Good nurse leadership practices in the hospital context

ABSTRACT | Objective: Describe the good nursing leadership practices performed by nurses in the context of a public hospital in Belém-Pará. Specifically, to raise leadership practices in the hospital context. Method: Descriptive field research with a qualitative approach, carried out in an emergency hospital in the city of Belém. The participants were ten nurse managers and coordinators in the clinical unit and intensive care unit. Data collection was through a self-administered questionnaire. Content analysis occurred qualitatively based on the identification of thematic categories. Results: Three central themes emerged: good leadership practices from the nurses' perspective; nurses and decision-making in hospital practice; dealing with errors and conflicts. Conclusion: Good leadership practices are related to care, management and attitudinal dimensions, in which decision-making and conflict and error management stand out.
Keywords: Leadership; Personnel Management; Nursing.

RESUMEN | Objetivo: Describir las buenas prácticas de liderazgo de enfermería realizadas por enfermeras en el contexto de un hospital público de Belém-Pará. En concreto, elevar las prácticas de liderazgo en el contexto hospitalario. Método: Investigación de campo descriptiva con un enfoque cualitativo, llevada a cabo en un hospital de urgencias de la ciudad de Belém. Los participantes fueron diez gerentes de enfermería y coordinadores en la unidad clínica y en la unidad de cuidados intensivos. La recopilación de datos se realizó a través de un cuestionario autoadministrado. El análisis de contenido se produjo cualitativamente en función de la identificación de categorías temáticas. Resultados: Surgieron tres temas centrales: buenas prácticas de liderazgo desde la perspectiva de las enfermeras; enfermeras y la toma de decisiones en la práctica hospitalaria; lidiar con errores y conflictos. Conclusión: Las buenas prácticas de liderazgo están relacionadas con las dimensiones de cuidado, gerencial y actitudinales, en las que destacan la toma de decisiones y la gestión de conflictos y errores.
Palabras claves: Liderazgo; Administración de Personal; Enfermería.

RESUMO | Objetivo: Descrever as boas práticas de liderança em enfermagem, realizadas pelos enfermeiros no contexto de um hospital público de Belém-Pará. Especificamente, levantar práticas de liderança no contexto hospitalar. Método: Pesquisa de campo do tipo descritiva com abordagem qualitativa, realizado em um hospital de urgência emergência do município de Belém. Os participantes foram dez enfermeiros gestores e coordenadores em unidade clínica e Unidade de Terapia Intensiva. A coleta de dados foi por meio de questionário autoaplicável. A análise de conteúdo ocorreu de forma qualitativa a partir da identificação de categorias temáticas. Resultados: Emergiram três temas centrais: as boas práticas de liderança sob a ótica dos enfermeiros; o enfermeiro e a tomada de decisão, na prática hospitalar; lidando com erros e conflitos. Conclusão: As boas práticas de liderança estão relacionadas às dimensões assistenciais, gerenciais e atitudinais, nas quais se destaca a tomada de decisão e gestão de conflitos e erros.
Palavras-chaves: Liderança; Administração de recursos humanos; Enfermagem.

Ana Gracinda Ignacio da Silva
Nurse. PhD in Nursing, Federal University of Rio de Janeiro (UFRJ). Professor at the Metropolitan University Center of the Amazon (UNIFAMAZ). Belém, PA.
ORCID: 0000-0001-6439-7842

Fabia Jamilli Nascimento da Silva
Nurse. Student at the Metropolitan University Center of the Amazon (UNIFAMAZ). Belém, PA.
ORCID: 0000-0001-6222-3312

Fabrícia da Costa
Nurse. Student at the Metropolitan University Center of the Amazon (UNIFAMAZ). Belém, PA.
ORCID: 0000-0002-2470-7364

Gisele da Costa Alcântara
Nurse. Student at the Metropolitan University Center of the Amazon (UNIFAMAZ). Belém, PA.
ORCID: 0000-0001-7472-9388

Gabriel Fazzi Costa
Nurse. Master's student in Parasitic Biology in the Amazon University of the State of Pará (UEPA)/Instituto Evandro Chagas (IEC). Belém, PA.
ORCID: 0000-0002-9672-5676

INTRODUCTION

Leadership is the ability to influence individuals to engage and be involved in certain goals and objectives. It is a process of influence of the leader on the followers, therefore, the personal characteristics of the leader are related to the effectiveness of this process. [1] Nurses are increasingly assuming leadership roles in health services. Its responsibilities range from the care process to making strategic decisions in the organizations' executive environment. [2] In the context of nursing, leadership is a crucial competence for the activity of nurses, where they are seen with the ability to influence their team to provide quality care and focused on the health needs of its users. [3]

