

Concepts and practices of teaching and exercise of leadership in Nursing

Conceitos e práticas de ensino e exercício da liderança em Enfermagem
Conceptos y prácticas de enseñanza y ejercicio del liderazgo en Enfermería

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ABSTRACT

Objective: to identify, describe and analyze characteristics of leadership, head nurses and participants in the teaching-learning process of leadership in Nursing, according to nurse professors who performed studies on this theme and taught such content between 1972 and 1994 in nursing schools of the state of São Paulo, southeastern Brazil. **Methods:** Thematic Oral History was used. A total of four nurse professors were interviewed, whose reports were submitted to content analysis. **Results:** the following aspects were approached in this study: the context in which students developed leadership, the influence of previous experiences on leadership qualification, its attributes, the importance of leadership, the value of teaching it, the possibilities of emancipation of a head nurse, the repercussions of teaching leadership for one's professional life, the relationships between qualification and job market, the aspects of teaching qualification and students' characteristics. **Conclusion:** although not essential for nursing qualification, leadership had a symbolic capital.

Descriptors: History of Nursing; Nursing Education; Higher Education; Leadership; Research on Nursing Management.

RESUMO

Objetivo: identificar, descrever e analisar características da liderança, do enfermeiro-líder e dos atores do processo ensino-aprendizagem da liderança em Enfermagem segundo enfermeiras docentes que realizaram pesquisas sobre esse tema e ministraram esse conteúdo entre 1972 e 1994, em escolas paulistas. **Método:** História Oral Temática. Entrevistadas quatro enfermeiras docentes, cujos depoimentos foram submetidos à análise de conteúdo. **Resultados:** foram abordados o contexto no qual os alunos desenvolviam a liderança, a influência de vivências prévias na formação do líder, seus atributos, a importância da liderança, o valor de ensiná-la, as possibilidades de emancipação do enfermeiro-líder, as repercussões do ensino da liderança na vida profissional, as relações entre a formação e o mercado de trabalho, os aspectos da formação docente e as características dos alunos. **Conclusão:** embora não fosse imprescindível para a formação do enfermeiro, a liderança era seu capital simbólico.

Descritores: História da Enfermagem; Educação em Enfermagem; Ensino Superior; Liderança; Pesquisa em Administração de Enfermagem.

RESUMEN

Objetivo: identificar, describir y analizar las características de liderazgo, del enfermero-líder y de los actores del proceso enseñanza-aprendizaje del liderazgo en Enfermería según enfermeras docentes que investigaron el tema científicamente e impartieron dicho contenido en escuelas paulistas entre 1972 y 1994. **Método:** Historia Oral Temática. Se entrevistaron cuatro enfermeras docentes cuyas deposiciones se sometieron al análisis de contenido. **Resultados:** se abordó el contexto en el cual los alumnos ejercían el liderazgo, la influencia de vivencias previas en la formación del líder, sus atributos, la importancia del liderazgo, el valor de enseñarlo, las posibilidades de emancipación del enfermero-líder, la repercusión de la enseñanza del liderazgo en la vida profesional, las relaciones entre la formación y el mercado de trabajo, los aspectos de la formación docente y las características de los alumnos. **Conclusión:** el liderazgo era su capital simbólico, aunque no fuera imprescindible para la formación del enfermero.

Descriptores: Historia de la Enfermería; Educación en Enfermería; Enseñanza Superior; Liderazgo; Investigación científica en Administración de Enfermería.

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INTRODUCTION

Leadership, currently defined as a process where leaders intentionally influence their followers, aiming at common goals and following the existing organizational culture⁽¹⁾, is one of the management skills considered to be essential for nurses' performance.

One of the foundations of leadership development is one's qualification, so that only when the teaching-learning process is performed appropriately, can head nurses have the basis required for a satisfactory work performance. This fact shows the need to reflect on this process, its participants and characteristics of leadership in Nursing.

Knowledge about History⁽²⁾ is necessary to obtain the mastery and maturity required to make a reflection on our current reality. Every object of study has a history and it is learning about and questioning the past that one can analyze and interfere with the present, enabling the changes expected for the future to take place.

