

Leadership in nursing in a hospital setting

Liderazgo en enfermería en un entorno hospitalario

Liderança em enfermagem no contexto hospitalar

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Abstract

The aim was to analyze nurses' views on leadership as a work tool. This is a qualitative, exploratory, and descriptive study, conducted in a medium-sized hospital located in the interior of Santa Catarina. The research subjects were nurses who perform care or administrative activities in inpatient or emergency units at the selected location. The study has ethical clearance expressed by opinion number 5.493.160. The data were analyzed using discourse analysis, organized into three empirical categories and discussed in light of the Theory of Professional Bonds, highlighting: leadership as a work process, the exercise of leadership, and interpersonal relationships and the exercise of leadership. It was found that the nurses' understanding of leadership is directed as a practice focused on different dimensions, which are directly associated with interpersonal relationships, goal achievement, and the care offered, as well as competencies to coordinate the work group. Based on the results, the need for qualification and improvement of professionals for more effective leadership is considered.

Descriptors: Leadership; Nurses; Healthcare Management; Interpersonal Relationships; Work Groups.

Resumen

El objetivo fue analizar las perspectivas de las enfermeras sobre el liderazgo como herramienta de trabajo. Se trata de un estudio cualitativo, exploratorio y descriptivo, realizado en un hospital de tamaño mediano ubicado en el interior de Santa Catarina. Los sujetos de investigación fueron enfermeras que realizan actividades asistenciales o administrativas en unidades de hospitalización o urgencias en dicho hospital. El estudio cuenta con la aprobación ética expresada en el dictamen número 5.493.160. Los datos se analizaron mediante análisis del discurso, organizados en tres categorías empíricas y discutidos a la luz de la Teoría de los Vínculos Profesionales, destacando: el liderazgo como proceso de trabajo, el ejercicio del liderazgo y las relaciones interpersonales y su ejercicio. Se constató que la comprensión del liderazgo por parte de las enfermeras se orienta hacia una práctica centrada en diferentes dimensiones, directamente asociadas con las relaciones interpersonales, el logro de objetivos y la atención brindada, así como con las competencias para coordinar el grupo de trabajo. Con base en los resultados, se considera necesaria la capacitación y el perfeccionamiento de los profesionales para un liderazgo más efectivo.

Descriptoros: Liderazgo; Enfermeras; Gestión Sanitaria; Relaciones Interpersonales; Grupos de Trabajo.

Resumo

Objetivou-se analisar a visão dos enfermeiros sobre a liderança como instrumento de trabalho. Trata-se de um estudo qualitativo, exploratório e descritivo, realizado junto a um hospital de médio porte localizado no interior de Santa Catarina. Os sujeitos de pesquisa foram enfermeiros que executam atividades assistenciais ou administrativas nas unidades de internação ou urgência e emergência, no local selecionado. O estudo tem liberação ética expressa pelo parecer número 5.493.160. Os dados foram tratados segundo a análise do discurso, organizados em três categorias empíricas e discutidos à luz da Teoria dos Vínculos Profissionais, destacando-se: a liderança como processo de trabalho, exercício da liderança e a relação interpessoal e o exercício da liderança. Constatou-se que o entendimento dos enfermeiros frente à liderança está direcionado como uma prática voltada para diferentes dimensões, as quais estão diretamente associadas com o relacionamento interpessoal e obtenção de metas e o cuidado ofertado e com competências para coordenar o grupo de trabalho. Diante dos resultados, considera-se a necessidade de qualificação e aprimoramento dos profissionais para o exercício da liderança mais efetivo.

Descritores: Liderança; Enfermeiros; Gestão em Saúde; Relações Interpessoais; Grupos de Trabalho.



Introduction

The knowledge age and globalization have led humankind to seek the development of potential to best address organizational factors. Companies seek resources that guarantee the quality of their services and products, employing knowledge of the importance of the well-being and professional and personal development of their members¹.

