Original Article

Nursing in the mirror: unveiling transpersonal leadership in team care

A enfermagem diante do espelho desvelando a liderança transpessoal no cuidado da equipe

Enfermería ante el espejo develando el liderazgo transpersonal en el cuidado del equipo

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ABSTRACT

Objective: The aim of this paper was to reveal the individual nurse in the leadership process for transpersonal care of the nursing team.

Method: This is a descriptive-exploratory and qualitative study grounded in Transpersonal Care provided at the General Hospital in Vitória da Conquista, Bahia, with 10 nurses who coordinated services at the unit in 2013. Data were collected using a mirror and semi-structured interviews subjected to thematic analysis.

Results: The following three categories emerged: Leadership in nursing: potentialities and barriers that permeate intersubjectivity; Transpersonal care of the leader with the team; and transpersonal leadership on balance: critical nodes.

Conclusion: The final reflections revealed the individual nurse in the leadership process for transpersonal care of the nursing team, and stress the need to provide institutional and educational support that can help develop the servant and transpersonal skills of the leading nurse.

Keywords: Leadership. Nursing theory. Nursing, team.

RESUMO

Objetivo: Desvelar o indivíduo-enfermeiro no processo de liderança para o cuidado transpessoal da equipe de enfermagem.

Método: Trata-se de estudo descritivo-exploratório, qualitativo fundamentado no Cuidado Transpessoal, realizado no Hospital Geral de Vitória da Conquista, Bahia, com 10 enfermeiras coordenadoras de serviços da unidade em meados de 2013. A coleta de dados envolveu uma dinâmica com uso do espelho e entrevista semiestruturada tratadas por análise temática.

Resultados: Emergiram três categorias: liderança na enfermagem – aprendendo a servir na contramão do legado histórico; o cuidado transpessoal do líder com sua equipe e a liderança transpessoal na balança: nós críticos.

Conclusões: As reflexões finais revelam o indivíduo-enfermeiro no processo de liderança para o cuidado transpessoal da equipe de enfermagem e apontam para a necessidade de subsídios institucionais e de formação capazes de otimizar o desenvolvimento de competências servis e transpessoais do enfermeiro-líder.

Palavras-chave: Liderança. Teoria de enfermagem. Equipe de enfermagem.

RESUMEN

Objetivo: Develar el individuo-enfermero en el proceso de liderazgo para el cuidado transpersonal del equipo de enfermería.

Método: Estudio tipo descriptivo-exploratorio, cualitativo, basado en Cuidado Transpersonal, realizado en el Hospital General de Vitória da Conquista, Bahia, con 10 enfermeras coordinadoras de servicios de unidad a mediados de 2013. Se recogieron los datos mediante dinámica con uso del espejo y entrevista semiestructurada por análisis temático.

Resultados: Señaló tres categorías: liderazgo en enfermería - aprendiendo a servir a contrapelo de la herencia histórica; el cuidado traspersonal del líder con su equipo; el liderazgo traspersonal en el balance: nudos críticos.

Conclusión: Las reflexiones finales develan el individuo-enfermero en el proceso de liderazgo para el cuidado traspersonal del equipo de enfermería y señalan la necesidad de subvenciones institucionales y de formación capaces de optimizar el desarrollo de las competencias serviles y traspersonales del enfermero líder.

Palabras clave: Liderazgo. Teoría de Enfermería. Grupo de enfermería.

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INTRODUCTION

The scenario of contemporary work is undergoing huge transformations, even within the scope of healthcare. Thus, the relationship dynamics between the leader and the other members of the work group is considered a current theme and has become the focus of research on conflict, productivity, collective dynamics, leadership, and other topics. In this context, nursing carries certain peculiarities in the realm of teamwork since the leader of nursing teams must be able to smoothly link group efforts to ensure the continuity of care in hospitals[1]. This scenario poses a challenge given the intense dynamics of management in increasingly bold and flexible models, and also requires leaders to constantly adapt their profile and behaviour.

