EFFECTIVE LEADERSHIP AND THE CHALLENGES EXPERIENCED BY NURSES IN THE CONTEXT OF PRIMARY HEALTH CARE

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ABSTRACT
Objective: to understand the concept of leadership, the challenges experienced and the strategies adopted by nurses for effective leadership in the context of Primary Health Care (PHC). Method: qualitative study, carried out with 18 nurses in October 2023. Data were collected through a focus group and thematic content analysis was performed. Results: based on the data, three thematic categories were defined: Leadership in PHC: conception and necessary attributes, Leadership actions for safe care in PHC, and Challenges and strategies for implementing effective leadership. Conclusion: the study contributes to improving the scientific knowledge of nurses and managers about the reality faced by nurses in the implementation of effective leadership in PHC.

Keywords: Leadership. Primary Health Care. Nursing. Health Management. Organizational Culture.

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INTRODUCTION

The Unified Health System (SUS) through Primary Health Care (PHC) performs the function of coordinating and guiding care for the population, following the principles of Health Care Networks (RAS) that seek to integrate the various levels of care to ensure complete, continuous and quality care for users of the health system.[1]

Given its problem-solving profile, PHC has the Family Health Strategy (FHS) as a priority model in Brazilian health policy, which proposes a new way of approaching health, focusing on the family as the central element of care. Therefore, this occurs through the offer of a humanized approach to the linked population that covers health promotion, disease prevention and comprehensive treatment actions.[2]

Within this perspective, nurses are responsible for planning and performing all nursing activities within a multidisciplinary team by the legal provisions of the profession, from ensuring the availability of resources to managing and training the team. He also works in nursing consultations, ordering exams, prescribing medications, referring to other services and continuing education.[3]

In this scenario, nursing assumes a propelling role due to the nurse's problem-solving capacity based on their technical-scientific competence. In addition, it is relevant to emphasize that most PHC have nurses working in management positions.[1]

Thus, the primary skill to manage a health unit is leadership, since a participatory approach is sought in the management of health services. Transformational leadership is a style that promotes the development of both leader and team skills, having a strong relationship with nursing by inspiring and empowering members through collective work. This style seeks to motivate the team to achieve institutional goals and objectives, supporting organizations in achieving expected results. Despite the weaknesses present in different definitions related to leadership, leadership is an essential element for nurses' responsibilities.[1,4]

Furthermore, fostering an organizational culture in healthcare that prioritizes patient safety requires effective leadership. By fostering an environment that encourages open communication of issues and the expression of concerns, leaders can act decisively to ensure the protection of both patients and staff members. Therefore, leaders who foster a positive organizational climate contribute to increasing job satisfaction among professionals, reducing errors, and strengthening the patient safety culture.[5,6]

Thus, the nurse's work process requires the exercise of leadership from the

management of the nursing team to other levels of care, such as the management of health services, to conduct and align the work process through the direction of the team.[1]

From this perspective, to exercise leadership, it is essential to understand it as a skill that encompasses all areas of nursing work: care, management, teaching and research. In addition, it is highlighted that leadership, in particular, requires additional educational training and experience.[2]

Given the above, and based on the assumption of the importance of this competence in the performance of nurses in PHC, the following question arises: What is the conception of leadership and the challenges experienced by nurses in PHC?

The study becomes relevant, given that the theme has been widely debated in several studies, presenting leadership as a fundamental competence of nurses for the execution of their responsibilities.[2] Given the considerations presented, the present study aims to understand the conception of leadership, the challenges experienced and the strategies adopted by nurses for effective leadership in the context of PHC.

METHODOLOGY

This is a descriptive study, of a qualitative nature, which was reported by the recommendations of the *Consolidated Criteria for Reporting Qualitative Research* (COREQ).[7]

The research was carried out with nurses who work in PHC in a municipality in the Zona da Mata Mineira, which has 22 PHC units and 22 nurses, all working in the logic of the Family Health Strategy. The survey participants correspond to a simple random sample. The inclusion criteria were: being a nurse working in PHC in the researched municipality. Those who were away from office or on vacation during the data collection period were excluded. Thus, 18 nurses showed up on the scheduled day and were incorporated into the present study.

