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LEADING OF NURSE IN EMERGENCY SITUATIONS IN THE HOSPITAL: VISION OF NURSING TECHNICIANS

O LIDERAR DO ENFERMEIRO NAS SITUAÇÕES DE EMERGÊNCIA NO HOSPITAL: VISÃO DOS TÉCNICOS DE ENFERMAGEM

EL LIDERAZGO DEL ENFERMERO EN SITUACIONES DE EMERGENCIA EN EL HOSPITAL: VISIÓN DE LOS TÉCNICOS DE ENFERMERÍA

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ABSTRACT

Objective: to understand the senses elaborated by the Nursing technicians on the leadership of the nurse in the emergency situations in the hospital context. **Method:** exploratory and descriptive study, with a qualitative approach. 17 Nursing technicians from a hospital were interviewed. Data collection took place through a recorded interview, using a semi-structured script. For the organization and analysis of the data, the theoretical-methodological reference of the analysis of the discursive practices was used. **Results:** leading presupposes the articulation between the theoretical knowledge, the procedural dimension, translated as ability in the execution of procedures and relational competence, able to configure the relations between leader and led in a dialogical and horizontal perspective. **Conclusion:** it is considered that aspects favoring the development of instrumental and relational skills in adverse situations, such as emergency situations, are rethought in the training of nurses. **Descriptors:** Emergency Nursing; Leadership; Qualitative Research.

RESUMO

Objetivo: compreender os sentidos elaborados pelos técnicos de Enfermagem sobre a liderança do enfermeiro nas situações de emergência no contexto hospitalar. **Método:** estudo exploratório e descritivo, de abordagem qualitativa. Foram entrevistados 17 técnicos de Enfermagem de uma instituição hospitalar. A coleta de dados ocorreu por meio de entrevista gravada, com uso de roteiro semiestruturado. Para a organização e a análise dos dados, utilizou-se o referencial teórico-metodológico da análise das práticas discursivas. **Resultados:** liderar pressupõe a articulação entre o conhecimento teórico, a dimensão procedimental, traduzida como habilidade na execução de procedimentos e a competência relacional, capaz de configurar as relações entre líder e liderados numa perspectiva dialógica e horizontal. **Conclusão:** considera-se que os aspectos que favorecem o desenvolvimento das competências instrumentais e relacionais nas situações adversas, como as de emergência, sejam repensados na formação do enfermeiro. **Descritores:** Enfermagem em emergência; Liderança; Pesquisa Qualitativa.

RESUMEN

Objetivo: entender los sentidos elaborados por los técnicos de Enfermería sobre el liderazgo de enfermería en situaciones de emergencia en el contexto hospitalar. **Método:** estudio descriptivo y exploratorio, de abordaje cualitativo. Fueron entrevistados 17 técnicos de enfermería de un hospital. La recolección de datos ocurrió a través de entrevista grabada, con guion semiestructurado. Para la organización y el análisis de los datos, se ha utilizado el referencial teórico metodológico de prácticas discursivas. **Resultados:** liderazgo presupone la articulación entre el conocimiento teórico, la dimensión procedimental, como habilidad en la realización de procedimientos y la habilidad relacional, capaz de configurar las relaciones entre líder y liderados en una perspectiva dialógica y horizontal. **Conclusión:** se ha considerado que los aspectos que favorecen el desarrollo de habilidades instrumentales y relacionales en situaciones adversas tales como emergencia, sean repensadas en la formación del enfermero. **Descriptor:** Enfermería en Emergencia; Liderazgo; Investigación Cualitativa.

