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RESEARCH

COACHING LEADERSHIP IN THE EVALUATION OF NURSES, NURSING TECHNICIANS AND ASSISTANTS

A LIDERANÇA COACHING NA AVALIAÇÃO DE ENFERMEIROS, TÉCNICOS E AUXILIARES DE ENFERMAGEM

LIDERAZGO COACHING EN LA EVALUACIÓN DE ENFERMEROS, TÉCNICOS Y AYUDANTES DE ENFERMERÍA

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ABSTRACT

Objectives: to identify nurses' self-assessment of leadership coaching and the assessment of Nursing technicians and assistants about their leader. Correlate the variables: age, sex, graduation, postgraduate, institution and training times, position and work shift with the domains of leadership coaching (communication, feedback, power and influence). **Method:** correlational study in two hospitals (A and B) in *São Paulo*, SP, Brazil. For data collection, two validated questionnaires were used called: "Questionnaire for nurses' self-perception in the exercise of leadership" and the other for Nursing technicians and assistants (the led): "Questionnaire for the perception of Nursing technicians and Nursing in the exercise of leadership". The sample, for convenience, consisted of 104 pairs, with 52 nurses and 52 technicians/assistants from hospital A and an equal amount at hospital B. Descriptive statistics and the Mann-Whitney test were used ($p < 0.010$). **Results:** at hospital A there was a divergence between the nurses' self-perception of their coaching leadership and the evaluation of Nursing technicians and assistants regarding their leader ($p=0.008$), considering the total score of the scales. In hospital B, only the "communication" domain was different ($p=0.010$) and, in this location, the variable graduation of technicians and assistants was significant for "power" ($p=0.03$). **Conclusion:** leaders were recognized differently by their leds, considering the domains of leadership coaching. This should be an opportunity for improvement to establish new paths when leading a team and achieving the established goals.

Keywords: Leadership; Mentoring; Nursing.

RESUMO

Objetivos: *identificar autoavaliação dos enfermeiros sobre liderança coaching e a avaliação dos técnicos e auxiliares de Enfermagem sobre seu líder. Correlacionar as variáveis: idade, sexo, graduação, pós-graduação, tempos de instituição e formação, cargo e turno de trabalho com os domínios da liderança coaching (comunicação, feedback, poder e influência).* ***Método:*** *estudo correlacional em dois hospitais (A e B) de São Paulo, SP, Brazil. Para coleta de dados usaram-se dois questionários validados denominados: "Questionário de autopercepção do enfermeiro no exercício da liderança" e o outro destinado aos técnicos e auxiliares de Enfermagem (liderados): "Questionário de percepção do técnico e auxiliar de Enfermagem no exercício da liderança". A amostra, por conveniência, constituiu-se de 104 duplas, sendo 52 enfermeiros e 52 técnicos/auxiliares do hospital A e igual quantidade no hospital B. Utilizaram-se estatística descritiva e o teste de Mann-Whitney ($p<0,010$).* ***Resultados:*** *no hospital A houve divergência entre autopercepção dos enfermeiros sobre sua liderança coaching e avaliação dos técnicos e auxiliares de Enfermagem a respeito do seu líder ($p=0,008$), considerando a pontuação total das escalas. Já no hospital B, apenas o domínio*

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"comunicação" foi diferente (p=0,010) e, nesse local, a variável graduação dos técnicos e auxiliares foi significativa para "poder" (p=0,03). ***Conclusão:*** *os líderes foram reconhecidos de maneira distinta pelos seus liderados, considerando os domínios da liderança coaching. Isso deve ser uma oportunidade de melhoria para estabelecer novos caminhos ao liderar uma equipe e alcançar as metas estabelecidas.*

