

NURSES' UNDERSTANDING OF THE EXERCISING OF LEADERSHIP IN THE HOSPITAL ENVIRONMENT*

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ABSTRACT: This study aimed to investigate nurses' understanding regarding leadership, as well as the strategies used for facilitating its exercising in the hospital environment. It is research with a qualitative approach of the descriptive type, in which the case study was used as the investigative strategy. The participants were 25 nurses who worked in hospitals in Florianópolis, in the Brazilian state of Santa Catarina. The information were obtained between May and December 2010, through semi-structured interviews and dialogic workshops, and were analyzed using Thematic Analysis, with two themes emerging: 'The nurses' understanding regarding leadership', and 'Strategies which facilitate the exercising of leadership'. The results indicate that leadership is a relational skill which contributes to the management of the care, the team, and the hospital environment, being strengthened by dialogue as the main strategy facilitating and strengthening the exercising of the nurse's leadership.

DESCRIPTORS: Nursing; Leadership; Hospitals.

COMPREENSÃO DOS ENFERMEIROS SOBRE O EXERCÍCIO DA LIDERANÇA NO AMBIENTE HOSPITALAR

RESUMO: Objetivou-se conhecer a compreensão dos enfermeiros sobre liderança, bem como as estratégias utilizadas que facilitam seu exercício no ambiente hospitalar. Trata-se de uma pesquisa de abordagem qualitativa do tipo descritiva, na qual foi usado o estudo de caso como estratégia de investigação. Participaram 25 enfermeiros que trabalham em hospitais de Florianópolis-SC-Brasil. As informações foram obtidas de maio a dezembro de 2010, por meio de entrevistas semiestruturada e oficinas dialógicas, e analisadas por meio da Análise Temática, emergindo dois temas: Compreensão dos enfermeiros sobre liderança e Estratégias que facilitam o exercício da liderança. Os resultados sinalizam que a liderança é uma habilidade relacional que contribui para o gerenciamento do cuidado, da equipe e do ambiente hospitalar, sendo potencializada pelo diálogo enquanto principal estratégia que facilita e fortalece o exercício da liderança do enfermeiro.

DESCRIPTORIOS: Enfermagem; Liderança; Hospitais.

COMPRESIÓN DE LOS ENFERMEROS SOBRE EL EJERCICIO DEL LIDERAZGO EN EL AMBIENTE HOSPITALAR

RESUMEN: Se objetivó conocer la comprensión de los enfermeros sobre liderazgo, así como las estrategias utilizadas que facilitan su ejercicio en el ambiente hospitalar. Se trata de una investigación de abordaje cualitativo del tipo descriptivo, en la cual fue usado el estudio de caso como estrategia de investigación. Participaron 25 enfermeros que trabajan en hospitales de Florianópolis, SC, Brasil. Las informaciones fueron obtenidas de mayo a diciembre de 2010, por medio de entrevistas semiestructuradas y oficinas dialógicas, y analizadas por medio del Análisis Temático, resultando en dos temas: Comprensión de los enfermeros sobre liderazgo y Estrategias que facilitan el ejercicio de liderazgo. Los resultados apuntan que el liderazgo es una habilidad relacional que contribuyó para la gestión del cuidado, del equipo y del ambiente hospitalar, siendo potencializada por el diálogo como principal estrategia que facilita y fortalece el ejercicio del liderazgo del enfermero.

DESCRIPTORIOS: Enfermería; Liderazgo; Hospitales.

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INTRODUCTION

Working and intervening in the scenarios of production of care in the health services are tasks considered complex. Health is currently treated as a question of primary importance for the population, leading managers and workers to develop and implement public policies of widely varying types: of management, of care, education and research, appealing to the health professionals to function actively regarding the population's health needs⁽¹⁾.

In the health context, Nursing is the science of caring, and is organized as collective work, undertaken in collaboration with other professionals and workers in the health field. It is based in a consolidated knowledge which must make bases available for the practice, and support the construction of paths for confronting both new and old problems in the health field which are specific to their professional center. The challenges faced by nursing result from changes in the demographic and epidemiological profile of the population and from the complexity inherent to the process of caring for people with health needs⁽²⁾.

For this, it becomes relevant for the nurse to have the ability to lead, this being an important factor for this professional to be able to lead her team and facilitate the work in the assistance given to the service user. However, the exercising of nursing leadership is considered an major challenge experienced by the nurses in the health services, in particular in the hospital institutions, as these are complex organizations which absorb a large proportion of the health professionals; and, for this reason, it is common to face conflictual situations⁽³⁾. For this study, leadership is a professional competency of the nurse, which represents the ability to influence people, through dialogue, with the objective of achieving the goals established for the group, which – in the case of nursing – relate to the care for the human being⁽⁴⁾.

