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Academic formation and permanent education: influences on leadership styles of nurses

Formação acadêmica e educação permanente: influências nos estilos de liderança de enfermeiros

Formación acadêmica y educación permanente: influencias en los estilos de liderazgo de enfermeros

Karen Cristina Kades Andrigue[1], Letícia de Lima Trindade[2], Simone Coelho Amestoy[3]

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ABSTRACT

Objective: to know the influences of academic training and Continuing Health Education (CHE) on the leadership styles adopted by nurses in the hospital environment. **Method:** it is qualitative descriptive-type research supported in the references of Hersey and Blanchard. Six nurses from the hospital network of Chapecó, Santa Catarina, participated in this study and typified different leadership styles. The data were collected through semi-structured interviews and analyzed according to Thematic Analysis. **Results:** the participants felt only slightly influenced to lead during the training obtained in their graduation course and highlighted difficulties in integrating education service, which interfered in exercising leadership. As for the Continuing Health Education (CHE), it indicated a lack of investment in qualification. **Conclusion:** it was highlighted the importance of education in graduation studies to strengthen leadership learning practices and it is understood that leadership is perfected and improved throughout professional life.
Descriptors: Nursing, Leadership, Continuing Education.

[1] Graduated in nursing at Universidade do Contestado - UNC and a master in health sciences at Universidade Comunitária da Região de Chapecó - Unochapecó. Currently is titular professor at Universidade Comunitária da Região de Chapecó - Unochapecó, member of the research group - Formation and Work, representant of the Nursing School in the Pro Health. Has experience in nursing, with emphasis in nursing, mainly acting in the following subjects: nursing, health care, permanent education and children and teenagers care.

[2] Doctor in Nursing at Universidade Federal de Santa Catarina (UFSC), Master in Nursing at Universidade Federal de Santa Catarina (UFRGS) and a College Degree in Nursig at Universidade Federal de Santa Maria (UFSM). Currently is leader of the Research Group in Health and Work (GESTRA/UDESC) and is member of the group Práxis: work, citizenship, health and nursing of UFSC. Professor of the Master in Health Sciences at Universidade Comunitária da Região de Chapecó (UNOCHAPECO) and at Universidade do Estado de Santa Catarina. Has experience in Nursing, mainly acting in the research lines Formation and Work in Health, Politics and Practices in Health and Procedure in Work in Health.

[3] Bachelor Degree in Nursing at Universidade Federal de Pelotas (UFPel). Specialization in Nursing with emphasis in Intensive Therapy at Associação Hospitalar Moinhos de Vento, Porto Alegre-RS. Master in Nursing at Universidade Federal do Rio Grande (FURG). Doctor in Nursing at the Postgraduate Nursing Program of Universidade Federal de Santa Catarina (UFSC). Assistant Professor of the Departament an the Postgraduate Program of Universidade Federal da Bahia (UFBA). Member of the Research Groups: Center of Research and Practice in Nursing (NEPEN) of UFPEL. Member of the Research and Studies Group in Administration of Nursing Services (GEPASE) of UFBA).

ABSTRACT

Objective: to know the influences of academic training and Continuing Health Education (EPS) on the leadership styles adopted by nurses in the hospital environment. **Method:** It is qualitative, descriptive-type research, supported in the references of Hersey and Blanchard. Participating in this study were six nurses from the hospital network of Chapecó, Santa Catarina, who typified different leadership styles. The data was collected through semi-structured interviews and analyzed according to Thematic Analysis. **Results:** The participants felt only slightly influenced to lead during the training obtained in their graduation course and highlighted difficulties in integrating education service which interfered with exercising leadership. As for the Continuing Health Education (EPS), it indicated a lack of investment in qualification. **Conclusion:** Standing out was the importance of education in graduation studies to strengthen leadership learning practices and it is understood that leadership is perfected and improved throughout working life.

Descriptos: Nursing, Leadership, Continuing education.

