

## THE EXERCISING OF LEADERSHIP IN THE VIEW OF EMERGENCY ROOM NURSES

Daniele Araszewski<sup>1</sup>, Michele Bianca Bolzan<sup>2</sup>, Juliana Helena Montezeli<sup>3</sup>, Aida Maris Peres<sup>4</sup>

**ABSTRACT:** This descriptive study with a qualitative approach aimed to identify how nurses from an Emergency Room perceive the exercising of leadership in their professional practice. The data were collected through semi-structured interviews with nine nurses from a teaching hospital in Curitiba in the State of Paraná, in May – July 2011. Following the interviews' transcription, the data were submitted to content analysis, which produced the three categories. The first describes the concept of leadership in the view of the nurses; the second addresses the leadership's characteristics to be practised in Emergency Room and the third discusses the attributes of the nurse leader in the hospital emergency setting. It is concluded that leadership is an essential management competency for the nurse's practice in the emergency department and that, for the nurse's effective mobilization, she must keep herself up-to-date and make use of the skills of communication, negotiation, autonomy, creativity, and valorization of the team members.

**DESCRIPTORS:** Emergency nursing; Leadership; Research in nursing administration.

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<sup>1</sup>RN. Cajuru University Hospital. Curitiba-PR-Brasil

<sup>2</sup>RN. Marcelino Champagnat Hospital. Londrina-PR-Brasil

<sup>3</sup>RN. M.A in Nursing. Professor of the State University of Londrina. Londrina-PR-Brasil

<sup>4</sup>RN. Ph.D in Nursing. Professor of the Federal University of Paraná. Curitiba-PR-Brasil

**Corresponding author**

Juliana Helena Montezeli  
Universidade Estadual de Londrina  
Rua Paes Leme, 64 - 86010-610 - Londrina-PR-Brazil  
E-mail: jhmontezeli@hotmail.com

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## INTRODUCTION

Nursing is characterized as a profession with multiple aspects and it falls to the nurse to take on the role of leader in her various practices such as caring, health education, research and management<sup>(1)</sup>. Leadership is an essential managerial competence for the professional practice of the nurse, upon which depends the success of all the spheres which make up her work process.

It stands out that at the present time, the demand for quality health care from clients in the different services is increasing steadily, and nursing management contributes enormously in this context<sup>(2)</sup>. In the light of this, it is fundamental for the nurses to be conscious of how they exercise leadership, so that they may manage efficaciously and provide the clients with quality care. In this way, nursing shall be valued and respected by the people who seek its care and also by the health team<sup>(3)</sup>.

Although there are different approaches to leadership, those who study the area are unanimous that it is a practice of influencing people. Furthermore, it stands out that, nowadays, a leader in the area of health adopting an autocratic stance finds no place in the health institutions' requirements, there being instead a need for a linear practice of leadership, with the participation of all the actors involved in this process<sup>(3)</sup>.

The nurse's leadership must be constructed starting in her academic training. Based on the National Curricular Guidelines (DCN), one of the various objectives of the nurse's training is development for the exercising of skills and competencies such as: communication, leadership, decision-making, continuous education, administration and management<sup>(4)</sup>.

In the nurse's professional life, moreover, the use of leadership is one of the recommendations of her Nursing Professional Practice Law<sup>(5)</sup>, as, among other things, it makes it easier to coordinate the team, the managerial actions, and also the nursing care<sup>(6)</sup>.

During their work as nurses and professors in an Emergency Room (ER), the authors observed that this environment requires the nurse to adopt a different stance and that the leadership she exercises demonstrates specific characteristics required by the emergency situations. These concerns culminated in this investigation, which is guided by the following objective: to identify how Emergency Room nurses perceive the exercising of leadership in their professional practice.