Data collection was conducted during October 2023, using the focus group method. This method allows direct interaction between participants, facilitating the exchange of opinions, discussions, and attitudes. The technique aims to encourage group members to respond to each other, expressing agreement or disagreement through questioning and when receiving or providing answers. The focus group stimulates a variety of ideas and experiences, providing the researcher with a deeper understanding of the actions taken by the participants.[8]

For data collection, there was a moderator and an observer. Both met to discuss their impressions at the end of the focus group. The focus group was held in an auditorium of the municipal health department of the city studied. Only one meeting was held, lasting approximately 120 minutes. The following guiding questions were addressed: What do you mean by leadership? Do you consider yourself a good leader? In your opinion, what are the characteristics of a leader? Can you list the leadership actions that can reflect on patient safety in PHC? What are the main difficulties you face in exercising leadership with your team? What actions or practices could be adopted for you to carry out more effective leadership?

The focus group was audio-recorded and later transcribed in full. Each member was identified by the letter E (nurse) followed by a sequential number, corresponding to their participation in the focus group.

The data were submitted to the Content Analysis technique, following the steps: pre-analysis, exploration of the material, treatment of the results, inference and interpretation.[9] Initially, the testimonies were read in a comprehensive and detailed manner, allowing an immersion in the content to fully understand the information transmitted by the participants. Then, a thematic selection was carried out to identify the main themes or elements with similar meanings, enabling the categorization and interpretation of these elements in the light of the existing literature. This analysis resulted in the elaboration of three categories: "Leadership in PHC: conception and necessary attributes", "Leadership actions for safe care in PHC" and "Challenges and strategies for the implementation of effective leadership".

All ethical principles were respected by Resolution 466/2012 of the National Health Council. The research was approved by the Ethics Committee for Research with Human Beings of the Federal University of the Applicant, opinion no.: 5.368.913.

RESULTS

A total of 18 nurses participated in the study. From the data analysis, it was revealed that there was a predominance of females, with 15 (83.33%). Regarding the length of professional experience, three nurses with less than 1 year (16.67%), two from 1 to 3 years (11.11%), one from 3 to 5 years (5.56%) and twelve with 5 years or more (66.67%) can be verified. At the same time, another variable that stood out was the length of service in the position in the current unit. It was observed that ten nurses were less than 1 year old

(55.56%), four were between 1 and 3 years old (22.22%), three were between 3 and 5 years old (16.67%) and one was 5 years old or older (5.56%).

LEADERSHIP IN PHC: CONCEPTION AND NECESSARY ATTRIBUTES

When asked about the importance and conception of leadership, the nurses correlated this competence with individual attributes such as: qualified listening, interpersonal communication skills, strategic decision-making skills, ethical discernment and ability to motivate teams.

Yes, very important. (E11)

Leadership is not just about stimulating and encouraging people or a group towards one goal or several goals. (E3)

Regarding its importance in the unit, it becomes fundamental to provide a cooperative, pleasant and coherent environment, resulting in a good interpersonal relationship, thus achieving the expected objectives. (E5)

Yes, we consider ourselves good leaders. It's not easy to be a leader, it's conflict all the time becoming very complicated. So the first topic is to know how to listen. A good leader has to know how to listen and interpret what has been passed on to him. Respect the team, as everyone has different thoughts and issues. Encourage and motivate the team because it is not just about charging, because we receive demands all the time. Ethical conduct, knowing how to speak without cursing, having posture. To be impartial, without privileges. And whenever there is a problem within the team, use dynamics to try to solve and go through this process, because there are people who have been there for 10, 15 years and don't know each other. (E9)

LEADERSHIP ACTIONS FOR SAFE CARE IN PHC

When nurses were asked about how leadership actions can contribute to safe care in PHC, the following practices were reported: working as a team, establishing care protocols, and continuing education.

Very important. Attention, respect and teamwork. (E2)

We have listed some fundamental actions: stimulating teamwork, establishing service protocols together with the team and actively participating in these protocols, identifying the demands of the team and then carrying out training and aligning what is deficient, taking what is an insufficiency of the team and transforming it into a potentiality. (E4)

CHALLENGES AND STRATEGIES FOR THE IMPLEMENTATION OF EFFECTIVE LEADERSHIP

There are challenges experienced by nurses that interfere with the development of effective leadership. Among them, the following stand out: resistance to change, work overload, nurse turnover, lack of institutional support and interpersonal conflicts.

