IDEAL LEADERSHIP: PERCEPTION OF NURSING STUDENTS

LIDERANÇA IDEAL: PERCEPÇÃO DE ESTUDANTES DE ENFERMAGEM

LIDERAZGO IDEAL: PERCEPCIÓN DE LOS ESTUDIANTES DE ENFERMERÍA

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Objective: to evaluate whether students of a higher education course in nursing identify leadership style 9.9 as the ideal for professional practice. Method: descriptive, cross-sectional study conducted with 106 students. Leadership was evaluated by Grid & Leadership in Nursing, which measures five styles: 1.1 – Management-impoverished, 9.1 – Authority-obedience, 5.5 – Organizational man management, 1.9 – Recreational club management and 9.9 – Team management. Descriptive statistics and the *Kruskal-Wallis* test were used to compare students' perceptions over the years. Results: the means between years, in different years of the course, ranged from: 17.29-19.00 to style 9.9; 15.48-15.92 for 5.5; 13.86-14.67 to 1.9; 8.74-9.73 for 1.1 and 7.74-8.93 for 9.1. Conclusion: the students, regardless of the year in which they were in the undergraduate nursing course, identified style 9.9 – Team Management as the ideal for professional performance of nurses.

Descriptors: Leadership. Professional Competence. Students. Teaching. Nursing.

Objetivo: avaliar se os alunos de um curso superior em enfermagem identificam o estilo de liderança 9.9 como o ideal para a prática profissional. Método: estudo descritivo, transversal, realizado com 106 estudantes. A liderança foi avaliada pelo Grid & Liderança em Enfermagem, que mensura cinco estilos: 1.1 – Gerência-empobrecida, 9.1 – Autoridade-obediência, 5.5 – Gerência do homem organizacional, 1.9 – Gerência de clube recreativo e 9.9 – Gerência de equipe. Foram utilizadas estatísticas descritivas e o teste de Kruskal-Wallis para comparar as percepções dos alunos ao longo dos anos. Resultados: as médias entre os anos, em diferentes anos do curso, variaram entre: 17,29-19,00 para estilo 9.9; 15,48-15,92 para o 5.5; 13,86-14,67 para o 1.9; 8,74-9,73 para o 1.1 e 7,74-8,93 para o 9.1. Conclusão: os alunos, independentemente do ano em que se encontravam no curso de graduação em enfermagem, identificaram o estilo 9.9 – A Gerência de equipe como o ideal para atuação profissional do enfermeiro.

Descritores: Liderança. Competência Profissional. Estudantes. Ensino. Enfermagem.

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Objetivo: evaluar si los estudiantes de un curso de educación superior en enfermería identifican el estilo de liderazgo 9.9 como el ideal para la práctica profesional. Método: estudio descriptivo, transversal realizado con 106 estudiantes. El liderazgo fue evaluado por Grid & Leadership in Nursing, que mide cinco estilos: 1.1 – Gestión empobrecida, 9.1 – Autoridad-obediencia, 5.5 – Gestión del hombre organizacional, 1.9 – Gestión de clubes recreativos y 9.9 – Gestión de equipos. Se utilizaron estadísticas descriptivas y la prueba de Kruskal-Wallis para comparar las percepciones de los estudiantes a lo largo de los años. Resultados: las medias entre años, en diferentes años del curso, variaron de: 17.29-19.00 a estilo 9.9; 15.48-15.92 para 5.5; 13,86 a 14,67 a 1,9; 8.74-9.73 para 1.1 y 7.74-8.93 para 9.1. Conclusión: los estudiantes, independientemente del año en que estuvieron en el curso de pregrado de enfermería, identificaron el estilo 9.9 – Gestión de Equipos como el ideal para el desempeño profesional de las enfermeras.

Descriptores: Liderazgo. Competencia Profesional. Estudiantes. Enseñanza. Enfermería.

Introduction

Nurses have a complex role within the health team and perform several functions, among which care, educational and administrative performance stand out[1]. In addition to technical-scientific knowledge, nurses are increasingly required to develop skills that help them communicate, work as a team, solve problems, make decisions and exercise leadership[2].

In this perspective, leadership is indispensable to the practice of nurses, and the style used to influence the achievement of objectives directly affects the quality of care provided[3].

In view of the influence that the leadership style can exert on the results, that the work environment becomes increasingly dynamic, that nurses need to maintain the quality of care and patient safety, even in the face of undersized teams and scarcity of material resources[4], it is understood that the approach of this competence, still in graduation, it is fundamental to meet these demands[5].

