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Mobilização da liderança: concepção de graduandos em enfermagem

Leadership mobilization: conception of undergraduate nursing students

Movilización del liderazgo: concepción de graduandos en enfermería

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ABSTRACT

Objective: to identify the graduate design of the last period of a nursing course on the mobilization of leadership in professional nursing practice. **Method:** descriptive qualitative study with semi-structured interview, held in private College of Curitiba-PR. Six nursing students participated. **Results:** through the Bardin Content analysis we identified the following categories: features needed for a nurse leader; limiting factors for nursing leadership; and recognition of leadership styles. **Conclusions:** Although the statements of the students corroborate the literature and show that they have a critical profile with relevant thoughts about the theoretical content on the theme in question, which probably was approached during graduation, the lack of experience in the world of work leads to naive perceptions of leadership in working life.

Descriptors: Nursing, Leadership, Students Nursing, Professional practice.

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RESUMO

Objetivo: identificar a concepção de graduandos do último período de um curso de Enfermagem sobre a mobilização da liderança na prática profissional do enfermeiro. **Método:** estudo descritivo com abordagem qualitativa, com entrevista semiestruturada, realizado em uma faculdade privada de Curitiba-PR. Participaram 6 acadêmicos de enfermagem. **Resultados:** através da análise de Conteúdo de Bardin foi possível identificar as seguintes categorias: características necessárias a um enfermeiro líder; fatores dificultadores para a liderança do enfermeiro; e reconhecimento de estilos de liderança. **Conclusões:** embora as falas dos estudantes corroborem a literatura e mostrem que eles apresentam um perfil crítico, com reflexões pertinentes sobre o conteúdo teórico acerca da temática em questão que, provavelmente, foi abordado durante a graduação, a falta de vivência no mundo do trabalho leva a percepções ingênuas do uso da liderança na vida profissional. **Descritores:** Enfermagem, Liderança, Alunos de enfermagem, Prática profissional.

RESUMEN

Objetivo: identificar el diseño graduado de la última etapa de un curso de enfermería en la movilización de liderazgo en la práctica profesional de enfermería. **Método:** estudio cualitativo descriptivo, con entrevista semiestruturada, me sostuvo una escuela privada de Curitiba-PR. Participó en seis estudiantes de enfermería. **Resultados:** a través del análisis de contenido de Bardin identificaron las siguientes categorías: características necesarias para un líder enfermera; factores de liderazgo de enfermería limitante; y el reconocimiento de los estilos de liderazgo. **Conclusiones:** A pesar de las declaraciones de los estudiantes que corroboren la literatura y demostrar que tienen un perfil crítico con pensamientos pertinentes sobre el contenido teórico sobre el tema en cuestión, que probablemente fue abordado durante la graduación, la falta de experiencia en el mundo de trabajo, lo que conduce a la percepción ingenua del uso de plomo en la vida laboral. **Descritores:** Enfermería, Liderazgo, Estudiantes de enfermería, Práctica profesional.

INTRODUCTION

Leadership is essential to everyday life and also to the profession. In the context of nursing, leadership is considered as an essential tool for professional nursing practice.

With scientific advances, the health professionals have come to meet the demands of a globalized world. This required a profile rooted in skills, which must be mobilized in a coordinated way. Specifically, regarding the nursing work, management skills constitute an important guiding principle of effective and efficient practice, highlighting the leadership.¹

Based on the National Curriculum Guidelines (Diretrizes Curriculares Nacionais -DCNs), nursing education has as one of its many goals the exercise to develop skills such as: communication, leadership, decision making, lifelong education, administration and management.² The DCN of nursing establish reputable skills such as knowledge, abilities and attitudes, and enable interaction and multidisciplinary activities for the benefit of individuals and communities, promoting health for everyone.³

In the professional life, the use of leadership in their practice is of the recommendations of the Professional Practice of Law No. 7,498, of June 25, 1986, in Article 11, is the responsibility of nurses to lead the service and health units in the public and private institutions; to organize and to direct the nursing services and their technical and auxiliary activities; to plan, to organize, to coordinate, to implement and to evaluate care services in nursing.⁴ For these activities, it is essential the mobilization of leadership.

