

Self-assessment of soft skills in nursing: construction and content validation of an instrument

Autoavaliação de *soft skills* em enfermagem: construção e validação de conteúdo de um instrumento
Autoevaluación de *soft skills* en enfermería: elaboración y validación de contenido de un instrumento

Rebeca Iwankiw Lessa Beltran¹  <https://orcid.org/0000-0002-4749-6061>

Karla Crozeta Figueiredo¹  <https://orcid.org/0000-0003-3544-5643>

Aida Maris Peres¹  <https://orcid.org/0000-0003-2913-2851>

Elisabete Maria Garcia Teles Nunes²  <https://orcid.org/0000-0001-7598-0670>

How to cite:

Beltran RI, Figueiredo KC, Peres AM, Nunes EM. Self-assessment of soft skills in nursing: construction and content validation of an instrument. Acta Paul Enferm. 2024;37: eAPE001052.

DOI

<http://dx.doi.org/10.37689/acta-ape/2024A000010522>



Keywords

Social skills; Self-testing; Leadership; Nursing; Validation study

Descritores

Habilidades sociais; Autoteste; Liderança; Enfermagem; Estudo de validação

Descriptores

Habilidades sociales; Autoevaluación; Liderazgo; Enfermería; Estudio de validación

Submitted

April 28, 2023

Accepted

October 16, 2023

Corresponding author

Rebeca Iwankiw Lessa Beltran
E-mail: rebecalessa@outlook.com

Associate Editor (Peer review process):

Alexandre Pazetto Balsanelli
(<https://orcid.org/0000-0003-3757-1061>)
Escola Paulista de Enfermagem, Universidade Federal de São Paulo, SP, Brazil.

Abstract

Objective: To build and validate an instrument for self-assessment of soft skills in authentic nursing leadership.

Methods: This methodological research was developed in three stages: literature review, development of the instrument entitled "LEADERSKILLS", and validation of the instrument's content by experts using the Delphi Online Technique. The first stage consisted of two narrative reviews. The second stage included a pilot test for the development of the instrument containing a narrative description of the most relevant soft skills (related to the exercise of authentic leadership by nurses) that were presented by the narrative literature review. The third and final stage included changes to the instrument after considerations made by the experts.

Results: In the first round, the panel of experts was composed of 13 participants. Of the 17 multiple-choice questions evaluated in the first round, only two (belonging to the content and language components) did not obtain the Content Validity Index (CVI) ≥ 0.85 . The first question was about the inadequate understanding of what the titles and subtitles of "LEADERSKILLS" were, and the second was about the instrument's clarity and objectivity. The judges' main suggestions were concentrated on the content, language, and layout components. The second round consisted of responses from five experts, and reaching a consensus on the questions was possible by obtaining CVI ≥ 0.80 .

Conclusion: The instrument constructed to develop soft skills in nursing was considered valid in terms of content, layout, language, motivation, and culture, achieving coherent assessment and applicability to the target audience.

Resumo

Objetivo: Construir e validar um instrumento para autoavaliação de *soft skills* em liderança autêntica de enfermagem.

Métodos: Pesquisa metodológica desenvolvida em três etapas: revisão de literatura, elaboração do instrumento intitulado "LEADERSKILLS" e validação de conteúdo do instrumento com *experts*, usando a Técnica Delphi Online. A primeira etapa foi composta por duas revisões narrativas. A segunda etapa incluiu um teste piloto ao desenvolvimento do instrumento contendo a descrição narrativa das *soft skills* mais relevantes (relacionadas ao exercício da liderança autêntica do enfermeiro) que foram apresentadas pela revisão narrativa da literatura. A terceira e última etapa incluiu a alteração do instrumento após as considerações realizadas pelos *experts*.

