Reflections on Nursing Coaching, a tool for managers

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Abstract: Nursing is a science whose main professional activity is care and, among all health professions, this is the one that dedicates the most time to direct patient care (1). It is built throughout the history of mankind by different ways of caring and is determined by the social relations of each historical moment. In its work process, there is the purpose of therapeutic action whose object of work is the individual or sick or healthy groups, and as the end product the very provision of health care produced at the same time it is consumed. Currently, his work is part of the collective health work, specialized, divided and hierarchized among assistants, technicians and nurses according to the complexity of conception and execution (2).

It is now recognized that nurses use of their own personality can have a therapeutic influence on the client's experience if they use understanding and skill. It is important that professionals make the best possible use of their time, energy and skills by dedicating themselves to those clients whose nursing diagnosis indicates the potential to benefit from this type of nurse research (3).

The nurse is the professional responsible for various functions in a health institution, in addition to direct patient care. Management is a task present in the work routine and usually takes a lot of time from the professional, considering the numerous administrative bureaucracies that involve the activity (4).

The Federal Council of Nursing - COFEN (5), through Resolution No. 543/2017, determines quantitative technical standards in the planning of professionals necessary for the implementation of nursing actions, and this serves as a reference to guide the managers, managers and nurses of the health services; considering that the quantitative and qualitative nursing professionals also directly affect the safety and quality of patient care the needs required by managers, managers of health institutions, nursing professionals and the supervision of the Regional Councils, suggest a review, and updating of parameters that support the planning, control, regulation and evaluation of nursing care activities as well as technological advances.

If we understand the scientific production of nursing as an instrument of its work process, we can consider that the changes that happen in the instruments - material (equipment) or non-material (methods, for example) - result from changes in the purpose of this work. We live in a time of intense change, marked by technological, economic and political events that affect all areas of our lives, including the professional. In the current context, nursing requires from its professionals a technical-scientific knowledge. And, parallel to these changes, there are changes in the planning, care and development of work by nursing professional (6).

Given the above, we understand that, in nursing, it is becoming increasingly urgent to face the changes, to create new work perspectives, with the acquisition of new knowledge and skills, in order for nurses to perform better. Of their functions, whether assistential or administrative, because we understand that one of the

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current challenges faced by nursing is to be able to offer better quality care to the client, reconciling a reduction in the costs of this service.

You need to have multiple profiles in the nursing staff so that they can create a balanced environment in which everyone completes. Thus, Herrmann's model identifies which characteristics each individual is active on. In addition to the points of improvement can be worked positively, and cooperate with the results of the institution (7).

Information technology comes into play as an indispensable partner in the care process, as it seeks to organize and record care data more easily, is environmentally sustainable and often takes the professional's time when compared to the extensive records made in care. role and has been gaining more and more space in the field of health and can be used as an innovative vehicle and facilitator of work processes and information management is a powerful resource for nursing. These systems can improve health care quality by facilitating planning, decision making, communication, and management control. They also allow more patient information to be collected, continuity of care to be more effective and quality of care to be verified (8).

Leadership is universal knowledge, however difficult to conceptualize, and involves interpersonal relationship, using communication as an indispensable tool in this process. In this approach, we understand that hospital organizations need to become organizational learning systems in which teamwork is encouraged and people can achieve autonomy and self-realization, without which they will feel limited (8).

We understand leadership as an extremely important competence in the nurse's work environment, since its development requires the use of appropriate teaching strategies, leading professionals to explore their potentialities to which they are exposed. Nursing leadership needs power participation, communication and reflection, prioritizing participatory leadership. Therefore, the bond with the collaborator is developed by the nurse through empathic connection, in order to establish a beneficial work relationship. In interpersonal relationships, the followers consider that respect and trust are important, which need to be developed in order to meet the expectations of others (9). Thus, leadership models are not only dependent on work structures, but also on the nursing staff.

Linked to the concept of leadership, coaching relates to the essential ability of team leadership, in which the leader and the partner form a partnership to identify and achieve goals, focusing on contributing to the improvement of the personal and professional performance of the leader (10).

A recent approach (11) uses as one of the principles of situational theory coaching leadership, in the construction of asserting that leaders (coach = who is conducting the process) must adjust their leadership styles to the level of readiness (ability and willingness) led (coachee = the one who is led) to accomplish a given task, the intensity of the task's behavior (direction) and the compromise of the relationship (support) provided by the leader. Coaching begins as a strategic solution and offers a route to leadership because it can unleash the latent potential of leadership in managers or strengthen existing leadership.