The history of teaching of leadership in Nursing, the object of the present study, is intertwined with the curricular changes that have occurred in undergraduate courses. The beginning was marked by including of the discipline of Management Applied to Nursing in the core curriculum determined by the *Conselho Federal de Educação* (CFE – Brazilian Education Council) in 1972, through the approval of official opinion 163/72 and Resolution 04/72. This opinion divided the undergraduate Nursing course into three stages: basic or pre-professional stage, main professional stage and qualifications, apart from the Teaching degree⁽³⁾. This discipline, which includes the content on leadership, began to have its own identity⁽⁴⁾.

Such curriculum continued until 1994, when there was the approval of the Brazilian Ministry of Education and Culture's Decree number 1721/94, regulating the teaching of undergraduate Nursing courses. Then, it began to have a minimum number of credit hours equal to 3,500 hours and a duration of four years. Of all these hours, a minimum of 525 hours, i.e. 15% of the total, was allocated for the discipline of Management Applied to Nursing, thus recognizing the teaching of Management as key in the qualification of nurses⁽⁴⁾. During this period, Law 7498/86 was passed, in accordance with Decree number 94406/87, which regulates the professional exercise of Nursing and points to management roles as a prerogative of nurses⁽⁵⁾, corroborating the importance of the discipline of Management Applied to Nursing for their qualification. The changes undergone by this discipline indicate the approach of increasingly complex processes, aimed at team coordination, personal development and the exercise of leadership⁽³⁻⁵⁾.

Despite the relevance of this theme, scientific production on the teaching of leadership in Nursing remains scarce in Brazil, although there has been an increase in the last ten years⁽⁶⁾, revealing gaps to be filled through future studies on the history of such teaching. Additionally, the identification and analysis of the changes that have occurred throughout time in the teaching of leadership enable nurses' role in this process to be understood, apart from helping the reflection on this theme and providing the foundation for actions aimed at

the improvement in professional qualification, thus justifying the present study.

Based on what has been described, the following question should be asked: what changes occurred in the characteristics of leadership of head nurses and participants in the teaching-learning process of leadership in Nursing, between 1972 and 1994, from the perspective of nurse professors of the discipline of Management Applied to Nursing, who performed studies on Leadership in Nursing and taught this content in nursing schools of the state of São Paulo, Brazil?

OBJECTIVE

To identify, describe and analyze characteristics of leadership, head nurses and participants in the teaching-learning process on leadership in Nursing from the perspective of nurse professors who performed studies on leadership in Nursing and taught this content between 1972 and 1994, in nursing schools of the state of São Paulo, Brazil.

METHOD

A historical study was conducted, using Oral History as research method. Defined as the report of a narrator on their existence throughout time, aiming to reconstruct events experienced by them and to transmit life experiences they have achieved, this method enables one to approach knowledge about such experiences through the study of narratives of certain individuals, using procedures such as the collection, analysis, interpretation and promotion of findings⁽⁷⁻⁸⁾. Thematic Oral History was specifically used in this study, characterized by the existence of a central focus, the theme of study. Guidelines with questions aimed at approaching this theme and facilitating interviews were developed⁽⁸⁾.

The study population was comprised of four nurses who worked as professors of the discipline of Management Applied to Nursing in undergraduate courses of nursing schools located in the state of São Paulo, Brazil, between 1972 and 1994. This state was a pioneer in terms of teaching of and research on Management in Nursing and the cradle of researchers who significantly contributed to the construction of knowledge about leadership in Nursing in Brazil. The inclusion criteria were as follows: to be a professor who was available to be interviewed from May 2011 onwards, as defined in the research project schedule; to have published articles on Leadership in Nursing, a piece of information that could be obtained through the *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS – Latin American and Caribbean Health Sciences Literature) and Medical Literature Analysis and Retrieval System On-Line (MEDLINE) databases, searching for the descriptors "*Liderança*" and "*Enfermagem*". Verification of the location and period during which professors taught was performed with full-text search and CV reading of each of them on the Lattes Platform of the *Conselho Nacional de Desenvolvimento Científico e Tecnológico* (CNPq – National Council of Scientific and Technological Development). All participants played leadership roles in health institutions,

universities and class entities and significantly contributed to the development of Nursing, facts that reveal the interviewees' affinity for this topic under study.

