REUFSM
REVISTA DE ENFERMAGEM DA UFSM

UFSM
Rev. Enferm. UFSM - REUFSM
Santa Maria, RS, v. 9, e46, p. 1-20, 2019
DOI: 10.5902/2179769234762
ISSN 2179-7692

Original Article Submission: 13/09/2018 Acceptance: 23/08/2019 Publication: 17/10/2019

Coaching tools in the development of nursing leadership in primary health care*

Ferramentas do coaching no desenvolvimento da liderança da enfermagem na atenção primária à saúde

Herramientas de coaching para desenvolvimiento de lideranza de enfermeria en atención primaria de salud

Bárbara Souza Rocha[I], Denize Bouttelet Munari[II], Bruna Mendes de Sousa[III], Maria Lúcia Leal[IV], Luana Cássia Miranda Ribeiro[V]

Abstract: Objective: To describe the use of coaching tools in the leadership development process of nurses working in Primary Health Care (PHC). **Method:** A descriptive study with a qualitative approach of the action-research type. Data from the application of the Wheel of Life and the E.S.P.E.R.T.A Goal tools for nine nurses were organized in the WebQDA software and analyzed by content categorization. **Results:** The participants experienced three main actions: self-knowledge, goal setting and consolidation of changes. The changes happened in delegation of responsibilities, emotional balance, conflict management, and communication. **Final considerations:** the tools favored the identification of advantages, limitations and directed the process of change in attitude and behavior by setting goals. The study presented an innovative characteristic, combining experimentation and objectification, leading nurses to incorporate changes in daily work and PHC leadership.
Keywords: Primary Care Nursing; Leadership; Organizational Innovation

Resumo: Objetivo: descrever o uso de ferramentas do *coaching* no processo de desenvolvimento da liderança de enfermeiros que atuam na Atenção Primária à Saúde (APS). **Método:** estudo descritivo, de

[I] Enfermeira. Doutora em Enfermagem. Docente da Faculdade de Enfermagem da Universidade Federal de Goiás, (FEN/UFG). Goiânia, Goiás. Brasil; E-mail: barbarasrocha@gmail.com; ORCID ID: https://orcid.org/0000-0001-6059-8399

[II] Enfermeira. Doutora em Enfermagem. Docente Aposentada da Faculdade de Enfermagem da Universidade Federal de Goiás, (FEN/UFG). Goiânia, Goiás. Brasil. E-mail: boutteletmunari@gmail.com; ORCID ID: https://orcid.org/0000-0002-2225-770X

[III] Graduanda em Enfermagem pela Universidade Federal de Goiás, (FEN/UFG). Goiânia, Goiás. Brasil. E-mail: bmds.enfermagem@gmail.com; ORCID ID: https://orcid.org/0000-0003-3793-2031

[IV] Psicóloga. Mestre em Psicologia Social pela Pontifícia Universidade Católica de Goiás. Goiânia, Goiás. Brasil. E-mail: lucia.sobrap@gmail.com ORCID ID: https://orcid.org/0000-0001-8003-9172;

[V] Enfermeira. Doutora em Enfermagem. Docente da Faculdade de Enfermagem da Universidade Federal de Goiás, (FEN/UFG). Goiânia, Goiás. Brasil. E-mail: luaufg@yahoo.com.br ORCID ID: https://orcid.org/0000-0002-4254-2030

*Artigo oriundo da tese de doutorado intitulada: DESENVOLVIMENTO DE LIDERANÇA PARA ENFERMEIROS DA SAÚDE DA FAMÍLIA COM O USO DA ESTRATÉGIA COACHING EM GRUPO defendida no Programa de Pós-Graduação em Enfermagem da Faculdade de Enfermagem da Universidade Federal de Goiás, em 02 de Dezembro de 2014

abordagem qualitativa, do tipo pesquisa-ação, em que os dados da aplicação das ferramentas Roda da Vida e Meta E.S.P.E.R.T.A para nove enfermeiros foram organizados no *software* WebQDA e analisados por categorização de conteúdo. **Resultados:** os participantes vivenciaram três ações principais: autoconhecimento, estabelecimento de metas e consolidação de mudanças. As mudanças aconteceram ao delegar responsabilidades, no equilíbrio emocional, ao lidar com conflitos e na comunicação. **Considerações finais:** as ferramentas favoreceram a identificação de potencialidades e limitações e direcionaram o processo de mudança atitudinal e comportamental pelo estabelecimento de metas. O estudo apresentou característica inovadora, unindo experimentação e objetivação, levando os enfermeiros à incorporação de mudanças no cotidiano do trabalho e na liderança da APS.
Descritores: Enfermagem de Atenção Primária; Liderança; Inovação Organizacional

