Ressignificating theory of professional links in nursing work

Ressignificando teoria dos vínculos profissionais no trabalho em enfermagem

Ressignificando teoría de los vínculos profesionales en el trabajo en enfermería

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Abstract

Objective: to construct new meanings for the concepts of the Theory of Professional Links with the nursing staff in the micro workspace. **Method:** qualitative, descriptive and exploratory, based on Vygotsky's Historical-Cultural Theory. Eight care nurses from different care settings participated in the study. The data collection was conducted by the focus group technique and analysis by Minayo´s operational proposal. **Results:** At the beginning of the resignification, some weaknesses have arisen for the application of the theory, among them: lack of time and physical space to meet with the teams, inexperience with approach and techniques of group dynamics. Spirituality and conflict management have emerged in the collective discourse contributing to the perfection of the theory. **Conclusions and Implications for practice:** from the theory application, there were gaps to be overcome both in the relational, technical and personal scope, allowing each nurse to visualize how their work process is given. Enables a reflective exercise on the doing and scope of group work and nurses' action and discourse in the management of interpersonal relationships. Through the new concepts added to the theory it can constitute a management model for nursing work.

Keywords: Links; Theory; Interpersonal relations; Nursing team.

Resumo

Objetivo: Construir novos significados para os conceitos da Teoria dos Vínculos Profissionais junto a equipe de enfermagem no micro espaço de trabalho. **Método:** Qualitativo, descritivo e exploratório, fundamentado na Teoria Histórico-Cultural de Vygotsky. Participaram do estudo oito enfermeiras assistenciais de cenários distintos do cuidado. A coleta dos dados se deu pela técnica de grupo focal e análise pela proposta operativa de Minayo. **Resultados:** No início da ressignificação surgiram algumas fragilidades para aplicação da teoria, entre elas: falta de tempo e espaço físico para reunirem-se com as equipes, inexperiência com abordagem e técnicas de dinâmica grupal. A espiritualidade e gestão de conflitos emergiram no discurso coletivo contribuindo para aperfeiçoamento da teoria. **Conclusões e Implicações para a prática:** A partir da aplicação da teoria, evidenciaram-se lacunas a serem superadas tanto no âmbito relacional, técnico e pessoal, permitindo que cada enfermeira visualizasse como se dá seu processo de trabalho. Possibilita um exercício reflexivo sobre o fazer e o alcance do trabalho em grupo e sobre a ação e discurso das enfermeiras na gestão das relações interpessoais. Por meio dos novos conceitos que se agregaram à teoria, pode constituir um modelo de gestão para o trabalho em enfermagem.

Palavras-chave: Vínculos; Teoria; Relações interpessoais; Equipe de enfermagem.

Resumen

Objetivo: construir nuevos significados para conceptos de la Teoría de los Vínculos Profesionales con el equipo de enfermería en el micro espacio de trabajo. **Método:** cualitativo, descriptivo, exploratorio, fundamentado en la Teoría Histórico-Cultural de Vygotsky. Participaron ocho enfermeras asistenciales de escenarios distintos del cuidado. Datos colectados por la técnica de grupo focal y análisis por la propuesta operativa de Minayo. **Resultados:** al inicio de la resignificación surgieron algunas fragilidades para la aplicación de la teoría, entre ellas: falta de tiempo y espacio físico para reunirse con los equipos, inexperiencia con el abordaje y las técnicas de dinámica grupal. Espiritualidad y gestión de conflictos surgieron en el discurso colectivo contribuyendo para el perfeccionamiento de la teoría. **Conclusiones e Implicaciones para la práctica:** se evidenciaron lagunas para superar tanto en el ámbito relacional, técnico y personal, permitiendo que cada enfermera visualizara cómo se da su proceso de trabajo. Permite un ejercicio reflexivo sobre la realización y el alcance del trabajo grupal y la acción y el discurso de las enfermeras en el manejo de las relaciones interpersonales. Por medio de los nuevos conceptos que se agregaron a la teoría, se puede constituir un modelo de gestión para el trabajo en enfermería.

Palabras-clave: Vínculos; Teoría; Relaciones interpersonales; Equipo de enfermería.

