
NURSES' PERCEPTION OF THE TEACHING-LEARNING PROCESS OF LEADERSHIP¹

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ABSTRACT: This study aimed to investigate nurses' perception of the process of the teaching-learning of leadership during the undergraduate nursing course. The research, with a qualitative approach and of the descriptive type, adopted the case study as its investigative strategy. 25 nurses working in three general hospitals in the city of Florianópolis, Santa Catarina, Brazil participated in the study. The information was collected between May and December of 2010. Semi-structured interviews were undertaken for the data collection. The data was analyzed using Minayo's operative proposal. The main results show that the pedagogical practices adopted by the lecturers resemble the characteristics of the banking concept of education, mentioned by Paulo Freire. Adherence to transversal teaching of leadership, and continuous education, are strategies which facilitate the training of nurse-leaders. It is relevant to rethink the process of the teaching-learning of leadership, so as to contribute to the development of this professional competence.

DESCRIPTORS: Nursing. Leadership. Education, nursing.

PERCEÇÃO DOS ENFERMEIROS SOBRE O PROCESSO DE ENSINO-APRENDIZAGEM DA LIDERANÇA

RESUMO: Este estudo objetivou conhecer a percepção dos enfermeiros sobre o processo de ensino-aprendizagem da liderança durante o curso de graduação. A pesquisa, de abordagem qualitativa do tipo descritiva, adotou o estudo de caso como estratégia de investigação. Participaram do estudo 25 enfermeiros que trabalhavam em três hospitais gerais da cidade de Florianópolis, Santa Catarina. As informações foram obtidas de maio a dezembro de 2010. Para coleta dos dados foram realizadas entrevistas semi-estruturadas. Os dados foram analisados por meio da proposta operativa de Minayo. Os principais resultados demonstram que as práticas pedagógicas adotadas pelos docentes se aproximam das características da educação bancária, mencionada por Paulo Freire. A adesão ao ensino transversal da liderança e a educação permanente constituem-se nas estratégias que facilitam a formação de enfermeiros-líderes. Torna-se relevante repensar o processo de ensino-aprendizagem da liderança, a fim de contribuir para o desenvolvimento desta competência profissional.

DESCRIPTORIOS: Enfermagem. Liderança. Educação em enfermagem.

PERCEPCIÓN DE LOS ENFERMEROS SOBRE EL PROCESO DE ENSEÑANZA-APRENDIZAJE DEL LIDERAZGO

RESUMEN: Este estudio objetiva conocer la percepción de los enfermeros sobre el proceso de enseñanza-aprendizaje del liderazgo durante el curso de graduación. La investigación, de abordaje cualitativo del tipo descriptiva, adoptó el estudio de caso como estrategia de investigación. Participaron 25 enfermeros que trabajaban en tres hospitales de la ciudad de Florianópolis, Santa Catarina. Las informaciones fueron obtenidas de mayo a diciembre de 2010. Para recolección de los datos fueron realizadas entrevistas semi-estructuradas. Los datos fueron analizados a través de la propuesta operativa de Minayo. Los resultados demuestran que las prácticas pedagógicas de los docentes se aproximan de las características de la educación bancaria, mencionada por Paulo Freire. La adhesión a la enseñanza transversal del liderazgo y la educación permanente se constituyen en las estrategias que facilitan la formación de enfermeros-líderes. Se hace relevante repensar el proceso de enseñanza-aprendizaje del liderazgo, a fin de contribuir para el desarrollo de esta cualificación profesional.

DESCRIPTORIOS: Enfermería. Liderazgo. Educación en enfermería.

INTRODUCTION

Leadership in nursing is characterized as a group phenomenon, which contributes to the satisfaction and motivation of the members of the group, making the work pleasurable.¹ In this sense, the leader represents the team's support link, regarding both education and the coordination of the service, as she is responsible for stimulating the development of the collective potential, which will directly influence the quality of the care.²

The training of nurse-leaders is a great concern for nursing lecturers, as the current scenario increasingly requires professionals who are competent in technical-scientific terms and capable of managing the care and the nursing team, using dialog, ethics and humanization.