Resumen: **Objetivo:** describir el uso de herramientas de coaching en proceso desenvolvimiento de lideranza de enfermeros que actuan en Atención Primaria a la Salud (APS). **Método:** estúdio descriptivo, abordaje cualitativa, tipo investigación-acción, en datos de aplicación herramientas Rueda de Vida y Meta E.S.P.E.R.T.A, nueve enfermeros fueron organizados en software WebQDA y analizados por categorias de contenido. **Resultados:** los participantes vivenciaron tres acciones principales: autoconocimiento, establecimiento de metas y consolidación de cambios. Los cambios pasaron a delegar responsabilidades, en equilíbrio emocional, lidar con conflictos y en la comunicación. **Consideraciones finales**: las herramientas favorecen en identificación de potencialidad, limitaciones y direccionan el processo de cambios actitudinales de comportamiento por establecimiento de metas. El estúdio presento característica inovadora, uniendo experimentación y objetivación, llevando los enfermeros a la incorporación de cambios en su cotidiano de trabajo y lideranza de APS.
Descriptores: Enfermería de Atención Primaria, Liderazgo, Innovación Organizacional

Introduction

Nurses have been taking leadership roles throughout the health care chain. Their responsibilities range from the care process to strategic decision making in the executive environment of organizations.[1-2]

In Primary Health Care (PHC), nurses are a reference in the articulation of management and care actions, as they plan, execute, monitor and evaluate the actions of the team and of the professionals under their supervision.[3-4] For this reason, leadership development processes are important for nurses,[5] especially in PHC, where these professionals need management skills to ensure the continuity of the Family Health Strategy[4] (FHS) and strengthen the PHC principles.[4,6-7]

These competences enable nurses to work proactively within the health system, with greater involvement in political dialogue and in decision-making processes for the planning, development and evaluation of services and policies".[7:5] Leadership training for nurses should be part of institutional initiatives and public health policies, with a goal that goes beyond the individual need to improve in this area.[2-5]

Studies[,5,8] have demonstrated the importance of leadership development programs. Among the methodological strategies of these programs, coaching has been identified as a potent strategy to develop the ability to lead and to produce important changes in the behavior of high-performing leaders.[9-10] Coaching is a process that leads to self-knowledge and goal setting through a deep analysis of the individual, provoking reflection on perspectives, mindsets, beliefs and approaches, which can lead to more sustainable behavior and favor self-leadership capability. In short, coaching is a process that leads the individual from a current state to the desired state.[11-12]

The impact of coaching tools on the development of management skills and on the training of new nurse managers is demonstrated in nursing literature.[2,9-10,12-16] However, most studies are restricted to the training of nurses in the hospital[2,10,12-15] or in the teaching field.[16]

A search conducted in national and international databases did not identify the use of coaching in PHC or for the development of nursing leadership in this context. Studies[,15] highlight the lack of nursing research using coaching tools, which points to an important gap. Therefore, how can coaching tools assist in the development of leadership among nurses working in PHC?

Based on this justification, this study aims to describe the use of coaching tools in the leadership development process of nurses working in PHC.

This research is an innovative contribution as it shows the potential of coaching in producing changes in nurses' performance and its strategic importance in the training of PHC nurses.

Method

This is a descriptive study with a qualitative approach, based on action research (AR), which is a type of intervention/research that requires a collaborative and emancipatory relationship between the researcher and the participant, aiming to promote changes that can improve the practice.[17] The choice of the methodology was based on its adequacy to the research proposal, which includes a leadership development (LD) program for nurses.

The LD program (table 1) lasted seven months, in which seven group meetings were held, with an average duration of six hours each, totaling 42 hours of intervention. The meetings occurred every twenty days, on Wednesdays, always in the same room. In addition, the nurses had an individual counseling session lasting four hours. Six months after the end of the program, a focus group for evaluation was conducted.