Such organizational trends of the labour market are directly influenced by globalisation, and demand innovation, creativity, and the capacity to work in teams, and the sensitivity to be an ideal leader in an increasingly demanding scenario[2-3].

There is a frequent concern in international literature to test leadership models in different settings and consequently help nurses adopt the selected leadership styles. However, leadership should be further investigated so that the provided evidence can effectively support nursing work and improve this competence that is so decisive in routine work. Interdisciplinarity and shared management are two of the many paths toward this competency that can enhance team autonomy and self-realisation[4].

These paths stress the importance of valuing the needs of team members by adopting strategies and behaviours that also promote the health of the team. The nursing technician needs these efforts to feel motivated and cope with the suffering at work, especially in the hospital setting, where these leadership and relationship aspects should carry the same weight as tangible technology advancements. Human resources in healthcare are key to implementing the mission of an institution, which stresses the need to value healthcare workers with the same concern educators have in cognitively qualifying these workers[5].

The servant leadership of Greenleaf founded in 1997 is considered one of the new styles with the most promising behaviour strategies for a more relationship-based leadership, including in nursing[2]. This style addresses the influence that the servant leader has over the team based on the true conquest of each member through commitment, listening, respect, love, and, above all, care[6]. This behaviour is the central object of this study.

However, to achieve this coveted care model with the team, the leader must be perceived as a subjective being based on the knowledge of the *inner* self. This conception is proposed by Watson's Theory of Human Caring that values the nurse's potential to acknowledge the subjectivity of others, pay attention to their feelings, thoughts, history, and needs, and perceive the body-mind-soul, which is discussed in this study as the Transpersonal Caring Theory[7].

This paper is based on the overlapping of Servant Leadership and the Transpersonal Caring Theory. Although the latter theory originally focuses on the patient-nurse relationship, here it is discussed from the lens of the nurse-team relationship and the understanding that the leader must have a caring relationship with the team.

Transpersonal Caring is based on Caritas Process that includes 10 care factors: system of humanistic-altruistic values; faith-hope; sensitivity to oneself and to others; care relationship, help confidence; expressing positive and negative feelings; creative care for solving problems; transpersonal teaching and learning; settings that provide mental, physical, social and spiritual protection; attending to human needs; phenomenological existential and spiritual forces[8].

Along this same path, Servant Leadership sets forth principles that are cohesively interwoven with the following factors: the capacity to listen deeply; the capacity to be impartial, serve and teach; the capacity to think before reacting; the capacity to use forethought and intuition; the careful choice of words; the integrative vision of the led; the capacity to value the knowledge of others, and the capacity to establish relationships with the people who are being led in a context that cultivates loving behaviours toward others[2].

Therefore, the intersection of these theories provides a valuable lens through which to observe leadership in nursing as a relationship that is permeated by care, the essence of this profession. The servant leader will inter-subjectively enhance others (members) in their entirety by cultivating certain characteristics, namely: honesty, reliability; the good example, caution, commitment; being a good listener; earning the trust of others; treating people with respect; encouraging people; positive and enthusiastic attitude; caring about people. These characteristics are based on behaviour rather than leadership traits, and this conduct is based on giving oneself to others in care[5].

This study proves its professional and scientific relevance insofar as it contributes to discussions on the subject since this theoretical association that focuses on team care is still incipient, as noted in a careful review of literature from the Biblioteca Virtual de Saúde. The key databases used for the review were: Literatura Latino-Americana e do Caribe em Ciências da Saúde, Scientific Electronic Library

Online e Medical Literature Analysis and Retrieval System Online. The keywords: leadership, nursing, care, servant and Transpersonal used to search the databases revealed the predominance of studies that focus on leadership skills and difficulties, and few references to: Servant Leadership; team care and/or Transpersonality[1,4, 9-10].

Thus, the guiding question of this study is: How does the leading nurse construct a relationship of care with the team based on his or her transpersonality? The aim of this paper is to reveal the individual nurse in the process of leadership for the transpersonal caring of the nursing team.

