Journal of Positive Psychology & Wellbeing
2022, Vol. 6, No. 2, 1631 – 1644
http://journalppw.com
ISSN 2587-0130

The nurse: relationship between leadership style, values and Quality of Work Life

Chennyfer Dobbins Abi Rached[1], Gabriella de Castro Sousa[2], Flávio Adriano Borges[3], Pablo Ramon Rodrigues Freitas Ramos Carloni[4], Herline Domercant[5]

[1,2,5]*School of Nursing, University of São Paulo (USP), São Paulo-SP, Brazil*
[3,4]*Faculty of Nursing, University Federal of São Carlos (UFSCar) – São Carlos-SP, Brazil*

Abstract

Objective: To analyse the relationship between leadership styles, personal values of nursing leaders and the Quality of Work Life of nurses who attend the Graduate Program in Nursing Management (PPGEn). Methods: This is a quantitative, cross-sectional study. Data were collected using the standardized instrument Quality of Working Life Questionnaire (QWLQ-bref), and an exploratory-descriptive analysis was performed. Results: Of the 123 nurses interviewed, 64.22% rated the Quality of Work Life as satisfactory and 31.7% as very satisfactory. Through these data, the relationship between the task leadership style and professional satisfaction in the nurse's quality of life was perceived. Conclusion: The results do not point to a relationship between the managerial style of the nurse leader and the perception of Quality of Work Life. However, it is noteworthy that the Quality of Work Life describes values that go beyond the human.

Keywords— Leadership; Quality of life; Job; Social values; Job satisfaction.

Introduction

Leadership has been widely studied over the years due to its importance to organizations. Human resources are no longer considered as "tools" but rather strategic management partners to achieve organizational goals [(1)].

The leader must be able to direct their team to reach the objectives and goals established in the organization, creating a work environment capable of providing this. It is a consensus that an adequate organizational climate makes individuals more productive and happier at work [(2)].

The leader plays a key role in motivating workers, earning trust and striving to achieve the organization's vision and mission together with their team. Trust brings people together, allows energy and passion to flow, and can create a process of cohesion within the work team [(1)].

Building a high-performing team is not just about what one does although this is important. The key is to understand how things are done and people's attitudes to work [(2)].

Value-oriented leaders, teams, organizations, and communities are the most successful when they are able to engage workers in such a way that there are gains in retention rates and reduced absenteeism. As workers are and feel "taken care of", they voluntarily bring their creativity and energy to work [(3)].

Trust is an ultimate value; to trust and be trusted, other values need to be in place [(4)].

Personal values are within the individual, and it is through them that decision-making is directed. When talking about "values", it means the deeply held principles, ideals or beliefs that people hold or adhere to when making decisions. These are expressed through

personal behaviour manifested in everyday life [5].

These values can be positive or potentially limiting. For example, *trust* is considered a positive value because it underpins the measured (often unconscious) reciprocity that individuals use to determine their degree of commitment and engagement in an interacting social environment. On the other hand, an example of a potentially limiting value would be *liking*, which can make people compromise their integrity to satisfy their need for connection with other people [5].

The authentic leader pursues goals with passion, practices solid values, leads from the heart, establishes lasting relationships and demonstrates self-discipline. They unite people around a shared goal and empower them to move forward and lead authentically in order to create value for all stakeholders [3-4].

Regarding the leadership process, it is necessary to understand that it consists of the ability to influence a group toward the achievement of objectives. Therefore, leading people in the organizational environment requires that they produce results. If the most productive results are when people are satisfied and happy, the management of Quality of Work Life (QWL) can be considered a support tool for well-executed processes and achieved results [6].

Quality of Work Life is something that goes beyond labour laws [2]. It is a dynamic that involves physical, technological, social, and psychological factors, which change and influence the organizational climate, reflecting on the worker's well-being and, consequently, on their productive capacity [6-7].

Following this context, this article has as a guiding question: Is there a relationship between the leadership style, the personal values of nursing leaders and the Quality of Work Life?

As a hypothesis, it is believed that there is a positive or negative effect related to the leadership style, the leader's personal values, and the Quality of Work Life.