The leadership position is complex and needs skills, planning, skills, attitudes that motivate the team to seek pre-established goals, to know how to negotiate in situations of conflict, in or-

der to promote more cooperative and interconnected forms of work, in order to contribute to a healthy and productive work environment, where everyone has the same objective, that is, achieving excellence in customer service. [4]

It is worth mentioning that, in the international scenario, leadership represents an indispensable skill in nursing practice, which has an impact on the quality of the organizational culture of the institutions and in work relations. [5] In this sense, interest in the theme arises from the observation of curricular practices on the role of nurses in the daily management, where decision-making is done at all times, instigating the interest in knowing about their leadership practices in the hospital context, leading to the following question: what are the good leadership practices of nurses in the hospital's daily life?

Planning care, coordinating actions of the nursing team, meeting the perspectives of the institution and patients in relation to assistance, among others, are some of these activities developed practically full-time by nurses. [6] Therefore, knowing this experience contributes to the training and professional practice for nurses to exercise leadership. In this sense, the study aimed to describe the good nursing leadership practices, performed by nurses in the context of a public hospital in Belém-Pará. Specifically, to raise leadership practices in the hospital context.

METHOD

It is a descriptive field study with a qualitative approach. The study took place in an Urgency and Emergency Hospital in the city of Belém-Pará. It is a large hospital, with a capacity of 198 beds, with 155 nurses in its nursing staff. Ten nurses from the 12 nurses who act as coordinators and managers in clinical units and Intensive Care Units (ICUs) were invited and accepted to participate in the research. The inclu-

sion criteria were: nurses who act as coordinators and managers in the clinical units of the hospital, with at least six months of experience. Nurses who were absent for any reason during the data collection period of the units were excluded.

The production of the data took place through a self-applied questionnaire containing five closed questions and related professional characterization and five open and specific questions about: strategies that they consider as good leadership practices in their daily work; how they make decisions in the team; how they manage conflicts; how they deal with team mistakes. The questionnaire was delivered to the participants and answered by each participant who returned it within 48 hours of delivery.

The analysis of the data was of the qualitative type [7], for this, two steps were followed: coding and categorization. In the codification, the units of records in the transcribed material that have similar ideas, explanation or activity are being organized and structured under a label or a title that identifies them. [7] At this stage, therefore, an exhaustive reading of the material was carried out in search of what the participants pointed out as leadership practices, with the systematization of converging ideas in frames according to their common elements to proceed to the second stage.

In the categorization stage, the list of coded records begins, expanding to the context in which the actions took place, focusing on the objectives of the study. [7] In this step, starting from the records coded in the previous phase,

observing points in common, thematic ideas were found, focusing on the objectives of the study, defining three categories that emerged from the responses of the participants, from which the results are presented: good leadership practices from the perspective of nurses; the nurse and decision making, in hospital practice; dealing with errors and conflicts.

In view of the obligation to guarantee the confidentiality of the participants' identities, they received codes such as E1, E2... E10, which refers to nurses who participated in the research. All signed the Informed Consent Form (ICF). The project was evaluated by the Ethics Committee of UNIFAMAZ and approved by the CAEE opinion: 37922520.0.0000.5701, with Approval Opinion Number: 4.287.147.

RESULTS

Characterization of participants

Of the 10 nurses who participated in the research, there is a predominance of women, most of them young people with up to 10 years of training and distributed between six months to ten years of experience in the hospital, as shown in Table 1 below. It is noteworthy that out of the ten participating nurses, six (6) have specialization, and of these, only three have specialization in management.

Category 1 - good leadership practices from nurses 'views

This category points out that these practices are related to the care, managerial work and personal characteristics of the nurse as a leader. In the care

CHART 1: Main personal and professional characteristics of the research participants							
Sex	N	Age	N	Study time	N	Time in the hospital	N
Female	08	25-35 years	05	Até 5 years	04	6m- 5 years	05
Male	02	36-45 years	05	6-10 years	03	6-10 years	05
				+10 years	03		
Fonte: Coleta de Dados. Pará- 2020							

dimension, they indicate the division and organization of the nursing team and the work process; communicating with the team about information necessary for the proper conduct of the work; conquer the team; be present; giving feedback to the team about patient cases through the shift shift to the team; encourage the participation of all in the care process. As can be seen in some excerpts reported by nurses:

>"Divide and organize the work team [...] to solve problems (...)" E7
>"Motivation [...] dialogue [...] encouragement of talent [...] to mediate conflicts" E9
>"Incentive, communication, shift change for the team" E10

