

LEADERSHIP STYLES THAT ACT OF NURSES IN FAMILY HEALTH STRATEGY

Elyssa Mayra Souza Costa*

Aida Maris Peres**

Elizabeth Bernardino***

Priscila Meyenberg Cunha Sade****

ABSTRACT

This study aimed to relate the activities performed by nurses working in Basic Health Unit with the Family Health Strategy in a city in Southern Brazil with major situational leadership styles proposed by Hersey and Blanchard model. We conducted a quantitative and exploratory 9 units with 17 nurses who work there. Data collection was conducted through a questionnaire that listed the activities relating to the work of the nurses with leadership styles and the process was completed by nurses with support of explanatory vignettes with the concept of situational leadership. Data analysis was performed by descriptive statistics and enabled us to identify 34 major activities performed by nurses as leaders. Based on these activities, the survey results showed predominance in the style of leadership "Determine". This leadership style revealed that nurses most often use a directive leadership, which highlights a closer supervision over the subordinates, with maturity level from low to moderate, which requires the development of these activities from specific directions given by the leader.

Keywords: Nursing. Organization and Administration. Leadership. Family Health Program.

INTRODUCTION

In this study, made the choice to focus on Situational Leadership (SL), according to the model proposed by Hersey and Blanchard, because by studying him, it was realized that their concepts provide a firm foundation in terms of ability to lead of the nurse⁽¹⁾, whereas, leadership is a key competence for the job of nursing process, since it encompasses commitment, responsibility, empathy, ability to make decisions, communicating and managing effectively and efficiently⁽²⁾.

In order to determine the most appropriate leadership style that should be applied in a specific situation, the leader must identify the field of activity of an individual or group which aims to influence, to decide the degree of maturity of individual or group and determine which of the four styles offered in this model is best suited for that particular area or group-led⁽³⁾.

The styles offered in this model are: Determine (E1)-the leader is presented as one that provides specific guidance to the led or group and oversees the performance of carefully;

Persuade (E2)-the leader feels responsible to answer to led decisions taken by and offers the same opportunity of questions raised about their determinations; Share (E3)-shows a leader who always shares with the led or group your ideas, opinions and also the decision-making process in a particular situation; and, delegate (E4)-the leader who gives to their subordinates the responsibility on the decisions taken concerning the particular situation and the implementation of the same⁽³⁾.

Situational Leadership emerges as an appropriate strategy on aid for survival and, consequently, the success of healthcare organizations as it is understood as an indispensable tool in the work process of nursing, once that touches the network of human relationships of nurses at the time to coordinate a work team, providing subsidies for the development of a cohesive working group and committed to the quality of health care developed^(4,5).

We highlight the breadth and importance of the theme leadership, combined with the need for scientific production that updates and maintains the knowledge of nursing

*Nurse. Degree in Nursing from the Federal University of Paraná (UFPR). E-mail: elyssamayra89@hotmail.com

**Nurse. PhD in Nursing, Professor, Department of Nursing and the Graduate Program in the Federal University of Parana Nursing (UFPR). E-mail: aidamaris.peres@gmail.com

***Nurse. PhD in Nursing, Professor, Department of Nursing and the Graduate Program in Nursing at the Federal University of Paraná (UFPR). E-mail: elizabeth.bernardino@hotmail.com

****Nurse. Master in Nursing. PhD student in Nursing at the Federal University of Paraná (UFPR). Professor of the Evangelical School of Paraná (FEPAR). E-mail: priscila.sade@gmail.com

management, were the main factors that led to the development of this work. In this sense, the theoretical contributions you want with this study are related to the identification of styles of leadership exercised by the nurses working in Family Health Strategy (FHS), in order that these styles are recognized as an assertive way to nurse make your work more effective and thus more satisfying for you, for your team and for the patient-family.