To answer this question, we proposed to compare the results of an instrument to understand the leadership styles and personal values of individuals (Barrett's Model of Personal Values) with an instrument for the perception of Quality and Life at Work (QWLQ-bref).

The use of instruments is considered a health technology. Technology is a process that involves different dimensions, whose results are durable products, theories or services, like a new work process. Technologies are classified as light, which refers to the development of relations towards bonding, empowerment, reception, and management; light-hard, which seeks to build knowledge through structured skills (theories); and hard, which are the instruments, standards and technological equipment [8]. In this way, the applicability of an instrument can be considered a technology, and the present study can be classified as a light technology since we are evaluating relations towards bonding and management.

OBJETIVE

To analyse the relationship between leadership styles, personal values of nursing leaders and Quality of Work Life.

METHODS

Ethical aspects

This study was preceded by the approval of the Research Ethics Committee of the University of São Paulo School of Nursing (EE-USP) and the signing of the Free and Informed Consent Form by the participants in the study.

Study design, period, and location

This is a quantitative, exploratory-descriptive cross-sectional study; the EQUATOR checklist used to guide the study was the SQUIRE 2.0 tool.

The data collection period was October to November 2020. The survey was online,

approaching nurses from different institutions and regions of Brazil.

Sample; inclusion and exclusion criteria

The sample was made up by convenience, being composed of nurses who attended or are attending a master's or Ph. D. program, linked to the Graduate Program in Nursing Management (PPGEn) of the School of Nursing of the University of São Paulo.

The inclusion criteria for this sample were: being a nurse occupying positions of care leadership, direction, department head, management, coordination or supervision of area units, directorships and/or departments, in public or private hospitals in any region of Brazil during the period of data collection. Nurses who took on the leadership position less than 6 months before were excluded.

Study protocol

After approval by the Research Ethics Committee, an invitation was sent by the PPGen department to the students to participate in the research. This invitation directed the research participant to the Free and Informed Consent Term (ICF), meeting the ethical precepts for research, according to Resolution 466/12, and to the data collection instruments prepared in the Google Forms tool, as shown below:

1) Sociodemographic questionnaire: semi-structured instrument, consisting of open and closed questions. Sociodemographic characterization: age, sex, marital status, employment relationship. Professional characterization: time of professional training, working time in the current institution, current position, time in current position, institutional characterization;

2) Questionnaire to assess the Quality of Work Life (QWLQ-bref) - this questionnaire aims to assess the Quality of Work Life from a personal, health, psychological, and professional point of view. The answers were measured by a Likert-type scale, with five alternatives: Nothing/Never; Very Little/Rarely; Occasionally/Sometimes; Often/A lot; and Always/Completely. To analyse the results of the QWLQ-bref applications, Reis Junior (2008) constructed a QWL classification scale, where: the Very unsatisfactory level scores are between 0 and 22.5 points; Unsatisfactory between 22.5 and 45; Neutral between 45 and 55; Satisfactory 55 and 77.5; and Very satisfactory between 77.5 and 100 points;

3) Management Style Assessment Scale (MSAS): composed of 19 questions, which evaluates on a Likert scale ranging from "1 - never acts like this" to "5 - always acts like this", relationship factors, task and situation, and averages of each of the types of leadership must be taken into account in the final results. The leadership with the highest average should be considered the profile of that leader [(9)];

4) Barrett's Model of Personal Values: this is a free instrument that provides reflection data of the individual, when analysing what their personal values are on a scale. The Barrett Model is the innovative work of Richard Barrett, who, inspired by Abraham Maslow's Hierarchy of Needs, identifies the 7 areas that make up human motivations, divided into 3 categories: Self Interest 1-3, Transformation 4, Common Good 5- 7 [(10)]:

a) Self-interest: The first three areas of consciousness – Survival, Relationships and Self-Esteem focus on self-interest. Satisfying the need for security and protection, the need for love and belonging, and the individual's need to feel themselves through the development of a sense of pride in being what they are [(10)]; b) Transformation: The focus is on losing fears. During this phase of development, a sense of one's personal authority and voice must be established. Within the area of Transformation, we choose to live according to values and beliefs that deeply resonate with who we are [(10)]; c) Common Good: The three highest areas of consciousness – Inner Cohesion, Making a Difference, and Service focus on the need to find meaning and purpose in life. This meaning is expressed through striving to make the world a better place and leading a life of selfless service. When these

needs are met, they generate deeper levels of motivation and commitment [10].

