Personal characteristics that influence the development of a nurse leader*

Características que interferem na construção do enfermeiro-líder

Características que interfieren en la construcción del enfermero-líder

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ABSTRACT

Objective: To identify personal characteristics that influences the development of a nurse leader. **Methods:** This qualitative study used focus group approach to collect the data. Two focus group meetings were conducted with 11 registered nurses from a major hospital in southern Rio Grande do Sul. Content analysis suggests two main categories: (1) Personal characteristics that must be cultivated and (2) personal characteristics that must be developed. **Results:** Participants of the study verbalized that to be a good nurse leader there is a need for the development of certain personal characteristics commonly attributed to leaders. **Conclusion:** The main personal characteristics of a good nurse leader that must be cultivated include communication, knowledge, responsibility, common sense, and self-knowledge. The study also promoted reflection and sensitization among participant nurses regarding the importance of leadership in clinical practice.
Keywords: Nursing; Leadership; Work environment

RESUMO

Objetivo: Conhecer as características que interferem na construção do enfermeiro-líder. **Métodos:** Pesquisa de abordagem qualitativa com dados coletados através da técnica de grupo focal. Realizou-se dois encontros, dos quais participaram 11 enfermeiras de um hospital de grande porte da região sul do Rio Grande do Sul. Para tratamento dos dados optou-se pela análise de conteúdo, assim, foi possível obter duas categorias: características que devem ser cultivadas pelo enfermeiro-líder e características que devem ser melhoradas. **Resultados:** Durante os grupos focais, as participantes, afirmaram que o líder é construído, além de concordarem que os enfermeiros necessitam desenvolver algumas características com o intuito de contribuir para o desenvolvimento da liderança. **Conclusão:** As características principais que devem ser cultivadas na construção do enfermeiro-líder foram: comunicação, conhecimento, responsabilidade, bom senso e autoconhecimento. Promoveu-se também, a reflexão e sensibilização das enfermeiras quanto a importância da liderança para o trabalho da enfermagem.
Descritores: Enfermagem; Liderança; Ambiente de trabalho

RESUMEN

Objetivo: Conocer las características que interfieren en la construcción del enfermero-líder. **Métodos:** Se trata de una investigación de abordaje cualitativo cuyos datos fueron recolectados a través de la técnica del grupo focal. Se realizó dos encuentros, en los cuales participaron 11 enfermeras de un hospital de gran porte de la región sur de Rio Grande do Sul. Para el tratamiento de los datos se optó por el análisis de contenido, siendo posible la construcción de dos categorías: características que deben ser cultivadas por el enfermero-líder y características que deben ser mejoradas. **Resultados:** Durante los grupos focales, las participantes, afirmaron que el líder se construye, además de concordar que los enfermeros necesitan desarrollar algunas características con la intención de contribuir en el desarrollo del liderazgo. **Conclusión:** Las características principales que deben ser cultivadas en la construcción del enfermero-líder fueron: comunicación, conocimiento, responsabilidad, sentido común y autoconocimiento. Se promovió también, la reflexión y sensibilización de los enfermeros en cuanto a la importancia del liderazgo para el trabajo de enfermería.
Descriptores: Enfermería; Liderazgo; Ambiente de trabajo

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INTRODUCTION

We are at a period of historical changes leading to continuous political, economic, philosophical and technological changes. Globalization is among the most significant change, directly influencing organizations that need to adjust to an increasingly dynamic and competitive rhythm[1-2].

Because of this, hospital institutions are seen as companies and have adopted an organizational culture that is more flexible, based on negotiations, cost reduction, total quality and professional growth of the personnel. Nursing has also been affected by this, nurses' profile has changed and the job market demands leader, critical, reflective, and creative professionals that are self-confident in the decision making process.

Leadership is understood here as a strategy that can determine the survival and the success of organizations[3] which represents the ability of leaders to influence people to work in a ethical and professionals way, demanding the construction of trust in order to work in a collective way to reach common goals[4].

Additionally, the ability to be a leader is acknowledged as an essential tool in nursing work process, helping leaders managing nursing actions and contributing to the formation of a coherent and involved group[5].

When reporting to leadership, there is the need to answer the following question: Are people born leaders or can leaders be built?

Human beings are not born ready and they are built over their lives. Since birth, people need guidance and their character and personality is shaped by the life with family and society. This enables human evolvement, which is the result of behavior changes that are influenced by beliefs, values, and environmental factors. Because of this, people may become different, through the development of new behaviors and attitudes[6].

As for building a leader, we may say that even people who do not have special skills can become one. However, educational organizations and health institutions should be aware of the importance of teaching and learning about leadership. Thus, the job market can receive professionals that are ready to take up the role of nursing team leaders and that will be ready to develop conscious attitudes because they are trained as transforming agents[7].