No. of the meeting	Theme	No. of participants	Objective	Month of the meeting
1st	Diagnosis and work contract with the group.	21	Identify the current situation of nurses in leadership; Draw up a contract with the group; Sign CF	Jun./2012
2nd	Assembling the group	19	Experience the assembling of the group towards self-knowledge; Elaborate the "Wheel of Life".	Aug./2012
3rd	Communication and Feedeback.	15	Diagnose communication in the group, in life and at work; Understand the theory of feedback.	Sept./2012
4th	Role of nurses in leadership	12	Define the roles of nurses in leadership	Oct./2012
	Leadership.		Understand the in-depth concept of	Nov./2012

5th		12	leadership.	
6th	Planning and change.	15	Create strategic planning – tree method; Define the individual goal.	Nov./2012
Individual counseling	E.S.P.E.R.T.A. Goal	17	Review the goal and define steps toward change.	Dec./2012
7th	Needs and Coach Leader.	16	Identify needs for change and understand the role of the coach leader.	Dec./2012

Table 1: Presentation of the LD program, Goiânia, 2014

This LD program was based on coaching[11], as we believe this method can enhance changes in nurses' performance in the context of PHC. Coaching is predominantly a one-on-one process, but it can be developed with groups when a group of individuals, along with their current issues, gathers together to work with a facilitator, aiming to develop group plans to solve the difficulties pointed out.[11]

For the development of the research, the recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed.[18] The study was conducted by the main researcher, who has basic training in group dynamics and is an internationally certified coach.[11] In addition, the study had a team consisting of an observer, who also had basic training in group dynamics, and two organizational psychologists from the Brazilian Institute of Psychoanalysis, Group Dynamics and Psychodrama (SOBRAP/GOIÁS). The study was supervised by the advisor. All these professionals were trained in coaching.[11]

The investigation was carried out at the Municipal Health Department (MHD) of a capital in the Midwest region of Brazil, with Family Health (FH) nurses. There was an initial mobilization meeting, in which the details and conditions for participation in the DL program were presented and its association with the research was clarified. Nurses should have a degree in Nursing, minimum of one year working in FH,

effective employment bond with the MHD, interest and willingness to participate and should agree with the methodology adopted.

Twenty-four nurses were invited to participate in the study. At the first meeting, 21 attended. All the 24 nurses were invited again for the second meeting, and 19 attended. From then on, those nurses who did not participate in any meeting were excluded from the study. The number of participants per meeting is described in Table 1 above.

At the first meeting of the LD program, after clarifying the research, those who were interested to participate were asked to sign the Informed Consent Form (CF). In addition, the rules for coexistence and participation were established together.

Data was collected from February 2012 to June 2013, when the DL program (seven meetings and one individual counseling) and the focus group for evaluation occurred. The latter made it possible to identify the changes resulting from this process. The data were extracted from the records in the coaching tools used and through audio recording of the group discussions. The coaching tools used for this study were the Wheel of Life and the E.S.P.E.R.T.A. Goal[11]

The Wheel of Life (WoL) was created in the 1960s and is attributed to Paul J. Meyer. It is a simple self-knowledge tool and it is basically a circle divided into areas of life that are considered important to success. In this study, the original WoL was adapted and was applied at the second meeting with the group. Each participant completed the WoL considering a scale from zero to 100% of satisfaction in relation to the 12 areas previously defined by the researchers, which were related to aspects of personal and/or professional life. The central question to be answered in the WoL was: "How did I get here?".

The parts of the wheel referred to 1. Time management; 2. Ability to give and receive feedback; 3. Management ability; 4. Communication (knowing how to listen and how to express); 5. Balance of personal life; 6. Emotional intelligence; 7. Conflict management; 8. Leadership; 9. Interpersonal relationship; 10. Health and good shape; 11 and 12. Optional areas (leisure, ability to deal with pressure, professional development, personal organization, finances and spirituality). The participants could choose from these options.

The E.S.P.E.R.T.A Goal (EG) was applied in the sixth meeting, when the group began the process of establishing individual goals to improve the exercise of leadership. It was reviewed in an individual session and/or when requested by the participant, even if not on previously scheduled hours. The EG form enables the definition of goals when the participant fills its components in the initials of the word "*esperta*" (smart), which correspond, respectively to: ***e**specífica* (specific)*;* ***s**istêmica* (systemic)*;* ***p**assos* (steps)*;* ***e**vidências* (evidence)*;* ***r**ecursos* (resources)*;* ***t**esão* (excitement)*;* ***a**lternativas/**a**dversidades* (alternatives/adversities). The participants established their goals of changes based on the question: “Looking at my wheel of life, what do I want to change?”.

The software WebQDA was used for storing and organizing the data of the coaching tools. Content analysis was used for the analysis and interpretation of the results.[19] The process of categorization of data in the system occurred by “collection”, and the analogical and progressive classification of the data generated the categories[19].

This study respected all the ethical precepts of research involving human beings and was approved by the Research Ethics Committee of the Hospital das Clínicas/UFG under protocol 171/2011, with a deadline extension authorized by the same ethics committee on December 3rd 2015, in compliance with the legislation in

force in Resolution 466/2012. In order to preserve the identity of the participants, their records are presented by the letter "E" followed by numbers (from one to nine).