Analysis of the results and statistics

For the sociodemographic questionnaire, an Excel® spreadsheet was used, as well as for the QWLQ-bref, which, from the virtual environment provided by Pedroso[11], the questionnaire and the results evaluation form could be filled in by later simply feeding the Excel® spreadsheet available to obtain the results and compare them. The remaining data were analysed using SPSS Statistics 17.0 (2008, SPSS Inc.).

The analyses of these data were performed according to specific statistics, following the objectives: in the sociodemographic and professional data measures of central tendency were used (mean, standard deviation and variance); to relate beliefs, values, motivations, the Barrett model was correlated with QWLQ-bref by Kruskal-Wallis rank correlation and ANOVA.

RESULTS

A total of 123 nurses participated in this study, of whom 34.96% have a position as assistance nurse, 13.01% work as a senior nurse, and 52.03% as a nursing supervisor/coordinator, which indicates that the majority have considerable experience in the area of leadership.

Table 1 presents the sociodemographic data of the participants. 74.8% were female; and 78.9% work in the public service. 63.42% worked at the hospital, under an official contract, showing that although they work in the public service, they belong to an "Organização Social de Saúde" (OSS), a private non-profit making hospital, whose services are contracted by the government.

Finally, 44.72% of the interviewees have been working for 5 to 10 years, and another 17.07% have more than 10 years of experience in nursing, which demonstrates that a large number of the group of people interviewed have experience in nursing.

Table 1 – Sociodemographic data of the sample, Brazil, 2021

	N[1]	%	95%CI.lo[2]	95%CI.hi[3]
Sex				
Female	92	74.8	66.42	81.68
Male	31	25.2	18.33	33.58
Marital status				
Married	50	40.65	32.38	49.49
Single	25	20.33	14.11	28.34

Divorced	34	27.64	20.48	36.16
Stable union	14	11.38	6.79	18.32
Sector				
Emergency department	2	1.63	0.08	6.10
Clinic	10	8.13	4.32	14.48
ICU	24	19.51	13.42	27.45
Surgical centre	21	17.07	11.37	24.77
Emergency	13	10.57	6.16	17.37
Nursing supervision	19	15.45	10.04	22.95
Teaching and research	34	27.64	20.48	36.16
Present position				
Assistant nurse	43	34.96	27.09	43.74
Supervision/coordination	64	52.03	43.28	60.67
Senior nurse	16	13.01	8.07	20.19
Service				
Public	97	78.86	70.78	85.20
Private	26	21.14	14.80	29.22
Family income				
1 to 2 minimum salaries	4	3.25	1.00	8.34
2 to 3 minimum salaries	11	8.94	4.92	15.45
4 to 6 minimum salaries	53	43.09	34.68	51.92
More than 6 minimum salaries	55	44.72	36.22	53.53

Type of employment				
Official contract	78	63.42	54.61	71.41
Self-employed	9	7.32	3.73	13.49
Statutory civil servant	36	29.27	21.93	37.86
Time as leader				
Less than 6 months	1	0.81	0.00	4.91
From 6 months to 1 year	6	4.88	2.03	10.46
From 1 to 2 years	10	8.13	4.32	14.48
From 2 to 5 years	30	24.39	17.61	32.72
From 5 to 10 years	55	44.72	36.22	53.53
More than 10 years	21	17.07	11.37	24.77
Total	123	100		

Note: [1]N - number of nurses; [2]CI.lo - lower limit of confidence interval;

[3]CI.hi - upper limit of confidence interval

The indices considered satisfactory for the Quality of Work Life (QWL) of the QWLQ-bref start from 55 points. The average QWLQ-bref in this study was 68.56% (satisfactory), and all four domains maintained a satisfactory score, namely: *physical/health domain*: 62.75%; *psychological domain*: 73.44%; *personal domain*: 75.36%; *professional domain*: 62.69%.

