

NURSING LEADERS PROFILE IN A HOSPITAL SERVICE

Perfil de liderança dos enfermeiros de um serviço hospitalar

Perfil de liderazgo de enfermeras de un servicio hospitalario

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ABSTRACT

Objective: to analyze the leadership profile of nurses in a hospital in western Santa Catarina, from the perspective of the Situational Leadership Model. **Method:** cross-sectional quantitative study conducted with 71 nurses. Data collection took place between July and September 2017, using an instrument of situational theory. The analysis was descriptive statistics. **Result:** with the research it is possible to affirm that the style of persuading leadership was predominant in nurses; Leaders have a positive degree of effectiveness in leadership style adaptability and are mostly in the range of effectiveness. **Conclusion:** from the identified results, it is considered that nurses, when developing their professional care, should be able to lead a nursing team in the hospital environment, since the improvement of the quality of care depends on the collective work.

DESCRIPTORS: Leadership; Hospital administration; Nursing, team; Nursing services; Nurse practitioners.

RESUMO

Objetivo: analisar o perfil de liderança dos enfermeiros de um hospital do oeste catarinense, sob a ótica do modelo de Liderança Situacional. **Método:** estudo quantitativo transversal, realizado com 71 enfermeiros. A coleta de dados deu-se entre os meses de julho a setembro de 2017, na qual utilizou-se um instrumento da teoria situacional. A análise foi a estatística descritiva. **Resultado:** com a pesquisa é possível afirmar que o estilo de liderança persuadir foi o predominante nos enfermeiros; os líderes possuem um grau de efetividade positivo quanto a adaptabilidade de estilo de liderança, estando a sua maioria na faixa de eficácia. **Conclusão:** a partir dos resultados identificados considera-se que o enfermeiro, ao desenvolver sua assistência profissional, deve estar apto a liderar uma equipe de enfermagem no ambiente hospitalar, visto que, a melhoria da qualidade da assistência prestada depende do trabalho coletivo.

DESCRIPTORIOS: Liderança; Administração hospitalar; Equipe de enfermagem; Serviços de enfermagem; Profissionais de enfermagem.

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RESUMEN

Objetivo: analizar el perfil de liderazgo de las enfermeras en un hospital en el oeste de Santa Catarina, desde la perspectiva del modelo de Liderazgo Situacional. **Método:** estudio cuantitativo transversal realizado con 71 enfermeras. La recolección de datos tuvo lugar entre julio y septiembre de 2017, utilizando un instrumento de teoría situacional. El análisis fue estadística descriptiva. **Resultado:** con la investigación es posible afirmar que el estilo de persuadir al liderazgo era predominante en las enfermeras; Los líderes tienen un grado positivo de efectividad en la adaptabilidad del estilo de liderazgo y se encuentran principalmente en el rango de efectividad. **Conclusión:** a partir de los resultados identificados, se considera que las enfermeras, al desarrollar su atención profesional, deberían poder liderar un grupo de enfermería en el entorno hospitalario, ya que la mejora de la calidad de la atención depende del trabajo colectivo. **DESCRIPTORES:** Liderazgo; Administración hospitalaria; Grupo de enfermeira; Servicios de enfermeira; Enfermeras practicantes.

INTRODUCTION

The demands of the contemporary world demand of individuals the acquisition of skills to enter and remain in the job market. One of the challenges faced by professionals in general is that their qualifications be built on skills capable of expanding their technical expertise, ethical, political, communication and personal interaction, so that they can exercise their capacity as integral subjects in the world of work.¹

In this context, the Brazilian nursing has, along the years, focused its professional activities in five dimensions: assistance, management, education, research and politics. In addition, health institutions seek to link nurses who present an effective leadership, who lead their team in a proactive way, getting involved, taking initiatives that anticipate solutions, solving problems and acting in a dynamic, orchestrated and interactive way, observing carefully the transformations of the external environment, in order to make qualitative changes in the internal environment. However, many nurses do not have a theoretical reference that can guide their practice and thus act empirically in their daily professional life.²

The use of theoretical references can provide direction to leaders, enabling the synchronization of their efforts. A strong leadership makes a good company even better, in the same way that a weak leadership reduces its potential and, in time, destroys it. Moreover, it should be noted that the nurse, when leading his team, influences the outcome of behavior promoting safe care and with better results to patients.³⁻⁴

