

## IDEAL AND REAL LEADERSHIP OF NURSES IN INTENSIVE CARE UNITS AT PRIVATE AND PUBLIC HOSPITALS\*

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**ABSTRACT:** The aim of this study was to analyze differences in styles of ideal and real leadership of nurses in intensive care units at private and public hospitals. A cross-sectional study was carried out in four intensive care units (two private and two public) in the city of São Paulo, state of São Paulo, Brazil. The sample consisted of 66 pairs (nurses and nursing technicians) randomly chosen. Data were collected between January and April of 2013. The nurses answered the questionnaire Grid & Leadership in Nursing – ideal behavior. The nursing technicians answered the questionnaire Grid & Leadership in Nursing - real behavior, considering the nurse who chose them. Among the 66 nurses, 65 (98.5%) considered the style 9.9 as ideal and 42 (63.6%) were evaluated as 9.9 by the nursing technician. There were not differences between nurses' ideal and real styles of leadership in intensive care units at private and public hospitals ( $p=0.67$ ).

**DESCRIPTORS:** Nursing; Leadership; Intensive Care Units.

### LIDERANÇA IDEAL E REAL DOS ENFERMEIROS DE UNIDADE DE TERAPIA INTENSIVA EM HOSPITAIS PRIVADOS E PÚBLICOS

**RESUMO:** Objetivou-se analisar a diferença nos estilos de liderança ideal e real dos enfermeiros de unidades de terapia intensiva de hospitais privados e públicos. Estudo transversal realizado em quatro unidades de terapia intensiva (duas privadas e duas públicas) do município de São Paulo, SP, Brasil. A amostra foi constituída por 66 duplas (enfermeiros e técnicos em enfermagem) definida por sorteio. A coleta de dados ocorreu no período de janeiro a abril de 2013. Os enfermeiros responderam ao questionário Grid & Liderança em Enfermagem – comportamento ideal. Os técnicos em enfermagem ao questionário Grid & Liderança em Enfermagem – comportamento real, considerando o enfermeiro que o sorteou. Dentre os 66 enfermeiros, 65 (98,5%) consideraram o estilo 9,9 como ideal e 42 (63,6%) foram avaliados como 9,9 pelo técnico em enfermagem. Não houve diferença entre os estilos de liderança ideal e real dos enfermeiros das unidades de terapia intensiva de hospitais privados e públicos ( $p=0,67$ ).

**DESCRIPTORES:** Enfermagem; Liderança; Unidades de Terapia Intensiva.

### LIDERAZGO IDEAL Y REAL DE ENFERMEROS DE UNIDAD DE TERAPIA INTENSIVA EN HOSPITALES PRIVADOS Y PÚBLICOS

**RESUMEN:** Se objetivó analizar diferencias en estilos de liderazgo ideal y real de enfermeros de unidades de terapia intensiva de hospitales privados y públicos. Estudio transversal, realizado en cuatro unidades de terapia intensiva (dos privadas, dos públicas) del municipio de São Paulo-SP, Brasil. Muestra constituida por 66 duplas (enfermero y técnico en enfermería), definidas por sorteio. Datos recolectados de enero a abril de 2013. Los enfermeros respondieron el cuestionario Grid & Liderazgo en Enfermería – comportamiento ideal. Los técnicos de enfermería, el cuestionario Grid & Liderazgo en Enfermería – comportamiento real, considerando al enfermero que lo sorteó. De los 66 enfermeros, 65 (98,5%) consideraron el estilo como ideal con puntaje 9,9; 42 (63,6%) fueron puntuados con 9,9 por el técnico en enfermería. No hubo diferencia entre los estilos de liderazgo ideal y real de enfermeros de unidades de terapia intensiva privadas y públicas ( $p=0,67$ ).

**DESCRIPTORES:** Enfermería; Liderazgo; Unidades de Cuidados Intensivos.

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● INTRODUCTION

Leadership is an extremely necessary and required ability for nurses. Healthcare institutions look for professionals who are able to practice it in order to achieve effective results. Its learning begins at the undergraduate studies and continues permanently. Nurses develop themselves as leaders when managing teams, receiving and giving feedback, making decisions, solving conflicts, among others.