Results

The results presented in the study refer to nine participants of the LD program who completed the two tools used. Of these, six were district supervisors and three were nurses of the local team.

The first category, called *Self-knowledge,* refers to nurses' situational diagnosis in relation to the exercise of leadership in FH, according to the Wheel of Life records.

Subsequently, goal setting was emphasized through the E.S.P.E.R.T.A Goal, which showed the process of creation of goals for changes to be achieved in the LD program. Finally, the category *Consolidation of changes* presents a general evaluation of the process experienced by nurses, reinforcing the changes and presenting the effects of the LD program.

Self-knowledge

In the elaboration of their individual WoL, nurses demonstrated that in some areas their satisfaction was below 50%, such as in emotional intelligence, time management, ability to deal with pressure, and the ability to give and receive feedback. These data are highlighted since they directly influenced the creation of the goals that mobilized nurses in the change process. Graph 1 shows the percentage of nurses who rated less than 50% satisfaction on certain areas.

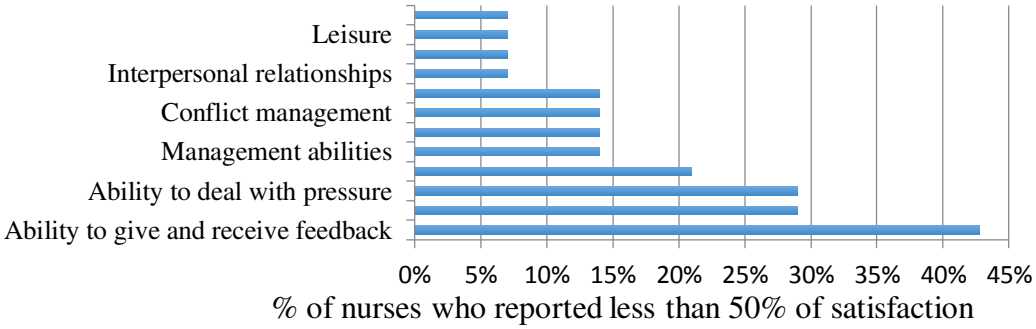

Chart 1 - Distribution of areas that received satisfaction scores below 50% (GOIÂNIA, 2014).

Goal setting

The use of the Wheel of Life made nurses aware of their weakest areas. This guided the identification of priority aspects that needed further attention and development. From then on, the process of prioritizing the changes desired by nurses began and the use of the EG facilitated the organization of thoughts. Table 2 illustrates the goals set by nurses and the description of each of their components.

	SPECIFIC: What do you specifically want?	SYSTEMIC: How will this goal affect you and others?	STEPS: What are the necessary steps?	EVIDENCE: How will you know you are achieving it?	RESOURCES: What personal resources will you use?	EXCITEMENT: How important is this goal for your life?	ADVERSITIES: What could stop you?
(N1)	To deal effectively with conflicts and to say no assertively.	Create a more harmonious team environment, making the team more cohesive, productive and peaceful; keep an open space to deal with problems; have a good relationship with the team.	Acquiring knowledge; listening impartially; being available, being part of the team, saying "no" within context.	Reduction of conflicts; records of the development on how to say no.	Wisdom; good sense; indulging oneself; relying on rules and knowledge; support from manager.	Reduction of demands and conflicts; compliance with institutional standards.	Fear of losing good relationships, fear of bad responses; taking time before giving definitive answers; breathing and taking a break.
(N2)	To know how to delegate; to have clarity in my speech (objective/direct); to have firm ideas and opinions; to give and receive feedback.	Be respected, feel more fulfilled; more security to the group.	Recognizing and prioritizing what is important to me; seeking a more objective way of speaking.	Analyzing the outcome of situations; recording facts.	Spreadsheets.	-	Bad manners from other people.
(N3)	To have better control over my emotions; to maintain calm when speaking in public; to speak at a slower pace; to handle stressful situations better.	Be better understood; decrease suffering over work issues.	Self-knowledge; self-analysis of what I am feeling (in writing); breathing deeply; preparing and recognizing progress.	Behaving calmly in pressure situations; People will notice.	Invest in public speaking techniques.	Maturity; being able to express myself better; being better understood.	Situations of stress, pressure, hormones.
(N4)	To prioritize my tasks.	Distribute my	Prioritize my tasks, but	Passing what	Patience,	I will have more	invading other