Therefore, this research aims to relate the activities developed by the nurses working in the FSE in a town in southern Brazil with key situational leadership styles proposed by Hersey and Blanchard model⁽¹⁾.

MATERIALS AND METHODS

The research is quantitative and exploratory in nature, carried out in a town in southern Brazil during the period from March to may 2012. This municipality has 21 UBS, these were selected only those units that possessed ESF, totaling 9 UBS with 27 family health teams. The option for this type of research is guided in the model where the researcher initiates the investigation from conceptual representations of well-built reference⁽⁶⁾; and, is justified by the intention to meet the community, their characteristics, their problems, worries in finding and observing phenomena, in order to describe them, sort them and interpret them in a certain reality⁽⁷⁾.

From a population of 27 professionals nurses working in 9 UBS with ESF, 17 composed the sample of the survey, once attended the inclusion criteria of this study, being they: be a nurse that works in UBS with ESF. The exclusion criteria were: be health or maternity leave, vacation or do not accept to participate in research.

In advance of data collection, the UBS with ESF, were carried out two different times, with each of the participants of the study. In the first moment of data collection, a vignette was presented to the participants by setting SL. In the second, another vignette was presented with explanations of the four styles of LS. As a result, these were asked to list ten everyday situations (in practice) with his team, using a form.

Soon after, the second time, the data itself, were collected through a questionnaire with questions: (1) closed-to obtain the identification data: gender, age, time of professional performance and time of performance in ESF; and, (2) open, about which leadership styles used in each of the work situations of your daily life, guiding the study.

Data analysis was performed by means of simple descriptive statistics, with the use of a spreadsheet program Microsoft Excel® 2007, that allowed to characterize the subjects of research: the everyday situations of nurses as leader and situational leadership styles of nurses in the ESF.

Ethical aspects were assured given the resolution. n°. 466/12 through information to participants about the goals of the study and the methodology adopted. Was guaranteed the confidentiality and anonymity of the participants and the right to refuse to participate, and requested permission to record the data. The study was approved by the Committee of ethics in research with the CEP/SD record: 00793412.0.0000.0102.

RESULTS AND DISCUSSION

Characterization of the participants of the survey

All participants of this survey are female. In nursing occurs greater participation of women in the workforce. The hegemony of the women in the profession reflects the historical context of its emergence and care practices associated with the female gender. In addition, one can recognize that the existence of preconceptions reduced male participation in the profession^(8,9).

The age ranged from 23 to 52 years, with predominance (28%) in the range of 29 to 33 years. The middle ages, this was 36 years 05 months. The time of performance as a nurse ranged from one year and four months to 25 years, with greater predominance between six and 10 years (52%) of professional experience (average time of 10 years and five months). These data corroborate with the results of other polls that point time of formation of the nurse at least 05 years^(8,9).

The period of performance of these professionals in the Health Unit with FHS ranged from 01 months to 12 years, with a predominance (48%) between one month to three years of experience as a nurse at UBS with ESF (mean 03 years). The results of this study regarding the length of professional relationship with the FHS were similar to data from other studies, in line with Brazil's profile^(8,9).

Everyday situations of nurses as leader

The work performed by nurses occurs fundamentally in two distinct environments: the UBS and the community. In these two environments, the nurse has the responsibility to support and oversee the work of community health agents (ACS) and of nursing assistants, getting users who seek the UBS and welcoming those who need home care, always considering the local context⁽¹⁰⁾.

The nurses who participated in the survey that situations occur 34 bleeding cool is more frequently in their everyday and that corroborates with the role of the nurse in the ESF proposed by the Ministry of health. These situations are to accompany and promote the training of agents and auxiliaries; to assist and promote the health of the population, and account for the administration of the health unit⁽¹¹⁾.

The work done by the nurse who serves on ESF involves monitoring the health conditions of the population, as essence of nursing attention, is both the host individual or collective in attendance; on classification and monitoring of health problems, intervening in pathological order aggravations based on clinical knowledge, developing a communicative nursing practice, based on dialogic and emancipative referential, always attempting to promote the autonomy of subjects involved.