Leadership means influencing people, motivating them to perform their tasks in order to achieve excellence at work. It is a practice that helps in the survival and success of organizations and, thus, the leader puts his outstanding potential. As a core competency for professional nursing practice, it shows important in managing a health institution.^{1,5-6}

There are many skills required for professional practice in nursing. Learning and developing is configured in a major challenge for members of educational institutions, and for the learner.^{1,7}

The key attributes necessary to exercise leadership in the early career are: communication, self-confidence and intelligence. As challenges, they cited: young age, initial acceptance of difficulty of the team, lack of technical skill and experience, and organizational structure of the institution. However, they also emphasize strategies for achieving leadership as: education, communication, technical and scientific knowledge and co-responsibility.^{1,5}

Thus, it can be said that it is essential that nurses reflect on how they exercise leadership so that they can manage this in order to provide quality in service. This should still occur in academic career in order to build a critical and reflective professional profile, as proclaimed by the legal bases in their formation.

Therefore, there was the genesis of a number of concerns that led to the following question, which served as a guide for development of this study: "How do the students of the last period of an undergraduate course in Nursing comprise the mobilization of leadership in professional practice of nurses?" To elucidate this question, it was traced as an objective of the study: to identify the conception of graduates from the last period of an undergraduate course in Nursing on the mobilization of leadership in professional practice of nurses.

METHOD

This is a descriptive study with qualitative approach, since it enabled a closer relationship with the daily life and the experiences of the subject of research.⁸

The study was conducted in the undergraduate course in Nursing from a private college in the city of Curitiba - PR. 26 students of the final year were invited to participate. The sample happened by theoretical saturation, which the final

extent was established, i.e., the sample closure, when the obtained data began to show redundancy or repetition.⁹

The sample was composed of six academic students. They followed the inclusion criteria: students enrolled in the last year of the nursing course, both sexes and at any age. And as exclusion criteria: academics from other periods of the nursing course, which are absent during the data collection period, those who didn't want to participate in the study, those who have previous training in other nursing categories, because that experiences during the career before graduation could constitute a bias in the data analysis.

For data collection, the semi-structured interview technique was used; it was recorded, with four open questions: What do you mean by leadership? What is the role of a leader at work? How do you understand the leadership of nurses in professional practice? What are the challenges of being a nurse leader? The interview duration was approximately 20 minutes for each participant; they chose the time and place. The collect happened in July 2012.

For the analysis of the information we followed Bardin Content Analysis Technique, which includes: pre-analysis, material exploration and treatment of results, inference and interpretation.¹⁰

The ethical aspects were respected at all stages of the study, according to Resolution 466/12 dealing with the recommendations for research with human beings.¹¹ The study was approved by the Ethics Committee, under protocol n° 4461/10. To preserve the anonymity of the participants, in view of the ethical aspects of research with human beings that must be taken into consideration, it was decided to identify participants by name of flowers (Carnation, Rose, Sunflower, Chrysanthemum, Violet, Poppy) to preserve their anonymity.

RESULTS AND DISCUSSION

After the content analysis, it was possible to apprehend three categories: features needed for a leader nurse; limiting factors for nursing leadership; and recognition of leadership styles.

Features needed for a leader nurse

The first necessary characteristic indicated research subjects to be a leader exemplify being an influencer, as in the following excerpts:

Leadership is influence the team, it is to direct [...] direct to some goal, one goal. (Carnation)

It is a person who is at the head of a group that influences. (Sunflower)

Although there are many definitions of leadership, it is agreed that this is a practice of influencing people. Corroborating this idea, leadership is a professional

competence or group influence phenomenon and, for this, the leader must be a visionary in order to drive the group to achieve the goals.^{6,12}

Another feature was the need for the leader to be an entrepreneur, as seen in the following lines:

The leader always has to take forward new issues, new proposals; he is always leading new ideas, making innovations in the sector. (Carnation)

I think the nurse to be a leader has to be visionary. (Chrysanthemum)