The first theories about leadership focused on the authoritarianism of the leader on his leaders in order to ensure increased production. In view of the new needs incorporated in the world of work, it was perceived that interpersonal relationships also exerted great influence on productivity. Therefore, currently, the market has been demanding leaders who have charisma, focus on solving problems and, above all, have the potential to transform their leaders into people committed to the company's objectives[6].

The great challenge of educational institutions is to develop this competence in students, because the preparation to lead a team has as main foundation the teaching-learning process[7]. However, despite the consolidated importance on learning this theme, studies show that leadership teaching still has weaknesses[7-8].

Therefore, it is believed that transformations in the way of thinking about teaching leadership beyond traditional styles are extremely important. Moreover, the focus on methodologies that, besides knowledge, develop the necessary skills to build, support and sustain new models of health care, should be an objective of nursing educational institutions[9-10].

Studies on the learning process[4], development[7] and challenges[11] found in the exercise of leadership by nursing students are available in the literature. However, there is a scarcity of articles that show which leadership style students consider to be the most appropriate for contemporary professional practice. The realization of a study for this purpose can contribute so that teachers and coordinators of courses can improve pedagogical projects, teaching strategies and, consequently, the development of this competence in undergraduate nursing students.

However, the mapping of the leadership style that students consider to be the most appropriate for professional practice requires the use of tools that have as a foundation a theory that contemplates different ways of acting of a leader. In this sense, the Managerial Grid Theory meets this need, as it determines five different leadership styles designed based

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on the leader's concern with respect to people and/or production[12].

In view of the above, the following questions guided the present study: Do students of a nursing higher education course identify a leadership style that values participation, respect, shared responsibility and commitment as the most appropriate for the practice of professional practice? Those who have already attended the subjects that specifically address the theme in question identify this style more as ideal, when compared to students who have not yet attended the disciplines of the area of Administration?

To answer these questions, the aim of this study was to evaluate whether students of a higher education course in nursing identify leadership style 9.9 as the ideal for professional practice.

Method

This is a descriptive, quantitative and cross-sectional study carried out in a public and educational institution in the interior of the state of São Paulo. This college has 182 students distributed between the first and fifth years. The formal contact of these students with the theme Leadership, in the disciplines of Administration, occurs from the fourth year.

All undergraduate nursing students aged 18 years or older were invited to participate in the research. Those who were available and accepted the invitation made up the final sample. Students who, for some reason, were not regularly attending the school period during the research were excluded.

For those who agreed to participate, a sample characterization form was submitted, which addressed variables related to personal aspects and teaching (gender, age, course stage, professional training, professional practice, knowledge of leadership style) and the Grid & Leadership In Nursing Instrument: ideal behavior[12]. This instrument was chosen because it did not evaluate a specific style of leadership and, yes, different styles, demonstrating to be more appropriate to achieve the objective in question.

The Grid consists of two dimensions: one focused on production; the other, for people. The first includes an evaluation of performance, results and profits, being based on the decision, quality, effectiveness and efficiency of the services. The second corresponds to the evaluation related to respect, trust, sympathy, obedience and understanding[12].

To evaluate leadership, 25 propositions are distributed in five styles, according to the Managerial Grid Theory: 1.1 – Impoverished Management; 9.1 – The Authority-obedience; 1.9 – Recreational club management; 5.5 – Organizational Man Management and Style 9.9 – Team Management. The styles are represented in two axes (production and people) with nine points, which indicate the degree of interest of the participant in the axes. The number one indicates minimum orientation; number five, mean orientation and number nine, maximum orientation. The interrelation of these scores results in the different leadership styles[12].

In leadership style 1.1 – Impoverished Management, composed of propositions 2, 12, 15, 19 and 22, the leader has little concern for production and people, offers little and expects little. People perform their tasks just to preserve their jobs, without effectively bringing any contribution to the team or institution. Subordinates to this leadership model can react in order to protest against the leader or leave the organization, because they also feel unmotivated[12-13].

Style 9.1 – The Obedience Authority is also composed of five propositions 7, 8, 10, 20 and 23, which highlight professional efficiency as a result of the organization of work, having minimal interference of the human element; therefore maximizes production through the exercise of power and authority. There is fear of failure and, if it does, the blame falls on others. There is fear of failure and, if it does, the blame falls on others. Subordinates can react in different ways: they fall and subject themselves

to domination, follow orders out of fear, and even perform tasks routinely only to fulfill what has been commanded of them[12-13].

