






ORIGINAL ARTICLE

## Nurse leadership: perspectives and challenges experienced in the Emergency Care Unit

### HIGHLIGHTS

1. Types of leadership developed by nurses in the UPA.
2. Assertive behaviors applied in the work process.
3. Adversities experienced in the execution of leadership.
4. Quality of care related to the form of leadership applied.

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### ABSTRACT

**Objective:** To understand nurse leadership in the context of an Emergency Care Unit. **Method:** Descriptive study with a qualitative approach, following the theoretical-methodological framework of Hermeneutic-Dialectics. The study setting consisted of an Emergency Care Unit, with the participation of 18 practicing nurses. Semi-structured interviews were used for data collection, and the data were analyzed using Reflective Thematic Analysis. **Results:** In the context of the Emergency Care Unit, nurses exercise different leadership models for quality care, as well as mastering good management practices and assertive behaviors to improve collaboration and efficiency in the work process. However, they face adversity in balancing authority and subordination in the face of leadership. **Conclusion:** There is a clear need to exercise leadership that prioritizes positive interpersonal relationships, favoring cooperation and team commitment. The adoption of assertive behaviors has a direct impact on overcoming adversity, resulting in concrete improvements in the dynamics of the Nursing work process and the quality of care provided.

**DESCRIPTORS:** Hospitals; Emergencies; Leadership; Professional Competence; Nurses, Male.

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## INTRODUCTION

Nursing is considered the most comprehensive profession among the different areas of health sciences, with nurses able to choose from a variety of practice areas at the primary, secondary, and tertiary levels. However, in all these areas, it is essential to develop a solid sense of leadership through effective leadership, which requires establishing constructive interactions with team members and implementing strategies and actions to achieve common goals to be successful in the exercise of leadership<sup>1</sup>.

Nursing leadership is seen as a managerial skill of paramount importance in healthcare practice, and the style used to influence the achievement of objectives has a direct impact on the quality of care provided<sup>2</sup>. In this context, nurses need to understand the meaning of leadership and its importance for professional competence, recognizing the fundamental qualities that enable its practice and guiding their work with collaborative management skills to recognize challenges and make accurate choices<sup>3</sup>.

However, when it comes to urgent and emergency services, nurses face various adversities throughout their practice, with leadership being one of the greatest challenges in their work process. When this competence is not adequately developed, there are direct impacts on team conflicts and patient care. In this regard, from academic experience to professional career, more comprehensive preparation is necessary, beyond technical skills, broadening the focus to include leadership and management competencies<sup>4</sup>.

Regarding the topic's relevance, it is necessary to understand how Nursing leadership manifests itself in a scenario marked by constant demands, the need for quick decisions, and intense team dynamics. Thus, this study aimed to identify the challenges and potentialities present in the exercise of Nursing leadership in the environment of an Emergency Care Unit (*Unidade de Pronto Atendimento - UPA*), to contribute to the improvement of management practices, the strengthening of interpersonal relationships, and the qualification of health care. Therefore, this study's objective was to understand Nursing leadership in the context of an Emergency Care Unit. In view of this, the following question is posed: How do nurses develop their leadership in their daily work in an Emergency Care Unit?

## METHOD

This is a descriptive study with a qualitative approach, anchored in the theoretical-methodological framework of Hermeneutic-Dialectics. Dialectical Hermeneutics presents a broad perspective on the everyday reality in which individuals find themselves, providing different ways of observing the phenomena around them, as well as understanding the interpretations that are experienced<sup>5</sup>.

To recruit participants, invitations were sent via electronic devices and/or in person, presenting the research objectives and the importance of participation, ensuring the confidentiality of information, and clarifying the relevance of the topic at hand, to promote improvements for the professional class and the quality of patient care in the workplace.

The inclusion criteria were age 18 years or older and working as a nurse in the hospital at the time of the research. The exclusion criteria were nurses who were away from their work activities (maternity leave, vacation, or leave for health reasons), as well as those who had been working at the institution for less than one month.