After the project was approved by the *Universidade Federal de São Paulo* (UNIFESP) Research Ethics Committee, data were collected through semi-structured interviews, following a script whose guiding question was, "How did [interviewee's name] teach Leadership to undergraduate Nursing students between 1972 and 1994?". Each participant signed an informed consent form, whose text stated that they would allow the reports to be used for teaching and research purposes. Therefore, a letter giving the copyrights to researchers was prepared and signed, apart from guaranteeing participants' anonymity.

The following stages were followed for data analysis⁽⁷⁾: transcription of recordings; validation of transcriptions by the narrators; textualization of narratives, including the questions asked by the interviewer into the narrator's speech and grouping of narrative passages that referred to the same theme – transcreation; validation of transcreation by a doctor in Nursing codification and indexation of the themes approached to create categories of analysis, according to the model proposed by Minayo⁽⁹⁾; and validation of categories by another doctor in Nursing.

Next, thematic categories were interpreted and discussed according to the scientific literature found and the philosophical-theoretical framework of analysis selected, comprised of concepts developed by Pierre Bourdieu, shown in Box 1.

Box 1 – Concepts developed by Pierre Bourdieu used in the present study

Concept	Definition
Symbolic field	Space comprised of positions and functions exclusively perceived by individuals participating in it, where they are engaged in conflicts ⁽¹⁰⁾ .
Field agents	Individuals who suffer and produce effects on the symbolic field. They are aware of field conflict rules and engage in it ⁽¹⁰⁾ .
Field conflict	Conflict between symbolic field agents, aimed at the acquisition of symbolic power and field positions ⁽¹⁰⁾ .
Symbolic power	Objective power, capable of confirming or transforming reality. It can become objective through things (symbols) and it exists because individuals or group subject to it legitimize its existence ⁽¹⁰⁾ .
Law	Norm established by the dominating class and based on the logic of juridical sciences to promote juridical or law habits that standardize individual actions in society and maintain the symbolic order ⁽¹⁰⁾ .
Rights	Socially acknowledged form of symbolic power that attributes certain status to individuals and legitimizes the acquisition and use of everything associated with this condition (identity, powers, titles) ⁽¹⁰⁾ .
Economic capital	Set of material assets – money, properties, actions, work – accumulated by individuals ⁽¹¹⁾ .
Social capital	Set of current or potential resources that allow individuals to identify and connect to a certain social group and establish a network of useful relationships with its members ⁽¹¹⁾ .
Cultural capital	Set of intellectual qualifications of individuals, accumulated as durable disposition (incorporated state), ownership of cultural assets (objectivated state) or certificates of competence issued by teaching institutions (institutionalized state) ⁽¹¹⁾ .
Symbolic capital	Distinction, prestige, social recognition. It can originate from any type of capital ⁽¹⁰⁾ .
Cultural inheritance	Inheritance comprised of the cultural capital and ethos (internalized values), directly or indirectly transmitted to individuals by their families ⁽¹¹⁾ .
<i>Habitus</i>	The practice of an individual or group. A constant habit of thought, perception, appreciation and action, transferable through inculcation ⁽¹²⁾ .
Inculcation	Internalization of practices performed by an individual or group. It produces the habitus, which can completely replace it for another or maintain it in this individual or group. It can be intentional or not ⁽¹²⁾ .
Symbolic violence	Imposition of certain meanings on an individual or group as something legitimate, aiming to dominate them. To become effective, those being dominated must recognize the legitimacy of such domination ⁽¹²⁾ .
Cultural arbitrariness	Arbitrary selection of meanings that define the culture of a group. It expresses the interests of the dominating classes ⁽¹²⁾ .
Pedagogical authority	Social condition of autonomy of the instance that performs the pedagogical action. Its legitimacy is a requirement to make this action effective ⁽¹²⁾ .
Social preservation	Preservation of the social structure and power relationships established between social classes. A consequence of social reproduction ⁽¹²⁾ .

RESULTS

The reports showed participants' versions and interpretations of leadership, head nurses and participants of the teaching-learning process of leadership in Nursing.