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INTRODUCTION

The structure of the Nursing team in the national scenario is composed of nurses, technicians and Nursing assistants. The nurse, holder of the graduation diploma, among other functions, is the head of service and nursing unit and the direct care of seriously ill patients with life risk. Nursing technicians are responsible for the execution of mid-level activities, involving orientation and follow-up of Nursing work in an auxiliary grade and participation in Nursing care planning. The auxiliaries, in turn, perform activities of basic care, such as those of hygiene and comfort.¹

In order to achieve the objectives of its work process, nurses need to develop a set of essential skills, including leadership, an indispensable element for the professional's positioning in the face of multiple daily work situations, managerial or care, especially those more adverse, such as emergency ones. Under these circumstances, the nurse can be seen as a fundamental element for nursing staff, capable of directing emergency care and encouraging team collaboration for qualified care.²⁻³

In the context of the Nursing profession, leadership is understood as an attribute that can be learned and perfected by people. It is about the individual's ability to conduct and influence the group, to develop a clear vision of the future and to ensure that this vision is achieved and that established health goals are achieved.⁴ When hospitalized patients are in imminent risk of life, the role played by the nurse should grant him autonomy and be based on advanced skills that allow him to be recognized with the other elements of the health team.³

The professional, in the position of leader, must enable the development of the leaders, providing synergy, confidence and self-actualization of the team, with considerable influences in the work environment.⁵ Thus, the actions of the leader are pointed as co-responsible for obtaining high levels of team performance, as well as the improvement of the results obtained by the patients, contributing to the success in the care.^{3,6}

Hospital emergency situations require a multidisciplinary approach and are marked by human factors such as personalities, experience and communication skills.³ In this context, it is understood that nurses' non-technical skills, particularly in relation to leadership, need to be specially considered in order to better understand the role of this professional with the health team in the hospital, considering the nature of the

profession in Brazil, subdivided into three classes, outlined by the process of social and technical division of labor.^{1,7}

It is necessary studies dedicated to the deepening of the thematic that put in perspective the optics of the other members of the Nursing team, since they are the ones who can resent the mismatch of a poorly conducted leadership. Thus, to know how Nursing technicians elaborate the senses regarding nurses' leadership, in a perspective that takes into account the symbolic and inter-subjective aspects, can favor the direction of actions to improve the work process and the integration of the Nursing team.

Thus, this study aims to understand the senses elaborated by Nursing technicians on nurses' leadership in emergency situations in the hospital context.

METHOD

Article elaborated from the graduation work << Nursing leadership in emergency situations: the discursive practices of the people led >>, Wenceslau Braz Nursing School/ EEWB . Itajubá, 2015.

An exploratory and descriptive study, with a qualitative approach, developed in a general and philanthropic hospital in southern Minas Gerais (MG). In order to conduct this research, the theoretical-methodological approach of the Analysis of Discursive Practices was used.⁸

Discursive practices such as language in action are assumed, that is, the ways in which people position themselves in everyday social relations. Senses are taken as a social construction and a collective enterprise where subjects construct the terms from which they understand and manage the situations and phenomena that surround them in the dynamics of social relations, which are historically dated and culturally localized.⁸

As constitutive elements of discursive practices, the authors point out: the dynamics, that is, voice-oriented utterances; the more or less stable forms of utterances, or speech genres, which seek consistency with context, time, and interlocutors; and the interpretative repertoires, that refer to the sets of terms, common places and descriptions available for the discursive constructions.⁸

The members of the study were 17 nursing technicians from the Nursing Service of the referred hospital. Sampling was intentional and sample size was determined by the data saturation criterion. The professionals of all the units (medical clinic, surgical clinic, surgical center, maternity, emergency room

and intensive care) were selected that included the following criteria: professional Nursing technician; to agree to participate in the study by signing the Informed Consent Form (ICF) and to have participated in emergency care in the hospital environment together with the nurse on at least one occasion. We did not include those professionals who were attending or graduated in Nursing.

The study was submitted to the appreciation and approval of the Ethics and Research Committee (opinion number 470,734).