METHODOLOGY

This is a descriptive, exploratory study with a qualitative approach based on the theoretical-methodological framework of Transpersonal Caring. Research was conducted in Vitória da Conquista, the third largest municipality in Bahia, which centralises the largest healthcare service network in the southwest region of the state. Vitória da Conquista houses the 20th Regional Health Board (DIRES), governed by the Full Management of Primary Care since 1997. This study was conducted at the city's general hospital, which is a type 4 Managing Hospital Unit ("UHG"), according to the parameter of the state department of health, and classified as a hospital of reference in emergency care with a medium and high level of complexity.

The subjects were ten nurses who coordinate the hospital units, all of which are women. The inclusion criteria were nurse and coordinator of the care unit for at least six months. The coordinators who were not at work due to holidays or any other reason were excluded. Selection observed non-probability sampling, by convenience and limited by data saturation, and the subjects were given fictitious women's names.

Data were collected in June and July 2013 in a private room of the unit coordinated by the nurse who was the subject of research. Data collection involved two research instruments: a dynamic with a mirror and semi-structured interview. The dynamic was based on Transpersonal Caring[8, 11], and it was the theoretical-methodological framework of the study. The dynamic involves the use of a 15x21cm flat mirror that is offered to the nurse. The nurse is instructed to place the mirror in a way that reflects her image, and asked to report how she sees/perceives her leadership in relation to team caring. The aim of this methodological strategy is to allow the nurse to subjectively express being a nurse leader, and answer the specific objective: to become familiar with the self-perception of "being" a leader. The semi-structured interview consisted of four questions: What is your understanding of leadership, from your experience? How do you perceive Transpersonal Caring within the realm of leadership? (the term "transpersonal" was previously explained to the subjects as being care that values the entire being in body-mind-soul, to prevent bias in the study). What skills do you have as a leader of the care team? What difficulties do you face when building a relationship of care with the team? The questions and answers were recorded in a MP4 device and subsequently transcribed.

The thematic analysis of the data consisted of three steps: pre-analysis; exploration of the material; and processing and interpretation of the obtained results[12] from the perspective of the methodological-theoretical framework mentioned above. This analysis technique was chosen because it values the statements and helps to answer the proposed objectives. The study complied with Resolution 466/12 of the National Health Council (CNS), and approved by the research ethics committee of the Universidade Federal da Bahia, campus Anísio Teixeira, with Protocol #330.658 of 28/6/2013. All the participants read and signed an informed consent statement.

RESULTS AND DISCUSSION

In order to unveil the transpersonal individual nurse in the leadership process for human care, we organised three categories and six subcategories based on the analysis, as follows:

Category I: Leadership in nursing: potentialities and barriers that permeate intersubjectivity

For the process of leadership of care with others to occur, the nurse must first perceive him or herself as the leader, especially from the perspective of servant leadership that is the essence of this profession. Thus, this category demonstrates how the nurses understand leadership according to their nursing management experiences, the skills they consider important, and some remnants of traditional thinking about this process. This category has three subcategories: Being a Leader – experiential understanding; Skills for successful leadership; and Historical legacy – merging the traditional with the current.

Being a Leader – experiential understanding of team care

The coordinating nurses were invited to delve into their self and define leadership from their own experiences.

I have several types of experiences ways to lead [...] leadership is to sit down and discuss the priorities together [...] it is to point or define the North [...] to have the autonomy you need to do this work. (Fernanda)

Being a leader is [...] to transfer experience [...] make the team walk with you and not for you! (Isadora)

Leading [...] is to develop the skills and competences according to the experiences [...] in the contact with colleagues [...] (Carolina)

I think a leader is [...] a reference, it is a person who is there [...] guiding [...] there has to be some decision making. (Ana)

By conceiving leadership from the standpoint of their experiences, the respondents refer to work shared with the team, where the leader is responsible for guiding, walking together, and knowing real needs to make decisions based on the experience and perspective of others.

