

CHALLENGES EXPERIENCED IN THE LEADERSHIP NURSES' EXERCISE: PERSPECTIVES AS NURSING TECHNICIANS

Simone Coelho Amestoy*
Vânia Marli Schubert Backes**

Maira Buss Thofehr***

Jussara Gue Martini****

Betina Hörner Schlindwein Meirelles*****

Letícia de Lima Trindade*****

ABSTRACT

The objective of this study was identifying the challenges experienced in the exercise of leadership by nurses those were nursing technicians. Portrays a qualitative approach of descriptive type, in which was used the case study as a research strategy. The study included nine nurses who held their practice in three hospitals in the city of Florianópolis, Santa Catarina, which had ongoing technical training and a degree in nursing. The information was obtained from May to December, 2010. For data collection there were performed semi-structured interviews and dialogical workshops. The data were analyzed using the proposed operative by Minayo. Rebuild the professional identity and attend the responsibilities assigned by them, as well as the leadership of the nursing team, consisting on the main challenges experienced. It is argued that the practice of nurses as leaders of the nursing team should be based on dialogical relations, distancing them from the power relations that promote oppression and dissatisfaction.

Keywords: Nursing. Leadership. Nursing supervision. Education in nursing. Health services.

INTRODUCTION

Nursing is recognized as the science of caring, being a developed by qualified and skilled in performing a socially necessary, essential for human life, activity workers profession it is to care for people in need of health care⁽¹⁾. Facing the uniqueness of nursing activities, its formation process underwent several transformations over the years, in order to meet the needs arising from the complexity of care in existing health care models, technological apparatuses and changes in the epidemiology of population, which drove changes in academic training⁽²⁾.

In this context, in 2001, there were created the new Curriculum Guidelines for Graduate Nursing based on competencies, which define

the training of general nurses, human, critical and reflective, capable of learning to learn and meet the needs of population as the guiding principles of the Unified Health System⁽³⁾. Also, nurses who are competent to exercise leadership in the different health areas, becoming a reference in meeting the needs of users. For this study, leadership is the leader's ability to influence its employees, inspiring people, with the purpose of achieving the goals shared by the group being those related to care, by adopting a horizontal communication process mediated by dialogue⁽⁴⁾.

Also, regarding this new professional profile, there is the frequent insertion of technicians and nursing assistants in graduate courses in nursing. The desire to join the academy has seduced the worker of average level, which is motivated to overcome great challenges to become a nurse,

*Nurse. PhD in Nursing. Adjunct Professor of Nursing Department and of nursing graduation program at Federal university of Pelotas-UFPeL-Pelotas (RS). Member of Studies and research in Nursing Center-NEPEN. E-mail: simoneamestoy@hotmail.com

**Nurse. PhD in Nursing. Professor of Nursing Graduation Program at Federal university of Santa Catarina- UFSC. Leader of Research group in Nursing Education and Health (EDEN). Pesquisadora CNPq. E-mail: oivania@ccs.ufsc.br

***Nurse. PhD in Nursing. Adjunct Professor of Nursing Department and of Nursing Graduation Program of UFPeL. Leader of NEPEN. E-mail: mairabusst@hotmail.com

****Nurse. PhD in Nursing. Adjunct Professor of Nursing Department and of Nursing Graduation program of UFSC. Member of EDEN. E-mail: jussarague@gmail.com

*****Nurse. PhD in Nursing. Professor of Nursing Graduation program at UFSC. Member of Studies and Research Group in Administration and Management of Nursing Care and Health (GEPADES) and Studies and Assistance in Nursing Center and Health to people with chronic diseases (NUCRON). E-mail: betina@ccs.ufsc.br

*****Nurse. PhD in Nursing. Adjunct Professor at State University of Santa Catarina State (UDESC), member of Práxis Group of UFSC and Leader of Research group about health and work (GESTRA/UDESC). E-mail: lettrindade@hotmail.com

because of the opportunity for professional and social mobility that college degree can give them⁽⁵⁾.