Being visionary means leaving thought and wayward conduct of limiting thoughts and actions, to capture unresolved deficiencies in their areas, to create efficient and effective techniques or use existing in innovative ways to solve the deficiencies. It is the involvement of people and process that together lead to opportunities in processing ideas. Thus, the leader takes every opportunity collectively, seeing the achievement of substantial gains, professionally and socially.¹³

It is emphasized that nursing has several reasons and opportunities to be entrepreneurial. First because it is a profession that has a broad understanding of reality, that is, an understanding of the needs of the human being as a whole. Second, it has the potential and opportunities to explore new social fields, without the need to submit to the care of traditional spaces where, in most cases, the prevailing notion of disease.¹⁴

Thus, there is convergence between the interviews and related literature, as leaders must have innovative ideas and thus seek goals and add social and economic value favoring greater viability to institution.¹⁵

Study participants also emphasized that the leader should act as motivator in the workplace, according to the narrative:

I think that's the role of a leader, to captivate, to convince and motivate people who work with him. (Violet)

It is known that the motivation in any organization, in its various aspects of approach, represents an element of great importance for the work performance. But nursing is surrounded by routine tasks, mechanistic, permeated by various rules and behaviors, and this is one reason that this is a challenge for the nurse who wants to promote it in group work.¹²

Although there are many challenges faced by nurses to motivate staff in daily work, leadership means influencing people, inspiring confidence and supporting team members, so they can be directed to the leader's vision. So the led people feel support and motivation to carry out their tasks in order to achieve excellence at work.⁵⁻⁶

As a last feature of the leader experienced by subject it is the need for this leader show flexibility and negotiator, as can be seen in the following clip:

I think the first challenge of the leader is to attract the team (...) and to make the team have respect and humility and know how to negotiate, how to be flexible. (Chrysanthemum)

As mentioned in the testimony, it is observed that the professional market has expected that the nurse is able to work with conflict, negotiation, discussion, argument and proposing changes to strategies for the team and the client, contributing to the quality of care. In other words, it is expected the nurse an ability to manage effectively and efficiently.^{5,12}

When comparing the findings in the literature as the characteristics necessary for the nurse to practice leadership, we note that there is affinity and consistency in placement of speeches. This can be a statement of a critical and reflective profile built over their training and therefore meets the training guidelines of this professional.

Limiting factors for the nurse's leadership

In the narratives, the subjects pointed out as a problem for the exercise of leadership the lack of professional experience:

Immaturity, lack of experience... I think these influences on the issue of leadership. (Rose)

I think the difficulty is when there isn't experience. (Sunflower)

In accordance with the speech of the subjects, the literature describes the nursing professional, after graduation, when faced with the reality of work, may face difficulties due to lack of professional skill, because when faced with these activities can put all their autonomy, knowledge, attitude and ability in practice, at the right time they will find that this ability will be conquered by their attitudes and the development of skills necessary for their acting.^{12,16}

It is noteworthy that the health work field is highly complex and dynamic, which makes the professionals in this area to start their activities, to experience different aspects in their daily practice so that they can meet the demands of health services.^{6,17}

When faced with the reality, the just graduated nurse can find conflicts arising from what they learned in class, correlating with the history of the profession and the reality they experience and, therefore, he may be judged by his subordinates, co-workers and others for lack of practical skill, but with many theoretical knowledge.^{12,17}

Besides the lack of professional skill, another factor in the design of the subject may hinder nurses' leadership role is

inadequate interpersonal relationships in the workplace, as evidenced in the speech:

The challenges of being a leader are enormous because we work with people, both patient and team. So we need to know to relate to people properly, otherwise leading may be impossible. (Carnation)

Teamwork requires that nurses use their potential leader and consider all of each individual, respecting the individuality, recognizing and promoting the skills, abilities and potential of each member.^{15,17}

In addition to the relationship between the staff, nurses are faced with patients and their families and then they must expose all his interpersonal and leadership relationship talent to satisfy everyone and provide patient care and family support.³