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INTRODUCTION

The Theory of Professional Links (TPL) proposes strengthening of working relationships in nursing teams. The theoretical Thofehrn and Leopardi believe that, by means of training and stating of healthy links in working process, it becomes possible to reflect on the group relations dynamic, thereby developing, intra and interpersonal skills of individuals.[1] Nursing work process is permeated by subjective dimension of workers who use the creativity, the emotions and thoughts for carrying out care. In this way, it is need to apprehend the worker´s multi-dimensionality, on seeking integration of its thinking, acting and feeling to restore the respect and, consequently, the recognition of its singularity.[2]

Thereby, nursing professionals have the potential and creative force to transform in a collective way the working organization in which they are included, in the sense of attributing a greater valuation to their professional activities.[3] It considered that relations among nurses, nursing technicians encourage production of subjectivity in work and the sharing environment with other professionals is represented as a relational system, in which workers are influenced in their acting, becoming essential in decision-making processes in teams.[4]

With the purpose of corroborating the nursing team´s work, the Theory of Professional Links emerges as a result of a partnership between the Theoretical and Nurses Maira Buss Thofehrn and Maria Tereza Leopardi, in 2005. These theoretical women inspired by the link ideas of Pichon Riviére and the Theory of Activity of Leontiev, originating in the Vygotsky ideas, in which the individual is in a constant inter-relationship with the object and mediated by a tool, a mediator artefact, however his studies pointed to a complexity of data directing them to a Theory formation .[1]

Thereby, the triangular scheme from Vygotsky's ideas was transported to nursing work, in which the subject is the nurse, the object is the nursing team and the mediator tool is the Model for the teamwork in nursing. This model contributed to a construction of the Theory of Professional Links (TPL) representation, including, thus, another three concepts: the rules, the community and the work division.

The model is composed of two parts (Figure 1): the individual and group actuation of the nursing team in the micro performance space that comprises the integration process, communication process professional competence and nursing actuation in the organizational structure in health institutions in which they are part: extra and intra-group relationships (definition of roles; nursing team coordination, relationships and power and meetings) and continuous education (professional development and in-service education).

From the proposed model for a teamwork the Theory of Professional Links (TPL) (Figure 2) arises as a management model for the nursing team, aiming at a work with less suffering and monotony, in order to make it agreeable and pleasant, directing to cooperative and collective actions in which persons involved will be able to work in team and in a healthy way.[1]

A study conducted with primary health care and hospital nurses in different municipalities in Southern Brazil, when applying the TPL concepts in their work, evidenced that this constituted a management model for their teams, by enhancing the interpersonal relationships, fostering a new look at the managerial and care functions, however the nurses needed to sensitize the team for their acceptance, enhancing the more resistant members for participating and group discussion.[5]

Another research relating to the Theory of Professional Links into a General Hospital in the South region in Rio Grande do Sul, considered the nurse as the most important social agent for integrating and effective communication among the team, encouraging its commitment to the care, allowing this to be part of decision-making process, fostering a transforming and dialogic environment for work, thus, contributing to the qualification of the human relationships.[6]

The study is justified, as the conceptions of interaction, communication and professional competence are elements that permeate the organization and the work process in nursing, experienced within the teams and the collective construction of new meanings in accordance with the work reality, encourages the professionals to exercise a new mode of relational management, targeting the group´s internal needs. In this sense, the re-signified concepts come from the perceptions and teams´ expectancies and can contribute to the personal and professional group growth, by means of a collective awareness about the human relationships dynamics, their emotional movements, qualifying them for the nursing care.

Thus, the gap of the studied are knowledge is based on the opportunity that the nurses lost through these livingness and experiences of re-signifying the Professional Link Theory concepts with regard to the individual and group actuation of the nursing in the actuation micro-space, by compelling the work group to act in a more collaborative way, allowing the articulation between the theory and the nursing praxis by means of intervention. The study has given the participants aligning their discourses and theoretical knowledge with the Theory application practice, allowing the further collective construction of new concepts, exploiting them to manage in a more humanized and ethical way the human relationships in their work environment, obtaining with it a quality care. The study aimed to construct new meanings for the Theory of Professional Links together with the nursing team in the work micro-space.

