

Leadership of nurses in intensive care units: integrative review

A Liderança do enfermeiro em unidades de terapia intensiva: Revisão integrativa

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Abstract

Leadership is a primordial factor for quality work and a directed action of nursing in the Intensive Care Unit. It is necessary that the leader gathers competences and technical and relational abilities so that his/her work has greater quality. Objective: To identify how nurses' leadership occurs in Intensive Care Units (ICU) according to the literature. Materials and Methods: This is an integrative literature review to identify the leadership profile of nurses in the ICU. The studies included in the sample were those published between January 2018 and August 2022, indexed in PubMed, BVS and LILACS, which answered the guiding question. Results and Conclusions: Critically and reflectively, each of the researches contributes in a distinct way to the process of building and strengthening the leadership of nurses in the ICU environment. Aspects such as active leadership, process organization, specialty for highly complex patients and harmonization of the intensive care unit environment are among the points observed by the authors. The study allows us to think that an active leadership promotes continuity, orderliness, reliability, safety, as well as being able to bring focus to multiprofessional and interdisciplinary actions and to focus on quality care.

Keywords: Nursing. Practice Management; Crew Resource Management, Healthcare. Leadership. Intensive Care Units

Resumo

A liderança é fator primordial para um trabalho de qualidade e uma ação direcionada da enfermagem na Unidade de Terapia Intensiva. É preciso que o líder reúna competências e habilidades técnicas e relacionais para que seu trabalho tenha maior qualidade. **Objetivo:** Identificar como se dá a liderança do enfermeiro em Unidades de Terapia Intensiva (UTI) segundo a literatura. **Materiais e Métodos:** Trata-se de uma revisão integrativa de literatura para identificar o perfil de liderança do enfermeiro em UTI. Os estudos incluídos na amostra foram aqueles publicados entre janeiro de 2018 e agosto de 2022, indexados na PubMed, BVS e LILACS, que respondessem à pergunta norteadora. **Resultados e Conclusões:** De forma crítica e reflexiva, cada uma das pesquisas contribui de maneira distinta para o processo de construção e reforço da liderança do enfermeiro em ambiente de UTI. Aspectos como a liderança ativa, a organização dos processos, a especialidade para pacientes com alta complexidade e a harmonização do ambiente de unidade de terapia intensiva estão entre os pontos observados pelos autores. O estudo possibilita pensar que uma liderança ativa promove continuidade, ordenação, confiabilidade, segurança, assim como é capaz de trazer enfoque para ações multiprofissionais, interdisciplinares e focar na qualidade assistencial.

Palavras-chave: Enfermagem. Gerenciamento da Prática Profissional. Gestão de Recursos da Equipe de Assistência à Saúde. Liderança. Unidade de Terapia Intensiva.

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Introduction

Leadership is the ability to recognize and influence people, inspiring and motivating them to achieve objectives and goals through the practice of roles applying quality and control¹. That said, actions related to the healthcare of patients, decision making, communication, training of the team, management of resources and materials², are part of the competencies of nurses.

Managerial actions are essential in the work process, once communication enables the sharing of information. Accordingly, interaction with the team, formal dialogue and continuing education are fundamental within this process³. Considering the forms of leadership, emphasis is given to transformational development, motivating the team and introducing changes to inspire the group towards achieving objectives based on values and ideals. And the transactional style, which works in a process of exchange, contractual fulfillment, monitoring and controlling results⁴.

Charisma, inspirational motivation and intellectual inspiration are variables that chart the behavior of a transformational leader. However, leaders who reward achievements of goals in a timely manner are characteristics of a transactional profile⁵. Nursing leadership is an essential condition for quality work. Lack of ability to lead can lead to multiple drawbacks, whether personal or financial, as well as the dissatisfaction of patients and of the team itself.

According to scholars, managing people motivates trust⁶. A study related to the leadership of nurses in Intensive Care Units (ICUs), depicts the importance of establishing goals for quality healthcare, and also highlights the need for the involvement of the work team in order for objectives to be met and goals achieved through the exercise of effective

leadership⁷. In this context, there are grounds for conducting this research in order to identify the leadership of nurses in ICUs.

Materials and Methods

Sample and type of study

An integrative literature review to identify leadership profiles of ICU nurses. An integrative literature review is defined as construction of understanding focused on a certain field of knowledge, where different discussions collaborate towards the understanding of theories and practices, as well as enabling reflections on the reality presented in the subject matter⁸.

Research design

Some phases were considered in the research, such as: formulation of the leading questions, structuring of inclusion and exclusion criteria, database selection, research descriptors, establishing idiomatic, temporal and thematic filters, selecting researches, categorizing research themes and discussing results with the development of the conclusion. The leading question established was: What is the leadership of nurses in ICUs like?