One of the possible theoretical references to guide the leadership of the nurse is the Teoria de Liderança Situacional (TLS), in which there is not a single and better way to lead, the choice of the appropriate style depends on the leadership in relation to the level of maturity of the nursing team members in a given situation.⁵

Authors who have used TLS in their research demonstrate the significance of using instruments to act as an effective leader. In the first study⁶, it was understood that investing in the evaluation of the leadership of these professionals is essential, thus, driving them to fulfill the role of a leader in nursing, the development of their team members. The

second study⁷, considers TLS as a model that provides ease and simplicity of application, with concepts that emphasize the led and make their performance flexible with different behaviors and styles. It is necessary that a leader knows how to manage the leader-led relationship, seeking to take the right decisions and actions to achieve the results, so that he has attitudes and skills that help him in this management. In the third study⁸, he concluded that there is not a single suitable leadership method to be applied, being more favorable the manager to adapt his leadership style to the maturity level of the employees in each specific situation.

It is considered that the study of management and leadership gives the nurses the opportunity to reflect on their professional performance, so that they develop skills to obtain greater effectiveness in service. In view of these considerations, the following research question was formulated: what is the situational leadership profile of nurses in a hospital in western Santa Catarina? To answer the research question, the objective was to analyze the leadership profile of nurses in a hospital in western Santa Catarina, from the perspective of the Situational Leadership model.

METHOD

It is a quantitative cross-sectional study, developed in a hospital located in western Santa Catarina, Brazil. The research is based on TLS, where leadership is a process of influencing the activities of individuals or groups to achieve a goal in a given situation. Still according to TLS, there are four styles of leadership focused on human relations, which are divided into: "Determine", "Persuade", "Share" and "Delegate": **Determine Style (E1)** - applied to immature teams, which are not able to execute a certain task and/or, assume responsibilities; **Persuade Style (E2)** - when the leader does not yet have the ability to execute the task, but has the will to assume the responsibility and confidence in himself, needing only training; **Share Style (E3)** - applied when the leader already has ability, but are unsure or are not yet willing to meet the leader's requests; **Delegate Style (E4)** - applied when the team reaches a high maturity, performing the tasks autonomously, this occurs when the leader understands that if he assumes responsibility for the execution of the tasks, this action will turn to his own benefit.⁵

At the time of data collection, 85 nurses were working on the site, developing different roles in their work, divided into 3 categories: 18 unit coordinators, 42 assistants and 11 trainees. The inclusion criteria listed were: to be a nurse linked to the institution and to be working from July to September 2017, when the information was collected. And as exclusion criteria: professionals who were on vacation or away during the data collection. The nurses who met the inclusion criteria and accepted to participate in the survey signed the Termo de Consentimento Livre e Esclarecido (TCLE) thus constituting a sample of 71 participants.

The instrument for the collection of data was the model of Situational Leadership⁵, this instrument presents twelve distinct situations in which the respondent points out, among the four alternatives offered, the option that most approaches

the action of the leader of the nursing team. To contemplate the socio-demographic data, it was added to the instrument, in the initial part, a field in which the participants, duly filled with the necessary data to reach the objectives of the research. The questionnaire is useful for mapping and classification of the leader's leadership style, according to the opinion of those led and all who are under the influence of the leader.

The data obtained from the analysis of the records were stored in a spreadsheet developed in the Br Office Calc program and transferred to Statistical Package for the Social Sciences (SPSS) software for statistical analysis.

The results were grouped in tables and graphs according to the variables studied: age, time spent working as a nurse, function in hospital, work shift, workplace and leadership style. The results were presented by descriptive statistics, absolute and relative distribution (n - %), as well as measures of central tendency, mean and standard deviation.

The research project was approved by the Committee on Ethics in Research with Human Beings under the CAAE: 69732417.5.0000.5564, on August 24, 2017. All the norms and guidelines of the research involving human beings were respected according to the National Health Council Resolution CNS 466/2012.