RESUMEN

Objetivo: conocer las influencias de la formación académica y de la Educación Permanente en Salud (EPS) en los estilos de liderazgo adoptados por los enfermeros en el ámbito hospitalar. **Método:** estudio cualitativo del tipo descriptivo, apoyado en el referencial de Hersey y Blanchard. Participaron del estudio, seis enfermeros de la red hospitalar de Chapecó, Santa Catarina que se tipificaban en diferentes estilos de liderazgo. Los datos fueron tomados por medio de entrevista semiestructuradas y analizados conforme Análisis Temático. Resultados: los participantes se sintieron un poco influenciados para liderar ante la formación obtenida en la graduación y resaltaron dificultades de integración entre enseñanza y trabajo lo que interfirió en el ejercicio del liderazgo. En lo que se refiere a la EPS, ella señaló falta de inversiones en la cualificación. **Conclusión:** se destaca la importancia de la enseñanza en la graduación, fortalecer las prácticas de aprendizaje del liderazgo y se entiende que el liderazgo es perfeccionado a lo largo de la vida profesional.

Descriptores: Enfermería, Liderazgo, Educación continuada.

INTRODUCTION

Over the years, teaching in nursing has undergone several changes in order to prepare nurses for the labor market and meet the diverse health needs, such as population aging, emergence of new diseases and development of technological devices. Thus, the Curricular Guidelines that guide the nursing undergraduate course highlight the need to train generalist, critical and reflexive professionals capable of developing the following managerial competencies: acting in health care, decision making, communication, administration, management, permanent education and leadership, the latter being the competence that will be focused in the study in question.

In this sense, a study carried out with nurses in the hospital environment highlighted that competence in leadership requires some characteristics that must be cultivated, being: communication, responsibility, common sense and self-knowledge. These characteristics need to be improved after graduation, that is, throughout vocational training.[1] The use of workspaces as fields of learning and skills development allows the professional to live with the diversity and speed with which knowledge is produced in the modern world. This is the theme of Permanent Education in Health (PEH) for the multidimensional training of professionals in the new perspectives of health work.[2]

PEH should be considered as a strategy for the qualification of workers. It represents an important change in the conception and the training practices, supposes the inversion of the logic of the process, incorporating the learning in the daily life of the organizations, and encourages changes in the educational strategies, in order to focus the practice as a source of knowledge and to make the professional actively act in the educational process.[3]

It should be mentioned that leadership represents an essential competency of nursing practice in the various aspects of the nurses' role. Evidence in the literature has pointed out that in places where leadership was effectively taught, there was a positive impact on practice. It is identified the need to invest in leadership training integrated to the Nursing curriculum. Therefore, it is the responsibility of organizations to foster leadership programs as a central part of personal development, as well as seek greater articulation between services and the academy, with the purpose of promoting improvements in care and organizational culture.[4]

In view of the above, academic formation and PEH are recognized as tools capable of empowering the formation of leaders. It is considered their importance in the current scenario, in which more and more technically and scientifically competent professionals are needed and also capable to manage care and the nursing team, using dialogue, ethics and humanization.[1] With a view to strengthening nurses' leadership, we highlight the Situational Leadership (SL), which can be understood as releasing the potential and power of individuals and organizations to achieve a common goal. In the search for nurses' qualification, SL emerges as an integrating concept, which aims to achieve high levels of maturity for work through the empowerment of the exercise of leadership and the search for committed and motivated employees with the work process.[5]

As a reference, the Hersey and Blanchard SL model was used, which has been used nationally in pioneering studies in nursing and is based on four styles of leadership, namely Determine, Persuade, Share and Delegate.[7-8] The choice of one of these depends on the maturity of the employees, the tasks to be performed and the relationship between the parties.[5] In view of the context, the objective was to know the influence of academic training and PEH in the leadership styles adopted by nurses in the hospital scope.

METHOD

This study integrates a bigger research entitled "The exercise of nursing leadership in the hospital," developed in the hospital network of the cities of Pelotas (RS) and Chapecó (SC) consisting of nine hospitals. It should be noted that the results presented in this manuscript refer to the qualitative and descriptive stage performed in the three hospitals in the city of Chapecó.

