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Cogitare Enfermagem

ORIGINAL ARTICLE

COACHING LEADERSHIP EXERCISED BY NURSES IN THE HOSPITAL SETTING*

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ABSTRACT

Objective: To identify and compare the self-perception of nurses and the perception of nursing aides and nursing technicians towards coaching leadership practices.

Method: This was a cross-sectional study carried out in 2016 with 69 nurses and 233 nursing aides and technicians from two public hospitals in the Brazilian state of São Paulo. The researchers administered two validated questionnaires about the exercise of this type of leadership by nurses, addressing the self-perception of nurses and the perception of nursing aides and nursing technicians.

Results: Of the four dimensions of coaching leadership, communication was the most recognized. In hospital A, the perceptions of professionals from both categories regarding the practice of leadership exercised by nurses were similar. In hospital B, the self-perception of nurses regarding the exercise of coaching leadership was higher than the perception of nursing aides and nursing technicians, except for the communication dimension.

Conclusion: coaching leadership and its dimensions can benefit institutions and nursing professionals by helping improve team management.

DESCRIPTORS: Nursing Team; Leadership; Mentoring; Hospital Units; Nursing.

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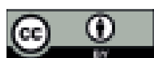

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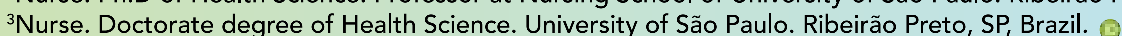
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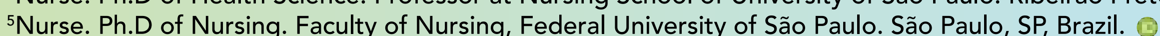
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A LIDERANÇA COACHING EXERCIDA PELOS ENFERMEIROS NO CONTEXTO HOSPITALAR

RESUMO

Objetivo: identificar e comparar a autopercepção dos enfermeiros e a percepção de auxiliares/técnicos de enfermagem quanto às práticas de Liderança Coaching.
Método: estudo transversal, realizado em 2016, com 69 enfermeiros e 233 auxiliares/técnicos de enfermagem de dois hospitais públicos paulistas. Utilizaram-se dois questionários validados acerca do exercício da liderança Coaching pelo enfermeiro, relacionados à autopercepção do enfermeiro e à percepção do técnico e auxiliar de enfermagem.
Resultados: dentre as quatro dimensões da Liderança Coaching, "comunicação" foi a mais reconhecida. No Hospital A, constatou-se semelhança na percepção da prática de liderança exercida pelos enfermeiros entre as duas categorias. No Hospital B, a autopercepção dos enfermeiros acerca do exercício da Liderança Coaching foi maior, quando comparada à percepção dos auxiliares/técnicos, exceto para a dimensão "comunicação".
Conclusão: a Liderança Coaching e suas dimensões podem beneficiar as instituições e a enfermagem na melhor gestão de suas equipes.

DESCRITORES: Equipe de Enfermagem; Liderança; Coaching; Unidades Hospitalares; Enfermagem.

EL LIDERAZGO COACHING EJERCIDO POR LOS ENFERMEROS EN EL ÁMBITO HOSPITALARIO

RESUMEN:

Objetivo: Identificar y comparar la autopercepción de enfermeros y la percepción de auxiliares/técnicos de enfermería respecto de las prácticas de liderazgo coaching.
Método: Estudio transversal, realizado en 2016 con 69 enfermeros y 233 auxiliares/técnicos de enfermería de dos hospitales públicos paulistas. Se utilizaron dos cuestionarios validados para el ejercicio de dicho liderazgo por parte del enfermero, relacionados con autopercepción del enfermero y autopercepción de técnicos/auxiliares de enfermería.
Resultados: De las cuatro dimensiones del liderazgo coaching, la más reconocida fue "comunicación". En el Hospital A, se constató semejanza en la percepción de la práctica de liderazgo ejercido por enfermeros entre ambas categorías. En el B, la autopercepción de enfermeros respecto del ejercicio de liderazgo coaching fue mayor comparada con la percepción de auxiliares/técnicos, excepto para la dimensión "comunicación".
Conclusión: El liderazgo coaching y sus dimensiones puede beneficiar a instituciones y a la enfermería permitiendo una mejor gestión de sus equipos.

DESCRIPTORES: Grupo de Enfermería; Liderazgo; Tutoría; Unidades Hospitalarias; Enfermería.