Resultados: O painel de *experts* da primeira rodada foi composto por 13 participantes. Das 17 questões de múltipla escolha avaliadas na primeira rodada, só duas (pertencentes aos componentes conteúdo e linguagem) não obtiveram Índice de Validade de Conteúdo (IVC) $\geq 0,85$. A primeira questão era sobre a compreensão inadequada do que seriam os títulos e subtítulos do "LEADERSKILLS" e a segunda era sobre

¹Universidade Federal do Paraná, Curitiba, PR, Brazil.

²Escola Superior de Enfermagem de Lisboa, Lisboa, Portugal.

Conflicts of interest: The authors have nothing to declare.

clareza e objetividade do instrumento. As principais sugestões dos juízes estavam concentradas nos componentes conteúdo, linguagem e *layout*. A segunda rodada foi composta pela resposta de cinco *experts*, sendo possível alcançar o consenso das questões obtendo IVC $\geq 0,80$.

Conclusão: O instrumento construído para desenvolver *soft skills* em enfermagem foi considerado válido quanto ao conteúdo, layout, linguagem, motivação e cultura, alcançando avaliação coerente e aplicabilidade ao público-alvo.

Resumen

Objetivo: Elaborar y validar un instrumento para la autoevaluación de *soft skills* en liderazgo auténtico de enfermería.

Métodos: Investigación metodológica llevada a cabo en tres etapas: revisión de la literatura, elaboración del instrumento llamado "LEADERSKILLS" y validación del contenido del instrumento con expertos mediante el método Delphi vía internet. La primera etapa estuvo compuesta por dos revisiones narrativas. La segunda etapa incluyó una prueba piloto del desarrollo del instrumento, que contenía la descripción narrativa de las *soft skills* más relevantes (relacionadas con el ejercicio del liderazgo auténtico del enfermero) y que fueron introducidas por la revisión narrativa de la literatura. La tercera y última etapa incluyó la modificación del instrumento después de las reflexiones realizadas por los expertos.

Resultados: El panel de expertos de la primera ronda estuvo compuesto por 13 participantes. De las 17 preguntas de selección múltiple evaluadas en la primera ronda, solo dos (pertenecientes a los componentes contenido y lenguaje) no obtuvieron Índice de Validez de Contenido (IVC) $\geq 0,85$. La primera pregunta era sobre la comprensión inadecuada de lo que serían los títulos y subtítulos del "LEADERSKILLS" y la segunda era sobre la clareza y objetividad del instrumento. Las principales sugerencias de los jueces estaban centradas en los componentes contenido, lenguaje y diseño. La segunda ronda estuvo compuesta por la respuesta de cinco expertos y fue posible llegar al consenso de las preguntas con un IVC de $\geq 0,80$.

Conclusión: El instrumento elaborado para desarrollar *soft skills* en enfermería fue considerado válido respecto al contenido, diseño, lenguaje, motivación y cultura, y logró una evaluación coherente y aplicabilidad en el público destinatario.

Introduction

Given the process of globalization and the transfiguration of the VUCA (volatile, uncertain, complex, and ambiguous) world to a BANI (brittle, anxious, nonlinear, and incomprehensible) world,^(1,2) the work environment of nurses, who perform leadership among other activities, requires⁽³⁾ a more contemporary leadership style as authentic leadership.^(4,5)

In this context, this leadership style expands to studies in the areas of health and nursing. As nurse leadership can empower the team to enable care,⁽⁴⁾ this type of leadership can promote healthy work environments, allowing greater satisfaction in professional activities.^(4,6)

The action of leaders is characterized by their principles and beliefs, with authenticity as its essence.^(7,8) Furthermore, authentic leadership is characterized as competence, being exercised through a triad of behaviors, skills, and attitudes.⁽⁹⁻¹¹⁾

Skills are a part of this triad, consisting of what we know as technical skills (hard skills) and behavioral skills (soft skills).⁽¹¹⁾ Soft skills refer to the skills for interpersonal communication and problem-solving. They are personal characteristics that allow one to have good interpersonal relationships, integrate various interests, and use these skills as a strategy for making decisions.⁽¹²⁻¹⁴⁾