RESULTS

The hospital has 85 nurses and of these 71 participated in the survey, 65 (91.5%) are women and six (8.5%) men, with an average age of 33.4 years, with a minimum age of 22 years and a maximum age of 53. In relation to the time he works as a nurse, there was an average of six years.

Initially the socio-demographic data were described, as shown in Table 1.

Table 1 - Distribution of gender and age variables, obtained from the collection of sociodemographic data. Chapecó, SC, Brazil, 2017

Sociodemographic variables	N	%	Average	Standard Deviation
Gender				
Male	6	8,5		
Female	65	91,5		
Age			33,4	7,1
20 - 29 years	24	33,8		
30 - 39 years	33	46,5		
40 - 49 years	12	16,9		
50 - 59 years	2	2,8		
Total	71	100		

Source: Prepared by the authors.

Table 2 below shows the distribution of the time variables that exercise the profession as a nurse, in addition to the function exercised in the institution, such as the work shift of the nurses surveyed.

Table 2 - Distribution of the variables time exercised as a nurse, function exercised in the institution and work shift, obtained from data collection. Chapecó, SC, Brazil, 2017

Variables	N	%	Average/ year	Standard Deviation
Time working as a nurse				
			6,0	5,0
Position he holds in the institution				
Assistential	42	59,1		
Coordinated by	18	25,3		
Trainee	11	15,5		
Working shift				
Intermediary	20	28,2		
Morning	17	23,9		
Afternoon	17	23,9		
Evening	17	23,9		
Total	71	100		

Source: Elaborated by the authors.

Table 3 shows the distribution of the workplace variable of nurses in the institution.

Table 3 - Distribution of the workplace variable in the institution, obtained from data collection. Chapecó, SC, Brazil, 2017.

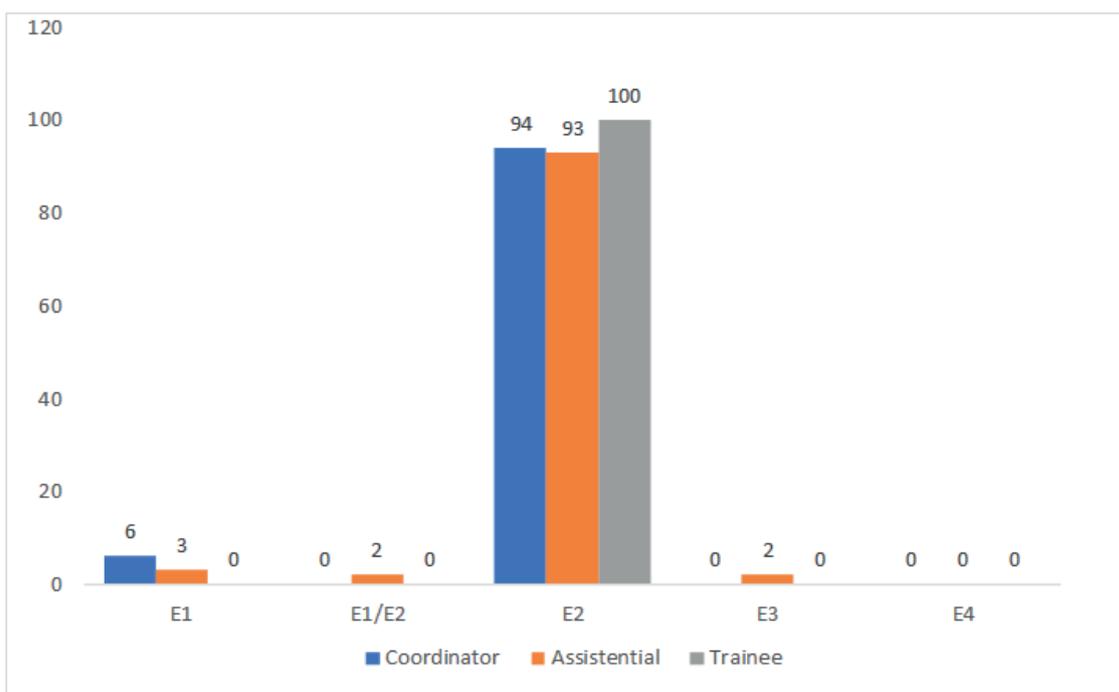
Variables	N	%
Place of work		
ICU	14	19,7
Oncology Services	12	17,0
Surgical Center/ Obstetric Center/SRPA	9	12,7
Neurology	6	8,4
Ready to Help	6	8,4
Medical Clinic	6	8,4
Other	18	25,3
Total	71	100

Source: Elaborated by the authors.