Engaging in activities and intervening in care production environments are characterized as complex activities. Currently, health is considered a matter of great importance to the population, leading managers to develop and implement public policies of different kinds, such as management, assistance, education, and research, so that the population's health needs are actively addressed by health workers².

Nursing, as a profession in different healthcare system settings, comprises a set of components of scientific and technical knowledge described by a complex of social, ethical, and political practices in the care of human beings in different circumstances. Therefore, the ethical conduct of the professional involves a process of building individual and collective awareness, social and professional commitment, and responsibility within the framework of work relationships, along with its reflections in the technical, scientific, and political fields³.

Healthcare management considers the individual needs of people at different stages of life, aiming for well-being, safety, and autonomy, and is applied through individual, family, professional, organizational, systemic, and societal dimensions⁴.

Leadership is an indispensable skill in nursing practice, impacting the quality of the organizational culture of institutions and work relationships. Therefore, the question guiding this study arises: "What are the weaknesses and strengths of leadership in nursing among nurses working in a hospital in the interior of Santa Catarina?"

As a manager, nurses must be prepared to perform leadership roles, enabling transformations in the workplace, achieving organizational goals, and fostering teamwork. In this context, the general objective of this study is to analyze nurses' views on leadership as a work tool. Its specific objectives are to describe the difficulties and potential encountered by nurses in exercising leadership, and to understand the influence of interpersonal relationships in consolidating the leadership process in the work environment.

Methodology

This is a qualitative, descriptive, and exploratory study. The study took place at a medium-sized, philanthropic hospital located in the interior of Santa Catarina state. The institution serves people from the municipality where it is located and neighboring municipalities. It is a referral center for several specialties. Patients access services through the emergency room, outpatient clinics, referrals from other services, and scheduled elective appointments. The research was conducted in the Medical Clinic, Surgical Clinic, Affiliated Clinic, Pediatric Clinic, and Emergency Room sectors. The

research was carried out with 12 nurses affiliated with the partner institution that authorized the research.

The inclusion criteria considered were all nurses who perform care or administrative activities, of both genders, with at least one year of professional experience, working with a nursing team, and who plan patient care in the following units: Affiliated Clinic, Surgical Clinic, Medical Clinic, Pediatric Clinic, and Emergency Room, during the morning, afternoon, and night shifts.

Exclusion criteria for the research include nurses not participating in the management and administration of the units, having less than one year of experience, or being on leave, sick leave, or vacation during the data collection period.

Data collection procedures were initiated following authorization from the partner institution and a favorable opinion (Opinion No. 5.493.160) from the Unidavi Research Ethics Committee. Data collection was carried out using an interview guide, developed by the researcher, with open and closed questions addressing professional training time, area of activity, and factors inherent to the nurses' vision and performance regarding leadership in nursing. To improve the data collection instrument, a pilot test was conducted with two participants whose profiles resembled those of the study, although these participants did not participate in the research. This allowed for adjustments, improvements, and validation of the interview guide in terms of clarity, objectivity, content adequacy, and time required to complete the instrument. The research subjects took approximately 20 minutes to complete the data collection instrument.

It is important to note that the data collected are for the exclusive use of this study. The nurses were identified and approached after meeting the inclusion criteria proposed by this research, with the support of the nursing service and management of the institution for the identification of the participants.

The researcher introduced themselves individually to each study participant, read and discussed the Informed Consent Form (ICF). After freely and spontaneously agreeing to participate in the study, the nurses signed the ICF, in duplicate, one copy for the researcher and the other for the interviewee. Each professional comprising the study population was interviewed individually, in a private setting, minimizing the risk of embarrassment.

Data collection took place in each professional's own work area, in a location where the nurse could meet the demands of this study. At the end, each research subject was thanked for their participation.

The data obtained through the interviews were organized into a digital file. The interpretation of the data was carried out through discussions with the current literature. For the analysis, elements of the Theory of Professional Bonds proposed by theorists and nurses Maria Buss Thofehn and Maria Tereza Leopardi were used, in addition to the precepts of the content analysis technique defined by Bardin⁵.