Leadership style 1.9 – Recreational club management, consisting of propositions 4, 9, 14, 18 and 24, describes the maximum orientation to people and minimum for production, promoting the friendly relationship between leader and led, pleasant atmosphere and comfortable pace of work. In this style, the leader is afraid of rejection and, in his efforts to avoid it, is attentive and attentive in caring to people. By turning its gaze only to the person, the organization has a decreased degree of productivity. Subordinates to this leadership style may feel safe in the friendly work environment, however, they may be frustrated in the face of the environment without challenges[12-13].

Style 5.5 – Organizational man management, composed of propositions 1, 5, 11, 16 and 25, demonstrates the balance between the need to perform work and maintain the moral disposition of people, aiming, therefore, to seek a satisfactory performance of the organization and people. The leader, in this style, participates, wants to make a good impression and to be accepted. Thus, by preferring to be popular, he adopts the opinion of the majority, rejecting what others do not approve of. Those subordinated to this style of leadership start to think and act in the same way as leaders, based on the traditions and norms of the organization[12-13].

Style 9.9 – Team Management, composed of propositions 3, 6, 13, 17 and 21, is considered the ideal in the contemporary world, as it seeks to achieve higher scores in both dimensions through participation, respect, shared responsibility and commitment of all people in the mission of achieving the success of the organization[12-13].

Each proposition is evaluated by a Likert scale, with four points, in which option 1 represents a totally undesirable behavior and option 4, totally desirable, that is, the higher the score, the greater the perception that that leadership style corresponds to the ideal[14]. The scores should be calculated for each leadership style, as there is no total score for the instrument. In the evaluation of each style, one should obtain the mean sum of the participants' answers, which can vary between 5 and 20 points[12].

The students were approached between February and March 2019, at the end of classes, at the college itself, and invited to participate in the research. Those who accepted, signed the Free and Informed Consent Form (TCLE) and received the data collection instruments. After completion, the instruments were returned directly to the researchers.

The data obtained was entered in a Microsoft Word Excel® spreadsheet. The absolute and relative frequencies of categorical variables and measures of position and dispersion of continuous variables were calculated.

Data distribution was evaluated by the Shapiro-Wilk test. The correlations between quantitative variables and scores of leadership styles were analyzed by Spearman's correlation coefficient. For the comparisons between a qualitative variable with more than two categories and the scores of leadership styles, the *Kruskal-Wallis* nonparametric test was applied, followed by Dunn's post-test. In these analyses, nonparametric tests were applied, because the assumptions regarding the distribution of data for the application of parametric tests were not met.

For comparisons involving a qualitative variable of two categories and the scores of leadership styles, we used the unpaired Student's t-test, or the Mann-Whitney test, according to the distribution of the data. The analyses were conducted in the Statistical Analysis System® (SAS), version 9.4, and Statistical Package for the Social Sciences® (SPSS), version 23. A significance level of 5% was considered.

To carry out the study, all the precepts described in Resolution n. 466/12 of the National Health Council were followed. The project was approved by the Research Ethics Committee of the *Universidade Estadual de Campinas*, under Opinion n. 3,098,259/2018.

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Results

The final sample comprised 106 students (58.2% of the population), most of them female (n=98; 92.5%) and with a mean age of 21.1 years (SD=3.3). Among the participants, 26 (24.5%) attended the first year of the course, 15 (14.2%) the second, 24 (22.6%) the third, 27 (25.5%) the fourth and 14 (13.2%) the fifth year. Regarding professional education, 22 (20.7%) were nursing technicians, 9 (8.5%) were assistants and 86 (81%) had never worked professionally. Regarding leadership, the majority (n=75, 70.8%) reported not knowing any style.

Table 1 shows the comparison between the perception of students from different years of graduation and the leadership style of the Management Grid.