The research is justified by the possibility that its constructs may provide support for the professionals who work in ER, or in emergency services, to be able to re-

cognize the importance of leadership in their professional practice, identifying that leadership needs to be developed and that it is part of the nurse's managerial competencies. Bearing in mind that this is a process which influences groups to achieve an objective, through it the nurse can coordinate her team's actions assertively, providing quality care to the patient entering this department.

## METHOD

This is descriptive research with a qualitative approach, undertaken in the ER of a philanthropic teaching hospital in Curitiba in the State of Paraná, Brazil. The nurses in the department were invited to participate in the research, the inclusion criteria being to work exclusively in this setting. Of the 10 nurses who make up this department's workforce, nine participated.

The ethical precepts met Resolution 196/96 of the National Health Council<sup>(7)</sup> and data collection occurred following approval of the project by the hospital institution's Research Ethics Committee, under protocol n. 3777/11.

The data were obtained between May and July 2011, through semi-structured interviews guided by an instrument made up of four open questions: 1) What do you understand by leadership? 2) What is the role of a leader at work? 3) How do you understand the nurse's leadership in professional practice? 4) What are the challenges in being a nurse leader?

The interviews were held individually in the department, were recorded, and lasted between five and 15 minutes. The accounts were transcribed and treated using Content Analysis<sup>(8)</sup>. This type of analysis occurs in three stages: pre-analysis (transcription of the participants' recorded accounts so as to constitute the corpus of the text to be worked on), the exploration of the material (transformation of the raw data into nuclei of understanding of the text), and the treatment of the results (during which the findings are interpreted and interferences are made, with support from the literature addressing the issue and examples using the participants' accounts)<sup>(8)</sup>.

Based on the categories produced, discussions were held based in the literature to form a basis for the reflections, which were exemplified with accounts coded as NI1 to NI9 (Nurse Interview 1 to Nurse Interview 9), the aim being to preserve the participants' anonymity.

## RESULTS

The following categories emerged: The concept of leadership in the view of the ER nurses; Characteris-

tics of the leadership to be applied in ER and Specific characteristics of the Nurse Leader in ER.

### **The concept of leadership in the view of the ER nurses**

The interviewees emphasized some concepts of leadership, and the first point addressed relates to the leader as a reference for the team, as the examples below show:

*Leading a team is to be a reference, to give good examples, and to be the example. (NI2)*

*If you are not the reference, the team won't know where to get help to resolve problems. (NI7)*

Another point addressed was the use of dialog in leading the team and managing compliance with the rules for coordinating routine activities:

*Leadership is knowing how to lead a team in an emergency situation, in practice situations, and in day-to-day experience, [...] not just the team, but the rules of that environment too. (NI1)*

### **Characteristics of the leadership to be applied in ER**

The excerpt below illustrates the question of the shared way of leading:

*I think that leadership is defined as mutual collaboration. You need to be side-by-side with your staff member and he must see you as a linchpin, as a person who is there to coordinate and collaborate with him in carrying out the activities. (NI9)*

The nurses emphasized the need to legitimate the position of leader through knowledge rather than authoritarianism:

*The nurse needs to lead with confidence, lead with knowledge, so that she can have the respect and the support of the team, not just the nursing team, but the multi-professional team which works with her in ER. (NI4)*

*If he is only an authoritarian nurse, who tries to impose his will, he won't succeed. He has to have authority in the eyes of the multi-professional team through his knowledge, through the respect which he conquers, and*

*not just simply wanting to command. (NI3)*

### **Characteristics of the Nurse Leader in ER**

The participants emphasized the planning of emergency care, with identification of priorities, and planning related to the organization of the department's flow, as shown in the evidenced accounts:

*Knowing how to lead this is essential because if you don't have leadership you are not going to know how to handle an emergency. (NI1)*

*The leader is that person who organizes her team, who directs, who identifies the priorities, what else is needed in a specific emergency situation. (NI4)*

The interviewees also mentioned the use of leadership with a view to the planning and organization of the dynamicity and flow of ER, as the following excerpts show:

*The nurse has to have the ability to think quickly, a critical view and know how to organize things, in accordance with the point at which the Emergency Room's flow is at the time. (NI9)*

*Many people think that ER is a very disorganized department, but there is a flow and an organization. So, everybody works in their roles so as to be able to benefit everybody. (NI2)*

Another specific characteristic listed of the nurse leader in ER was the ability to negotiate so as to manage conflicts:

*ER has its own specific characteristics, due to being a very dynamic department, which lots of people go through [...] So, there are conflicts between some staff members, between members of the multi-professional team, and even with some service users and their relatives. In these situations, the nurse needs to be able to prioritize in order to know how to resolve the situation. (NI8)*

Speed in decision-making and communication were cited as important elements in the exercising of leadership in the emergency service:

*The nurse, as leader in ER, needs to be fast at taking decisions and in evaluating the patient; she needs to know how to communicate with other services, and*

*to be skillful in carrying out a procedure in a short period of time [...]. For this, I have to have a wide knowledge of the various pathologies, both clinical and surgical. (NI6)*

Another important point for leading in ER, in the view of the people under study, was the interpersonal relationship as a cornerstone for leading the teamwork:

*I have to know how to work in a team, how to respect other people's space in order to gain their trust. [...] I have to have a good relationship with everybody, I have to be a source of support for them, a reference for everybody here. (NI2)*

In the conception of the nurses, there is a need for valorizing the humanistic aspects of those led, as evidenced in the statement below:

*It is important to lead the group such that they achieve the institution's mission, but understanding the team as a whole, in an aspect which is as much holistic as professional, respecting each member's individuality and sharing decisions with them in the most humanized way possible. (NI6)*

## DISCUSSION

In discussing the concept of leadership, the nurses mention two main points: the leader as the team's reference, and also as the person responsible for guiding it to comply with the rules which govern day-to-day activities, demonstrating affinity with the findings in the literature.

In order to be the team's reference, the leader needs to influence the attitudes of those she leads; hence, leadership is characterized through a process in which one individual exercises an influence over another<sup>(9)</sup>. In addition, leading means to influence people, motivating them to carry out their tasks in such a way as to achieve excellence in their work<sup>(3)</sup>.

The nurse being the reference point and example for the team, the leader's behaviour is reflected in the performance of the work group, as this follows the model which it perceives as necessary for its daily practices<sup>(10)</sup>.

Some skills for leadership are intimately linked to concepts recorded by the nurses interviewed, namely: decision-taking, communicating, evaluating, facilitating, accepting responsibility for risks, influencing and providing a model of behavior<sup>(11)</sup>.

Remaining with the interviewees' accounts, the nurses must plan their activities in order to carry out all the daily care activities for the patients, resolve staff problems, undertake the bureaucratic actions required by the institution and, moreover, have time for unforeseen issues<sup>(12)</sup>. In one recent study regarding the definition of leadership, the nurses characterize it as management, coordinating, organization and command, the leader being responsible for the team and for the carrying-out of the work, and must both keep the team's respect and control it<sup>(13)</sup>.

Leadership is to do with the managing or coordination of groups and is one of the more evident managerial competencies in the nurse's work process, as – legally – the nurse is the professional who coordinates the actions of the team composed of nursing technicians and auxiliary nurses<sup>(14)</sup>.

As a managerial role of the nurse, leadership contributes, among other things, to influencing compliance with rules and routines, in the ordering and provision of material and environmental resources<sup>(10)</sup>.

Regarding the characteristics of the leadership to be performed in ER, the statements mention shared leadership, which is consistent with studies on the issue, as, currently, the hallmark of leadership is to strengthen the work group in such a way as to value the individual competences and dilute the power in the team, so that each member may recognize the purpose and the meaning of their work<sup>(15)</sup>.