Nurses from all hospital units participated in the study, and the Intensive Care Unit (ICU) was the one with the highest representation of nurses responding to the instrument. This data may be related to the fact that adult and neonatal ICUs were grouped in the same sector. The sectors that scored less than 2% were classified as "other".

Figure 1 shows the distribution of the variable response of nurses on leadership situations and the leadership style of each of the survey participants.

Figure 1 - Distribution of the variable response of nurses on leadership situations and leadership styles. Chapecó, SC, Brazil, 2017



Subtitles: Leadership Style: E4 - Delegate; E3 - Share; E2 - Persuade; E1 - Determine.

DISCUSSION

In relation to sex, the census of higher education presents that the profession of nursing is eminently feminine, being that 85.1% of the professionals registered in the Conselho Federal de Enfermagem (COFEN) are women. It is observed in the research that 65 (91.5%) were female and only six (8.5%) male.⁹

For the ages, it is identified that the average is 33.4 years, with variation between 22 and 53 years. Analyzing the age groups, it is observed that the highest percentage of nurses (46.5%) is in the 30 to 39 age range, constituting a group of young nurses. As in another study, presenting a similar age group, it was highlighted that the dynamism characteristic of young professionals can favor the development of the team leadership functions.¹⁰

It was evident that in the institution researched, in addition to the coordinating (25.3%) and assistential (59.1%) categories, it hires newly graduated nurses, as trainee (15.5%), created as a form of insertion in the labor market.¹¹

In the institution, 234 beds are registered by the Cadastro Nacional de Estabelecimentos de Saúde (CNES), and the total number of nurses is 85, however, COFEN recommends for minimum care one nursing professional for six patients, intermediate care one professional for four patients, high dependency and semi-intensive care one professional for 2.4 patients, and intensive care one professional for each 1.33 patients.¹²

It is believed that this factor is directly related to the prevalence of the “persuade” style in the study. Considering the high demand that nurses meet in this location, it becomes challenging to train their leaders to develop a maximum level of maturity and exercise the “delegate” style, proposed by the authors of TLS, where the maturity of subordinates is high.⁵

Of the 18 (100%) coordinating nurses who responded to the survey instrument, 17 (94.4%) presented E2 as the main style of leadership, and one (5.6%) presented E1 as the main style.

Regarding the 42 (100%) nurses who responded to the instrument, 39 (93.2%) presented as main style E2, one (2.3%) presented as main style E1, one (2.3%) presented as main style E3 and still one (2.3%) did not have a single leadership style, staying between the E1 and E2 styles.

The trainee nurses who responded to the instrument, 11 (100%) presented the main E2 leadership style. In the past, two (2.8%) of the total sample presented the E1 style, this style gives high emphasis in the task and low in the relationship, appropriate for leaders with low maturity.

It is worth mentioning that the function exercised by the participants had no relevance in the leadership style presented. It is inferred that perhaps the determinants of the result have influence of the factors: formation/education, as well as may have suffered influence of the philosophy/institutional model, where the nursing profession is still tied to the traditional theories of administration.

By planning the assistance and coordinating the staff, the nurse assumes his managerial functions in the context of hospital administration, delegating and qualifying the staff to execute the plans and achieve the proposed objectives. The nursing assistance aims to promote, maintain and recover the health of its clients be they the patient, the family or the community. The care is implicit in nursing, since the assistance is represented by activities that must be provided with quality and empathy. It is considered that management and assistance complement each other, building values for the identity of the nurse, developing critical and reflexive sense, optimizing the quality of the service provided for the benefit of the clients and the team involved in the care process.¹³⁻¹⁴

