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Nurse managers' leadership in a military hospital: meanings and challenges

Liderazgo de enfermeros gestores en hospital militar: significados y desafíos

Liderança de enfermeiros gerentes em hospital militar: significados e desafios

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Abstract

The aim was to understand the meanings attributed by nurses to leadership in the exercise of hospital management in a military hospital. This was an exploratory qualitative study, conducted with nine nurses in management positions at a military hospital in the state of Rio de Janeiro. Data were collected through semi-structured interviews and analyzed using the IRAMUTEQ software, through Word Cloud and Descending Hierarchical Classification, and subsequently subjected to Bardin's thematic content analysis. Three analytical categories were identified: conceptions of leadership, challenges of exercising leadership, and professional leadership training. Leadership was understood as a relational practice based on communication, respect, decision-making, and conflict mediation, influenced by the institutional context, hierarchical relationships, and training gaps. It is concluded that the leadership of the nurse manager is configured as a relational and organizational practice constructed in the daily work routine and influenced by institutional, formative, and interpersonal factors.

Descriptors: Leadership; Nursing; Health Services Administration; Military Nursing; Health Management.

Resumén

El objetivo fue comprender los significados que las enfermeras atribuyen al liderazgo en el ejercicio de la gestión hospitalaria en un hospital militar. Este fue un estudio cualitativo exploratorio, realizado con nueve enfermeras en puestos de gestión en un hospital militar del estado de Río de Janeiro. Los datos se recopilaron mediante entrevistas semiestructuradas y se analizaron utilizando el software IRAMUTEQ, a través de la Nube de Palabras y la Clasificación Jerárquica Descendente, y posteriormente se sometieron al análisis de contenido temático de Bardin. Se identificaron tres categorías analíticas: concepciones de liderazgo, desafíos del ejercicio del liderazgo y formación profesional para el liderazgo. El liderazgo se entendió como una práctica relacional basada en la comunicación, el respeto, la toma de decisiones y la mediación de conflictos, influenciada por el contexto institucional, las relaciones jerárquicas y las brechas de formación. Se concluye que el liderazgo de la enfermera gestora se configura como una práctica relacional y organizacional construida en la rutina diaria de trabajo e influenciada por factores institucionales, formativos e interpersonales.

Descriptores: Liderazgo; Enfermería; Administración de Servicios de Salud; Enfermería Militar; Gestión Sanitaria.

Resumo

Objetivou-se compreender os significados atribuídos pelos enfermeiros à liderança no exercício da gerência hospitalar em um hospital militar. Estudo exploratório qualitativo, realizado com nove enfermeiros em cargos de gerência em um hospital militar do estado do Rio de Janeiro. Os dados foram coletados por meio de entrevistas semiestruturadas e analisados com o auxílio do software IRAMUTEQ, por meio da Nuvem de Palavras e da Classificação Hierárquica Descendente, e posteriormente submetidos à análise de conteúdo temática de Bardin. Foram identificadas três categorias analíticas: concepções de liderança, desafios do exercício da liderança e formação profissional para a liderança. A liderança foi compreendida como prática relacional baseada na comunicação, no respeito, na tomada de decisão e na mediação de conflitos, influenciada pelo contexto institucional, pelas relações hierárquicas e pelas lacunas formativas. Conclui-se que a liderança do enfermeiro gerente configura-se como prática relacional e organizacional construída no cotidiano do trabalho e influenciada por fatores institucionais, formativos e interpessoais.

Descritores: Liderança; Enfermagem; Administração de Serviços de Saúde; Enfermagem Militar; Gestão em Saúde.

Introduction

Leadership is recognized as an essential competency for nurses working in healthcare service management, serving as a structuring element for quality care and strengthening organizational culture[1,2]. Studies conducted in countries such as the United States, Canada, the United Kingdom, and Australia indicate that the leadership exercised by nurses directly influences patient safety, organizational climate, team motivation, and the effectiveness of care practices[3].