		tasks better; I must always remember how much I can collaborate with the others.	also ask for and offer help.	belongs to other people to them and waiting for their time.	tolerance and learning to understand the other's pace.	tranquility and comfort.	people's space.
(N5)	To feel less tired; to see that other people are valuing me.	Have good interpersonal relationships and less aggressiveness	Breathing to organize my thoughts; explaining how I feel and looking for evidence; not taking too long to give answers (talk about the fact).	Having less rage attacks; less anxiety; being happier with myself.	Therapy; working on my self-esteem in therapy; focusing on my goal.	Take care of my health; decreasing stress in interpersonal and affective relationships.	Increase of negative feedbacks, low self-esteem.
(N6)	To identify difficulties along with the team; To analyze what can be done together to improve our communication and, consequently, our actions.	Work more on listening and observing.	Scheduling and holding collective and individual meetings; learning to ask questions about the consequences of what you do.	More developed listening ability; more tolerance.	Partnership with other professionals.	Improve my quality of life.	Self-perception exercise.
(N7)	To establish planning and priorities in consent with the team over the medium term.	Improve the relationships in the team; see the productivity of the team; have greater clarity in communication.	Making daily and weekly schedules and checklists of daily activities; raising awareness in the team; visiting actions and projects; prioritizing reading about planning.	More satisfaction in the team; written schedule; planning being executed; better communication.	Seek knowledge about planning.	Professional achievement, integration of the supervision team and effective communication.	Lack of focus; lack of discipline; complications.
(N8)	I want to do what is mine and not everybody's work, until I can reduce my obligations and do things	I will feel better helping people; keep a spirit of help and	Saying no assertively and with orientations; knowing how to make others feel stronger, helping them	Implementation of a self-assessment process; I will	More tolerance; encouraging interest and motivation;	It is a matter of personal learning; I think I will feel better	Bad habit of people looking for me all the time.

	that I like, but I don't do, as leisure.	cooperation; learn to give and receive feedback.	with their tasks, monitoring and pushing; creating a strategy to increase tolerance; opening a space for leisure.	have more time for leisure.	accepting help; asking more about the help/solution that colleagues can give me.	and have time to manage my personal life and pursue leisure.	
(N9)	To have the courage to share my opinion without worrying about the reaction of the others; To learn to value myself; to recognize success; to identify qualities.	Be brave and risk more; feel more fulfilled; improve mood - others may disagree with me; preserve reflection; share compliments.	Recording my qualities and evaluating them; acceptance process; listing successes; daily exercise of celebration and validation.	I'll express myself more, with no fear of not being accepted; Speak with more assertiveness and courage.	Have my own initiative; daily analysis of my actions: were they as they should have been?	This goal helps me be more confident and recognize my value as a professional.	Someone may criticize and discourage me.

Table 2 – Description of the ESPERTA Goals established by the nurses. Goiânia, 2014

Consolidation of changes

The consolidation of changes planned with the use of coaching tools was analyzed during the focus group conducted six months after the end on the program. At this meeting, the nurses evaluated the results of the LD program, especially by revisiting their WoL and indicating changes in the level of satisfaction of the weakest areas. Table 3 illustrates the comparison of some aspects identified as weak by nurses in the first WoL and the changes that occurred.

ASPECTS IDENTIFIED	CHANGES OCCURRED
Ability to give and receive feedback	[...] *with the wheel of life, I improved my ability to give and receive feedback, and this was very good for me* [...]. (E8)
Time management	*In my wheel, under time management, I chose 30%; I believe that I have improved, I can manage my time better.* (E7)
Ability to deal with pressure	*Looking here at the Wheel of Life, I chose the ability to deal with pressure; it has improved today because in pressure situations I can do a little of what I wrote in the ESPERTA goal.* (E5)
Communication	*In communication, I am learning to listen more, and I am also learning to express myself. I used to have outbursts; I'm learning to control myself because sometimes I'm actually right, but with the outburst I lose my argument. Knowing how to speak at the right time, how to shut up at the right time, I'm learning, it's a process.* (E7)
Leadership	*In the role of leadership, the course was very good. We learned that, for leadership, it is important to plan, to learn to delegate, to respect other people's pace. However, this is not easy, because I am very impetuous, I can not wait, I just go there and I want to do it without waiting, but I am controlling this.* (E7)

Table 3 - Description of the aspects identified as weaknesses and changes occurred (GOIÂNIA, 2014)

To illustrate some results of the consolidation of the changes that occurred, nurses analyzed, through the EG, the desired states and those achieved six months after the intervention. This process allowed recognizing and describing the steps taken, increasing the ability of nurses to incorporate their desired changes. Table 4 illustrates the process of some nurses.