Thus, 19 nurses working in the operational areas of the UPA were invited to participate in this investigation, of whom 18 agreed to participate in the study by signing the Free and Informed Consent Term (FICT). One participant was excluded for not meeting one of the inclusion criteria, as they had been at the institution for less than one month. Thus, the number of 18 participants was defined, considering that the testimonies obtained from the interviewees' experiences met the study's objective and were sufficient to achieve the proposed objectives. Therefore, data saturation was not adopted because it was not consistent with the assumptions of Reflective Thematic Analysis<sup>6</sup>.

Data collection took place between September and October 2024, when a sociodemographic questionnaire was applied, consisting of a script with data on education and professional experience, such as gender, age, and length of professional experience.

Subsequently, semi-structured interviews were conducted using digital recorders to record the participants' speeches in full. The guiding questions, defined as central, were: How do you develop your leadership in your daily work at the UPA? What are the advantages of leadership in the Nursing work process? What are the factors that hinder nurses from applying leadership at the UPA? Data analysis was performed using Reflective Thematic Analysis, as it allows for the identification of conclusions based on the experiences of the research participants in a more in-depth manner, guided by the theoretical-methodological framework of Hermeneutic-Dialectics<sup>6</sup>.

It should be noted that, to ensure the anonymity of the statements, the participating nurses were characterized by their position, Nurse (N), and a number in Arabic numerals. Thus, they were referenced from N1 to N18. The project was approved by the Research Ethics Committee (REC) of the Centro Universitário de Lavras under opinion No. 6,769,140.

## RESULTS

A preliminary characterization was performed on the 18 participants in this study, who worked in various sectors of the UPA, namely: two nurses in the Hospital Infection Control Committee (HICC)/Immunization, two in the Emergency Room/Red Room, one in Observation, one in Triage, one in Medication, one in the administrative sector, and one as the Technical Responsible Nurse (TRN). There was a predominance of females (n=11), with ages ranging from 26 to 52 years, and an average age of 37.6 years. Regarding professional training, 16 nurses already had at least one *lato sensu* postgraduate degree, with up to three specializations per professional, with emphasis on the area of Urgent and Emergency Care.

Regarding professional experience, eight nurses had up to four years of experience, and 10 nurses had 10 years or more of professional experience; the average training time was nine years and four months (112 months).

Based on this research's findings, three thematic categories were listed, entitled: Types of leadership developed by nurses in the Emergency Care Unit; Nurses' perspectives on the exercise of leadership: assertive behaviors applied in the work process; and Adversities in the execution of leadership: authority versus subordination.

## Types of leadership developed by nurses in the Emergency Care Unit

The statements of the participating nurses showed that authority is perceived as naturally superimposed on the team, supported by a higher hierarchical position and the demands inherent to the position, leading some professionals to develop leadership practices marked by authoritarianism.

*[...] if I call them here in the room, they already know that things are bad, because I usually joke around and treat them well, but when I call them here in the room [...] I tell them: your friend stays outside, inside here is the coordinator, so come in and be prepared [...]. (N1)*

However, it is observed that some skills used by nurses prove beneficial in dealing with impasses, promoting progress in work activities, and leading their team positively in the workplace, in line with the assumptions of democratic leadership.