As the development of soft skills has a direct relationship with authentic leadership, and the search for self-knowledge is part of self-development, people must improve these skills to achieve this leadership style.⁽¹¹⁾

Thus, people must perform a self-evaluation, including their moment in life and professional career, defining what is important to them. Then, building a skill development plan is important to support the issues that require improvement.⁽¹¹⁾

Although a single way does not exist for nurses to become effective leaders and be successful in leadership,⁽¹⁵⁾ the differential aspect of authentic leaders is in their ability related to self-knowledge and values dimensioning.⁽¹¹⁾

The possibilities for self-knowledge found in the literature involve various forms of development. Tools that help to seek self-knowledge and self-development in various contexts,⁽¹⁶⁾ such as the models by Barret⁽¹⁷⁾ and Marston,⁽¹⁸⁾ and the individual development plan by Costa Junior⁽¹⁹⁾ *et al.* (2021), are among these possibilities.

In addition, the SWOT matrix is a widely used tool in organizations. It allows people and organizations to recognize areas that require improvement by assessing their strengths, weaknesses, opportunities, and threats.⁽²⁰⁾

Although its usefulness is facilitated by its adaptability and flexibility, this tool has limitations

such as its wide use may be more related to intuitive employment than to produced results; there is no adequate definition of the matrix's strengths, weaknesses, opportunities, and threats; Furthermore, SWOT analysis does not provide strategies for implementing inferences based on its application.⁽¹⁹⁾

Researchers such as Phadermrod, Crowder, and Wills (2019) sought to develop instruments to improve the use of this tool, thus allowing to optimize results with the original SWOT matrix.⁽²¹⁾

This study applied the Importance of Performance Analysis together with the SWOT matrix to observe the aspects that should be improved from the customers' point of view. Thus, the combined use of two instruments made it possible to organize information and formulate efficient strategic planning.⁽²¹⁾

Furthermore, research on self-assessment paths supported by instruments that describe and present parameters focused on the development of soft skills is deficient in the context of authentic leadership in nursing. Therefore, developing and validating a soft skills self-assessment instrument for authentic leadership in nursing were the objectives of the present study.

Methods

This methodological study was carried out from June 2021 to January 2023 to develop an auxiliary instrument for filling out the SWOT Matrix tool.

Among the self-knowledge tools described in the literature, the SWOT matrix was chosen due to its intensive use by organizations around the world. Furthermore, the ease with which it can be used and its functional and intuitive natures show flexibility and adaptability to use in various contexts.⁽¹⁹⁾

The SWOT matrix is used to explore the internal and external environments of organizations (concerning their strengths, weaknesses, opportunities, and threats), acting as a starting point for developing an action plan.⁽²²⁾

Although this tool has facilitating aspects, it also has limitations for its use, such as subjectivism, lack of a hierarchy of priorities, and imprecision in de-

fining factors or dimensions (strengths, weaknesses, opportunities, and threats).⁽¹⁹⁾

Thus, to achieve the proposed objective, the process was developed in three stages: literature review, instrument preparation, and content validation by experts using the Delphi Online Technique.

The literature review comprised two narrative reviews carried out in the period May-June 2021. The objective of the first review was to identify the most relevant soft skills related to authentic leadership in the context of organizations, using the Scientific Electronic Library Online (SciELO) and Google Scholar databases. The keywords soft skills, impact, leadership, and influence were used. A total of 50 articles published in English and Portuguese were used.

The second review sought to gather information about situations of strength, weakness, opportunity, or threat. This was done by seeking information about contextualization and elucidation in the situations shown in the quadrants of the SWOT matrix. The SciELO, Google Scholar, and Regional Portal of the Virtual Health Library databases were used. The keywords were the same as those of the main soft skills raised in the literature review stage, and 50 articles were evaluated.