In analyzing scientific production in relation to leadership, it was identified that interest in this issue has grown over recent years, including the leadership of the nurse in the hospital environment, seeking to understand the specific characteristics for leading in this scenario. Among these, studies stand out which investigated the issue in critical care units⁽⁵⁾, the nursing team's expectations in relation to the nurses' leadership⁽⁶⁾

and emphasis on the use of dialogue as a resource which assists the exercising of leadership in hospital institutions⁽⁷⁾. Researchers have also sought to identify the challenges which newly-qualified nurses confront in order to lead⁽⁸⁾. Others described the teaching of leadership, approaching both the perspective of the nursing lecturers⁽⁹⁾, and the perception of the process of the teaching-learning of leadership for the nurses themselves⁽¹⁰⁾.

Even though there is evidence of studies on the issue, the same still lacks investigations, as it is possible to identify that nurses have difficulties in exercising leadership^(8,11), and that in the current health context there is an increasing need for nurse-leaders who are technically-scientifically competent and capable of managing the care and the nursing team, using dialogue, ethics, and humanization⁽¹⁰⁾. Due to the results of these studies, it is relevant to continue addressing leadership with nurses, such that the same may better clarify their understanding regarding this professional competence and optimize its exercising in practice. In the light of this, the present study aims to investigate nurses' understanding regarding leadership, as well as the strategies used which facilitate its exercising in the hospital environment.

METHOD

This study has a qualitative approach of the descriptive type, in which the case study was used as the investigation strategy. The participants were 25 nurses who worked in three general hospitals in the city of Florianópolis, SC, Brazil, who showed interest in discussing and reflecting on leadership in nursing. Nurses who had graduated up to six years previously were invited to participate in the study. This period was chosen in order to cover those who were trained under the national curricular guidelines, which consider the study of the development of competencies.

The decision was made to undertake the study in these locales because they are hospitals which stand out in terms of the healthcare they provide in the city of Florianópolis. Furthermore, the intention was to identify the existence or not of dissonances in the practice of the nurse's leadership, as these hospitals possess different types of management, that is, federal, philanthropic, and state.

Semi-structured interviews were used as the data collection technique. The interviews were held in the places studied themselves, at pre-established dates and times, as agreed during previous contact with the participants. The script used was created by the researchers in order to guide the collection, seeking to question the participants regarding their understanding relating to leadership, how it was for them to coordinate the team, the challenges which they faced in order to lead in the hospital environment, and the strategies which could be implemented in order to facilitate the exercising of leadership. The interviews were recorded and transcribed immediately after they ended. Each subject's account was identified by the letter 'I' for interview and the ordinal number corresponding to the order in which the interviews were held (I1, I2, ... I25).

After the interview stage, three workshops were held, one in each hospital; these aimed to encourage reflection and to promote discussion regarding leadership, as well as to allow a collective debate regarding the training of nurse-leaders and the continuous development of the nurse in the hospital institutions. It is noted that the nurses participated in the workshops undertaken in the hospital in which they worked, as it was not possible to undertake a single workshop relying on the participation of all the study subjects in the same place, due to the difficulties met in bringing them together.

All the workshops followed the same dynamic. Firstly, the group was encouraged to think about "What is leadership?". They were put into pairs in order to undertake a short discussion, after which the pairs presented to the group the meanings which they attributed to leadership. After, a video was shown addressing the importance of leadership, with the aim of relaxing the group and relating some issues from the video to the nurses' practice.

During the dialogic workshops, an exercise was also held involving the random reading of phrases previously selected by the researcher, which were linked with the issue of leadership. Each participant chose a colored envelope containing one phrase, read it individually, and – after five minutes for reflection – read the phrase to the group and presented her reflections. Finally, the group collaborated with their reflections.

Each dialogic workshop lasted an average of

one hour 30 minutes and were recorded. The accounts arising from the dialogic workshop were identified with the letters DW, followed by the ordinal number representing each (DW1, DW2... DW25). One of the researchers took the role of moderator in the meetings. The information was obtained between May and December 2010.