*[...] I do my best, especially in terms of teamwork, so I really enjoy talking to the technicians and other nurses, communicating as best I can to keep things running smoothly, even though it's often difficult. So, I always like to talk first and then take other actions [...] active communication with the whole team, whether it's a technician, another nurse, or even a doctor and other professionals, to always keep the work going smoothly, I think it's very important. (N3)*

*[...] there are several professionals with very different profiles, we have to find a middle ground, and I usually try to see each person's profile and draw a line that can more or less serve each one, with a little flexibility, I think that's part of it. (N7)*

Thus, it is possible to verify, through the discourse of nurse N17, the adoption of a more liberal leadership style, which provides freedom and autonomy to team members, with the aim of fostering a harmonious climate, with a reduction in excessive criticism and disproportionate demands. However, the absence of criticism and demands, even if constructive, can result in a lack of guidance and cohesion if there is no adequate balance, since the absence of supervision can generate uncertainty and possible disorganization in the proposed activities. On the other hand, liberal leadership, in certain circumstances, can promote team engagement and strengthen trust when employees, because they are experienced, demonstrate responsibility and the ability to resolve impasses independently, with minimal intervention from the leader.

*[...] I value friendship a lot, I think it's easier than having to confront someone, because you're going to be working with that person for the rest of your life, you depend on that person, you want them to communicate well, to like you, because they could mess with you, and so I prefer to stay friends, to be able to talk; if they do something wrong, I don't say anything at the time, I call them later [...] I prefer to correct them and then talk to them as a friend, talk to them the next day [...] I prefer that to leaving a hostile atmosphere on duty. (N17)*

Thus, based on the statements of participating nurses N2 and N3, it is evident that Coaching Leadership is applied to achieve shared goals within the team, through the use of skills such as encouragement, clear communication, support, and knowledge transfer, which nurses effectively share with their subordinates, positively impacting them.

*[...] if I see something wrong, I fix it right there and then with them: look, guys, let's try doing it this way here, I think it's easier for you to do it this way, within the technique, of course. (N2)*

*[...] I think one of the main points for Nursing is this issue of showing and giving*

*confidence, showing confidence so that they have confidence in you, then showing that you are capable of that, that you are there [...]. (N3)*

Therefore, the application of situational leadership is observed in this study's scenario, since nurses outline the profiles of their subordinates and tend to adopt attitudes that correspond to the prevailing circumstances.

*[...] depending on the employee, you have to have greater empathy, and they have a better profile for being led. Often, some employees also have a slightly more resistant profile, so, at first, I talk to them, explain, guide them, and tell them how it is being requested, in an easier way to do it. And if, even so, the employee is not performing more properly, we have to impose, demand, and require that they are here to perform, that they have to be responsible for what they have to do [...]. (N6)*

*[...] the older ones have a problem with our leadership, and we need to be firmer than usual with them because of their lack of acceptance. (N18)*

In light of these statements, it is clear that leadership directly affects the quality of care provided to patients and the efficiency of the Nursing team. Therefore, nurses, as leaders, must develop and consolidate effective leadership behaviors and practices that not only promote a collaborative work environment but also ensure patient safety and satisfaction.

### **Nurses' perspectives on leadership: assertive behavior in their work process**

The ability to profile employees is an essential assertive behavior in the leadership process, since this approach involves analyzing various characteristics, behaviors, and attitudes of employees, allowing for an understanding of team dynamics, promoting cohesion and balance, and maximizing collaboration, performance, and job satisfaction. These points were highlighted in the reports of nurses N7 and N10, when they emphasized how this behavior can contribute to the leadership process.

*[...] I try to get to know the team first, interact with them, see each person's profile, which I think is very important, and sometimes or always, the professional's profile is very different [...]. (N7)*

*[...] so, getting to know each person's profile, their strengths and weaknesses, there is also the issue of limitations, which we have to look at and identify, we have to work differently with each person, look at their profile, and there is no point in forcing a situation when the person does not have the right profile, because to be a good leader, we have to know the profile, the employee, their limitations and strengths [...]. (N10)*

In the meantime, it can be observed that communication is valued as a behavior that facilitates the work environment and makes it more collaborative, resulting in effective performance and positive feedback regarding leadership, since mediating conflicts based on communication favors the exercise of leadership.