The instrument preparation stage included carrying out a pilot test of the previous version of the instrument. It was evaluated concerning the layout and language by the research group of this study (two doctoral students and three master's students).

Thus, it received suggestions to modify and improve the language (change the writing to improve the fluidity of reading and readability of fillers), in addition to reducing the amount of text both in the guiding question, at the beginning of the instrument, and in the definition of the situations described in the quadrants of the SWOT matrix.

In addition, this stage was also composed of the elaboration of the instrument itself, describing the most relevant soft skills presented in the narrative review of the literature, and related to the exercise of authentic leadership by nurses. The chart was composed of rows and columns that included the following: presentation of the guiding question (presented in the tool's self-completion); information necessary

to support the description of soft skills; information necessary for the quadrants (strength, weakness, opportunity, and threat) of the matrix; and references and authorship. Furthermore, the tool obtained the license from the Creative Commons (CC-BY-SA) and was titled “LEADERSKILLS”.

“LEADERSKILLS” was formatted with the help of two scientific initiation scholarship holders (one from the graphic design course and the other from the computer course at the Federal University of Paraná), whose elaborate art was submitted for validation by experts.

The content validation of the instrument was carried out by experts using the Delphi Online Technique in two rounds between June 2022 and January 2023. Nurses from all regions of Brazil were selected via the Lattes Platform (National Council for Scientific and Technological Development) through the simple search field with the keyword “Leadership in nursing”.

The experts were selected using an intentional non-probabilistic approach, following the inclusion criteria of Joventino (2010). Nurses who did not update their resumes on the Lattes Platform in the last 12 months or did not present any production on the topic of leadership were excluded.

At the end of each round, the experts’ considerations were evaluated and the instrument underwent the necessary readjustments.

In the first round, invitations to participate in data collection were sent to 100 experts from all regions of Brazil (via the Lattes Platform contact tab), including an access link to the Survey collection platform Survey Monkey® for online research, Free and Informed Consent Form (TCLE), PDF file to view the tool created, and the deadline for return.

The judges were approached twice during the validation process: in the participant recruitment stage and during the second round of instrument evaluation. In the first round, the deadline for participants to respond was 15 days. This deadline was extended eight times as the number of respondents was much lower than expected. In the second round, the deadline for returning the invitation was 30 days.

In the Survey Monkey® platform, the form was divided into four sections: 1. Introductory text

with a link to access the full text of the TCLE, 2. Question about acceptance of participation in the research, 3. Participant profile data, and 4. Items for content validation.

In the scientific literature, a lack of a universal instrument was observed in the content validation process for educational purposes.⁽²³⁾ An adapted version of Sousa and Turrini (2012) was then used, in which 17 multiple-choice questions (Q) were prepared on five themes: 1. content (Q: 10-14), 2. language (Q: 15-17), 3. layout (Q: 18-22), 4. motivation (Q: 23-25), and 5. culture (Q 26). Questions 10-26 were answered using the five-point scale from Likert. When completing the SWOT matrix, two essay questions were also asked about the instrument’s real ability to help and whether it could be considered a tool for self-development of skills related to authentic leadership (Q: 27-28).

This form was answered anonymously. Acceptances from 13 experts were obtained in the first round. After the experts completed the matrix, the data collected in the first round were returned to those who indicated the form’s response (in the form of a report) via the email used for this research, including the two questions that did not reach a consensus in the first round. The second round received responses from five experts.

For quantitative analysis of content validation, the Content Validity Index (CVI) was applied, allowing the items to be analyzed individually. For the suitability of the “LEADERSKILLS” instrument, content validity indicators (CVI) ≥ 0.85 and ≥ 0.80 were considered satisfactory levels of consensus in the first and second rounds, respectively. This value was based on previous studies that used consensus values in the range of 0.5-0.8.⁽²⁴⁾

Other statistical tests were not used to analyze the internal consistency of the applied questionnaire due to the nature of the product developed.