Among the prospects for nursing in the coming years, it is emphasized that graduation will become, increasingly, a path of social and professional development for team members. It is believed that the growing demand of health professionals who have technical training courses for graduate nursing imply directly improve the quality of care, which is the result of their professional development⁽⁶⁾.

However, this change in position at work can be regarded as a challenge by the employees or even a threat, as it emerges the necessity of development and improvement of new attitudes and skills. The form in which the person will face this situation, perceiving it as a threat or a challenge, resonate strategies chosen to face the situation. For this reason, people who feel challenged rather than threatened, have high self-esteem producing feelings of control over the situation, making it able to overcome the stressful situation⁽⁷⁾.

Moreover, it is necessary to reflect on the world, which is constantly changing. Based on these, the technology shows new ways, every day. The development of human capacity walks to the need not to stagnate in what has been learned, encouraging the continuous search for new knowledge, with a view to monitoring these transformations⁽⁸⁾. From this thought, the worker can climb high school new posts by understanding that knowledge is dynamic and that its construction while human being and professional, is an eternal process of teaching and learning.

Given the increase in the number of nursing staff who opt for training in undergraduate nursing and related to this process, such as changes: the management of care, the leadership of the nursing staff and other professional responsibilities imbricated this rise aimed to identify the challenges experienced in the exercise of leadership by nurses who were nursing technicians.

METHODOLOGY

This is qualitative research of descriptive type, in the case study as a research strategy was

used because it was desired to study a natural phenomenon with a value in itself⁽⁹⁾.

The participants were nine nurses who held their practice in three hospitals in the city of Florianópolis, Santa Catarina, with training in nursing technical course, which had already exercised these function activities. All participants were admitted as nurses who worked in the same institutions, but managing different units in which worked as nursing technicians.

The nurses who participated in the study were the ones who performed their practices in the hospital, who had up to six years of training and showed interest in discussing and reflecting about nursing leadership; the ones who picked up this period of study, aiming to contemplate trained nurses according to the New National Curriculum Guidelines.

There were used semi-structured interviews and workshops as dialogic techniques for data collection. Information was obtained from May to December 2010. The interviews were conducted individually, in place of study, with pre-established date and time, as prior contact with participants. We used a script to guide the collection, in which he investigated the weaknesses and the potential to exercise leadership in hospitals, the leadership styles adopted, the teaching of undergraduate leadership and the strategies used to lead. The interviews were recorded and transcribed soon after its completion. The testimonies of each subject were identified by the letters E, corresponding to an interview and its accomplishment with nurses' ordinal number (E1, E2... E9).

After three workshops were performed, one in each hospital so that participants could collectively build and rebuild their critical look at leadership. All workshops followed the same dynamics. First, the group was encouraged to think about "What is leadership?" Formed pairs, which exposed the group the meanings attributed to leadership. Still, it was used for the contextualization of the presentation of a video with questions about nursing practice and a dynamic involving the shuffling of sentences that also possess connection with the leadership theme.

It is informed that nurses participated in the workshops held in the hospital where they work.

Unable to hold a workshop with the participation of all study subjects in the same place, by difficulties in meeting them, each dialogic workshop lasted on average 1 hour and 30 minutes; which were audio recorded. The statements coming from the dialogic workshops were identified by the letters OD plus the ordinal number representing each nurse (OD1, OD2 ... OD9). One of the researchers played the role of moderator of the meetings.

In order to analyze the data, there was used the proposed operative of Minayo, which is characterized by two operating times. The first includes the fundamental determinations of the study, which is mapped in the exploratory phase of research. And the second time is called interpretative, as is the point of departure and point of arrival of any investigation, the encounter with empirical facts. The interpretative phase has two stages: the data ordering and classification of data, which includes the horizontal and thorough reading of the texts, cross-reading, final analysis and report building with the presentation of the results⁽¹⁰⁾. There have been met ethical principles established by Resolution 466/12 of the National Board of Health, Ministry of Health, with approval by the Federal University of Santa Catarina Ethics Committee in Research, under Protocol n. 658/10.