Table 2 presents the MSAS leadership style factors. This scale shows three factors that together determine the managerial style perceived by the studied group. The highest means of the MSAS belonged to the task-based leadership style (mean 3.53; SD 0.77) and the lowest means belonged to the situational leadership style (mean 3.12; SD 0.76).

Table 2 - Descriptive presentation on the Management Style Assessment Scale, Brazil, 2021

	N[1]	**Average**	**SD[2]**	**Min[3]**	**1stQ[4]**	**Median**	**3rdQ[5]**	**Max**	**95%CI.lo[6]**	**95%CI.hi[7]**
MSAS.										
Relationship	123	3.40	0.69	1.889	2.889	3.333	3.889	5	3.28	3.52

MSAS. Situational	123	3.12	0.76	1.833	2.5	3	3.667	5	2.99	3.26
MSAS. Task	123	3.53	0.77	2	3	35	4	5	3.39	3.66

Note: [1]N - number of nurses; [2]SD - standard deviation; [3]Min - minimum; [4]1stQ - 1st quartile; [5]3rdQ - 3rd quartile; [6]CI.lo - lower limit of confidence interval; [7]CI.hi - upper limit of confidence interval

For the correlation analyses between the 'Quality of Life' and 'Leadership Styles' instruments, the Kruskal-Wallis and ANOVA tests were used. For all analyses, a significance level of 5% was considered.

Tables 3 and 4 show that there is no evidence of correlation between EAG and QWLQ-bref. The coefficient varies between -1 and 1 and a considerable correlation is usually around 0.7 or greater, so none of the correlations achieve this result, which is indicative of the absence of association.

Table 3 - Hypothesis Test - Correlation between Quality of Work Life and Leadership Style, Brazil, 2021

	Method	**Statistic**	**df[1]**	**p-value[2]**
QWLQ.Psychological	Kruskal-Wallis rank sum test	0.7582	2	0.684
QWLQ.Professional	Kruskal-Wallis rank sum test	0.8542	2	0.652
QWLQ.Physical	Kruskal-Wallis rank sum test	4.6159	2	0.099
QWLQ.Personal	One-way ANOVA	0.6109	2.120	0.545
QWLQ.Total	Kruskal-Wallis rank sum test	0.3864	2	0.824
MSAS.Relationship	Kruskal-Wallis rank sum test	1.8696	2	0.393
MSAS.Situational	Kruskal-Wallis rank sum test	0.4213	2	0.810
MSAS.Task	One-way ANOVA	0.5446	2.120	0.582

Note: [1]Statistic - statistic; [2]df - degree of freedom; [3]p-value - significant result

Table 4 – Correlation of Personal Values with QWL and Leadership Style, Brazil, 2021

Variable	Personal values	N[1]	Mean	SD[2]	Min[3]	Median	Max[4]	95%CI.lo[5]	95%CI.h[6]
QWLQ.Psychological	Own Interest	19	11.95	1.93	8	12	15	11.14	12.83
	Transformation	36	11.58	1.79	8	12	15	11.00	12.15
	Common Good	68	11.90	1.92	8	12	15	11.44	12.34
QWLQ.Professional	Own Interest	19	31.53	6.47	19	31	45	28.90	34.59
	Transformation	36	32.03	5.51	23	32	45	30.29	33.84
	Common Good	68	31.34	6.09	18	31	45	29.93	32.80
QWLQ.Physical	Own Interest	19	12.26	2.47	8	12	16	11.16	13.32
	Transformation	36	13.39	2.51	8	13.5	19	12.59	14.20
	Common Good	68	13.71	2.78	8	14.5	18	13.03	14.34
QWLQ.Personal	Own Interest	19	16.32	2.06	12	17	19	15.33	17.31
	Transformation	36	15.72	2.16	9	16	20	14.99	16.45
	Common Good	68	16.16	2.30	11	16	20	15.60	16.72
QWLQ.Total	Own Interest	19	72.05	11.45	53	70	95	67.43	77.50
	Transformation	36	72.72	10.10	56	74	96	69.50	76.00