In 2001 the new Curricular Guidelines for Undergraduate Nursing Courses were established. These were based in competences, which define the training of generalist, humane, critical and reflexive nurses, able to learn to learn, and who meet the population's needs in line with the principles which govern the Unified Health System (SUS). Based on this, it became the responsibility of the lecturer to assist the student in developing the following competences: to function in health care, decision-making, communication, administration and management, continuous education and leadership.³

In addressing the process of teaching-learning of leadership, it should be emphasized, based on the Freirean perspective, that the act of learning precedes that of teaching, as teaching is diluted in the profound experience of learning.⁴ In this way, learning may be perceived as an action which is wider and deeper in relation to teaching, and which therefore needs effort and commitment to be achieved during the educative process.

The preparation of the subject to learn is concentrated in a critical act of doing, irrespective of whether the engagement takes place through the reading of a text proposed by the lecturer, or as a result of the learner's desire and curiosity to carry out reflexive criticism about a social or natural happening.⁵ What really matters, however, is that this learning should be articulated with the learner's context, that it is based on her scenario, and valuing her empirical knowledge, that is, the knowledges she has constructed outside the academic environment.

There is no teaching without learning, nevertheless, the act of teaching demands the existence

of somebody to teach and somebody to learn. Hence, there can be no teacher without a student, as the two explain and complement each other in spite of the differences which permeate them; they cannot be reduced to the condition of objects, as a person who teaches learns through teaching, and a person learning teaches to learn.⁵

The importance of training nurse-leaders is undeniable, as the competence of leadership is inherent to this professional. It may be ascertained, however, that nurses are little instrumentalized to exercise leadership in practice.⁶ It is believed that this result is related to nurses' academic training, that is, how leadership has been addressed by the lecturers during the undergraduate courses. To this end, the following guiding question was constructed: what is the nurses' perception of the process of teaching-learning of leadership?

Thus, through the development and execution of this study, the aim was to investigate nurses' perception of the process of teaching-learning of leadership during undergraduate nursing courses.

METHODOLOGY

The research describes a qualitative approach of the descriptive type, in which the case study was used as an investigative strategy. It was decided to use the case study because it is a method applied in situations where the interest is in studying a singular phenomenon which has value in and of itself.⁷ In addition to this, the case study aims to depict reality in a complete and profound way. In this way, the researcher commits herself to efforts to reveal the multiplicity of dimensions present in a specified situation or problem, focussing on its totality. This type of approach emphasizes the situations' natural complexity, evidencing the inter-relatedness of their components.⁷ This is a multiple case study, which seeks to understand the exercise of leadership as a professional competence in the practice developed and carried out by nurses in general hospitals in Florianópolis, Santa Catarina (SC).

25 nurses who showed interest in discussing and reflecting on leadership in nursing participated in the study. Of the participants, ten worked in the University Hospital of Polydoro Ernani de São Thiago, 10 in the Imperial Hospital de Caridade and five in the Hospital Governador Celso Ramos. These three large hospitals were chosen because

they are centers of excellence in health care in the city of Florianópolis-SC.

Nurses were invited to participate in the study if they worked in the hospitals in question and if they had graduated within the previous six years. This period was chosen so as to include students who had trained in line with the New National Curricular Guidelines. So as to be included in the study, the subjects agreed to participate in the study and to allow the recording of the interviews, and also authorized the dissemination of the analyzed data in scientific media.

Semi-structured interviews were used for data collection, these being held in the study locale itself, individually, with the date and time pre-arranged during previous contact with the participants. A script was used to guide the collection. The interviews were recorded and transcribed shortly after being finished. Each subject's statements were identified using the letter 'I' for Interview, followed by the ordinal number corresponding to its undertaking with the nurses (I1, I2... I25). The information was obtained between May and December 2010.

The operative proposal,⁸ which is characterized by two operational moments, was used for analyzing the data. The first includes the study's fundamental specifications, and is surveyed in the investigation's exploratory phase. The second moment is termed 'interpretive', as it consists of the starting and finishing point of any investigation, representing the meeting with the empirical facts. The interpretive phase has two stages: the ordering and the classification of the data, this last including the horizontal reading and exhaustive reading of the texts, transversal reading, final analysis and the construction of the report presenting the results.