Currently, one of the most accepted concepts of leadership defines it as a process of group influence that involves the ability to encourage and support the team to achieve goals[13]. Leadership is also perceived as a state of mind, in which the leader must connect with the team through bonds of trust, and turn impossibilities into possibilities[3].

Such understandings coincide with the discourse of the subject of this study. However, a closer inspection of the statements reveals that, in addition to the usual concepts, the experience and consequent line of thought of these leaders closely coincides with the principles of servant leadership. The servant leader has a different profile that encourages the talent and most striking characteristics of each worker mediated by a relationship of love and service that eventually values the other[14].

Servant leadership proposes a new pyramid of relationships based on Maslow's hierarchy of needs. In the servant profile, the pyramid is inverted and leadership is at the apex, which is the tool servant leaders use to influence others with authority, and love is at the bottom, not as a feeling, but as a behaviour and inspiration to serve others[5]. Other statements confirm this experiential trend of a leader on whom the team can always count:

Leading is [...] engaging the employee. (Vanda)

Leading [...] is not just assuming the role and standing at the front as a coordinator, you have to be the helping hand [...] you have to be understanding [...] you need your team, the team has to know it can count on you [...] you have to know when to praise, congratulate your team, but you also have to know when to be strict, to hold people accountable. (Daniela)

In studies, the bonds of friendship of the leader with the team are considered a tactic to exercise good leadership because they improve work performance[12]. When these relationships establish strong links, it is easier to make decisions[13].

In nursing, these relationships are complex, and comparative studies between the perception of nursing technicians and the nurse reveal discrepancies between what the leader says he or she communicates and interacts and what is perceived by the team[15]. The difference between an administrator and a leader is the focus on personal relationships, considering these are different activities with very different concepts: management as a process of organization, and leadership as involvement with people, both of which are essential to achieve success[4].

Skills for successful leadership

This subcategory addresses the key skills elected by the interviewees to facilitate their work:

Leadership is also knowing how to listen for the work to flow [...] what favours the skill is the matter of experience, I've worked in several places with many people. (Carolina)

Knowing how to listen, valuing the knowledge of others. [...] I have a commitment with myself and with others [...] I do not centralize [...] (Fernanda)

We have to understand the whole context, looking horizontally [...] I'm always open to the opinion of the team and [...] reaching a point together [...] and you have to listen, motivate and search for the knowledge [...] be humble [...] know how to listen to criticism. (Magdalena)

According to the statements above, we can infer that the skills considered key to successful leadership once again approach the context of servant leadership regarding the behaviour of leaders as fundamental to exert a positive influence on the team.

Communication emerges as one of the main skills, which corroborates with other studies[15]. The nurse leader must be a good interlocutor, firstly by training the capacity to listen closely and impartially and use words carefully so as to not offend the team members since he or she will often deal with issues that are ambiguous and complex[3].

The leader has to perceive others in all their complexity, while observing and analysing the various forms of communication since communication is used to motivate and influence the team, and considering that the leader must be motivated in order to motivate others[2-3].

It was observed that the leader does many things at the same time, which requires multiple skills. Moreover, leadership has several levels of depth, depending on the situation, which requires leaders to make a previous diagnosis of the basic needs of the team members[3].

One realizes that these characteristics are based on behaviour and not on leadership traits. In other words, anyone can be a servant leader as long as he or she acts like one. This conduct is based on giving oneself to others, and it requires love. This love, based on the daily behaviour of good deeds to others, comprises patience, kindness, humility, respect, generosity, forgiveness, commitment, and honesty. Consequently, love and leadership are understood as synonyms, walking hand in hand[2, 5].

Historical legacy – merging the traditional with the current

To me, leading is adopting the attitude of command and knowing [pause], and this is the unpleasant part of leadership: who's in charge and who obeys. (Débora)

I see the question of leadership as something natural. (Carolina)

In some situations [...] impose and determine, unfortunately, because it is a part of this attribution. (Ana)

This category emerged from the statements impregnated in old theories of leadership that persist even in the experiences of those nurses who see and live so closely with servant leadership.