According to Professor 4, leadership was considered as a management function:

At that time, leadership was seen as one of the management functions performed by nurses – planning, organizing... and leading, the reason why this theme was included and had always been present in the discipline of Management Applied to Nursing. (Professor 4)

Reports from Professors 1 and 2 indicated that individuals' personalities were a determining factor for the development of their leadership:

We considered leadership to be an innate characteristic. It was not possible to qualify someone as a leader, you needed to have certain characteristics to be one. (Professor 1)

Leadership is learned throughout life. People are born with certain characteristics that can make them become a leader, if the environment where they were brought up, in which they live, allows this [...] it's not a university that will teach one how to be a leader. (Professor 2)

According to Professors 1 and 3, leaders were those who were out of the group, directing their activities and showing one of the profiles of behavioral leadership:

[...] there was a leader's profile and the leadership style – autocratic, democratic and laissez-faire – was valued. A leader certainly had one of these three profiles. (Professor 1)

Social relations, in general, and those of power, in particular, and the access to information have undergone transformations throughout time, which have changed the profile of a leader:

A leader in Nursing is someone who is successful, an acknowledged professional, someone who is not ordinary for some reason, someone who stands out somehow. This is a constant factor in leadership: someone who, at that moment, brings a greater contribution to the group. (Professor 3)

Professor 2 emphasized the importance of the exercise of leadership for nurses:

Nurses are those who lead the team; so, the only way is to be a leader. If they don't fulfill this role, which is theirs by right, someone will have to do this, as no team can exist without a leader. Any member of a nursing team or even those out of it who have the profile of a leader will take advantage of this to lead it. (Professor 2)

According to this participant, students perceived the value of leadership during their professional practice and understanding

the meaning and importance of leadership was the change that allowed them to become nurses:

When a nurse doesn't lead, the team makes the decisions for him, they do all that he should do, they perform all the work and even tell him how to behave. Students don't realize this. They only do when they are working as nurses and they experience pressure, they work hard, they're rebuked and accused of subservience by their superiors. [...] leadership is the key point for students to stop being nursing assistants or technicians and become nurses. While they don't realize this, their university degree won't matter much in their lives. (Professor 2)

According to Professors 1 and 3, when students completed their undergraduate Nursing course, they were prepared for the exercise of leadership:

[...] at that time, we taught nurse leaders, taking into consideration the fact that the leadership expected from them was the actual leadership from a superior, not a leader-like attitude. (Professor 1)

[...] [students] would come back to take a specialization or postgraduate course, so we would meet them at events, they'd call us and say, "Thanks for all, professor! I think I was well qualified for Management!". [...] After four months of training, many students were hired [by the hospital]. (Professor 3)

In contrast, Professors 2 and 4 pointed to the lack of preparation of graduates when working as leaders:

Many students returned after graduating and they complained about being treated by their employers like "higher education assistants" and not knowing how to be nurses. (Professor 2)

[...] when completing their undergraduate Nursing course, students were not prepared to lead. [...] The exercise of leadership depended much more on an individual's personality than the knowledge acquired [at the university]. (Professor 4)

There was a challenge when qualifying a nurse leader, according to Professor 1, which was to minimize the difference between the professional required in the job market and the one who graduated in an undergraduate Nursing course:

This is a big debate: to reach a consensus between what the market requires and what nursing schools qualify for. The approach of schools, especially this one, is to qualify for the Unified Health System [...] In practice, however, private hospitals have more relevance than public ones. (Professor 1)

According to Professor 4, at that time, professors had good intentions but they had not acquired sufficient pedagogical knowledge during their qualification to teach the contents of the discipline of Management Applied to Nursing, including leadership:

There were many newly graduates teaching at the university. [...] There was no preparation. Nurses would go to university because they liked to teach and could learn how to do so through practice. (Professor 4)

In the opinion of Professor 3, the fact of participating in a group of professors who had worked together for many years and acquired the habit of learning from each other facilitated her professional development:

Sometimes, I hear my colleagues give a lecture or class and I say, "Hey, I want to attend your class, OK?" [...] I learn with my colleagues and direct what I learned towards my area. (Professor 3)

According to Professor 1, both the characteristics of students and their preferences for certain disciplines influenced their performance in the Management internship. Those who liked this discipline had a good performance, while those who disliked it did not perform so well. Regarding students taught by Professors 2 and 3, there were significant differences in characteristics among them:

Students were so naïve, you know? They were childish and had characteristics of children. (Professor 3)

I taught at a nursing school where students were mainly student workers [...] (Professor 2)

DISCUSSION

The analysis of reports originated the thematic categories described as follows.