In the Brazilian context, however, the exercise of leadership often occurs in environments marked by scarce resources, work overload, staff turnover, multiple employment relationships, and structural limitations, which strain decision-making autonomy and hinder the daily management of nursing teams[4,5]. These conditions directly impact the ability to organize processes, establish priorities, and sustain cooperative working relationships.

Leading involves mobilizing managerial, technical, and relational skills. It requires clinical judgment, situational analysis, conflict management, strategic communication, negotiation, relationship mediation, and the ability to promote team cohesion[6-8]. Thus, leadership transcends the administrative domain and constitutes a relational practice that integrates ethical, emotional, and organizational dimensions of care. Among the theoretical frameworks that discuss the exercise of leadership in nursing, transformational leadership stands out, characterized by the leader's ability to inspire, motivate, and develop their team, promoting a collaborative, participatory work environment oriented towards common goals. Studies indicate that this leadership model is associated with greater job satisfaction, improved organizational climate, and better care outcomes, being considered one of the most relevant theoretical models for nursing management today.

Despite their importance, studies point to gaps in training that hinder nurses' preparation to assume leadership roles, especially in highly complex environments[9]. The lack of practical experience, coupled with the fragmentation of managerial activities, contributes to the perception that leadership and management are separate functions, when they constitute complementary dimensions of professional practice[10].

In hospital institutions linked to the military structure, the exercise of leadership presents specificities related to hierarchical organization, institutional discipline, and formal chains of command. These elements can influence decision-making processes, levels of professional autonomy, and communication dynamics between managers and teams, creating particular challenges for nurses exercising leadership in the hospital setting.

Despite the recognition of leadership as an essential competency for nurse managers, scientific production is still predominantly concentrated in civilian contexts, with gaps related to understanding the meanings attributed to leadership in military hospital institutions, which have specific organizational structures, hierarchical chains, and decision-making processes. Furthermore, studies using lexicometric analyses combined with content analysis to understand the phenomenon of leadership in nursing are still limited, highlighting the need for investigations that delve deeper into this topic in specific institutional contexts.

Given this, the study aimed to: understand the meanings attributed by nurses to leadership in the exercise of hospital management in a military hospital; explore how these professionals experience, interpret, and give meaning to leadership; and identify structural challenges, training demands, and potential for improving organizational practices.

Methodology

This is an exploratory study with a qualitative approach, conducted in 2021, with nurses working in a military hospital in the state of Rio de Janeiro. This study is part of the dissertation entitled "Managing the common goal: leadership through the nurse's practice". The study followed the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ).

Thirteen nurses holding management or coordination positions in healthcare units and present during the data collection period were eligible for the study. Of these, nine agreed to participate and comprised the analytical corpus. Those included were directly involved in team coordination and had at least six months of experience in the role. Professionals with less than six months of managerial experience were excluded. Participant selection was performed using purposive sampling, seeking subjects who experienced the phenomenon of interest and could significantly contribute to understanding the investigated subject[2].

Data collection was carried out through semi-structured individual interviews, audio-recorded with the participants' permission and conducted by the principal researcher in a private setting to ensure privacy and comfort. The interviews were guided by a pre-prepared script to explore aspects related to the exercise of leadership in the hospital context. The first part of the instrument covered the sociodemographic and professional characterization of the participants, including age, years of education, years of experience in the managerial role, employment status, and unit of work.

The second part consisted of open-ended questions aimed at understanding conceptions of leadership, managerial experiences, strategies used in daily work, challenges faced, and institutional influences on the exercise of leadership. It is important to note that the researcher, a nurse, had no hierarchical or close professional relationship with the participants, seeking to minimize potential biases in responses. Furthermore, the principle of reflexivity was adopted, recognizing the researcher's position as a nurse and researcher in the field of nursing management and leadership, maintaining a critical and reflective stance during data collection and analysis to reduce possible influences of her experiences and conceptions on the interpretation of the results. The data collection ended due to theoretical saturation, at which point new testimonies ceased to add relevant new elements to the corpus[3]. Saturation was assessed continuously during the data collection and

preliminary analysis of the interviews, revealing repetition of meanings, discursive patterns, and thematic cores, indicating sufficient empirical material for understanding the phenomenon under investigation.