Currently, with the intense transformations that involve the execution of leadership, their understanding has also undergone reformulations over time. The first leadership styles were introduced after the second world war as the trace theory, and they were divided into two parts that served as a basis of most research until 1940: Great Man theory, substantiated by the ideas of Aristotle, who believed that some people are born to lead and other to be led; and the trait theory, which claims that some people have individual characteristics that make better leaders, namely, that leadership is an innate ability[2].

Today, a long time after these deterministic ideas, unfortunately, the belief that someone is "born" a leader persists. However, according to the national curriculum guidelines of the undergraduate programme in nursing[16], leadership is a competence that must be learned at undergraduate level and exercised daily by nurses, which, after graduating, should be capable of leading.

Although the nurses value a more servile leadership, they also report the need to use autocratic leadership in some moments. This decision coincides with the behavioural theory proposed by Lewin, Lippitt and White in 1939. This theory states that the style of leadership will be influenced by the personality of the leader, and may be autocratic, liberal or democratic. The autocratic style characterises the leader as dominant, and as someone who exercises a hierarchical and centralised control and power over the led[2-3].

In most of the study, the interviewees reported servant leadership behaviour, but their statements also reveal hybrid models of the dynamics of leadership, or the adaptive process that often coincides with traces of contingency leadership[2]. The contingency model was proposed by Fiedler in 1967. This model is based on adaptability to dynamic day-to-day situations of organizations, and it is guided by the idea that no single style or elected style is better than the next for the exercise of leadership.

However, leading nurses must skilfully conduct this adaptive process and minimise conflicts with the team through solid and healthy interpersonal relationships. Therefore, power relationships must be conducted in a manner than satisfies the led, and boost their self-confidence for the provision of care[17].

Category II: Transpersonal care of the leader with the team

This category addresses the aspects of care that the nurse leader develops for the team, which is why the word "care" that often refers to the patient, here refers to the caregiver, that is, the care that this leader has with those who take care of the patient – the nursing staff.

I conquered the trust of the entire team, so they are free to express their difficulties. The worker needs care, even if it's only listening, advice, that's also valid [...] I try to understand their personal difficulties adjusting to the job [...] because the person is a context [...] the worker has to be understood in the overall context [...] having a good relationship and a qualified auscultation. (Isadora)

For the nurse leader to take care of the team, he or she must know the feelings, aspirations, fears, and weaknesses

of the other. Thus, the leader goes on to recognise the real human needs and can effectively influence others.

At this point of the debate, Watson's Theory of Human Caring emerges as the foundation of this human need for care and of being understood as a multidimensional being. This concept is based on the premise that everything depends on the parts, and that human balance is directly influenced by the body, mind, emotion-soul, of the phenomenological field. Any imbalance in these axes leads to human suffering and to a sense of a completely altered "I"[8].

Nurses consciously use emotions to provide and improve care. In their everyday life, surrounded by people who suffer, they are susceptible to a significant amount of emotional work that forces them to regulate their own emotions toward the quest for self-awareness. The emotional work needs to be better researched and explained to provide further insight into the needs of the caregiver in healthcare[18].

Transpersonality is a tool that nurses can use in their work to provide comprehensive care (body, mind, spirit). This form of care, however, requires inner growth through the search for self-knowledge, especially in leadership. This inner search causes nurses to recognize their potential and discover themselves and others, which leads to more humanized and comprehensive care.

From this moment, the subcategories were organised according to the type of care that the nurse coordinator mentions, in the interviews, as the form provided by the team, in the axis of Transpersonality. Care toward the body of the team, the mind of the team, and the soul of the team.