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INTRODUCTION

The constant and significant global changes have changed organizations considerably, with direct impacts on peoples' lives. These transformations and the progress observed in healthcare settings, especially hospitals, have influence team organization[1]. Administration styles marked by severity, authority, and subordination begin to make room for organicity, flexibility, and shared management models[2].

In this context, leadership is an essential competence to overcome the challenges posed by health management, especially for nurses. These professionals must have specific knowledge, skills, and attitudes relative to the art and science of solving problems as part of a work team, and to care management, based mainly on an innovative leadership model[3-4].

The leadership competence can help establish a relationship between nurses and the work environment and affect the professionals' individual and organizational productivity[5-6]. When not properly developed by nurses, it can result in conflicts between members of the nursing team and, consequently, reflect on the care provided to patients[7].

It is noteworthy leadership in nursing in the hospital setting has been increasingly valued as a research area[8-11], especially because this competence can influence teams' success or failure. Therefore, it is relevant to identify and analyze nurses' leadership approach from the perspective of nursing aides and technicians being led and, more importantly, from the point of view of nurses who exercise leadership.

Among the various leadership models, emphasis goes to coaching leadership, based on the coaching process. It represents a new direction for health organizations and is an innovation among nurses. It is defined as a process that influences groups toward reaching targets, and simultaneously allows subordinates to develop skills, knowledge, and attitudes[12-13]. It may be useful for qualifying the role played by nurses in organizations to guarantee high-quality care to patients as the final product[14]. The dimensions of the coaching process are communication, giving and receiving feedback, giving power and exerting influence, and supporting teams toward the achievement of goals[12,15].

Communication is the process of understanding and sharing sent and received messages, promoting the interaction between those who lead and those who follow. This dimension is necessary so coach leaders can establish interaction with their team to achieve common goals. Giving and receiving feedback means exchanging information on the performance of leaders and subordinates with the goal of providing resources for professionals and organizations to succeed. Giving power and exerting influence means that leaders, naturally and spontaneously decentralize their activities, imparting power to subordinates so they can make decisions. Supporting teams in the process of achieving results refers to the support given by leaders to their teams, coordinating individual expectations and organizational goals and targets[12,15].

Given the relevance of this new leadership model in nursing, it is important to stress that few studies have been developed in the area[14]. The present study is an opportunity to deepen and disseminate the scientific knowledge on the subject, in addition to providing nursing practice with resources. The objectives of the present investigation were to identify and compare the self-perception of nurses and the perception of nursing aides and technicians regarding coaching leadership practices.

METHOD

This was a cross-sectional, descriptive, and quantitative study carried out in inpatient units of two public hospitals in the Brazilian state of São Paulo, located in different municipalities and designated Hospitals A and B. The choice was based on convenience. Both institutions were public tertiary hospitals, considered reference organizations in

urgent care, and linked to universities.

Sixty-nine nurses and 233 nursing aides or technicians participated in the study, totaling 302 out of 434 professionals who worked at both hospitals, which corresponded to 69.59% of the candidate population. Inclusion criteria were: being present at the hospital and having worked there for over six months, given the importance of time of leadership practice. The exclusion criterion was being off duty during data collection, whether on leave or on vacation.

Data collection occurred in December 2016. Collection instruments were distributed to the professionals at the hospital so they could complete the questionnaires at their best convenience. The instruments were collected on a previously scheduled date.

Two questionnaires were used, designed and validated in Brazil in 2012. The Questionnaire on Self-perception of Nurses of Exercise of Leadership (QUAPEEL) was applied to nurses, whereas the Questionnaire on Perception of Nurse Technicians and Licensed Practical Nurses of Exercise of Leadership (QUEPTAEEL) was applied to nursing aides and technicians. The goal of these instruments is to map the coaching leadership practice exercised by nurses, both according to their own perception and the perception of nursing aides and technicians[15].

Both questionnaires contain structured questions and are organized in three parts: the first gathers sociodemographic data; the second presents open- and closed-ended questions related to knowledge about leadership; and the third contains questions about the skills and attitudes of leaders and subordinates in the coaching leadership practice. The present study applied only the first and third parts, with the latter consisting of a scalar measurement instrument[15].

The scale contains 20 items encompassing the four dimensions of the leadership model: communication, giving and receiving feedback, giving power and exerting influence, and supporting teams toward the achievement of goals. Each dimension contains five statements that are answered on a 6-point Likert scale, indicating to what extent respondents agree or disagree with the statement. One corresponds to "never", two to "rarely", three to "not always", four, "almost always", five, "always", and zero, "does not apply"[15].