During the development and carrying out of this research, the ethical principles established by Resolution 196/96 of the Ministry of Health's National Health Council⁹ were respected. The study was approved by the Federal University of Santa Catarina's Research Ethics Committee, under Protocol n. 658/10.

RESULTS AND DISCUSSION

In analyzing the profile of the 25 nurses who participated in the study, it is appropriate to note that their time since graduating varied from seven months to six years. 23 had graduated from three different higher education institutions in Santa

Catarina, one had graduated from a university in the state of Rio Grande do Sul and another in Paraná. Women predominated, with 24 of the nurses being female. Regarding professional improvement, 11 had only the undergraduate qualification, eight were studying for a specialization, three were already specialists and three were engaged in studying for Master's degrees in Nursing. Of the participants, nine were nurse technicians.

After analyzing the data, two categories were obtained, termed: Characteristics of the process of teaching-learning of leadership; and Strategies which help train nurse-leaders. These are presented below.

Characteristics of the process of teaching-learning of leadership

In seeking to investigate the nurses' perception of the process of teaching-learning of leadership, it was identified that the training is distant from the development of skills and competences which help the student to lead. It was possible, however, to perceive the emphasis on technicism, that is, the participants' concern about carrying out technical procedures during the undergraduate course and the distancing from managerial activities.

My biggest concern was to learn to do things, to know how to do things, and I stopped being concerned, I think, with leadership [...] I think our training was more assistential. I don't recall any times when we stopped to talk about leadership. I can't remember any conversations or study on the topic. For sure we stopped to look at leadership at some point or other, but it didn't make an impression on me. I don't know if it was just that I wasn't concerned about this issue, this situation (I25).

It is important to note that the nursing training was almost always associated with carrying out activities of a technical nature, which in its turn ends up influencing the care given by the health professionals. As a consequence, this care is undertaken in a mechanical manner, guided by tasks which rigidly obey the norms and doctors' instructions, to the detriment of interpersonal relationships¹⁰ and the managerial dimensions. Often, the care carried out in this way can turn the health professional into a bureaucratic or authoritarian leader, who faces diverse difficulties in the routine of health work, which is always dynamic, unique and complex.

It stands out that technicism, which persists in the current setting, is associated with the institutionalization of nursing. Through the instrumentalization of the clinical treatment, the quest for the recuperation and cure of the infirm body became the principal focus of health professionals' practice, with the doctor being the agent who historically and socially rules this process. In contrast, the nursing knowledge was directly influenced, becoming separated from the care and changing to be centered upon the execution of technical tasks and procedures.¹¹

During the undergraduate course, one can identify some students' excessive concern with undertaking technical activities. In this way one can visualize the technicism in the training, the undervaluing of managerial aspects, including leadership, which is often remembered by the nurse only when she is inserted in professional practice and needs to take decisions and manage conflicts, as well as coordinate a team which, in general, is made up of health professionals who are older and more experienced than she.⁶

Some participants stated that they had experienced many difficulties in exercising leadership in hospital environments, which they related to the little emphasis placed on leadership during their academic training.

We finish the course feeling that we won't be able to be a worker, that we won't be able to manage a team, that we feel too immature, too raw. When you've just graduated, and you get an institution to work in, that's when you notice what's missing - which was classes on the topic of leadership (I8).

As the course progresses, it is believed that some of the students take on, or are led to take on, a more passive posture, waiting for the lecturers or even the health professionals to direct their actions. For this reason, on graduating, they evidence the feeling of being alone, which leads to insecurity, hinders their management of nursing activities, and compromises their own leadership.⁶

In addition to this, one study considers that the lack of professional experience and technical skill, associated with young age, entails a great challenge for the nurse - that of dealing with the institution's human resources, principally because of occupying a leadership position within the nursing team. This often leads to a certain discontent

among older and more experienced health professionals, who resist the idea of having a person who is younger than them and with less practical experience as a leader.¹²

Considering the nurses' perception of the teaching-learning process of leadership, there was also emphasis on the pedagogical practices used by the lecturers during the practice placements.