The theory of professional bonds was developed from a partnership between nurses and theorists Maira Buss



Thofehrn and Maria Tereza Leopardi. The authors based their work on Pichon-Rivière's notions of bonding and Leontiev's activity theory, which in turn originates from Vygotsky's assumptions that the subject is in constant interrelation with the object, mediated by a mediating tool or artifact. This theory aims to theorize the relationships established in the nursing work environment through the strengthening of the team, mediated by the construction and consolidation of professional bonds. Thus, the theory constitutes a set of general, flexible, and interdependent definitions and strategies, serving as both conceptual and practical reference for improving the nursing work process^{6,7}.

According to Bardin⁵, content analysis is a set of techniques for analyzing communications, through which it is possible to systematize and describe the content of messages by organizing them into categories. This analysis can be described in three stages: pre-analysis, where data from various sources are organized; analytical description, where exhaustive and repeated reading of the material is carried out, thus forming units of meaning; and the final stage of inferential interpretation, where the aim is to give meaning to the whole through the construction of empirical categories.

The study presented minimal risk to participants, although the risk of embarrassment for nurses when answering the data collection form items should be considered. Regarding the data collection instrument, the data obtained guaranteed the anonymity of the participants. The data collection instruments were numbered sequentially according to the data collection process, and this number replaced the participant's name (RN 1, RN 2, RN 3, and so on). In terms of benefits, the study anticipates contributing to the improvement and development of skills, competencies, and behaviors among professionals working in nursing management, enabling them to organize action planning, achieve established goals, negotiate conflicts,

make strategic decisions, and promote more cooperative and interconnected work methods.

Results and Discussion

Considering the data collection procedures, 20 professionals were invited from among the institution's professionals who met the inclusion and exclusion criteria for the research. However, 2 interviewees were on vacation, and 6 interviewees did not express interest in participating in the research, even after the invitation was reiterated in three attempts, and were therefore excluded from the study. Thus, 12 nursing professionals participated in this research, 9 of whom were female and 3 males.

According to the Federal Nursing Council⁸, the nursing workforce in Santa Catarina is predominantly female. Women make up 87.7% of the total number of professionals. It is important to note that, even though it is a predominantly female category, men are present at 11.5%, a percentage below the national average (14.4%).

The age range of the professionals who participated in the study varied between 26 and 50 years. When questioned about their work experience in relation to their professional training, participants stated that they had between 1 year and 2 months and 33 years of experience as nurses. Of the 12 participants in the research, 7 reported having specializations in the areas of auditing, pediatrics, ICU, emergency medicine, psychiatry, and hospital management; 4 participants reported not having any type of specialization, and 1 participant is currently pursuing a specialization in auditing.

The data analysis was carried out by organizing them into categories, described according to the literature and concepts of the Theory of Professional Links, following the principles of content analysis indicated by Bardin. As proposed by Bardin⁵, the collected data were organized into 3 categories, making it possible to highlight categories and subcategories in the chart below:

Chart 1. Categories and subcategories of analysis. Rio do Sul, SC, Brazil, 2022

Categories of analysis	Subcategories	Presentation of the speech	Presentation of the content
Leadership as a work process	Understanding leadership	<i>"[...] leading the team through knowledge, respect and humility; managing in pursuit of the best results" (RN 12).</i>	It presents leadership as an integral part of healthcare service management, focused on teamwork and achieving results.
	Leadership styles	<i>"Democratic, I believe in valuing people and in motivation" (RN 4).</i>	It highlights leadership styles as well as other skills involved in the health management process.
The exercise of leadership	The leader in action	<i>"Teamwork; defining activities and tasks; schedules; staff sizing; task verification, among others" (RN 2).</i>	The responsibilities of leadership are intertwined with the daily actions of the nurse manager.
	Challenges and potential of leadership	<i>"Difficulties: avoiding established bad habits; listening and implementing changes; following routines [...]" (RN 6).</i> <i>"Strengths: developing a fair and ethical personality; being a supportive person; being confident, demonstrating confidence [...]" (RN 4).</i>	They acknowledge both the difficulties and the potential in the leadership process; however, the presentation of difficulties is emphasized more than the potential.