The analysis of the results of the essay questions was done using the content analysis technique according to Câmara.⁽²⁵⁾

The present study was carried out following the standards of the National Health Council (Resolution 466; 12/12/2012) and guidelines from CONEP (Circular Letter 02/2021), and was ap-

Results

opment steps, reaching the first version (sent to the judges for the first round) of “LEADERSKILLS” was possible (Figure 1).

In this version (18 soft skills on five pages), the descriptions were presented in the rows, and the definitions of the quadrants of the matrix were in the columns. A guiding question at the beginning of the instrument, a table with the final score (after completing the self-assessment), and a list of references were also presented. After the first round of consensus, 13 valid responses were obtained. The expert panel was made up mainly of female nurses (n=10; 76.2%). The mean age was higher in the range of 41-50 years (38.5%). Regarding degrees, the numbers of masters and doctors were equal (six professionals each; 46.2%), and one of them had a postdoctoral degree (7.7%). Regarding formation time, the 13 specialists had <1 (4; 30.8%), 1-5 (5; 38.5%), 6-10 (1; 7.7%), 11-20 (2; 15.4%), 21-30 (1; 7.7%), >30



years (none). Regarding employment bonds, they worked in higher education institutions (8; 61.5%) and health services (3; 23.0%); one of them was retired (1; 7.6%). Of the 17 multiple-choice questions evaluated in the first round, only two (content and language components) did not obtain $CVI \geq 0.85$. The first question was about an inadequate understanding of the titles and subtitles of “LEADERSKILLS” and the second was about the clarity and objectivity of the instrument. The judges’ main suggestions (concentrated on the content, language, and layout components) were the following:

CONTENT: regarding “far-fetched language”, the need to improve the wording of the instrument was mentioned; some definitions (strengths, weaknesses, opportunities, and threats of soft skills) presented a lot of explanation while others presented no explanation; some items required a review of the meaning of words; in descriptions, verbs should be more expansive (not reactive); in the list of soft skills, including “emotional intelligence” was suggested; concerning the sequence of the text, presenting the skills in increasing order of complexity was suggested; for skills development, including interprofessionalism was suggested.

LANGUAGE: make changes to improve the clarity and objectivity of the writing; need to standardize terms such as “is capable” or “presents capacity”; need to improve the introductory question to complete the instrument; some items were persuasive and others were narrative; need to make the writing more attractive, and modify titles and subtitles.

LAYOUT: modify the colors used; add the quadrant competencies at the beginning of each page; standardize the size of soft skills descriptions, and change the number of references in superscript.

After a careful review of the suggestions by the judges, reaching the second and final version of “LEADERSKILLS” was possible (Figure 2).

After the second round, five experts responded to the two-question form that did not reach a consensus in the first round. The profile of participating experts followed the trend of the first round: female (3; 6%) and male (2; 4%). They had doctorate (3; 6%) and master (2; 4%) degrees. Regarding formation time, they were 1-5 (1; 20%), 11-15 (2; 40%),

21-30 (2; 20%), and more than 30 (1; 20%) years old. The second round allowed reaching a consensus on the questions, obtaining $CVI \geq 0.80$.

Discussion

Nursing care is centered on promoting life, dialogue, and the individual potential of each subject. In addition, nursing professionals are primarily responsible for the health-disease process. Then, the construction of instruments to develop skills and put them into action are topics that deserve to be highlighted.⁽²⁶⁾

Such aspects can be observed in national⁽²⁷⁾ and international studies.⁽²⁸⁾ They mention that the use of the SWOT matrix makes it possible to organize the development of personal skills (soft skills) but this methodology is still little used.

Given the updates in the digital world, the development of these skills is essential to achieve goals and stand out in the job market.^(27,28)

This reinforces the potential use of “LEADERSKILLS”, as it enhances the application of the matrix for self-development based on the critical analysis of fillers’ skills. This process, known as self-knowledge, is part of the course of self-development,⁽¹⁶⁾ which includes the construction of study material.