DESIRED STATE	REACHED STATE
Delegate responsibilities and provide orientations	*The most important change was learning how to delegate, which was difficult for me; it helped me a lot.* (E6)
Be emotionally balanced.	*I believe I come from a process of emotional maturation because, before, I was an extremely impetuous person.* (E3)
Deal with conflicts.	*Today, I can have more peace of mind, which was difficult for me before, now I can wait before doing.* (E8)
Learn to communicate.	*I learned a lot about how to talk, how to talk to different people, because we talk to different people with different styles, and how to wait for other people's pace.* (E4)

Table 4 – Description of the desired state and the reached state (GOIÂNIA, 2014)

Discussion

The use of coaching tools allowed nurses to perceive their difficulties to exercise leadership in the context of PHC. Their weaknesses were revealed and paths to exercise and consolidate changes were pointed out, aiming to improve their leadership skills.

The WoL enabled nurses to identify low levels of satisfaction in some areas related to leadership. Thus, they were called to develop self-knowledge, which triggered the process of change, made possible by gaining awareness of aspects that required change. Studies[2,14,16] have shown the importance of self-knowledge for the improvement of leadership skills. A study[2] showed that nurses considered that improvement of self-knowledge was a relevant additional benefit of the coaching process.

The results of the research point out to the importance of providing opportunities to help nurses recognize their management skills and their limitations. Self-knowledge is a favorable path for this, as it helps professionals to improve their individual and organizational performance. The improvement of these skills makes nurses more empowered to perform their duties and committed to strengthening and implementing important reforms in PHC.[3-4,20]

In short, self-knowledge is the first individual step towards change.[21] The use of tools that favor this process can help nurses to developing their leadership, as they allow people to reflect about themselves, their own needs, and their own worldview, values and beliefs. Thus, they deepen learning and help incorporating new skills and capabilities.[2,9,12]

By analyzing the goals set by nurses, we found points of convergence in relation to the needs for improvement. Among the aspects pointed out, the organization of time, with prioritization of tasks and planning is highlighted. There was also a common need to improve communication, specifically with regard to giving and receiving feedback and managing conflicts. Emotional intelligence and dealing with stress were also pointed as priority goals. These aspects reveal the need for the development of leadership improvement programs, as these are the basis and starting point for good leadership.[7-9]

When nurses were invited to elaborate the EG, already more aware of their limitations on leadership, they set their goals aiming to achieve personal improvement and to strengthen relationships within work teams. Thus, the importance of improving the perception of the work context and of interpersonal relationships and the need for permanent self-knowledge and recognition of the other within the team became clear. These aspects were also recognized as essential for the improvement of leadership and have been pointed out by nurses in coaching processes in other investigations.[2,12,14,16] A study[13] also pointed out that coaching contributes to the development of leadership among nurses in collaborative practices. This result shows the potential of the use of this tool for nurses working in PHC.

Nurses do not always feel prepared when they are asked to experience a coaching process.[2] However, the recognition and awareness of advantages and weaknesses inspired this professional in the search for new knowledge, which strengthens the process of change. Moreover, it becomes more clear when they define the evidence on how changes will be perceived. Nurses hope that other team members will validate them in this process, and that the working climate will be changed for better.

These results indicate how the leadership of nurses in the context of PHC can be valued when these professionals have a better and more assertive performance. Leadership is committed and grounded in management knowledge, as indicated by studies conducted in this perspective.[3-4, 20, 22-23]

Regarding the data on changes pointed out by nurses six months after the LD program, it can be observed that the use of coaching tools enabled the identification of needs and demands, guided the change through defined steps and produced significant effects with positive results.

Looking at the state achieved and the state desired by the nurses, it can be seen that the tools used during the LD program led to improvements in satisfaction in the areas indicated in the WoL as development priorities, especially ability to give and receive feedback, time

management and communication. The main changes pointed out by nurses are related to learning to delegate, emotional maturity, tranquility in relationships and knowing how to wait for the other people's pace.

In PHC, it is essential that nurses exercise a participative leadership that includes the entire team. Studies highlight the difficulties of professionals in this role.[24-25] In this sense, the results pointed out by the nurses who participated in the study show how the coaching tools (WoL and EG) were essential to exercise their delegation skills, to feel calmer in the role of leader, and to have more mature relationships.

The process of change is seen by nurses as necessary for the perception of new meanings and adoption of new habits. Thus, becoming aware of themselves as subjects of actions, both at work and in personal life, was one of the important gains from this experience.

Final considerations

The model created in this LD program was unique and innovative, as it articulated different coaching tools, combining experimentation and objectification and leading nurses to effective transformation with the incorporation of changes in their daily work and in their leadership in PHC. Considering the results achieved in this LD program, it is possible that it will be reproduced and used not only to train nurses in PHC, but also in other areas, at different levels of management.