Interpersonal relationships and the exercise of leadership	-	"I believe that in the sector where I work, being a leader means leading a team by showing the why, the reason for demanding something, often by doing it yourself and showing how it should be done so that they can do the same" (RN 9).	Interpersonal relationships are geared towards command within a leadership and subordination position, based on the feedback of results in accordance with the institutional schedule.
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Leadership as a work process

This category will present information that integrates nurses' understanding of leadership and its different styles in the field of nursing.

Understanding leadership

Leadership is characterized as a highly relevant skill in the nurse's performance in society and in today's job market. Through leadership, the nurse guides their work process, directing their team towards achieving organizational goals⁹.

In seeking to understand the interviewees' definition of leadership, the following was identified:

"A practice that involves interpersonal relationships, a mechanism for achieving goals, and consequently promotes and/or contributes to the success of healthcare organizations" (RN 4).

"A professional with the knowledge and skills to coordinate a team" (RN 5).

"Successfully delegating tasks to your team in order to provide the best patient care" (RN 10).

Nurses' understanding of leadership is geared towards a practice focused on different dimensions, which are directly associated with interpersonal relationships and goal achievement, the care provided, and the skills to coordinate the work group. A good leader needs to provide opportunities for group integration, encouraging co-responsibility for knowledge building, as well as the autonomy of team members. The Theory of Professional Bonds (TPB) discusses the need for a democratic process among nursing team members, where the nurse has the capacity for leadership and delegation of functions, structuring their actions through planning, execution, and evaluation of the activities developed by the nursing team¹⁰.

The nurse, as a leader, has the role of motivating and mediating the interpersonal relationships established by the nursing team, in which relationships should be based on respect and trust, involving verbal and non-verbal communication, where valuing these relationships favors the desired results in the work environment¹¹. Regarding leadership in the work process and defined interpersonal relationships, participants highlight:

"To be the point of reference for the team, the one who knows how to make decisions, who defines the procedures, who knows their team and their patients, in short, the person who leads and commands the unit" (RN 3).

"Leadership in nursing contributes to a strong team/nurse relationship, goal setting, objectives, quality care, influencing the team, and motivating them to achieve better results" (RN 9).

Professionals recognize that leadership should be established through interpersonal relationships within the

team, influencing them by guiding activities and constantly motivating them. Through TPB, it is understood that establishing favorable professional bonds fosters a pleasant work environment, positively impacting the practice of nursing and directly affecting the quality-of-care provided⁷.

As a manager, the nurse needs to be equipped to assume the role of a leader, an essential requirement to achieve transformations in the workplace, reach institutional goals, and foster teamwork. The complexity demanded by the job market requires nurses to be dynamic in managing resources to provide quality care and effective service delivery¹². Professionals perceive leadership practice as a tool for achieving institutional goals, as highlighted in the following statements:

"Essential to the process, as it allows the nurse to organize the service, exchange knowledge, and adjust objectives with the team" (RN 4).

"It is of utmost importance to define the proposed objective in the unit you lead" (RN 6).

"I see him as a facilitator in leading the team and meeting the institution's needs" (RN 8).

Understanding leadership skills is crucial for professionals to establish action plans that foster development in the work process, aligned with the goals set by the institution where they work. The leadership style of nurses is highly relevant in the accountability of the nursing team, contributing to group commitment to the institution, improving the quality of care provided, and enhancing patient safety¹³. Patient safety is demonstrated in the following accounts:

"The person responsible for distributing tasks among the team, sharing and passing on knowledge, and evaluating customer service to ensure the target audience is served safely" (RN 6).