The Intensive Care Unit (ICU), in the hospital context, becomes a favorable field for it. When taking care of patients in critical conditions, managing resources to assure quality of health care, practicing interdisciplinarity and being in contact with families, nurses need to practice leadership.

Studies on nursing leadership in ICUs have approached the following aspects: association of leadership with workload<sup>(1)</sup>, personal and professional profile<sup>(2)</sup> and work environment<sup>(3)</sup>, implementation of new models<sup>(4)</sup>, perception of nursing technicians and aides on the leadership role performed by nurses<sup>(5)</sup>, experiences<sup>(6)</sup> and reflections<sup>(7)</sup> on leadership acquired by ICU nurses and leadership as an ability<sup>(8)</sup>.

Nevertheless, to allow nurses to practice their leadership, healthcare institutions must have a management model favoring its practice<sup>(9-10)</sup>. Since there are few studies seeking to verify this correlation<sup>(3)</sup>, the question of this study was: "Are there differences among styles of leadership of ICU nurses at private and public hospitals"?

The answer for this question will allow understanding how ICU nurses practice their daily leadership and if it is under the influence of the organization. In this respect, managers may develop action plans for the improvement of this ability, considering management models that rule hospital services. Additionally, this understanding can contribute for the gap in the literature on this relevant issue in the nursing and intensive care unit fields.

The styles of leadership of nurses have been analyzed with the use of the Management Grid Theory<sup>(11)</sup>. This theory does not only consider a particular task, but the general context, that is, how nurses devise their leadership and what is the opinion of the led ones on this practice<sup>(11)</sup>. Its adjustment for nursing, in which the horizontal axis shows the interest for hospital services and the vertical axis shows the concern with the collaborators, is shown in Figure 1<sup>(12)</sup>.

In view of the above, the aim of this study was to analyze if there are differences in styles of ideal and real leadership of nurses in intensive care units at private and public hospitals.

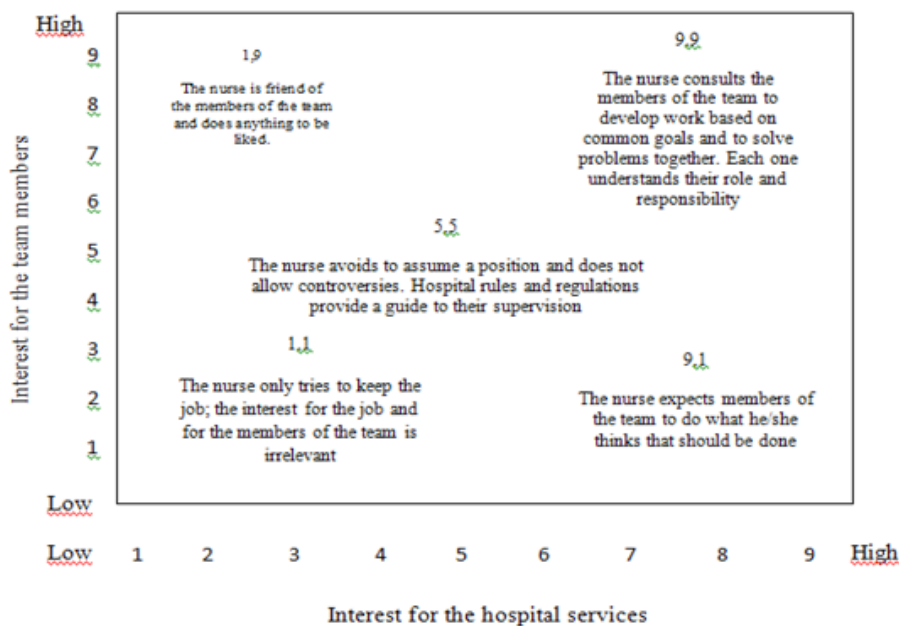


Figure 1 - Grid of the Nurse Manager<sup>(12)</sup>. São Paulo, São Paulo, Brazil, 2013

## ● METHOD

A cross-sectional study was carried out in four ICUs in the South of the city of São Paulo, in the state of São Paulo, Brazil. Briefly, the characteristics of these ICUs were: they belong to tertiary level hospitals, provide general medical care to adult patients with clinical and surgical diseases. They respectively had 42, 26, 32 and 30 beds. Two units belonged to private organizations and the other two to public and teaching hospitals. Such criteria were established to provide a comparison between distinct management models and also for convenience of the researchers.