Initially, all the nurses in the hospital network were invited to participate, totaling 112 nurses, of whom 104 accepted. They answered a sociodemographic questionnaire and the self-perceived instrument "Description of Effectiveness and Adaptability of the Leader", which was developed at the Center for Leadership Studies at Ohio State University.[8]

Thus, the personal profile and the SL styles adopted by the nurses were characterized. The instrument recognizes the styles, categorizing them into: Determine (E1), in which the nurse defines the activity, how, when and where it should be performed and supervises the task execution; Persuade (E2), in which the nurse explains the activity to be performed, listens to the collaborator and seeks to convince him in the most appropriate way to perform the task; Share (E3), in which the nurse enables the employee to participate in decision making, shares the ideas and the alternatives to solve a problem; and the Delegate style (E4), in which, faced with a specific task, the collaborator decides how, when and where to do things.[5]

From this analysis, as an inclusion criterion, nurses who typified the different SL styles were interviewed. The identified styles were: Determine, Persuade and Share. There were no participants who assessed themselves in the Delegate style. The selection was made by simple random sampling and the total number of participants of the qualitative stage was determined by means of the saturation criterion, that is, when the data began to become repetitive and the objective was answered. Considering this criterion, six participants integrated the qualitative stage.

Data collection was performed through a semi-structured interview. Data were collected from June to August 2014 in loco, by prior appointment with the participants. The interviews lasted an average of 25 minutes and were recorded on a digital recorder and transcribed shortly after its completion. The statements of each participant were identified by the letters E (nurse – *enfermeiros* in Portuguese), their leadership style (one, two and/or three) and the ordinal number corresponding to their instrument of self-perception.

The interviews were submitted to Content - Thematic Analysis. The organization started from three chronological segments. The first is the pre-analysis, data organization phase, in which systematic readings of interview reports were made and the units of analysis were determined. The exploration of the material, the second moment, consisted in ordering the themes in search of the nuclei of meaning. For the interpretation of the results, the third moment, it was sought to weave the relations with the theoretical reference.[9]

The research project is approved by the Research Ethics Committee of *Santa Casa de Misericórdia de Pelotas* with approval under n. 200/2013 and met the ethical precepts of Resolution 466/12.[10]

RESULTS AND DISCUSSION

From the evaluation of the instruments, synthesizing the data, one observes the predominant adoption of the managerial styles (E1, E2), which refer to the coercive power, in which the leader's capacity is employed in accomplishing tasks.[12] The identified styles were: Determine, Persuade and Share. There were no participants who assessed themselves in the Delegate style.

Considering the SL styles adopted, we looked for elements that allowed recognizing how the academic formation and the PEH influence the leadership among the nurses in the hospital scenario. In this way, six participants were interviewed, who defined themselves in the styles found.

From the division of the participants in their leadership styles, two nurses were drawn by style to compose the sample. Unintentionally directed, these professionals represent the same hospital institution. From their profile, it is observed that they work between five and ten years in the institution, a period that coincides with that of their academic formation. They work in different shifts. As for the activity sectors , three occupy positions of leadership/ coordination of hospitalization sectors , one heads an ambulatory that provides services of high complexity and two provide assistance to the user in closed sectors, such as Intensive Care Units (ICU). All have expertise in areas of technical activities.

From the exhaustive reading of the interview material, two categories emerged: influences of the academic formation in the SL and PEH process and their relations with the leadership process.

Influences of academic formation in the SL process

It was identified that, remarkably, the nurses exposed feeling minimally influenced to lead by the academic formation and emphasized that the acquired knowledge did not provide the necessary contribution, expressing its difficulties in operationalizing the process of leadership after graduation.

The first emerging subcategory was "Fragilities in academic formation: predominance of technicalism to the detriment of leadership", as explained in the following statements:

> [...]I came from a university that I think the technical part was very strong [...] stronger than the managerial part [...] we have had this same only in the last year [...]I came from college with difficulties that are added that are theoretical and that are practical [...]. (E3 – 2).

> [...]I had to go read about leadership, that I did not have it strong in graduation; we even got the chair to lead to do internship management. (E2 – 1).

> [...]I mean, you have a management notion, but my college focused technically, I have to be a nurse leader of my team there in the technique, my knowledge directs my technician to know how to execute a technique, but not to lead people, people just learned the minimum, make a scale as it is there, very closed then. (E2 – 3).

> [...] When I graduated I was very scared [...] So I got a little knowledge of how the hospital worked, and in shopping, I got involved with hospital purchases. (E1 – 4).

Considering the testimonies, it was identified the predominance of a dissonant technical model of education from the desired one. When graduating, it is expected that nurses will develop, among professional competencies, the leadership and that this qualify the practice of the assistance to the user, as well as favoring the collective work and still benefit the achievement of the organizational objectives.[1] The interviewees' statements clearly express their feelings of dissatisfaction with the teaching-learning process of leadership, which signals the weaknesses of academic training.