METHOD

Descriptive and exploratory study, with qualitative approach, based on Vygotsky's Historical-Cultural Theory.

The data were collected by means of the data were collected through the focus group technique using a tape recorder and a field diary used by two observers. Focus group is a research technique that uses personal interactions in the form of groups for data collection and analysis. It allows the interviewees to express their ideas and establish opinions about the theme researched,
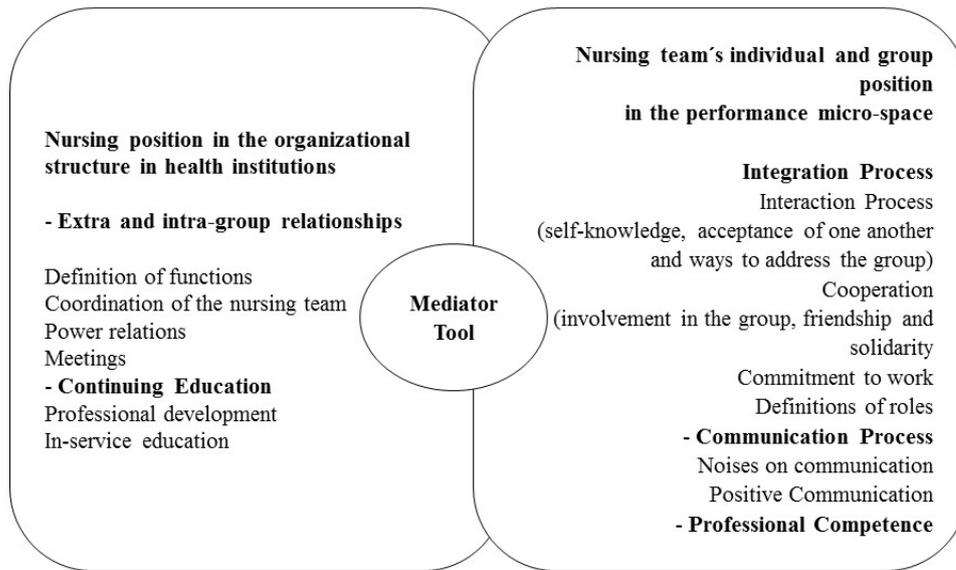
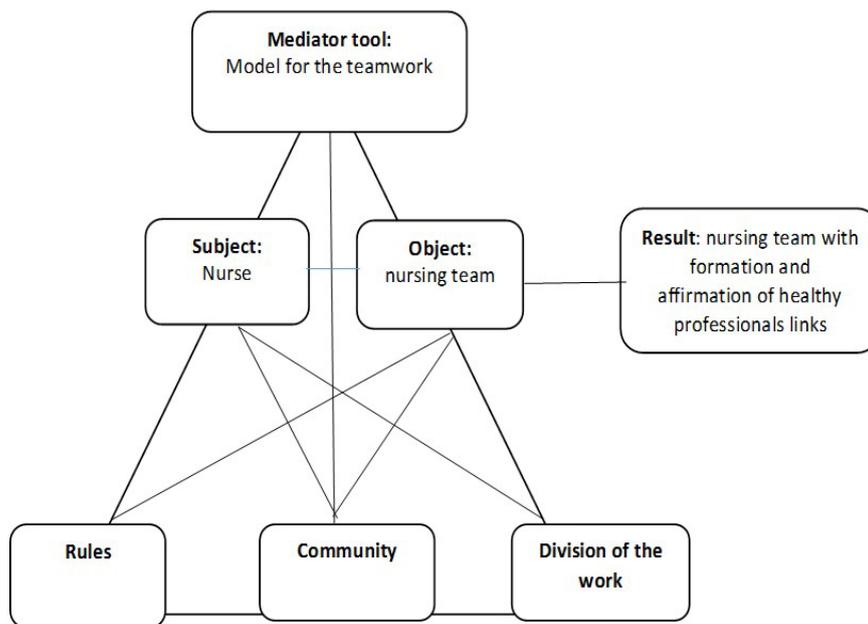**Figure 1.** Model for a teamwork. Thofehrn and Leopardi (2009).