Concept and context of leadership

The performance of nurses included technical and administrative functions, such as planning, organization, control, decision-making, implementation of changes and delegation of tasks and responsibilities. Their qualification was aimed at the adequate performance of such functions, based on science and involving the exercise of leadership. Thus, knowledge and leadership were sources of safety, power and prestige⁽¹³⁾.

With regard to the concept of leadership, the literature showed the absence of consensus among authors, corroborated by the existence of several theories that attribute different meanings to this competence and whose foundation results from the attitudes and judgments of those making them. All participants were unanimous when describing types of leadership and pointing to actions and characteristics of leaders that were closer to the concepts with which they worked at that time. Only after stating this, would they express their opinion about the object of study. The pragmatism used to define this phenomenon suggests that the concept of leadership is still being constructed by interviewees, thus requiring the use of classifications, characteristics and actions of a leader to be closer to its meaning, rather than expressing and discussing it on an exclusively conceptual level.

Influence of previous experiences on the development of leadership

Corroborating the report given by Professor 1, we found that the first studies on leadership dealt with the characteristics and behavior of a leader and, until the mid-1940s, studies on this

theme were based on the Theory of the Great Man and the Theory of Characteristics. The first one, whose foundation lies in Aristotelian philosophy, affirms that certain individuals are born to lead, while others are born to be led. The second one points to certain individuals having characteristics or personality traits that allow them to be better leaders than others⁽¹⁾.

In contrast to these theories and in agreement with the report from Professor 2, Bourdieu⁽¹¹⁾ affirmed that the differences in success attributed to the differences in talent are, in truth, resulting from the inequalities in cultural capital and *ethos*, transmitted to individuals by their families. This inheritance, which corresponds to the "characteristics" mentioned by participants, is mainly associated with the overall cultural level of families, influenced by the social class to which they belong and by the economic capital of their members. The educational system, incorrectly considered to be favorable to social mobility, legitimizes these inequalities and promotes social preservation and the idea of a natural gift, nothing more than the manifestation of an individual's cultural inheritance.

Thus, it is difficult to believe in the existence of any innate characteristics that do not require learning to be developed and it is assumed that the characteristics seen as key for the development of leadership at that time had to be acquired throughout a leader's life, mainly by shaping their behavior.

Who were leaders during those times?

The concept of behavioral leadership includes styles that can be adopted by a leader when dealing with their work team. An autocratic leader controls, coerces, gives orders and punishes, whereas a democratic one leads, awards, guides and consults those who are led. In contrast, a *laissez-faire* leader is neglectful and permissive and they neither guide nor control their collaborators⁽¹⁾. This was the way leadership styles were classified back in the early 1970s in Brazil and the descriptions of power relations among team members were regulated accordingly, which could explain their use by study participants to characterize leaders during those times.

As pointed out by Professor 3, the profile of a leader was steadily changing from a centralized to a participatory approach. This change in paradigm can be associated with the dissemination of the concept of contingency leadership from the 1970s onwards, according to which a leader adopts a certain style based on the situation experienced at work. This depends on the importance that he attributes to the tasks to be performed and to the relationships established with those who are led, apart from their maturity to execute the work. Additionally, not only the leader's abilities are valued, but also those of the other group members, thus enabling the appearance of leaders on all hierarchical levels⁽¹⁾.

The use of this reference in one's professional practice reduced social inequalities at that time, as it extended the possibility of exercising power to other team members, in addition to nurses. Leaders, who played a distinct role in the field previously, began to share their leadership, their symbolic capital, with other participants.

This change can also be associated with the political context during the period covered by this study. The early 1970s

involved heavy repression by the Médici government, when political participation was synonymous with subversion and led to severe punishment. Professional relationships were influenced by this dictatorial model, thus hindering the division of power among team members. As a result of the political opening, which began in the mid-1970s, the concept of contingency leadership was steadily being applied to the corporate world and, as reported by Professor 3, it could be performed by nursing team members.

The importance of leadership for nurses

According to Law 7498/86, which regulates the exercise of Nursing, nurses are exclusively responsible for the management of Nursing services. In this context, it could be affirmed that the leadership of a work team, legitimized by the role of a manager, was the right of a nurse. According to Bourdieu⁽¹⁰⁾, this right provides a certain status to individuals and grants them powers recognized by society and guaranteed by law. However, there was no way to assure that such professionals would exercise leadership exclusively, even if they were autocratic.