Palavras-chave: *Liderança; Tutoria; Enfermagem.*

RESUMEN

Objetivos: *identificar la autoevaluación de los enfermeros sobre el liderazgo coaching y la evaluación de los técnicos y ayudantes de enfermería sobre su líder.* ***Correlacionar las variables:*** *edad, sexo, grado, posgrado, tiempos de institución y capacitación, cargo y turno de trabajo con los dominios del liderazgo coaching (comunicación, retroalimentación, poder e influencia).* ***Método:*** *estudio correlacional en dos hospitales (A y B) de São Paulo, SP, Brasil. Para la recogida de datos se utilizaron dos cuestionarios validados : el "Cuestionario para la autopercepción de los enfermeros en el ejercicio del liderazgo" y otro para técnicos y ayudantes de enfermería (seguidores): "Cuestionario para la percepción de los técnicos y ayudantes de enfermería en el ejercicio del liderazgo". La muestra, por conveniencia, consistió en 104 pares, con 52 enfermeros y 52 técnicos / ayudantes del hospital A y la misma cantidad del hospital B. Se utilizaron estadísticas descriptivas y la prueba de Mann-Whitney (p <0.010).* ***Resultados:*** *en el hospital A hubo una divergencia entre la autopercepción de los enfermeros de su liderazgo de coaching y la evaluación de los técnicos y ayudantes de enfermería con respecto a su líder (p = 0.008), considerando el puntaje total de las escalas. En el hospital B, sólo el dominio de "comunicación" fue diferente (p = 0.010) y, en esta ubicación, la variable grado de técnicos y ayudantes fue significativa para el "poder" (p = 0.03).* ***Conclusión:*** *considerando los dominios del liderazgo coaching,los seguidores reconocieron de distintas maneras a sus líderes. Esta debería ser una oportunidad de mejora para establecer nuevos caminos al liderar un equipo y lograr los objetivos establecidos.*

Palabras clave: *Liderazgo; Tutoría; Enfermería.*

INTRODUCTION

Leadership is recognized as a managerial competence essential to the work of several professionals, including nurses.[1,2] Defined as a process of intentional influence of the leader on the led, with a view to achieving goals common to both and aligned with the current organizational culture leadership is considered essential for the competent and responsible performance of nurses, who must be able to execute it.[3-5] This performance demands not only technical and scientific skills, but includes a series of emotional skills such as flexibility to deal with the conflicts that arise between the members of the work team, sensitivity to recognize and manage talents and determination to lead the group towards the expected results.[6] These attitudinal aspects constitute a professional highly valued by employers, due to the beneficial changes they can bring to companies.[7] In addition, the insertion of the nurse in the work market depends on the ability to assist, manage, teach, research and participate politically, work processes based on leadership.[8]

According to the World Health Organization (WHO), "the lack of management and leadership capability at all levels of the health system is most often cited as a decisive constraint to improve the quality of care, the expansion of health services and achieve the millennium development goals".[9] To understand the multidimensionality of this competence, several contemporary models stand out: authentic leadership,[10] transformational leadership,[11] charismatic leadership,[12] coaching leadership,[13] among others.

It is noted that researchers are concerned with measuring these constructs and verifying their relationship with care and management variables.[10,11,14] However, considering the last 10 years, we have only two instruments available in the Brazilian literature.[12,15] In this research, we chose to use coaching leadership, since the measurement instruments derived from this model were built and validated for Brazil.[15]

Coaching is the process of facilitating another person's learning and development using the potential, to achieve the desired results. The coaching process stimulates people's ability to reinvent themselves and find valid alternatives, despite the constraints of the context in which they operate.[16] Coaching leadership is based on the theory of situational leadership. It is assumed that in order to develop people, the leader must consider the maturity of the led and the situation experienced. Learning is continuous and raises the team's desires.[13] The dimensions of this model are communication, feedback, power and influence.[13]

Coaching proposes a cultural shift towards decentralization and participation, which requires a new mindset within organizations. The development of the necessary competencies for leaders is the objective. In Brazil, the practice of coaching is relatively new, and there are few academic works that allude to it, especially in health and Nursing.