RESULTS AND DISCUSSION

To answer the proposed objective, there were constructed two categories, after reading and organization of the obtained results: 1 - Reconstructing the professional identity; 2 - Taking the lead in nursing, presented in sequence.

Rebuilding the professional identity

By analyzing the process of nursing work, it is to inform you that it is the organization of work so that every team member contributes to nursing efficiency and competence in assisting patients. Thus, take care implies the responsibility to articulate the different professionals in teamwork, interdisciplinary, horizontal, collaborative, aiming to meet the needs of individuals in their bio-psycho-social integrity, with needs to be met, but also with desires, emotions, with objectivity and

subjectivity⁽¹¹⁾.

However, to become nurses, some participants reported having difficulty in recognizing as such.

[...] I commented to everyone that I'm still very technical. So it was difficult for me, how I'm going the other way, I'd say. But my fear was actually was very afraid "(E1). For me it was very difficult because I could not identify, so I thought: Oh! Today I have no more to give a bath to bed, I have to manage, and I have these assignments as other. Then I sat with my team, talked, put them why I was having that different conduct at the time and was very calm (E2).

Identifies some confusion in understanding the professional identity of these workers, who tend to distance themselves from patient care, to emphasize the managerial activities, dissociating assistance and manage, as distinct activities, which do not come close. However, analyzing the process of nursing work, it is argued that the managerial activities of nurses should aim to the quality of nursing care, so that the split between care and management dimension agrees that quality and can generate conflicts in nursing work. Thus, these two dimensions are to be understood as complementary and interdependent activities⁽¹²⁾. This fact is reinforced at the end of the interview when the participant mentions that the team met for a conversation which explains the change in his behavior, referring to adopting the posture of a new professional category.

Similar results were seen in another study in which nursing students who were workers of the area, had some misunderstanding of how to act as nurse and what their role is⁽⁵⁾. Therefore, it is essential to reflect on the training of nurses and how this has been guided since the end of the undergraduate course, we start from the assumption that students have theoretical and practical knowledge about the work of nurses and domain skills that prepare you to perform tasks assigned to it.

However, we perceive the need to provide care to these workers, while nursing students, because by having professional experience often tend to highlight the practical field, but in the same way that other scholars also need to be driven development and improving relational skills, such as leadership.

It adds that some nursing schools are not ready to discuss the issue of labor mobility and its consequences, even with the large number of technicians and nursing assistants attending undergraduate courses⁽⁵⁾. Thus, such matters and professional identity should be the agenda for discussion among teachers.

On the other hand, emerges the consciousness of responsibility given to the work of nurses, aspect mentioned by the participants to become nurses.

Back when I was Data I went home and slept it was a beauty. Now I'll go home and sleep a few hours after I wake up and remember that I forgot to put such a thing in the book, or forgot to do a certain thing. One thing, well, very strange, but it happens. Never lost sleep as a technique in life, for ten years of service as a nurse at least twice, three times a week I lose sleep because I forgot to do a certain thing, basic thing, silly thing, which is not very important, but the increased liability is much greater (E3).

The nurse has many duties to exercise the profession, including: the provision of nursing care of large complexity, which require more theoretical foundations as well as the management of nursing services and supervision of technical and auxiliary activities. The demand of nursing work and the responsibilities that are in your hands, form into challenges that can be tackled in a healthy way, provided that it is commitment to the new profession. Being a nurse comprises various demands and responsibilities, which often are not recognized by the staff. The following statement sets out the vision of the participants on this issue.

[...] How different is the vision that we have of the nurse when you're a technical [...] when we are all technical world speaks ill of nurses. Then you stay well: why it really does not do this? Why not do that? (OD3).

[...] When one is technical, the staff speaks evil of everything nurse. The people who are in the middle of listening to the nurse does nothing, but the people who are already nurses and technical know you have all the responsibility of being a nurse because changes everything (E4).