"The nurse is able to supervise the activities performed by the team, delegating them in a way that does not compromise patient safety" (RN 8).

"Regarding evaluating the care and attention provided to patients, distributing and guiding the activities of other nursing professionals" (RN 11).

According to the testimonies, it is clear that nurses recognize that a leader's ability to delegate tasks directly influences the nursing care provided, thus ensuring safe and meaningful care.

The coordination of nursing care in professional practice is recognized through actions of planning, organization, and management of care, aiming at its continuity and supporting the institution's policies and plans. Therefore, nurses need to foster a culture of organization that improves care practice, by properly staffing, promoting qualifications, and developing a care model that guides



nursing actions⁴. Discussing the strategies used in the practice of nursing care management, the interviewees pointed out:

"As nurses, we need to take the lead, as it is our job to lead, organize, and plan; this is part of our work process and is present in our daily lives" (RN 3).

"Managerial function that requires a legal delegation of authority. Organization of daily routines" (RN 7).

The nurse, as coordinator of the nursing team, must consider the attributes of each team member, their feelings, culture, and environment, planning strategic leadership actions that provide advantageous interpersonal relationships for the success of the actions¹⁴.

Leadership styles

Conceptions about leadership styles relate to the human process of choosing which style will best suit the specific organizational needs of both the leader and the follower and can directly influence and direct team performance¹⁵. Among the leadership styles mentioned, the discourse of the following interviewees stands out:

"Democratic" (RN 8).

"Democratic leadership" (RN 11).

Democratic leadership emphasizes teamwork, in which everyone is informed about the organization's objectives and the process being developed, as well as their role within that context. Among its characteristics, democratic leaders work with their team through suggestion, persuasion, and teaching, not through authority¹⁶. The democratic leadership style was identified by some participants as the most suitable, according to the proposed characteristics, promoting quality work and cooperation within the team. Among other leadership styles presented by the interviewees, the following were observed:

"Leadership with an emphasis on people (patient and team) and tasks" (RN 6).

"Leadership with an emphasis on team development" (RN 7).

Considering the definitions mentioned by the participants, the speeches do not constitute a leadership style but rather characterize attributes of a specific style: transformational leadership. In this model, the leader creates opportunities to listen to their team, clarifying the duties and responsibilities of the members. Transformational leadership aims to enhance the progress of the members' capabilities, thus facilitating team performance, productivity, and institutional goals, directing team behaviors to achieve collaboration and reciprocity among its members¹⁷. In some testimonies, participants reported behavioral characteristics necessary for effective leadership.

"Calm" (RN 2).

"[...] confidence and charisma" (RN 10).

When questioned about their leadership style, most participants were unable to identify the leadership style they employ in their daily work, citing interpersonal characteristics frequently used in their work routine. It is understood that nurses comprehend leadership, however, in a fragile way, needing to develop essential leadership skills to guide, assist, and orient their team towards achieving the proposed goals, along with effective communication, thus enabling precise and organized work¹⁸.

The exercise of leadership

This category will highlight issues related to leadership within the partner institution where the research was conducted.

The leadership process encompasses diverse activities and peculiarities, being directly related to the organization of work and the way the team establishes and articulates work requirements. Through this demand to incorporate different dimensions, it provides an opportunity to articulate the main processes of professional practice, focused on caring and managing, transforming work into something more efficient, productive, and ethical¹⁹. Given the complexity of the hospital environment and that leaders are primarily responsible for improving performance by developing, implementing, and monitoring service management, it is necessary to understand the required responsibilities, challenges, and potential in leadership performance.

The leader in action

The practice of nursing is regulated by the Federal Nursing Council (COFEN), through Law No. 7,498/86, in which Article 11 refers to the duties of nurses, mostly related to planning, organization, coordination, execution, and evaluation of activities related to nursing care²⁰. The main responsibilities of nurses in leadership roles can be identified in the accounts of the interviewees:

"Onboarding training, scheduling time off and vacations, periodic meetings regarding new rules, payroll and conduct, ordering supplies and CAF (as I am responsible for inventory management), specific instructions, responding to customer service inquiries, dismissals and hiring" (RN 3).

