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Article

Influence of the Nursing Manager's Vocation for Leadership and Its Impact on the Hospital Work Environment in Mexico

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Abstract: Background: The presence of a leadership role in the nursing manager appears to be closely related to a positive and productive work environment within health settings. In some contexts, such as Mexico, the profile of the nursing manager has not been formally defined, and, sometimes those who occupy these positions do not always have sufficient training, and therefore this vocation, which is related to the social image of the nursing profession. This study aims to understand the influence of the vocation for leadership that the nursing manager has and how it can influence the work environment, through the analysis of experiences lived by health professionals with a management profile of different health environments; Methods: Qualitative study of an approximation to grounded theory using Corbin & Strauss as reference, using semi-structured individual interviews as a technique, and with the participation of 10 Mexican nursing managers from second-level care hospitals; Results: The meaning of the vocation for the interviewed managers is based in the first instance on the love of the profession and the vocation to be a nurse, then on the development of leadership for decision-making in practice and is fed back with the positive effects that it generates in the work environment, helping them to better organize human resources and professional activities, and strengthening themselves with specific training on the subject and the experience acquired. ; Conclusions: An understanding model is provided about the phenomenon where two central categories were identified, the first central category is the "Management vocation and natural nursing leadership" which is the basis; The second central category is the "Explanation and influence of the managerial vocation, natural leadership and work environment in nursing". Two connection categories were also created; the connection category one "Motives, meaning, and practical vocation of managerial nursing" and the connection category two "Description of the managerial vocation, natural leadership, and work environment", said connection categories emanate from the central category one, to connect with the central category two, which contains the interaction of the managerial vocation, natural leadership, and work environment in nursing.

Keywords: vocations; leadership; work environment; nursing

1. Introduction

In recent times, we have heard a lot about the need to have professional profiles specifically trained in management for command posts in health organizations, mainly in times of health crisis and in situations of economic deficit of the health systems of countries, not to mention the recent pandemic by Covid-19. However, little has been published about the recommended profile for the nursing manager. This is because many of these positions are filled by professionals with extensive health experience, although not specifically in management or by people with political affinities [1]. There are few cases in which management skills, their possible vocation, and their training in this field are taken into account, and even less are the cases in which there is a selection process where

candidates must present a management project that is evaluated by experts in the field [2]. On the other hand, there are no instruments for to evaluate the performance of these managers. Some authors directly relate this situation to the social image and the level of development reached by the nursing profession in each context [3].

One of the questions that we usually ask ourselves in relation to command and management positions in the field of care and nursing practice has to do with the essence and nature of nursing leadership and how this impacts on the work environment of health institutions and indirectly on the quality of care that said institution provides to the population it serves. If nursing care work has been considered mainly vocational [4] it would be interesting to ask ourselves if the task of managing care, the resources used, and the nursing staff is also vocational, and, therefore, if there is a relationship between nursing leadership and vocation.

Is it really necessary for nurses in their role as manager (also understood as: administrator, boss, director, supervisor, coordinator, manager, or command) to be driven by the vocation to lead so that the results of their management are better? Is it enough to have a vocation to be a nurse or take care of other people; or is it necessary to have, in addition to the vocation to care, a vocation to manage and lead? Can we then affirm that the vocational-manager really is a leader while the nonvocational-manager would not be a leader? Does the vocation always prevail in the case of the manager-leader in his decision-making? Do leaders who are related to their vocation profession usually obtain better results? And what impact does all this have on the work environment of health organizations?

In order to answer these questions, we must first define terms: vocation, leadership, and work environment. Authors such as Gallard [5] and Ponto [6] refer to that the nursing vocation is closely subject to professional practice, focused on those values that lead to an internalization of proceeding and acting with awareness, knowledge and a sense of belonging; In other words, the vocation is immersed in the principles that frame the qualities of nurses, it is a reflection of the care shown by the nursing professional in their hospital practice [7]. For this reason, the nursing vocation profession becomes an individual precept, rooted in the conception of the human being and complemented by the highest training standards, to assume and exercise an individualized professional practice, with what is established in professional practice [7,8].

In this sense, according to Hernández [7], vocation is an inner voice that calls towards the profession and exercise of a certain activity; it is considered the inclination to any state, career or profession [6–8]; At a general level, the vocation appears related to the desires and to what is inspiring for each subject, which is consistent with tastes, interests, and aptitudes, knowledge and abilities [9]. It is also considered as a process that, develops throughout life since it is permanently built, being aware that it is not a process that is exhausted over time since it evolves and consolidates throughout the human process [10]. It seems then that this vocation in the field of health and specifically care would have to do with the purpose of improving from the bases of said discipline or area and also with the fact of developing action models that are effective, efficient, effective, appropriate, humane, proactive and people-centred, both the population served and the professional himself; all this in a close way, with adequate communication and with a flat or horizontal system.