When you're a nurse, with a technical background, you know all the responsibilities, all you have to manage. If they could understand a little technical

responsibilities of the nurse, they think different (OD9).

However, this understanding of nurse's work, as the above results, awakens some reflections: "Is that it is a distorted view that is not consistent with reality or is the view that the nurse sends its own staff through their professional attitude?"

When newly formed, some nurses tend to experience situations involving prejudice in his first work, most often referring to his young age, being young and inexperienced professional⁽⁷⁾. Insecurity, lack of preparation for making decisions and often disbelief by the team in the actions of the nurse end up making the management of care becomes a chore, being centered on bureaucratic activities, which distance the nurse of his professional task, ie, the care for human beings.

Sometimes the care provided this way makes the professional bureaucrat or authoritarian leader, who faces several difficulties in daily work in health, which is always dynamic, unique and complex⁽⁴⁾, a factor that can contribute to the team in critical relation to the work of nurses.

Should also reflect on the reasons why the mid-level workers, even criticizing the work of nurses, aim your position. The answer may be the career ladder, which can bring various benefits such as status, desire for power, raise, recognition and mastery of new knowledge, among others.

Facing this task, it is essential to address the power relations established between nurses and members of the nursing team. These relationships, depending on how they are organized, can interfere with interpersonal relationships between staff nurse and consequently affect the care delivered in health facilities.

The power permeates relations between oppressor-oppressed, the oppressed however only able to break free of this situation releasing the oppressor and not targeting your position, so it is important to re-invent the power, requiring that all persons exercising. Society needs to get rid of the power relations of command and subordination replacing them with radically democratic relations⁽¹³⁾. To this it should spread the need for autonomy and collective empowerment.

The concept of empowerment attempts to transfer the traditional models centered on the exercise of power one over another, replacing it with the valuation of spaces those make possible the exercise of power through the interaction between individuals and collectives, ie, the power-with⁽¹⁴⁾.

From this perspective emerges as a dialogue strategy to facilitate the establishment of constructive relations of power, because it is a human phenomenon, which cannot be minimized to the filing of ideas from a guy on the other, because it was the meeting between the men, as thinking beings, to discuss situations with the goal of transforming reality. Dialogue can also be assimilated as a horizontal relationship of A with B, nourished by love, humility, hope and faith. Only dialogue communicates through the establishment of an empathic relationship⁽¹³⁾.

Thus, the dialogue does not level, does not generate reductionism, by contrast, encourages respect between people engaged in overcoming barriers and come to be subjects of transformation⁽¹³⁾. One sees that the dialogue may mediate the working relationships between nurses and nursing technicians, away from the existing duality between oppressor-oppressed, making them aware that the dialogue does not make them equal, but facilitates growth with another.

Taking the lead in nursing

The nurse plays a caring and management function, both within hospitals and in primary care, playing the role of team leader and manager of nursing health units, also taking responsibility for the management of material and human resources⁽¹⁵⁾. Assume leadership of the nursing team was one of the main challenges experienced by nurses who possessed technical training.

The training was very good technique to practice part itself, but the leadership was kind of hard, because I did not know how to act [...] when I got here, I already had some experience in this part, but it was very complicated, I did not know how to work, I had great difficulty even to learn to deal with each. It is unlike you to be technical and you speak what you think and see, and the nurse who turn around and you arrive here has to know how

to deal with each one, see the way each one, how to talk, too complicated (E5).

In nursing, leadership is characterized as a professional competence of nurses who can assist in decision making in the negotiation process, interpersonal relationships and resolving conflicts arising from the work environment⁽¹⁴⁾.

In this sense, the leader is the link of support for the team, both as regards to education as the coordination of the service; it has a responsibility to encourage the development of the collective potential, which will directly affect the quality of care⁽¹²⁾.