Therefore, the competence for the exercise of leadership was part of the symbolic capital that distinguished nurses from other work team members, so that the loss of such capital represented the loss of symbolic power, required to achieve field positions. Recent studies pointed to nurses' leadership as a facilitator for their inclusion and integration in the job market⁽¹⁴⁾ and whose development is essential for their career advancement⁽¹⁵⁾.

However, the concept of contingency leadership provides reflections on the indispensable nature of leadership for the work of nurses, as it agrees with and shows the manifestation of other leaders in the group as a viable alternative, according to the circumstances presented and capacities of such individuals to lead.

When former students perceived the value of leadership

The report from Professor 2 revealed that nurses recognized the importance of leadership when, beginning their professional activities, they perceived that they did not have such symbolic capital and, for this reason, did not manage to exercise the power required to achieve field positions. Instead of standing out as a leader, these nurses took refuge in the performance of technical functions, so they did not have to deal with embarrassing and stressful situations in which they should and could not lead the work team.

This achievement depended on the inculcation of the *habitus* of nurse in students. These students changed their field position although maintaining their previous *habitus*, i.e. they achieved the cultural capital in the institutionalized state by obtaining their degree, but did not acquire this capital in the incorporated state, as the *habitus* of nurse was not inculcated in them during the undergraduate Nursing course.

This situation was aggravated when students worked as nursing assistants or technicians, whose submission demanded by autocratic leaders would result in the rejection of the reproduction of autocratic behavior with the teams led by them, when they began to work as nurses. The social and economic capitals of these students often emphasized the submissive behavior, further hindering acculturation.

The exercise of leadership as a possibility of emancipation

When students began to see leadership as symbolic capital that could legitimize their power and help them to achieve field positions, their emancipation became possible. Although it was plausible to enter and stay in the job market without exercising leadership adequately, this capacity increased nurses' symbolic power and helped them in their fight in the field. According to Professor 2, this finding was what encouraged students to acquire the *habitus* of nurse, although they needed to break away from previous professional identity to achieve this.

In addition to this rupture, students had to deal with the contradiction originated from family inheritance. According to Bourdieu, as individuals increase their level of education, develop professionally, and achieve the project of reproduction of paternal inheritance, although surpassing their family members and becoming more distant from them, this results in feelings of transgression and betrayal of their ancestors⁽¹¹⁾. When dealing with such students, originated from families whose level of education was usually lower than higher education, inculcating the *habitus* of nurse and using leadership as a symbolic capital increased this distance, creating another obstacle to the consolidation of their new professional identity.

The repercussions of teaching leadership for graduates' professional life

Given the reduced number of nurses at that time⁽¹⁶⁾, when entering the job market, these professionals performed administrative functions, regardless of the jobs attributed to them and even newly graduates had to be efficient when leading the work team, as they were often hired by the hospitals where they had been interns.

This incorporation was the result of the process of acculturation of students in the symbolic field, through which their behavior was shaped and they began to reproduce the *habitus* of nurses who performed there, thus achieving their space in this field. This successive strategy was key to maintain the cultural capital, in its incorporated state, and the social capital of these participants, who needed them to achieve symbolic power.

In contrast, students who could not achieve the required cultural capital to become nurses, throughout their trajectories and during the undergraduate Nursing course, were found to be incapable of leading work teams, as they could not exercise leadership even if taking up these jobs.

It could be inferred that the focus of nurses' technical preparation was on the fact that professors considered students' personal characteristics to be more important for the development of leadership than the teaching they were provided, to the detriment of teaching management skills. Moreover, we raised the hypothesis that, aiming to prevent students from achieving power, some undergraduate Nursing courses have been designed to favor the development of technical skills that alone, although important for the exercise of their profession, did not allow them to become nurses in the symbolic field.

The qualification of students and the job market

According to Professor 1, the greatest challenge for the qualification of a head nurse was to minimize the difference between

the type of professional required for the job market – fit to work in the private health network, where the logic of competitiveness, profit and quality prevailed – and that qualified by nursing schools – fit to serve the population in accordance with *Sistema Único de Saúde* (SUS – Unified Health System) principles.