In this sense, vocation contains a call and a response from man, the need to meet with the other, a decisive event in human life. According to Agrazal [11], these answers lead to putting into practice a series of values, traditions, and ideals of the same vocation, understanding the social meaning, which will help build the identity of the professional, which is the sum of qualities that characterize each person and lead them to orient themselves towards a certain trade or profession, such as Nursing, in their role as boss (administrator, manager, director or command), related to the vocation for the exercise of manager, considering as the vocation in relation to leadership reflected in the work environment of the hospital environment.

According to Antonakis [12], leadership is a formal or informal process that occurs between a leader and a group of followers, such as managerial nursing; this process depends on the leader's traits and behaviors, as well as on the followers' attributions about the leader's characteristics, made with respect to the results of his management [13], that is, the description of the nurse himself, in his leadership role, and the attributions of his followers in relation to their actions. On the other hand,

the managerial style is a leader who gives direction through authority; in the administrative part, it fulfills its determined function, such as organizing, directing exclusively [14,15], a situation that is not alien to nursing.

So far we know that being a boss is not the same as being a leader. In fact, in many contexts, we find people who are leaders without being bosses and vice versa. For this reason, the bibliography differentiates between managerial styles and leadership. There are managerial styles (which is the way to exercise power) that correspond to leaders while others do not [16]. In this area, the nurse in his role as manager (or administrator, boss, director, supervisor, coordinator, person in charge, or command) in this sense, the functions and/or activities of the operational resources are related to leadership behavior. In addition, previous research has emphasized that the behavior of the nurse in his role as manager (or administrator, boss, director, supervisor, coordinator, person in charge or command) can be determined by the leadership style that he possesses [17], and it is probable that he implements practices in operational resources, which fit your leadership style [18].

Another interesting aspect to introduce is the question of whether leadership is done over time or if you are born directly with it. Almost all theories currently emphasize the fact that leadership is shaped or developed throughout vital learning, however, it is possible that the person is born with certain attitudes and aptitudes that predispose them to develop it more easily.

Based on their orientation, there are specific leadership models, depending on the personal characteristics of the bosses, in which they are:

Autocratic, rigid and inflexible leadership in management makes decisions unilaterally and limits employee participation [19]. This leader focuses on criticizing and punishing the failures generated by, disobedience [20], in general it is the least effective management style.

Democratic or affiliated leadership involves employees in decision making and encourages the decision of work methods and goals [19]. This leader promotes the well-being of the group, he is a type of leader who shares power [17], and in many cases this leader reaps the loyalty of his employees.

The liberal leadership or participatory style consists of absolute freedom of action for the members of the group [21], this management style is based on trust in the workers, so their opinions and ideas are taken into account. account always looking for consensus. This leader promotes trust, respect, and group commitment.

In the case of the transactional leadership style, goals are achieved involving the possibility of direct gains (sense of achievement, recognition, remuneration) and losses [17]. According to Trastek [21] and Cummings [19] these transformational leaders motivate by evoking more abstract tools (common objectives, mission, vision, etc.).

The transformational or oriented leadership style offers the possibility of transformation to their subordinates, inspiring them to perform better than they originally intended [22]; in management, it is made up of contingent rewards (17-21). Workers understand what is expected of them and are aware of their importance in the organization.

The trainer and/or servant style is very effective, it offers autonomy to the team to set their own objectives, providing guidance to the worker to promote their professional development [23]. In this kind of management style, the leader helps his workers to know their own strengths and weaknesses [21-24].

In addition, leadership plays a crucial role in strengthening organizations, including ones devoted to health [25]. It is defined as the ability of an individual to influence people, the person who instructs and directs health personnel to perform tasks and achieve goals [26]. To perform this role as a nurse, it is necessary not only to have scientific and technical qualities, but also managerial ones, linked to a vocation as a boss (administrator, manager, director, or command), which generates an effect on the organizational climate, a situation that, up to now, it has not been evaluated from a qualitative paradigm.

The work environment is conceptualized as "the psychological environment that results from behaviors, management models and organizational policies, which is reflected in interpersonal relationships" [27], it is known to be an element that is part of the organizational culture, but not only

that, but also exists between the conditions and work environment, where a perception is generated in workers that can influence their behavior [28], such as leadership and vocation, in the nurse manager, when combining both elements within the organizational management process, since it affects the workers and consequently is reflected in the efficiency, effectiveness, warmth and quality of the care that a patient receives, within the health centers [29,30].