To exercise leadership in a critical and conscious manner based on dialogue and respect for human beings and thrive as a leader of the nursing staff, it is necessary for nurses to develop certain characteristics, including: communication, domain knowledge, responsibility, common sense and self-knowledge⁽¹⁶⁾.

It should be emphasized that leadership is understood as a skill that can be earned and enhanced, not as an inaccessible point, ie, the leader is not born ready, but is built throughout his training as a professional and human-being⁽¹⁶⁾. Therefore, people can become leaders since strive for it.

To reflect on their practice, participants expressed the fear of not being accepted by the nursing staff, a factor that interferes directly in your leadership.

On my arrival I spoke with some new employees, some had a bit of trepidation because I know me, I worked as a technician, but we were getting acquainted. In the first month has been a bit tricky to tell them, the kind of leadership sometimes do not accept it, but now are already forwarding, I'm already getting mount the correct team (E6).

My greatest fear was the same with the staff, who have worked with me since they knew I was a technician who could sometimes want to mess up a little so as the agent now has to take another position, which is not as technical nursing, has people talking: Oh it was a technique yesterday, now today is already thinking. Have my colleagues who were also technical and became nurses who have gone through it, so I was more afraid of that (E7).

A study reveals that nurses already working

in other professional activities category express their fear or not to be accepted by the staff. Non-acceptance is often characterized by feelings of contempt with the rise of professional colleague, understood as a standby for "boycotting" his work. The negative feelings generated can shake the integration team and affect the performance of their activities. On the other hand, acceptance is seen as support, helping to overcome the difficulties thus a simple gesture like to congratulate my colleague and welcomes him into his new role, can bring people together and strengthening linkages and facilitate meeting the challenges emerged on this walk⁽¹⁷⁾.

In order to mitigate conflicts and facilitate this process of acceptance, stimulates the construction of ties of friendship between nurses and their team, that relationship must be based on respect, preserving the authority and influence of the nurse leader⁽¹⁸⁾. It complements that some professionals are amazed at the change of roles, experiencing some discomfort in the team due to his new position and difficulties in accepting his leadership, especially emphasizing his lack of experience and knowledge⁽⁷⁾. Here emerges a major challenge of (re) adapt their relationship with technicians and nursing assistants, since until then belonged to the same hierarchical level, and now need to put in place actions to differentiate them in order to be recognized as leaders⁽⁵⁾.

In the quest for winning the respect and credibility, these nurses have in their favor the practical skill, the knowledge of the work process, and the routines of the institution, enabling be seen as a link to support the team, for transmitting security.

[...] gave me a huge safety, safety in the sense of not having that dependence from the technician. I had several factors that favored me, I knew the hospital, institution, and I knew the routine. These were the factors that favored me, I had a long practical experience, and I think so much favored (E8).

The experience and technical skill can bring security to meet the challenges in transformation. The knowledge of the work environment and the fact they already belonged to the nursing team provides security on the profession, facilitating the

acceptance procedure⁽⁵⁾. Studies related to the teaching of leadership emphasize that nursing education is still centered on technicality. Furthermore, we identify teachers joining the teaching practices that resemble the transmission of knowledge and the limited opening for dialogue^(4,19).

The results of this study point to the need to understand leadership as a cross-jurisdiction, which should be addressed through graduation and permanently, to strengthen the work of the nurse in the managerial and relational issues. Leadership should be encouraged and developed as well as the skill and technical ability as both strengthen the performance of nurses in their practice.

CONCLUSIONS

From this findings, it was found that the reconstruction of professional identity, seen as the rise of technical nursing for nurses, represents a major challenge for the participants, because the re-engagement in the team and the questions of how to position themselves against their former comrades work, put them to the challenges that must be faced. Thus, the participants recognize the importance of developing and enhancing their leadership during the course of graduate and professional life, as fundamental to consider, especially the nurse who manages the care as well as health services.