In table 1, the leadership situations in daily life 135 of nurses in UBS with FSE from a town in southern Brazil, according to the Situational Leadership styles proposed by Hersey and Blanchard⁽¹⁾ considering the variables: leader, led and situation, which are guiding the process of leadership. In this model the emphasis falls on the leader's behavior in relation to led, in front of a specific activity.

At UBS, the nurse appears managing activities, coordinating teams of ESF and

community health agents (ACS). In this way, carries out fundamental roles in the development of the basic attention actions, management, epidemiological surveillance, auditing and many other specific actions of his training, involving different leadership styles, which are essential to their professional practice in the ESF.

The situations of the everyday life of nurses most cited were the "behavioral problems/conflicts of employees/team" with 14 mentions and predominance of situational leadership style (ELS) Determine and persuade and the "home visits" with 13 entries and predominance of ELS Share.

Behavioural problems/conflicts of employees require the leader ability to communicate clearly with the team, as well as position to make decisions and indicate solutions to these situations. The nurse must be aware of the difficulties that affect the members of the Group and the conflicts that emerge from relational problems or work process itself in the ESF. While leader is its function to mediate conflicts and, for the solution to be effective, it must be based on theoretical knowledge⁽¹²⁾.

The home visit is an instrument of fundamental intervention on occasion when leader and led part of the decision-making process, in order to recognize the living conditions of the families of their service area meet, contributing in this way to the knowledge of the epidemiological profile of the target population, which is indispensable to subsidise actions undertaken with the aim of promoting the well-being of the community⁽¹³⁾.

To do so, in order to not configure as a simple social activity, the home visit should always be planned and also systematized, this requires the nurse skills involving: planning, execution, data record and evaluation of the dossier, according to priorities of care established by the Ministry of Health^(14,15).

The leadership situations in everyday life and the related leadership styles (ELS) prevalent which also mentioned most frequently were: active-ELS Determine; the working range of the employees – ELS Delegate; the management of absences/tardies/early outputs/warnings-ELS Determine; Nursing procedures – ELS

Determine; team meetings-ELS Persuade; and, health agents and administrative technicians – the supervision of nursing staff, community ELS Share.

Table 1: Situations in daily leadership of nurses in the Basic Health Units in the Family Health Strategy, Southern Brazil - 2012. n=135.

Main situations of everyday life of nurses as leader	Situational Leadership Styles*				Total
	E1	E2	E3	E4	
Active search	5	0	1	2	8
Management of conflicts	1	2	1	0	4
Working range of officials	2	1	1	4	8
Management of absences/Tardies/Early Outputs/Warnings	6	2	1	0	9
Behavioral problems/conflicts of officials	6	6	2	0	14
Users hosting	0	1	1	1	3
Home visits	2	3	5	3	13
Nursing procedures	4	2	0	2	8
Administrative reports	4	0	1	1	6
Team meetings	2	2	5	0	9
Improvements in customer flow	0	1	1	0	2
Nursing consultation	1	1	0	2	4
Teamwork	0	2	0	0	2
Decision-making	0	3	0	0	3
Organization and cleaningUS	2	1	0	0	3
General coordination	0	1	1	0	2
Campaigns	0	1	0	1	2
Nursing staff supervision, ACS, Student Administrative	4	1	3	1	9
Interpersonal relationship	0	0	2	0	2
Malpractice of officials	1	0	0	0	1
Lectures	0	0	1	0	1
Improvements in quality of care	0	1	0	0	1
Work process review	1	0	1	0	2
Changes in the internal rules/norms of SMS	2	0	1	0	3
Emergencies	0	0	0	2	2
Multiprofessional actions	0	0	1	0	1
Presentation of new proposals for the team	0	1	0	0	1
Completion and forwarding of notifications	2	0	0	1	3
Problems in the area covered by the team	0	0	2	0	2
Organizing teams	0	1	0	0	1
Forwarding/follow-up of patients	0	2	0	0	2
Situational diagnosis of the Health Unit	0	1	0	0	1
Delay/Lack of users scheduled procedures	0	2	1	0	3
Total	45	38	32	20	135

*Caption: E1 – Determine; E2 – Persuading, E3 – Share and E4 – Delegate.

