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ACTIONS/INTERACTIONS MOTIVATING NURSING LEADERSHIP IN THE CONTEXT OF PRIMARY HEALTH CARE[1]

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ABSTRACT: The aim of this qualitative study is to understand the actions/interactions identified as motivating leadership for nurses working at Primary Health Care services in a city in the South of Brazil. The Grounded Theory was used as the methodological framework. Data collection occurred through semi-structured interviews with twenty-three nurses working in the municipal health network and seven Nursing professors with expertise on the theme, distributed in four sample groups. The analysis revealed the category Composing the profile of nurses for leadership and its importance in health organizations, supported by three subcategories. The nurse exercises leadership driven by personality, vocational training stimulus, characteristics of the profession and influence of the environment. Nurses are influenced and influence the health service, acting in compliance with health policies, helping to foster the participation and integration of other workers in the health services.

DESCRIPTORS: Leadership. Nursing. Public administration. Primary health care.

AÇÕES/INTERAÇÕES MOTIVADORAS PARA LIDERANÇA DO ENFERMEIRO NO CONTEXTO DA ATENÇÃO BÁSICA À SAÚDE

RESUMO: Estudo qualitativo com o objetivo de compreender as ações/interações identificadas como motivadoras de liderança para enfermeiros da Atenção Básica à Saúde de um município localizado ao sul do Brasil. Utilizou-se a Teoria Fundamentada nos Dados como referencial metodológico. A coleta dos dados ocorreu mediante entrevistas semiestruturadas com vinte e três enfermeiros atuantes na rede municipal de saúde e sete professores universitários do Curso de Enfermagem com *expertise* no tema, distribuídos em quatro grupos amostrais. Da análise emergiu a categoria Compondo o perfil do enfermeiro para liderança e sua importância nas organizações de saúde sustentado por 3 subcategorias. O enfermeiro exerce liderança motivada pela personalidade, estímulo na formação profissional, características próprias da profissão e influência do ambiente. Os enfermeiros são influenciados e influenciam o serviço de saúde. Atuam em consonância com as políticas de saúde e contribuem para incentivar a integração dos demais trabalhadores nos serviços de saúde.

DESCRITORES: Liderança. Enfermagem. Administração pública. Atenção primária à saúde.

ACCIONES/INTERACCIONES MOTIVADORAS DEL LIDERAZGO PARA ENFERMEROS EN EL CONTEXTO DE LA ATENCIÓN PRIMARIA

RESUMEN: Estudio cualitativo con objeto de comprender las acciones/interacciones identificadas como motivadoras del liderazgo para los enfermeros vinculados a los servicios de Atención Primaria en municipio ubicado al sur de Brasil. Se utilizó la Teoría Fundamentada como método. La recolección de datos ocurrió a través de entrevistas semiestructuradas con 23 enfermeros que trabajan en la red de salud municipal y siete profesores de enfermería con experiencia en el tema, distribuidos en cuatro grupos de muestreo. Del análisis surgió la categoría componiendo el perfil del o enfermero para el liderazgo y su importancia en las organizaciones. El enfermero ejerce liderazgo motivado por su personalidad, estímulo de la formación profesional, características de la profesión y influencias del ambiente. Los enfermeros son influidos e influyen el servicio de salud, actúan en conformidad con las políticas de salud y ayudan a fomentar la participación y la integración de los demás trabajadores de los servicios de salud.

DESCRIPTORES: Liderazgo. Enfermería. Administración pública. Atención primaria de salud.

INTRODUCTION

For Primary Health Care (PHC) to function properly, besides appropriate infrastructure and an integrated multiprofesional health team, leaders are needed who are capable of articulating issues internal and external to the service and of favoring the articulation of knowledge to cope with a range of processes, concentrating the responsibility to act with the highest level of decentralization and capillarity, as well as to be problem solving, coordinating care and the health care networks.[1]

Nurses have an outstanding role in the health team. They mediate in case of interpersonal conflicts and in collective work. They are considered leaders in the community health agents' relationship network.[2] In addition, the management dimension of their work is highlighted, in which the nurses serve as managers in more than 80% of the Primary Health Care Services (PHCS) in small cities in the South of Brazil.[3]

It is emphasized that not all managers are prepared to serve as true leaders, but management is certainly the most critical point of leadership. In the PHC context, this assertion arouses considerations on the implications and repercussions of the function. Among other aspects, the managers' stress is highlighted, who are overburdened by the interference of more central management levels, the influence of changes in the management group, the bureaucracy of public management, the excessive demand of the local population and team management difficulties, aiming for technical and political efficiency in the promotion, prevention of recovery of users and their families' health.[2,4]

It is known that personal characteristics and institutional hierarchy are important factors that promoted and influence the practice of nursing leadership in the hospital context.[5] Considering that PHC recommends a collective professional practice, aiming for shared decision making with greater social participation in the determination of health actions, the premise was adopted that leadership in PHC is understood as a complex group action, in which the leader naturally emerges from the multiple interactions among the stakeholders, with a distinguished skill of perceiving the place where one acts, while one feels, sees, experiences, relates with and influences other people.