The combined use of the WoL and EG tools favored the process of change, helping the subject to identify needs and make the decision to change by directing their reflection-action towards the desired state. Thus, the importance of the development of new intervention studies is emphasized, that is, new studies should use coaching tools to promote changes not only in leadership, but in other aspects of nursing.

For Nursing, the importance of using innovative strategies in the development of leadership among nurses in PHC is evident. In addition, new studies that can support the implementation of this type of tool in the organizational context are also important.

Study limitations include the lack of research that specifically describes the use of these specific tools. Likewise, there is the fact that not all nurses completed the tools, even though they systematically participated in the DL program. This is actually a calculated risk when using action research. In addition, participants commit in their own way to advance as they can in the change process.

References

1. Guerrero-Núñez S, Cid-Henríquez P. Una reflexión sobre la autonomia y el liderazgo em enfermeria. Aquichan [Internet]. 2015 [acesso em 2017 abr 11];15(1):129-40. Disponível em: http://aquichan.unisabana.edu.co/index.php/aquichan/article/view/3511/3849

2. Westcott L. How coaching can play a key role in the development of nurse managers. J Clin Nurs [Internet]. 2016 [acesso em 2018 set 21];25(17-18):2669-77. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/27501254 doi: http://dx.doi.org/10.1111/jocn.13315

3. Lanzoni GMM, Meirelles BHS, Cummings G. Nurse leadership practices in primary healthcare: a grounded theory. Texto & Contexto Enferm [Internet]. 2016 [acesso em 2018 maio 15];25(4):e4190015. Disponível em: http://www.scielo.br/pdf/tce/v25n4/pt_0104-0707-tce-25-04-4190015.pdf

4. Lowen IM, Peres AM, Crozeta K, Bernardinho E, Beck CLC. Managerial nursing competencies in the expansion of the Family Health Strategy. Rev Esc Enferm USP [Internet]. 2015 [acesso em 2018 maio 14];4996:967-73. Disponível em: http://www.scielo.br/pdf/reeusp/v49n6/pt_0080-6234-reeusp-49-06-0967.pdf

5. Munari DB, Bezerra ALQ, Nogueira AL, Rocha BS, Sousa ET, Ribeiro LCM. Leadership succession in nursing: thinking and acting today to ensure a better tomorrow. Rev Eletrônica Enferm [Internet]. 2017 [acesso em 2018 ago 21];19:1-5. Disponível em: https://revistas.ufg.br/fen/article/view/46101/22778

6. Hanse JJ, Harlin U, Jarebrant C, Ulin K, Winkel J. The impact of servant leadership dimensions on leade- member exchange among health care professionals. J Nurs Manag [Internet]. 2016 [acesso em 2018 maio 14];24(2):228-34. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/25879275

7. Mendes IAC, Ventura CAA, Trevizan MA, Marchi-Alves LM, Souza-Junior VD. Educação, liderança e parcerias: potencialidades da enfermagem para a cobertura universal de saúde. Rev Latinoam Enferm [Internet]. 2016 [acesso em 2018 abr 11];24:e2671. Disponível em: http://www.scielo.br/pdf/rlae/v24/pt_0104-1169-rlae-02673.pdf

8. Dyess SM, Sherman RO, Pratt BA, Chiang-Hanisko L. Growing nurse leaders: their perspectives on nursing leadership and today's practice environment. Online J Issues Nurs [Internet]. 2016 [acesso em 2018 jan 28];21(1):7. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/27853273

9. Cardoso MLAP, Ramos LH, D'innocenzo M. Liderança coaching: questionários de avaliação de percepções de líderes e liderados na enfermagem. Einstein [Internet]. 2014 [acesso em 2017 abr 10];12(1):66-74. Disponível em: http://www.scielo.br/pdf/eins/v12n1/pt_1679-4508-eins-12-1-0066.pdf

10. Moore LW, Sublett C, Leahy C. Nurse managers' insights regarding their role highlight the need for practice changes. Appl Nurs Res [Internet]. 2016 [acesso em 2018 ago 15];30:98-103. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/27091262

11. Sociedade Brasileira de Programação Neurolinguística (SBPNL). Certificação Internacional em Coaching [Internet]. São Paulo; 2018 [acesso em 2019 junho 17]. Disponível em: https://www.pnl.com.br/certificacao-internacional-em-coaching/

12. Cable S, Graham E. "Leading Better Care": An evaluation of an accelerated coaching intervention for clinical nursing leadership development. J Nurs Manag [Internet]. 2018 [acesso em 2018 jul 14];26(5):605-12. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/29600826