Figure 2. Theory of Professional Links. Thofehrn and Leopardi (2009).

enabling their deepening or the discovery of something that are being object of investigation.

The method generates possibilities contextualized by the own study group, seeking to understand processes of construction of reality by social groups and understand daily practices, actions, reactions to facts and events. Thus, the focus group enables the researcher to obtain the knowledge of attitudes, behaviors and perceptions of the researched subjects.[7-8]

The formation of the focus group aimed to, at least reach one point of similarity among the research participants, which for this study, was the care activity and the hospital environment. This was due to the fact of favoring the reports of experiences, needs, values and beliefs, which enable to interact with the proposed theme.[8]

The coordinator had the role of focusing the theme, at issue, promoting the participation of all, inhibiting the possible word

monopolizations and deepening the discussion. The observers, in addition to assist the research in organizing the meeting, recorded in a field diary the behaviors, and environmental aspects of the collective, analyzing together with the researcher subjective and objective impressions that emerged during the meetings. [9]

Since then, five weekly meetings carried out, in a space unrelated to their work actuations, in the months of August and September 2015, during the night shift. Between the fourth and fifth meeting, there was a longer period, because of the need for reflection of the concepts presented in the focus group and the TPL applicability in the daily work.

The implantation of the Theory of Professional Links alongside the nursing teams occurred through four explicit stage for the nurses in the fourth meeting: recognition and acceptance of the idea of forming healthy links; formation of the work group; group development by means of meetings and closing of the group to analyze the results obtained. After the TPL internalization, the participants met with their teams and applied it through group dynamics technique guided by the researcher.

In the sixth meeting, the nurses returned with the results and these were exposed and re-signified in a collective way. There is data reliability by the group with the exposure of new concepts. The participants met in four subgroups and, later, in the large group rewrote the concepts, presenting them to the researcher.

The knowledge was built along the meetings, by using mediator tools, such as: bibliographic material, shared experiences and socialized in group, videos, scientific article of the respective area, favoring, then, the development of the higher psychological functions essential for internalizing and, consequent, resignification of concepts.[10] A proposal for operationalization of the focus group, that is, a chronogram for data collection, (dates and schedules), with prior organization of the time and of addressed themes, which served as a guide for the main researcher. The meetings were held within the expected time of one and a half hours in duration.

Study conducted on a philanthropic hospital of Southern Rio Grande do Sul with eight nurses allotted in the medical and surgical clinic areas, intensive therapy unit, hemodialysis, maternity convened, cardiac intensive therapy unit, psychiatric unit, nursing supervision.

Data analysis based on Minayo´s operative proposal, and respected the phases of pre-analysis, exploitation and material organization and data interpretation. After the data collection in the focus groups, we transcribed the same in full, and pre-analyzed through immerging the researcher in the field material, thorough reading and determination of primary units, by organizing the speech content into categories. After gathering the transcribed information from the focus groups and the field diary, researcher and observer started constructing the thematic categories.[9]

Ethical aspects were ensured in all the study moments. The information were collected through the focus group technique and using a record player and field diary. The participants were identified by the initials "N" of nurse, followed by numbering in ascending order. Ex.: E1, E2. The study obtained approval by the Ethics and Research Committee, with the consubstantiated opinion No. 110, 4100 (CAAE 45134815.0.0000.5316).

RESULTS

After reading the material from the discussions and explanations occurred during the focus groups the results were divided into two thematic axes, referring to the moments experienced during the TPL resignification process. They are Theory of Professional Links: trajectory of the construction of the resignification of concepts, and Theory of Professional Links: resignification of concepts as for the nursing team´s individual and group actuation in the micro-workspace.

Theory of Professional Links: trajectory of construction of the resignification of concepts

At the beginning of the construction of the TPL new concepts , the participants faced with some weaknesses, among them it was found the lack of time to meet with their teams; the difficulty of participation of all the nursing professionals in some moments; many team members thought that it was a meeting to call for attention; little group commitment; lack of a more private space to their meetings; frequent occurrence in the sector; little domain on group dynamics techniques; and inexperience in group approach.