As for the managerial dimension, it consists of setting work goals; explain objectives; carry out planning; act in a humanized way; reconcile conflict; motivate the team; encourage the team; manage personnel, material, costs and results by means of indicators; the dimensioning of the nursing team; elaboration of work schedules; make decisions and involve the team in decision making. They also point out some aspects that involve the individual dimension of the nurse, such as improving their knowledge; be flexible; knowing how to listen and admit your mistakes; set an example for the team. As shown by excerpts from the following reports:

>"Communication, goal, respect, humanization" E2
>"Motivate; plan [..] evaluate" E3
>"[...] Reconcile divergences [...] Improve knowledge [...] Know your team [...] Be flexible [...] Be an example [...] Know how to plan" E4
>"To seek improvements, incentives for the team [...]" E5
>"Resolutivity [...] Appreciation of the team, praising [...] Good communication [...]" E6

>"Management of people, teams, costs, results and interpersonal relationships" E7
>"Team sizing, organizational management on duty, supervision of routines" E8

Category 2 - the nurse and decision making in hospital practice

The surveyed nurses make decisions based on the analysis of problems, based on professional legislation, as well as on the basis of institutional norms and with a focus on the patient. As the following account exemplifies:

>"Analyze the situation, to identify those involved and thus choose the path (...)" E1
>"Based on standards, protocols, legislation, professionalism [...] Listening to opinions and suggestions [...]" E8
>"Based on ethical and legal aspects [...] Including the team [...]" E9

Those nurses who make decisions based on the analysis of problems, analyze the situation to identify the people involved, the problem, collect data on, evaluate the context in which the problem occurs, identify possible alternatives, always considering the current legislation on technical responsibility of the nurse. Based on this analysis, the nurse plans, outlines objectives and chooses the alternative that is most appropriate for solving the problem, avoiding errors in this decision. As exemplified below:

>"[...] Assessment of the context of the problem (...)"E3
>"Identify the problem [...] Data collection [...] Identify alternatives [...] Decision and follow-up [...] Involve employees" E4
>"Analyze situation/context based on current legislation [...] Involve the team, based on

their ideas, you get better ideas [...]" E5
>"Survey of information [...] Conduct analysis [...]" E6

In this context, the team participates interactively with their opinions, identifying and pointing out possible causes and arguments about the problem, since they are in practice, they can bring ideas for improving work processes and solving their problems. This participation takes place through monthly meetings, rounds of conversations on strategic topics and analysis of non-conformities and incidents. As the following report points out:

>"Decision-making is carried out jointly with the team (...)" E2

Nurses who make decisions with a focus on the patient, do so from the systematization of nursing care and aiming at patient safety and, in this context, are also concerned with the human resources to make this assistance feasible, the nursing team and also with the material resources necessary to carry out this assistance, with a view to achieving a better cost-benefit ratio for users, employees and the institution. As exemplified below.

>"Involving the team [...] Patient safety [...] Best cost-benefit [...]" E7
>"Systematization of assistance [...] We discuss the patient's condition [...]" E10

They emphasize that they work in a multidisciplinary way to outline the patient's therapeutic plan. To do this, they make a multiprofessional visit to patients, discuss each patient's case, outline clinical goals for each patient during their hospitalization until discharge. Therefore, its decisions are based on values, by legislation, professionalism, ethical aspects of the

profession and protocols of the institution, always in a collaborative way, with transparency, respect and equity. To this end, they involve the nursing team in order to increase their motivation, but always guided by institutional flows and protocols.

Category 3 - dealing with mistakes and conflicts

Nurses reported that they deal with errors in the nursing team in the first place by talking to those involved to identify weaknesses that may have led the employee to make the error, as well as, showing its impact, especially if the patient is at risk. For example:

> "[...] Clarification so that you have the right to describe [...] identify weaknesses [...] outline what needs to be improved (...)" E1

This conversation takes place with respect, without threats, with partnerships in search of a solution, seeing this moment as an opportunity to improve the work process. In this sense, they guide those who made the mistake, providing technical guidance on flows and routines that make work safer, based on current labor and professional legislation. However, depending on the severity of the error, or its recurrence, they take disciplinary action. As exemplified by excerpts from reports:

> "[...] I talk, guide [...] Perform in a more assertive and safe way" E2
> "Listen ... Action according to clt and coren laws [...] Awareness of the impact for the patient" E7
> "Technical or disciplinary guidance according to the severity of the event" E8
> "It depends on the mistake [...] Orientation [...] Disciplinary measures [...] Conversation with the team" E10