Given the above, the question is: what is the assessment of nurses, Nursing technicians and assistants who work in hospitals on the exercise of coaching leadership? With this study, it is expected to identify how the exercise of coaching leadership is, to verify the assessment of Nursing technicians and assistants on their immediate leader, to propose strategies for the development and improvement of this competence for managers and to advance in the knowledge of this theme.

Thus, the objectives of this study were: to identify nurses' self-assessment of coaching leadership and the assessment of Nursing technicians and assistants about their leader. Correlate the variables: age, sex, graduation, post-graduation, institution and training formation, position and work shift with the domains of leadership coaching (communication, feedback, power and influence).

METHOD

This is a correlational study carried out in two large general hospitals, located in the south of the city of São Paulo, SP, Brazil, identified as hospitals A and B chosen for convenience.

Hospital A is classified as an extremely important place for teaching, as it is a university hospital. It currently has 800 beds and serves the most diverse specialties. It houses medical residency programs and multiprofessional residency programs.

Hospital B is recognized as a center of excellence in kidney transplantation and treatment of kidney disease. It has 151 beds, 16 of which are in the ICU, a surgical center with four rooms and nine beds for day hospital. It is accredited by the National Accreditation Organization (NAO).

The inclusion criteria were being a nurse, technician or Nursing assistant, with at least three months of employment with the institutions. This requirement was adopted in view of the need for these professionals to have passed the experience period and to have a minimum time of bonding in the leader and the led relationship. The sample was of convenience.

Initially, nurses were approached about the purpose of the study. Then, they selected a Nursing technician or assistant from their team. This professional was consulted later. Thus, pairs were formed considering the nurse's self-assessment of coaching leadership and how the Nursing technician or assistant selected evaluated the nurse in the exercise of this competence.

The nurse was unaware of which employee on his team was drawn. This is because such components were identified with numbers known only to researchers. The Nursing technicians or assistants, on the other hand, knew who the leader was and should be assessed, since the nurse's name was described on the collection instrument.[15] All anonymity was guaranteed to prevent any influence that could interfere in the participants' responses.

During the data collection period, from April to November 2017, carried out concurrently in the two institutions, 140 professionals (70 pairs) from hospital A were invited, of which 104 (52 pairs) accepted the invitation. In hospital B, 150 professionals were invited (75 pairs), of which 104 (52 pairs) accepted the invitation. There was a sample loss of 41 pairs (hospital A + hospital B) with the exclusion of those in which the nurses did not obtain an assessment from the selected Nursing technicians or assistants.

The data collection instruments used were: "Questionnaire for nurses' self-perception in exercising leadership" (QUAPEEL)[15] and the other for Nursing technicians and assistants (the led), named: "Questionnaire for the perception of the Nursing technician or assistant in the exercise of leadership "(QUEPTAEEL).[15] Both contain structured questions and are composed of three parts: the first is formed by sociodemographic data of the subjects (age, gender, if someoneis currently studying, if someone has a degree, if someone has a graduate degree, institution time, training time, training institution, position and work shift); the second with open and closed questions, related to the subjects' knowledge about the leadership theme; and the third with the four domains of leadership coaching: communication, feedback, power and influence. The latter is composed of a Likert scale with six fields of variation (1 = "never" - I do not perceive the statement; 2 = "rarely" - eventually I perceive the statement; 3 = "not always" - I sometimes perceive the statement; 4 = "almost always" - I often perceive the statement; 5 = "always" - I perceive the statement every time. In the end, the higher the score, the greater your coaching leadership). All questionnaires were constructed and validated and are authorized for use in other studies.[15]

After authorization by the author of the questionnaires and the Research Ethics Committee (CEP) of the *Universidade Federal de São Paulo* (UNIFESP) under Nr. 2,003,392, data were collected. Secondarily, they were analyzed using descriptive statistics. To verify the correlation between the domains of coaching leadership and the sociodemographic variables, the Mann-Whitney test was used, with $p<0.010$.