Thematic Analysis was used in order to analyze the data. This is characterized by two operational periods. The first includes the fundamental purposes of the study, which is mapped in the exploratory phase of the investigation. The second period is termed "interpretive", as it is the departure and arrival point of any investigation, representing the meeting with the empirical facts. The interpretive phase has two stages: the ordering of the data and the classification of the data, which include horizontal and exhaustive reading of the texts, final analysis, and the construction of the report presenting the results⁽¹²⁾.

The ethical principles established by the Ministry of Health's National Health Council were respected. This was in force at the time of the project's presentation to the Research Ethics Committee of the Federal University of Santa Catarina. The project was approved under Protocol n. 658/10.

RESULTS

The results were organized into categories, termed: 'The nurses' understanding regarding leadership', and 'Strategies which facilitate the exercising of leadership'.

The nurses' understanding regarding leadership

In seeking to investigate the nurses' understanding regarding this issue, it was ascertained that the leader is understood as a person who is the example for the team, providing support and security, in pursuit of the same objective, that is, the quality of the care.

For me, I think leadership is a reference point, you know, to be a safe port, where they know they can find answers, find support, understanding, I think that is what a leader is. To manage to act with love and with competency at the same time. I think this is a good leader, a person who is a

reference point, who people can trust in. (I5)

I think that leadership is, generally, giving support, and guiding and supervising the care, the relationships, everything, the whole process. I see myself as having these responsibilities in relation to my team, and from my leadership I seek the same thing, which is: to support, to advise, and to give feedback on what was done, which is to follow the results. (I6)

I think that leadership is example, it is a mirror, it is a lighthouse, it is what distributes the tasks, it is to want to improve the unit, to facilitate everybody's work, because I also think that when we facilitate our work, you improve the care, we will have more time, more dedication for attending the patients. (DW23)

Furthermore, according to the accounts below, one can ascertain the importance of the leader cooperating with and working in conjunction with the team, being a reference, with the aim of achieving common objectives, which – in the case of the exercising of leadership in the hospital environment – refers to patient care.

The leader is the person responsible for coordinating certain activities at specific times so that an objective may be achieved. In our case, the objective is quality patient care, that's what it is. (DW10)

[...] *Leading is not giving orders and making somebody always submit to you, it's absolutely the contrary, it is team working, knowing how to talk with somebody, for you to know how to interact with her such that she will want to follow what you propose, and not you having to impose your idea on your collaborators, so I try to act like that, with consensus. (I21)*

Well, I think that the leader is that person in whom everybody in her team trusts. How shall I put it? It is a person who is always there, ready. Everybody around her seeks her. They don't look for other ways, instead, they go straight to her. I think that the leader must be a partner. (I25)

It can also be identified that authoritarianism

is a weak point in the exercising of the nurse's leadership, and should be avoided in the hospital environment.

When you arrive in the department as a nurse, you are going to be part of a hierarchy, there are different levels of decision-making, so everybody is expecting the worst, so you're going to have to conquer your space somehow. You'll really have to fight for it. There's no way around it. And turning up all authoritarian is going to be even worse, you'll be confronting everybody. (DW11)

Another relevant result was conflict management, considered to be an activity present in the nurses' work in the three institutions investigated, mainly caused by problems in the interpersonal relationships between the members of the nursing team.

Yes, there have been conflicts, sometimes they're about such stupid things that I prefer not to pay attention. I just tell them, you are going to work together, and you're not going to want to work in a bad atmosphere, so you need to get along. Generally, what gives the most problems is the gossip which one person says about another, that is the biggest danger, in any unit. (I19)

I think that the most difficult thing is the interpersonal relationships, because if there is a problem with a technique, you go talk to them, but managing an interpersonal relationship is complicated. (I4)

Strategies which facilitate the exercising of leadership

In the light of the results obtained, emphasis is placed on impartiality as a strategy which helps the nurse to exercise leadership in the hospital environment.

Being impartial, I think that being impartial comes first. Because it is obvious that in the team, you have members with whom you have greater personal affinity, but you can't let this interfere in your conduct as the leader when you are taking decisions. You have to be impartial. (DW4)

Knowing how to listen was another strategy which emerged in this study, evidenced in the following account:

Each person has their point of view, each one has their own way of seeing things and also how they do things, some people think you can succeed if you listen, you do something and everybody has a different view of what you did. Some think that 'no, you shouldn't have done that', while others will say 'no, I think that you did the right thing'. So, it's like that, you really need to listen to your team to improve, for you to explain, to see things well. I believe that that is it. (DW11)

Dialogue was understood as the main strategy used by nurses during the exercising of leadership.

