

Como o enfermeiro líder se comunica no hospital: uma análise das práticas discursivas

How leader nurse communicates in a hospital: an analysis of discursive practices

Como el enfermero líder se comunica en el hospital: una análisis de las prácticas discursivas.

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ABSTRACT

Objective: To understand how nurses realize the communication in the exercise of leadership. **Method:** Qualitative, exploratory, descriptive and cross-sectional study. Were interviewed 13 clinical nurses from a hospital. Data collection occurred through interview, using semi-structured roadmap. To organize and analyze the data, we used the theoretical-methodological framework of the analysis of discursive practices. The study received a favorable opinion by the ethics and Research Committee (Opinion n° 476.254). **Results:** The use of communication in the nurse's leadership is important in driving the team, but presented a one-way perspective, keeping the leader/subordinate relationship. **Conclusion:** The communication is configured predominantly as a hierarchical process, unidirectional, little open to dialog and focused on to order maintenance in the hospital, reproducing the assumptions of classical management and guided by the technical and social division of the profession.

Descriptors: Leadership, Nursing team, Communication.

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RESUMO

Objetivo: Compreender como os enfermeiros percebem a comunicação no exercício da liderança. **Métodos:** Estudo de abordagem qualitativa, do tipo exploratório e descritivo com corte transversal. Foram entrevistados 13 enfermeiros assistenciais de uma instituição hospitalar. A coleta de dados ocorreu por meio de entrevista, com uso de roteiro semi-estruturado. Para organização e análise dos dados utilizou-se o referencial teórico-metodológico da análise das práticas discursivas. O estudo recebeu parecer favorável pelo Comitê de Ética e Pesquisa (Parecer nº 76.254). **Resultados:** O uso da comunicação na liderança do enfermeiro é importante na condução da equipe, porém apresentou uma perspectiva unidirecional, mantendo a relação líder/subordinado. **Conclusão:** A comunicação se configura, predominantemente, como processo hierárquico, unidirecional, pouco aberto à dialogicidade e voltado para manutenção da ordem do trabalho no hospital, reproduzindo os pressupostos da administração clássica e pautada na divisão técnica e social da profissão.

Descritores: Liderança, Equipe de enfermagem, Comunicação.

RESUMEN

Objetivo: Entender cómo el enfermero percibe la comunicación para ejercer el liderazgo. **Métodos:** Estudio cualitativo, exploratorio, descriptivo y transversal. Fueron entrevistados 13 enfermeros de un hospital. Los datos fueron recolectados a través de entrevistas, con guión semi-estructurado. Para organizar y analizar los datos se utilizó el marco teórico del análisis de las prácticas discursivas. El estudio recibió el dictamen favorable del Comité de Ética e Investigación (Dictamen nº 476 254). **Resultados:** El uso de la comunicación en el liderazgo es importante en la conducción del equipo, pero mostró una perspectiva unidireccional, manteniendo la relación líder/subordinado. **Conclusión:** La comunicación se configura como un proceso jerárquico, unidireccional, poco abierto al diálogo y destinado al mantenimiento de la orden de trabajo en el hospital, la reproducción de los supuestos de gestión clásica y guiado por la división técnica y social de la profesión.

Descritores: Liderazgo, Equipo de enfermería, Comunicación.

INTRODUCTION

The characteristics of contemporary organizations, marked by technological advances, the speed in processing information and the instability and market competitiveness, has become a pressing need for leaders within an organization.¹

In this perspective, the nurse, to play the position of coordinator of the nursing staff and units and hospitals manager, is seen as the reference professional for having key role in the operation of a health institution. Therefore, this professional should promote a favorable environment for the work process, taking the difficult task of coordinating the nursing team smoothly. Therefore, you need continuous updating, not restrictively learning acquired during undergraduate studies, developing and improving skills and competences, such as the constant search for improvement of knowledge, effective communication, problem solving and good interpersonal skills.²