The data regarding the nurses' profiles were entered into a Microsoft Excel spreadsheet and analyzed using simple and relative frequencies. The interviews were transcribed in full and organized into a textual corpus, which was subsequently processed using the Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRAMUTEQ) software, enabling statistical-lexical analyses applied to textual data[5]. Analyses were performed using Word Clouds and Descending Hierarchical Classification (DHC).

The Word Cloud graphically represents the frequency of vocabulary present in the text corpus, with more frequent words appearing more prominently. Descending Hierarchical Classification (DHC) groups text segments by lexical proximity, generating vocabulary classes organized in the form of a dendrogram. For the DHC, active forms (nouns, adjectives, and verbs) were considered, adopting as criteria the chi-square value ($\chi^2 \geq 3.84$) and $p < 0.05$, indicating a statistically significant association between vocabulary and classes.

Subsequently, content analysis was carried out, according to Bardin's framework[4]. The analysis was conducted in three stages. In the pre-analysis, an exhaustive reading of the interviews was carried out to familiarize oneself with the material and organize the textual corpus. In the material exploration stage, the text segments that comprised each class generated by the DHC were analyzed, seeking to identify the core meanings emerging from the speeches and their units of registration (words and themes). Finally, in the treatment of results and interpretation, a synthesis of the contents and the construction of analytical inferences were carried out, considering the objective of the study and the institutional context investigated. The triangulation between DHC and content analysis contributed to the robustness and depth of the data interpretation.

For assistance in the linguistic revision and textual organization of the manuscript, an artificial intelligence tool was used, without interfering in the data analysis, interpretation of results, or elaboration of conclusions, with the scientific content being entirely the responsibility of the authors.

The study was approved by the Research Ethics Committee of the Federal University of the State of Rio de Janeiro (UNIRIO), under CAAE No. 35014020.0.0000.5285 and Substantiated Opinion No. 4.465.242, approved on December 15, 2020. All participants were informed about the objectives of the research and signed the Informed Consent Form, in accordance with CNS Resolution No. 466/2012.

Results

Nine nurses holding managerial positions in different healthcare units participated in the study. Most participants were female (88.8%), with the predominant age range being between 38 and 44 years (55.5%). Regarding years of experience, there was a predominance of professionals with 15 to 20 years of experience (66.6%), as well as professional service time within the same range. As for working hours, shifts between 8 and 10 hours prevailed (44.4%). The sociodemographic and professional characteristics of the participants are presented in Table 1.

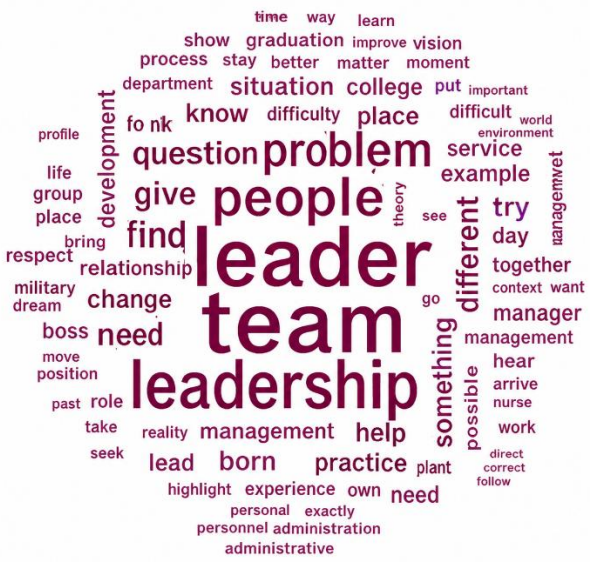
Table 1. Characterization of nurse managers. Rio de Janeiro, RJ, Brazil, 2021 (n=9)

Variables	N (%)
Sex	
Female	**8 (88.8%)**
Male	1 (11.1%)
Age	
27 to 32 years	1 (11.1%)
33 to 37 years	3 (33.3%)
38 to 44 years	**5 (55.5%)**
Years of training	
5 years < 10 years	1 (11.1%)
10 years < 15 years	2 (22.2%)
15 to < 20 years	**6 (66.6%)**
Years of professional service	
3 to < 5 years	1 (11.1%)
10 years to < 15 years	2 (22.2%)
15 to < 20 years	**6 (66.6%)**
Other job	
Yes	3 (33.3%)
No	**6 (66.6%)**