Specifically in ER, for the nurse to carry out her professional practice, above all in departments where the work is dynamic, the teams need to act in a synchronized way in many situations in which the attendance must be fast, as the patient is in a critical state at risk of death. Thus, this professional needs to develop some competences for dealing with this contingency, with leadership standing out<sup>(16)</sup>. In conjunction with this, as mentioned by the study participants, the main attributes necessary for exercising leadership are: communication, self-confidence and intelligence. The following are necessary as strategies for achieving leadership: education, communication, technical-scientific knowledge and co-responsibility<sup>(3)</sup>.

As a result, leadership in the emergency environment must be legitimated through knowledge, and not through making use of authoritarian practices. From this point of view, the emergency unit nurses must link their theoretical grounding with the capacity for leadership, with work, with discernment, with initiative, with teaching ability, with maturity and emotional stability<sup>(16)</sup>.

Regarding the findings of the third category – on the attributes of the nurse leader in ER – the study participants show a perception which is in line with the literature. It was possible to observe this, bearing in mind that the professionals emphasized the planning of emergency attendance with identification of priorities and planning related to organizing the flow in the department.

In addition to undertaking other activities, it falls to the emergency nurse to plan the actions so as to optimize the time available, and to coordinate the team so that it can take advantage of the technology available, and, in this way, to ensure comprehensive and organized care for the patients. This professional is constantly establishing priorities in the care and dividing her time and attention between monitoring the more seriously-ill patients and undertaking technical procedures. Thus, leadership is an instrument which promotes the planning of the care and the coordination of the team in relation to the distribution of the tasks and delegation<sup>(17)</sup>.

Technical procedures, coupled with the planning of actions, contribute to ensuring the patient the care which he needs. In planning, the nurse determines the objectives to be achieved in order to promote the nursing care in such a way as to suit it to the individuals' needs<sup>(18)</sup>.

The characteristics of an emergency department encompass the instability of the work rhythm, the urgency of the actions and the high demand for attendance, which vary in diversity and complexity<sup>(17)</sup>. Thus, it is fundamental for the nurse to make use of leadership so as to plan and organize this dynamicity and flow, which is different in this department, as mentioned by the people studied.

In accordance with Law n. 7,498, of 25th of June 1986, article 11, it is a competence of the nurse to head the nursing service and unit in public and private institutions; to organize and direct the nursing services and their technical and auxiliary activities; and to plan, organize, coordinate, carry out and evaluate the nursing care services<sup>(5)</sup>. Hence, it is necessary for the nurses to perform the role of leader, as this is directly involved in critical analysis, identification of problems, decision-making, planning and implementation of care, allocation of other professionals from the nursing team, and motivating the professionals in the health team<sup>(19)</sup>.

In ER, the high flow of patients attended and the dynamic nature of the routine cause this professional's work to have to be efficacious and efficient. Under this point of view, it is a category essential to the work process in such an environment, not only in undertaking the emergency care, but in functioning effectively in the

management of the unit and of the care – thus leading to better organization so as to meet each patient's needs<sup>(20)</sup>.

That said, the importance is emphasized of the ability to negotiate in order to manage conflicts. These phenomena are to be expected and occur naturally in organizations. To manage them, it is necessary for the nurse to have skill in negotiating, knowing how to act using behaviors of compromise, competition, cooperation, assuagement, avoidance or collaboration. Negotiation, therefore, requires leadership skills. Managers who are prepared to undertake this negotiation appropriately are able to make changes and to act when faced with multiple alternatives. This requires the leader to have self-confidence and to accept risks<sup>(11)</sup>.

In line with the discourses, the efficacious exercising of leadership is fundamental for leading the nursing team, principally in the emergency departments, where decisions must be taken swiftly and accurately<sup>(16)</sup>. The dynamic condition and complexity of the actions undertaken in the emergency service require the nurse to have differentiated competence for taking decisions, as time is a determinant factor for the effectiveness of the care given and the maintenance of life. The carrying-out of the nurses' actions in an emergency is closely linked to the managerial process' clinical competence, performance, global care and scientific basis, given that the emergency environment is linked to constant episodes of crisis, which demand fast and accurate decisions<sup>(20)</sup>.