Inclusion and Exclusion Criteria

Researches included in the sample were those published between January 2018 and August 2022, complete articles online and freely available, in Portuguese language, indexed under PubMed, BVS and LILACS, answering the leading question. Duplicate articles were excluded, as well as summary of events, complete text unavailable, literature review and those without any similarity to the purpose of the research.

Procedures

The research strategy for articles was using the respective descriptors and



Boolean operators: “*Liderança*” AND “*Unidade de Tratamento Intensivo*” AND “*Enfermagem*”. Descriptors in the English language were also used, such as “Leadership” AND “Intensive care unit” AND “Nurse”.

Results

Combined researches with the descriptors “Leadership” AND “Intensive Care Unit” AND “Nursing”, conducted on the PubMed portal, using the filters defined in the inclusion criteria, did not have any results. Even with reduced combinations, such as “Leadership” and “Intensive Care Unit”, did not produce any results. The excluded articles did not respond to the leading question and, accordingly, were not considered.

The LILACS portal presented the most researches with the combined descriptors, in a total of 23. Of these, 14 were in Portuguese and, among these, only four were within the time frame of the

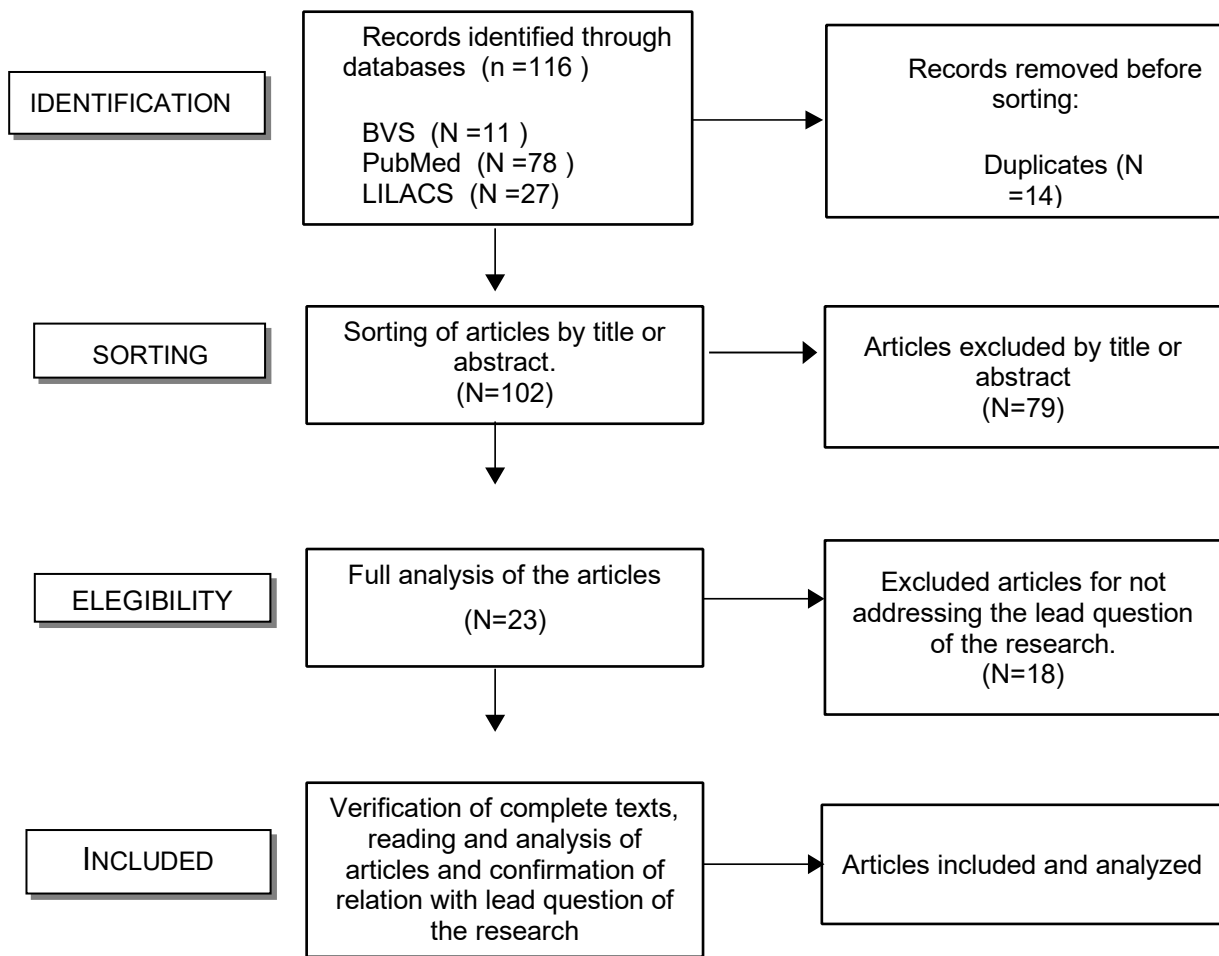
research (2018 to 2022), as well as complying with all the pre-established requirements. The BVS and PubMed portals, when researched using the Portuguese language, after applying the filters and Boolean indicators, did not produce any results.