Work hours	
6 hours < 8 hours	2 (22.2%)
8 hours to < 10 hours	**4 (44.4%)**
12 hours or more	3 (33.3%)
Years of service in a management role	
1 year to < 3 years	**5 (55.5%)**
3 years to < 5 years	2 (22.2%)
5 years to < 10 years	2 (22.2%)

The textual corpus consisted of nine texts, 72 text segments, with a total of 2,434-word occurrences, of which 685 were distinct words, and 402 had a single occurrence (hapax). Using a word cloud, it was possible to graphically represent the most frequent words in the text, where the size of each word is proportional to the number of times it was repeated; in other words, the most frequently occurring keywords in the textual corpus were identified.

Figure 1. Word cloud generated from the text corpus. Rio de Janeiro, RJ, Brazil, 2021



The highlighted and most frequently occurring terms in the text corpus were leader (38), team (31), leadership (21), need (19), good (16), problem (15), manager (13), and give (13). The analysis of the Word Cloud and text segments indicates that leadership is associated with team management, problem-solving, and the need for support and fairness in the relationship with the group, highlighting the centrality of people management in the exercise of leadership in nursing.

> *"[...] when I ended up in a leadership position, I sought respect. I always strived to be united, to help, to see the problems, to show positive results, to implement changes in the sector that improve care [...]" (Nurse 1).*

> *"[...] it's difficult for a leader not to get involved, not to engage with problems, not to lend a hand. We always see managers as more distant people [...]" (Nurse 2).*

> *"[...] The leader commands the team, is the team's example, everyone follows what he does, so you can be a good manager, but a leader is different, although they have a lot in common [...]" (Nurse 4).*

DHC allowed the segmentation of the textual corpus into classes of text segments and their vocabulary, highlighting the central ideas arising from the participants' responses. Thus, the hierarchical analysis retained 72 text segments, classifying 61 of them, achieving a success rate of 84.72% and forming six classes.