Leadership and organizational climate are aspects that are related and positively or negatively affect the well-being of companies and workers. The skills of a leader are essential to generate healthy, good, or positive work environments that encourage growth and job development in their subordinates [31]. Various studies show that most of the organizational climate that exists in a company is influenced by the leadership style of its manager [32], but even the relationship of knowing the vocation, to the nurse manager, with the work environment.

Consequently, it has been documented that an unfavorable or negative climate tends to decrease both the quality of work life, intellectual capital, and job satisfaction [33], which has a significant impact on work performance and well-being at work [34,35] and therefore a negative impact on population health and its results. It seems to make sense that a vocational leader will foster a more positive work environment. In the area of health, it has been shown that the quality of health care depends on the way in which the system addresses the needs, coupled with the subjectivity of the workers in the exercise of their tasks. An adequate organizational climate favors the development of employee self-efficacy, the quality of service provided to the user, worker satisfaction, user satisfaction, human relations between those involved, and other factors present in the environment. work [33–37].

Until now, the evidence in the literature has shown that the variables that are intended to be studied have been approached from independent quantitative paradigms, regarding the work environment, studying health organizations [38] in relation to the type of leadership with management activities [39] in relation to vocation, their associated factors have been studied from nursing practice in students [40] and teacher training [41], from the perspective of serving, but not from a professional perspective. Faced with this situation, a lack of knowledge is evaluated in relation to the vocation, toward leadership in nursing management functions and the work environment, denoting the importance of studying the subject, to understand its meaning in depth, as well as to value these concepts in the current world that society is living in.

In the same way, in the Mexican context, initially, the selection of nurse managers and/or administrators, in some hospital institutions, courses related to administration are requested, their academic training according to the degree is valued, the years of service in relation to the institution; In a second moment, the placement of personnel in these positions is not taken into account any criteria, they are only placed for political reasons, for defined times, by recommendations of people who have a certain power, designating the people to occupy these positions, given this reality a gap is noted, with the variables to be studied. On the basis of the above, it is necessary to qualitatively analyze the influence of the managerial vocation on the leadership of the managing nurse and, in turn, its repercussion on the work environment of health centers, in this case in Mexico.

General Objective

Grasp the meaning of the managerial vocation in nursing leadership and its impact on the hospital work environment in Mexico

Specific Objectives

Describe sociodemographic characteristics, such as sex, years of experience, academic training, and determine if they are associated with the managerial vocation in the leadership of the nurse manager in the work environment.

Explore the meaning of the managerial vocation in the leadership of the nurse manager.

Explain the impact of the managerial vocation in leadership on the work environment

2. Materials and Methods

Study Design

Qualitative study with an approach to grounded theory based on the Corbin & Strauss method through in-depth semi-structured interviews. Such an approach is suitable for developing concepts that represent the experiences of participants and exploring complex and latent social processes and patterns [42]. Grounded theory is a systematic methodology, that involves theory building through methodological collection and data analysis [42]. Grounded theory was the method chosen because it allows researchers to use data to actively respond to a given phenomenon and, ultimately, generate a theory that provides an action map for a particular situation [43]; in this sense, in nursing management personnel, the sense of vocation in leadership will be analyzed and its impact on the work environment.

Population, sample, and sample

The population to be studied were nursing management professionals, who work in second level care hospitals, being the most representative environment given that in the different services, management functions, coordination of human resources are performed and they provide care, these activities are related to the variables to be studied; subjects were recruited through theoretical sampling, which involves decisions about where to optimally find data for an emerging theory [44]. The sample size was 10 participants, referring to the need for information, that is, until data, saturation is reached, until new information is obtained and redundancy is reached. It was intended that the participants were representative, had experience in health management and were willing to give their opinion on the subject. The inclusion criteria were the following:

- Have a minimum of 5 years of experience as a manager in your work environment.
- Have professional training, specialization, and/or postgraduate degrees in nursing.
- Performing the position of nurse manager.

Data collection

For the collection of information, a data card and a semi-structured interview were used.

To collect sociodemographic information, a data card was used, which aims to collect information on the sociodemographic characteristics of the participants, such as sex, academic degree, years of working life, type of contract, how long and how long they have been practicing the job. Agency and the latest update on the subject.