It is important to highlight that despite the prevalence of ELS to certain labour activities of nurses there is no single appropriate leadership style to any situation⁽⁴⁾. With this, the leadership position of the nurse, must involve commitment, responsibility, empathy, ability for decision-making, communication, managing effectively and efficiently and to consider the difficulties that affect the members of the Group and the

conflicts arising from relationship problems or work process itself⁽³⁾.

Situational leadership styles of nurses in ESF

The work in the basic attention in ESF requires, particularly of nurses, a leadership capable of articulating institutional strategies, with emphasis on health promotion and on implementation of the principles of the SUS⁽¹⁶⁾. In this way, the nurse needs to mobilise skills

and attitudes in favour of the collective, always working in the management and organization of UBS in which it operates, harmonizing human resources with the material resources that has to carry out assistance⁽¹⁷⁾.

Whereas the ELS determined for each situation previously entered, the styles are mentioned in the following ascending order: Determine (E1) – 34%; Persuade (E2) – 27%; Share (E3) – 24%; and, Delegate (E4) – 15%.

We highlight that the styles of leadership exercised by the nurse in the ESF are determined according to the level of maturity of the led, in turn, is defined as the ability and the willingness of people to take responsibility to direct their own behavior. The maturity of the led is inserted into a continuous (immature/mature) on four levels: low (M1), low to moderate (M2), moderate to high (M3) and high (M4)⁽¹⁾.

This concept includes two dimensions: maturity work (capacity) and psychological maturity (disposal). The maturity of work is related to the ability to do something, with the knowledge and technical ability. Psychological maturity, already refers to the willingness or motivation to do anything, concerns the confidence in yourself and the commitment. For both, the dimensions of the concept of maturity (capacity and disposition) should be considered only in relation to a specific task to be performed; You can't say that a led or group is mature or immature globally⁽¹⁾.

Given the foregoing, the Situational Leadership is based on an interaction between the guidelines and the direction that the leader provides (called "task behavior"), the amount of emotional and social support offered by the leader (called "relationship behavior") and finally, the degree of promptness (perceived as maturity level) of the led in the execution of a work, function or specific purpose⁽¹⁾.

According to this model, the "task behavior" is how the leader leads individuals under its responsibility, guiding them on what to do, when to do it, where and how to do it, as for example, in the Organization and conduct of home visits. This means establishing them goals and determine them their functions.

The "relationship behavior" is understood as the way the leader is committed to communicating with people, offering them

support, encouragement, and psychological care. Therefore, means listening avidly people and encourage them. As for the "maturity" of led, they present it as the ability and willingness of individuals to admit the responsibility of conducting their own misconduct. With this, the maturity of the led needs to be considered only in relation to a specific task to be performed. Therefore, it is not possible to speculate as to the fact that the led or even the Group's mature or immature in a general definition.

As presented, the styles of LS that have stood out in the everyday situations of nurses on ESF were: Determine (E1) and Persuade (E2). Determine leadership style (E1) is suitable for led with low maturity level (M1). The leader defines how, when and where the task should be performed by the led. This style involves high and low task behavior of relationship. Already for the led with low-to-moderate maturity level (M2), the corresponding style of leadership is to persuade (E2). In these cases, the leader in spite of assuming a steering behavior, encourages and reinforces the provision of led⁽¹⁾.