The coaching market, in 2011, moved around 5 billion reais in the world. Of the largest US companies, 93% used coaching. According to the 2010 Executive Coaching in LatinA America study, conducted at the initiative of the Latin American Human Resource Partnership, which surveyed 182 companies in 16 Latin American countries, of which 39 in Brazil, 84.6% have used coaching. In Brazil, 84% of large companies coached in 2011 (12).

Thus, coaching went from being an experimental and complementary activity to a process of improvement, performance and results within the organizational environment (13).

In the organizational environment, coaching has the role of developing leadership capacity; improve teamwork; align goals of the professional and the organization in order to increase the productivity and quality of life of those who undergo the process (14).

It is observed that the evolution of coaching activity in academic terms is recent and is under construction - so many answers are under development. Coaching has grown in recent years, both in the world and in Brazil, and is nowadays presented as an efficient and effective tool in the processes of learning, leadership and human and organizational development. The need for innovation in companies, the generation of more creative ideas for problem solving, team engagement for better communication and faster achievement of organizational goals are some reasons for the application of coaching in the organizational world (15).

In Brazil, the practice of coaching is relatively new, and there are few academic works that allude to it, especially in health and nursing; This practice was applied to evaluate the leadership exercised by nurses, showing a managerial strategy in the development of people (16).

Despite being widespread internationally and nationally in the areas of executive and sports management, coaching in nursing still has few scientific studies and publications about it. With regard to incorporation into health organizations, coaching becomes an indispensable tool for self-correction of behavior and learning, and coaches are translated as necessary elements for their institution (16).

An integrative (17) qualitative and descriptive literature review was carried out to characterize the publications on coaching in the nursing area through scientific articles searched in the databases BDENF,
Scielo, Lilacs and Medline, during June. 2011. The country of origin with the largest number of publications was the United States with 73, followed by England with 16 and Australia with seven; Brazil obtained only one. Regarding the countries in which the studies were published, the United States again appears first with 79, England second with 19, and Germany third with 6 publications; Brazil published only one. Regarding language, 109 texts were found in English; six in German; one in French; one in Japanese; one in Spanish; and one in Portuguese. We found texts published in 75 different journals, and those that contained the largest number of publications were: Beginnings with six; Creative Nursing with six; Journal of Nursing Administration with five; Nursing Administration Quarterly with five; and the only Brazilian journal with publication on the subject was the USP Journal of Nursing (one).

A study of the historical aspects of the evolution of ideas about cerebral localizationism of language, in the form of a bibliographic survey, allowed to summarize that: one of the most used tools in coaching is the brain dominance / behavioral profile test developed by Ned Herrmann, which allows to identify essential characteristics (18).

This behavioral analysis through the behavioral profile test proposed by the Brazilian Coaching Institute, adapted from Ned Herrmann's work, is an innovation, since it draws a profile of each one of us from a behavioral map that indicates the dominance of each of us, each human being, and how these preferences determine our behaviors and the values that motivate us. This assessment is one of the most important tools in managing people to map characteristics and talents. In this test, we seek to analyze professionals in practical situations of work or personal life identifying the type of behavior that best fits them (19).

For this new approach, she finds in coaching the perspective we need, because coaching has been presenting itself as an effective methodology and "able to connect individual needs with business performance" (20).

This system provides a methodology that brings together techniques and resources from areas such as behavioral science - psychology, sociology, and neuroscience - and tools from administration, management, strategic planning, and others. "These definitions contain four important elements of coaching: change, concern, relationship, and learning" (13).

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Many reasons justify the interest in using this methodology, but the main one is that it contributes directly to the acquisition and maturity of competences, adaptation to the organizational transformation processes with performance improvement, as it presents itself as an innovative tool, adding value and facilitating people management, making them more humanized, focused and aligned with their personal and objective organizational goals (22).

In coaching, behavioral profile analysis is very important for understanding the coach's current moment and working with the right direction, as your goal will be more easily achieved if it is congruent with the profile. Thus, the author considers the knowledge of the motivation of the individual behavior proposed by the coaching philosophy to be important, so as to enable the understanding of this behavior, and, therefore, several profile evaluation models have been developed in order to make the process assertive and effective management of people and sees, from this perspective, the nurse as the professional who should be more flexible, dynamic and willing to take risks, analyzing the possibilities of playing this new and future-oriented role.