Likewise, descriptors were applied in the English language: “leadership” AND “Intensive Care Unit” AND “Nurse”. In addition, the time frame filter was applied (2018-2022), in the Portuguese language in the portals LILACS, BVS e PubMed. In the BVS the findings were of 11 studies, however only 2 of which were selected in line with all of the descriptors⁹⁻¹⁰.

In the LILACS portal, 13 studies were found, however when applying the inclusion and exclusion criteria, none of the studies were selected for the sample. The PubMed base presented 78 initial results. However, when including the time frame and Portuguese language filters, only four studies emerged¹¹⁻¹²⁻¹³⁻¹⁴. The flowchart below demonstrates the selection processes of the studies included in the sample.



Figure 1 – Flowchart on the results of the research



Source: Authors (2022).

Accordingly, the studies were read and analyzed. Table 1 demonstrates the selected researches (authors, publication

date, general objective, methodology applied, main result obtained and research conclusion).



Table 1 – Selected researches

Authors / Year of publication	Type of research	Objectives	Main results
Pereira <i>et al.</i> (2020)	Action-research	Understand the meaning of transformational leadership and develop an educational intervention on leadership.	The unveiled themes were: factors related to the team, to the leadership processes and to the leader. Difficulties in decision-making and planning processes were revealed; the leader needs to work in teams, which in turn should be appropriately sized. The book club and planning model used provided the praxis of this work.
Ranzani Rigotti <i>et al.</i> (2022)	Experience report	Report the professional experience of a nurse manager facing the challenges of restructuring a hospital service in the face of the COVID-19 pandemic.	Among the challenges faced were: internal service flow reorganization; institution of structural changes and adaptations; equipment and supply acquisition; staff training, among other.
Báo <i>et al.</i> (2022)	Experience report	Report the experience of leading nurses in coping with COVID-19 in a university hospital in southern Brazil.	Some approaches were identified in the performance of the nurse-leader in the COVID Intensive Care Unit and in the Non-Reference Inpatient Unit, such as creation of protocols and flows, training of nursing teams, dimensioning/ relocation, among other.
Silva <i>et al.</i> (2021)	Qualitative descriptive research	Good nursing leadership practices performed by nurses in the context of a public hospital in Belem-Pará.	Three central themes emerged: good leadership practices from the nurses' perspective; nurses and decision-making in hospital practice; dealing with errors and conflicts.
Conz <i>et al.</i> (2019)	Qualitative research with social phenomenology approach	Understand, the perspective of nurses, their actions as team leader in the Intensive Care Unit.	Difficulties in relationships, difficulties in hierarchical recognition and work overload foster stress in the nursing team. Improvement in working conditions of the team and potential promotions are highlighted by nurses for continuity in the leadership activities in the ICU.

Source: Authors (2022).

Discussion

Each one of the researches contributed in different manners to the construction process and reinforcement of the leadership of nurses in ICUs. One of the

studies showed that transformational leadership needs to be developed starting from the educational process, with interventions focused on leadership and situational awareness of preconditions involving the work. In addition, for



transformative leadership, it is essential to have qualified listening so that issues and solutions can be raised¹³.

In the mentioned research, the elements raised included relational, planning and support processes for nurses working in ICUs. The solution found by the researchers was a book club, where the coordinating nurse proposes books to be read and discussed, either regarding leadership, the ICU itself or even efficient ways for improving the relationship within the team¹³. Furthermore, other researches outline the need for health education for professional nurses in order to ease the execution of efficient actions in relation to the quality of care^{15,6,16}.

The book club activity addressed in one of the studies¹³ has a successful outcome according to the researchers, because it collaborates towards thinking, planning, relationships, and towards the search for motivation for learning, elements that can promote a transformative leadership. Accordingly, this more integrative, reflective and practical leadership model can be part of the nursing practice in the ICU, with specialized care, trained staff and risk management planned in full detail, that is, in the situational diagnosis, action and assessment.