Several authors try to describe the profile of leaders, however, according to the changes occurred in the work, these characteristics are dynamic and unstable. Thus, the characteristics that contribute today to help leaders to carry out leadership may be different in the future. However, even though this is the reality we have the responsibility to identify leadership strategies that are important to the current context of nursing. To that end,

we have asked the following guiding question: What are the characteristics interfering in the construction of nurse leaders?

Thus, the objective of the present study was to know the characteristics that interfere in the construction of nurse leaders.

METHODS

Qualitative, descriptive, exploratory study carried out from February to March 2008 in a large hospital located in the State of Rio Grande do Sul. Eleven nurses working in the institution took part on the study; they were interested in reflecting on the issue, had time, and accepted the use of a recorder and the publication of results on scientific papers. We have used fiction names of flowers to preserve anonymity.

Ethical procedures were followed to carry out the study according to Resolution # 196/96 of the National Health Council of the Ministry of Health, approved by the Hospital Ethic Committee under protocol # 29/ 2007.

To reach the goal proposed, we have chosen to use a focal group as data collection technique which is a qualitative methodology, in which data are obtained directly from the speech of a group, reporting their experiences, feelings and perceptions on a specific issue of collective interest[8].

On the first meeting, the concepts of leadership, work relations and the role of nurses as team leader were presented. Next, participants discussed in pairs the theme proposed and selected the positive characteristics nurse leaders need to develop and the characteristics they should improve or avoid in the work environment. These characteristics were presented to the great group and the discussion started. On the second meeting, a summary of the data obtained was presented. Meetings allowed knowing nurses' perceptions on the use of leadership as an instrument in the nursing work process, and they also made participants aware of the construction of nurse leaders and their essential characteristics.

Meetings were recorded and transcribed right after they were conducted. Then, to treat data, we have used content analysis because it is a mean of expression where the annalist categorizes words or sentences that are more frequent on the text and then infers on an expression that could represent it more adequately[9].

RESULTS

Participants believed leadership can be achieved, that is, leaders can be built, however, to that end, nurses need to develop some characteristics that can help them perform a full, coherent and ethical leadership.

The first category was called "Characteristics that should be part of nurse leaders: communication, knowledge, responsibility, common sense and self-knowledge.

Next, there are some statements made from nurses on these characteristics.

Communication

"Leaders must know how to communicate, that is, they should be open to dialog, to criticism, and to suggestions, the relationship with others should be horizontal and there should be a dialog, aiming to get the whole group participating rather than imposing an idea or a point of view" (Brinco de princesa).

Knowledge

"It is important to master knowledge to pass it on to the nursing team, especially when they have doubts. When knowledge is mastered there is autonomy and, therefore, confidence" (Rosa).

"Leading nurses should have knowledge on their field of work to guide their team better" (Violeta).

Responsibility

"They should have responsibility; they must know what is going on with patients" (Jasmim).

Nurses should be responsible for keeping the group organized (organization of times, activities, tasks and appointments) (Violeta).

Common sense

"Leaders have to have common sense when acting and leading, especially to assess the abilities, limitations, qualities, negative and positive points of their team" (Orquídea).

Self-knowledge

"I consider self-knowledge as one of the characteristics leaders should have, because first nurses should know themselves, and should be aware that leaders determine the path of their team" (Hortência).

The Characteristics that should be improved or even avoided by leading nurses in the work place were also mentioned in the study: being negative, individuality, being authoritarian, permissiveness, moody and disrespectful.

Negativity

"I believe nurses, as leaders, should set the example to the team, thus, if they are negative, they will influence other people to become negative too, and this can harm the working environment" (Rosa).

Individuality

"In nursing, the work is performed as a team, for the work to be well performed everybody should have the same goal, thus I believe individuality should be avoided by nurses and their team, because good results can only be achieved together" (Rosa).

Authority and permissiveness

"We must avoid using the authority we have, to impose things" (Lírio).

"When you start working, you don't know very well how to behave, either you can be nice and kind and considered weak and with no leadership, or you can be authoritarian, because you want to change things that have been imposed for years" (Hortência).

Moody

"I think bad mood should be avoided, that is why I always try to arrive in a good mood at work, I think it is an essential characteristic in nursing" (Lírio).

Disrespect

"We should avoid being disrespectful in the workplace. I believe respect is achieved through attitudes that leaders have with the team" (Margarida).

"I just believe in leadership built with respect, when people respect you rather than fear you" (Hortência).