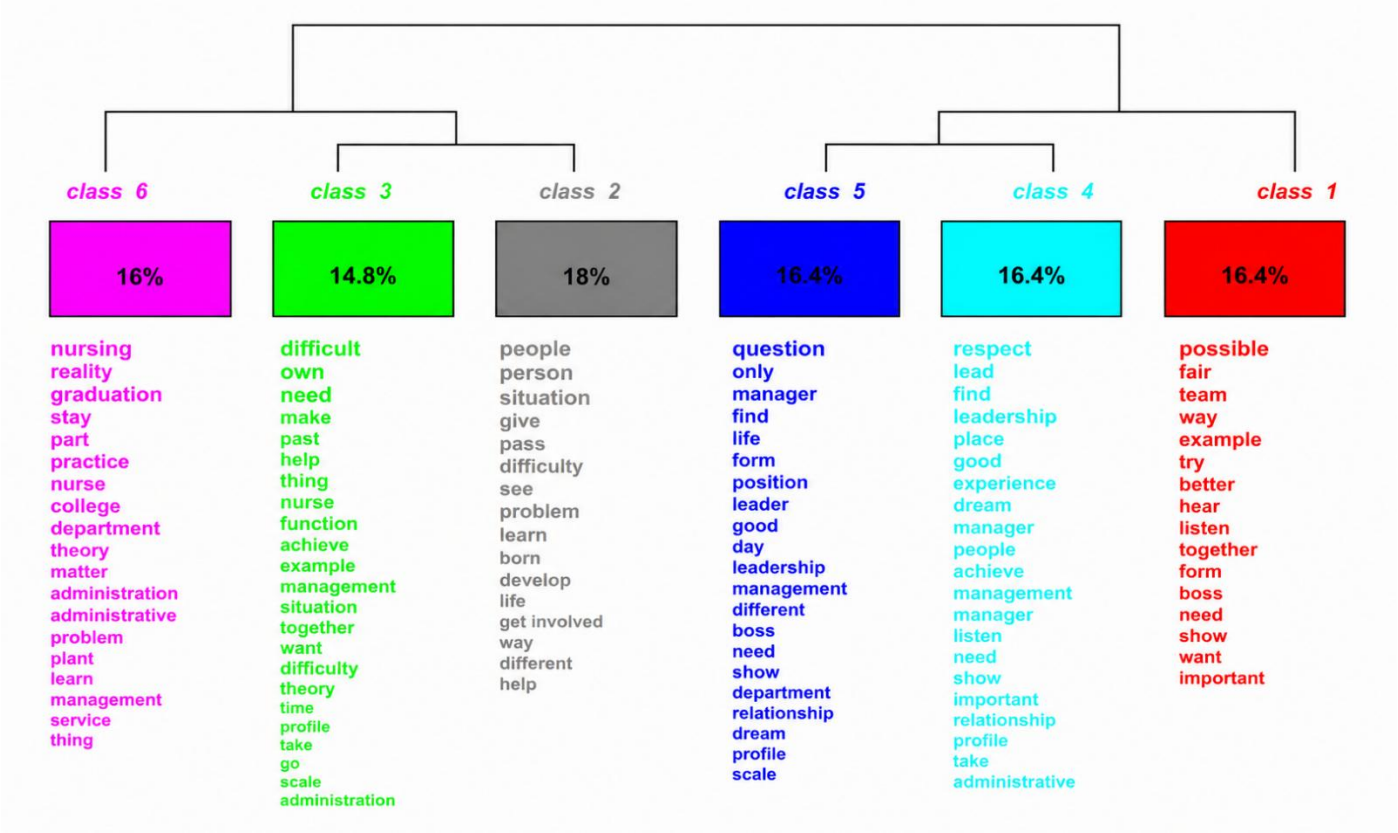
The textual corpus was organized into six lexical classes, structured along two thematic axes, as shown in the dendrogram (Figure 2). Class 1 corresponds to 16.4% of the text segments and is subdivided into Classes 4 and 5, which also represent 16.4% each. Class 6 corresponds to 16% of the segments and is subdivided into Classes 3 and 2, which represent 14.8% and 18% of the text segments, respectively. The organization of the classes highlights the thematic structure of the corpus and the distribution of the core meanings present in the participants' discourses.

The interpretation of the classes was carried out by reading the text segments with the strongest statistical association (χ^2), considering the context of the speech and the objective of the study, according to methodological recommendations for lexicometric analysis. From the interpretation of the text segments belonging to each class, three analytical categories emerged, which were subsequently analyzed using the content analysis technique proposed by Bardin[4].

Leadership from the perspective of the nurse manager

Category 1 encompassed classes 1, 4, and 5 of the DHC, which respectively address the characteristics a good leader should have from the perspective of military nurses, the essence of leadership, and the concepts of leader and manager.

Figure 2. Dendrogram of the Descending Hierarchical Classification (DHC) generated by the IRAMUTEQ software. Rio de Janeiro, RJ, Brazil, 2021



The words with a statistically significant association ($p<0.05$) in class 1 are: possible, fair, team, way, example, try, best, hear, listen, together. The participants' responses presented the characteristics of a good leader, how a leader should exercise their leadership, what they seek for their team, how they should be fair and set an example, listen to the team, and be available to help.

> *"[...] knowing how to listen to others, hearing what they have to contribute, receiving feedback, being as fair as possible, acting ethically, setting an example, not just giving orders, but being willing to sacrifice for the team [...]" (Nurse 4).*

> *"[...] being a leader means supporting and striving to improve alongside the team without being punitive, being as fair as possible, engaging in dialogue with the team, and knowing how to listen to them; they have a lot to contribute [...]" (Nurse 4).*

> *"[...] because you can't work alone, it's a two-way street; if we separate the leader and management, it's not good [...]" (Nurse 3).*

Class 4 represents the essence of leadership based on the participants' statements. The words with statistically significant association ($p<0.05$) were respect, leadership, find, place, good, experience, add, manager, and person. The analysis of the text segments indicates that participants associate leadership with personal and relational characteristics, highlighting respect, experience, and the ability to contribute to the team as central elements for the exercise of leadership. The statements reveal an understanding that some individuals possess innate leadership characteristics, while others develop these competencies throughout their professional careers. For the participants, a good leader is frequently associated with a good manager, with interpersonal respect being identified as one of the main characteristics for exercising leadership in a managerial context.