In the 1960s, Roger Sperry, Joseph Borgen, and Michael Gazzanaga performed brain operations separating tissues from the corpus callosum, tissue that connects the two halves of the human brain, in an attempt to solve the problem of intractable epilepsy. "Such procedures aimed at understanding the functions of the left and right brain hemispheres" (23).

Based on the studies by MacLean and Sperry, Ned Herrmann proposed a combination of the two theories to form a four-part model corresponding to the four brain quadrants, called "brain dominance." The four-quadrant model serves as the organizing principle of brain functioning: four styles of thinking metaphorically representing the two halves of the cerebral cortex and the two halves of the limbic system (23).

William Edward Ned Herrmann created the Behavioral Dominance theory in August 1979 after collecting a considerable database in which individuals could understand their own preferences and thinking styles. Herrmann (1996) was one of the pioneers in exploring understanding of the brain as a four-quadrant system. He spent 30 years, starting in the 1960s, researching the “Herrmann Behavioral Dominance Instrument” aimed at clarifying the learning model, increasing self-knowledge, and the resources of creative thinking. This theory emphasizes that people have four basic behavioral styles and that in general there is a predominance of one in each individual. This predominance influences people's thinking and behavior in their daily lives, as well as their skills. By holding the knowledge. From this theory, we can analyze each person's way of thinking, generating tolerance, empathy and respect (24).
His theory classifies thinking styles in relation to the dominant brain side. According to the author, people have four basic behavioral styles - analytic, performer, planner, and communicator, and that in general there is a predominance of one in each person, although all have a little of each. Predominant style influences people's thinking and behavior (25).

We therefore understand that the application of behavioral profile analysis does not determine which type of profile is best, but identifies the most appropriate to the moment and the sector of activity; the professional may excel better in certain situations, his potential is better suited to the other circumstance (25).

The proposed classification by profile helps to relate the competencies defined by the company with the behavior of the employee. For the professional, profile assessment provides conditions to identify their potentials and the factors they need to develop, which contributes to their career growth, and their behavioral profile analysis provides a mapping of professionals to place them in the most important areas, appropriate (26).

In this study, we present D.I.S.C. (Dominance, Influence, Stability and Compliance), Assessment (Assessment of Professional Profile and Intellectual Skills) and Profiler (combination of DISC methodology with indicators and graphs) opting for the practical application of the brain dominance / behavioral profile model of Ned Herrmann, Considering that his self-knowledge questionnaire aroused interest for practical application, considering its aspects of practicality, simplicity of application and understanding of the model (23).

In this context, the brain dominance / behavioral profile model developed by Ned Herrmann and adapted by IBC will be used in this work to develop a mobile application, with the intention of facilitating the process of team building and development, communication improvement, relationships, conflict management, among others.

This tool points out four profiles: analytic, communicator, performer and planner (25), being adapted into animal illustration by the IBC and then as communicator (eagle), performer (shark), planner (wolf) and analyst (cat); There are several possible combinations of different-level predominance for profiles and this generates unique personalities, indices and different world perceptions because each person is different from the other; Cultures, creations and especially personalities are unique and understanding each other and respecting these differences is fundamental to improve coexistence and ensure harmony in any environment.

With the above, (27) points out that it is very often perceived that the implementation of a predetermined care model or formula is not a guarantee of higher quality in health care. It is also necessary to establish new professional relationships and interactions to encompass the human being in a broad and integral way, to envision a holistic approach.

The instrument used to measure nursing professionals regarding their behavioral characteristics will be based on the questionnaire developed by the Brazilian Coaching Institute, which is based on Herrmann's theory (20) “Brain Dominance / Behavioral Profile” and improved by José Roberto Marques.

The accelerated scientific and technological development in the health sector has created new ways to build knowledge about the daily activities of nursing services. Advances in computer technology are expected to improve organizational processes at all levels in the coming years, providing operational and strategic benefits to nursing institutions and practice (28).

II. Conclusion

It concludes that the contribution of coaching techniques to distribute collaborative profiles in health work sectors can favor a motivating and dynamic environment, bringing humanized care to the population in question.

Referências

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