In addition, the SWOT matrix is a fundamental tool for approaching complex strategic situations, reducing the amount of information, and improving decision-making.⁽²⁹⁾

Furthermore, its use is widespread in organizations, within businesses, and at the individual level, making it possible to better assess the situation of people seeking to stand out in the job market.⁽³⁰⁾

The SWOT matrix has already been used in several health institutions to identify weaknesses as well as the proposal for the development of this research. Its use made it possible to develop improvement strategies,^(31,32) and build technological devices to optimize access to information,⁽³³⁾ in addition to helping in the diagnosis and better treatment of patients with endometriosis.⁽³⁴⁾

In the current scenario, research shows that organizations and nurse managers still prioritize the technical skills of nursing professionals.^(13,35) Then,

Figure 2. The final version of “LEADERSKILLS” (Portuguese version)

According to the literature, a definitive improvement of the SWOT matrix does not exist yet. However, the use of associated tools can be useful despite the risk of making it more complex. Then, the matrix should not be used alone but integrated into strategic planning.⁽¹⁹⁾

Such results highlighted the harmony and robustness of the instrument developed. In addition to the broad acceptance of experts, their contribu-

tions made it possible to improve the text of the instrument, making its language more familiar and meaningful to respondents.

The most frequent mean age (41-50 years) in the first round agrees with studies carried out in Brazil showing that a tendency towards a more mature age exists. This probably happened due to greater technical training related to academic qualifications and professional experience.⁽³⁷⁾

Five valid responses were recorded in the second round. It is worth highlighting that the choice and number of experts tend to be concerning when seeking to validate an instrument. The literature shows the difficulty of obtaining them in the acceptance and permanence items until the conclusion of the study. Losing participants is possible in each round although without implications for data analysis.⁽³⁶⁾

In addition, the study allowed observing that self-knowledge is fundamental for authentic leadership as following the path of self-regulated learning is essential for effective leadership.⁽³⁸⁾

Although this process is influenced by instructors, coaches, or supervisors, the protagonism in this search lies with the leader. Then, considering studies on the construction of materials is essential for the self-development of leaders.⁽³⁹⁾

Therefore, the construction of educational technologies facilitating access to information is necessary for the self-development of authentic nursing leaders. Such technologies are essential didactic instruments for teaching as they help learners build their autonomy with a growing interest in the search for their knowledge.⁽⁴⁰⁾

This study had limitations regarding the low adherence of participants in the validation process, although the response deadline was extended eight times in the first round. As carrying out a pre-test was not possible with the target population in the last stage of content validation, this is one of the objectives in the progress of this research.

Conclusion

The study allowed us to see that the “LEADERSKILLS” instrument is valid in terms of

content, language, layout, motivation, culture, and dissertation themes. It has good or excellent appearance, insight, and relevance and applies to the target population of nurse leaders. It can be safely used to guide and assist in the self-assessment of soft skills for authentic leadership in nursing. It makes it possible to understand the points that require improvement and should be integrated into strategic career planning. It can also be applied to future validation research including the target audience.

Collaborations

Beltran RIL, Figueiredo KC, Peres AM, and Nunes EMGT contributed to the design of the study, analysis, and interpretation of the data, writing of the manuscript, relevant critical review of the intellectual content, and approval of the final version to be published.