13. Graham R, Beuthin R. Exploring the effectiveness of multisource feedback and coaching with nurse praticioners. Nurs Leadership (Tor Ont) [Internet]. 2018 [acesso em 22 ago 2018];31(1):50-9. Disponível em: https://europepmc.org/abstract/med/29927383

14. Niesen CR, Kraft SJ, Meiers SJ. Use of motivational interviewing by nurse leaders: coaching for performance, professional development and career goal setting. Heath Care Manag [Internet]. 2018 [acesso em 22 ago 2018];37(2):183-92. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/29533243

15. Machado BP, Paes LG, Tonini TFF, Lampert NA, Lima SBS. Coaching en la enfermería: revisíon integradora. Index Enferm [Internet]. 2014 [acesso em 2017 abr 10];23(1-2):51-5. Disponível em: http://scielo.isciii.es/pdf/index/v23n1-2/revision1.pdf

16. Petty GM, Lingham T. Coaching team work in the classroom using an innovative team-coaching process. Nurs Educ Perspect [Internet]. 2018 [acesso em 2018 ago 19];40(2):118-20. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/29677042

17. Tripp, D. Pesquisa-ação: uma introdução metodológica. Educ Pesqui [Internet]. 2005 [acesso em 2017 abr 12];31(3):443-66. Disponível em: http://www.scielo.br/pdf/ep/v31n3/a09v31n3

18. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care [Internet]. 2007 [acesso em 2018 jul 11];19(6):349–57. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/17872937

19. Bardin, L. Análise de conteúdo. 7ª ed. São Paulo: Almedina Brasil; 2011.

20. Munyewende PO, Levin J, Rispel LC. An evaluation of the competencies of primary health care clinic nursing managers in two South African provinces. Glob Health Action [Internet]. 2016 [acesso em 2018 maio 14];9(1). Disponível em: https://www.tandfonline.com/doi/abs/10.3402/gha.v9.32486

21. Moscovici F. Desenvolvimento Interpessoal: treinamento em grupo. 17ª ed. Rio de Janeiro: José Olympio; 2009.

22. Lanzoni GMM, Meirelles BHS, Erdmann AL, Thofehrn MB, Dall'Agnol CM. Ações/intervenções motivadoras para liderança do enfermeiro no contexto da atenção básica à saúde. Texto & Contexto Enferm [Internet]. 2015 [acesso em 2018 maio 15];24(4):1121-9. Disponível em: http://www.scielo.br/pdf/tce/2015nahead/pt_0104-0707-tce-201500003740013.pdf

23. Solà GJ, Badia JG, Delgado-Hito P, Osaba MAC, Del Val García JL. Self-perception of leadership styles and behaviour in primary health care. BMC Health Serv Res [Internet]. 2016 [acesso em 2018 maio 15];16(1):572. Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/27733141

24. Carvalho AGF, Cunha ICKO, Balsanelli AP, Bernardes A. Liderança autêntica e perfil pessoal e profissional de enfermeiros. Acta Paul Enferm [Internet]. 2016 [acesso em 2018 maio 16];29(6):618-25. Disponível em: http://www.scielo.br/pdf/ape/v29n6/1982-0194-ape-29-06-0618.pdf

25. West M, Smithgall L, Rosler G, Winn E. Evaluation of a nurse leadership development programme. Nurs Manag (Harrow) [Internet]. 2016 [acesso em 2018 maio 16];22(10). Disponível em: https://www.ncbi.nlm.nih.gov/pubmed/26927790

Autor correspondente
E-mail: barbarasrocha@gmail.com
Endereço: Rua 1040 n.285 apt.502 Setor Pedro Ludovico
CEP: 74.823-250

Contribuições de Autoria

1 – Bárbara Souza Rocha

Concepção e planejamento do projeto de pesquisa, obtenção, análise e interpretação dos dados, redação e revisão crítica.

2 – Denize Bouttelet Munari
Concepção e planejamento do projeto de pesquisa, obtenção, análise e interpretação dos dados, redação e revisão crítica.

3 – Bruna Mendes de Sousa
Análise e interpretação dos dados, redação.

3 – Maria Lúcia Leal
Concepção e planejamento do projeto de pesquisa, obtenção, redação e revisão crítica.

4 – Luana Cássia Miranda Ribeiro
Redação e revisão crítica

Como citar este artigo

Rocha BS, Munari DB, Sousa BM, Leal ML, Ribeiro LCM. Ferramentas do coaching no desenvolvimento da liderança da enfermagem na atenção primária à saúde. Rev. Enferm. UFSM. 2019 [Acesso em: Anos Mês Dia];vol e46: P1-P20. DOI:https://doi.org/10.5902/2179769234762