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RESEARCH

Liderança do enfermeiro responsável técnico: um fazer necessário para o exercício profissional

Leadership of the nurse technically responsible: a necessity for the professional practice

Liderazgo del enfermero responsable tecnico: un quehacer necessáro para la práctica profesional

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ABSTRACT

Objective: to understand how nurses technically responsible exercises leadership role of the nursing staff. **Method:** it is an exploratory and descriptive research with qualitative approach, carried out with six nurses technically responsible working at the Franciscan Health Care Association in the central region of Rio Grande do Sul state, Brazil. Data were collected through semi-structured interviews with open-ended questions, between March and May 2012. For data analysis it has been used the content analysis. **Results:** four categories were showed: Conciliating interests and differences; Believing in people; Dialogical Professional Interaction; and Complexity of the human being. **Conclusion:** spite of the difficulty in defining the concept of leadership, the participants show that leaders should not only have technical-scientific knowledge, but also the ability to deal with the complexity of human beings by taking into account their singularity and multidimensionality. **Descriptors:** nursing research, nursing team, leadership.

RESUMO

Objetivo: conhecer como o enfermeiro responsável técnico exerce a função de liderança da equipe de enfermagem. **Método:** trata-se de uma pesquisa exploratória e descritiva de abordagem qualitativa, realizada com seis enfermeiros responsáveis técnicos que atuam na Associação Franciscana de Assistência à Saúde da região central do estado do Rio Grande do Sul, Brasil. Os dados foram coletados por meio de entrevistas semiestruturadas, com questões abertas, entre os meses de março e maio de 2012. Para a análise dos dados, foi utilizada a análise de conteúdo. **Resultados:** evidenciaram quatro categorias: Conciliar interesses e diferenças; Acreditar nas pessoas; Interação profissional dialógica e a Complexidade do ser humano. **Conclusão:** apesar da dificuldade em saber definir o conceito de liderança, os participantes demonstram que para ser líder não basta o conhecimento técnico-científico, mas a capacidade de lidar com a complexidade do ser humano, reconhecendo sua singularidade e multidimensionalidade. **Descritores:** pesquisa em enfermagem, equipe de enfermagem, liderança.

RESUMEN

Objetivo: conocer cómo el enfermero responsable técnico ejerce su función de liderazgo frente al equipo de enfermería. **Método:** se trata de una investigación exploratoria y descriptiva de abordaje cualitativa realizada con seis enfermeros que trabajan en la Atención a Salud del estado del Rio Grande do Sul, Brasil. Los datos fueron recolectados por encuestas semi-estructuradas, con preguntas abiertas, entre los meses de marzo y mayo de 2012. Para el análisis de los datos fue utilizado el análisis de contenido. **Resultados:** se mostraron cuatro categorías: Conciliación de intereses y diferencias; Creer en las personas; Interacción profesional dialógica y la complejidad del ser humano. **Conclusión:** apesar de la dificultad en definir el concepto de liderazgo, los participantes han demostrado que para ser líder no es suficiente el conocimiento técnico-científico, más la capacidad de hacer frente a la complejidad del ser humano, reconociendo su singularidad y multidimensionalidad. **Descriptores:** investigación en enfermería, grupo de enfermería, liderazgo.

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INTRODUCTION

Leadership is a skill essential for the professional practice of nurses and/or nursing in society and in the labor market. It is for the leadership, and from it, that the nurse leads his work process and leads his team to the achievement of common goals.

The competence for the leadership is the ability to act effectively in front of a certain type of situation, supported by scientific knowledge, but without limiting them.[1] The nurse needs to develop specific skills and competencies as a decision-making ability, negotiation, flexibility, entrepreneurship, creativity, systemic vision, planning and organization, which favor to lead the worker process, resources and technologies.

Brazilian society has been changing rapidly and growing. Consequently, beliefs and values are changing, both in its essence, as in the forms of operationalization. It is clear there is a difference in speed of these transformations, in each of the social classes, in each geographic region and in the various economic sectors, but its existence is undeniable.[2]

In this scenario, it is necessary to keep track of the changes that occur in manage and lead people to the achievement of common goals. Traditionally, the way of coordinating a team was focused on performing tasks and vertical relations, that is, without the participation of employees in the work process. In current models, the coordination of teams is based on leadership, which is based on participatory processes and with horizontality, with a systemic approach.[3]

Therefore, leadership is the ability to influence people ethically and professionally, requiring the construction of confidence with the aim of developing a teamwork to achieve common objectives.[4] In the nurse´s work process, the leadership is a managerial instrument required, because it strengthens nurse´s human relations to coordinate the work team, assisting in decision-making and in the management of conflicts.[5] In exercising leadership, the nurse sets the dynamics of the team work and the institution, but also favors the qualification of systematization of nursing care. He influences the decision-making, professional growth and development, as well as the process of work as a whole.[6]

It is highlighted that the nurse technically responsible often finds it difficult to lead the organization of the work process, as well as leading his team. At other times, though, the nurse technically responsible feels unprepared for the role of leadership. Therefore, he wonders: How the nurse technically responsible has the position of leadership of the nursing staff? To answer that question, the objective was to know how the nurse technically responsible carries out the leadership of the nursing staff.