Considering that the two main challenges imposed on the leaders in PHC are the management of multidisciplinary and heterogeneous themes and the articulation of different cultures, in the theme as well as in relation to local cultures, the question is raised: what actions/interactions stimulate the practice of nursing leadership and how are these manifested in the nurses' In view of the above, this study aimed to understand the actions/interactions identified as motivators of leadership for PHC nurses in a city located in the South of Brazil.

METHOD

This is an excerpt from a research entitled "Leadership of the nurse in Primary Health Care from the perspective of complexity", in which the Grounded Theory (GT) was used as the methodological framework. GT can offer further understanding about the phenomenon and provide support to elaborate a theoretical model.[6]

The study context was the Municipal Health Department (MHD) of a city with approximately 400 thousand inhabitants, located in the South of Brazil. The data were collected between September 2011 and June 2012 at 50 PHCS. The participants in the GT were selected through theoretical sampling, that is, the number of subjects cannot be determined *a priori*, and the search for informants is a process, permitting the inclusion of different groups of people, considering their relevance for the study. To compose the first sampling group, the following inclusion criteria were considered: being a nurse at the MHD for at least two years and having worked in at least one of the following activities: family health team, PHCS coordination and administrative function at management level.

The participants were invited by telephone at the place of work, when the researchers introduced themselves and the research method. In case of a positive return, a second meeting was scheduled for the interview.

The first sampling group consisted of at least one nurse from the family health team in each of the five Health Districts, totaling six nurses. The data collection technique was the semistructured interview, departing from the question: How do you understand and practice leadership in PHC? When attributing meanings to the actions/interactions experienced in your leadership practice, which of them (actions/interactions) were considered motivators or causes? The researchers asked other questions based on the participants' answers.

In the course of the data collection and analysis process, the need was perceived to include three other groups. The second group consisted of

seven nurses who coordinated PHCS and the third included ten nurses working as administrative managers or directors, aiming to discuss their role in activities related to the management process. The fourth group consisted of seven nurses, serving as undergraduate nursing faculty members at two universities in the region, in view of their expertise on PHC and/or nursing leadership and the need to deepen the aspect of leadership as a competence that needs to be developed in professional education. In total, 30 nurses were interviewed. All interviews were audiorecorded and later fully transcribed.

At the same time as the data collection, the data were analyzed as recommended by GT, using open, axial and selective coding.[6] Thus, the transcribed interviews were read attentively and analyzed manually line by line to verify each incident and name it, using preliminary codes that started with a gerund. These were grouped and reorganized by similarities and differences, aiming to elaborate the conceptual codes with a higher level of abstraction. During the axial coding, the conceptual codes were again regrouped, based on an analysis in comparison with the other data collected in subcategories and categories. In the final phase, selective coding was done, in which the data were related and the categories were redefined to gain the form of a theoretical model and unveil the central phenomenon. The paradigmatic model, the structure the authors of the GT proposed to guide the construction of the theoretical model, consisting of five components: context, causal condition, intervening conditions, strategies and consequences,[6] supported the organization of the data and the presentation of the theoretical model in this study.

Based on the relations established between the subcategories and the categories, distributed in five components, the theoretical model emerged whose phenomenon is named: "Revealing the leadership practices of the nurse in the complex context of Primary Health Care".

For the sake of methodological strictness, the theoretical model was validated to determine how the abstraction adjusts to the collected data and to identify omissions in relation to the concepts produced in the theoretical scheme.[6] Three nurses were involved in this phase: two nurses affiliated with the institution where the data were collected who did not participate in the study and one researcher with expertise in the method and in the theme who was included among the participants. In this process, the methodological coherence, thematic adherence and possibilities for abstraction of the theoretical model were verified.