Data collection, conducted by the main authors, was performed through recorded interviews, in the hospital itself, and guided by a semi-structured script with two questions: In cases of urgency and emergency that you attend in the unit, what is your opinion about the nurse's leadership with the Nursing team? How should, in your opinion, be the leadership of the nurse next to the Nursing team in urgency and emergency situations?

It should be stressed that the terms urgency and emergency were used as synonyms in the interview script, given that the Nursing technicians attributed the two terms to imminent aggravation situations that required intervention of the health team, without distinction. In addition, it was observed, through the pre-test of the script with three professionals who fulfilled the inclusion criteria, the adequate understanding of the questions and that the answers met the purposes of the study.

The work of organizing and interpreting the data followed the following steps: transcription of the interviews in full, with the help of text editor; floating reading of the transcribed material, with the identification of the significant themes, according to the research objective; organization of the testimonies in a map. The map is a table that has its columns defined from the themes and sub-themes identified in the interviews. It aims to systematize the process of analysis of discursive practices in the search for the repertoires used in the production of the senses. In the map, the statements were transcribed by means of the cut and paste functions, maintaining the sequence of the dialog.⁸ This process allowed the organization of the data in three axes of analysis that were discussed based on the related literature.

RESULTS

The interpretive work resulted in a map consisting of three axes: what nurses need to

know to lead in emergency situations; what the nurse needs to know how to lead in emergency situations; how the nurse should "be" to lead in emergency situations.

♦ What the nurse needs to know to lead in emergency situations

In order to lead in emergency situations, nurses must possess and operate knowledge that legitimizes their role as leader. Knowledge, for Nursing technicians, only makes sense in the immediate perspective of its purpose, in terms of assistance to the critical patient, as could be apprehended from the repertoires used for their description:

I think knowledge is essential there at the moment to try to save the patient. (P14)

[...] is that the bosses who acted with us, I think that 90% we were successful, have the more complicated cases that even doing the protocol and investing did not give to succeed. But the vast majority of the [cardiorespiratory] arrest in the urgency and emergency situations we have succeeded. (P3)

The theoretical knowledge that seems to give meaning to the leadership is conceived as the one capable of organizing the other knowledge of the team in the execution of techniques and in the management of equipment.

He looks at the picture, he sees what [patient] needs right now, he leads each one to one side, picking up the equipment [...] is efficient, he knows what to use. (P5)

[...] she must know what she does and take responsibility in what she does, have an organization. Organization, responsibility and enough knowledge [...] this is what a nurse must have to perform a good care. (P.15)

[...] already sees the need of the baby there, makes the contact with the doctor, sees if the baby is lacking in oxygen or the baby is tachypneic [...]. (P6)

It is clear from the lines that leadership is inadequate when crossed by "not knowing" that focuses on "not doing" or "doing wrong":

I've already picked it up in case, nurse does not know. (P11)[...] I think they should be more trained in urgency and emergency, and have more vision of the things that should be done, then, lack more is training [...]

Be better trained and have more vision of things [...]. (P17)

Clinical competence also seems to delineate the contours of effective leadership, as it favors the leader in making the right decisions.

[...] the nurse suddenly sees what we have not seen yet [...] sees the patient's exact need sometimes even before we see. Our nurses here see even before us [...] I see

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that they have enough vision up front, of everything that can happen they already start warning. (P6)

It is observed that, in the testimonies of some participants, circulate meanings that refer to the post-graduation courses *lato sensu* in urgency and emergency as a means of professional qualification sought by the nurses and that have interfered positively in the characteristics of the leadership.

I covered vacations at the emergency room for a month and I had no problem, it was great, I even learned things I did not know because of the post course that most did [...] I think is positive, most of the bosses who act with us there are or have finished a post in urgency and emergency. (P3)

[...] those who have the urgency and emergency course do not have that kind of problem, only those who do not have to find some problem [...] (P17).