"Constantly evaluate the performance of professionals. Propose measures to resolve complicated situations" (RN 4).

"Maintain good communication with the team, patient, and family. Exercise caution in situations involving the team. Be in direct contact with the patient during care. Listen attentively to the team and/or family. Pay attention to providing comprehensive care" (RN 10).

Participants reported that to perform their leadership-related activities, it is important to acquire the necessary knowledge to manage nursing care and interact with their colleagues, with qualified listening skills, and by continuously evaluating nursing practices.

Among the responsibilities of the lead nurse are the management of nursing services and units, planning, organizing and coordinating the team members under their

supervision, and promoting healthy interpersonal relationships in the workplace²¹.

The Nursing Care Systematization (SAE) is regulated in Brazil by Resolution No. 358/2009 of the Federal Nursing Council (COFEN) and must be implemented in all units where nursing care is provided. It is characterized by the guidance and management of care, ensuring comprehensive care by the nurse through individualized attention²². SAE is another activity performed in the daily work routine related to leadership, according to the reports:

"My activities are related to the organization of the sector, team scheduling, evaluation, and monitoring of the team's routine, nursing progress notes, nursing care plan, expense reports, and evaluation schedules" (RN 5).

"SAE" (RN 11).

Through the testimonies, some professionals presented the Nursing Care Systematization (SAE), a tool that organizes the entire operationalization of the nursing process, as an element that contributes to the exercise of leadership. Through the nursing process, the nurse implements nursing diagnoses and prescriptions, supervising their application through the nursing team. This requires skills and clinical reasoning, allowing for innovation in care planning and enabling professional autonomy²³.

Challenges and potential of leadership

Among the challenges faced by leaders are team turnover, conflict with other professionals, interpersonal relationships, lack of engagement, and autonomy. Other factors related to professional training time, team acceptance, and outdated knowledge are commonly encountered difficulties²⁴.

When asked about the main difficulties encountered in exercising leadership, the following statements stand out:

"Lack of committed and qualified professionals; the number of patients versus the number of professionals, in the absence of these professionals, puts healthcare at risk" (RN 7).

"Organizing work time, distributing administrative and caregiving tasks, taking into account daily occurrences that require priority" (RN 8).

It is noticeable that in their daily work, nurses face several difficulties related to the scarcity of human resources and the management of working time. Balancing activities makes exercising leadership difficult. As coordinator of the nursing team, the nurse performs care management activities, organizing work and interpersonal relationships within the same environment. The application of TPB presents a management model focused on teamwork, as a mediating tool, to reduce the difficulties imposed in the work environment¹⁰.

Even though nursing constitutes the largest workforce in hospital institutions, the number of personnel is still insufficient to provide quality care, making nursing staffing levels inadequate and overburdening the nursing team with a larger number of patients to care for¹⁹. The

reduced number of staff directly affects the quality of care, according to the reports indicated:

"Unfortunately, the staffing levels are inadequate. You need to understand that each employee has a different personality, and it's necessary to differentiate between them. When you're new to a department or institution, you need to win over the team and demonstrate your potential" (RN 3).

"[...] difficulties: work overload" (RN 4).

"Lack of continuity between shifts; reduced number of employees; lack of commitment" (RN 11).

Articulating the care and management processes has been one of the difficulties faced by nurses, where a lack of knowledge, management skills, hierarchy, as well as a lack of preparation regarding the necessary competencies, has led to the segmentation of the nurse's work process, making it difficult to improve the quality of care, the ultimate goal of the care manager²⁵. The recognition of potential linked to the leadership process is not a condition that is clearly evident among the professionals interviewed. In the following statement, the interviewee mentions bureaucratic tasks as elements of leadership that can interfere with patient care, creating an obstacle to the consolidation of potential.