The sample consisted of nurses and nursing technicians of these units who met the following inclusion criteria: free acceptance to join the study, being present at the time of data collection without vacation or license provisions and being working at least for six months as a professional employee in these ICUs.

Data collection occurred between January and April of 2013. The nurses were initially instructed as for the aim of the study. Then, a random nursing technician of their team was consulted and chosen. After agreeing to participate, all participants signed a Free and Informed Consent Form. It is worth mentioning that the study was submitted to the Research Ethics Committee of the Federal University of São Paulo and approved under no. 0839/10.

The nurses were not allowed to know which collaborator of the team was chosen, since the nursing technicians were identified with numbers that were only known by the main researcher. However, the nursing technicians knew which leader they should evaluate, since the name of the nurse was written in the collection instrument. Anonymity was ensured to prevent any influence that could interfere in the answers.

Two data collection instruments were left with the nurses in an envelope: 1 - Characterization – with information about age, gender, training time, length of work in the institution and in the ICU, existence of graduate program and contact with the subject leadership; 2- Questionnaire Grid & Leadership in Nursing: ideal behavior<sup>(13)</sup>. The nursing technicians chosen also received an envelope containing: 1- The same characterization instrument described above; 2- Questionnaire Grid & Leadership in Nursing: real behavior<sup>(13)</sup> considering the nurse who chose them. All participants were instructed to fill out the instruments of the work environment and to return them in a date previously agreed.

The two questionnaires based on the grid theories that aim to evaluate the ideal behavior of leadership of nurses and the real behavior in the opinion of the participants of the team were developed and validated<sup>(13)</sup>. The first one is filled by the leader and the second one by a led nurse. These questionnaires were used in the present study, since they match the Brazilian reality and went through face and content validation.

They are about 25 propositions with four possibilities of answers graduated in scores and listed as follows: totally desirable (four points), desirable (three points), undesirable (two points) and totally undesirable (one point)<sup>(13)</sup>.

Each affirmative statement in the instrument concerns a leadership style. The style of higher punctuation is about how nurses practice their leadership in their conception of ideal behavior and the opinion of a collaborator of their team about what is real<sup>(13)</sup>.

The rate of return was 54.5%, that is, there were 121 nurses and 121 nursing technicians approached. However, the sample consisted of 66 pairs being distributed as follows: ICU A=34, ICU B=3, ICU C=16 and ICU D=13. It is worth mentioning that ICUs A and B are private and ICUs C and D are public.

The data were analyzed with descriptive statistics and the Wilcoxon test for independent multiple samples was applied to verify if there are differences between the ideal and real perceptions of leadership styles of ICU nurses at public and private hospitals.

## ● RESULTS

Of the 66 interviewed nurses, 48 (72.7%) were women and worked in the following work shifts: 11 (22.7%) morning, four (7.6%) morning and evening, eight (16.7%) evening and 25 (53%) night. The schedule was classified as morning and evening because one of the institutions had a workload of 12 x 36 hours during the day.

The contact with leadership for these nurses occurred 100% in their undergraduate studies, and they also highlighted: lectures 29 (43.9%) and training programs 28 (42.4%). Additionally, 60 (90.9%) had a specialization degree, most in ICU 28 (46.6%), and of these, 10 (35.7%), had more than one specialization degree.