♦ **What the nurse needs to know how to do to lead in emergency situations**

In the senses conveyed by the participants, the value attributed to the security of the nurse in professional practice in the context of hospital emergencies is evident. It is worth noting that, in the repertoire used by the deponents, security is linked to procedural and technical skill in decision making.

[...] It's not something like that - I do not know what I'm going to do now! He has a kind of security of what he's doing, calm, when the nurse has a kind of security he passes it more calmly. (P2)

[...] At the time that the nurse shows that he knows, that he has leadership, that he knows the procedure, he relies on the whole team to work [...]. (P4)

[...] they already begin to do what they have to do with the baby, a procedure [...] for an oxygen, or halo, or a drainage tube. They are already doing [...]. (P6)

Nurses who assume more secure postures during emergency care are those who have mastery of the procedures required by the critical clinical conditions.

[...] I think the leadership, that if you have a security of what you do, you will pass security to your team

[...] But when you do not have it, it gets all tumultuous, things come all run over, I think, that in my point of view, the nurse has to have security of what they are passing to the technicians. (P2).

It can be inferred, from some interviews, the perception about the lack of preparation and the lack of technical skills of the nurses with little time of action.

[...] there are those who are coming, they will not pass it safely, he will let the

situation go because even the team itself already knows a little more [...] That goes back to the time of the nurse. (P2)

♦ **How the nurse should "be" to lead in emergency situations**

It can be observed that the qualifiers of relational skills that are considered as indicators of positive leadership predominate in the repertoire of Nursing technicians. It is noteworthy that participants, in discussing leadership, evoke the voice of the nurse to illustrate how, in their perception, communication has been used by nurses in emergency situations.

[...] It does not panic, because I think it's more important ... Everything organized, does not panic and still asked for calmness for people. Sometimes, there was not something there and he would say, "Take it, but you do not have to run!" (P12)

Look, there are nurses that I liked a lot, so she does not give you insecurity, understand? She gives you support, if you do not know, she does not scold you because you do not know [...]. (P16)

[...] They work together with us [...] as if it were us right there, technician together with the nurse - Such a guy goes for medication! Do massage [chest compression] you! - We even know, but she ends up saying that too [...]. (P9)

So I think this is important, to be together, because if you lead from the outside, let's say so, from the situation, it's different from when you're leading in. From the moment you enter into the situation you will see [...] what the situation really is. For example, you are in there and will talk - Ah! But it does not do it that way - but sometimes you being there, in the same situation you would do it that way. (P10)

All are very friendly, cooperate with everything. (P7)

I find it very friendly, that they even participate. (P8)

DISCUSSION

Nurses 'competence is the result of a combination of properly mobilized knowledge,⁹ however, it was observed that, in the emergency context, in Nursing technicians' reading, the notion prevails that the exercise of leadership is based primarily on the demonstrated capacity (or not) by nurses to articulate instrumental skills in the execution of procedures with an immediate assistance purpose. Perhaps because, for them, the knowledge aggregated by the nurse has value and makes sense when applied in the assistance concretized in terms of direct care, considering that, depending on the nature of the profession, configured from the social and

technical division of the work, mid-level Nursing staff predominantly perform instrumental activities.^{1,7} Therefore, it is from this perspective that they access and use the available repertoires to give meaning to the world.

Indeed, it is observed that the statements about the practice of the leading nurse in emergencies almost always fall into the description of these agents playing their role in the execution of procedures, and this contrasts with the scarce repertoire for the qualification of the theoretical knowledge conveyed by the nurse.