Despite the weaknesses, the participants applied the TPL concepts with guidance of the researcher, which assisted them in mobilizing teams for the meetings and in conducting the group dynamics techniques, which enabled to understand the concepts by the group. When accompanying them the researcher acted as a mediator, allowing the nurses to expose the teams the TPL concepts and to articulate and reflect from each other about their work process, bring together, from then on, a set of elements that corroborated the construction of new meanings, according to their realities.

The speeches reveal the nurse as a coordinator professional of the health institutions units, who also present relevant difficulty in conducting team meetings:

Look, after I met with them, I saw how important it is for us to perceive each other, and to know each other, I managed to meet, with great difficulty. The system is really difficult, prevents you from much, it seems that the nursing never gets a time for itself… but I saw later that when a member is not well, this needs to be valued (E1).

> Look, I had to negotiate [...] is... negotiate. It is difficult to bring all at a time, but we always find a way... I gave two breaks this week, because I needed to bring two, and then they stayed... because the sector was running, and I gave time off, but in the end, it was good (E8).

In the following statement, it can be noted that the power exerted in a democratic and constructive way leads the team

members to recognize the leadership exercised by nurses, in the sense of forming a team with health links.

> The persons want to see you using the power, the constructive power, of course, the authority given to us by the profession. I felt in my team this. When there is not, that is, the freedom takes over, they do not like it, deep down they criticize, and they want a well- positioned professional nurse, who knows how to decide (E3).

However, in order to constitute a space of sharing decisions, discussions and dialogues, it is needed a physical structure that meets the group needs to meet periodically, however still far from the reality of our health institutions.

> Look, I missed a space, a place for us. Unfortunately, this is not thought by the institution, a nursing room, in the sector, to gather, a private space. I had problems, since my sector is open, and all the time family members were at the door (E5).

Another aspect identified by the participants relates to group approach issues, the way of expressing what we want for our team:

> We are somewhat educators, I saw this, some are rude, other are more delicate, we need to think much before speaking, in order to prevent offending, hurting. I went through it now. A competent employee but hard to deal with, said he didn´t like the meeting, he asked me, indeed rude. This is from family, really a matter of education… social values (E2).

Although they have technical competence, we need to develop in the nursing team integrating members, relational competences through a permanent education program. In this context, it is necessary to consider the respect for everyone, with the proposal of establishing a cooperative and harmonious work, with healthy professional links.

Theory of Professional Links: resignification of concepts as for the nursing team´s individual and group actuation in the micro-workspace.

Next, we present the resignification of the TPL concepts as for the nursing team´ micro-space actuation. It should be stressed that all were constructed collectively, following the Vygotsky´s constructivist framework and written in record units, which, later, were organized according to the understanding of each nurse. The nurses re-signified the concepts: integration process, communication and professional competence after the TPL application along with their work teams, shown in the following Chart 1.

DISCUSSION

During the TPL re-signification processes, during the team meetings conducted by the participating members we perceived their need for using managerial skills to become effective these moments. The negotiation, decision-making, was one of them, from the moment the meetings were scheduled, as in themselves.

It is verified in the report of E1 that the current conformation of the health organizations interfere in the conduction of team meetings, understood here as the lack of time, related to workload. However, the perseverance and professional commitment in carrying out it stood out. At the end of the task, a rewarding feeling was determined, by the fact that it was identified that one integrating member of its team "was not well".

By contrast, the participant E8 used the negotiation process, which is part of the management in nursing and, then, was successful in the TPL along with the team. I should need about relationships and, for that, the available time is essential, so that an opportunity can be given to everyone to think and debate about their actions.