References

1. Cascio J. A educação em um mundo cada vez mais caótico. *Bol Técnico Senac*. 2021;47(1):101–5.
2. Antunes L. *SOFT SKILLS: competências essenciais para os novos tempos*. Literare Books; 2020.
3. Mondini CC, Cunha IC, Trettene AD, Fontes CM, Bachega MI, Cintra FM. Authentic leadership among nursing professionals: knowledge and profile. *Rev Bras Enferm*. 2020;73(4):e20180888.
4. Algeri ED, Silveira RS, Barlem JG, Costa MC, Stigger DA, Dan CS. Authentic leadership in nurses' professional practice: an integrative review. *Rev Bras Enferm*. 2022;75(1):e20210972.
5. Batista SA, Miclos PV, Amendola F, Bernardes A, Mohallem AG. Liderança autêntica, satisfação do enfermeiro no trabalho e acreditação: estudo em uma rede hospitalar privada. *Rev Bras Enferm*. 2021;74(2): e20200227.
6. Flores CA, Maier SR, Moura AA, Balsanelli AP, Dias BM, Bernardes A. Authentic leadership in the educational system and in nursing education: an integrative review. *Rev Bras Enferm*. 2022;75(1):e20220122.
7. Valle RB, Balsanelli AP, Taminato M, Saconato H, Gasparino R. The relationship between the authentic leadership of nurses and structural empowerment: a systematic review. *Rev Esc Enferm USP*. 2021;55:e03667.
8. Pioli BL, Feuerschütte SG, Tezza R, Cancellier EL. Liderança autêntica: análise da produção científica e de escalas de mensuração. *Rev Adm Mackenzie*. 2020;21(3):1–30.
9. Pedrosa N, Da Silva LF. A importância dos soft skills nas descrições das vagas de gerente de projetos de TI. *Rev Alcance*. 2019;26(1):45–60.
10. Bressan C, Ribeiro ML, Roma A, Martinelli S. *Liderança com base nas soft skills*. Editora Leader; 2019.