I think the dialogue is the main thing, how to do things by conversing both with the patient and the person who cares for him. I think that this is important, developing a leadership based in dialogue, in conversation, I think that this is essential if you are going to satisfy everybody. (I5)

For me, it is all about talking. Agreeing, 'let's do it this way, I think it can be done better if we do it like this', accepting the team's opinion too, [...] there has to be a consensus between everybody. (I21)

I base my work in dialogue, I place a lot of value on conversation. (I24)

I think we are all singing from the same page in the hymnbook – communication and dialogue in the leadership, because I think that the biggest challenge is showing them the reason for what they do, and for them to understand the importance of what they are doing. (DW10)

DISCUSSION

The role of leader requires a broad and systemic view of the various situations which the leader faces in her work process; as a result, the nurse must prepare herself, innovate, and seek new forms for exercising leadership, given that the way that this professional conducts the team has a direct influence on whether or not the system

of care will be committed to peoples' needs⁽¹³⁾. Thus, it is perceived that leadership represents a relational activity which is intimately associated with nursing, given that the nurse needs to coordinate, provide support to, and motivate her team; and that due to these characteristics, she can directly influence the actions of the nursing team and multidisciplinary team.

To recognize and take possession of a place, as well as to use it for optimizing leadership within the work teams is a reasonable choice which can represent a major advance for the profession in the qualification of the health actions. Through encouraging the practices of shared leadership in the teams, one can promote the development of more cooperative and integrated forms of work⁽¹⁴⁾.

The understanding of leadership is related to the concern with care for the human being with health needs, also encompassing the management of the unit and the needs of the workers in the team⁽¹⁵⁾. Hence, leading is the leader's capacity to conduct and organize the work of the team, with the aim of providing efficient attendance, using technical-scientific knowledge and a thorough knowledge of human and interpersonal skills for this⁽¹⁶⁾. Because of this, only a person who promotes self-knowledge, and who sets strategic goals for her personal and professional growth, as well as for her collaborators, with a view to strengthening the group's potential and overcoming her own weaknesses, can be the leader of a team⁽¹⁷⁾.

In this regard, the leader represents the bond of support for the team, in relation both to education and coordination of the work, as she has the responsibility for encouraging the development of the collective potential, which will directly influence the quality of the care⁽⁶⁾.

Considering the nursing work process, it is important to bear in mind that in exercising the role of leader, the nurse is focused on the professional task, that is, the care for the people who need the nursing care^(5,18). Taking responsibility for the care means being responsible for articulating the different professionals in teamwork which is interdisciplinary, collaborative, and horizontal, seeking to assist the subject of the care in her integrality, with needs to be attended and also with desires and emotions, impregnated with objectivity and subjectivity⁽⁵⁾.

The accounts evidenced the nurses'

comprehension relating to the role of leader, demonstrating that – depending on how this role is performed – it can involve harm to the collective. In this regard, the authoritarian leader positions herself at the top of the hierarchy, centralizing decision-making power and being able to enjoy the prestige, status and social stability which result from her management, as well as responding alone for her actions' lack of success⁽¹⁹⁾. Authoritarianism distorts leadership, turning it into an instrument for demonstrating power and domination; for this reason, one should aim to preserve styles of leadership which strengthen the establishment of healthy relationships in the hospital environment, and which can contribute effectively to the leading of the health team and nursing team, influencing the quality of the care provided. The nurses' accounts re-take the importance and centrality of the leader for the team, and the concern with the limits of the power exercised over the team, demonstrating a concern about the relationships woven in the performance of the leadership.

In addition, the nurses highlighted the management of conflicts as an activity experienced in the work environment, caused mainly by problems in the interpersonal relationships. Should these not be managed appropriately, they cause greater discomfort among the team members, harming the work atmosphere and even interfering in the care provided.

One study undertaken with professionals from the health area indicates that leadership tends to be associated with an affective and understanding role on the part of the leader, while a 'boss' is limited to command-and-control. In this regard, it may be that hierarchical relationships are conflictual, because people who work in roles of command are considered pejoratively as bosses. In contrast, it is also possible to indicate a spectator-like posture on the part of the people who consider themselves subordinated, as they expect the leader to resolve all the problems, there being no co-responsibility, strengthening the adoption of a passive posture⁽³⁾.

As a result, it should be emphasized that nursing work is undertaken as a team; thus, it is expected that the nurse perceives the importance of the process of leadership as continuous and dynamic learning, and should be able to guide people so that they work enthusiastically, so as to achieve the common objectives⁽⁶⁾. For this,

the leader must be a partner with her team, help it and make efforts to be the image of a good professional, committed to her responsibilities and to her role in the organization, as well as encouraging commitment, participation and co-responsibilization of all in decision-making.