To collect the characteristic of vocation, leadership, and work environment, the semistructured interview was used, in order to contain a greater domain on the subject to be investigated. In this sense, according to Taylor and Bogdan [45], the interview consists of repeated face-to-face meetings between the interviewer and the informants, aimed at understanding the perspectives that the informants have regarding their lives, experiences, or situations, as they express them in their own words. In this type of interview, the researcher is the instrument of the investigation itself; with the help of a script of already created questions, questions were asked in relation to sociodemographic characteristics, for example, What is your academic background? How long have you been working in the institution? Have you taken any management courses? Also of vocation, leadership, and work environment, such as, do you know what a vocation is? How do you define a career in management? Do you think that a vocation profession is necessary to be a nurse manager? Does the vocation in management help you develop leadership characteristics? Do you consider yourself a nurse manager with vocation and leadership? What type of leadership do you consider yourself, as a nurse manager? Do you think that vocation and leadership influence the work environment? How do you consider the work environment, from your situation as a nurse manager? To have a greater depth of the topics, good and bad practices in your workplace were also, commented on, so give examples of each of these situations.

Ethical Considerations

The present study adhered to the provisions of the General Health Law on Health Research [46] In relation to article 14, sections VII and VIII, it was approved by the Tlaxcala Health Secretariat State Health Research Committee with registration number DCyES-OIyC-CEIS-001-2023, likewise, with the approval of the Research Ethics Committee with registration code CEI-23022023, informed consent was also granted to the participants.

Data Collection and Analysis

For the collection of information, it was carried out in an orderly and organized manner, pilot tests were carried out so that the researcher was trained and thus could have a clearer picture of the participants, electronic devices were prepared to capture each of the interviews, choosing quiet spaces to be able to work while respecting the privacy of the participants.

The data collected by the interviews were transcribed in Word, for the analysis of the information, a cross-triangulation analysis was carried out, through multiple sources three researchers, who had experience in this type of analysis, to look for regularities in the research data [47,48], and compare whether the emerging categories are similar in their analysis generating careful results, using the certainty of their own collection; The interface of the program The Qualitative Data Analysis & Research Software (ATLAS. ti) version 9 was also used, where they were processed to carry out a coding, using the approach to grounded theory based on the Corbin & Strauss method open and axial coding. In open coding, data are separated into identified parts and concepts for the interpreted meaning of the net data. In axial coding, the analyst encodes the context, in this case the action-interaction is located and linked within a framework of subconcepts that give it meaning and allow him to explain the interactions that exist and why and what real or anticipated consequences occur, in this case, it would be the vocation, the leadership, and the work environment, at the same time that a scheme is made, to explain the phenomenon, the data were analyzed until theoretical saturation was found.

Rigor and Reliability

To guarantee the scientific rigor of the results, the following interventions were made in the interviews.

The interviewer introduced herself as a "researcher" without revealing her professional group and had no previous professional or personal relationship with the interviewee.

The interviewer always maintained a neutral demeanor especially in terms of non-verbal communication, taking care not to express emotions or attitudes before the answers of the interviewees.

The questions were formulated in a neutral and open manner, in a quiet place, where the researcher interacted with the participants.

During a meeting, the researcher developed a glossary of terms to scientifically define the critical words used throughout the interviews, thus supporting the interviewer.

The interviews were transcribed word for word in Word to maintain the specificity of the responses.

3. Results

Ten participants, belonging to second-level care hospitals, being the most representative environment given that the different services perform functions, management, coordination of human resources, and provide care, these activities are related to the variables to be studied. The study subjects perform management and administration functions in nursing, they were selected through a theoretical sample, to whom informed consent was given, each interview lasted approximately 8 to 20 minutes, the total number of minutes recorded was 130.

In total, 10 nurses, all the participants agreed to participate, this proportion corresponds to reality, since normally these positions are usually held by women, since in nursing there are usually

more women in general, 4 nurse managers, who perform only leadership functions and management, 6 heads of service (Intensive Care Unit, Emergency Room, Operating Room, Internal Medicine), who are linked to care and perform managerial functions; 8 nurse managers for the morning shift and 2 for the evening shift.

Data saturation was reached after 10 interviews. Interviewees provided sociodemographic data before starting the interviews (Table 1). Participants were intended to be representative, experienced in health management, practice and willing to provide feedback on the subject. All were recommended by other professionals, who acted as key informants, following a snowball sampling process.

Table 1. Interviewee profiles.