Data were recorded on spreadsheets using two-pass verification, and were then revised and validated by another professional. Descriptive statistical analysis was run using the SPSS software version 24.0. Perception of the coaching leadership dimensions was analyzed by calculating the total score of all the items of each dimension. Considering each dimension has five items with a score varying from 0 to 25, the total score for the set of four dimensions could range from 0 to 100. The higher the score, the stronger the perception of behavior regarding the practice of coaching leadership by nurses[15]. Analyses were also carried out using the Mann-Whitney U test, and statistical significance was set at $p<0.05$.

This study was submitted to the Research Ethics Committee of the Ribeirão Preto College of Nursing and approved as per report no. 347/2016.

RESULTS

Of the 69 nurses that participated in the study, 21 (30.4%) worked at Hospital A and 48 (69.6%) at Hospital B. Most were women, with 53 professionals (76.8%). Fifty-seven (82.6%) nurses were bedside nurses and 12 (17.4%) held supervision positions. Most of the participants reported an age between 30 and 39 years (43.5%), a mean time working in the institution of 7.57 years, and a mean time since graduation of 11.06 years. Concerning the institution from which they got their degrees, 37 (56.1%) graduated from private institutions, and 41 (59.4%) had completed a graduate-level course. Forty of the participants were specialists, seven had a master's degree, and three were graduate students.

Among the 233 nursing aides and technicians, 89 (38.2%) worked at Hospital A and 144 (61.8%) at Hospital B, being 124 (53.2%) nursing technicians and 109 (46.8%) nursing aides. Most of them (126 or 54%) had trained in private institutions. Again, women were the majority of the sample, with 184 (79%) professionals, and 153 participants were within the 30 to 49 years age group (66%). The mean time working in the institution was 8.27 years and the mean time since graduation, 12.76 years. In this professional group, 33 (14.16%) were students, and, of these, 23 (69.7%) were undergraduate nursing students and 12 (5.2%) already had this degree.

Regarding the perception of leadership expressed by the total score of the coaching leadership dimensions obtained for Hospital A (Table 1) and Hospital B (Table 2), the average values for nurses from both hospitals were higher (Hospital A – 90.67; Hospital B –84.29) than those of nursing aides and technicians (Hospital A – 82.51; Hospital B – 72.06). It is important to emphasize that the instrument score ranged from 0 to 100. There was a divergence in the perceptions of these two professional categories. Tables 1 and 2 show the comparison of distributions of values for each coaching leadership dimension chosen by the nursing teams of both hospitals.

Table 1 – Coaching leadership dimensions according to the perception of nurses, nursing aides, and nursing technicians who work at Hospital A. Sumaré, São Paulo, Brazil, 2016

Coaching dimensions	Category	n	Min.	Max.	Med.	Mean	SD	p-value*
Communication	Nur.	21	18	25	23.00	23.00	1.643	0.722
	NA and NT	89	4	25	24.00	22.02	3.974	
Giving and receiving feedback	Nur.	21	19	25	23.00	22.76	1.411	0.145
	NA and NT	89	4	25	22.00	20.88	4.100	
Giving power and exerting influence	Nur.	21	18	25	23.00	22.76	2.047	0.092
	NA and NT	89	1	25	22.00	20.06	5.432	
Supporting teams toward the achievement of goals	Nur.	21	18	25	22.00	22.14	2.056	0.167
	NA and NT	89	0	25	21.00	19.55	5.735	
Total score	Nur.	21	77	96	92.00	90.67	5.238	0.160
	NA and NT	89	23	100	89.00	82.51	17.37	

Min.=minimum; Max.=maximum; Med.=median; SD= Standard deviation; Nur.=nurse; NA=nursing aide; NT=nursing technician
*Mann-Whitney U test

Table 2 – Coaching leadership dimensions according to the perception of nurses, nursing aides, and nursing technicians that work at Hospital B. Ribeirão Preto, São Paulo, Brazil, 2016 (continues)

Coaching dimensions	Category	n	Min.	Max.	Med.	Mean	SD	p-value*
Communication	Nur.	48	17	25	22.00	21.63	2.237	0.458
	NA and NT	144	3	25	21.50	20.15	4.939	
Giving and receiving feedback	Nur.	48	17	25	22.00	21.63	2.367	0.001
	NA and NT	144	0	25	20.00	18.42	5.477	
Giving power and exerting influence	Nur.	48	16	25	21.50	21.29	2.721	<0.001
	NA and NT	144	0	25	19.00	17.31	6.212	