Taking care of the team

> *The staff has lots of workers with back problems because of the weight of the stretcher [...] we had to transport the patient. So if the team were complete [...] we would have this extra comfort in relation to the physical part without the overloading. Also the physical structure, for example, this room is comfort, you realize that it's not a comfort exactly [...] we rest on the ground, because there is no proper place. (Ana)*

> *The professional to have a quality of life needs to have 2 or 3 jobs, these are the difficulties, which is of the actual system, the insecurity, getting sick quickly, it makes it difficult. (Magdalena)*

The statements above reveal the leader's concern and perception regarding the work conditions and the repercussions on a physical level. This situation is the object of occupational health, which corroborates a widely discussed and known reality of workers: the poor working conditions of Brazilian nursing, as in the case of 30-hour work shifts, and the subsequent struggles in recent years.

This problem, within the context of the Theory of Transpersonal Caring, supports the idea of the interaction of parts; for the provision of comprehensive care, it is important to take care of the parts and, therefore, the care of the body influences everything in the phenomenological field[7-8]. The physical structure and workload can directly cause illness in the worker's body. According to Watson, the care of caregivers provides an environment that physically, socially, and spiritually protects others and dignifies the human conditions of these workers. These conditions promote motivation and the capacity to take care of patients, who are portrayed as frail in the first discourse.

Taking care of the mind

> *The issue of leadership also has the interpersonal part [...] because they are other minds and other ways of thinking [...] we talked about the personal issues that I always try to adapt to the needs of the employee [...] we have to know when to be affectionate at the right time, welcoming him, when he's got some problem I ask: what's going on? Why are you like this? You're not like that, what's going on that's interfering with your work. (Maria)*

> *Try to be a partner [...] noticing when the other is suffering. Listening is fascinating and necessary. [...] to have this sensitivity to realise and support at the right time. (Magdalena)*

> *We deal with death and the dying process. And nobody's worried and never asked how you see yourself in that situation, sometimes I sought the psychology service of the hospital for us to start the work of taking care of the people who provide care. (Daniela)*

> *When we manage to look beyond the walls of the institution in relationships [...] realizing the need of each member, we can provide that care to colleagues. (Fernanda)*

To act in this praxis of care, nurses must have the sensitivity to subjectively receive each member of the team in a relationship of transpersonality. From this perspective, it is advisable to perceive and appreciate the feelings, thoughts, and history of others, and to know others and oneself. The statements of the respondents refer to this intersubjective care between the coordinating nurse and the team.

Intersubjective and transpersonal care does not merely target care, it is a means of preserving human dignity(7-8) that can be translated with simples gestures, such as the watchful eyes of others, the caring touch, the ability to listen, and attitudes that show true interest in others.

Consequently, and corroborating with other authors[18] the nurse must develop a good interpersonal relationship with him or herself and with others for care to be comprehensive in terms of service or management. Also, the inability to resolve conflicts can be directly linked to the lack of knowledge of nurses in relation to themselves and the team.

Taking care of the soul

The soul and spirit are constantly evolving, and it is necessary to unite body, mind, and spirit to achieve a purposeful and individual care. We have a phenomenological field that consists of the subjectivity (soul) of the human being and is made up of experienced and feared feelings and perceptions[7-8]. This dimension also emerged in the discourse of the subject of this study was a focal point of care for the nursing team.

> *As we work together, we become friends with them, and then there is the religious point [...] we have a time of prayer for the entire hospital from the board to the cleaning staff, always asking for God's guidance. (Vanda)*

> *So I want to talk to everyone when we get to read a passage from the Bible [...] and that creates a bond. What is it that prayer does not accomplish? And that´s what´s missing in my sector. (Helena)*

The soul is understood as the inner self of each individual and it is related to self-knowledge and the knowledge of others. Caring for the soul makes the nurse coordinator lead the care with others in a more complex and three-dimensional manner. According to the second principle of Jean Watson's Theory of Human Caring, the practice of care involves valuing faith, regardless of religion, respecting each other's culture, and encouraging hope[8]. When the nurse leader respects the religion and beliefs of the team, he or she is respecting others and forcing one to accept the other as he or she really is[5].

Cultivating spirituality in the relationships of the nursing team is an important habit that should be motivated for the construction of more comprehensive interpersonal relationships that also consider people as spiritual beings in need of consensual and constructive spiritual practices.