Therefore, the skill to negotiate in groups is essential so that positive attitudes, arising from negotiation, make the internal and external communication easier, reducing the stressors in the intra-group communicational line. Thus, the relational aspects within the work group can be enhanced through the communication, which serves as a tool for the development of the nursing team, generating personal and professional fulfilment and satisfaction among the team members, besides favoring the maintenance of the order. [11]

In a negotiation, it is important that both interests be taken into consideration, for an acceptable agreement. In this sense when positioning as a negotiator inserted in this process, the nurse can define acceptable institutional behaviors and rules, by instrumentalizing its team in the construction healthy spaces of negotiation, strengthening its team for institutional growth.[12]

The understanding of the relational issues goes through the fact that the nurse can, through discourse, in the negotiation, provide the necessary adjustments at work, thus, responding to the ethical-legal precepts of the profession, and not only to the requirements imposed by health institutions. The group coordinator should seek to be participative, maintaining coherence between the discourse and the practice, without exercising coercive power over the others. Only in this way, it will trigger an action capable of favoring the human relationships and stimulate the formation and affirmation of the professional links. The nurse´s authority, as coordinator of a team, cannot be confused with "power to have it done" and, then, prioritize the construction of collective projects of work, achieved among their members, professionals co-responsible for the care provided.[2]

The decisions resulting from a shared management are arisen from a decision-making, a process that is part of the power relationship established between the coordinator and other members of the group. For such, studies indicate the need for

Chart 1: Collective resignification of the TPL concepts by the nurses.

Concept in the TPL	Resignification of the concept by the nurses
Integration Process	
Integration Process is a social process that occurs from the persons´ movement, individually and of group, which tends to unify a team, by incorporating all the participants, leading to a complementarity, without forgetting to maintain recognition of the particularities of each human being. The TPL considers as parts within the integration process: the interaction; self-knowledge; acceptance of the other; way of approaching the group and the relevant cooperation for the formation and affirmation of the professional links, as it refers to development of the professional task in a collective way, taking into consideration the individual and peculiar skills for the collective of work [...].	"It is understood that the Integration Process involves the commitment of one towards all, with a view to achieving a professional task. We cannot admit the individuality in this process. It should be allowed to exchange ideas and experiences by means of constructing a space of dialogue within health organizations that favors human relationships. The integration process in the hospital environment is constituted in: respect, friendship, self-knowledge, honesty in relationships, conflict management, empathy, polite ways of approach, construction of dialogical institutional spaces, affection, development of the spirituality with the aim of sensitizing the group to welcome the others" [...].
Communication Process	
For the TPL, the communication process is a determinant factor for the establishment of a cohesive team, allowing the integration among their participants, for the promotion of the therapeutic care to human beings of Health institutions. In this context, the positive communication is inserted, as it assists in the development of attitudes and actions that lead to a positive communication, in which there is the involvement of an open and equalitarian, and an authentic and solidarity communication	"The Communication process involves a team attitude in considering the nurse as coordinator and leader, since it is he who will address the care actions and the tasks of the unit. With this, we understand that the communication will be respected and effective, since the work will flow well when there is the nurse´s recognition. In this process, we believe that by means of meetings and dialogue, the communication in the team promotes healthy relationships. This process should contain willingness to change, positive attitudes, appreciation of the colleague and fraternization in one´s own working sector, and beyond to reaffirm the group identity, and exercise of constructive power. Negative leadership should be dissolved and decrease to the maximum possible the turnover of persons in the nursing team. This process contains the negotiating and decision- making skill [...].
Professional Competence	
The professional competence corresponds to the nursing worker´s ethical-legal skill to carry out and respond for the therapeutic care given to persons in distress, and must comply with the Professional Exercise Law and the Code of Ethics of the Nursing Professionals. It is up to the nurse to be aware of the unit reality, especially of persons who seek or are hospitalized in the actuation micro-space under its responsibility.	"The professional competence is better developed through the continuing education, which can be done by the nurse himself, together with his team. Being competent, professionally, means carrying out care actions in a responsible and ethics way. Meetings team serve to enhance the group, and all members should be flexible to participate. The professional competence in our view is linked to the hierarchical limits that each professional has in relation to their legal competences of the nursing exercise, to which everyone must respect".