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METHOD

This is a descriptive and exploratory research of qualitative approach, which seeks to show the reality and understand the phenomena of everyday life of the people, getting them fully, through the subjective, interpreting personal experiences [7] It was held at the Franciscan Health Care Association (SEFAS Network), of the central region of Rio Grande do Sul, Brazil. The choice of the place was because of being the internship of the main author, favoring rapprochement with the possible participants of the study.

The research subjects were chosen by purposive sampling, using as criteria for inclusion, to be nurses technically responsible active on the SEFAS network, to have availability to respond to the questionnaire after signing the informed consent (TFCC) and excluded those who were on vacation or attestation time of data collection. Of the total of six nurses technically responsible, all agreed to participate in the research.

Data collection occurred in the months of March and May 2012, through semi-structured interviews with open questions, previously scheduled according to the availabilities of the subjects of the research. The interviews were recorded and subsequently transcribed by the principal investigator. Data were analyzed by categorization based on content analysis method,[8] which constitutes of three moments: the first consists of a frequency with identification of the main perceptions of the participants; the second analyzes the content that identifies the categories that emerged from the data collected; and the third refers to the interpretation of the categories.

Ethical and legal precepts involving research with human beings were considered as resolution 196/96 of the Ministry of health.[9] It was remained the anonymity of the subjects, which were identified by the letters TR (Technically Responsible), followed by a number, according to the interview order (TR1, TR2...TR6). In compliance with the requirements of the resolution, the Research Ethics Committee of the Franciscan University Center UNIFRA – under number 342/2011, has approved the research project.

RESULTS AND DISCUSSION

The analyzed data resulted in four categories, namely: to reconcile interests and differences; to believe in people; professional dialogic interaction and the complexity of the human being.

To conciliate interests and differences

For the participants, the leadership means to conciliate of interests and differences. They understand that they need to be flexible to every situation. They realize that within an organization, there are people who think in different ways, have different interests, but need to focus on common objectives. Here there is a report:

> *We tried, striving to be able to reconcile the differences of generation, the so-called Generation Y, I see this as a challenge, you can reconcile these differences [...] To reconcile the interests of the people [...]. (TR1)*

It can be noted in the report that the so-called Generation Y, also known as the millennial generation or internet generation, generation from large technological advances, which experienced wars and grew up in an economic prosperity, is challenging, according to one of the participants, because of the difficulty of reconciling their interests and differences.

To believe in people

It is essential to believe in people, to see in them something that other people do not see, and enhance its qualities, as well as having flexibility with regard to the context in which they are inserted and will return to society and/or company. A participant pointed out that daily is faced with new issues and nurses need to share their knowledge, as well as to seek out new options for old problems. To find ways to work with what is provided, both with regard to staff, the sustainability of actions in favor of keeping or giving quality to the company, the technologies gadgets.

> *Leadership is firstly to believe in people, to know how to deal with people and try to find out the potential of each one of them. It means trying to discover and encourage them to find out that everyone has a strength and make them see this and believe that [...] what they're capable of. (TR3)*

To the participant, a nurse who has difficulty in showing the whole, as well as in showing the particularities subjective, will have difficulties in understanding the systemic health care dynamics.

Professional dialogic interaction

It stands in the leadership process, professional dialogic interaction as primary strategy for the effective engagement team in the development of new ideas or new directions that the company seeks. In health institutions, the way to administer human resources emphasizes that it is necessary to have sensitivity to hear people, based on a professional dialogical relationship, therefore the report:

> *Leadership is the way in which we interact with the team, the way we work, listening and respecting all professionals, regardless of sectors that they act and in this interaction you sum, you win, you*

> *gain in quality in the service, because you listen to your co-workers and causes the service to become strong. (TR5)*
> *[...] It is the interaction and the sensitivity to listen to everyone, trying to solve the problem of all, once you meet everyone, everyone will attend the service and perform [work] in the best possible way. (TR2)*

The participants stress that, seeking to hear the needs of the team, the job will have more effectiveness and efficaciousness.

The complexity of the human being

The participants recognize that it becomes indispensable the involvement and participation of employees, for a mutual growth. With regard to interpersonal relationship, it is highlighted the knowledge by which the human being is formed, their cultural, mystics, physical, political and philosophical beliefs. Soon, they understand that it is impossible to speak of leadership without approaching the essence of the human being and of all its complexity. This approach becomes clear in the following talks:

> *As I work directly with human resources my biggest challenge today is the human being. To me he is very complex [...]. (TR5)*

Also, with regard to complexity, thematic widely spoken today, it was noted that, of the six respondents, all addressed the complexity of human beings, each one in their way, some more explicit other in an implicit way, as it is shown in the following speech:

> *The big challenge is the individuality of each one. Each person is in a way, one way and then we have to hear all this respecting individuality, to understand that that person thinks that way and understand, at the same time you're respecting each professional. It is not good thinking that everybody is equal, or that everyone has to be like this, everyone has to work this way. It is the understanding of the individuality of each person that causes us to have a good job. (TR4)*

In the opinion of the participants, the leader must have the ability to relate to all the people who surround him, cohesively, and professional ethics. They need to have goals, that is, to know where they are going and how they want to achieve these goals along with the team. In this process, each person needs to be upheld and strengthened in its uniqueness and complexity.