The component causal conditions refers to the elements that aroused or potentially motivated the revelation of the phenomenon. In view of the relevance of the findings identified in this component, which are represented by the category Composing the nurse's profile for leadership in health and its importance in organizations, the decision was made to explore the concepts separately and discuss them based on the scientific literature.

It is highlighted that the information that identified the participants in the interview were modified to preserve their identities. Aliases were also used, consisting of the letter P and an ordinal number corresponding to the order in which the interviews were held (P1, P2 until P30).

This study received approval in the Institutional Review Board under number 130/2011.

RESULTS AND DISCUSSION

The phenomenon "Revealing the leadership practices of the nurse in the complex context of Primary Health Care" was produced by the causal condition of the paradigmatic model. This component consisted of the category "Composing the profile of the nurse for leadership in health and its importance in organizations", which emerged from the following subcategories: Nurses exercising leadership even without a formal function; Perceiving the leadership of undergraduate programs in the centrality of organizations and; Emphasizing characteristics of nurse leaders.

Nurses exercising leadership even without a formal function

The participants highlight that they were born with this skill and since they were a child had charisma or exerted some influence on other people. Consequently, assuming representative or outstanding functions in the institutions was something natural and almost immediate in the professional career. In this process, some participants perceived that they were able to serve as true leaders instead of mere heads, because of their legitimated and not simply legalized function, as follows: *some people are born with this leadership profile and gradually improve it, they are great leaders. And others do not have the profile and are encouraged*

to develop this activity, but may sometimes not evolve successfully (P10).

They also report that, being a personality trait, they could engage in the struggle for the recognition and valuation of the professional category. They sought better work, wage, in –service training and care quality conditions. That is so because they believe that Nursing is not philanthropy but an essential profession for health service management and for human care. Hence, the influence of leadership in the nurses' personal characteristics is considered important, as the behavior and posture of the leader will serve as an example for his team.[4] It is also considered that true leadership emerges when the work team decides to follow the leader out of trust in his vision.

Especially regarding the PHCS, some activities were mentioned as relevant because they allow the nurses to exercise their leadership, such as: forecasting and control of materials and medicines, personnel management, welcoming new professionals, completing forms for health programs; and also coordinating the family health team and the health service. Although the latter is not frequently imposed on the nurses in the study, the participants perceive that they position themselves at the forefront of the health services, since they are more mobile and do not remain restricted to activities in the consultation rooms. Hence, they are invited to organize the service, as observed in the testimony: *when someone is missing from the administration,* [...] *then we, the nurse, take charge of a lot of things, which we might delegate to someone else. We have assumed it though, because there is no alternative, either you assume it or you assume it!* (P3). It should be appointed that the main difficulties the nurses face in the Family Health Strategy are related to the physical structure and to the lack of more health professionals as, when some team members are absent, the nurses fail to meet their obligations to perform other activities.[7]

Some experts guarantee that nursing leadership does not occur naturally in PHC. It is considered a product of the dynamics of the work process, considering that nurses occupy the management function in many PHCS. Thus, the nurses become leaders due to the functions they perform.[8] In summary, the nurses influence the health service with its characteristics and examples and, at the same time, allow themselves to be modified by the movement and dynamics developed at the PHCS. It is a cycle that evidences the experience of autonomy and freedom in the exercise of dependence on society and nature.[9]

When the nurses do not engage in formal coordination functions, they establish partnerships. Management demands are assumed and many problems and conflicts are solved that emerge in daily life. The participants relate this attitude to the dynamics of nursing work, which involves care and management activities at the same time. It is emphasized that the two dimensions are complementary and interdependent as, when the nurses move away from any of both, they present weaknesses, considering that management knowledge furthers clinical knowledge and vice-versa, as the following statement illustrates: *I was not the coordinator, because there was a formal coordinator, but I was responsible for that team. The people reported to me* (P1). *I don't see exclusive management work as something negative. But it's bad when a person moves to one side or the other only, you see?* [...] *I think that one thing complements the other. It helps to have management preparation: it broadens your view to do your care work* (P9).

The nurses' work process comprises different dimensions that are considered complementary, among which the care and management dimension stand out. In the first, the nurse adopts the nursing care needs as the object of intervention and aims for comprehensive care. In the second, the organization of work and the coordination of the nursing human resources are adopted as the objects, with a view to creating appropriate care conditions for the patients and performance conditions for the workers.[10]

In that sense, the exercise of nursing leadership is yet another component of the complex set of being and doing Nursing, in which the articulation of all dimensions is more than the sum of the parts.[9] As opposed to an assistentialist, reductionist and simplifying activity, the leadership practices comprise interdependence with the other aspects of being a nurse, influence them and are influenced; they produce new associations and interactions.