	Common Good	68	73.10	11.30	48	73	96	70.42	75.75
MSAS. Relationship	Own Interest	19	3.57	0.67	2.333	3.444	4.778	3.29	3.88
	Transformation	36	3.38	0.77	2	3.278	5	3.14	3.64
	Common Good	68	3.36	0.65	1.889	3.222	4.889	3.21	3.52
MSAS.Situational	Own Interest	19	3.00	0.70	2.167	2.833	4.667	2.74	3.37
	Transformation	36	3.14	0.80	2	2.917	5	2.91	3.43
	Common Good	68	3.14	0.77	1.833	3	4.833	2.97	3.33
MSAS. Task	Own Interest	19	3.57	0.74	2.5	3.5	5	3.21	3.93
	Transformation	36	3.63	0.75	2.25	3.75	5	3.37	3.88
	Common Good	68	3.46	0.79	2	3.5	5	3.27	3.66

Note: [1]N - number of nurses; [2]Mean - mean; [3]SD - standard deviation; [4]Min - minimum; [5]Median – median; [6]Max - maximum; [7]CI.lo – lower limit of the confidence interval; [8]CI.hi – upper limit of the confidence interval

Table 5 shows the percentages of personal values according to the Barrett Model. As for the personal values measured by this model, it can be observed that 15.45% of the sample have the values to a greater degree in Own Interest; 29.27% in Transformation and 55.29% in Common Good.

Table 5 - Percentages of personal values according to the Barrett Model, Brazil, 2021

Factor	**Barrett Domain**	**N[1]**	**%**	**95%CI.lo[2]**	**95%CI.hi[3]**

Personal values	Own Interest	19	15.45	10.04	22.95
	Transformation	36	29.27	21.93	37.86
	Common Good	68	55.29	46.47	63.78

Note: [1]N - number of nurses; [2]CI.lo – lower limit of the confidence interval; [3]CI.hi – upper limit of the confidence interval.

DISCUSSION

Our values guide our behaviours. By identifying these values, we are able to understand why people do things, act and decide in a certain way, and therefore values reveal motivations and show us what is most important for an individual or group. In our analyses, we identified that personal values revealed a leader profile aimed at the Common Good; according to Barrett [(10)], people whose values are directed towards this dimension seek to do good with a focus on the collective, and their behaviour is always accompanied with empathy, awareness of responsibility towards the organization and the community, seeking a harmonious organizational climate, with an alignment of purpose, teamwork, ethics, integrity and contribution, which helps to motivate and commit the team to realize that the leader is present and concerned with the collective well-being [(11-12)].

The leader's influence begins with their own values and the organizational values of the company's culture[(3)]. The power of the leader over their teams surpasses the importance of the culture, and leaders are able to direct and engage the team, motivating and inspiring them and overcoming obstacles so that the desired results are achieved [(12)].

Empathy is an important value for maintaining a positive climate. It is the ability to understand and see from the other's point of view, to feel what the other feels, and it is an essential value for suitable leadership. The importance of empathy in leadership is not simply being "friendly or nice", it is building a strong, united team with effective communication; it is understanding the motivations of each person you work with, providing positive reinforcement and recognition to team members, thereby increasing the confidence of those being led [(13,14)].

Empathy will help the leader to combine the strengths and skills of individuals in activities that can have the greatest impact, thereby helping to build positive and productive relationships [(15,16)]. It will also help to recognize the core values of others on the team, and this is knowledge that can be leveraged for the improvement of each worker to build a healthy work environment.

An interesting point in the domain of the Common Good is that the individual's values focus on the meaning and purpose of life, from which it can be inferred that the population studied has the purpose of seeking Quality of Work Life (QWL) since the results showed that the QWA-bref scale score was satisfactory, and the most important item was the "personal" level. It can also be highlighted that selfless service is one of the values described in this dimension [(10)], and this behaviour refers to the person's renunciation of carrying out their own wishes for the benefit of another person (Collective Good), and this person does not act out of interest but is altruistic, fulfilling the qualities of the nursing profession that seeks to recognize the needs of others during the work process, establishing bonds with the patient, family and care teams. Considering that values demonstrate the code by which a group operates, they are a way of seeing and understanding

behaviour. In the group under study, empathy and selfless service end up functioning as an instrument in the search to establish these bonds, engaging the team to consider the Quality of Work Life, and are necessary qualities in order to become a nurse [17-19].