Human beings should not own isolated perspective to understanding a problem or even of human life, requiring, in this sense, multidimensional knowledge.[10-11] Such knowledge allows the nurse technically responsible to reconcile interests and differences from the recognition of diverse perspectives.

A study, which aimed to meet institutional characteristics that interfere in the leadership, identified that there is little incentive for improvement of nurses to leadership, which is an institutional problem. However, this question can be lowered by permanent education and the creation and implementation of leadership development programs in

nursing.[12] Theses can help the nurse technically responsible in leadership development and consequently to reconcile the interests and differences of the nursing staff.

The nursing staff is composed by different people, which are indispensable within the team. The nurse technically responsible needs to show the whole, as well as the parts that constitute it, because the whole is, at the same time, higher and lower than the sum of its parts.[11] In that understanding, the nurse technically responsible needs to enhance members of their team, because when recovered, these professionals have recognized the need to carry out their activities, not only to satisfy the institution, but mainly to assist in their own growth and self-realization.[12]

Humans are capable of auto-produce and auto-develop. When changing the excitement, change the domain of action, i.e. If they change the emotion that leads the individuals, it changes also the reason/think. The use of this reasoning, it is believed increasingly in a training process produced on the basis of the emotions and challenge the paradigm that perpetuated the devaluation of emotion in the culture.[13]

The validity of this explanation is not in reference to an independent reality, amenable to control, but in building a world of actions, continuously in the compass of life, because what it is explained it is always an experience. Soon, there is a questioning that precedes every action, from the simplest, bringing mediation positively and intentional.[13] It can be said that in most situations, the nurse technically responsible is a mediator in health, which must believe in people.

All require credits for the performance of its function and that it is essential for professional growth. The leader cannot be guided in a fragmented performance, impersonal, but rather promote health education in a broader sense and great social responsibility. It should awaken in people what they may not know what they can do. It is highlighted that every human being with positive stimulus at the moment which opens onto the new, turns and transforms his surroundings.[11.13]

The success of the leader depends on the establishment of a relationship of trust and respect, because leadership is a group process, where influences occur in order to reach a goal. The leadership is linked to a sense of action, a sense of movement and that is to be learned.[14] Professional dialogic interaction relates to the leadership of a team and for its development, it requires commitment of each person for the good performance of the activities.

In this sense, the nurse technically responsible needs to maintain dialogue with his team to understand the various problems. It is necessary to learn and to live with each other, developing the understanding of emotions and, in view of the diversity of ideas, enabling conflict mediation, without being arbitrary and seeing the conflict as a basis transformation.[15] In this sense, the nurse technically responsible, in exercising leadership, must consider that each person brings different perceptions, values, knowledge and customs, which determine often his way of being and acting.[16]

In these circumstances, the Nurse must possess attitudes increasingly dialogical and circular, that is, motivated by cooperation and association process. Under this approach, it is expected that the nurse, by exercising leadership, be open to changes and sensitive to seize interpersonal processes focused on human and singularities and in the valuation of personal initiatives of the team.[17] In constant search for personal integration and healthy

relationships at work, the emphasis of the nurse must be centered in good human relations, paying attention to the ethical dialogics processes.[18]

The complex thinking has the transformation, the breaking of paradigms. In it there is no room for concepts ready, no needing to reach a common denominator, it is precisely at this point that we begin to understand each other, when each person exposes their vision of the situation. Is the "chaos", therefore, that there are brilliant ideas, is a way for the ideas and is set within a context of assumptions of order/disorder. The scale of acceptance or collaboration in a project depends on the interlocutor. However, we should administer our knowledge and learning than about his listener, participant or contributor, which is their reality, their degree of perception.[13]

CONCLUSION

In order to know how the nurses technically responsible holds the position of leadership of the nursing staff, it was evidenced that these nurses need to reconcile interests and differences, believing in people, having the ability to interact in a dialogic way and recognize the complexity of the human being to achieve the common objectives of the team. Thus, the leader must have the ability to relate to all the people who surround him, in a cohesive and professional ethics, and to seek to hear the needs of the team, the job will have more effectiveness and efficaciousness.

Despite the difficulty in knowing to define the concept of leadership, the participants have shown that to be a leader not just the technical and scientific knowledge is enough, but the ability to deal with the complexity of the human being, recognizing its uniqueness and multidimensional. These results should lead us to reflect on how nurses are being trained for leadership and how they should be.

The results of the study demonstrate that leadership is a subject that must be constantly rethought in the area of nursing, because it does not end with just a job like this. It is an indispensable tool for the practice of this professional category, involving dynamic and circulars strategies, which need to be discussed, expanded and continuously reconsidered, in order to updated respond to different social demands.

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