Given the above, one can infer that the maturity of the led in the study scenario presents trends for low level, which requires a policy more performance by the nurse or Manager, where the guidance is clear, specifies and strict supervision. Thus, the leadership here maid aims to fulfil orders and tasks⁽³⁾.

The actions of the nurse policy aims at efficiency of each worker and is based on the classic Division of Labour Organization, which advocates the delegation of authority and responsibility from the top. From this perspective, it appears that the study is organized in a hierarchical policy, and subject to a process of routine work, chambered, fragmented and alienating that intervenes in a negative way in interpersonal relationships⁽¹⁶⁻¹⁸⁾.

According to proponents of the LS model, there is no exclusive is the best way to influence the subordinates. The leadership style that an individual should adopt with persons or groups will depend on the level of maturity of the people than a leader seeks to influence⁽¹⁾.

Nurses most often use of leadership styles Persuade (E2) and Share (E3) feature great ease to work with led that show average levels of maturity, however, may come across

difficulties when working with immature groups as groups that are competent and with high maturity, because they feel difficulty in delegating tasks.

So the leadership potential of nurses is powered, it is important to learn how to use the styles Determine (E1) and delegate (E4) when there is need. However, the led must be provided opportunities for ripening, so that the style of leadership fail to focus more on the task to return to the relationship. In this way it is possible to have more focus on leadership as a process of influencing others in organizational culture and in interactive relationship between leader and led.

From this perspective, it is necessary to discuss the training of nurses in the academic context, in order to prepare them to face the challenges presented to the coordination of a team as a result of a formation that may still be short of the need, in particular on the issue of leadership, which should be given by means of a continuous process and be consolidated in professional practice^(19,20).

FINAL CONSIDERATIONS

This study allowed the identification of the main leadership activities developed by the nurses who work in UBS with FSE in a town in southern Brazil. The results of this survey showed that the situation mentioned frequently by nurses were "behavioral problems/conflicts of employees" and "home visits", followed by the situations who involve the active search, the working range of the employees, the management of absences/tardies/early outputs/warnings, nursing procedures, team meetings and supervision of nursing assistants,

community health agents and administrative technicians.

As for the recognition of Situational Leadership styles used by nurses about their main activities of leadership under the nurse's own Prism, it was observed that the more style mentioned was "Determine (E1)", showing that these nurses most often used policy leadership where there's more attentive supervision on the led, corroborating with the maturity level of low to moderate, which requires of the development of the activities from specific guidelines given by the leader.

Stresses that the study contributes to the production of knowledge in relation to the themes presented, since there are few studies that address the topic. As well as the visualization of results, lets reflect on the professional practice of nurses in ESF, since while these leaders need to consider and to mobilize leadership styles that focus on the led. Still, allows the reflection about the challenges of nurses in the development of leadership skills, in the context of their professional practice leader challenges faced in healthcare organizations, by the nursing staff and multidisciplinary team.

With regard to the limitations of the study, it must be recognized that, although survey respondents have cooperated with the completion of the study and the results have pointed to important aspects of the leadership styles of nurses working in the ESF, this was accomplished in a single municipality, which has specific and particular situations. In this way, is mister the need to carry out more research in different locations with more nurses in order to expand knowledge regarding this issue.

ESTILOS DE LIDERANÇA DOS ENFERMEIROS QUE ATUAM NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

RESUMO

Objetivou-se relacionar as atividades desenvolvidas pelos enfermeiros que atuam em Unidade Básicas de Saúde com Estratégia Saúde da Família em um município do Sul do Brasil com os principais estilos de liderança situacional propostos pelo modelo de Hersey e Blanchard. Realizou-se uma pesquisa quantitativa exploratória em 9 unidades com 17 enfermeiras que ali atuam. A coleta de dados ocorreu por meio de um questionário que relacionava as atividades relativas ao processo de trabalho dos enfermeiros com os estilos de liderança e foi respondido pelas enfermeiras com apoio de vinhetas explicativas com o conceito de liderança situacional. A análise dos dados foi realizada por estatística descritiva simples e possibilitou identificar 34 principais atividades exercidas pelos enfermeiros enquanto líderes. Com base nestas atividades, os resultados da pesquisa apontaram predomínio no estilo de liderança "Determinar". Esse estilo de liderança revelou que as enfermeiras utilizam mais frequentemente uma liderança diretiva, em que se destaca uma supervisão mais

atenta sobre os liderados, com nível de maturidade de baixo a moderado, que requer destes o desenvolvimento das atividades a partir de orientações específicas dadas pelo líder.

