from: <http://www.infad.eu/RevistaINFAD/OJS/index.php/IJODAEP/article/view/326>
21. Silva PA. Projeto de integração para novos funcionários da sede da autarquia hospitalar municipal [monografia]. Rio de Janeiro: Programa FGV in Company; 2014.
22. Alexanian JA, Kitto S, Rak KJ, Reeves S. Beyond the team: understanding interprofessional work in two North American ICUs. *Crit Care Med*. 2015[cited 2017 Jan 15];43(9):1880-6. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/26102250>
23. Matuda CG, Aguiar DML, Frazão P. Cooperação interprofissional e a reforma sanitária no Brasil: implicações para o modelo de atenção à saúde. *Saúde Soc*. 2013[cited 2016 Nov 10];22(1):173-86. Available from: <http://www.scielo.br/pdf/sausoc/v22n1/16.pdf>
24. Silva AM, Sá MC, Miranda L. Entre "feudos" e cogestão: paradoxos da autonomia em uma experiência de democratização da gestão no âmbito hospitalar. *Ciênc Saúde Coletiva*. 2015[cited 2017 Jan 15];20(10):3063-72. Available from: <http://www.scielo.org/pdf/csc/v20n10/1413-8123-csc-20-10-3063.pdf>