DISCUSSION

There was an important similarity between the characteristics that appeared during data collection and those mentioned in the bibliography. Some authors mention the following essential characteristics of a leader: commitment, communication, competence, knowing how to listen, responsibility, vision, and a gift to establish health interpersonal relationships[10-11]. The characteristics mentioned by participants of the study are the following:

Effective *Communication* was remembered as one of the main qualities because without it leaders can hardly influence their collaborators.

Only human beings can communicate, we are able to communicate both essential needs such as thirst, hunger, affection or fear and we can use the speech which is the mediator of human actions. All human actions make sense if we can dialog, this distinguishes men from other living beings, and make them political beings[12]. For that reason, communication is the main tool that enables relationship, assuming interaction between people, exchanging or sharing opinions, information, and expressing feelings and emotions[11].

Communication is not restricted to what we say; it encompasses the way words are said. Different from what some educators teach, the key to effective communication is characterized by simplicity, thus we should avoid trying to impress people if difficult words and sentences. If leaders want to reach and encourage people, the message has to be simple and easy to

understand[13].

In the context of health institutions, this characteristic is an essential tool, it can generate positive results to professionals that are sensitive to its importance, because it can lead to a horizontal and dialogical relationship where ideas can be openly discussed keeping the focus on the object of work, which, in the case of nursing, is care.

Nurses that are leaders of the nursing team and managers of units and hospital institutions are seen as the reference professional by their collaborators. To that end, they need to constantly update their knowledge and they cannot settle only for the content learnt during undergraduate program.

To be willing to learn is part of professionalism; thus, good professionals are eager and eternal learners[10]. However, only one third of people read a book after they finish university. Most people see education as a period of life rather than a way of life[13].

Nursing work is usually performed in a fragmented way, increasing the gap between the actions developed by nursing professionals and leading to a division of the person being cared for. Another problem that is still present in the health practice is the technical logic which focuses on knowing how to do rather than knowing how to be.

For that reason, permanent education is a first step to deal with the current work conditions, and it is seen as an educational process, leading to a space for reflection and work performance, highlighting the essential role of health institutions for permanent development of workers' abilities, contributing to social welfare[14].

Thus, permanent education can help overcome this institutional model that alienate professionals and make work heavy and difficult, replacing it for a place where satisfaction, personal development and capacity building is achieved. In this sense, we reinforce the idea that permanent education aims to qualify and promote quality of life to workers and, therefore, to offer care that meets the real demands of the population.

According to Law # 7.948/1986, nurses are fully responsible for providing technically complex nursing care which requires more theoretical bases as well as managing nursing services and overlooking technical and care activities.

Some participants of the study associated responsibility to the need to set examples, because they understood leaders as the guide of the group behavior. It is believed that the positive example of leaders will strengthen respect among members of the group, as well as influence the behavior of collaborators. In the case of nursing, if nurse leaders are responsible, committed and punctual they can influence the team to develop the same characteristics.

Responsible people have an increasingly better reputation, because being responsible strengthens talent, promotes abilities and increase opportunities improving leaders' and teams' quality of life[13].

When the nursing team was assessed, it was possible to observe critical, reflective and creative nurses that lead teams with the same characteristics, as well as leaders that are not committed and have a negative influence of their group. The nursing work process is performed around human beings who need nursing care and, therefore, all kinds of negligence that can be hazardous to health should be avoided.

Common sense is another characteristic that should be cultivated. People are responsible for governing their actions and decisions. Thus, it is essential to have common sense to make good and coherent decisions to do what is right and refrain from making mistakes[13].

Leaders should assess people they work with using personal criteria and observations, they should not be guided by the opinion people have of themselves or by other people's opinion, because in both cases these opinions are very subjective[10].

Through the professional experience of the authors, it was seen that the hospital institution being studied is based on authoritarian methods and some leaders have problems to dialog with collaborators, imposing themselves through their hierarchical position. Other leaders cannot be neutral when making a decision and end up letting their personal feelings of anger, envy, and grudge interfere in this process. This make people who are victims of injustice in the workplace feel discouraged, with lack of faith in the institution, presenting decrease in productivity, quality of work and professional satisfaction. For this reason, being fair and having common sense are priorities in the routine of nurses who want to be leaders.

Finally, self-knowledge and maturity are essential emotions to improve leadership skills. For individuals to change, first they need to develop self-knowledge. Thus, they must understand their perception, feelings, thoughts and expressions related to this world. This knowledge is essential because with this we can detect and change negative aspects of personality that prevent healthy relationships and professional success[10].

Knowing yourself is the first step to know the other and work as a team, because self-knowledge enables leaders to acknowledge strong points enhancing them and identifying fragilities to overcome them.

To become a nurse leader, one must be willing to make changes, not only in the institution but also in their emotional side. To that end, self-knowledge corresponds to visualizing ones' inner self, which is related with the awareness raising of the imaginary, where images,

affections, experiences and feelings are, that is, all the issues that give meaning to existence both personal and group existence[15].