The QWL goes beyond the individual's leadership style, and authors point out that employees' perception of Quality of Work Life can be influenced by the physical environment (safe and with adequate ergonomic conditions), working hours, healthy organizational climate, fair and adequate compensation, and use and development of skills such as self-control and autonomy, as well as opportunities for career growth, salary advancement, and the social importance of the work in life. Many of these aspects are independent of the leadership style[20-23].

A counterpoint to the findings of this study that deserves consideration is leadership styles. The results showed task-based leadership with the highest averages; this leadership style consists of the process of planning work activities, monitoring operations, presenting performances, and clarifying the functions and objectives to be achieved by the professional activity [17,18], but it does not focus on the relationships. However, if we look closer at managerial positions as this sample is of nurses who held responsible jobs, we can see that managerial work includes an unusual mix of values that are uncommon in the general population, for example, values such as planning, organization and flexibility are considered important[24], and, in our findings, these values are signalled in the Transformation domain, the second most common dimension among the nurses in this study.

Perhaps the most innovative of all our results is that we found that the personal value profile of leaders is in the Common Good and can be associated with the task-focused leadership style, resulting in a favourable Quality of Work Life. Nursing work is stressful and requires speed and agility, a task not completed correctly and at the right time can compromise patient safety. If we consider the numerous responsibilities of the nursing team, the leader can direct the focus toward the task, without losing respect, a sense of collectivity and concern for the well-being of the other, as well as making an effort to show the contribution of team members, motivating and engaging them, thereby improving the quality of working life.

Positive reinforcement is an important aspect to improve workers' motivation and engagement[24] and even serves to increase the nurse's influence as a leader with the nursing team. By demonstrating appreciative behaviour, the leader directed towards the Common Good encourages others to respect each other, helping to raise morale and commitment in their teams and throughout the organization. Value-driven leadership can inspire others not just to follow the values but to adopt those values as their own.

One value pointed out in the dimension of the Common Good is humility. Humility allows the leader to be willing to learn from others and be receptive. Opportunities to build wisdom can easily be missed if the leader is unwilling to acknowledge and process mistakes. Humility also means knowing when to ask for the opinion of others, so task-oriented leaders need organization and planning. After all, only in this way it is possible to exercise mastery over everything that is done. And by being humble the leader will allow their team to participate in this planning, thereby encouraging relationships and balance among peers[24].

Task-oriented leadership is valued by many workers who prefer a leader focused on results and more engaged in achieving organizational goals[23-25]. In this aspect, some authors have shown that task-focused leaders have a greater affective commitment to the organization than other styles and are concerned with their status in the work environment, privileging performance and productivity, which can be perceived as more favourable to the achievement of goals [23-25].

Limitations of the study

Among the limitations, it is worth mentioning the use of a convenience sample and of nurses who work in different hospitals, which makes it impossible to generalize the results. The study

sought to evaluate how the nurse who holds a leadership position understands the Quality of Work Life, seeking to correlate the perceived leadership style with the Quality of Work Life. In addition, the fact that perceptions of Quality of Work Life can vary over time, and the fact that this study was a cross-sectional study were other limiting factors. Another point is that the professional domain also includes elements such as working conditions, benefits offered by the company, and social responsibility. These aspects do not depend on the individual to improve QWL. Future research may seek to include analysis of these aspects.

Contributions to the area of nursing, health or public policy

The results presented have direct implications for nursing practice in terms of workers' health. Discussing how leadership styles may or may not affect the Quality of Work Life, as well as analysing the QWL, will encourage institutions to develop the skills of leading nurses with a focus on behaviour and better communication with the team in search of results such as job satisfaction.

The QWL is an important theme as it enables assertive actions for the development of human capital, including organizational perspectives and dealing with the development of workers.

CONCLUSIONS

The results of this study did not indicate a correlation between leadership styles, personal values and the perception of Quality of Work Life, however, conclusions can be made from the highest and lowest scores presented.