Supporting teams toward the achievement of goals	Nur.	48	10	25	20.00	19.75	3.823	<0.001
	NA and NT	144	0	25	18.00	16.19	6.169	
Total score	Nur.	48	63	100	86.00	84.29	9.580	<0.001
	NA and NT	144	13	100	79.00	72.06	20.845	

Min.=minimum; Max.=maximum; Med.=median; SD= Standard deviation; Nur.=nurse; NA=nursing aide; NT=nursing technician
*Mann-Whitney U test

The analysis of the p values and comparison of the perception of the nursing team of Hospital A, including nurses, nursing aides, and nursing technicians (Table 1), shows similarities between the perceptions of the two professional categories regarding the coaching leadership practices exercised by nurses (p=0.160).

However, the p values in Table 2 show a divergence between these two categories in the following coaching leadership domains: giving and receiving feedback (p=0.001), giving power and exerting influence (p=<0.001), and supporting teams toward the achievement of goals (p=<0.001). The same was true of the instrument total score (p=<0.001). The communication dimension showed no statistically relevant relationship, indicating a similarity between the perceptions of the two professional categories regarding this characteristic (p=0.458). This result demonstrates that the perceptions of this leadership model differ between the two examined groups.

DISCUSSION

Regarding sociodemographic characteristics, data obtained in the present investigation corroborate the findings reported in other Brazilian studies about the profile of nursing professionals, pointing to the high number of young adults and the predominance of women in the profession[16-17]. Concerning time since graduation and time of experience working in the institutions, nurses showed similar results to those described in studies about nursing leadership carried out in Finland[18] and Brazil[10]. In turn, the results for nursing aides and technicians were similar to an investigation on nursing leadership developed in the Brazilian state of Paraná[19].

Considering the fact that the total scores in both scales were close to 100, Tables 1 and 2 demonstrate the coaching leadership exercised by nurses, expressed as both the self-perception of nurses and the perception of nursing aides and technicians working at the hospitals. This result highlights the importance of the role played by nurses as leaders in the hospital setting, which aims to promote teamwork, establish an atmosphere of trust in the workplace, share power, and give recognition to subordinates[10]. Additionally, by exerting leadership, nurses can make decisions aiming at increasing the quality of the care delivered and promote collective participation and shared management[2,20].

Analysis of the data collected at Hospital A (Table 1) reveals that the self-perception of nurses as leaders and the perception of nursing aides and technicians regarding the leadership practices exercised by nurses were congruent, as shown by the scores in the coaching leadership dimensions. The authors stress the importance of this leadership as an essential competence to overcome the challenges posed to nursing professionals, as new responsibilities are added to care management[21].

Data shown in Table 2 confirms the perception of the exercise of coaching leadership at Hospital B by both nurses and nursing aides and technicians, taking into consideration the total score of the instruments. However, p values lower than 0.05 were found for the "giving and receiving feedback", "giving power and exerting influence", and "supporting

teams toward the achievement of goals" dimensions and the total score. These values, statistically significant for the three mentioned domains, indicate that nurses, aware of their influence on collaborators, exercise dialogic leadership. Dialogue is essential to leadership, capable of enhancing learning and promoting the transformation in nursing team members, in addition to encouraging them to exercise co-responsibility and autonomy[22].

From this perspective, it is important to emphasize that the communication dimension showed similar results in both hospitals. This competence is a key point for the actions of leaders, and its relevance was confirmed by nurses and nursing aides and technicians. In accordance with this finding, a study[12] that applied the same leadership model reported that 29 (26.1%) nurses mentioned communication as the competence prevailing in coaches in the exercise of leadership. Another investigation showed that leadership is positively perceived by nurses when related to effective and efficient communication and ethics[23] and considered a primordial element for leaders to influence the behavior and performance of their group to reach the established goals[24].

Another study[8] involving nurses and nursing aides and technicians found that, in one of the items, 74% of the nurses said they listened to their collaborators before making decisions. In contrast, 62% of the nursing aides and technicians disagreed with what their leaders said and 48% declared that their questions and suggestions were not heard, which led to professional dissatisfaction.