Source: the authors (2019).

existing new ways of subjectivities, possible through the search for the rupture of characteristics historically rooted in the nursing, such as care as charitable actions, existence of social division of work and autonomy linked to abnegation. Only in this way, the decision-making becomes effective from the awareness face the reality in which we are inserted. [13]

Despite the exercise of group coordination, the nurse should have the skill to make decisions, define tasks and organize the work. In addition, its operationalization is intrinsic to proper communication, as requires the instrumentalization of professionals regarding attitudinal skills that reflect in the good relationship among the integrant members of the team. [14] With regard the decision-making, this gives autonomy to the nurse´s

work, as reduces the management centralizer model, allowing the professionals to be clear about its role in the organization.

Thus, when the nurse assumes the position of mediator or negotiator, the conflicts that might arise in the work daily are reduced. The nurses should search for undertaking new actions; take initiatives, new ways of acting and generating constructive exchanges in their doing, in contrast to those who conform to the situation as it presents, limiting themselves to the comfort zone and to a routine of obligations, not going beyond the merely prescribed. To overcome the obstacles in the teams´ management, nurses should be guided by proactive actions, favoring the practice of leadership, cooperation and learning in the group .[15-16]

The power relations were present in the re-signification process of the theory, since the nurse carries out the position of coordinator of the nursing team, this authority, granted to him by the professional exercise law, and should exercise in a way of conquering the trust and reliability of the work group. The organizational model influences the work relations, as it is perceived that there is no valorization of the nursing professionals, as they are deprived of a space, an appropriate meeting room where we notice the lack of a collective space for discussing the care actions and subjects that involve the group.

In the TPL re-signification, through the collective construction of new concepts, new conceptual elements emerged. In the concept of *integration process*, the participant members started from their subjectivities and their relationships with the work and their teams, and new elements emerged, such as: respect, honesty in the relationships, conflicts management, construction of dialogical institutional spaces, affectivity, development of spirituality with the aim at sensitizing the group to welcome the other.

It should note the issue of the spirituality brought by the interviewees as a tool for humanizing the relationships in the work environment. It is believed that the understanding about the spirituality mobilizes harmonizing and well-coming behaviors and feelings in the group members.[17] The spirituality, in turn, when inserted in the context of the work organization, allows the workers to develop their skills and talents, prompting the tolerance, patience and sensation of interconnectivity, strengthening the personal values, which will favor the enhancement of the individual performance and of the organization as a whole. [18]

Administration undergraduate students, managers and subordinates of an Information Technology company understand that there is a direct relation between the spirituality and the work process as this increases the productivity, the group autonomy, reflecting in the organizational results.[20]

It stands out, in the re-signification process, the need for conflict management, in order to allow the development of individual and collective competences and skills, pointing to an autonomy and professional growth. It is worth highlighting that the work gives meaning to life, and that life is impregnated with the subjectivity of each worker who takes place through it. Therefore, all the doing in nursing has life and becomes dynamic, as we understand it in its entirety. .[21] This way, the resignification of the

Process of the TPL Integration points to a way that goes beyond the relational aspects, arising, then, the need to rethink about a management model of persons that integrates other elements, such as respect and the meaning that life and the doing in the work environment have for each worker.

As for the *communication process*, the nurses considered some essential elements for its consolidation: willingness to change, positive attitudes, appreciation of the colleague and fraternization in one´s own working sector, and beyond to reaffirm the group identity, and exercise of constructive power, as well as negotiating and decision-making skill. Thus, the nurse as team coordinator must be aware of the internal and external changes that her work group may be facing. Therefore, the communication in nursing depends on some elements that allow reflection about what it says and that contribute to clarify the ideas to be transmitted. This way, the communication helps the group to integrate by acting in a cooperative way and collectively, configuring itself as a strategy of internal organization where the articulation of actions, interventions and interactions among the individuals and knowledge take place. Thus, the communication is a competence necessary for the teams´ management, since it allows openness for conflict resolution.[22-23]

On the other hand, it should be stressed that, in the re-signification of the communication process, decision-making and the exercise of constructive power also emerged as favorable elements for this process. As for the exercise or power relationships in the work in nursing, [24] it is stressed that everyone is immersed in the power relations, and we exercise it daily with each other, since all are, this way, exercise power objects of the other. Thus, the communication in the nurse´s work process is facilitated through decision-making, as it gives them autonomy and space within the institution, as well as reliability in the face of the nursing team. As for the exercise of the constructive power by the team coordinator, we understood that it strengthens different ways of communication among the group members.