[...] in the university, you're not very respected by the lecturer, he imposes rules on you, he imposes situations, you're not respected by him. I attended a better college than the group which came before me, they only had rules imposed on them. I would say that the best part of my course was my final academic work, because I did it 500 km from here, far from the lecturer, I didn't have him imposing things on me. I learnt to be a nurse there, not at university, I didn't learn to lead there (I12).

On analyzing this statement, it is possible to recognize the educator's adhesion to impositive practices which interfere in the construction of the educatee's criticality. Generally, one can associate such practices with the banking concept of education, which according to the Freirean perspective represents the act of depositing and transmitting knowledge, in which the lecturers are the depositors of the knowledge, and the students, the persons in whom it is deposited. In this conception, instead of communicating, the educator issues communiqués and deposits, which the educatees absorb passively.¹³ In this educational practice, the education is mechanized, making it a sterile, relatively uncreative process, it falling to the educatees to merely memorize the content transmitted, without asking questions, much less taking positions.¹³ This way of educating limits the possibility of reflecting on or critically thinking about the context, and also adversely affects the training of leaders.

The educator becomes a superior being who teaches people who are devoid of any baggage of knowledge. This creates a consciousness based on the banking concept, in which educating can be summarized as filing what is deposited.¹³ However, it is emphasized that what is filed is the person herself, who loses her creative power. While a person is a being of praxis, she has the destiny of transforming the world, being the subject of her action. In the banking concept of education, however, a person is docile and adaptable, incapable of proposing changes or innovations,¹⁴ through

* A lengthy written assignment produced at the end of one's undergraduate course. Translator's note.

dialog with others being made impossible, along with being heard, or acting critically.

It should be noted that from the perspective of leadership, the individual must gather a variety of care skills: communicational, relational, managerial among others, which confer a new dimension on this professional's work, which supports the qualification of the care.

Liberation education, also termed 'problematizing', emerged with the aim of overcoming this model of education. It refutes the act of transmitting knowledge and values to those receiving the education, as if they were recipients. Under this proposal, education is a cognizant act.¹³ It is expressed by the active participation of the person receiving the education in her process of teaching-learning, in which both the educator and person being educated learn and construct, together, the knowledge.

Liberation education seeks to break ties with the hierarchies and vertical set-ups supported by the banking concept of education, in which there is a distance between the educator and the person being educated. In this way, the educator doesn't only educate, but while educating is educated herself through the establishing of dialog with the person being educated who, in her turn, on being educated, herself educates. Both become subjects of the process in which they grow together.¹³ This closeness between lecturer and student facilitates the exchange of knowledge and the appropriation of the object which is being revealed and creates opportunities for reflecting on situations, based on the subjects' context.

The nursing lecturers' commitment to training directed at the development of leadership is another aspect relevant to be discussed.

I had one lecturer who would go to the placement area every day to see, but she never asked if we were feeling suffocated because all we were doing was referring patients. Because, sometimes, we would tell her: look professor, today we didn't have time to do this, we'll have to do it at home or stay on here after it is time to leave, because they don't let us, they only wanted us taking patients up and down. She never came and said something like: I'll look into this (I7).

The educator who uses dialog as a relational instrument does not stifle the student, neither does she become distant from her, as she is conscious of her responsibility. She takes on a directive conduct which is indispensable for educating. This directivity, however, is not related to a position of command, such as: do this or do that, but is linked to a posture for directing serious study, with the

aim of comprehending an object¹⁵ in the exercising of a liberating directivity.

In the seventh phase, the lecturers gave us a whole pile of philosophical texts, which sometimes you'd go to class and not be able to discuss. You had to read such-and-such a book, and we would read it, it's just there wasn't any return, that feedback from the lecturer, you know: okay, you read it? Yes! And what did you understand from it? I understood this and that, What did you have doubts about? And that was that. Because in the active methodology, it's like this, I can bring things to the lecturer and he clears them up for me, it's not like I go along, read, and that's all. I remember a lot like this, that we would comment: my God, what a class, 'can you understand what she's saying?' 'No!' so you raise your hand to clear it up, and she's like, ah, go and look it up, so, you start wondering, does the lecturer actually know, or is it that he doesn't want to teach? And you only learn in practice (I7).