Competitor	Sex	basic training	postgraduate training	Working time	Time of the last course	Duration of the last course	Type of contract
1	Female	Bachelor of Nursing	Master of Nursing Services Administration	16 years	15 days	8 hours	Basified
2	Female	Bachelor of Nursing	Master in Public Health	16 years	15 days	8 hours	Basified
3	Female	Bachelor of Nursing	Master in Public Health	17 years	-----	-----	Basified
4	Female	Bachelor of Nursing and Midwifery	Master's Degree in Administration of Health Institutions	18 years	8 days	8 hours	Basified
5	Female	Bachelor of Nursing	-----	15 years	----	-----	Basified
6	Female	Bachelor of Nursing	Skill in administration	37 years	15 days	1 year	Basified
7	Female	Bachelor of Nursing	-----	18 years	-----	-----	Basified
8	Female	Bachelor of Nursing	Surgical Nursing Specialist	36 years	----	-----	Basified
9	Female	Bachelor of Nursing	Master in Administration of Nursing Services	27 years	10 days	1 year	Basified
10	Female	Bachelor of Nursing	-----	37 years	-----	----	Basified

Table 2. Table of data analysis codes.

Categories	Dimensions	Core categories	Connection categories (recurring in all categories)
Reasons for role performance	Circumstances by which the nursing management function is performed	-----	1
Meaning of vocation	Meaning of the practical vocation in nursing	-----	1
Perception of the vocation to administration	Description of the managerial vocation	1	----
Vocation to management	Definition of the managerial nursing vocation	----	2
Perception of type of leader	Self-perception of born leadership in nursing	1	-----
Vocation, leadership and management	Description of the relationship of the managerial vocation, born leadership, by the nursing staff		2
Vocation, leadership and work environment	Explanation and influence of the managerial vocation, natural leadership and work environment in nursing	2	----

Our integral theoretical model is a map for understanding the phenomenon in a specific context, in which two central categories were identified, which are the result of the relationship between the living codes extracted from the interviews; the first core category is "Management vocation and natural nursing leadership", which is the basis; the second central category is the "Explanation and influence of the managerial vocation, innate leadership, and work environment in nursing", which

includes the relationship of the variables to be investigated. Two connection categories were also created; the connection category one "Motives, meaning, and practical vocation of managerial nursing" and the connection category two "Description of the managerial vocation, natural leadership, and work environment", said connection categories emanate from the central category one, to connect With the central category two, which continues the interaction of the managerial vocation, natural leadership and work environment in nursing, Figure 1 represents the theoretical model generated for understanding the phenomenon.

There was a consensus in the responses of the participants on the way of perception of the managerial vocation, which is derived from the practical vocation of nursing and born leadership, both concepts help to have a good work environment, in this situation our model is flexible before a Mexican context and could be adapted to different situations in which managerial nursing is practiced. Within its connecting categories, the key motives are described, which need to be further developed to understand the vocation of managerial nursing.

It is understood that the managerial function is a profile in the nursing, profession and that, to perform it, there are different reasons, and each participant gives it a different meaning, but a fundamental axis for its performance is the practical vocation of nursing, which moves the performance to the managerial function, together with the innate leadership that helps an adequate working environment, but the latter depends on the factors mentioned above: the concepts that the model presents are flexible and inclusive for different contexts in Mexico since that can be approached from different perspectives.