To develop managerial skills is crucial in overcoming the obstacles mentioned by the subjects as hindering the exercise of leadership, what can be understood as a synergistic set of knowledge, skills and attitudes.^{3,12,15}

Therefore, it is important for nurses to have knowledge about the factors that can influence the leadership, as it is expected of professionals with a new profile that suits new social changes, to be critical and reflective and able to meet the new requirements of the labor market.^{12,15}

Recognition of leadership styles

The respondents, in their speeches, recognized leadership skills have to be practiced by nurses. The first one they said was the need for situational approach:

I also think the team's characteristics may also influence the nurse's leadership. (Rose)

People's personalities influence much on the issue of leadership, personality influence very much. (Sunflower)

Aligned to what was scored by subjects, it emphasizes that the basic concept of situational leadership refers to the premise that there is no single style to exercise it for every situation, as the subjects discoursed. Situational leadership emerges as an appropriate strategy on aid for survival and success of healthcare organizations. In this sense, the four leadership styles proposed by this leadership model are: to determine, to persuade, to share and to delegate. In the situational style, leaders are able to adapt their behavior to the needs of style and led to the situation, that is, there is no single style exercise it depends on situation.¹⁸⁻¹⁹

The subjects also described the shared leadership as one of the characteristics necessary for the nurse in their professional practice:

The leader has to be willing to solve the problems always seeing both sides, which will be convenient and good for the team (...) always trying to provide a good working environment for its staff. (Carnation)

The leader has to know what the team needs to work on these needs, he has to be together and realize that he is part of the team. (Rose)

The shared leadership style is most suitable to be adopted led to the one with the highest level of knowledge in nursing. In this style the leader supports their efforts and together they participate in the decision-making process.¹²

We know that nowadays the autocratic and crystallized style of leadership no longer meets the required profile of the nurse. Arguably, the care system committed or not with the specific aspirations of each patient has a close relationship with the way nurses manage the work environment and staff.^{16,20} Thus, it is inferred that the placement of the students who participated in the study are consistent with the literature that deals with this issue.

However, even if the lines of respondents in all categories are aligned with state of the art of leadership, it is necessary to make an analysis considering another perspective that allows us to affirm the existence of a certain 'naivety' in speeches. It is identified in the statements that the characterization of the leader, the difficulties to the leadership and recognition of the leadership styles are only presented in the singular dimension of the subject, patient and staff. In no time the lines refer to a relationship of this leading to health macrostructure and influences health policies in their work, nor to the particular size of the institution.

Although the DCNs, in general, contribute to a more political view of the world of work, that is not generally a desirable situation for the market as it destabilizes the *status quo*, when the institution forms critical and reflective practitioners who question the reality.^{3,7}

As respondent students had no previous experience of work in nursing, it is believed that their answers were based on perceptions during the performance in the internship fields and thus idealizing the profile of an ideal nurse, who has not been into practice. So many of the imbalances of the second assessment may have happened because of this issue.

It must however be noted that health institutions, when emphasizing the technical dimension of 'doing', contradict the critical-reflexive action of nurses required by the dimensions of teaching and the health policies.^{3,18} Untying of the subjects with the world of work, which cause the idealization of the leader's role verified in the words, his disjointed autonomy of the institution and health policies, may reflect the solitary work of nurses 'maker' or even this nurse may experience frustration when it is found in a larger context.

CONCLUSIONS

The findings of this research are used to say that the students who participated in the study have a critical profile and carry out relevant reflections to the theoretical content that was likely to be addressed during the graduation on the leadership theme. In all their speeches we identified affinities with the related literature, and consistency with DCNs.

However, the lack of experience in the working world, which appreciates the profile of a "maker" nurse, provides naive perceptions of lead in professional life. This question reiterates the need for closer ties between higher education institutions and fields of activity in order to align the desired profile of the nurse as protagonist of change actions in the scenario where they are.

It's distant to remedy the discussions about leadership and competence to be mobilized by nurses in professional practice, even considering the limitations of this research, it is expected that the results and inferences may encourage reflections and interventions both by higher education institutions as the already active nurses and health institutions toward building and development of leadership of this profession.

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