"Sometimes we fall short in these areas of potential, we can't accomplish both at the same time, since my priority is patient care, while we handle the bureaucratic aspects every day, which we can't manage in the other area" (RN 2).

Nurses occupy a large proportion of hospital management positions, being oriented towards leadership from their training, in which they play a significant role in healthcare, dealing daily with numerous situations that demand analysis and understanding of the work process, as well as decision-making²⁰. In the nurse's managerial work process, the objects of work are the organization of work and human resources. These objects are among the main facilitators reported by the participants:

"Potential: A well-led team tries to stay motivated and do its best [...]" (RN 1).

"[...] Your team will feel comfortable telling you something when you're not happy with it" (RN 9).

"[...] Creativity to lead the team, perfectionism in action and in the way of caring" (RN 10).

The potential of professional practice in relation to leadership, as described by nurses, was poorly reported. Professionals attributed the established trust within their team and innovation in leadership skills as contributing factors to the leadership process. Leadership directly contributes to the achievement of organizational goals, allowing nurses to guide their teams, acting as motivators who encourage reflection on their work, recognizing the work of their members, and providing support and collaboration for quality care. TPB allows nurses to address suffering in their work environment, transforming it into a pleasant place capable of providing pleasure and



satisfaction, assisting in the development of therapeutic care, and meeting patients' needs^{10,26}.

Interpersonal relationships and the exercise of leadership

Leadership in nursing is established through the relationships of dependence between different individuals and between these individuals and their environment, with interpersonal relationships being essential characteristics in the development of a nurse leader. The nurse's ability to interact with different sectors of the environment and promote a network of favorable interdependencies reflects the nurse's maturity, making them an example and protagonist in the care provided²⁷.

The exercise of leadership, related to the nurse's involvement and commitment to the nursing team, is linked to providing feedback on work results. The different feedback provided by the leader of their team was highlighted in the following accounts:

"Feedback" (RN 1).

"In addition to daily check-ins and guidance, feedback is provided showcasing positive results, praising the team, and presenting compliments from patients and their companions" (RN 3).

"Speak in a friendly, sincere way" (RN 11).

As a leader of the nursing team, the nurse needs to develop their potential to improve essential leadership skills, especially in the communication process and in building a supportive environment conducive to leadership, guiding the improvement of a role model and management style for nurses in organizations²⁸.

It is observed that the interpersonal relationships established between nurses and the nursing team in the exercise of leadership value the search for team perceptions about their actions and practices adopted during care provided, while other significant functions of the leader should also encompass interpersonal relationships and the exercise of leadership.

For a team's goals to be achieved, the nurse leader must be able to maintain high levels of motivation. This skill adds value to the nurse's work and promotes interaction between the leader and team members. Human motivation is recognized as a set of dynamic factors present in personality that determine everyone's behavior. These factors encompass the entire personality, and when motivated, the individual applies their intelligence, feelings, instincts, and experiences to achieve their goals²⁹. Motivation and communication emerge as part of the interpersonal relationships described by the interviewees, according to the following accounts:

"Attitude, listening to the team, seeking improvements together with the team, among other things" (RN 2).

"Guiding and coordinating the team, motivating the team (goals, organization, good teamwork); providing support to carry out their tasks, answering questions, and giving guidance" (RN 9).

"[...] It's important to listen to the team's opinion, especially since they are the ones who perform the tasks (RN 12).

When nurses maintain a shared, clear, and reliable dialogue, they contribute to establishing favorable professional relationships among their team members, ensuring everyone participates in decision-making and the organization of activities, thus valuing the workers who are fundamental to the success of nursing practices⁷.

Professional autonomy is an important condition in the healthcare field, where actions should be guided by assessments based on the professional's knowledge, ensuring appropriate conduct in addressing the patient's needs. The activities carried out by different professionals occur within a sphere of autonomy and responsibility, according to their area of expertise, and in a way that the team can coordinate its work. Its members must consider the interdependence of their actions and the professional autonomy of others³⁰.