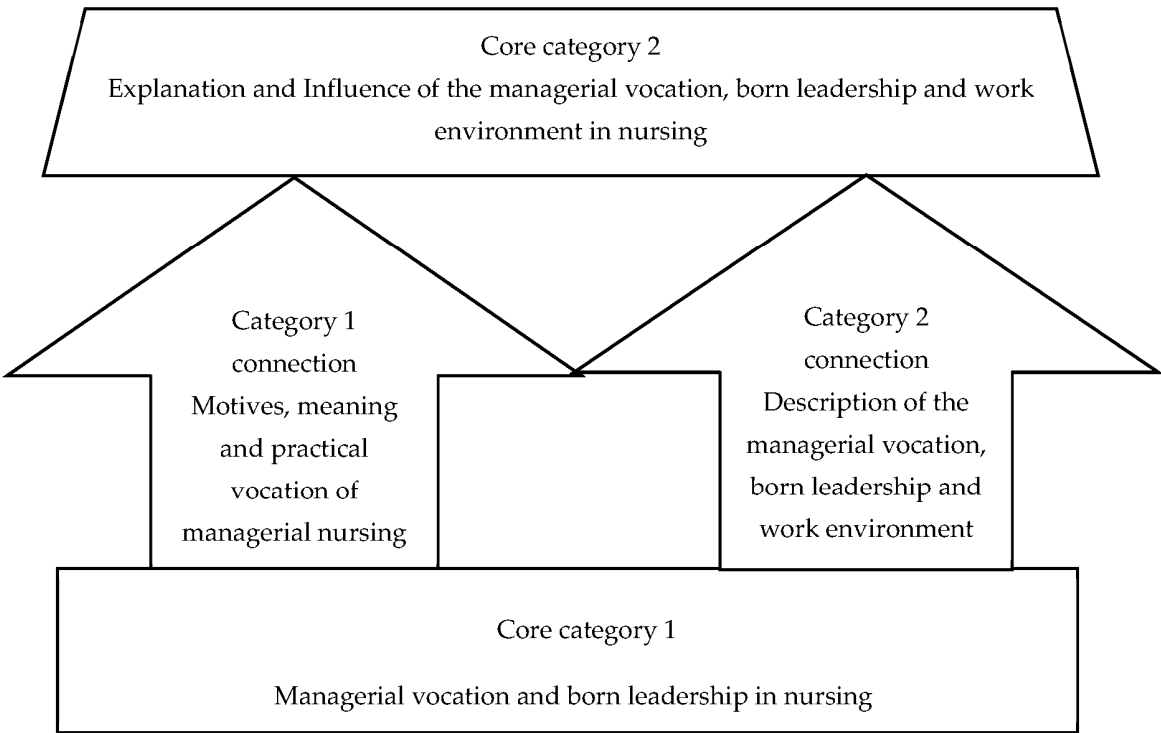


Figure 1. Model of Influence of the Management Vocation on Natural Nursing Leadership and its Impact on the Hospital Work Environment in Mexico.

The justification and main assumptions of this model are as follows.

Central Category 1: Explanation and Influence of the Management Vocation, innate Leadership, and Work Environment in Nursing

According to the interviewees, the managerial vocation, the born leadership and work environment are essential, since with elements that go hand in hand, for the performance of managerial activities. Nurses who have a managerial vocation develop a born leadership that leads to having an adequate work environment, where they motivate teamwork. The participants refer to

the type of innate leadership that develops in relation to the managerial vocation, is a fundamental axis for the staff to carry out their functions, and this generates an adequate work environment.

P3: (...) "Yes, yes, I think so, because as we mentioned, it is important that if you do not have the characteristics of a leader, you will not be able to infect the personnel working with you. No, I think that from there, from the attitude that we have as a leader, they will also respond to your way of working"

P4: (...) "Of course. Because? They go hand in hand. Because at the end of the day this is yes" (...).

Nurses consider it necessary to have an adequate born leader, to carry out the work, and this helps to have a good work environment. Participants describe the type of attitudes that they consider can alter the work environment:

P7: (...) "I believe that if there is a good leader, I believe that work is better, the environment is better, and the work is given, well, by itself, because I believe that working in an environment like the word is fashionable, toxic. I think not, it would not be healthy. And I think the heavy shift would be done, yes "

P8: (...) "Yes, of course, yes. Because your staff depends on you. do your activities. Good. If you are a boss, you are arrogant with certain negative characteristics. Well, you yourself are not going to do this, because they are not going to perform their duties well because you are going to create an unstable work environment and this is difficult, right?"

The nurses refer to that the managerial vocation is necessary, for the development of born leadership, in the development of this, the activities of the department can be carried out. A leader is also formed based on the knowledge that is acquired, but it is also emphasized that there are some people who are born as leaders:

P2:(...) "If it helps us, if it helps us, but being a leader is also more difficult because if we don't know how to be a good leader, we don't do good management".

P4: (...) "Of course, to have a vocation, you have to have leadership".

P6:(...) "Yes, because in leadership there are those who are born leaders and as they gain knowledge, obviously they get more practice, right? I think so because the more courses we have and the knowledge we already have that makes us or strengthens us more as leaders".

Core category 2: Management vocation and born leadership in nursing

During the interview, the participants commented on the importance of the managerial vocation, for the development of born leadership, with the vocation, an adequate leadership can be developed, with this, an adequate management, in the nursing staff:

P2: (...) "The vocation, it does help us, it does help us, but being a leader is also more difficult because if we don't know how to be a good leader, we don't do good management"

P4: (...) "Of course, to have a vocation, you have to have leadership"

P9: (...) "Vocation helps, yes. Why do you think so? Because we go back to the same thing, if you don't have passion for what you are doing, you limit yourself. And when there is passion, add the extra"

Likewise, it is mentioned that through knowledge, leadership is formed, for management, it is considered that there are people who are born with a born leadership and with constant updates, they come to have more and better management in nursing, managerial staff:

P6:(...) "Yes, because in leadership there are those who are born leaders and as they gain knowledge, obviously they get more practice, right? I think so because the more courses we have and the knowledge we already have that makes us or strengthens us more as leaders"

P10:(...) "Of course, yes, of course, all this work journey we have had and they have made us and we have linked it, in question, with the studies, right? We have not stopped studying academically, the two always have to go together"

In relation to the self-perception of born leadership, Mexican nurses describe themselves as democratic, since they must co-exist with varied human resources, it is considered that this type of leadership helps them to perform management functions, in managerial nursing:

P2: (...) "I think that the democratic... Yes, I consider myself, but we lack bone, it will always be lacking because at some point, and somewhere we are going to not give what maybe we want to give"

P3: (...) "I consider myself a leader, I think Democratic, if we make decisions, because in the end one of our functions ended. But I like to integrate my work team. I like to listen to his opinions and make the best decision, as a team".

P6: (...) mmm "Democrat, Democrat, yes! Because I'm not what I say, it's like that, no! We talked and we reached agreements, and it is what is best for both the service and the patients".

It also mentions the types of passive, participatory leadership, born leaders, who seek to know how to manage different human resources, through what is dialogue, to carry out the activities:

P7: (...) "The passive, I think I think so. Yes, yes, yes. This is what I have learned over the years, this in itself is not my character, it is very docile because if I see them arrive, leave, not me in itself, a favor, you can support me. Yes! And I have never received negative responses. Not always yes! I think passive.

P8: (...) "A healthy leadership in the field obviously develops in that it tries to be well with everything. Yes. That is why I told you not to be a boss. Because I think being the boss is watching your staff".

P9: (...) "There is, well I feel like I am a participatory type because if I exercise leadership, but I also like people to participate with me, it is not something like that autocratic, whatever I want, I try to make it a healthy environment".

P10: (...) "I am a born leader, what is a born leader? Well, you do it, this is because there are two leaders, the born one and the one who is made, in this case, well, I have the gift of being a leader, nothing more, ha ha".

Connection Category 1: Motives, meaning, and practical vocation of managerial nursing

In relation to the reasons, for which the managerial function is exercised, they are varied in, which there was no consensus of the participants, among the different reasons it is outlined, the invitations, the acceptance of the colleagues, processes of ladder and the academic training:

P1: (...) "Someone invited me and I unknowingly accepted"

P3: (...) "First of all, I think because of the academic profile and the ability we have to develop administrative skills"

P4: (...) "More than anything, well, it is good, the knowledge that one has in the studies and, apart from this, the development that one has in the performance of the functions".

P5: (...) "I think that the acceptance of the same classmates or the classmates is not the best"

P6: (...) "It is because we entered a ladder and this, well, I was selected, as well as this is the process"

Regarding the meaning of the vocation to practical nursing, all nurses say that the vocation is to do something they like to do, love for the profession, with this it can be seen that the vocation could come from something deeper (something that is born) that is reflected in the activities carried out by the nursing staff:

P1: (...) "vocation is something we like to do"

P2: (...) "The vocation is what we want to be, not for the big and long future"

P3: (...) "I think it is what we like to do and we are heading to do it"

P4: (...) "Nursing, it is a vocation... I like to play the role of nurse and to give the best of myself..."

P5: (...) "Well, I think the vocation is born, since you like the degree, you like what you do, what you do"

P6: (...) "I think that those who have vocations are so lucky because they love the profession"

Likewise, in the managerial vocation, the participants refer to that they must have a vocation to perform the managerial function, like activities, share the love of management, in this sense the vocation is related to the things that people do:

P3: (...) "Well, to share that vocation that one feels for, for the area, for example, another would be the administrative area with my others, colleagues"

P4: (...) "I believe more than, anything that it is a vocation to management to have some leadership..."

P7: (...) "I think that in management, I think we should like it, just as we are in contact with the patients"

Connection Category 2: Description of the managerial vocation, natural leadership, and work environment

Regarding the managerial vocation and born leadership, the participants commented that it is extremely important to be a leader for the management of human resources, since if there is no managerial vocation, there will be no born leadership either, for the organization of the work environment:

P2: (...) "Hayy, look, it's complicated. But I think that when we have that vocation and that enthusiasm to come and work and be in front of the diverse colleagues and see their needs, well, come on, do a good job."

P3: (...) "Well, I think that if I didn't have the power of leadership, well, it would be very difficult to work with the number of people or human resources that we work with, right? And convey those ideas. So leadership, well, it is fundamental, as we said at the beginning if we don't have the vocation, well I'm not going to do things because I don't like them and I'm not going to infect the other staff".