Everyone in a leadership role should be aware of the values they hold, their strengths, and the areas they can improve as they grow as a leader. These values determine how the individual carries out the leadership, the team environment that is created, and the success in the results, and therefore, it can be concluded that values directed toward the Common Good can favour the Quality of Work Life.

The importance of a positive organizational climate so that the established goals are achieved is clear, and, in this sense, valuing the human factor will make the achievement of goals more feasible. The leader has a fundamental role in this context, and their leadership style can be influenced by their beliefs, values, which will be seen in the relationships with the team, and consequently in the work environment.

REFERENCES

[1] Jones-Schenk J, Bleich MR. Implementation Science as a Leadership and Doctor of Nursing Practice Competency. J Contin Educ Nurs. 2019; 50(11):491-492. doi: 10.3928/00220124-20191015-03

[2] Barrett R. Values-Based Leadership: Leading from the Inside Out. Founder of Barrett Values Centre® [Internet]. 2010 [cited 2021 Sep 14]. Available at: https://www.valuescentre.com/wp-content/uploads/PDF_Resources/Front_facing_articles/Article_Values_Based_Leadership_Leading_from_the_Inside_Out.docx.pdf

[3] Barrett R. The Importance of Values in Building a High Performance Culture. Founder of Barrett Values Centre® [Internet]. 2010 [cited 2021 Sep 14]. Available from: https://www.valuescentre.com/sites/default/files/uploads/2010-07-06/The%20Importance%20of%20Values.pdf

[4] Bowles JR, Batcheller J, Adams JM, Zimmermann D, Pappas S. Nursing's Leadership Role in Advancing Professional Practice/Work Environments as Part of the Quadruple Aim. Nurs Adm Q. 2019; 43(2):157-163. doi: 10.1097/NAQ.0000000000000342

[5] Feitosa IO, Pimentel A. HIPERDIA: práticas de cuidado em uma unidade de saúde de Belém, Pará. Revista NUFEN [Internet]. 2016 [cited 2021 Sep 14]; 8(1):13-30. Available from: http://pepsic.bvsalud.org/scielo.php?script

=sci_arttext&pid=S2175-25912016000100003&lng=pt&tlng=pt

[6] Davis LAB, Cherns AB. The quality of working life [Internet]. Vol. 1. New York: Free Press; 1975 [cited 2021 Sep 14] Available from: https://www.journals.uchicago.edu/doi/abs/10.1086/226667?mobileUi=0&

[7] Panzini RG, et al. Quality-of-life and spirituality. International Review of Psychiatry. 2017; 29(3):263–282. doi: 10.1080/09540261.2017.1285553

[8] Merhy EE, et al. Rede básica, campo de forças e micropolítica: implicações para a gestão e cuidado em saúde. Saúde Debate. 2019; 43(6):70-83. doi: 10.1590/0103-11042019S606

[9] Melo EAA. Escala de avaliação do estilo gerencial (EAEG): desenvolvimento e validação. Rev Psicol Org e Trab [Internet]. 2004 [cited 2021 Sep 14]; 4(2):31-62. Avaliable from: http://pepsic.bvsalud.org/pdf/rpot/v4n2/v4n2a03.pdf

[10] Barrett R. The Barrett Model. Founder of Barrett Values Centre® [Internet]. 2010 [cited 2021 Sep 14]. Available from: https://myctt.valuescentre.com/sites/default/files/uploads/the_7_levels_of_personal_consciousness.pdf

[11] Pedroso B. Instrumento de avaliação da Qualidade de Vida no Trabalho QWLQ-bref [Internet]. [cited 2021 Sep 14]. Available at: http://www.brunopedroso.com.br/qwlq-bref.html

[12] Pereira LTA, Maestro Filho A. Os Valores Pessoais da Burocracia Profissional e suas Influências nas Políticas de Gestão de Pessoas: um modelo relacional de estudo pelo método Strutural Equation Modeling with Partial Least Squares - PLS-SEM. ANPAD [Internet]. 2017 [cited 2021 Sep 14]. Avaliable from: http://www.anpad.org.br/abrir_pdf.php?e=MjM4MzY=

[13] Zuchetto MA, Engel FD, MLSP de, Hammerschmidt KS de A, Schoeller SD. Empatia no processo de cuidado em enfermagem sob a ótica da teoria do reconhecimento: síntese reflexiva. Rev Cuid [Internet]. 2019 Dec [cited 2021 Nov 29]; 10(3): e624. Available from: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S2216-09732019000300303&lng=en. Epub Dec 20, 2019. https://doi.org/10.15649/cuidarte.v10i3.624.