It should be noted that the technicality, which persists in the current scenario, is associated with the institutionalization of Nursing. Through the instrumentalization of the clinic, the search for recovery and healing of the diseased body has become the main focus of the practice of health professionals[1], which prints brands still present in the current context.

However, it should be noted that this concern to promote technical training can emerge from the complexity of care in the hospital context, in which employees tend to value the leader who demonstrates the technical ability to use methods, processes, procedures and techniques to perform specific tasks, data recognized in studies[6-7] and international.[11]

In discussing nurses' perceptions of teaching-learning leadership, it was identified that similar data were found in another study, which, when describing the training, portrayed it as distant from the development of skills and competencies that help the student to lead, indicating an emphasis on technicality, in addition to identifying that the students themselves often devalue managerial aspects, including leadership, and are primarily concerned with technical activities.[1]

However, when directing other aspects that stood out and establishing relationship with the profile of the interviewees, it deserves attention that an expressive portion graduated in less than ten years, that is, after the institution of the National Curricular Guidelines (NCG). These define the formation of generalist, human, critical and reflexive nurses capable of learning to learn and who meet the needs of the population according to the guiding principles of the Unified Health System (UHS).[7]

In this aspect, SL emphasizes the competence to lead as the sum of knowledge and skills that the individual possesses to achieve goals. It can be developed through formal instruction and experience, but especially needs adequate direction and support to be developed.[5]

In view of the above and from the discussion of the interviews, which point out weaknesses in the academic formation and SL styles adopted, which, as already mentioned, focus on directive behaviors, it is understood the need to seek strategies to qualify the academic education.

In exploring the extensions of training, the subcategory "Difficulties of Integration Teaching/Service" also emerged. The negative influences on the leadership process due to the distance between universities and health services are illustrated in the following statements:

> I think that we even see some content, but just as you cannot exercise because you are a student, deep down it is not palpable. [...]Nor is that they do not teach, is that it is a thing of the practice alright. (E1 – 5).

> [...]and also the insertion, the acceptance of when we did the management by the nurse who was in the unit, is not so what we see that colleagues and I also try to insert in whatever comes, I have to leave the person freer so that she learns that she thinks about the dynamics in the sector, and this we did not have [...]. (E3 – 6).

> [...]And you know there we were kind of at the mercy of the nurse and know if the nurse took you along that good, if he did not take you stayed, also because when you are a student you have not much [autonomy]. (E1 - 4).

The teaching-service integration is conceptualized as the collective, agreed and integrated work of students and teachers of the training courses in the health area with workers who make up the health services teams, including the managers, aiming at the quality of individual and collective health care, the quality of professional training and the development/satisfaction of service workers.[12] Thus, we understand the concern expressed by nurses based on this striking disarticulation. It is recognized that the spaces of dialogue between education and health work take a special place in the development of students' perceptions of their professional choices. These are places to exercise citizenship in which all actors, with their knowledge and ways of being and seeing the world, construct and exercise their roles in society. Attention focused on training from the work process is structured in the problematization of the proper and real elements that arise in the daily practice of the professions.[13]

Analogous information has already been described in a study in the South of Brazil,[12] which highlighted spaces in which there is a lack of receptivity and acceptance of the professionals and also the behavior of some nurses who are not recognized as positive examples for academics. At this juncture, it is the responsibility of teachers and educational institutions to promote transversal leadership teaching, which is addressed throughout the undergraduate course, together with the concern for professional improvement and the approximation to the reality of the daily work of the assistance.[14]

It should be stressed that the training of leading nurses with the potential to use leadership in the hospital environment depends on an education that fosters such competence transversally in their curriculum[1], based on the reality of the services and the needs of UHS.

In the international scenario, the concern with the formation of nursing leaders is also evident. It should be noted that nurses are usually exposed to an environment of high pressure, uncertainties and constant changes, not to mention the daily challenges of professional practice. In order to ensure the development of the skills and abilities

needed to lead the way in such demanding environments, these professionals need access to education through high quality, evidence-based educational programs. These programs may contribute to the qualification of nurses, regarding the clinical and managerial aspects.[2] However, the national reality still lacks investments in the formation of nurse-leaders, both in the context of university education and in its continuity, through PEH.