RESULTS

Tables 1 and 2 show sociodemographic characteristics of leaders (nurses) and the led (Nursing technician or assistant) contained in QUAPEEL[15] and QUEPTAEEL,[15] respectively, with absolute and relative frequency, means and standard deviation.

One of the instrument characterization questions inquired how the professional conceptualized leadership. The choice options were: 1) the process of influencing people's behavior to achieve goals in certain situations; 2) the process of transforming the behavior of an individual or an organization; 3) the legitimate right to exercise power within the organization to obtain workers' obedience. Both respondents, the leader and the led, most of them agreed when conceptualizing leadership as the process of influencing people's behavior to achieve goals in certain situations, 75% (n=39) of nurses from hospital A and 71.2% (n=37) of nurses from hospital B, and 63.5% (n=33) of auxiliaries and technicians from hospital A and 75% (n=39) of technicians and assistants from hospital B.

In another question, the instrument asked Nursing technicians or assistants if they considered their nurse to be a leader, and the same question was asked of nurses - whether they considered themselves a leader. Most nurses, both in hospital A, 96.2% (n=50), as in hospital B, 100% (n=52), responded affirmatively and 78.8% (n=41) of hospital A, 94.2% (n = 49) of hospital B of assistants and technicians considered nurses to whom a leader report.

Another question was focused on the leadership style that the nurse considered exercising, and in the questionnaire for Nursing technicians/assistants, the same question was asked - whether they should indicate the leadership style exercised by their nurse. The response options were: 1) people-oriented leadership; 2) task-oriented leadership; 3) both styles, depends on the situation. Another

Table 1 - Sociodemographic variables of the leaders and the led at hospital A. *São Paulo*, SP, Brazil, 2017 (n=52)

Sociodemographic variables	Nurses	Nursing Techiniciansor Assistants
Age; mean ± sd	35 ± 7.2	40.2 ± 8.6
Gender (Male)	7 (13.5%)	8 (15.4%)
Post-Graduation (Yes)	49 (94.2%)	-
Institution Time (years); mean ± sd	6.4 ± 5.2	10.6 ± 6.8
Training Time (years); mean ± sd	8.7 ± 6.9	14.5 ± 7.4
Shift (Morning)	31 (59.6%)	39 (75%)
Shift (Afternoon)	9 (17.3%)	9 (17.3%)
Shift (intermediário (M/A))	9 (17.3%)	1 (1.9%)
Shift (Night)	3 (5.8%)	3 (5.8%)

Table 2 - Sociodemographic variables of the leaders and the ledat hospital B. *São Paulo,* SP, Brazil, 2017 (n=52)

Sociodemographic variables	Nurses	Nursing Techiniciansor Assistants
Age; mean ± sd	35 ± 4.5	37.2 ± 8.7
Gender (Male)	13 (25%)	21 (40.4%)
Post-Graduation (Yes)	33 (63.5%)	11 (21.2%)
Institution Time(years); mean ± sd	4.3 ± 3.2	5.1 ± 4.2
Training Time (years); mean ± sd	8 ± 3.5	10.8 ± 6.7
Shift (Morning)	36 (69.2%)	8 (15.4%)
Shift (Afternoon)	21 (40.4%)	43 (82.7%)
Shift (intermediário (M/A))	7 (13.5%)	6 (11.5%)
Shift (Night)	9 (17.3%)	45 (86.5%)

question in the instrument inquired to point out the interpersonal skills that the professional considered necessary for a leader. The possible options to be emphasized were: 1) communication skills; 2) ability to give and receive feedback; 3) ability to gain power and exercise influence; 4) all the skills mentioned above. For leadership style and interpersonal skills, the leaders and subordinates agreed, considering the category "both styles (people-oriented leadership; task-oriented leadership),"it depends on the situation" as the most frequent answer (90.4%, n=47 for leaders and 71.2%, n=37 for hospital A leaders and 65.4%,n=34 for leaders and 63.5%, n=33 for hospital B leaders). For the question of what interpersonal skills do they consider necessary for a leader, the category "all the skills mentioned above" was the most frequent answer (55.8%, n=29 for leaders and 46.2%, n=24 for hospital A leaders and 40.4% for leaders, n = 21, and 53.8%. n=28, for team members from hospital B).