Another aspect to be mentioned is the insistence of some educators on overloading those being educated with excessive reading, in a single academic semester. One can identify an erroneous understanding of the act of reading, as a great quantity of reading, without the due exploration in depth reveals a certain distortion of the written word, which needs to be overcome. Further, there are lecturers whose concern is to cover the syllabus, that is, to pass on the material specified in the course plan, instead of thinking about the quality of how this is done, and how those being educated are benefitting from the education being offered to them.¹⁶

On analyzing current education, one can observe the elaboration of course plans based on gigantic reading lists, some obligatory and others complementary, so as to cover the topics to be unveiled by the academics.¹⁶ The doubt lies in whether this way of guiding the classes allows adequate time for absorbing the content and debating it in the classroom, as well as true comprehension of the works suggested by the lecturers. There is a perception that a lower number of references adopted during each academic period, added to more time dedicated to them, will permit significant learning, that is, the problematization of the material to be worked over. To this end, a directive and flexible posture from the lecturers is defended in the selection of course materials, associated with the active participation of the students in choosing the issues to be discussed.

It may be added that some educators have doubts about the question of directivity, princi-

pally whether the teaching institution's pedagogical project is based in active methodologies, which aim to stimulate the criticality of the person being educated. This fact has led many lecturers to ask themselves to what point they can intervene in the discussions, even on the issue of establishing silence on the part of the students in the classroom. This aspect needs to be discussed, because the educator is responsible for, and has the competence to, guide the best path in a dialogic relationship, involving and giving a voice to the people being educated during this process.

This relationship of you managing to master everything, because during the undergraduate course you don't have a notion of everything, you learn to do things for one patient, rather than being in charge of thirty patients. This was my greatest difficulty, of knowing everything, because when I'm alone in the sector, I have to know what's happening to all of them. And, in the beginning, this was complicated, because I didn't have this experience (17).

The student experiences, over the length of the undergraduate placements, situations which transcend the reality of the profession, such as, for example, the fact of providing care to a single patient, feeding the idealized perception of direct care. It is, however, only on graduating that the student passes to a more real comprehension of what being a nurse is, with a greater number of patients under her responsibility. Such experiences are indispensable for the learning of the persons being educated, however, one must consider the demands of the job market which will absorb them, as depending on the institution, the person may find themselves with the responsibility for supervising entire hospitals, at which point managerial skills will be expected of them,¹⁷ as will assistential and educative skills, which require leadership.

It is suggested that the training of nurse-leaders should be based on dialogic leadership, which consists of the leader's ability to influence her collaborators to act in a critical and reflective manner on their praxis, through establishing an efficient communication process.¹⁸ To this end, it is emphasized that dialog, according to Freirean thinking, is a human phenomenon, which cannot be reduced to the simple depositing of one subject's ideas in another, because it represents a meeting between persons as thinking beings, so as to problematize situations with the aim of changing the context in which they find themselves.⁴ The insertion of this proposal in the hospital environment can contribute to the nurses constructing

horizontal relationships in the work environment, based in ethics and humanization, in which opportunities for the exchange of knowledge and collective improvement between the leader and her collaborators may flower.

Strategies which help train nurse-leaders

Various participants declared that the teaching of leadership was restricted to the last semesters of the undergraduate course. In the face of this, the transversal teaching was remembered as a strategy in the training of nurse-leaders.

I think that instead, they should try to talk more about leadership throughout the entire course, try to bring, I don't know, some form of teaching capable of developing this while the nurse is being trained (I15).

It is believed that the training of nurse leaders with potential for using leadership in the hospital environment depends on an education which encourages such competence transversally across the curriculum.

It is the responsibility of lecturers to make themselves aware of the need to encourage the formal teaching of leadership during the academic training, and, further, to make clear to the students the skills which this will provide the nurse-leader with during the management of the care.⁶

The nurses also emphasized the importance of continuous education in the hospital environment in contributing to the nurse's professional improvement. Some statements which exemplify this result are presented.

It's really good here because they're always carrying out lectures and doing training courses for the nurses. The hospital has a corporate education team whose job is training here in the institution (I21).