Even the institution counting on the Trainee Program, their work routine is accelerated and may compromise the quality of the assistance, generating frustration and dissatisfaction of these professionals. There is a different relationship between nursing and the routine of activities at night. Some authors consider that the form of organization of the nocturnal work does not generate the suffering that the daytime causes. Observing that the work itself is not harmful to the worker, but the form of organization of him. Therefore, it is reaffirmed that the ideal working day of nursing is not regulated in law, varying between 30 hours weekly in public service, and 40-44 hours in private hospital institutions, since the excessive workload can interfere in the quality of life of these professionals.^{10,15}

It is worth mentioning that some sectors such as the ICU attend as recommended, while sectors such as the medical clinic, for example, the nurses are in insufficient number than recommended by COFEN, reflecting on the service. Generally, this reduction of professionals results in work overload, compromising the quality of care, since nurses are often unable to perform the Sistematização da Assistência de Enfermagem (SAE), compromising patient safety and efficiency of care.^{16,17}

The quality of care in a hospital environment may be linked to a lack of organization and planning of care, management and scientific demands. The SAE is an instrument that guides the nursing professionals in the execution of the cares, in a technical and scientific way. In this sense, when rendering health care, nursing must pay attention to the patient's safety, because its lack can lead to expressive avoidable morbidity and mortality, and additional expenses, therefore, represent great concern nowadays. To have a safe care is necessary an effective number of qualified professionals.¹⁸

In this context, the adequate dimensioning of the professionals minimizes the workload, since the relocation of the team within the hospital institution must be consistent with the local complexities.¹⁹

In view of this, 68 (96%) of the nurses in the total sample, assume the leadership style of "persuading" in their work process. This style gives high emphasis on the task and the relationship, is appropriate for the leader to employ with leaders with low/moderate level of maturity, who are not yet able to perform the task, but has the willingness to take responsibility and has confidence in himself, needing only be trained. Therefore, communication is bidirectional, that

is, the nurse provides explanations to the leader, trying to convince him in the development of the tasks according to his guidelines, supervising and clarifying the doubts that the leader presents. In contrast, in the "determine" style, the communication is unidirectional, the nurse defines and exposes what should be done, how, when and where.⁵

The leadership style is established in the behavior of the individual when trying to influence the attitudes of other people, and may present primary and secondary style. The primary style is the one that the leader often uses; the secondary style is used only on certain occasions. Therefore, leaders have a primary style, which can have none or even three secondary styles. This situation is evident in the study, where a care nurse presented an equivalent behavior between styles E1 and E2.⁵

Leadership styles are best applied when appropriate to the maturity level of those led. Maturity is defined as the ability of people to direct their own behavior. When the leader is among the low/moderate levels, as presented in the study, the leader must offer guidance and monitoring necessary for the leader to develop autonomy in his actions.⁵⁻²⁰

In this sense, the styles are adopted depending on the variables of behavior: task, relationship and maturity of the nursing team. Being that the variable "task" is that the leaders adopt to organize and to define functions, to explain activities and to establish patterns; the variable of relationship is adopted to maintain personal relations, opening channels of communication between collaborators. The level of maturity refers to the knowledge and capacity of the individual to execute a certain task without external orientation. There is no single better way to lead people, to achieve effectiveness, leaders must adapt their leadership style to the situation posed. Thus, the influence of organizational culture on the phenomenon of leadership deserves to be highlighted, bearing in mind that the motivation, both of the leader and of the led, influence the process of interaction between them.⁵

It is noteworthy that the topic of leadership has received special attention from organizational studies, given the centrality of this phenomenon for the administration. The traditional administration taught prevents the formation of effective leaders, because in this model, the company is stable focusing on the short term. Effective leaders, on the other hand, have a long-term orientation and a vision of the future. However, hospitals present a leadership deficit, since their organizational structure has been strongly influenced by hierarchical and bureaucratic scientific administration, creating leaders focused on internal processes and not on people. Emphasizing that nursing has an important role in this movement of organizational changes in the hospital environment.⁵

Another study obtained similar results to this one, where the predominant leadership style was "persuading". For a more effective leadership, according to TLS, the leader should reduce the emphasis on the development of tasks, because those led already have the ability to accomplish, however, should maintain the emphasis on the relationship with those led. In this approach, leaders are able to adapt their style of behavior to the needs of those led and the situation.⁵