P7: (...) "There is for the same reason, for the same reason, that one has what one likes to do. I think that's because everything has developed from there since we started working with them. This I think everything starts from there, we all get so deep into the work that I believe that everything flows, I believe".

In relation to the work environment, the participants describe it as adequate, since being so different people, they organize themselves to provide a service in patient care, referring to that talking about different situations makes them have better collaboration, to give solution to the various situations that arise in managerial nursing:

P1: (...) "Well, I define it as we are, we organize ourselves, we have a good work team, we work together. I think it is good, it is fine"

P2: (...) "It is good, I always think that maybe they will see some detail that has to be discussed in the group, but it is always good"

P3: (...) "It is enough, it is very nice, we really work as a team, the staff is very cooperative, they are available"

P4: (...) "There is. Very good! Well. We all have that responsibility, this tranquility, now yes, it is a very good climate"

4. Discussion

This article highlights the importance of the vocation profession in relation to leadership in the nursing management field, and the experiences in the study of the concepts have been valued from the field of clinical practice, a situation that has always been studied in nursing; however, this study sought to prioritize the vocation profession in Mexican nursing leadership and the work environment in the managerial function, an area specific to the discipline. As mentioned in the results, vocation is a central axis for performance, of the managerial function, as well as for leadership, characteristics; however, when compared with the literature, there is an absence of the study in relation to the concept from a naturalistic approach, a situation that is considered important, in the choice of the profession, in relation to the other concepts.

Our study contributes the ideas that sustain that the managerial vocation is related to the characteristics of born leadership, this is linked to an adequate work environment, when the managing nurse has leadership characteristics; two studies from China and Sultanate of Oman, where authentic leadership has significant direct effects on nurses' work environments [49] and leader competencies and charismas achieve organizational goals and lead organizations to excellence [2]. Regarding academic training, similar results were obtained, since as academic training and knowledge about the functioning of the organization increase, leadership characteristics are strengthened in the Netherlands [13].

The self-perception of leadership, the important personal characteristics were to be enthusiastic, communicative, persevering, motivating, decisive, and visionary in the Netherlands, [13], in our

study, types of leadership are denoted, such as healthy, participatory, and democratic. In relation to the reasons for performing the position, similar results were obtained. Nurses mention that they took their professional performance into account and assigned them a position by invitation made by the head of the department at that time [1]. The meaning of vocation is something that is done, out of love, that we like to do, service and help people [50].

The practical vocation is linked to what the nursing professional does; in the managerial field, this is related to Gallard [5] where the vocation is a process that integrates the existing link between a person and their social, political and geographical context. The managerial vocation and leadership helps to manage human resources, to influence them, to do a good job, thus leadership is the ability to take the initiative to manage, gather, promote, encourage, motivate, and evaluate a group or team. The person who exercises leadership is a leader and must be able to inspire or guide individuals and groups as a model for all [51]. Our comprehensive model allows understanding of the phenomenon in Mexico by connecting the managerial vocation, leadership, and work environment in the nursing staff, identifying the fundamental role of the practical vocation in the personnel who perform managerial functions.

Limitations

The context of this qualitative study is from the Mexican context. We have chosen the most representative environments and selected in each of them those professionals who could contribute the most according to the type of sampling, the inclusion criteria, and their representativeness. However, in Mexico, the responses of the different managers' nurses may have generated other perceptions and expectations due to the different situations in which the managerial function is performed. In relation to the participants, some health workers who were currently replacing managerial functions were excluded from the interviews, such as nursing assistants and substitute personnel.

5. Conclusions

Although the managerial vocation, leadership, and work environment can be conceived from different realities in Mexico today, the perceptions and expectations of the professionals explored in our study point to a positive future, which is moved by the practical vocation of nursing, which requires a more in-depth study for the vocation in the managerial field, both in a naturalistic and positivist paradigm. Our study reflects that Mexican managerial nursing professionals recognize the influence of practical vocation, in their daily functions in the care of patients, and in the exercise of managerial nursing, in born leadership, as well as in the work environment. It is clearly identified that born leadership is a factor in the work environment, since it helps carry out work activities and cope with human resources. The managerial vocation and innate leadership are clearly identified by professional groups; although a consensus has been reached among Mexican nursing professionals, it is something that must be implemented; the promotion of innate leadership and managerial vocation in the maya curricular and in the performance of the profession, generating greater autonomy would increase the confidence of nurses in daily practice.

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