Among the nursing technicians interviewed, 41 (62.1%) were female. They worked in equal or coordinating shifts with their managers and had less contact with the subject leadership: technical course 42 (63.6%), lectures 18 (27.3%), training programs 16 (24.3%) and seven others (10.6%), in addition to the undergraduate program for those who were undergraduate students 11 (16.7%).

The variables age, length of profession, length of work at the institution and in the ICU are described in Table 1, comparing positions. The technicians and nurses had been working in the institution and in the ICU for five years on average.

Among the 66 nurses observed, 65 (98.5%) considered the style 9.9 of leadership ideal. On the other hand, among the evaluations of the technicians, it was observed that not all nurses behaved as they considered the ideal, as demonstrated in Table 2. However, 42 (63.6%) were evaluated as 9.9, with a confidence interval of 95% varying of [50.8%; 74.8%].

Table 1 - Descriptive of continuous variables according to position. São Paulo, São Paulo Brazil, 2013

Variable	Position	Minimum	Maximum	Mean	Standard deviation
Age	Nurse	23	59	32.9	7.1
	Technician	21	59	34.7	8
Length of profession	Nurse	0.9	26	7.9	6.1
	Technician	1	25	10	6.2
Length of work at the institution	Nurse	0.5	19	6	4.2
	Technician	0.11	19	5.1	5
Length of work in the ICU	Nurse	0.3	19	5.2	4.1
	Technician	0.11	19	4.8	4.9

Table 2 - Styles of real leadership evaluated by nursing technicians. São Paulo, São Paulo, Brazil, 2013

Styles of real leadership	N	%
1.1	1	1.5
1.9	6	9.1
5.5	9	13.6
9.1	8	12.1
9.9	42	63.6
Total	66	100

Table 3 - Styles of ideal and real leadership of nurses considering private and public hospitals. São Paulo, São Paulo, Brazil, 2013

Hospitals	Style of ideal leadership	Style of real leadership
Private (N=36 pairs)	1.1=0	1.1=1 (2.8%)
	1.9=0	1.9=2 (5.5%)
	5.5=0	5.5=5 (13.9%)
	9.1=0	9.1=5 (13.9%)
	9.9=36 (100%)	9.9=23 (63.9%)
Public (N=30 pairs)	1.1=0	1.1=0
	1.9=0	1.9=4 (13.3%)
	5.5=1 (3.3%)	5.5=4 (13.3%)
	9.1=0	9.1=3 (10%)
	9.9=29 (96.7%)	9.9=19 (63.3%)

Table 3 presents styles of ideal and real leadership of nurses considering private (A and B) and public hospitals (C and D).

The Wilcoxon test for independent multiple samples was applied to verify if there were differences in ideal and real perceptions of styles of leadership of ICU nurses at private and public hospitals. The result was  $p = 0.67$ , which is not significant statistically.

## ● DISCUSSION

From the point of view of the sample characterization, there was prevalence of women both for nurses and nursing technicians. Nursing is a profession predominantly practiced by women. Although there is a reversal trend, samples of other studies<sup>(13-15)</sup> that used similar methods to the one adopted in this study also found similar results.

The contact with the subject leadership obtained greater focus on undergraduate and technical courses. Other categories such as lectures and training were distinguished especially among nurses. A greater focus on leadership training is expected to occur with these professionals, since they are responsible for the conduction of healthcare teams in the search for better results. That is why organizations must create a structure promoting continuous development of leaders.

It was also observed that nurses had taken specialization courses with particular emphasis on ICU. The need for improving knowledge to support the practice of health care becomes a current requirement, and is reinforced by these findings. The work environment itself encourages nurses to search for training to strengthen health care and to meet the needs of patients and the team.

Nursing technicians were older and had more training time than nurses. However, they had been working for less time at the institution and in the ICU. Leading this group is a challenge. Nurses need to show their leadership, since they are young and have less experience. Establishing a reliable bond and practicing their knowledge to support the team are assumptions that must be practiced with great ability.