Conflicts in the team are also resolved mainly with the conversation, initially individually with those involved and then with the team on positive and negative points, analyzing the situation with empathic listening and, when appropriate, referring them to the hospital's psychology service. They treat these conflicts as an opportunity for change, so they seek a joint solution to the conflict, they guide, but they are attentive after the conflict, checking if the behavior of those involved has changed in a positive, ethical and professional way so that there is no harm to the work. Like the excerpts from the following reports:

> "[...] Respect [..] Work around the problem [...] I don't use threats [...] Focus on the solution [...] Private conversation [...] Impartiality [...]" E4
> "Focus on the process without seeking culprits [...] Act impartially [...] Opportunity for improvement" E5
> "Talking [...] Try to understand possible causes [...]" E6
> "Opportunity for improvement [...] Listening to people involved" E9

DISCUSSION

It is observed that the majority of nurses participating in the study do not have specialization in management, the low number of nurses who have such preparation at the postgraduate level has already been identified in a study. 8 Despite this reality, the participants were able to indicate leadership practices that resemble transformational leadership, in which a commitment to the organization's mission and main objectives is created. In this perspective, leaders influence the health and well-being of their followers, stimulating creativity, self-ability to solve problems

with a view to promoting motivation and well-being. [9]

Category 1 shows among the good leadership practices reported by nurses in their daily work: the organization of the work process; good communication with the team; encouragement for everyone to participate in the care process and in decision-making; planning; conflict reconciliation; personnel, material, costs and results management. The development of cooperative relationships between the team, the establishment of possible goals, concrete goals, planning, freedom for your team to decide how best to do the job, supporting decisions and initiatives and setting an example of what they expect from the other is crucial for the work. [10]

Another important aspect evidenced in this research and in other studies, refers to the exercise of the nurse's leadership related to the organization of work and the engagement of the team to reach the proposed goals, fundamental for health institutions and, thus, for nurses to develop their leadership potential. [11]

Category 2 highlights one of the practices that is very evident in the responses of the participants, decision-making, carried out based on the analysis of problems, with the participation of the team, guided by professional and institutional norms and legislation with a focus on the patient. Among managerial competencies, assertive decision-making, tracing an effective and organized communication, shows that teamwork should be relational, with the attribution of time management in competence of managerial activities, within institutional demands, aiming at patient care. [12]

Knowing the problem and its breadth is related to its analysis of causes and consequences that lead to good conditions for decision making, from the identification of people involved, analyzing external and internal interferences, leading to safer decisions, since

they do not feel fully prepared for this practice. [13] For nurses to make decisions, they seek to determine the true problem issue, they are based on past experiences, which can lead to a better understanding of the problem and its resolution, affirm that in the face of a critical situation, the best alternatives must be analyzed, converging efforts towards resolution of the problem. [14]

Category 3 shows that these nurses deal with errors and conflicts, through dialogue, identifying weaknesses, viewing opportunities for improvement. When there is a risk for the patient, they treat it more rigorously, with disciplinary measures. About this, a survey with nurses identified the lack of commitment to work and activities, personal problems, lack of motivation related to remuneration, conflict with the boss, lack of knowledge and ability to exercise activities, as triggers of conflicts. The leader, then, must mediate conflict situations through effective communication and impartiality, since these situations can affect the patient. [15]

Regarding the occurrence of errors in the nursing team, the nurse's actions in the face of errors are carried out based on the complications and consequences for the patient, ranging from the control of the adverse events caused by the error, the training of the nursing team for error prevention, establishment of operational procedures and protocols. In this sense, its role ranges from professional guidance, warning or suspension, depending on the seriousness of the case and disciplinary measures based on professional legislation. [16]

CONCLUSION

The study identified as good nurse leadership practices in the hospital context: the division and organization of work; the communication; be present; inform the team about the patients' cases; shift change; the planning; humanization; conflict reconciliation; team motivation; personnel, material, cost and results management; decision making. These practices must also be accompanied by attitudes related to their continuing education; flexibility; know how to listen and be an example for your team. In this context, it is emphasized that decision making is focused on solving problems, which always happens together with your team. In addition, they deal with errors and conflicts, based on dialogue, technical and regulatory guidelines aimed at resolving the situation based on labor, professional and institutional norms.

This study contributes to give visibility to nurses in their exercise of leadership and its discussion is suggested regarding the relationship with the theoretical and practical training of nurses, since good leadership practices can have a social impact for the profession and for users of their services in the hospital context.

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