Power relations permeate the interpersonal relationships of nurses and nursing staff. However, to change position, certain criticisms attributed to the work of nurses are revised to be valued their actions, especially regarding care management and team leadership. It is understood that promotes professional growth changes in the lives of these professionals; however, emphasize the need for teamwork, putting into practice dialogic communication processes with the nurse and not about their employees. Thus, it is necessary to promote empowerment and shared responsibility of all subjects, distancing him from relationships that strengthen oppression and a fake dialogue.

It is also important to foster discussions in educational settings, in both the public and the private school, so that teachers are prepared to welcome students who already have technical training in nursing, through the enhancement of their existing

knowledge. This reality becomes increasingly common in the academic setting and needs to be worked out between the various actors of the training process, in order to facilitate the exercise of leadership in nursing.

DESAFIOS VIVENCIADOS NO EXERCÍCIO DA LIDERANÇA POR ENFERMEIROS: PERSPECTIVAS COMO TÉCNICOS DE ENFERMAGEM

RESUMO

Objetivou-se identificar os desafios vivenciados no exercício da liderança por enfermeiros que foram técnicos de enfermagem. Retrata uma abordagem qualitativa do tipo descritiva, na qual foi usado o estudo de caso como estratégia de investigação. Participaram do estudo nove enfermeiros que exerciam sua prática em três hospitais da cidade de Florianópolis, Santa Catarina, os quais possuíam formação em curso técnico e graduação em enfermagem. As informações foram obtidas no período de maio a dezembro de 2010. Para coleta dos dados realizaram-se entrevistas semiestruturadas e oficinas dialógicas. Os dados foram analisados por meio da proposta operativa de Minayo. Reconstruir a identidade profissional e atender as responsabilidades que lhe são atribuídas, bem como a liderança da equipe de enfermagem consiste nos principais desafios vivenciados. Defende-se que a prática dos enfermeiros enquanto líder da equipe de enfermagem deve estar fundamentada em relações dialógicas, distanciando-os de relações de poder que promovem a opressão e insatisfação.

Palavras-chave: Nursing. Leadership. Nursing supervision. Education in nursing. Health services.

DESAFIOS VIVENCIADOS EN EL EJERCICIO DEL LIDERAZGO POR ENFERMEROS: PERSPECTIVAS COMO TÉCNICOS DE ENFERMERÍA

RESUMEN

Este estudio tiene como objetivo identificar los desafíos vividos en el ejercicio del liderazgo por enfermeros que fueron técnicos de enfermería. Muestra un enfoque cualitativo del tipo descriptivo, en el cual fue usado el estudio de caso como estrategia de investigación. Participaron del estudio nueve enfermeros que trabajan en tres hospitales de la ciudad de Florianópolis, Santa Catarina; los cuales poseían formación en curso técnico y grado en enfermería. La información se obtuvo durante el período de mayo a diciembre de 2010. De recopilación de datos realizan entrevistas semi-estructuradas y talleres dialógicos. Los datos fueron analizados por medio de la propuesta operativa de Minayo. Reconstruir la identidad del profesional y atender a las responsabilidades que le son atribuidas, así como el liderazgo del equipo de enfermería consisten en los principales desafíos vividos. Se defiende que la práctica de los enfermeros como líder del equipo debe estar fundamentada en relaciones dialógicas, distanciándolos de relaciones de poder que promueven la opresión y la insatisfacción.

Palabras clave: Enfermería. Liderazgo. Supervisión de enfermería. Educación en enfermería. Servicios de salud.