Palavras-chave: Enfermagem. Organização e Administração. Liderança. Programa Saúde da Família.

STILOS DE LIDERAZGO QUE ACTÚAN DE ENFERMERAS EN LA ESTRATEGIA DE SALUD DE LA FAMILIA

RESUMEN

Este estudio tuvo como objetivo relacionar las actividades llevadas a cabo por las enfermeras que trabajan en la Unidad Básica de Salud de la Estrategia de Salud de la Familia en una ciudad en el sur de Brasil con los principales estilos de liderazgo situacional propuesto por Hersey y Blanchard modelo. Hemos llevado a cabo un análisis cuantitativo y exploratorias 9 unidades con 17 enfermeras que trabajan allí. La recolección de datos se realizó a través de un cuestionario que enumeraba las actividades relacionadas con el trabajo de las enfermeras con los estilos de liderazgo y el proceso se completó con las enfermeras, con el apoyo de viñetas explicativas con el concepto de liderazgo situacional. El análisis de datos se realizó mediante estadística descriptiva y nos permitió identificar 34 actividades principales llevadas a cabo por las enfermeras como líderes. Sobre la base de estas actividades, los resultados de la encuesta mostraron predominio en el estilo de liderazgo "Determinar". Este estilo de liderazgo reveló que las enfermeras con más frecuencia utilizan un liderazgo directivo, lo que pone de relieve una mayor supervisión sobre los subordinados, con el nivel de madurez de bajo a moderado, lo que requiere el desarrollo de estas actividades a partir de direcciones específicas propuesta por el líder.

Palabras clave: Enfermería. Organización y Administración. Liderazgo. Programa de Salud Familiar.