The participants conceive that the team and the community acknowledge the nurse as a reference, whether due to a distinguished leadership profile, sensitive to the social problems of the community or due to the assumption of many responsibilities in the health services, as the following statement illustrates: *many problems are identified in the doctor's office, but end up being forwarded to us. Also, many users ask to talk directly to us when this kind of situation appears* (P4). Hence, differently from other health team professionals who face

difficulties to play a role in social problems of the community due to a more technical role, Nursing has a higher potential for engagement,[8] considering that its practice becomes more effective when it is integrated into the other knowledge areas and user support services of the Unified Health System (SUS - Sistema Único de Saúde).

Perceiving the leadership of undergraduate programs in the centrality of organizations

In this subcategory, the participants understand leadership as the key of the organizations, especially in health services, demanding further investments in education. As health management has been considered a process under construction, the participants affirm that leadership should be understood and used more efficiently, involving investment in qualified staff and staff development.

It should be highlighted that the nurses perceive leadership as a skill that can be developed in higher nursing education. The first reason mentioned with regard to education was the fact that the theme leadership is part of a compulsory subject on the Nursing curriculum. This even involves traineeships with practical exercises on hospital service and public health management. The participants perceive that the teachers are concerned with the learning and experience of the contents taught in the classroom in the teaching areas, as illustrated in the following testimony: *of course I still perceive that the nurses play an outstanding role, because we've got this leading and management chair in the academy, in education* [...]. *In addition, I come from a time when Nursing was conquering spaces and taking part in Primary Health Care more strongly. Therefore, our teachers were very inspiring for a serious practice concerned with the quality of care* (P10).

Although they find obstacles in the practice of leadership and weaknesses in education, it is appointed that leadership can be learned, especially based on daily experiences.[11] As to the teaching-learning process of leadership, the existence of gaps is identified, as evidenced by the little time demanded for teaching this competence and the teachers' distancing from care practice.[12] Education with a teaching bias tends to ignore the autonomy and independence to seek and articulate knowledge, with a view to avoiding sterile accumulation.[9] Nevertheless, nursing students appoint practical nursing management training as a valuable experience, in which they are able to experience the implementation of changes, articulation with the work team and the assessment of outcomes, despite acknowledging the need for constant improvement.[13]

Another aspect the participants mentioned was the growing progressive interest in mastering this management tool in view of the need to exercise leadership during nursing team supervision, coordination of health services and coordination of nursing care. For some, the exercise of leadership in the undergraduate program was frequent, with direct reflections for their current professional practice.

In that sense, the practice of supervision, qualification of the nursing team and community health agents are intrinsic in the nurses' actions, as well as co-management of the health service.[7] This furthers the development of initiative, responsibility and leadership during the students' education and the acknowledgement of their responsibilities as professionals in the team and the health service.[13] It is clear though that the development of leadership is a constant in the nurses' professional life. Therefore, the undergraduate program is but the first formal space to develop it.

As to the experience of leadership in professional practice, the participants affirm that it is not linked to a function, that is, the difference relates to the form of acting and to how to articulate elements to achieve the targets. In that sense, the association between the manager's function and leadership shows to be the perfect articulation to conduct the group and can autonomously provide for significant changes in the work process and in the physical structure, as observed in the following statement: *the people look first at the power or at who will have the function, as if leadership meant having a function, you see? And, to me, leadership is not having a function, it's you having know-how* (P27).

The big changes that have occurred in the business world directly affect the global economy and restructure both the business environment and the public sphere. As verified, the public organizations were conducted over the years to reconsider their work structures and processes with a view to guaranteeing better performance and results in each sector. For public health institutions, the development of leaders is indicated in their group of technicians, as well as a culture of cooperation in response to organizational bottlenecks.[14] Specifically in the health area, nurse managers or coordinators with leadership styles linked to relational approaches were associated with the reduction of adverse events, complications and mortality and to increased patient satisfaction.[15]

The participants also highlight that the nurses have offered important management and leadership support to conduct the Primary Health Care projects. Thus, they are able to add fundamental values to coordinate the teams at the central level. That is, they demonstrate theoretical-practical knowledge, leadership and occupy functions that grant them some degree of autonomy to make adaptations when necessary, as the following statement illustrates: [...] *who holds the bag at the Department are the nurses… There are a lot of management functions at the central level for nurses, and big functions, important functions too* (P14). Thus, the nurses' leadership is highlighted as central in the development of the health services they are inserted in.