Category III: Transpersonal leadership on balance: critical nodes

This category was based on the statements of the coordinating nurses, who reported their difficulties to exercise the leadership of care, and exploits self-knowledge regarding feelings, emotions, dreams, desires, and frustrations.

> *The institution itself has problems that sometimes create rules and routines [...] that it does not accept, it will not accept this kind of attitude, then it has the models and personal issues of time, availability, to be closer to enable that view of others. (Fernanda)*

> *There are lots of attributions, the demand is huge and [...] I can't provide the care as I should. (Ana)*

> *In public service, I've learned things that are tough, if we are not malleable, they hardly happen [...] it depends on other things administrative issues, understand? On others! (Maria)*

> *You can [...] make the actions flow in the service, respecting the internal culture of the institutions, and they are motivated to work that positively reflects on their work, so it's really important. (Magdalena)*

These challenges that are experienced by nurses cover various aspects, such as the work process, human resources, and institutional hierarchy. These aspects contribute to rigid behaviour based on outdated models of resource management and leadership, and stress the need to create paths that help transform the paradigm of leadership in health services.

The suggestions observed from the statements raise hope and pave the way toward will, motivation, and sensitivity toward oneself and others, and in the exercise of creativity and entrepreneurship.

It is also important to stress the role of the institution, which must also take paths that lead to philosophical and organizational transformations that value its human resources. When the caregiver is valued and welcomed by the institution or by the nurse manager, he or she tends to repay this affection to others in the form of a more instrumentalised and comprehensive care (body, mind and spirit)[14-15].

Thus, when technical knowledge has the potential to transcend as a characteristic of nursing, it is much easier to broadly identify human needs. This way, the nurse – caregiver – leader who is aware of the members of the team

manages to exert his or her influence in a servile manner due to this subjective "immersion" into the care of others and the ability to understand the real needs of others.

FINAL CONSIDERATIONS

The information that emerged in this work showed the constant interaction between unveiling the transpersonal individual that leads, and understanding leadership in nursing from an intersubjective perspective that involves perception and appreciation of the body, mind, and spirit. Most of the subjects understand that the leader values the team, and shared knowledge, experiences, and behaviours. They report barriers related to human resources, institutional bodies, and the physical structure. However, they also express their intention and daily struggle to take care of the team through sensitivity, the willingness to be a good listener, and the appreciation of attitudes based on love and respect.

The viability of associating servant leadership with the Transpersonal Theory of Caring therefore becomes evident as the foundation of the praxis of care between leaders and their teams. The statements of the participants of this research showed – in a non-systematized manner – their concern with the integrality of members of their team, and described the attitudes and behaviours of care that reach the mind-body-soul of these individuals. These behaviours are compatible with those called servants, and unveil that caring for the care team occurs in the realm of nursing leadership by means of simple and gentle actions that pave the way for the improvement of this relationship that targets human life.

Consequently, lessons of leadership should be constructed and improved on a daily basis and through permanent education to overcome the limitations that are still present in the leadership models and styles found in the current reality. Many of these limitations are attributed to gaps in the teaching-learning process, which was the justification of the interviewees when they subsequently expressed that they learned about this form of care from their experiences in leadership and not as a professional competence developed a priori. Thus, it is important for nursing education institutions to translate the contents and present leadership in a more experiential manner, since nurses can only develop this ability in practice.

Institutions, especially hospitals, must develop an organizational culture that values workers, especially nurses since they represent most of the workers at these units. This culture can encourage entrepreneurial initiatives of these leaders of people – the nurses who embrace the daily challenge of making care happen even under difficult conditions of scarse resource, hierarchy, and conflicts. Without this culture, even the leaders who identify the needs of their teams will be unable to provide this care, and will eventually accumulate frustration and increase demotivation at work.

Based on these conclusions, this work contributes to the state of art of leadership in nursing, and broadens the discussion and rationale for the transpersonal and servant care of the team. However, the limitation of this work is the production of knowledge in the studied scenario, which does not exhaust the studied subject and therefore prompts further research.