Currently leadership has become a challenge at the same time it becomes a necessity. To exercise leadership competence

is needed honesty, humility, self-discipline and commitment to professional success, the monitoring of operations and performance to the efficient use of resources, helping to resolve personal conflict and generating confidence in the team.³ Thus, lead may not reflect only authority, power and, much less, the adoption of authoritarian attitudes, but need, above all, involve the ability to influence people's attitudes, behavior and emotions, motivating them to perform their tasks in order to achieve excellence at work^{1,4,5} which, in the context of nursing work process, involves ensuring the quality of care conciliating organizational objectives with the needs of the nursing staff.⁴

Thus, the nurse in the exercise of his functions needs guide himself not only by technical-scientific and instrumental knowledge, but also by relational skills in order to achieve the objectives.¹

The national curriculum guidelines of nursing undergraduate course called for the leadership and communication among the competencies and skills that nurses should develop the training course.⁶

Communication is the main attribute of leadership because, through it, you can influence the behavior and performance of the led in order to achieve the set goals. When communication is efficient, it can bring about positive changes in the behavior of individuals, contributing to job satisfaction.^{1,7} Moreover, in working with different professions, the communication between the teams favors the approximation of the different fields of knowledge in the professional relationship, allows exchanges of knowledge and facilitates the understanding of each professional about their role in patient care.⁸

However, it has been observed in the nursing work process that sometimes the communication can be used as a tool for consolidation of autocratic leadership models that reproduce the technical and social division of nursing work and not in line with contemporary management paradigms which presuppose horizontalization, flexibility and insert human relations as an essential component to organizational success.⁹⁻¹⁰

The paradoxes found between what is proposed in the speech, predominantly served in academic environments, and what is perceived operationalized in practice aroused reflections on the use of communication as a possibility for changes and rearrangements of the nursing work in hospital context.

It is understood that the understanding of the nurses' use of communication in the exercise of leadership and the way they perceive this instrument can reveal possible ways that allow the elaboration of strategies that guided the continued training and review of educational processes, foster the development of communication skills as a tool for consolidating leadership approaches in line professional profile required in contemporary times.

So, this research aimed to understand how nurses perceive communication to exercise leadership in the hospital.

METHODS

A qualitative, exploratory, descriptive and cross-sectional study, developed into a general and philanthropic hospital in the south of Minas Gerais (MG). To conduct this study we used the theoretical and methodological approach to the analysis of the discursive practices.¹¹ The use of qualitative approach reflects not only a methodological option, but also the attitude that was intended to establish between researcher and participants, through a cut that does not ignore the interpersonality of everyday relations in the construction of knowledge.

Thus, discursive practices are understood as language in action, the ways people produce meanings, which in turn are social constructions collectively elaborated, from which understand and handle the phenomena around them.¹¹

The members of the study were nurses that made the said hospital nursing service. The study included the clinical nurses who agreed to participate. Sampling was intentional and the sample consisted of thirteen nurses. Five nurses refused to participate.

Data collection took place in 2014 with a semi-structured interview consisting of two questions: In your day-to-day work, how do you, as a leader, use communication in front of your team?; You find a problem in the communication process with staff in situations where you need to exercise leadership?

It was conducted the pretest interview script with three nurses and they were included in the study, since the questions answered the study goal and therefore there was no need to change them.

Data were collected by leading researchers in the very hospital in prearranged time with nurses. The interviews were audio-recorded and transcribed verbatim. For the organization of the data the maps technique was used, which consist of visualization tools that aim to give subsidies to the interpretation process and facilitate communication of the underlying steps to this process.¹¹ These are tools to systematize the process of analysis of the discursive practices and encourage the search for formal points of linguistic construction, the repertoires used in this construction and the implicit dialogue in the production of meaning.

This study complied with the ethical aspects and was approved by the Research Ethics Committee (Opinion nº 476254). Participants gave the agreement to participate and, after being informed of the goals, signed the informed consent. To preserve anonymity, participants were coded with the letter P followed by an Arabic numeral.

RESULTS AND DISCUSSION

The interpretation work has resulted in a map that was titled: "Communication in the lead for the nurse." The map was made up of three axis: "How the nurse uses communication"; "Conditions of possibility of communicating of the nurse leader" and "Why the nurse communicates?"

The analysis of the map, through vertical and horizontal reading of the axis, allowed access how nurses perceive communication in the process of leading from the repertoires used by them to materialize the relations established in the work routine.