REFERENCES

1. Pires DEP. Transformações necessárias para o avanço da Enfermagem como ciência do cuidar. *Rev bras enferm.* 2013 set; 66Esp:39-44.
2. Erdmann AL, Fernandes JD, Teixeira GA. Panorama da educação em enfermagem no Brasil: graduação e pós-graduação. *Enferm Foco.* 2011; 2Supl:89-93.
3. Ministério da Educação (BR). Conselho Nacional de Educação. Câmara Nacional de Educação. Resolução CNE/CES nº 3, de 07 de novembro de 2001: institui as Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem. Brasília (DF): Ministério da Educação e Cultura; 2001.
4. Amestoy SC, Backes VMS, Thofehrn MB, Martini JG, Meirelles BHS, Trindade LL. Percepção dos enfermeiros sobre o processo de ensino-aprendizagem da liderança. *Texto & contexto enferm.* 2013 abr-jun; 22(2):468-75.
5. Costa MLAS, Merighi MAB, Jesus MCP. Ser enfermeiro tendo sido estudante-trabalhador de enfermagem: um enfoque da fenomenologia social. *Acta Paul Rnferm.* 2008 jan-mar; 21(1):17-23.
6. Vianna LAC. Desafios e perspectivas para a Enfermagem na próxima década. *Acta Paul Enferm.* 2011; 24(5):vii-viii.
7. Silva DGV, Souza SS, Trentini M, Bonetti A, Mattosinho MMS. Os desafios enfrentados pelos iniciantes na prática de enfermagem. *Rev Esc Enferm USP.* 2010 jun; 44(2):511-6.
8. Oliveira JSA, Cavalcante EFO, Macedo MLAF, Oliveira JSA, Martini JG, Backes VMS. Prática da educação permanente pela enfermagem nos serviços de saúde. *Rev enferm UFPE on line.* [on-line]. 2013; [citado 2013 out 10];7(2):598-607. Disponível em: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3073>

9. Lüdke M, André MEDA. Pesquisa em educação: abordagens qualitativas. 2a ed. São Paulo: Editora Pedagógica Universitária; 2013.
10. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 13a ed. São Paulo: Hucitec; 2013.
11. Gelbcke FL, Souza LA, Dal Sasso G, Nascimento E, Bub MBC. Liderança em ambientes de cuidados críticos: reflexões e desafios à Enfermagem Brasileira. *Rev bras enferm.* 2009 jan-fev; 62(1):136-9.
12. Haumann M, Peduzzi M. Articulação entre as dimensões gerenciais e assistencial do processo de trabalho do enfermeiro. *Texto & contexto enferm.* 2009 abr-jun; 18(2):258-65.
13. Freire P. Pedagogia do Oprimido. 50a ed. Rio de Janeiro: Paz e Terra; 2011.
14. Amestoy SC, Cestari ME, Thofehrn MB, Milbrath VM, Porto AD. Enfermeiras refletindo sobre seu processo de trabalho. *Cogitare enferm.* 2010 jan-mar; 15(1):158-63.
15. Lanzoni GMM, Meirelles BHS. Leadership of the nurse: an integrative literature review. *Rev latino-am enfermagem.* 2011 Mai-Jun; 19(3):651-658.
16. Amestoy SC, Cestari ME, Thofehrn MB, Milbrath VM. Características que interferem na construção do enfermeiro-líder. *Acta Paul Enferm.* 2009 set-out; 22(5):673-8.
17. Mattosinho MMS, Coelho MS, Meirelles BHS, Souza SS, Argenta CE. Mundo do trabalho: alguns aspectos vivenciados pelos enfermeiros-recém-formados em enfermagem. *Acta Paul Enferm.* 2010 jul-ago; 23(4):466-71.
18. Amestoy SC, Cestari ME, Thofehrn MB, Milbrath VM, Porto AR. Significados atribuídos ao líder na visão de enfermeiras. *Cienc cuid saúde.* 2009 out-dez; 8(4):579-585.
19. Avila VC, Amestoy SC, Porto AR, Thofehrn MB, Trindade LL, Figueira AB. Visão dos docentes de enfermagem sobre a formação de enfermeiros-líderes. *Cogitare enferm.* 2012 out-dez; 17(4):621-7.

Corresponding author: Simone Coelho Amestoy. Rua Gomes Carneiro, 01. 96010-610 – Porto, Pelotas, RS, Brasil. E-mail: simoneamestoy@hotmail.com.

Submitted: 13/04/2013

Accepted: 17/03/2014