> *"[...] I think some people are born with the gift of leadership, a leadership profile, while others can improve it. Above all else, respect is key. Regardless of anyone's position, there needs to be respect, fair play, and open communication [...]" (Nurse 5).*

> *"[...] It's no use me imposing respect on you; I have to show you day by day that I'm not just here to lead, but to contribute [...]" (Nurse 1).*

> *"[...] I think that when you can be both a leader and a manager, you add value. If you put in a manager who can't lead well, because it's not a characteristic of the person [...]" (Nurse 8).*

Class 5 groups together vocabulary words with a statistically significant association ($p<0.05$): question, only, manager, think, and life. The text segments indicate that the manager is frequently perceived as an institutional position, predominantly associated with administrative and bureaucratic functions, while the leader is understood as a figure who exerts influence over people beyond the formal position, including in other spheres of life. A distinction is observed in the discourses between leadership and management, with leadership being associated with

personal and relational characteristics, while management is linked to the formal duties of the position. It is also noteworthy that participants point to gaps in their professional training regarding the approach to the concepts of leadership and management, which may explain the recurring presence of the word "think" in the discourses, indicating doubts and uncertainties regarding the definition and differentiation of these terms.

> *"I think the manager can get involved, but for more practical reasons, they can reduce their own problem load. If the contact is only with their direct reports, the volume of problems will be smaller" (Nurse 2).*

> *"I think things are different, yes, but when you're already a leader in other aspects of your life, it becomes easier. Being a manager is much more about what's predetermined [...]" (Nurse 8).*

> *"[...] the teachings on leadership were very conceptual within my training; the concepts of leadership and management weren't presented practically. It was all about concepts, mechanics, and decoration [...]" (Nurse 7).*

Category 1 shows that nurse managers understand leadership as a relational practice based on listening, a sense of justice, setting an example, and being available to support the team.

Challenges of leadership in the exercise of managerial functions in a military institution

Category 2 reveals that the exercise of leadership in the military context is affected by institutional limitations, especially those related to formal hierarchy and managerial autonomy. Participants highlight, in their statements, challenges related to the need to comply with institutional directives, conflict management within the team, and mediation between organizational and care demands. It is observed that nurse managers report difficulties in leading their teams, particularly in the face of institutional restrictions and hierarchical relationships that influence the decision-making process.

In class 2, the active forms that showed a significant association were: person, situation, give, difficulty, come, and pass. In this class, participants report the challenges and difficulties of leadership; through the participants' responses, nurse managers become better professionals when they put themselves in the place of the person being led, when they have the experience and practical knowledge.

> *"[...] today I see certain problems that people raise, some situations, because they haven't been on the other side, they've never worked shifts, they don't know how to manage. It's different for someone in management and someone in a leadership position [...]" (Nurse 2).*

> *"[...] the applicability to real-life situations came with experience, through living through them. I had to develop this myself; I know some colleagues don't even develop this. This development came with experience and observation because the situations are repeated, the problems are cyclical, and we adapt [...]" (Nurse 9).*

> *"[...] but in specific, local situations within my work, I can manage to bring harmony and reconnect with that person. Being together, not distinguishing between what each person does during peak moments or times of pressure [...]" (Nurse 8).*

> *"[...] it's difficult for a leader not to get involved, not to engage with problems, not to lend a hand. We always see managers as more distant figures [...]" (Nurse 9).*

Class 3 presents the following most significant vocabulary: own, difficult, need, past, help, thing, nurse, function. In this class, it was possible to identify that, being a military unit, there is a superior demand that often cannot be changed. This takes away some of the autonomy of the nurse manager, since they need to comply with the orders of their superior and end up not being understood by their team, generating friction in interpersonal relationships.