It was noted that the communicative actions that shape the exercise of leadership are influenced by historical, cultural, political and economic assumptions that determine the leading concepts and nurse's role, linked to the interests of the social actors involved in labor relations.

How the nurse uses communication: the nurse's words, silence the speaker and the listening possibilities

For the effective management of an organization the communication process is essential, as it enables activities occur efficiently and effectively.¹² Communicative action led to the group is reported as an important tool for nurses, this aspect can be seen in some sections of the interviews:

"[...] I count a lot on communication with my team, mainly the part of nursing, all complications, anything that happens to the patient [...]" (P12)

"[...] I think that communication is the most important, when communication is not effective I cannot make a lead[...]" (P9)

"[...] Communication itself it is a key tool [...]" (P5)

The different forms of communication as well as their approaches are observed in the speeches of nurses to refer to communication as the interaction with the staff. For the deponents, the exercise of communication involves predominantly the use of speaking, despite the lower use of other forms of verbal communication, such as writing.

"[...] I always like to talk [...]" (P1)

"[...] You should evaluate what type of communication should be used whether verbal, through requests and meetings or non-verbal, for example, through a memo or letter." (P7)

"[...] When I need to say something [...] I believe they [the technical and nursing assistants] receive all as

constructive, nothing destructive [...] I must also be round there, talking, this part of leadership, they are very flexible and open as well.” (P4)

Despite the communicative process is commonly valued in health institutions, it is necessary to consider that if the way it is developed is insufficient can generate dissatisfaction and difficulties in the workplace.¹²

In this perspective, it draws attention the fact that nurses seem to assign a one-way communication sense, embodied in the language in the evocation of the first person singular, even when qualify the practice of communicating with the staff in daily work:

“I like to speak what I expect of them [...] how I liked to work, and somehow I get the lead [...]” (P1)

“I get to my employees and I say I have a direction to go and if you have any questions and I will return.” (P8)

“[...] I come, give the directions that I have to give, I call attention to the time you have to draw [...]” (P13)

The emphasis on “I” in the communicative process may indicate the little space given to the “Other” as a person, voice and active agent in speech acts that circumscribe the exercise of leadership and communication in nursing in the context studied. This aspect may refer to the positioning that the nurse takes in the work process, which may be guided by assumptions of classical management, which implies the adoption of a hierarchical communication process and little open to dialogicity.⁷

When communication occurs vertically, downward, in the form of order and rarely orientation, becomes poor, so that people are not heard and there is low quality of decisions, because they are based on limited information, sometimes incomplete and incorrect, and presents a distorted and delayed flow. This communication distance direction and the operational level, preventing a rapprochement between leader and his subordinates.¹²⁻¹³

However, the most current management models, based on decentralized structures, favor more flexible professionals who should privilege less vertical communication and favor horizontal or lateral communication, both interunit and intra-unit¹²

In this perspective, the aspects of the interpersonal relationship between the leaders and their team are reported and put in perspective the idea that the nurses have in relation to their communication as instrument for the development of the team work, for the satisfaction of the group and the accomplishment of the activities. An attempt is made to open up the interaction with the other in the directions conveyed

by the nurses, although in the testimonies the voice of this other one is little materialized.

“[...] Very open communication [...] if they need help they speak [...]” (P4)

“[...] We have to talk on a clear way because of technical level [...]” (P10)

“[...] I like to think of the nursing team and I think they are happy with it.” (P1)

“[...] Because they believe in their work [...]. The staff relies very much, relies heavily on the work of the people, then even the technicians, other nurses who are also on my supervision, they have a lot of freedom to get to talk.” (P3)

“[...] So that they have the freedom and confidence [...] so that they can give you feedback [...] feel part [...] of that team, not me alone leader [...]” (P11)

It is stated that the leaders must have the ability to listen in order to establish a close link between leader and led. This connection can be developed through the empathic relationship in which you need to understand the other as unique in its individuality.¹⁴ In this sense, the dialogue should be taken as one of the essential strategies used by professional nurses for leadership development.¹

Furthermore, the effective leader provides to the ones led with the development of responsibilities. It produces an organizational environment that allows you to hear and be heard, providing feedback on the performance, encouraging them to develop new skills and abilities, assuming positive attitude in the performance of tasks.¹⁵ Thus, it is possible to establish an environment conducive to the development of work and a safe health care.^{12,16}