Exploratory research [6-7] in the area acknowledge that the knowledge, understanding and application of SL are one of the ways to enable learning about leadership in nurses' education.

However, this is a reminder that training is often turned to techniques and not to leadership and management. The late start of the subjects that surround the subject also weakens the teaching process and the domain of this competence. In the theoretical-practical fields, the openness of nurses in sharing managerial tasks with the students of the last stages also interferes in the process of consolidating this competence among nursing students. It is possible to identify in the testimonies the devaluation to the study of the leadership, making evident that the learning about this in the educational institutions was not enough for the nurses investigated. In addition, it is necessary to value the development of relational skills, among them leadership, which usually go unnoticed during graduation and which can facilitate nurses' work in the management of care and the team in the decision-making, planning and intervention, and conflict resolution.

It is recalled NCG for the training of health professionals, and especially those for Nursing, point to PEH as a requirement for the exercise of professional practice, and it is considered a strategy for the qualification of workers within the reach of hospital institutions.[4] Therefore, it was sought to explain the nurses' view of their PEH practices and their influences on the process of leading.

PEH and its relations with the leadership process

Regarding continuing education strategies, respondents stated that they participated in some activity in their work environment. As professional updating tools, they mentioned participation in scientific events. The different tools for continuing education that have emerged demonstrate the search for professional qualification. Expressive portion of the nurses highlighted the use of interactive resources to enhance learning. In this sense, the use of the Internet as a technology for both communication and educational research has been demonstrated as a significant tool for learning.[15]

In this scenario, Ordinance n. 198/Ministry of Health (MH), of 2004, instituted the National Policy of Permanent Education as a strategy of the UHS for the training and development of workers for the sector. This, as a strategic action to qualify health care, aims to transform and qualify: actions and services, training processes, health practices and pedagogical practices. The implementation of this Policy implies an articulated work between the health system (in its various spheres of management) and the educational institutions, highlighting the formation and development for UHS as the construction of Permanent Education in Health: aggregation between individual and institutional development, between actions and services and sectorial management and between health care and social control.[16]

Thus, PEH can be understood as an educational process that allows a space to think and do at work. In addition, it can be understood as an action capable of fostering in the people greater capacity to act in the world of work.[2]

However, it was observed that the participants emphasized the relationship between leadership and professional qualification processes, and did not highlight PEH process, but recognized the importance of continuing education as a fostering of leadership as a space for discussion, learning and recycling between peers.

> [...]I think we should have training, yes, in relation to leadership, and these skills should exactly work on these issues so that people have character, beliefs that we constantly need to learn, need to recycle, and this is very important. (E2 – 3).

> [...]I think it is important to have such training from someone who has lived our reality, that understands us. Not these training types, the ones…, kind of an administrator with diploma in something. I want a nurse who understands me, and who had a good workload inside a hospital, that lived and suffered, that there she/he come and teach me to be a leader, I will not say teach, but that she/he demonstrate to me what she/he lived. (E2 – 1).

It is understood that the perception of nurses is more focused on processes of continuing education, not on PEH, since they expect specific, rather than interdisciplinary, capacities. Continuing education seeks to emphasize the interdisciplinarity of the health team, focuses on practices as a source of knowledge and places the professional to actively act in the educational process.[3]

Still in the nurses' statements, there are hopes that converge with the conceptions of the PEH process for the qualification of workers, which should foster changes in conceptions and training practices, incorporating learning into the daily life of organizations and encouraging changes in educational strategies, in order to focus the practice as source of knowledge and placing the professional to actively act in the educational process.[2]

Thus, the importance of recognizing PEH on a critical pedagogical basis is discussed, not focusing on technical competences but recognizing the meaningful learning, including in its capacities the development of the various dimensions of competence and increasing the emphasis on more problematizing skills and encompassing the other dimensions, such as relational/communicational and ethical/political competencies.[2]

In this area, where leadership is understood as a fundamental competency for nurses, the institutions'

investment for its strengthening contributes to the qualification of care services in these scenarios. The repercussions of an appropriate style of leader for each sector of work can contribute decisively to the resolution of conflicts, qualification of the assistance rendered, to the optimization of the material and human resources involved in the care act.