It should be reinforced that the nurse, as the leader and reference figure in the health services, due to the range of activities which she undertakes, needs to contribute to the strengthening of the hospital as a place for attention in the network, contributing to her organization in a regionalized, articulated and integrated way, with participative, transparent and democratic management, seeking, above all, to preserve patient safety. In the light of this, the need is emphasized to encourage the training of nurses with potential for taking on positions of leadership in the health services, in particular, in the hospital environment, due to the complexity of the care provided at this level of attention.

In relation to the strategies used for facilitating the exercising of leadership, the following are emphasized in this study's subjects' accounts: impartiality, knowing how to listen, and dialogue. Impartiality in decision-making is essential in the nurse's work. Thus, the nurse-leader needs to act rationally and avoid taking a decision based on intuition, without analyzing all the dimensions which permeate a conflictual situation; to know how to listen to each member of the team. We are talking here of attentive listening, which truly values the opinion of all the professionals, acting as contributors in this process of making health. Thus, one can say that these two strategies are interrelated, as they contribute to decision-making and to conflict management, supporting the nurse's leadership safely and responsibly.

Dialogue was identified as a principal strategy. Through communication (conversation) the nurse seeks to ensure conflict resolution and initiative in decision-making in her work process, and creates a healthy professional link among the team. Other studies also emphasized dialogue/communication as strategies which facilitate the exercising of leadership⁽⁷⁻⁸⁾.

In line with this study's findings, a new proposal for leadership is defended, based in dialog, which contributes to the construction of practicing of relationships which are more emancipatory, autonomous, and dialogic among

health professionals in the hospital environment⁽¹¹⁾.

As a result, dialogic leadership is highlighted, this being considered the leader's capacity to influence her collaborators and to act critically and reflexively on their praxis, through the establishment of an efficient communicational process⁽¹¹⁾. In the light of this, dialog between colleagues and managers is indicated as a means of promoting humanization in the work environment⁽²⁰⁾.

Dialogic leadership may also be understood as a political act, which may be used as a strategy by the nurse-leader in her work environment so as to guide her style of leadership, as in being considered a relational and unique being, mankind is different from the others in defending their convictions in the social context; in addition, the construction of new forms of working in the health area will become possible, based on adopting more democratic, human and ethical attitudes, which strengthen the workers' freedom of expression, seeking to overcome the power relations based in authoritarianism and oppression⁽¹⁰⁾.

It is understood that the advantages made possible through dialogic leadership are so that the nurse may base herself in the establishment of an efficient communication process, so as to encourage autonomy, co-responsibilization, and the valuing of her team and of the users of the hospital services, as well as to assist her in decision-making, in planning, and in the implementation of the care practices⁽¹¹⁾.

This requires, however, the building of important links between the professionals, which is shown to be one of the main challenges for promoting the articulation of theory and practice. The weakness of this link frequently impedes the construction of actions favoring the quality of the care, genuinely aware and able to influence the context, especially in the Unified Health System (SUS), and which could also allow the services to make use of innovations and knowledges⁽⁹⁾.

CONCLUSIONS

The study made it possible to investigate the nurses' understanding in relation to leadership, as well as the strategies used which facilitate the exercising of leadership in the hospital

environment. The participants emphasize adherence in the practice to a leadership based in dialog, which represents the leader's capacity to influence her collaborators to act critically and reflexively, through horizontal relationships in the work environment, in which opportunities for exchanging knowledge and for collective improvement appear between the leader and her collaborators, as well as there being space for the autonomy and active participation of nurses, team and service users, as social actors.

The hospital environment is a high complexity service, which needs its managers to adhere to democratic, horizontal conducts, so as to meet the population's health needs. To this end, the nurse exercises a fundamental role in the organization of the service. Dialogue is the principal strategy facilitating the exercising of leadership in the hospital environment, so as to make quality care available.

It is emphasized that regardless of the hospital institution, the nurses present similar difficulties in taking a position regarding the nursing team and conflict management, but that most of them use dialogue to guide the challenges faced in the hospital environment.

Although it is known that the issue of leadership in this area has been well-investigated, the need is emphasized for studies in this aspect such that it may be possible to strengthen the nurse's actions in undertaking the management of the care, as a point of reference for the nursing team and the health team in the hospital environment, as well as in relation to the growing challenges in this professional's managerial work.

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