[14] Silva, MA, I, Érika Leite E da S, Cardoso I, Lima, TT, Miranda I, Sampaio, J. Competências emocionais como dispositivo para integralização do cuidado em saúde: contribuições para o trabalho interprofissional. Estudos Interdisciplinares em Psicologia, 2019. *10*(2), 226-239. [cited 2021 Nov 29]; Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S2236-64072019000200014&lng=pt&tlng=pt.

[15] Stuart WP, Moore B, Sims BM. Understanding Nurse Perception of Leader Empathy. Nurs Adm Q. 2020 Jan/Mar;44(1):78-86. doi: 10.1097/NAQ.0000000000000396. PMID: 31789752

[16] Lown BA. Mission Critical: Nursing Leadership Support for Compassion to Sustain Staff Well-being. Nurs Adm Q. 2018 Jul/Sep;42(3):217-222. doi: 10.1097/NAQ.0000000000000302. PMID: 29870487.

[17] Moura AA, Bernardes A, Balsanelli AP, Zanetti ACB, Gabriel CS. Leadership and nursing work satisfaction: an integrative review. Acta Paul Enferm. 2017; 30(4):442-450. doi: 10.1590/1982-0194201700055

[18] Fallatah F, Laschinger HKS. The influence of authentic leadership and supportive professional practice environments on new graduate nurses job satisfaction. J Res Nurs. 2016; 21(2):137-8. doi: 10.1177/1744987115624135

[19] Nelson, RE. Leadership, personal values, and cultural context in Brazil, China, and the USA. BAR - Brazilian Administration Review [Internet]. 2014, v. 11, n. 1 [cited 2021 Nov 21] , pp. 47-63. Available from: <https://doi.org/10.1590/S1807-

76922014000100004>. Epub 31 Jan 2014. ISSN 1807-7692. https://doi.org/10.1590/S1807-76922014000100004.

[20] Silva, PL da N, Costa SA, Darly F. Estilo do líder e comprometimento dos liderados: associando construtos em busca de possíveis relações. Revista Brasileira de Gestão de Negócios [online]. 2019, v.21, n.2 [Acessado 29 Novembro 2021], pp.291-311. Disponível em: <https://doi.org/10.7819/rbgn.v21i2.3975>. Epub 26 Ago 2019. ISSN 1983-0807. https://doi.org/10.7819/rbgn.v21i2.3975.

[21] Amabile, TM, Hill, KG, Hennessey, BA, Tighe, FM. The Work Preference Inventory: Assessing intrinsic and extrinsic motivational orientations. Journal of Personality and Social Psychology. 1994, v.66, pp. 950-967. doi: 10.1037/0022-3514.66.5.950

[22] Silva MCN, Machado MH. Health and work system: challenges for the nursing in Brazil. Cien Saúde Colet. 2020; 25(1):7-13. doi: 10.1590/1413-81232020251.27572019

[23] Magalhães, MO. Relações entre tipos de interesse ocupacional e bases psicológicas de comprometimento organizacional. Psico USF, 2012, pp109-117. doi: 10.1590/S1413-82712012000100012

[24] Richter SA, Santos EP, Kaiser DE, Capellari C, Ferreira GE. Ações empreendedoras em enfermagem: desafios de enfermeiras em posição estratégica de liderança. Acta Paul Enferm. 2019; 32(1):46-52. doi: 10.1590/1982-0194201900007

[25] Lima GKM, Gomes LMX, Barbosa TLA. Quality of Working Life and stress level of professionals in Primary Health Care. Saúde Debate. 2020; 44(126):774-789. doi: 10.1590/0103-1104202012614