Table 1 – Perception of nursing students from the first to the fifth year regarding leadership styles. Campinas, São Paulo, Brazil – 2019. (N=106)

Variable	Year	n	Mean	Standard deviation	Minimum	Quartis 1	Median	Quartis 3	Maximum	p(1)
Style 9.9	1st	26	18.42	1.10	17.00	18.00	18.00	19.00	20.00	0.108
	2nd	15	19.00	1.25	16.00	18.00	19.00	20.00	20.00	
	3rd	24	18.25	1.89	12.00	18.00	19.00	19.00	20.00	
	4th	27	18.59	1.05	16.00	18.00	19.00	19.00	20.00	
	5th	14	17.29	2.20	13.00	15.00	18.00	19.00	20.00	
Style 5.5	1st	26	15.92	2.31	8.00	15.00	16.50	17.00	19.00	0.639
	2nd	15	15.73	1.16	14.00	15.00	16.00	17.00	18.00	
	3rd	24	15.79	1.82	11.00	15.00	16.00	17.00	18.00	
	4th	27	15.48	1.78	12.00	14.00	16.00	17.00	19.00	
	5th	14	15.71	1.68	13.00	14.00	15.50	17.00	19.00	
Style 1.9	1st	26	14.31	1.95	11.00	13.00	14.00	16.00	18.00	0.854
	2nd	15	14.07	1.49	12.00	13.00	14.00	15.00	17.00	
	3rd	24	14.67	2.82	9.00	13.00	14.50	16.50	20.00	
	4th	27	14.19	1.80	9.00	14.00	14.00	15.00	17.00	
	5th	14	13.86	2.07	10.00	12.00	14.00	15.00	17.00	
Style 1.1	1st	26	9.04	1.59	5.00	8.00	9.00	10.00	11.00	0.391
	2nd	15	9.73	2.19	6.00	8.00	9.00	11.00	14.00	
	3rd	24	9.63	1.84	6.00	9.00	9.00	11.00	14.00	
	4th	27	8.74	1.56	6.00	8.00	8.00	10.00	12.00	
	5th	14	8.93	1.54	7.00	8.00	9.00	10.00	12.00	
Style 9.1	1st	26	8.69	1.64	6.00	7.00	9.00	10.00	11.00	0.039
	2nd	15	8.73	1.58	6.00	7.00	9.00	10.00	11.00	
	3rd	24	7.88	2.13	5.00	7.00	7.50	9.00	14.00	
	4th	27	7.74	1.77	5.00	6.00	7.00	9.00	12.00	
	5th	14	8.93	1.86	5.00	8.00	9.00	10.00	11.00	

Source: Created by the authors.

(1) p-value obtained through the *Kruskal-Wallis* Test.

Based on the difference found in style 9.1, Dunn's post-test was applied, which did not reveal significant differences in the crossing of the means found between years. Leadership styles were related to different personal and academic variables, through unpaired Student's t-tests and Mann Whitney's t-tests, but no statistically significant difference was found.

Discussion

The importance of the leadership approach in higher nursing courses has been pointed out by researchers, as well as the difficulty of students to develop the skills related to this competence. Therefore, the concern with teaching-learning has also been highlighted in publications[11].

When analyzing the results obtained, it was possible to notice that students of all years judged style 9.1 as the last to be adopted by a team leader, because, currently, an autocratic posture, in which the leader exerts strong control over the leaders, is centralizing, dominating, determining hierarchical relationships and not open to dialogue, may harm outcomes with patients, professionals and institutions. Thus, it is noteworthy that the development of leaders with other leadership styles should be stimulated, so that teamwork and processes are improved[3].

In this style, although significant differences were found in the first analysis, when applying the post-test, they were not detected, perhaps because the post-test applied a correction according to the number of multiple comparisons. Therefore, considering that the number of comparisons was high and the sample size in each year was relatively small, these differences could not be detected.

As the penultimate option, the 1.1 style was chosen. It is interesting to highlight that the styles that obtained the lowest grades (9.1 and 1.1) were the ones that had minimal concern for people. It is possible that the students attributed this score to these styles because they already recognize that people are essential to achieve organizational objectives[15].

As a third option, the students chose style 1.9 – The Recreational Club Management, perhaps because generation Z tends not to adopt the style of situational leadership, especially the autocratic and the laissez-faire, which are based on the total autonomy of the leader. The tendency of this generation is to assume contemporary leadership styles, in which the leader intellectually stimulates, influences, inspires and motivates, is creative and makes the work meaningful and challenging[16-17].

The style most voted by the participants was 9.9 – Team Management, a result also found in a study conducted with nursing professionals[18]. This result demonstrates that, currently, other generations also believe that participation in shared decision-making, respect, responsibility and commitment are fundamental aspects in achieving the success of institutions[12-13].