In comparison with this study, another research¹⁰ also raises the question that nurses need to take the lead role of the team, but with the integration of strategic planning, knowledge of the resources made available by the institution, awareness of the demands and possibilities, present and required attributions in the ICU and in their activities in general. Another important matter brought up by the authors is the ability to care for high-complexity patients, as well as work guided towards humanization. Both processes are essential and should be observed by leadership, whose capacity for mediation and guidance must be meaningful.

The multidisciplinary team in action can bring improvements to the prognosis, since the shared knowledge can permit further discussion and consequently more assertive decision-making. If there is the need of team leadership, or even outside the official leadership, the nurse can plan the care in a manner that guarantees safe conditions for specialized decisions and focused on the assessment made with short-term interventions and high assertivity^{17,14}.

This scenario is a professional ideal, however, it is necessary to consider hindering factors, such as the lack of preparation, multidisciplinary team that does not achieve objectives, work overload, lack of time for planning, hasty interventions, competencies and skills known in theory, but not implemented in the routine work, among other setbacks causing lower possibility of improvement for return of safety¹⁸⁻¹⁹. Under the perspective of another author, nursing leadership in UCIs, during the COVID-19 pandemic, proved effective in the need to promote quality attention in an environment of high demand and complexity¹². Similarly in another study, also in the same context of the pandemic, emphasizing the leadership role of ICU nurses considering the safe intrahospital transport of the patient¹⁴.

In view of such occurrences, a reorganization of internal workflows has been promoted, due to the countless sick notes generated by infections of the professionals by coronavirus. Adaptations were required for acquisition of materials, machinery and training of the teams. This was because the routines were extensive and exhausting, professional turnover in the ICU was higher and few publications provided guidance for this flow, especially in the beginning of the pandemic¹².

Given the above, the leadership of nurses underwent significant reorganization of processes, demonstrating that unstable scenarios and health crises require changes, with proactiveness and humanized



leadership, not only for patients, but also for nursing professionals working in the space¹².

Other studies also emphasized the difficulties of ICU leadership and emphasized the need for process reorganizations²⁰⁻²¹⁻²². In the mentioned studies, despite differences in approaches and themes, it is observed that there are constant concerns with the organization of nursing care in the UCIs, with the aim of avoiding adverse events and provide greater safety for patients. In a comparison among the studies, one of the researches corroborates with the idea that effective leadership in moments of great demand can bring less impact and higher quality in healthcare¹².

In coping with COVID-19, procedures adopted by nursing care in the ICU, led by the leading nurse, are in the preparation of protocols, formulation of flows, training of teams, relocations, deployment of equipment to more critical sectors, as well as the search for action from the State, calling for investment for the sector from public powers. This study addresses the political and institutional scope of this problem, also stating work overload. The nursing team had to be motivated and backed by financial and humanized support in the performance of their duties. Stressing the need for favorable working conditions and wages for collaborators, contributing to more actions of active leadership of nurses in ICUs²³.

Active leadership is also highlighted in one of the studies, being fundamental that nurses receive training about different models of leadership, but understanding the importance of adhering to cooperative, charismatic, democratic and active models²⁴. Given such considerations, it is essential to work guided to leadership from initial formation, providing opportunities for more stable work and based on quality.

Best practices that make up an effective leadership of the nursing

professional in the ICU are based on established ethical parameters, knowledge and applicability of the attributions, favorable image of the leader by the team, decision-making based on technical processes, recognition and correction of errors, and hospital practice based on the UCI as a space for convergence and planned management¹¹.

Similarly, another study scores good leadership practices, emphasizing patient safety and the decentralization of leadership for situational processes. Although the research also constructs concepts for thinking about nursing in the ICU and leadership processes²⁵, it is partially different from other researches, as these construct a leadership outlook based on planned management¹¹. Given this, it is perceived that centralized or decentralized models, always when previously planned, can be applied with satisfactory results.

One of the authors considers that failed and ineffective leadership is incapable of assisting in overcoming difficulties, generating also obstacles in the recognition of hierarchies²⁶. Furthermore, authoritarian leadership models or those without defining orders, work overload of some and idleness of others can also be a problem²⁷. In view of this finding, there is the need to improve leadership of nurses in the ICU, establishing improved relationship between theory and practice, as well as to prepare action plans.

Conclusion

Accordingly, the study makes it possible to believe that an active leadership promotes continuity, orderliness, reliability and security, as well as being able to bring focus to multidisciplinary actions and emphasize the quality of healthcare in the ICU.

Likewise, the research contributes towards an understanding of the importance



of nursing care for the ICU, highlighting that nurses need to act in an organized manner, with an understanding of the

processes, awareness of their attributions and focus on improving the quality of healthcare.

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