> *"[...] it's very difficult because we're constantly being questioned. Even the nurses and technicians themselves disagree" (Nurse 2).*

> *"Nobody comes to support you, to help you; even your own fellow nurses gang up against you. We're part of a system, and we have to adapt to it; there are things we can manage and others we can't, especially in a military regime [...]" (Nurse 2).*

> *"[...] some have an aptitude for developing skills, others need to develop them, and they struggle in leadership roles. To be a good leader, you need to have experienced the other side of the coin because it's very difficult to manage if you don't understand the challenges you face on duty [...]" (Nurse 3).*

> *"[...] my management style is driven by leadership; I'm not authoritarian or autocratic, or anything like that. I need to bring my audience along with me. For example, if I have this problem here, I know it will be difficult, but let's work together [...]" (Nurse 7).*

Category 2 revealed that nurses, when performing their managerial or leadership functions, face challenges stemming mainly from inexperience and lack of practical experience in nursing teams, but also from interpersonal relationships with the teams, which may even begin with the limited autonomy they have in managing conflicts and demands within the military institution.

The professional training of nurses regarding leadership in nursing

Category 3 addressed class 6 of the dendrogram, which highlights the words: nursing, reality, graduation, stay, part, practical, nurse, college, sector, theory, subject, administration, making evident the gap between theory and practice in nursing leadership, through the statements of nurse managers.

This class demonstrated, through the participants' responses, that while nursing education focuses on theory, the reality of practice is far removed from what is taught during undergraduate studies, particularly in conflict management.

> *"[...] during our undergraduate studies, we gain a managerial perspective, but it doesn't reflect the reality of the role. In daily practice, we encounter many managerial problems within the service that are directly related to nursing [...]" (Nurse 4).*

> *"Nobody tells you that you have to solve the problem of the nursing technician's break room (where they eat their meals), because they don't get along with the other technician and want*

> *to change shifts. What they teach in college ends up being very unrealistic" (Nurse 6).*
>
> *"Looking back, those were times in college, with subjects and disciplines in administration, but many things are taught during the internship. However, I believe that theory differs from practice, especially when the nurse comes to the field of work" (Nurse 2).*
>
> *"In the hospital setting, there's no magic formula for working, especially when it comes to handling conflicts with the team. University doesn't teach you that; only day-to-day experience will" (Nurse 6).*

Category 3 highlights gaps in nurses' training regarding the development of leadership and management skills, as indicated in the participants' statements. It is also noteworthy that several participants mentioned that conceptual aspects were not well consolidated during the undergraduate studies of the nurses interviewed.

The integration of these six classes demonstrates that the leadership exercised by nurse managers is multifaceted and traversed by three structuring dimensions: (1) conceptions of leadership from the perspective of the nurse manager; (2) the challenges of leadership in the exercise of the managerial function in a military institution; and (3) the professional training of nurses for the exercise of leadership. These findings reveal that nurse leadership articulates technical, relational, and organizational competencies, configuring itself as a central element for the qualification of care and for the organization of work in health. The analysis of lexical classes and text segments revealed that leadership, in the investigated context, is understood by nurses as a practice constructed in the daily routine of management, involving interpersonal relationships, decision-making, conflict mediation, and articulation between the team and the institution. Furthermore, challenges related to institutional hierarchical structure and gaps in professional training for the exercise of leadership were evident. The findings are discussed below, considering the scientific literature on leadership in nursing.

Discussion

The results of this study demonstrate that the leadership exercised by nurse managers constitutes a complex phenomenon, marked by the articulation between technical, relational, organizational, and ethical competencies. The six classes identified in the lexical analysis converge on structuring dimensions of managerial practice, related to conceptions of leadership, institutional challenges, and professional training. These dimensions are in dialogue with national and international studies that recognize leadership as a central axis for improving the quality of care and for coordinating nursing teams[1,5,9,11].