The students surveyed had formal contact with the leadership theme from the fourth year and, therefore, it was expected that the style 9.9 (ideal leadership) would be the most recognized by those who had already attended the disciplines that addressed this theme. However, it was possible to notice that the students, even those of previous years, identified this style as the ideal. These findings can be justified, once again, by the generation in which these young people are[13-14], because it is composed of people who were born in the midst of an integrated, globalized, extremely technological world[13], in which access to information contributes to increased demands[15] and to non-compliance with the verticalized hierarchy, because they have a different way of acting, think and organize[16].

These findings also raised the reflection on methodologies and practices that have been adopted in the teaching of this competence. Are they actually able to transform the reality in which students are inserted?

In view of this context and considering that leaders 9.9 have been sought by institutions, the development of the characteristics of this leadership style should be prioritized in the curricula of higher nursing courses, in order to enable a better preparation of these students for the labor market, since the theoretical foundations are the foundation of a professional practice of excellence[7].

Authors point out that nursing leaders should be prepared to face challenges such as: providing psychological and emotional support to patients and their families; learning to deal with pain, loss, suffering and conflicts that are increasingly frequent, due to the different profiles and personalities that make up health teams[19].

It is noteworthy that leadership can be developed as long as there is interest and initiative. However, the teaching of this theme in graduation goes far beyond the training of good leaders and managers. The clash between generations of teachers and students is inevitable and is already present. The clash between generations of teachers and students is inevitable and is already present. Therefore, it is essential to know how to use the elements of this context,

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in order to produce positive results to teaching, mixing the knowledge and skills of each generation, aligning innovation, the mastery of technologies and the creativity of generation Z with the experience of previous generations[16].

The teaching of this theme depends on an education that promotes this competence in a transversal way, taught since the first semesters of graduation. It is up to the teachers to be sensitized to the importance of boosting the formal teaching of leadership throughout academic education, replacing traditional teaching with problematizations that can, in fact, modify the reality in which students are inserted[11].

The transformation of the traditional model of nursing pedagogy into a model centered on learning requires a revolutionary way of thinking about the approach of teaching, learning and responsibility functions, so that students can develop strategic vision, communication skills, decision-making, planning, problem solving capacity, emotional stability and good relationship with the subordinates[20].

The formation of leaders is one of the goals established by the Nursing Now[20] Campaign and constitutes a challenge for nursing. Therefore, it is of fundamental importance to strengthen the articulation between education and health. Thus, it is up to governments and agencies to work in a way that raises the profile of the profession, establishing programs for the development of leaders who act in order to coordinate health teams, considering changes in user profiles and the need for care, treatment, policies and services differentiated and designed according to health needs, philosophy, practice and values of nursing in the face of changes in the globalized world in which one lives[21].

The fact that no significant differences were found in the relationship between each of the five leadership styles measured by the instrument with the students' personal and academic variables demonstrates that the participants' responses did not suffer influences of gender, age, year of course, training, professional performance and previous knowledge on the subject.

As limitations of this study, it can be mentioned that it was cross-sectional. A longitudinal study, which followed the students' perception throughout their education, could have revealed findings different from those found. Moreover, the low student's accession and the fact that the research was developed in only one university limits the generalization of the results.

This study contributes to demonstrate that undergraduate nursing students already understand the fundamental role of people in organizational development. It contributes to the process of training future nurses, as it allows teachers and coordinators to rethink the contents, teaching strategies and pedagogical proposals of undergraduate nursing courses.

Conclusion

The students, regardless of the year in which they were in the undergraduate nursing course, identified style 9.9 – Team Management as the ideal for the professional performance of nurses.

The new requirements imposed by the availability of information bring teachers the challenge of implementing new teaching methodologies in order to develop skills essential to professional practice in students who were born in a globalized world.

Due to the scarcity of research with the population studied as participants, it is suggested that new investigations be conducted, with different designs and involving more faculties, so that professors and coordinators can have data to better develop their pedagogical proposals.

Collaborations:

1 – conception, design, analysis and interpretation of data: Luciana de Oliveira, Juliane Custodio de Andrade, Thelen Daiana Mendonça Ferreira, Alexandre Pazetto Balsanelli and Renata Cristina Gasparino;

2 – writing of the article and relevant critical review of the intellectual content: Luciana de Oliveira, Juliane Custodio de Andrade, Thelen

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3 – final approval of the version to be published: Luciana de Oliveira, Juliane Custodio de Andrade, Thelen Daiana Mendonça Ferreira, Alexandre Pazetto Balsanelli and Renata Cristina Gasparino.

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