*[...] communication is easy, the technicians quite receptive to receiving any kind of guidance, there is also the issue of calling attention when necessary, they accept and are not people who confront you, and we have been working together for a while, so we trust each other, there is a bond of trust, which also makes things easier [...]. (N10)*

*[...] it's communication, I ask, and I am attended to, so they don't mess me around, so if there's something to do now, an exam, I say, "Oh, so-and-so, there's this to do," and they say, "I'm on it." Can it be done now? I never order, I always ask, and really, it's communication. When you ask nicely, use the right words, you get a positive response. (N11)*

*[...] try to mediate conflicts by talking, to make leadership easier, because leadership with a lot of conflict, a lot of difficulty among the team, I think leads to a lot of difficulty, and when you don't have that difficulty, it makes it easier. (N15)*

Another relevant behavior refers to the ability to develop bonds with the team, since a proactive leader is dedicated to cultivating trust among members, promoting harmony in interactions, and increasing team effectiveness, as evidenced in the statements of nurses N3 and N8.

*[...] it starts to get easier once they trust you. At the beginning, they are wary, especially the technicians, because they don't know how you work. Once you've spent some time together, it becomes easier to deal with them. (N3)*

*I think it becomes easier when we gain the professional's trust, of the team, because when they don't trust you, they don't really respect you, they don't take the things you ask them to do seriously. When you gain their trust, it makes the work process easier. (N8)*

Consequently, building positive relationships between nurses and employees contributes to motivation and job satisfaction, showing that professionals who feel valued and integrated into the team tend to perform better and maintain a proactive attitude in their roles, which can have a positive impact on the quality of care provided.

### **Adversities in the exercise of leadership: authority versus subordination**

The participants emphasized that nurses' lack of autonomy directly impacts their leadership capacity, especially when working with more experienced employees in the institution. Moreover, external factors, such as political issues, also play a relevant role in this scenario.

*[...] nurses here also lack a great deal of autonomy, and one of the obstacles is this lack of autonomy, because, first of all, the TRN has a close relationship with the entire team, and so, often, the technician bypasses the nurse and goes straight to the TRN [...]. (N5)*

*[...] because it is a public service, and there is, roughly speaking, a lot of political appointments and influence, sometimes, in leadership, it holds you back a little, because you can't put what you need into practice and what has to be done correctly, because politics often doesn't allow it. (N7)*

*[...] and one of the greatest difficulties here at the UPA is that it's a little harder to have control, let's say. I think that when I joined, there were already many long-time employees, and I see that they were given a lot of power, too much autonomy [...]. (N13)*

Furthermore, this study highlighted obstacles that limit nurses' leadership, including high staff turnover in Nursing, low staff numbers, and insufficient material resources, resulting in reduced team performance in terms of leadership and compromising the quality of work provided.

*[...] leadership here is very fragmented, partly because the shifts rotate between departments and we don't have a fixed team, and you can't position yourself as team coordinator because, from month to month, your team is different [...]. (N5)*

*[...] employee turnover here is very high, so I think that makes it very difficult, because when you manage to work with the team and communication is already flowing, you already know the profile of each employee, and then you see it change [...]. (N10)*

*[...] there is no defined flow, we have a low number of professionals to work with, we also have low material resources, and so this makes it very difficult to apply any type of management tool and carry out Nursing processes. (N14)*

Given this premise, excessive workload also poses challenges in the exercise of leadership, since nurses begin to pay greater attention to these employees, as evidenced in the statements described in this study.

*[...] professionals who have two or more jobs, you can't manage very well on the schedule, because you keep thinking about the company; the company can't stop, it has to keep running [...] so we have to change the schedule, and we can't, because they are on schedule at their other job, so this is a very difficult factor [...]. (N2)*

Thus, it was possible to verify, through the nurses' discourses, that insubordination leads to a lack of effective communication between the nurse and the team member before the conflict is reported to a superior, a situation perceived as frequent in the context investigated. In this context, it is observed that the lack of communication can impact the flow of care provided, as well as the application of leadership, constituting a significant challenge in the exercise of leadership by nurses in the UPA, the setting of this investigation.