[...] this is important for the institution, because it's true that you don't study only for yourself, if you do a wounds course, it's not just for yourself that you go, of course it's for your life, but you're going to apply it in the unit where you work. So, this is growth, not just for the professional, but for the institution too, because you have a professional who is better trained to attend the patient (I4).

Men and women are unfinished and incomplete beings and the consciousness of this inconclusion makes them beings in a permanent process of education.⁴ In the light of this, the need emerges for investing in workers' continuous education, which is characterized in the educational process, which makes possible a space for thinking

and doing at work. In addition to this, it can be understood as an action capable of encouraging in people a greater capacity to function in the world of work, as a being who can construct and destroy her reality, based in political, cultural and ethical values.¹⁹ In this context, the leader emerges as the promoter of qualification of the work team, mobilizing the other workers as a subject who stresses and promotes the process of teaching-learning in a continuous, ethical and humanistic way.

Continuous education aims to qualify the care and promote the workers' quality of life. Therefore it is essential to be aware that the responsibility for the professional training does not fall exclusively on the teaching institutions, as it also needs commitment from the health services, where the practical activities are carried out,⁶ as are the management and social control strategies, which are equally involved in the promotion of the quality of the health care.

Thus, it is considered that the knowledge acquired by the nurse originates from her work experiences. This valorization allows one to indicate with greater appropriateness the reality of the health services and the expression of the subjects' frailties and potential, encouraging in the training process the mutual exchange of experiences and the creation and socialization of a new knowledge and a new practice, based on criticality and instrumentalization through transformative education.²⁰ In this scenario, it is sought to opportunize the development of human resources in the health area, such that they may improve the quality of the care, as well as promote spaces for professional growth and improvement, bearing in mind that the workers are agents of transformation and not of passive reproduction of the reality.

FINAL CONSIDERATIONS

This study made it possible to investigate the nurses' perception of the teaching-learning process of leadership during the undergraduate course. Among the principal aspects, the emphasis on technicism in the training stood out, as did the lecturers' adherence to pedagogical practices which most resemble the transmission of knowledge and scarce open-ness to dialog. The banking concept of education, when adopted by the lecturers, involves harm, some irreversible, to the students, sometimes turning them into domesticated, limited beings, and with difficulties in inserting themselves into the world.

However, one can identify that some nurses, while still students, had difficulties in accepting participative methods, which encourage criticality and autonomy, in the face of the ease of receiving the knowledge transferred whole by the educator. The culture of criticising for criticism's sake remains very common in the educational context, in which the criticisms are thrown at the educator, as if this were the only responsible for the training of the person being educated, who may herself sometimes decline this responsibility. In addition to this, some lecturers have difficulty in adhering to new pedagogical practices, such as active methodologies, and are even unprepared to a certain degree to use them, which limits the establishment of a dialogic and constructive relationship among the cognizant subjects, that is, between the educator and the person being educated.

The need to encourage the transversal teaching of leadership (which must be addressed throughout the undergraduate course), the concern with professional improvement, and the approximation with the reality of the routine care work were selected as strategies which facilitate the training of nurse-leaders. One can make out the relevance of inserting continuous education in the health services, based on the awareness of managers and health professionals, as well as the participation of teaching institutions, through the offering of post-graduate courses and the development of social control strategies.

The study encouraged the nurses' reflection on the issue, however, it emphasizes that there are still questions which need to be unveiled, such as, for example, the perception of students and lecturers on the training of leaders. For this reason it is essential to develop further research projects focussing on leadership, as this is a professional competence of the nurse.

With the aim of facilitating the process of teaching-learning of leadership, we argue for an education based on dialog and the subjects' autonomy, which seeks to awake in the person receiving the education, irrespective of her context, a critical vision and the potential to intervene in the world, aware of her power to transform. In this way, dialogic leadership stands out as a political act, which may be used as a strategy by the nurse-leader in her work environment, so as to guide her leadership style, as - being considered a relational and unique being - humans are different from others through the defense of their convictions in their social context. In addition to this, it becomes

possible to construct new ways of working in the health area, based on the adoption of more democratic, humane and ethical attitudes, which maximize the workers' freedom of expression, seeking to overcome the power relations based on authoritarianism and oppression.

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