Data obtained for the "giving and receiving feedback" dimension revealed that nurses from Hospital B considered the practice more frequent than their subordinates. It is noteworthy that the capacity to inspire subordinates is recognized as one of the main leadership traits and a characteristic of effective leadership that makes people feel important and appreciated. For this to occur, leaders must connect with the team using two-way feedback[18].

Corroborating the findings of the present study, an investigation identified that 25 (50%) nursing aides and technicians stressed that only "sometimes", "rarely", or even "never" received feedback from the nurse in chief on how their work had been developed[19]. In combination with this result, a study carried out in four hospitals in the interior of the Brazilian state of São Paulo revealed that only 18 (21.4%) nurses that participated in the survey seek their team's feedback[10].

Feedback is part of leaders' routine and is essential to achieve results. It helps identify the strengths and weaknesses of leaders and subordinates and establish development goals and a progress route to be taken[21]. Additionally, when providing feedback, leaders encourage teams to develop new competences and skills, taking on a positive attitude in the execution of routine activities[24].

Concerning the "giving power and exerting influence" dimension, according to the nursing aides and technicians, the nurses did not share power. Giving power and exerting influence is related to more participatory management models, in which work organization is designed so all the nursing professionals are involved in most of the decision making, equally and simultaneously[20,25]. Leaders and teams should work together to develop activities, propose routine procedures, and solve deadlocks within the group[25].

The results for the "supporting teams toward the achievement of goals" dimension show the difference between the perceptions of nurses and nursing aides or technicians from both hospitals (Hospital A – $p=0.167$ and Hospital B – $p<0.001$). This indicates that it is necessary to improve the skills and attitudes relative to the capacity to encourage and support the team toward the achievement of goals. These findings corroborate a study that included a "support atmosphere" analysis category and identified that most nurses' had positive perceptions, indicating the need to create conditions for an atmosphere of openness and trust. However, nursing aides and technicians disagreed on the performance of their leaders: 67% declared to be indifferent to disagree with the item about their leaders creating conditions for and encouraging them to give suggestions[8].

Considering these findings, the authors stress that leadership is a process which involves the capacity to influence people in different aspects, causing them to join forces to reach a common target and achieve goals, ethically and professionally, through collective efforts[18]. Consequently, according to this model, leadership happens through the engagement of people, given that there are no leaders without subordinates[10,26]. Coaching leaders work to extract the best potentialities of their subordinates[14], valuing all of them as members of the organization to promote changes in the practice scenario.

This leadership process supports and facilitates self-reflection and introspection, necessary conditions for reaching self-awareness and critical thinking and propose alternatives for future actions. In addition, the coaching process provides a safe environment to accumulate experience in leadership and, consequently, makes nurses fitter for its exercise[15,21].

Complementarily, coaching leadership is a useful tool in the daily work of nurses, because it can be used to provide more quality to their role[13]; establish healthier work environments, with positive results for units and patients[27]; facilitate the planning of hospital discharge by nurses-leaders and teams[28]; and empower these professionals and strengthen their support network, creating a work environment that enables the provision of high-quality care to patients[29]. Thus, healthcare organizations should invest in this leadership model.

However, it is important to stress that the efficacy of coaching leadership in nursing and health is still under discussion. Despite the limited number of Brazilian studies on the subject, the results proved positive for both individuals and organizations. Further investigations about the topic can contribute to increase the recognition of this type of leadership analyze its impacts on the quality of the care delivered.

CONCLUSION

The present study showed that the nursing teams were aware of the exercise of coaching leadership by nurses. The mean total score of the self-perception of nurses was 90.67 for Hospital A and 84.29 for Hospital, while that of the perception of nursing aides and technicians was 82.51 for Hospital A and 72.06 for Hospital B.

The perceptions in the nursing team from Hospital A regarding the leadership practice based on the coaching process were congruent. In contrast, in Hospital B, nurses recognized that they exercise the coaching leadership skills and attitudes more often in comparison with the perception reported by nursing aides and technicians, except for the communication dimension.

The present study can be used as an instrument to guide, encourage, and direct nursing practice to exercise coaching leadership, especially in the hospital setting, and to provide information that can help institutions to recognize the importance of leadership in nursing teams as an important tool in the search for higher quality of the care delivered to patients.

The main limitation of the present study was the fact that comparative analysis of the perceptions of the examined nursing teams was restricted to one setting, characterizing the perceptions of a specific population. New studies on the subject are necessary to increase knowledge and awareness of nurses regarding their coaching leadership practices.

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