Most nurses considered the style 9.9 ideal for the practice of leadership. The leader of this style has to work hard to obtain enthusiastic support. Leaders ask for and give ideas, opinions and different attitudes and review their own data continuously, to ensure their validity. They think it is important to express their concerns, change the way of thinking to improve ideas, try to know the reasons of conflicts to solve them, value right decisions, understanding and agreement, encouraging a two-way feedback<sup>(13,15)</sup>.

The keywords that emphasize this behavior are: sincere and direct, confident, determined, likes to work, looks for facts, focuses on real problems, goes to the end, keeps problems away, makes things happen, high standards, identifies obscure reasons, innovative, keeps an open mind. The priorities are clear, establish challenging goals, express ideas, spontaneous, encourage participation and they are also altruistic<sup>(13,15)</sup>.

In this style of leadership, leaders are obviously worried about interests of the hospitals and of the team<sup>(13)</sup>. Organizations look for leaders with this performance and the researched nurses identify themselves with this work proposal. Other studies<sup>(13-15)</sup> also found this result.

Considering that nurses wish to be this 9.9 leader, how are they preparing themselves? Are health organizations offering subsidies to provide the achievement of this goal? These questions are important to be answered and they must especially support new studies in this area, since it is necessary to identify the ideal style, and the way to achieve it is a great challenge for leaders and their managers.

The preparation for leadership was approached in a bibliometric study<sup>(16)</sup> that tried to identify the scientific production in this area. The results showed that there are many successful strategies, but the impact on the leadership training is still not verified. There is a need to encourage the search for scientific evidence in this knowledge field to provide managers with training and development programs for improvement of this area.



Most nurses were evaluated as 9.9 by the nursing technician when real leadership was observed. This demonstrates a very interesting matching of opinion. Nurses were identified as leaders who try to work as a team, try to respect their collaborators and especially worry about their improvement<sup>(13)</sup>. This demonstrates how homogeneous this team is.

Supporting this finding, the effective leadership of nurses improves health care quality as far as it inspires and motivates the team to accept innovative and transformative actions. Additionally, it encourages commitment and change, increases the reliable relation between leader and the led ones and ensures effectiveness in health care by means of job satisfaction<sup>(17)</sup>.

Nonetheless, the distribution of other real styles of leadership 5.5 and 9.1 was also observed. These nurses, evaluated by the led ones, are more worried about the interests of hospitals to the detriment of the interests of the team<sup>(13)</sup>. In a lesser distribution, we also found 1.9 and 1.1, whose concern is more related to expectations of the team than about the goals of the organization<sup>(13)</sup>.

It is worth noting the prevalence of hospital interests<sup>(13)</sup>. The fact that this was a sample of young nurses may contribute to this finding. Once leadership is in a development process, it is easier to comply with hospital rules than to meet the team's expectations. Moreover, professional immaturity may be considered an obstacle to leadership, since time and experience are required for its improvement<sup>(18)</sup>.

Another finding of the present study is that there were no differences between styles of ideal and real leadership of nurses in ICUs of private and public hospitals, even considering different management models adopted by these institutions.

The context of intensive care has some singular characteristics. These environments usually provide an integrated and dynamic work among members of the team. The patient's severe condition and the assertiveness in decision making favor a participatory leadership. This decentralizes power and authority, allowing the development of shared strategies for solving problems<sup>(10)</sup>. These variables could explain this result<sup>(3)</sup>, however, further research must be conducted comparing these sectors with others of the hospital environment to support this affirmation.

## ● CONCLUSION

The present study enabled to map styles of leadership of intensivists nurses and to observe that belonging to private and public hospitals did not interfere with the practice of this ability.

The limitations of this study focused on the fact that the Management Grid Theory is from the 1990s and it was not applied in the context of intensive care unit. Additionally, it is also worth mentioning the size of the sample. However, other possibilities of study may arise based on this research: finding out if there is a relationship between leadership and the health care and management models in multicentric studies with larger samples; developing training programs for the leader nurse in the context of intensive care, among others. In this respect, this knowledge area will become increasingly relevant and we may offer nurses opportunities to improve leadership, which is so necessary and required nowadays.

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