11. Lopes-JR DS, Matos JS, Neri V, Marinho RB, Tavares CZ. Liderança autêntica e o desenvolvimento de soft skills. RECC Rev Eletronic Cient do CRA -PR. 2020;7(2):120–35.
12. Antunes L, Spadoto M. Soft skills: Habilidades do futuro para o profissional do agora. Literare Books; 2021.vol 2.
13. Ribeiro VB, Nakano D, Muniz JR Jr, Oliveira RB. Knowledge management and Industry 4.0: a critical analysis and future agenda. Gest Prod. 2022;29:e5222.
14. Ernawati E, Bratajaya CN. Senior nurses' perceptions of essential soft skills for novice nurses in a private hospital in Jakarta, Indonesia: A phenomenological study. Belitung Nurs J. 2021;7(4):320–8.
15. Spudeit D, Pinto MD. Liderança feminina na gestão de bibliotecas universitárias de Santa Catarina. Perspect Cienc Inf. 2022;27(3):115–48.
16. Stach PL. Autoconhecimento e liderança: desenvolvimento profissional e novos comportamentos influenciam na gestão organizacional. Rev Acad Curso Adm. 2019;1(2): 241-53.
17. Barrett R. Liberating the corporate soul. Routledge; 2013.
18. Marston WM. As emoções das pessoas normais. Sucess for you Editora; 2014.
19. Costa JF Junior, Bezerra DM, Cabral EL, Moreno RC, Pires AK. A Matriz SWOT e suas Subdimensões: Uma Proposta de Inovação Conceitual. Res Soc Dev. 2021;10(2):e25710212580.
20. Alonso CS, Borges EL, Sousa MC, Costa MC, Magalhães NC, Silva YO. Experiências na implementação da matriz SWOT no processo de avaliação do desempenho dos profissionais de enfermagem. Editora Epitaya; 2022.
21. Phadermrod B, Crowder RM, Wills GB. Importance Performance Analysis based SWOT analysis. Int J Inf Manage. 2019;44:194-203.
22. Baldissera MI, Vendruscolo C, Zocche DA, Ferraz F, Martini RG. Characteristics of work in primary care identified in the collective exercise of application of the SWOT matrix. Rev Bras Enferm. 2023;76(2):e20220443.
23. Sá Leite S, Áfio AC, Carvalho LV, Silva JM, Almeida PC, Pagliuca LM. Construção e validação de Instrumento de Validação de Conteúdo Educativo em Saúde. Rev Bras Enferm. 2018;71(Supl 4):1635-41.
24. Melo EB, Primo CC, Romero WG, Sant'Anna HC, Sequeira CA, Lima EF, et al. Construction and validation of a mobile application for development of nursing history and diagnosis. Rev Bras Enferm. 2020;73 Suppl 6:e20190674.
25. Câmara RH. Análise de conteúdo: da teoria à prática em pesquisas sociais aplicadas às organizações. Rev Interinst Psicol. 2013;6(2):179–91.
26. Santos LC, Silva FM, Domingos TS, Andrade J, Spiri WC. Liderança e comportamento empoderador: compreensões de enfermeiros gerentes na Atenção Primária à Saúde. Acta Paul Enferm. 2023;36:eAPE00051.
27. Conselho Nacional dos Secretários de Administração Pública (CONSAD). Diagnóstico nacional de necessidades de formação: relatório qualitativo 2021. Brasília (DF):CONSAD; 2021 [citado 2023 Mar 21]. Disponível em: <https://repositorio.insper.edu.br/bitstream/11224/4135/1/Gisele%20Fior%20-%20trabalho.pdf>
28. Pluchevskaya E, Varlacheva N, Andrienko O. SWOT Analysis as a Tool to Achieve a State of Personal Well-Being. European Proceedings of Social and Behavioural Sciences; 2017. p. 548–53.
29. Urbietta AS, Peñalver EA. Spanish for Tourism Textbooks: A SWOT Analysis to Determine their Present and Future. Rev Bras Lingüíst Apl. 2022;22(3):723–53.
30. Teoli D, Sanvictores TJ. SWOT Analysis. Treasure Island; 2022.
31. von Kodolitsch Y, Bernhardt AM, Robinson PN, Kölbel T, Reichensperner H, Debus S, et al. Analysis of strengths, weaknesses, opportunities, and threats as a tool for translating evidence into individualized medical strategies (I-SWOT). Aorta (Stamford). 2015;3(3):98–107.
32. Cavaglian A, Duvdevani M, Siegelman N, Kizony R, Yogev-Seligmann G. Occupational therapy for people with Parkinson's disease in Israel: A SWOT analysis. Scand J Occup Ther. 2023;30(5):673–83.
33. Shahmoradi L, Darrudi A, Arji G, Farzaneh Nejad A. Electronic health record implementation: a SWOT analysis. Acta Med Iran. 2017;55(10):642–9.
34. Espinós JJ, Fabregues F, Fontes J, García-Velasco JA, Llácer J, Requena A, et al.; Spanish Infertility SWOT Group (SISG). Impact of chronic endometritis in infertility: a SWOT analysis. Reprod Biomed Online. 2021;42(5):939–51.
35. Tiburcio AP, Sousa LAA, Santos RF. A importância do enfermeiro auditor nas instituições hospitalares. Psicol Saude em Debate. 2019;5(1): 50-9.
36. Madriaga LC, Souza NV, D'oliveira CA, Carvalho EC, Lisboa MT, Andrade KB. O docente de enfermagem: uma análise sociodemográfica, laboral e de saúde. Rev Enf UFPE. Online (Bergh). 2019;13(2):438–48.
37. Cashman K. Liderança autêntica: de dentro de si para fora. Rio de Janeiro: M. Books; 2021.
38. George B. Liderança autêntica: resgate os valores fundamentais e construa organizações duradouras. São Paulo: Editora Gente; 2009.
39. Jiang WY. Sustaining meaningful work in a crisis: adopting and conveying a situational purpose. Adm Sci Q. 2021;66(3):806–53.
40. Damascena SC, Santos KC, Lopes GS, Gontijo PV, Paiva MV, Lima MÊ, et al. Uso de tecnologias educacionais digitais como ferramenta didática no processo de ensino-aprendizagem em enfermagem. Braz J Develop. 2019;5(12):29925–39.