The skills needed for taking decisions are composed of critical thinking about the situations based on analysis, judgement of the possibilities posed by the proposals for action and their consequences, with logical/intuitive reasoning and evaluation permeating this process<sup>(21)</sup>. Thus, it falls to the ER nurse to use her skills so that decision-making regarding the issue and how to do it may be rapid and done appropriately in managing the unit and the care for the patient<sup>(20)</sup>.

In relation to communication, as observed by the research subjects, this is an element of enormous importance in the nurse's leadership process, as the way in which messages are transmitted influences the desired result<sup>(15)</sup>. It is beyond doubt that to provide good leadership the nurse must have communication skills; communication represents the exchanging of information and understanding between people, with the objective of transmitting facts, thoughts and values<sup>(1)</sup>. The leader can influence choices through communication, and in this way can help those she leads to be the best they can be<sup>(19)</sup>.

However, without a good interpersonal relationship, the communication process can be hindered, as the nurses discussed. In order to benefit the care practice, and consequently the satisfaction of the clientele and the institution, the nurse's work must be based in interpersonal relationships and the development of each member of the team. Through relating to others appropriately, the leader can transfer and receive knowledge, organize her service, and outline goals and objectives in conjunction with her team<sup>(14)</sup>.

Complementing this, being a nurse intrinsically involves contact with others, both in exercising the care and in creating teams. Furthermore, she resolves conflicts, and practices fairness in decision-making. For this, she is guided by ethics and by the Nursing Professional Practice Law, and guides new conducts, and seeks the participation of her team in the construction of plans and projects; that is to say, she serves as inspiration so that there may be followers to follow in her footsteps. In this way, the nurse is a leader rather than a boss and is able to work in partnership with the members of her team with full professional satisfaction<sup>(15)</sup>.

The nurse leader, therefore, distances herself from old paradigms, according to which leadership was characterized by centralized power, in which the relationship between the team members happened under a power relationship, under the person considered leader at the time, and obedience on the part of the others. In the new paradigm, the leader is that person who, through dialog, motivates the staff to work with enthusiasm in achieving the objectives determined by the team<sup>(19)</sup>.

Corroborating these thoughts, as mentioned above and cited by the participants, one may currently observe the existence of a new model of leadership: decentralization of the decision-making process, emphasis on interpersonal relationships, communication, willingness to accept risks, motivation and valorization of the individual. This is because the templates of classical administration, involving receiving and carrying out orders, seem no longer to meet nursing's requirements, as this seeks a flexible form of management<sup>(22)</sup>.

Thus, the nurse leader has come to be seen as a professional who aims for the transformation and well-being of those whom she leads<sup>(1)</sup>; and leadership has come to be a factor for causing engagement, satisfaction and motivation, to transform the team numbers' work into a pleasurable activity<sup>(20)</sup>.

## FINAL CONSIDERATIONS

It may be observed that the exercising of leadership is increasingly necessary for the managing of an efficient team, this being a skill which involves the relationship between the nurse and the other staff, stimulating the team's collaboration so as to produce qualified emergency attendance and seeking the best for the patients who enter this department.

While this work was being undertaken, it was observed that some nurses had difficulty in defining leadership, as well as some characteristics and specific features which are used in their daily activities. According to the interviews held, it stood out that the nurse-leader is a reference for her team. Other questions noted were that the nurse must have competency for decision-making, the ability to communicate, must know how to manage conflicts and valorize her staff as well as their activities.

It is essential that within an emergency department a relationship should be established between the leader and the led, with management being undertaken which focusses on the care necessary for the patient, productive work, and coexistence among the staff, and which promotes the Emergency Room's care practice and administrative practice. It is noted that the emergency nurse's practice depends heavily on her management skills, and that for that, it is important for her to keep herself updated and to make use of her skills in communication, negotiation, autonomy, creativity and knowledge.

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