REFERENCES

- Hersey P, Blanchard KH. *Psicología para administradores: a teoria e as técnicas da liderança situacional*. 8a ed. São Paulo: Pedagógica e Universitária; 2002.
- Amestoy SC, Backes VMS, Trindade LM, Carnever BP. Produção científica sobre liderança no contexto de enfermagem. *Rev Esc Enferm USP*. 2012 fev; 46(1):227-33.
- Gonçalves HS, Mota CMDM. Liderança situacional em gestão de projetos: uma revisão da literatura. *Rev Produção*. 2011 jul/set; 21(3):404-16.
- Vieira TDP, Renovato RD, Sales CM. Compreensões de liderança pela equipe de enfermagem. *Cogitare Enferm*. 2013 abr/jun; 18(2):253-60.
- Amestoy SC, Backes VMS, Thofehn MB, Martinari JG, Meirelles BHS, Lima LT. Percepção dos enfermeiros sobre o processo de ensino-aprendizagem da liderança. *Texto Contexto-Enferm*. 2013 abr/jun; 22(2):468-75.
- Polit DF, Beck CT. *Fundamentos de pesquisa em enfermagem: avaliação de evidências para a prática de enfermagem*. 7a ed. Porto Alegre: Artmed; 2011.
- Lakatos EM, Marconi MA. *Fundamentos de metodologia científica*. 7a ed. São Paulo: Atlas; 2010.
- Silva VG; Motta MCS, Zeitoun RDG. A prática do enfermeiro na Estratégia Saúde da Família: o caso do município de Vitória/ES. *Rev Eletr Enf*. [on-line]. 2010. [citado em 18 set 2014]; 12(3):441-8. Disponível em: URL: <http://www.fen.ufg.br/revista/v12/n3/v12n3a04.htm>.
- Pinto ECG, Menezes RMP, Villa TCS. Situação de trabalho dos profissionais da Estratégia Saúde da Família em Ceará-Mirim. *Rev Esc Enferm USP*. 2010 set; 44(3): 657-64.
- Spagnuolo RS, Juliani CMC, Spiri WC, Bocchi SCM, Martins STF. O enfermeiro e a estratégia saúde da família: desafios em coordenar a equipe multiprofissional. *Cien Cuid Saúde*. 2013 abr/jun; 11(2):226-34.
- Kawata LS, Mishima SM, Chirelli MQ, Pereira MJB, Matumoto S, Fortuna CM. Os desempenhos da enfermeira na saúde da família: construindo competência para o cuidado. *Texto Contexto-Enferm*. 2013 out/dez; 22(4):961-70.
- Bernardino E, Aued GK, Peres AM. Liderança e construção de relacionamentos na organização de serviços de saúde. In: Vale EG, Lima JR, Felli VEA, organizadores. *Programa de Atualização em Enfermagem (PROENF) – Gestão*. Porto Alegre (RS): 2013. p. 9-27.
- Reis RS, Coimbra LC, Silva AAM, Santos AM, Alves MTSSB, Lamy ZC et al. Acesso e utilização dos serviços na Estratégia Saúde da família na perspectiva dos gestores, profissionais e usuários. *Ciênc Saúde Coletiva*. 2013 nov; 18(11):3321-31.
- Ministério da Saúde (BR). Portaria n. 2.488 de 21 de outubro de 2011. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica, para a Estratégia Saúde da Família e o Programa de Agentes Comunitários de Saúde. Brasília, DF: Ministério da Saúde; 2011.
- Cunha MSD, Sá MDC. A visita domiciliar na estratégia de saúde da família: os desafios de se mover no território. *Interface Comunic Saúde Educ*. [on-line]. 2013 jan/mar. [citado em 25 out 2014]; 17(44):61-73. Disponível em: URL: <http://dx.doi.org/10.1590/S1414-32832013000100006>.
- Souza MG, Mandu ENT, Elias NA. Percepções de enfermeiros sobre seu trabalho na estratégia saúde da família. *Texto Contexto Enferm*. 2013 jul/set; 22(3):772-9.
- Sade PMC, Peres AM, Wolff LDG. A formação das competências gerenciais do enfermeiro: uma revisão integrativa. *Rev Enferm UFPE*. [on-line]. 2014 jun. [citado em 30 out 2014]; 8(6):1739-45. Disponível em: URL: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/download/4595/9377>.

18. Paula MD, Peres AM, Bernardino E, Eduardo EA, Macagi STS. Processo de trabalho e competências gerenciais do enfermeiro da estratégia saúde da família. *Rev Rene*. 2013 set/out; 14(5):980-7.

19. Melo LGM, Meirelles BHS. Liderança do enfermeiro: uma revisão integrativa da literatura. *Rev Latino-Am Enfermagem*. [on-line]. 2011 mai/jun. [citado em 03 nov

2014];19(3):651-8. Disponível em: URL: http://www.scielo.br/scielo.php?pid=S0104-11692011000300026&script=sci_arttext&tlng=pt.

20. Spagnuolo RS, Juliani CMCM, Spiri WC, Bocchi SCM, Marins STF. O enfermeiro e a estratégia da saúde da família: desafios em coordenar a equipe multiprofissional. *Cien Cuid Saúde*. 2012 abr/jun;11(2):226-34.

Corresponding author: Priscila Meyenberg Cunha Sade. Av. Prof. Lothario Meissner, 632 – 3rd floor. Jardim Botânico. Curitiba. PR. CEP: 80.210-170. E-mail: priscila.sade@gmail.com.

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