However, the nuclei of meaning indicated another subcategory to be listed: "The weaknesses in the PEH processes in hospital institutions." When questioned during the interview if the work institution contributes with some theoretical support to the leadership through the teaching practices, it was identified that the interviewees signal to the lack of investments in the qualification of the nurses for the leadership.

> I think it leaves a lot to be desired, I think that this leadership job is not done. (E1 – 3).

> No, here it is not favored to be a leader, here you do not have anything at all. Beginning with the meetings, you go there and it is usually to listen and follow orders that have been passed, so this already puts you in a position of submission. I realize a lot of dissatisfaction with this issue of not being able to actually exercise leadership. (E1 – 5).

The participants' statements reveal the lack of institutional support for leadership, and are evidenced in the daily life of these workers. In addition, leadership was little recognized in the scenario investigated, especially in the weaknesses of the process of dialogue with management and in the lack of professional autonomy, which is directly related to the leadership.

It should be emphasized that the preparation of the nurse-leader is a basic condition for this professional to make changes in their daily practices, with a view to improving the quality of care provided to the user, reconciling the organizational goals with the needs of the nursing team, making it clear that the theoretical background allied to the practice are essential for the qualification of this professional. Therefore, it is evident that health institutions have, above all, to offer the contribution to leadership, especially for professionals that occupy managerial functions, being essential for the daily work practice.[6]

Still, a nurse pondered the importance of job recognition to strengthen leadership.

> I would like a different recognition, sometimes a word, the return of your work, so I think we do not have this real return, and we have good qualities that sometimes are not spoken, in the administrative part we could have this feedback from our profession, that we could evolve more in our leadership relationship. (E2 – 1).

With the autonomy of the leadership, it is possible for the nurse to feel motivated and act on the problems and promote desired changes for a new moment, favoring the decrease of professional turnover, physical and emotional exhaustion, strengthening skills and knowledge in common with the team they work with. Thereby, the profile and conduct of the leader as a professional are closely related to the philosophy of the institution in which they work .[18]

With this, it is agreed that leadership has little chance of advancing in nursing if it is not deliberately encouraged by innovative attitudes, projects, personal and team investments, and by the support and encouragement of the institution in which these professionals act.[18]

It is recalled NCG for the training of health professionals, and especially those for nursing, point to PEH as a requirement for the practice of professional practice, and it is considered as a strategy for the qualification of workers[4] within the reach of hospital institutions. PEH provides a space for educational practices, bringing knowledge closer to working life, which allows people to articulate changes with deeper knowledge, discussing and building collectively, which are the prerequisites for the formation of the high performance situational leader.[5]

CONCLUSION

The influences of academic formation and PEH for leadership emerged in nurses' testimonies as markedly negative, hardly favoring the leadership process. In a convergence to this, the predominance of leadership styles (E1/E2) was emphasized, which highlighted the weaknesses in professional training that contribute to the adoption of leadership profiles that do not favor the empowerment of the nurse's team.

Even considering that SL proposes not to have a correct style, but the adequacy of these to the presented needs, the elevated incidence of highly task-oriented styles has aroused interest in assessing in more detail the factors that determine this profile, as well as strategies that qualify leadership teaching in nursing undergraduate courses and PEH actions aimed at developing leadership among workers.

One can visualize the devaluation with regard to leadership, highlighting that there were failures in the teaching-learning process and lack of practical experiences in the academic formation. It is redeemed that being a leader is a continuous learning that begin in the undergraduate and improved during the professional life.

In view of this, the research reinforced that the formation of leaders is a challenge, not only for educational institutions, but also for professional nurses and health services. It is emphasized that the employment institutions can contribute and assist in the qualification of these professionals, fomenting skills to lead, to assist users with quality and favoring the team with educational changes.

It is understood as limitations of this study the lack of data about employees' perceptions, as well as information regarding the nurses' work process, which could strengthen the evaluation, especially regarding the adoption of managerial styles and the very work environment, since it can influence the process of leading.

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Contact of the corresponding author:
Karen Cristina Kades Andrigue
Raul Bartolamei 250 E, Passo dos Fortes
ZIP-code: 89808-767
Chapecó - SC
E-mail: <karenandrigue@unochapeco.edu.br>