The *Professional competence* re-signified by the professionals brings with it the ethical issue and of being competent in its performance together with the nursing team, in the management of human relationships and in the work organization. In that way, it results in a care of excellence. It is believed that, inserted in this context, there is the stimulus for a collective work within the group, resulting from the definition of functions given by the ethical-legal competence, contained in the professional Legislation. [2]

Studies mention specifically that nursing professionals must be ethically competent, to face the challenges imposed by the organization in a critical, reflexive and resolute way. They report that the work process can influence in the ethical issues and that the lack of institutional support, the conflicts with other professionals, the institutional policies and the different ethical and legal values related to the decision-making process by the nursing may leave them prone to experience ethically problematic situations.[25-26]

For this purpose, nursing professionals can use administrative principles to address the individual and collective work that seeks talent in the group, by reducing the interpersonal conflicts to

achieve their objectives. From this perspective, the professional competence is also linked to the skill to manage, whether human relationships or care units.[27] Therefore, it should be noted that the ethical, relational, emotional, technical issues permeate the professional competence re-signified by the participants, when they state that is essential that the nurses " be competent" going beyond merely legal and technical issues. The re-signified concepts in the face of Vygotsky´s perspective represented the qualitative leap achieved by the participants, that is, a potential knowledge about interpersonal relationships in the scope of the nursing teams, after using the mediation and internalization tools for a real knowledge. [28]

Limitations of the study

It emphasizes as limitations of this study, the concepts that could not be re-signified and to which the Theory of Professional Links is compounded with regards to the nursing team actuation regarding the organizational structure in the health institutions, such as the rules in which the teams are immersed, the extra-group power relations, in-service education, the definition of actuations, team coordination, professional enhancement and the division of work that permeate the work process in nursing and are part of the TPL. The internalization and posterior re-signification of these concepts will enable to reveal other aspects that permeate the interpersonal relationships in the work in nursing, by allowing the formation and affirmation of healthy professional links between the nursing teams and other professionals inserted in the health organization.

FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

From the application of the theory together with teams, gaps to overcome in relational, technical and personal scope were showed. The participants´ difficulties in meeting with their work teams was a relevant factor, as it aims to integrate a group, which, consequently will provide a quality care. The decision-making by nurses gives them reliability at work, promoting a sense of trust and respect by the nursing team, facing the challenges confronted.

Face the analysis of the discussions among the participants; we noticed that there are institutional and human relationships aspects that can make it difficult the formation of healthy professional links. That way, we could perceive that the actuation of the nurse as coordinator is permeated by the respect of his team regarding the group decisions and himself. In the issue of spirituality, we identified that the encouragement of spirituality in the work environment contributes to the formation of healthy links, a fact demonstrated by the participants´ concern with the relational and emotional issues in which the nursing teams are immersed.

With respect to professional competence, the ethical issues of praxis corroborate with the TPL, as allowed a broader understanding, since it included skills to work in groups, disconnected from the purely and legal technical aspects that we know about professional competence. The continuing education and holding meeting with the team are perceived as facilitators as they assist in enhancing the group.

Thereby, the resignification of the Theory of Professional Links by Nurses active in different scenarios of care represents the collective and individual way in which each nursing team perceives itself in the construction of possible professional links. The particularity of each scenario of the nurses´ practice allowed to awake to different attitudes face the professional challenges, instigating each participant to link the TPL concepts with the way interpersonal relationships are processed. It also made it possible for each nurse to visualize how their work process occur by listing elements that were not part of the theory concepts, but that arose when resignificanting it, contributing to the enhancement of their practices and perfectioning of the own theory.

The study enables a reflective exercise about the doing and the scope of the group work and a rethink about the discourse and the nurses´ action for working healthy relations in nursing work. Through the action and intervention, by articulating weaknesses and potentialities of the nursing teamwork in their respective care scenarios the study allows the human relationships qualification in and for the group work. By means of the new conceptions that were added to the Theory of Professional Links, the present study can constitute a management model for the teamwork and, consequently, foreseeing new individual and group possibilities of its participating members.

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