Finally, it is understood that for this research the participants have difficulty in the evolution of the type of leadership, and that there is a gap in the preparation of leaders and the process of training of those led. According to TLS, the “delegate” style is the desired one, because the tasks and interpersonal relationships are more developed, which promotes the positive result in the quality of the service. However, the leadership style varies from one team to the other, and it is necessary for the leader and those led to develop according to the condition experienced, such as the team workload and the personal characteristics of the members. It can also be stated that the leadership profile, although it needs individual characteristics of the leader, has direct influence of the health establishment management, because it is the one who provides the environment for the development of work activities, that is, if the work environment is adequate the leader and his team can achieve the desired quality for health care.⁵

FINAL CONSIDERATIONS/ CONCLUSION

It has been shown that the nursing workforce is predominantly female and young, and such characteristics can influence the dynamism and creativity in service. While the different functions (trainees, coordinators and assistants) did not interfere in the style of leadership, being the style “persuade” the most frequent. However, the profile identified is directly related to the high workload that the nurses perform, a situation that limits professional performance, having negative potential in the assistance developed.

Bureaucratization of care also intervenes in the quality of care offered, since health services tend to salute traditional administration focused on short-term results. Therefore, it makes it difficult for the nurse to develop the situational leadership style necessary to manage his team. However, it highlights the need for new studies to compile other variables in order to elucidate, in a theoretical and practical way, other positive leadership styles for nurses.