Both questionnaires indicated strong scale consistency, with Cronbach's alpha of 0.944 for QUAPEEL and 0.941 for QUAPTAEEL in hospital A and 0.83 for QUAPEEL and 0.95 for QUAPTAEEL in hospital B.

The p-values of the Mann-Whitney test for comparing the perception of the dimensions of the coaching leadership scale (communication domain, feedback, power and influence) between nurses (leaders) and Nursing technicians or assistants (the led) are shown in Tables 3 (hospital A) and 4 (hospital B).

It was observed that at hospital A there was a difference between nurses' self-assessment of their coaching leadership and the assessment of Nursing technicians and assistants regarding their leader (p=0.008), considering the total score of the scales. In the domain "giving power and exercising influence" there is also this divergence (p=0.001). In hospital B, only the "communication" domain was different (p=0.010).

By correlating the sociodemographic variables of nurses and Nursing technicians or assistants with the domains of leadership coaching, it was observed that only graduation was statistically significant for the "power" domain, considering Nursing technicians and assistants (p=0.03) at hospital B.

Table 3 - Summary and p-value measurements of the Mann-Whitney test for comparing the assessments of the dimensions of coaching leadership between nurses (the leaders) and Nursing technicians or assistants (the led) at hospital A, *São Paulo*, SP, Brazil, 2017

	N	Minimum	Maximun	Mean	Standard-Deviation	Median	1st Quartile	3rd Quartile	p-value
Total Score (the leader)	52	31	99	82.59	11.96	85.5	77.75	91.25	0.008
Total Score (the led)	52	39	100	74.09	17.05	75	62.5	88.25	
Communication (the tleader)	52	8	25	21.26	2.672	22	20	23	0.704
Communication (the led)	52	12	25	20.84	3.37	21	19	24	
Give and receive feedback (the leader)	52	6	25	20.84	3.52	22	19	23	0.029
Give and receive feedback (the led)	52	9	25	19	4.45	20	17	22	
Empower and exert influence (the leader)	52	10	25	20.82	3.25	21.5	19.75	23	0.001
Empower and exert influence (the led)	52	6	25	17.55	5.39	18.5	14.75	22	
Support the team to achieve results (the leader)	52	7	25	19.65	3.92	20	18	22	0.035
Support the team to achieve results (the led)	52	3	25	16.69	6.34	17	12	22	

Table 4- Summary and p-value measurements of the Mann-Whitney test to compare the assessments of the dimensions of coaching leadership between nurses (the leaders) and Nursing technicians or assistants (the led) at hospital B, *São Paulo*, SP, Brazil, 2017

	N	Minimum	Maximun	Mean	Standard-Deviation	Median	1st Quartile	3rd Quartile	p-value
Total Score (the leader)	52	72	99	84.9	6.2	85	80.8	90	0.087
Total Score (the led)	50	48	100	86.4	10.7	88	82	93.8	
Communication (the leader)	52	17	25	21.1	2.1	21.5	20	22	0.010
Communication (the led)	52	11	25	22.1	2.6	25	21	24	
Give and receive feedback (the leader)	52	17	25	21.5	1.8	21.5	20	23	0.249
Give and receive feedback (the led)	50	12	25	21.7	2.7	22	20	23.8	
Empower and exert influence (the leader)	52	19	25	21.6	1.8	21	20	23	0.671
Empower and exert influence (the led)	52	12	25	21.3	3.3	12	20	24	
Support the team to achieve results (the leader)	52	15	25	20.7	2.3	21	19	22	0.101
Support the team to achieve results (the led)	52	12	25	21.2	3.3	22	20	24	

DISCUSSION

In the current world, the way in which leadership must be exercised needs to be differentiated due to the various forms of interpretation and internalization of information by employees. Coaching leadership emerges as a model to be implemented in organizations. This study proceeds by comparing its domains between the leaders and the led, thus offering managers a possibility to plan individual development proposals focused on results.