REFERENCES

1. Moura GMSS, Inchauspe JAF, Dall'Agnol CM, Magalhães AMM, Hoffmeister LV. Expectativas da equipe de enfermagem em relação à liderança. Acta Paul Enferm. 2013 [citado 2014 abr 06]; 26(2):198-204. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002013000200015&lng=en.
2. Marquis LB, Huston, JC. Integração e administração: uma nova abordagem. 6. ed. São Paulo: ARTMED; 2010.
3. Chiavenato I. Comportamento organizacional. 2. ed. Rio de Janeiro: Elsevier; 2010.
4. Balsanelli AP, Cunha ICKO. The work environment and leadership in nursing: an integrative review. Rev Esc Enferm USP. 2014 Oct [cited 2016 Apr 21];48(5):938-43. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342014000500938&lng=pt.
5. Hunter JC. O monge e o executivo. Rio de Janeiro: Sextante; 2004.
6. Garcia AB, Dellaroza MSG, Haddad MCL, Pachemshy LR. Prazer no trabalho de técnicos de enfermagem do pronto-socorro de um hospital universitário público. Rev Gaúcha Enferm. 2012 jun [citado 2013 abr 06] ; 33(2):153-159. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472012000200022&lng=en.
7. Watson J. Enfermagem pós-moderna e futura. Loures: Lusociência; 2002.
8. Watson J. Nursing: the philosophy and science of caring. Boulder: University Press of Colorado; 2008.
9. Dall'Agnol CM, Moura GMSS, Magalhaes AMM, Falk MLR, Riboldi CO, Oliveira AP. Motivations, contradictions and ambiguities in the leadership of nurses in management positions in a university hospital. Rev Latino-Am Enfermagem. 2013 Oct [cited 2014 Apr 09];21(5):1172-8. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692013000501172&lng=pt.
10. Souza e Souza LP, Ferreira Cordeiro AL, Nunes de Aguiar R, Veloso Dias O, Vieira MA, Ramos LH. El liderazgo en la visión de enfermeros líderes. Enferm Glob. 2013 abr [citado 2016 abr 07];12(30):268-80. Available at: http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1695-61412013002200113&lng=es&nrm=iso&tlng=es.
11. Oliveira JM. O que vejo no espelho: uma visão pragmática da psicologia transpessoal. Goiânia: ABRU; 2005.
12. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 11. ed. São Paulo: Hucitec; 2010.
13. Montana P, Charnov BH. Administração. 3. ed. São Paulo: Saraiva; 2010.

14. Martins ECB, Rosa ATRO, Silva IMBP, Bustos LCS. Liderança servidora: o modelo Southwest Airlines. Rev Ciênc Gerenc. 2012;16(24):189-202.
15. Llapa-Rodriguez EO, Oliveira JKA, Lopes Neto D, Campos MPA. Nurses leadership evaluation by nursing aides and technicians according to the 360-degree feedback method. Rev Gaúcha Enferm. 2015 Dec [cited 2016 Apr 06];36(4):29-36. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472015000400029&lng=pt.
16. Ministério da Educação (BR). Secretaria de Educação Superior. Diretrizes curriculares nacionais dos cursos de graduação em Enfermagem, Medicina e Nutrição. Brasília, DF; 2001. [citado 2012 set 25]. Available at: http://portal.mec.gov.br/dmdocuments/ces1133.pdf.
17. Amestoy SC, Backes VMS, Thofehrn MB, Martini JG, Meirelles BHS, Trindade LL. Conflict management: challenges experienced by nurse-leaders in the hospital environment. Rev Gaúcha Enferm. 2014 Jun [cited 2016 Apr 10];35(2):79-85. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472014000200079&lng=pt.
18. Vilela J. O trabalho emocional no ato de cuidar em enfermagem: uma revisão do conceito. Salutis Scientia: Rev Ciênc Saúde ESSCVP. 2013;5:41-50.

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