Resistance to change. We have to pass the changes and updates to the team in our service and we see a lot of resistance to change. The lack of information, what it takes to be a good leader and the profile to perform this function, and more education on this topic is needed. And the overload of functions, because it is difficult to be a leader, manager, care, and this makes this process difficult. (E10)

I have a hard time saying no. Saying no and they accept no, which is the hardest thing. (E16)

And another, they are older and already come from a different doctrine with difficulty in changing so you can't say you can't and out of nowhere you look bad. Because even when you start to get to know the team, we change because we are not competitive and we do not have stability in place. This is a major flaw in the family health strategy. I've been in PHC since 2005, because when you start to get to know your assigned area, here comes the chair dance and you turn. And then, you start gearing up with your team and the turnover makes you get a different team again. (E13)

Given this, the nurses highlighted the strategies that can help in the development of effective leadership in the context of PHC. Among them are: team motivation, institutional support, performance evaluation, continuing education and nurses' autonomy.

We have listed some topics such as: motivation of the team and professionals who are in the network, institutional support, conflict management, performance evaluation, training and qualification on the topic of leadership to be more discussed and to have more actions related to this to direct the service. (E2)

I think we need constant training because we will always deal with different problems and have the flexibility of how to solve it, for us to get to this point it takes time and we need the support of leadership training to show some conflicts that we can have and how to solve them. (E7)

This performance evaluation should be a tool for us to use data in a way of encouraging the team itself. That professional who does all the actions and develops everything properly, he cannot be compared to the other who does not do it. So this discrepancy will demotivate the rest of the whole team. So I'm going to have empathy, I'm going to consider the teams each with their particularity, but I can't equalize everyone, if everyone doesn't do it, then it would be a tool for us to develop. (E8)

When you have the motivation to be there together, the team walks together, you have a reason to be there, I think that all makes a difference. We professionals also need a lot of motivation, a thank you and recognition of what we are doing, of how we strive to perform the service. Everyone in the unit can make mistakes, but it is the nurse who pays for everyone. So we need support and motivation because if we don't we can't hold on. (E15)

I think it's important to make a statement about this motivation because we have internal and external motivation. I deal a lot with interns, I love it! I always say, because you arrive with an energy that gives us a boost to keep it firm daily. After all, our internal motivation decreases. After all, there is no external motivation anymore. We don't have support, dialogue and proximity with the management. So, we are distant and soon the demands for collection come and you think: have they come here to see our reality? So I think we have to restructure so that we can be there with an open heart. (E18)

DISCUSSION

The interpretation of the data made it possible to verify the predominance of female participants, in line with the findings of the Nursing Profile Survey in Brazil, which evidences the predominantly female nature (85.1%), which is a historical particularity of the profession.[10]

The results made it possible to identify the conception of leadership, identifying five fundamental competencies: qualified listening, interpersonal communication skills, strategic decision-making skills, ethical discernment and ability to motivate teams. Among them, active listening has been discussed as a skill that, like any other, must be learned, practiced and perfected. Thus, nurses need to develop this competence as a fundamental tool.[11]

Regarding effective communication, when considering the dynamics of the nursing work process, it is emphasized that for the development and implementation of assertive conducts, it is extremely important to use communication appropriately. In this context, this skill emerges as a fundamental element to relate to the multiprofessional team and is an essential component for safe care.[12]

Regarding decision-making during the execution of their activities, nurses are faced with the need to make challenging decisions daily. This responsibility arises mainly from their function of supervising the provision of care to the patient, implying, consequently, in decision-making, in the establishment of horizontal communication and in the effective management of services.[13]

About professional ethics, nurses who work in PHC must maintain ethical conduct in all their activities. This is necessary to ensure the provision of quality care, ensuring respect for humanitarian values. Assuming an ethical stance implies a conscious reflection that is aligned with the profession's code of ethics, guiding decision-making to preserve socially accepted principles and values.[2]

In addition, the nurse's leadership function comprises the training, coordination and integration of the nursing team's activities aimed at providing care effectively. It is the nurse

who plays the central role in motivating the team, enabling the achievement of its purpose, which is in line with the findings of this study, as one of the competencies reported by the nurses was the management of the PHC team.[12]

It is emphasized that effective leadership is essential to build an institutional culture focused on patient safety, in addition to recognizing that failures and errors may occur in the care process, which must be analyzed and corrected. Patient safety refers to organized activities that, through appropriate cultures, processes, and technologies, consistently aim to reduce risk and prevent preventable harm in health care delivery and is crucial at all levels of health care. [5]

At the same time, leadership actions that can positively impact the safety of care were recognized, with emphasis on: teamwork, continuing education, and the establishment of care protocols.