From the point of view of the characterization of the sample, it was verified, both in hospital A and hospital B, that nurses have less training and time in the institution compared to Nursing technicians or assistants, being a reality of teaching hospitals and a challenge for nurses to exercise their leadership.

In this research the leaders and the led, in both hospitals, agreed when conceptualizing leadership as the process of influencing people's behavior to achieve goals in certain situations, which meets the definitions in the literature.[1,2,15]

The nurses at the two hospitals pointed out as important the balance of leadership focused on people and tasks, depending on the situation in question. Besides that, interpersonal skills, both for nurses and for Nursing technicians or assistants, were communication, give and receive feedback, gain power and exert influence. This shows that having just one of these skills is not enough, considering the needs of the current work market.

Cronbach's alpha obtained in both institutions was 0.944 (QUAPTAEEL) and 0.941 (QUAPEEL) in hospital A and 0.83

(QUAPEEL) and 0.95 (QUAPTAEEL) in hospital B. In the validation study, the values found were similar.[15]

At hospital A, the p-value of the Mann-Whitney test for comparing the perception of the dimensions of the coaching process between nurses and Nursing technicians or assistants showed a significant difference in the perception of the leaders and the led, both in the total score of the instruments used (p=0.008) and in the item "giving power and exerting influence" (p=0.001). In the validation study, there was also a difference in the total score of the instruments (p=0.001) and in the "communication" domain, with p=0.001.[15] This fact corroborates an imperative need for hospital organizations to adapt to changes in the context in which they operate, considering that leadership is of great interest to contemporary managers. For this, decentralization of power is mandatory to optimize management practices and establish effective leadership.[16-19]

At hospital B, the p-value of the Mann-Whitney test for comparing the perception of the dimensions of the coaching process between nurses and Nursing technicians or assistants in the item "communication" was 0.010, demonstrating that this competence is not in line with what is expected of the coach.[13] Furthermore, another study adds that leadership is positively recognized by nurses when associated to effective communication and also to ethics",[20] being considered essential for the leader to influence the group to achieve the established goals.[21-23]

At hospital B, when correlating sociodemographic variables with the domains of leadership coaching, only "graduation" proved to be significant, with "power" for Nursing technicians. It can be inferred that the leader, when identifying that the team is attending undergraduate courses, may have an impaired exercise of delegating power.

Thus, this study points out that leaders are recognized differently by their led, considering the domains of leadership coaching. This should be analyzed as an opportunity for improvement to establish new paths when leading a team and achieving the established goals. It must also be understood that change is a constant in the life of society, that is why aspects related to the development of coaching leaders need to accompany these transformations, mainly in the formulation of the concept of "leader".[13,21-23]

The development of closer ties between the organization and its coaching leader makes it possible to adopt a posture accompanied by organizational management actions in the health field, focusing on stimulating and developing the capacity for self-organization and growth of the collaborative mass, with the intention of motivating, admit and coordinate all sectors, going beyond the old idea of reliability in the work performed.[13,21-23]

The study carried out presented limitations regarding the sample, for convenience. However, the highlighted progress of this research is centered on the fact of mapping the coaching leadership of nurses considering their professional performance in different hospital environments.

CONCLUSION

This study identified that there was a significant difference in the evaluation of the leaders and the led, considering hospital A, both in the total score of the instruments used and, in the domain, "giving power and exerting influence". In hospital B, there was a significant difference only in the "communication" domain. Besides that, in hospital B only the graduation variable was statistically significant for the "power" domain, considering technicians and assistants.

From these findings, coaching as a leadership model can be used in people management, proposing interventions in the perspective of developing people to guarantee effective care and management results. It is noteworthy that the domains with statistical difference can be deepened in future studies to optimize the relationship between the leader and the led, proposing strategies based on evidence to support the nurse's managerial practice.

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