*[...] here we see that the greatest difficulty is insubordination, because they don't accept orders [...] insubordination is very characteristic, almost half of the employees here [...]. (N17)*

*[...] some technicians find it more difficult to accept our leadership and go over our heads to their superiors, and our superiors often end up siding with the technicians rather than with us, while at the same time demanding things from us, but hindering us from asserting ourselves [...]. (N18)*

Given the above, it is understood that the adversities experienced in the exercise of leadership can have a significant and direct impact on the quality of care provided, as well as on the organizational climate, and can represent both internal and external challenges in the practice of leadership in Nursing. It is therefore the nurse's responsibility to manage such impasses effectively and efficiently, preserving the quality of their work and the performance of the team.

## DISCUSSION

The findings showed that nurses face a variety of situations that require different approaches in their work, acting according to the circumstances, since leadership goes far beyond delegating tasks, requiring knowledge, skills, and guiding attitudes capable of conducting decision-making processes and providing care efficiently and with the expected quality<sup>3</sup>. Given this premise, good leadership practices are necessary for care to develop as planned.

Regarding the relevance of this topic, it should be noted that the ability to lead is considered an essential tool in Nursing practice. Thus, leadership competence is directly related to the ability to coordinate and lead the team, understanding that this skill is a set of competencies and interactions cultivated in practice between the leader and their collaborators. Therefore, nurses must continuously develop this skill to achieve advances in personal, organizational, and care outcomes, since the improvement process is continuous to obtain satisfactory results<sup>7</sup>.

Consequently, the results identified several leadership models in the daily routine of nurses, with leadership style referring to the way in which leaders interact with those who look up to them, whether in group contexts or individual situations<sup>8</sup>. It is worth noting that, in this study, it was possible to identify different types of leadership, including autocratic leadership, democratic leadership, coaching leadership, laissez-faire leadership, and situational leadership, highlighting their particularities, benefits, and disadvantages, as well as how each can impact work and the team.

In this regard, the participants' statements showed that autocratic leaders act in a centralizing manner, considering their decisions to be the only valid ones and excluding their subordinates from the decision-making process. Therefore, autocratic leadership is not beneficial or favorable to the work environment or the team, and can directly affect the quality of work and render it ineffective.

Thus, this study's results showed that the democratic leadership model is beneficial because it establishes a more collaborative environment in which transparent communication and trust play essential roles. However, there is a model that stands out, known as Coaching Leadership, which promotes effective communication, the practice of feedback, and offers support to the team, with a view to achieving joint results, aspects that are necessary for the skills required for the performance of the nurse leader<sup>8</sup>.

This study also observed that liberal or free leadership is characterized by minimal and restricted involvement by the leader, offering great autonomy and freedom to team members. Thus, it is observed that encouraging employee initiative and creativity is a fundamental component of this type of leadership, allowing the leader to delegate functions and responsibilities, thereby transferring their authority. Consequently, this leadership model can result in an inconsistent work process, making it an unfavorable leadership approach<sup>9</sup>.

Another type of leadership that prevailed in this investigation was situational leadership, which is evident in the results by emphasizing that there is no single leadership model that applies to the health and Nursing work process. On the contrary, it appears that this model can result in an advantage in rapid problem solving, but it has the disadvantage of a lack of advance planning, since everything depends on momentary demand. Thus, leaders who adopt this type of leadership need to be ready to face adversity and the unexpected in everyday life, acting with confidence and excellence, in addition to adapting to the demands of the team and each daily situation in order to achieve improvements<sup>7</sup>.

Given this premise, it is up to the nurse to guide the team toward a common goal, requiring constant improvement of their skills and conduct, taking into account potentially effective leadership positions in the workplace that should be part of the profile of a nurse leader, such as creating bonds, being flexible, developing appropriate interpersonal relationships, and communicating effectively. In this direction, it becomes possible to outline the profile of each employee, to contribute to their transformation and enhance their strengths and weaknesses, to do justice to the act of leading those they lead<sup>3</sup>.