Autonomy is fundamental to the exercise of leadership. Nurse leaders need institutional support to guide team actions, making the work process more agile. Among the interviewees, autonomy in decision-making is linked to interpersonal relationships when directed towards the team and to relationships with levels of institutional hierarchy. The interviewees' accounts formalize their perceptions regarding autonomy in the leadership process:

"Currently, I have the autonomy to lead the team and also to count on technical support, material resources, training opportunities, and tools that facilitate the mapping of results" (RN 4).

"Autonomy in decision-making facilitates management. The lack of it is a big problem because it hinders the process" (RN 7).

"I rate it positively because the nurse has complete freedom to act as they see fit" (RN 10).

Through the testimonies, professionals positively evaluate leadership opportunities within their institution, utilizing resources, skills, and competencies developed in response to the dynamics of the work, fostering team leadership and enabling the achievement of proposed objectives. However, some participants presented a different view regarding autonomy in their field of work, as shown in the following testimonies:

"Limited" (RN 7).

"Within the possibilities of the sector" (RN 11).

The performance of a nurse leader should be permeated by the ability to motivate, establish effective communication, and make assertive decisions. When relationships are primarily determined by the feedback of results, the leader's duties tend to be exercised restrictively, without achieving the purposes that guide interpersonal relationships. Commitment is an internal stimulus capable of leading people to achieve their goals. It arises with the purpose of influencing the behavior of individuals, expanding opportunities to achieve expected goals, since knowing how to motivate people is fundamental to sustaining oneself in the work environment³¹.



Final Considerations

Throughout the development of nursing care, the nurse has been responsible for managing the care provided, carrying out administrative activities using tools in the work process, in which leadership stands out.

The nursing professionals participating in this study analyzed leadership as an indispensable practice in the work process, being a tool that directly assists in the management of the nursing team, defining conduct, achieving goals, promoting strategic actions, and influencing the team. Therefore, the management of health services and teamwork aimed at achieving goals were identified as attributes of leadership.

Leadership demands specific skills and competencies involving action planning, interpersonal relationships, motivation, and effective communication. Therefore, nurses must recognize leadership styles and adopt the one that best represents the leader's personal needs, the team's specific characteristics, and the institution's interests. Recognizing a leadership style to adopt implies qualification and improvement for the nurse.

Nurses are naturally seen as managers or those responsible for nursing services. In this context, nurses have also been linked to leadership positions within a team. For a leader to be recognized by their peers, it is not enough to simply manage a service. Leadership requires attributes that include, among others, empathy, persistence, self-motivation, and commitment. During their professional practice, nurses should seek opportunities to develop their leadership roles. Although leadership is recognized as a relevant practice, most interviewees encounter difficulties in using this care management tool. The main difficulties pointed out by the participants were reconciling

bureaucratic and caregiving activities, dealing with a reduced number of professionals, a shortage of qualified professionals, and limitations in their field of practice.

The difficulties in managerial practice were evident in this study when processes related to the exercise of leadership were attributed to everyday work actions. Several strengths were highlighted by the interviewees. Trust between team members and the leader was the determining factor for good team performance.

Communication proved to be a great ally in the exercise of leadership, characterizing itself as a primary resource for understanding and evaluating the performance of team members, contributing to the creation of a favorable environment, and fostering efficient nursing care. The ability to motivate people proved essential in the exercise of leadership. Through motivation, the leader was able to guide the team towards achieving institutional goals, as well as promoting interpersonal relationships.

Leadership opportunities were linked to professional autonomy. This condition depends on the professional profile and the interests of the institution. Recognition of institutional planning, responsibility, and the leader's ability are factors that can determine the degree of professional autonomy.

It is expected that this theme can contribute to improving care management, supporting the development of reflections to address challenges. The nurse must be a professional capable of coordinating their team, developing techniques aimed at qualifying and consolidating actions, using planning, skills, competencies, and behaviors that motivate the team to achieve established goals, making the work environment productive.

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