Additionally, the process involves team leadership, that is, different people interact, relate, associate and strengthened. For the success of the work process, the leader must consider human uniqueness, since individuals have different needs. One must keep in mind the new ideas of the team, absorbing the criticisms, suggestions and apply them in order to ensure the vitality, motivation and dynamism of the team. On the other hand, the group also has to be willing to interact productively for a beneficial relationship with the leader.¹⁷⁻¹⁸

Conditions of possibility of communicating of the nurse leader

Nurses play a communicative action in a historical and cultural context that determines the characteristics of the nursing workforce. In this place, they give meaning to the vicissitudes of their work as leaders of the nursing team.

“[...] At the same time that I am, that they put us as ‘the boss’ [...] I think that everything can be talked through [...] because it is a class, the nursing class [...] works a lot. We are very overloaded, we have a day-to-day, a very heavy, sometimes, routine, especially in a hospital [...]” P18

“[...] To break the blockage that has between the collaborator and I [...] the employees are already old, so it kind of creates a blockage [...]” P19

“[...] But so, especially I that... because I am younger and the employee is older. [...] Because I want to be his leader even though he has much more experience time than me, being that he is older than I am, understand? [...]” P21

It is observed that the framework that enables the lines of the nurse as a leader refer to social division and the nursing profession technique. This historical process, linked to the interests of capital at the beginning of nursing as a profession setting, persists to this day perpetuating the team split into distinct classes that perform similar activities. The technical and social division of nursing work determines relationships not always favorable, causing the gap between leaders and led, reflecting forcefully in building relationships in the group.¹⁹

Why do nurses communicate?

Nurses seem to use communication as a tool for the maintenance of the work order. Discuss to highlight the guidelines, draw attention and warnings that are commonly associated with autocratic leadership.²⁰

“[...] There are rules and regulations we have to follow [...]” (P4)

“[...] A problem [...] we call, guide and record [...] what we guide them they obey.” (P6)

“[...] Communication is the main way to achieve the objectives [...]” (P10)

“[...] Sometimes we need to be firm [...] even take a position.” (P12)

However, beyond words and subjugations, the positive example of the leader may strengthen respect among members of the group, influence the conduct of its employees and thus enhance the achievement of goals.²¹

Even because, despite the exercise of leadership to assume the ability to make decisions, set tasks and organize the service, its operation is intrinsic to the proper communication, which requires the instrumentalization of professionals with regard to attitudinal skills that impact the good relationship among members teams.^{1,22}

Paradoxically, it is observed that the conceptual schemes regarding the leadership and tools, such as communication, are of such modes anchored on the assumptions of classical management that nurses are uncomfortable to impose limits.

“[...] Charge, but it’s hard because I always expect a correction and not a punishment [...]” (P1)

“[...] I have trouble saying ‘no’ to employees [...]” (P2)

“[...] We do not know how to express what we want [...] because if it did not arrive, I’ll have to find another way to communicate with the person, so he understands how it will be the process, how that problem will be solved, how that failure will be resolved.” (P5)

Communication is not always successful in nursing management. Researches identify conflicts in the communication process, such as the absence of praise, lack of honesty in interpersonal relationships, lack of constructive criticism, not caring about nurse opinions, which blocks the flow of communication leading delay in decision making, distortion of information damaging agility in the work process.^{7,23}

CONCLUSION

The studied nurses perceive communication as an important tool for the exercise of leadership. For them communication is configured predominantly as a hierarchical process, unidirectional, some open to dialog and facing the hospital work order maintenance, reproducing the assumptions of classical management and guided by the technical and social division of the profession.

Paradoxically, it was observed that nurses, more tenuously, convey meanings that refer to the need to listen and openness to dialogue.

It is assumed as limits of this study the fact of data collection have been cross and made only through interviews. It is understood that a longer stay in the field in question, associated with participant observation, could reveal other parameters for analysis of the contradictions.

It suggests further research that proposes to investigate how the other members of the nursing team and the multidisciplinary team realize communication with the nurse in order to identify possible routes for the establishment of more open channels.

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