Self-knowledge is considered a strategy that can make leaders aware of their abilities and the aspects that must be improved. From the emotional respect of leaders to themselves, we can understand and accept the other; this will facilitate forming a coherent work group that is sensitive to the suffering of people requiring nursing care.

The characteristics that should be improved or even avoided in the work place will be approached.

Negativity is the first characteristic that formed this category. Negativism is a set of objective and subjective factors interfering in the behavior of an individual or on the team, in such a way that they cannot trigger their potential, hindering their development. Among the objective factors are health problems, accidents, violence, crisis situations and natural catastrophes. Subjective factors refer to pessimism, low self-esteem, not adjusting, negative attitudes, fears, and relationship problems. Negativism of the team is not a phenomenon that occurred spontaneously, it is a reflex of the negativism of some members of the team. Thus, if a team presents negative phenomena, it is because some of its members are inserting this kind of behavior in the workplace[10]. In this sense, if the leader is a negative person, the growth of the team and collaborators can be hindered. Therefore, identifying negativism is the main strategy to fight it.

Individualism is another hurdle because it harms performance, personal relationships and the environment of the organization. However, this characteristic is the result of social-political demands imposed by the job market. Thus, to sooth this aspect, there is the need to promote collective work. Individuals with positive personal characteristics join others to achieve common goals, thus becoming teams and so they have more chances to improve their performance and reach outcomes that go beyond what they had expected.

For a long time, people believed there were three types of leadership: autocratic, democratic and *laissez-faire*. At first, leaders were overbearing, abused their authority, and only thought about the interests of the institution. Opposed to this, democratic leadership started to get workers involved in the decisions, and gave greater freedom of expression and creativity to all. However, for some managers that were not able to influence their teams, this type of leadership exceeded the limits and became a source of disobedience and permissiveness that is *laissez-faire* leadership.

Currently, managers have to be flexible and capable of adjust their actions to the demand of each situation. The type of leadership adopted in the routine of work will depend on the situation experienced and on the characteristics of the members of the team. This type of leadership was called situational leadership.

Situational leadership is associated with making different treatments available for different people in different professional strategies[16]. From this statement, we see that leaders need to be fair and coherent between the actions taken and their speech and this can be intensified through situational leadership.

However, this type of leadership may be more effective if bad mood in the workplace is avoided. Thus, keeping a good mood is beneficial to health, resulting in self-knowledge and it leads to an increase in self-esteem. People who are in a good mood are always surrounded by relatives, friends and work mates; they are happier and encourage the others.

To have a good mood means to be able to look objectively to events and not taking them so seriously, avoiding making a drama when not necessary. To sum up, to have a good mood, is to have the ability of laughing at oneself so that people can face serious business without identifying themselves to them, keeping a distance, so things are more easily dealt with by all people involved. Thus, mood is related with the ability to play and it is essential for fostering creative thinking[17].

The hospital environment, on its own is a difficult place, so keeping a good mood is essential because nurses experience every day a load of high psychological suffering since they are subjected to several different feelings from patients and relatives.

In addition to the need of avoiding bad mood, disrespect should be identified and eliminated. The term respect means re (again) and *spectore* (look), it is the ability of a leader to look at people with a new sight, that is, with new perspectives[18]. Respect should be mutually established, thus, both leaders and those led have to cultivate it.

Relationships based on respect tend to last long, contributing to the formation of health professional bonds. It is a relational condition between workers that are gathered to perform a collective work towards the same goal, based on actions and coherent words expressed by flexibility, encouragement, commitment, personal fulfillment, and emphasis on human beings[15]. To make it easier to build interpersonal relationships in nursing, respect is the solid bases, therefore, it is essential.

FINAL CONSIDERATIONS

With the development of the present study, we aimed to know the characteristics interfering in the construction of nurse leaders.

This result offers positive contributions to the nursing work process because nurses see leadership as something

that can be achieved and enhanced rather than something inaccessible, that is, leaders are not born ready, they build themselves over their formation as professionals and human beings. To that end, nurses who want to become leaders of nursing teams need to develop some characteristics, they are: commitment, credibility, communication, responsibility, common sense, self-knowledge and good mood. It was also possible to identify that leadership, in the view of nurses taking part in the study, can facilitate nurses' work. However, we noticed that these nurses do not feel they are ready to use leadership in their workplace.

Therefore, we suggest the insertion of permanent education in the work environment, because it is a strategy that can contribute to professional enhancement regarding the issue approached.

We believe the objective proposed was reached since in addition to knowing the characteristics interfering in the construction of nurse leaders we were also able to make nurses reflect upon and get sensitive to the importance of leadership for the work of the nursing team.

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