Consequently, the results revealed that one of the main perspectives of nurses in the exercise of leadership is the ability to communicate effectively, which is an extremely important element in building trusting relationships with staff and patients. This includes the ability to convey ideas and feelings clearly, respectfully, and objectively, ensuring that everyone feels heard and valued, as such behaviors are crucial for resolving conflicts and promoting an environment in which feedback is welcomed and encouraged.

In the meantime, a good leader needs to be able to adopt assertive behaviors that promote an effective work process, such as knowing how to listen to their subordinates, recognizing each person's skills and guiding them, as well as opening space for dialogue, managing conflicts horizontally and efficiently, and understanding individual capabilities and limitations. Acting in this way contributes to team development, creating a healthy bond between everyone and, consequently, ensuring comprehensive patient quality and safety<sup>3</sup>.

Given the above, it is worth noting that a leader's management skills are linked to their ability to lead and how these skills influence the team and the results obtained. This connection ranges from patient care to decision-making in front of the team. Therefore, nurses in leadership positions must adopt an attitude that conveys confidence, integrating skills and competencies that influence positive results. However, when exercising effective leadership, they encounter obstacles that make these actions challenging, often related to the work environment in which the professional is inserted, which affects the quality of patient care and satisfaction in professional practice, making work practice challenging in terms of leadership<sup>10</sup>.

Thus, among the main adversities that nurses face daily when exercising their leadership, the following stand out: reduced autonomy in their roles as leaders, high staff turnover, ineffective number of employees, insubordination within the team, a notable lack of clear and effective communication, and work overload, which impacts shifts.

In this context, it is worth noting that, based on the findings, it was possible to see that, when exercising their leadership role, it is essential for nurses to be able to establish effective communication, avoiding the need for authoritarianism in the performance of tasks. However, insubordination may arise in this process, which can impair both the quality and effectiveness of the care provided, in addition to affecting team performance.

Thus, it is of utmost importance that nurses ensure the quality of care through effective leadership, using skills that positively influence their employees, highlighting the ability to relate and communicate effectively with the team, adopting active listening, respecting adversities, and continuously performing self-assessment to make assertive decisions, ensuring that their leadership influences good behavior and results, such as reducing insubordination and strengthening relationships, because once nurses do not have the necessary skills to act as managers, they will face constant adversity in exercising their leadership in the workplace<sup>11</sup>.

Finally, this study had limitations in that it was conducted in only one emergency care unit, as well as aspects related to the time and availability of nurses to participate in the research.

## FINAL CONSIDERATIONS

From the experiences of nurses working at the UPA, it was possible to understand the existence of an incipient understanding of different leadership styles, which is a cause for concern, since insufficient appropriation of this competence may lead to unsatisfactory results in the team and in the quality of care.

Thus, it was observed that the behaviors used by nurses emphasized positive and efficient relationships in the work process, as they tend to play an essential

role in strengthening leadership among their subordinates by adopting a horizontal management model, using assertive skills, influencing behaviors, and promoting healthy relationships among everyone in the workplace.

However, difficulties persist in the work process in terms of maintaining a firm stance with their subordinates, which creates obstacles that undermine their authority. Among these, the following stand out: reduced autonomy, high staff turnover, insufficient number of employees, insubordination, ineffective communication, work overload, and mistrust of newly graduated nurses.

Consequently, this study covered the understanding of the challenges faced by nurses when exercising leadership in an urgent and emergency setting, signaling the need for initiatives and strategies that assist and favor the exercise of leadership, making the work environment more collaborative and efficient, as well as supporting the formulation of public policies, the development of training programs, and the conduct of future research to expand knowledge on this topic in APUs.

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