From the perspective of the participating nurses, leadership was understood as a relational practice based on communication, example, listening, and conflict mediation. These findings corroborate studies that indicate that leadership in nursing is strongly associated with communication skills, the establishment of trusting relationships, and the building of healthy professional bonds, elements that contribute to more collaborative work environments and better care outcomes[7,12,13]. In this sense, leadership in nursing goes beyond the administrative dimension and takes on a relational and organizational character, being built in the daily work and in the interactions between leaders and teams[14,15].

Regarding the challenges of exercising leadership, especially in hierarchical hospital institutions such as military institutions, the results indicate that the nurse manager occupies an intermediate position between institutional management and the care team, which requires negotiation, communication, and conflict mediation skills. Studies point out that organizational environments with high hierarchy and unfavorable working conditions can limit managerial autonomy and increase the complexity of work relationships, directly impacting the exercise of leadership and the organization of work in healthcare[16-18].

Regarding professional training, the results highlight gaps in nurses' preparation for leadership and management roles, especially concerning people management, conflict mediation, communication, and decision-making. This perception is consistent with the literature, which points to weaknesses in nurses' training for managerial functions, indicating that many leadership-related competencies are predominantly developed through professional practice[19,20].

The findings of this study are consistent with the assumptions of transformational leadership, a theoretical model widely discussed in nursing literature, which is based on the leader's ability to inspire, motivate, and individually support team members and promote professional development. This model is associated with better care outcomes, greater job satisfaction, and more collaborative work environments[2,6,11,21]. In the analyzed discourses, it was observed that nurses value characteristics such as listening, example, fairness, team support, and participation in sector activities, elements that correspond to the dimensions of transformational leadership described in the literature.

Management development programs, mentoring models, institutional spaces for professional support, equitable distribution of responsibilities, and encouragement of collaborative leadership are strategies identified in the literature and supported by the results of this study[8,22,23]. Recognizing the complexity of leadership in the daily practice of nursing is a fundamental step towards strengthening teamwork, professional development, and improving the quality of healthcare.

In a military context, leadership takes on specific characteristics, since the nurse manager operates within a strongly hierarchical organizational structure, with formal chains of command and institutional limits on decision-making. In this scenario, the nurse's leadership is not built solely on the authority of the position, but on the capacity for mediation, negotiation, and people management in contexts of relative autonomy, which increases the complexity of managerial practice in this type of institution[15,17].

Limitations of the study include the small number of participants and the fact that the research was conducted in a single military hospital, which may limit the transfer of

findings to other institutional contexts. However, the qualitative design allowed for a deeper understanding of the experiences and meanings attributed by nurses to leadership in the exercise of hospital management. Thus, the results of this study contribute to the understanding of nursing leadership as a relational, organizational, and institutional practice, especially in military hospital contexts, highlighting the need for training and institutional investments to strengthen care management and the quality of healthcare.

Conclusion

The results show that the leadership exercised by nurse managers in a military hospital is understood as a relational and organizational practice, built into the daily work routine and influenced by institutional, formative, and interpersonal factors. The meanings attributed to leadership are associated with communication, respect, decision-making, conflict mediation, and the ability to articulate between the team and the institution, demonstrating that leadership, in this context, goes beyond the exercise of formal authority and constitutes a social practice built in work relationships.

In practice, the findings suggest that strengthening leadership in nursing is related to institutional investments aimed at developing managerial skills, especially in people management, communication, and the management of collective work processes. Organizational environments that favor institutional support, participation in decision-making spaces, and professional development contribute to the consolidation of more collaborative leadership practices oriented towards quality of care.

The results point to the importance of expanding training and management development strategies throughout the nurse's professional career, including continuing education programs, mentoring, and institutional initiatives to strengthen leadership. The findings reinforce the importance of institutional and training investments aimed at developing leadership in nursing, especially in complex organizational contexts such as military hospitals.

This study contributes to the advancement of knowledge in nursing by highlighting the leadership of the nurse manager as a relational, organizational, and institutional practice, especially in military hospital contexts, which are still little explored in scientific literature. Thus, understanding nurse leadership from its meanings and challenges can contribute to the construction of formative and institutional strategies aimed at strengthening care management and the quality of health care.

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