Together, the literature recognizes that teamwork collaborates to improve accessibility and excellence in health care, as well as in the experience of professionals in their daily lives. Thus, it is noted that teamwork has the potential to generate superior results in health care for users and the community as a whole. In addition, it can contribute to improving the satisfaction of the professionals involved.[14]

When considering the acquisition of additional skills for health professionals, continuing education becomes fundamental as a strategy for the construction of nurses' learning. This practice represents one of its primary functions to be performed for the progress of the health team. In this context, it is essential to link continuing education as a fundamental responsibility of nurses in PHC, as this approach enables personal development and improves the quality of the service provided.[2]

The nurses highlighted that to ensure an effective communication process in the team, it is crucial to adopt standardized protocols. These facilitate adherence to the fundamental principles that must be respected and contribute to the reduction of adverse events associated with lack of communication. Therefore, the implementation of work organization protocols plays a vital role in the continuity of care and the promotion of patient safety.[15]

Regarding the challenges for the development of effective leadership, the nurses reported resistance to making changes, work overload, nurse turnover, lack of institutional support and interpersonal conflicts as the main obstacles to developing effective leadership in PHC.

In the context of health, the resistance to make changes evidences the persistence of concepts and preconceptions ingrained among professionals, which imposes obstacles to the transformation process. At the same time, an important aspect in this path is the methodology used, which must be based on planned organizational change and participatory management, an international trend, to integrate the individual into the process.[16]

A study carried out in 2019 to analyze the difficulties and facilities of the work process of PHC nurses found the scarcity of management support, the overload of tasks and interpersonal conflicts as obstacles that permeate the nurse's routine, directly impacting the care provided to users.[17.18]

One of the nurses highlighted, in his speech, the expression "musical chairs", emphasizing the high turnover of the nursing team in the health services. Also known as turnover, it refers to the flow of human resources in and out of an organization. Its occurrence not only generates a burden for the organization, but also has a direct impact on the quality of the care offered. In the area of health, high rates of external turnover can impair the effectiveness in meeting the needs of the population, as well as compromise the quality of health care offered to individuals, families and the community in general.[19]

In the context of the actions to be developed, the motivation of the team, institutional support, performance evaluation, continuing education and the autonomy of nurses were evidenced as strategies capable of assisting in effective leadership.

Concomitantly, leadership exerts a positive influence on the organizational climate and relationship networks, promoting healthier work environments, expanding organizational commitment, generating satisfaction and fostering professional engagement. In addition, it enhances relational integrity by promoting motivational behaviors of both the leader and his employees in the expression of courage, moral and ethical values, self-awareness, and emotional intelligence. These attributes reflect beneficially in professional practice.[12]

The National Primary Care Policy emphasizes the importance of institutional support to improve work processes in PHC, contributing to a more efficient management of health care. Established by the National Humanization Policy, institutional support is based on interdisciplinarity, participation and cooperation between health professionals and users, integrally promoting health. Among the responsibilities of the supporting institution, the mediation of conflicts between workers, managers and users stand out; support for the

implementation of spontaneous demand reception; assistance in carrying out the situational diagnosis of the territory; and the elaboration of the epidemiological profile of the local population. This profile favors the elaboration and reorganization of the teams' work processes, going beyond vertical administrative models that pay little attention to the social and health context.[20]

In this way, performance evaluation is an integral stage of the performance management cycle, playing a role both before and after other equally crucial phases. This evaluation implies the formulation of judgments about the behaviors manifested by individuals and teams, using predefined criteria for the verification of performance. In this context, it acquires a summative nature, capable of identifying which deficiencies negatively impact work performance.[21]

Finally, nursing autonomy is supported through the application of theories and the adoption of care based on the nursing process. It is understood that nursing is inherently an autonomous profession, capable of performing its activities independently in various contexts. Therefore, it is the nurse's responsibility to achieve this autonomy, supported by their knowledge and understanding of the positive value that the profession plays in society.[22]

Regarding the limitations of the study, it is important to emphasize that the results cannot be generalized, since the research was conducted exclusively in a single scenario.

CONCLUSION

The nurses' perception of leadership and its fundamental attributes were: qualified listening, interpersonal communication skills, strategic decision-making skills, ethical discernment and ability to motivate teams.

Among the challenges experienced by them, the following stood out: resistance to change, work overload, nurse turnover, lack of institutional support and interpersonal conflicts. On the other hand, the strategies for the application of effective leadership were evidenced: team motivation, institutional support, performance evaluation, continuing education and nurses' autonomy.

The study can contribute to improve the scientific knowledge of both professionals and managers about the reality faced by nurses in the implementation of effective leadership in PHC, and, thus, provide subsidies to develop strategies aimed at qualifying the execution of leadership within the teams.

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