The qualification of such professionals was the counterpart that public universities offered society, as the financial resources allocated for their functioning and maintenance originated from public funds and should return to citizens through services provided by graduates. The fact is that students from these universities used public hospitals as learning fields and, when entering the job market, took up jobs in private institutions, whose services were aimed at only part of the population, which was undoubtedly a contradiction.

Thus, it can be assumed that the argument of “qualifying for the Unified Health System” represented a strategy used by public universities to maintain their field position and that nurses who graduated from such institutions were, in fact, prepared to work in the private health network. On the other hand, the challenges of public service work, at times insurmountable, should be taken into consideration, as well as the possibility of private institutions offering more favorable conditions for professional exercise and development to graduates at that time.

Qualification and upgrading of professors

Researchers recently emphasized the importance of the qualification and experiences of professors to implement the teaching of leadership and drew attention to the fact that leading educators are better suited for such enterprise⁽¹⁷⁻¹⁹⁾. This observation stresses the idea of concretizing the teaching of this skill by allowing students to be in contact with model leaders, whose behavior could be reproduced by them.

In view of the lack of theoretical references for the teaching of leadership, the difficulties in access to information at that time, and the lack of pedagogical preparation of professors during their qualification, common sense was the symbolic capital to the detriment of scientific knowledge, which in this field distinguished professors capable of exercising their pedagogical authority over student from others who could not. Therefore, mutual learning was the strategy adopted for the cultural and social reproduction of this group of professors, apart from the search for the new and disposal of that which is obsolete enabling the construction of the cultural arbitrariness to be inculcated in both professors and students.

The selection of contents that professors were going to teach their students was also part of this construction. The choice for contents that were adequate to students' level of understanding allowed them to acquire the cultural capital required to enter the symbolic field. It was the professors' role to bring students to the field and those who managed to do this had their pedagogical authority legitimized.

Characteristics of students

The preference for the discipline of Management and the ingenuity and immaturity of students increased their susceptibility to the acculturation process, so that, according to study participants, these were the students who were prepared to

lead when they left university, although in an autocratic way, as pointed out by Professor 1, and in the same field where they had been interns, as described by Professor 3. Public nursing school students belonged to an economically privileged social class and had better living conditions.

In contrast, Professor 2's students were student workers and, for this reason, considered themselves to be “brave fighters”. Students from private nursing schools studied, worked, experienced deprivations, overcame difficulties and thought of themselves as heroes, while feeling victims of that harsh situation. A study published in 2008⁽²⁰⁾ revealed the following characteristics of nursing student workers: the desire to develop their professional career; the low socioeconomic conditions; the tiredness resulting from the need to combine work, studies and social life; the low performance in theoretical disciplines, due to the difficulty to manage the little time available for studies; and the high performance in practical disciplines, attributed to the technical ability developed after years of work. Additionally, this study emphasized that students needed to change not only their professional practice, but also their social relationships and behavior to become nurses.

Thus, these students were resistant to inculcation, as acquiring the *habitus* of nurses, apart from representing the rupture from their own identity and the cultural inheritance they had, meant the reproduction, in the symbolic field, of the dominant-dominated relationship of which they had been a victim until then. Furthermore, in the role of both heroes and victims, these students resisted the symbolic violence that such change of identity represented.

FINAL CONSIDERATIONS

The present study enabled the identification, description and analysis of the characteristics of leadership, head nurses and participants of the teaching-learning process of leadership in Nursing, from the perspective of nurse professors who performed research on this theme and taught such content between 1972 and 1994 in nursing schools of the state of São Paulo, Brazil.

The findings showed that, although not essential for nurses' qualification, leadership was a symbolic capital that increased their possibilities to perform their work, emancipation and distinction in the field, so that students who could finish the student-nurse transition process, consolidated by the learning of leadership, showed greater chances of success and career development. Some students did this during their undergraduate course and were thus included in the job market more quickly. In contrast, those who could not lead, although performing as nurses, were not considered as such. Additionally, we observed the insufficient preparation of professors to teach leadership and the fact that the university alone cannot qualify head nurses.

In conclusion, it should be emphasized that these considerations are only relevant to the teaching of leadership that took place at these nursing schools, during the study period and through the work of these professors and that the study of History enables the findings and reflections resulting from such to be associated with the current reality, so as to contribute to its analysis, understanding and transformation.

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