REFERENCES

1. Giraldo BM, Kohler TE, Rampazzo RMS. Mapeamento de competências comportamentais: relato de experiência com enfermeiros. *Barbarói*. [Internet]. 2019 [acesso em 07 de abril 2020]. (55). Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1048092>
2. Souza MJC, Dourado DCP. Estilo de Liderança: o Caso de uma Empresa de Serviços. *Revista RAUnP* [internet]. 2016 [acesso em 04 de agosto 2019]. 8(2). Disponível em: <http://www.spell.org.br/documentos/ver/42664/estilo-de-lideranca--o-caso-de-uma-empresa-deservicos-/i/pt-br>
3. Menegaz JC, Fontes VMS. Executive coaching para desenvolvimento de competências de enfermeiras líderes. *REME rev. min. enferm.* [Internet]. 2020 [acesso em 07 de abril 2020]. 24. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1051331>
4. Porto AR, Dallagnol CM. Análise da proatividade da enfermagem em um hospital universitário público. *Acta Paul. Enferm.* (Online). [internet]. 2016 [acesso em 04 de agosto 2019]. 29(5). Disponível em: http://www.scielo.br/scielo.php?pid=S0103-21002016000500603%20&script=sci_abstract&lng=pt
5. Andrigue KCK, Trindade LL, Amestoy SC, Beck CLC. Estilos de liderança situacional adotados pelos enfermeiros em área hospitalar. *Rev. eletrônica enferm.* [Internet]. 2016 [acesso em 07 de abril 2020].]. 18. Disponível em: <https://revistas.ufg.br/fen/article/view/40551>
6. Carrara GLR, Bernardes A, Balsanelli AP, Camelo SHH, Gabriel CS, Zanetti ACB. Use of instruments to evaluate leadership in nursing and health services. *Rev. gaúch. enferm.* [Internet]. 2018 [cited 2020 apr 07]. 38(3). Available from: <https://pubmed.ncbi.nlm.nih.gov/29538606/#affiliation-1>
7. Sergio LRB, Barros MSS, Almeida SRV, Lyrio EF. A influência da liderança no clima organizacional. *PESQUISA & EDUCAÇÃO A DISTÂNCIA* [Internet]. 2018 [acesso em 07 de abril 2020]. 0(12). Disponível em: <http://revista.universo.edu.br/index.php?journal=2013EAD1&page=article&op=view&path%5B%5D=6570&path%5B%5D=3298>
8. Souza FA, Marques ACFB. Liderança situacional nas organizações: uma reflexão de seus impactos na atuação do líder. *HumanÆ* [Internet]. 2019 [acesso em 07 de abril 2020]. 13(2). Disponível em: <http://www.humanae.esuda.com.br/index.php/humanae/article/view/681>
9. Machado MH, Aguiar Filho W, Lacerda WF, Oliveira L, Lemos W, Wermelinger M, et al. Características gerais da enfermagem: o perfil sócio demográfico. *Enferm. foco* (Brasília) [Internet]. 2016 [acesso em 07 de abril 2020]. 7. Disponível em: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/686>
10. Persegona MFM, Oliveira ES, Pantoja VJC. As características geopolíticas da enfermagem brasileira. *Divulg. saúde debate.* [internet]. 2016 [acesso em 04 de agosto 2019]. 56. Disponível em: http://cebes.org.br/site/wp-content/uploads/2016/12/Divulga%C3%A7%C3%A3o_56_Cofen.pdf
11. Nailane CV, Daniel BCR, Maria EB, Maria SSA, Samylla SR. Programa de trainee: um fator de atração para novos talentos na EBBA em Teresina (PI). *Braz. J. of Develop.* [Internet]. 2018 [acesso em 07 de abril 2020]. 4(3). Disponível em: <http://brazilianjournals.com/index.php/BRJD/article/view/143>
12. Conselho Federal de Enfermagem (Brasil). Resolução COFEN nº 543, de 18 de abril de 2017. Ed. Brasília: COFEN; 2017. Disponível em: http://www.cofen.gov.br/resolucao-cofen-5432017_51440.html
13. Damasceno CKCS, Campelo TPT, Cavalcante IB, Sousa PSA, Moreira WC, Campelo DS. O trabalho gerencial da enfermagem: conhecimento dos profissionais enfermeiros sobre suas competências gerenciais. *Rev. enferm. UFPE on line* [Internet]. 2016 [acesso em 07 de abril 2020]. 10(4). Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/bde-29685>
14. Ribeiro OMPL, Martins MMFPS, Sousa PAF, Trindade LL, Forte ECN, Silva JMAV. Qualidade dos cuidados de enfermagem: contribuições de enfermeiros especialistas em enfermagem médico-cirúrgica. *Rev Rene* (Online). [Internet]. 2020 [acesso em 07 de abril 2020]. (21). Disponível em: <http://periodicos.ufc.br/rene/article/view/43167/100223>
15. Mariano PP, Baldissera VDA, Martins JT, Carreira L. Organização do trabalho de enfermagem nas instituições de longa permanência para idosos: relação com o prazer e sofrimento laboral. *Texto & contexto enferm.* [internet]. 2015 [acesso em 04 de agosto 2019]. 24(3). Disponível em: https://www.scielo.br/pdf/tce/v24n3/pt_0104-0707-tce-2015001150014.pdf
16. Machado MH, Oliveira ES, Lemos WR, Lacerda WF, Justino E. Mercado de trabalho em enfermagem no âmbito do SUS: uma abordagem a partir da pesquisa Perfil da Enfermagem no Brasil. *Divulg. saúde debate.* [internet]. 2016 [acesso em 04 de agosto 2019]. (56). Disponível em: http://docs.bvsalud.org/biblioref/2019/04/884409/mercado-de-trabalho-em-enfermagem-no-ambito-do-sus-uma-abordage_Uir6lGY.pdf
17. Alves SR, Santos RP, Oliveira RG, Yamaguchi MU. Mental health services: perception of nursing in relation to overload and working conditions. *Rev. Pesqui. (Univ. Fed. Estado Rio J., Online)* [Internet]. 2018 [cited 2020 apr 07]. 10(1). Available from: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/5929/pdf>
18. Dutra CKR, Salles BG, Guirardello EB. Situações e razões para a omissão do cuidado de enfermagem em unidades de clínica médica e cirúrgica. *Rev. Esc. Enferm. USP.* [Internet]. 2019 [acesso em 07 de abril 2020]. 53. Disponível em: <https://www.scielo.br/pdf/reeusp/v53/1980-220X-reeusp-53-e03470.pdf>

19. Gasparino RC, Ferreira TDM, Carvalho KMA, Rodrigues ESA, Tondo JCA, Silva VA. Avaliação do ambiente da prática profissional da enfermagem em instituições de saúde. Acta Paul. Enferm. (Online). [Internet]. 2019 [acesso em 07 de abril 2020]. 32(4). Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-1010832>
20. Hersey P, Blanchard KH. Management of Organizational Behaviour. 10th ed. Pearson. 2015.

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