From this point of view, it is understood that, for the exercise of a leadership that is considered legitimate by the Nursing technicians, it is necessary that the nurse develops, in a systematic way, the instrumental competence, that favors its clinical competence and its capacity of decision making in situations that require rapid responses.¹⁰ This presupposes an ongoing process of self-evaluation of instrumental skills and clinical reasoning ability.¹⁰⁻¹¹

From this reflection, the authors point out the existence of unpreparedness on the part of some nurses acting in urgency and emergency, thus, justifying, the need for the search for strategies of education, training and professional qualification, such as lato sensu postgraduate courses, seeking qualification for Improvement of the care process.^{3,12}

On the other hand, it appears from the statements the importance attributed by the leaders to the relational skills of the leader in the context of emergency situations in the hospital. Emphasis is placed on the need to intensify the communicative process in the emergency services, as well as investment in obtaining nurses' knowledge and training to develop leadership skills. Even because theoretical knowledge will not always guarantee effective leadership practice.¹⁰

As a leader of a team, the nurse has the primary function of coordinating it, providing individualized and quality care actions, aiming at restoring the state of health of the user, as well as to abstain from any damages or complications. Moreover, there is a need for the professional to be always up to date and to acquire technical skills in order to improve the care provided and manage it so that it can provide the individual with satisfactory results.^{10,12} In this regard, it is recognized that, in developing leadership the newly formed nurse faces some challenges related to insecurity, inexperience and lack of practical exercise during the training period.¹³ The skill

gap is identified by the team as a fragility in the safety with which the nurse conducts care, which may hamper the exercise of leadership.

From this point of view, it is possible to question what strategies the academy has faced in order to overcome the perceived hiatus, also perceived by the team, between the end of graduation and the beginning of the professional life of the nurse. It is believed that measures should be fostered that, based on curriculum revision, stimulate the learning of emergency practices in simulated and real scenarios.

It is recommended that health institutions conduct periodic training for the purpose of training their agents, particularly the nurse, for prompt, safe and effective care, with a view to maintaining homogeneity in the conduct between the teams.¹⁴

It is considered that, beyond the instrumental competence, the nurse needs to understand the process of leading in its dynamicity, marked by the inter-subjectivity of the interactive processes. Efforts should also be made to develop other skills such as communication, the ability to establish interpersonal relationships based on empathy and bonding, to provide harmonization of the work environment and relationships,¹⁵ by articulating the technical, managerial and interpersonal skills. So that all are privileged in the interactions of the daily work and legitimize their role as leader.¹⁶ This can be noticed in the statements, when the interviewees value the actions of the democratic leader, which favors symmetrical interpersonal relations rather than hierarchical relationships.

In view of the adversities of the context, it is understood that the nurse professional needs to be able to exercise a leadership that allows him to move between the unfavorable situations of everyday life and conquer his space with the Nursing team, considering that leading requires the adoption of a participatory attitude, without the imposition of power, valuing teamwork.¹⁵⁻⁷ On this assumption, the nurse leader must contribute, together with this team, to provide assistance and qualified care, using leadership as management tool.¹⁸

CONCLUSION

In the context studied, for nursing technicians, nurses' leadership in intra-hospital emergency situations assumes the sense of an instrumental activity, which articulates theoretical knowledge, valued only in the immediate perspective of its care

purpose, to the procedural dimension, reported as the ability to perform procedures, and relational competence, which positions relationships in a horizontal perspective.

Thus inadequate leadership refers to that in which the nurse does not demonstrate the skills necessary to conduct and perform the procedures required by emergency situations and assumes an autocratic leader's posture, configuring interpersonal relationships in a hierarchical and non-dialogical perspective.

Despite the limits of this study, which refers to a given social and cultural context, the results presented here are in line with studies from other localities and put into perspective the importance of enhancing, in training environments, the strategies that best propitiate the development of competencies indispensable to the exercise of leadership in emergency situations in the hospital.

Thus, nurses' leadership and their role in emergency situations can not be detached from the reality of practice, where the attendance involves the action of multiple agents with different attributions and levels of knowledge. This implies that methodologies that allow the continuous acquisition of instrumental and relational competence during training, whether in real or simulated scenarios, are implemented in the curricula.

It is suggested that further research be done to evaluate which pedagogical strategies offer the best results regarding the profile of the nurse leader in the emergency context.

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