Emphasizing characteristics of nurse leaders

In this subcategory, the main characteristics of nurse leaders the participants described are presented. The participants cited the theoretical and practical domain of nursing care and health administration as the main aspects to work safely in the clinical dimension and to conduct group work.

The fact that nursing education contains subjects related to health management and administration highlights the nurses in the team because they work more systemically. The interests in knowing the information flows and the articulation between management knowledge and direct patient care turn their practice into the ideal combination for the nurses to stay updated on the best strategies to improve the processes and enhance the quality of care, as illustrated by the following statement: *perhaps due to the fact that the nurse has been trained to have a systemic view, to be able to look and see all details of a process. I think that's a point that helps the nurse a lot when assuming a management, a leading function* (P16).

Among the ideal qualities for the practice of leadership, the nurses mentioned knowledge, which they underline that should not be limited to knowledge on techniques and procedures. Demonstrating theoretical-practical knowledge on themes related to the profession and other social issues was considered fundamental, linked to team coordination and organization, so as to recognize a leader in the context of the health services.[16]

With regard to systemic activity, Nursing is a core profession in the health system, in which the nurse stands out as being eminently social. Human beings are understood not as sick beings, but as complex beings, capable of self-organizing, who should conduct their therapy and life history.[17]

The participants believe that the leader is a reference for organization, problem solving and responsibility. These three aspects were always interrelated, as the nurses are understood as inducers of teamwork organization. The nurses have a distinguished more human and social look on practice. In that sense, they are able to act on some user needs beyond the biomedical dimension, as the following statement illustrates: *it is not written that the nurse is the team coordinator in any document but, as soon as he coordinates the agents, he ends up coordinating the entire team.* [...] *For other issues, the nurse also has an inducing role in the organization of the work process, which requires responsibility and problem-solving ability* (P14).

The nurses perceive their great responsibility to keep the service functioning with appropriate routines, for the users as well as for the professionals, in view of the turnover of other professionals, especially physicians, and because they often act as health service coordinators.

The participants consider that nursing leadership is focused on the quality of care, the problem solving ability and expanded access to health. Hence, even when the nurses do not serve as health service coordinators, they assume some organizational demands with a view to putting the achievement of the targets in practice. To give an example, the participants mention the challenge of being called upon by the other professionals when something unexpected happens. Hence, at the end of the day, their agenda was full of unexpected activities and the elaboration of collective and individual strategies.

Working with responsibility, respect and flexibility can minimize existing conflicts between the nurses and the care team.[18] the acknowledgement of the processes that cause conflicts, disorder, irregularity, deviations and chance permit the exercise of creativity, innovation and evolution.[9]

In another study, nurses associated responsibility with the need to set an example. Thus, respect among the workers can be strengthened; it can also influence the other professionals' behavior to develop this same characteristic.[13] As regards the problem-solving ability, the set of nursing actions in public health is aimed at offering a response or solution or forwarding for the health users' complaints, overcoming fragmentations with a view to guaranteeing the continuity of care.[19]

Having a sense of justice was mentioned as

being fundamental for nurse leaders, as they need to know the right time to request changes in the employees' behavior or even to forward the process to higher levels when identifying problems in the team professionals' ethical conduct, as the following interviewee clarifies: *being fair is very delicate, because you need to work with many elements. You need to be neutral, sometimes you need to impose, turn back, be nice; sometimes you are unable to be very nice* (P9).

Formal learning during the undergraduate course is not sufficient to develop these attributes; it is constituted in the course of life and can result in different understandings on its applicability. Nevertheless, working with a sense of justice means acting with ethics and respect for the professional competences and needs of the population.[20]

Another aspect that facilitates the exercise of nursing leadership and the effective application of the sense of justice is the understanding that the professionals possess a relative autonomy and interdependence is essential for the articulation of the group. In other words, team spirit is a characteristic that promotes the minimization of the relationships of power and domination.

According to the participants, this notion benefits the teamwork, as the nurses intend to integrate the health professionals and share decision making. They need to make the relations more horizontal and permit the exchange of information. Studies indicate that the nurses' lack of or distance from the team spirit can trigger conflicts and the employees' resistance to the new practices and the lack of respect among professionals. In that sense, the process of mediating conflicts should be permeated by dialogue and respect.[21]

Consequently, the relations become more harmonious and respect turns into a relevant characteristic in the nurses' relationships and interactions.

In view of the context of relationships and movements of dispute over power, the participants also affirm that authentic leadership is achieved through a respectful treatment, that is, without impositions and authoritarianism. The team's interest in performing some action satisfactorily results from joint work based on trust and respect, as mentioned: *for me, leadership is a person's ability to command a group without the need to give orders. A leader works along; he is capable; he has the power to conquer people around him to accomplish something* (P16).

Being flexible was appointed as an important requisite for leaders. Flexibility is conceived in the sense of permitting more horizontal relationship, a more democratic and comprehensive relationship. The participants consider that, by preserving the patients' safety, when permitting changes in the dynamics of work, one is able to motivate the employee individually and permit impacts in the nursing team, that is, the exercise of cooperation and solidarity. This finding is identified in the following report: *I find my activity in the service organization very positive, because I attempt to see if everything is functioning, if not let us try another option, another course.* [...] *We try and see alternatives, if they start not to work, we discard them and move on to another alternative* (P2).

Relations in which one seeks to build a constructive bond are based on respect and tend to be long-lasting. Hence, the focus on human beings and their needs, flexibility, motivation, commitment and personal accomplishment is a condition for healthy relationships among nursing workers.[22]

The research participants emphasize that leading is also a process that demands time, to be able to execute it as well as to see its results. Therefore, nurse leaders need to be patient and creative to overcome the friction in interpersonal relationships, lack of material resources and personnel. In addition, aiming to achieve higher quality and efficiency in the leadership process, personal and professional maturing were cited as essential.

Although it is acknowledged that young nurses can exercise significant leadership in their work group, the lack of clinical and management experience can limit their activities, leading to failure. The length of experience can promote maturing and enhance the practice of leadership.[23] Nevertheless, professional experience along cannot be the recipe for successful leadership. Skills like creative leadership, courage and willingness are highlighted in the literature to involve the team in the different phases of planning and management.[23]

According to the participants, when a new project or a new team starts, it is always a difficult process, because it involves the unknown and uncertainties. After having experienced this same situation a number of times, however, knowledge is gained beyond the theoretical, that is, the notions of interprofessional, interdepartmental, institutional relationships and so forth need to be expanded. As informed, the participants start to master other knowledge and act with greater confidence, safety and determination: *the first thing I see for us here is patience. It's something you need. Even in community care. Patience that generates bal-*

ance, also in the process of leading groups. [...] *In fact, it is a process of great maturing over time. Today I feel prepared, but there was a time when I felt insecure* (P3).

The fact of enhancing leadership in the other team members makes them feel motivated to always look for other possibilities of action, better work and community care conditions. According to the participant: *when things do not change, I feel defeated by people's resistance. I like change; I like challenges* (P8). A team leader should be aware that resistance to change is an expected manifestation in view of a new situation, which is motivated, according to Pichon, by two anxieties inherent in human beings, which coexist and cooperate, that is, fear of loss and fear of attack.[22] Thus, one needs to invest in dialogical leadership, as it is based on the establishment of an efficient communication process, is capable of stimulating autonomy, co-accountability and the valuation of each team member and health users.[12] Hence, the nursing leadership practices are related to the construction of new leaders, in accordance with the public policies that encourage co-management and prominence.

FINAL CONSIDERATIONS

The causal conditions that generate the phenomenon Revealing the leadership practices of the nurse in the complex context of Primary Health Care consist of a set of actions/interactions linked to the nurse's personality, to the encouragement of professional education, to the characteristics of the profession and under influence from the environment, in which leadership plays a central role for his/her development. The possibility to present this component of the paradigmatic model in detail evidenced that stimulating leadership in the other health team members is a condition some nurses develop, which is intensely related to the health policies and contributes to encourage the public workers' integrated activity.

It is evidenced that the nurses take distance from activities related to direct care for the population, due to their involvement in management issues or to the lack of professionals at the PHCS. This situation grants the nurses mobility, which thus enhances their leadership skills and consolidation in health service management as a more systemic activity. Nevertheless, their role as caregivers should be rescued, aiming to maintain their contributions in the health team and to strengthen the complementariness of the pair leader-caregiver.

Although the data collection restricted to PHC nurses and nursing faculty is justified in this study, as the perspective of who practices leadership was focused on, for the sake of future research, the nurses' contributions to the practice of co-management and leadership should be investigated based on the perspective of multiprofesional health team members in PHC.

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