

REVIEW

## Nurse's Characteristics as a Leader in Emergency Settings: A Bibliographic Review

### Características de la Enfermera como Líder en Situaciones de Emergencia: una Revisión Bibliográfica

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#### ABSTRACT

**Introduction:** the nurse's leadership in emergency settings plays a crucial role in the efficiency and safety of care provision, where swift and critical decisions in unstable environments are required. The nurse's ability to lead teams, coordinate resources, and ensure the quality of care can be decisive in guaranteeing favorable outcomes for both team and patients.

**Objective:** to identify and synthesize evidence on the nurse's characteristics as a leader in emergency settings.

**Method:** a rapid review following the Cochrane methodology. A search was conducted in two databases: CINAHL Complete and MEDLINE Complete. The methodological quality assessment and risk of bias for the selected studies were conducted using the Joanna Briggs Institute's critical appraisal tools. The results from the studies were summarized narratively.

**Results:** three articles were selected. The nurse's characteristics as a leader in emergency settings were synthesized into three key domains: intellectual, encompassing knowledge and cognitive skills; technical, related to clinical and procedural expertise; and relational, with a strong emphasis on effective communication, the most frequently cited attribute.

**Conclusions:** this review's findings provide a foundational reference for future research, underscoring the need for further primary studies to expand and deepen the understanding of nursing leadership in emergency settings.

**Keywords:** Leadership; Nurses; Emergencies.

#### RESUMEN

**Introducción:** el liderazgo de la enfermera en situaciones de emergencia desempeña un papel esencial en la eficacia y seguridad de los cuidados proporcionados, donde se requieren decisiones rápidas y concretas en un escenario inestable. La capacidad de la enfermera para liderar equipos, coordinar recursos y garantizar la calidad de la atención puede ser determinante para asegurar resultados favorables tanto para el equipo como para los pacientes.

**Objetivo:** identificar y sintetizar la evidencia sobre las características de la enfermera como líder en emergencias.

**Método:** revisión rápida según la metodología Cochrane. Se realizó una búsqueda en las bases de datos CINAHL Complete y MEDLINE Complete. La evaluación de la calidad metodológica y el riesgo de sesgo de los estudios seleccionados se llevó a cabo utilizando las herramientas de valoración crítica del Joanna Briggs Institute. Los resultados de los estudios seleccionados se resumieron de forma narrativa.

**Resultados:** las características de la enfermera como líder en emergencias se sintetizaron en tres grupos: intelectual, relacionado con el conocimiento y las habilidades cognitivas; técnico, asociado a la experiencia clínica y procedimental; y relacional, con un fuerte énfasis en la comunicación efectiva, el atributo más citado.

**Conclusiones:** los hallazgos de esta revisión proporcionan una base para futuras investigaciones y subrayan la necesidad de realizar más estudios primarios para ampliar y profundizar la comprensión del liderazgo de la enfermera en contextos de emergencias.

**Palabras clave:** Liderazgo; Enfermeras y Enfermeros; Emergencias.

## INTRODUCTION

Emergencies are characterized by sudden, unpredictable, and high-risk events that jeopardize clinical stability of patients and require an immediate, structured response from healthcare teams.<sup>(1)</sup> In such settings, nurse leaders must adopt a proactive stance, integrating multiple dimensions of leadership – from communication to operational management – to ensure both team cohesion and the effectiveness of interventions.<sup>(2,3)</sup> In these high-pressure environments, where life-threatening situations are frequent, effective nursing leadership becomes essential. Healthcare professionals – particularly nurses – must be equipped to make rapid and well-informed decisions under pressure, ensuring a coordinated response to patients' urgent needs.<sup>(1)</sup>

Nursing leadership may be understood as the ability to influence, mobilize, and coordinate teams towards the achievement of shared goals, promoting positive and sustainable changes in clinical practices.<sup>(2)</sup> It is a dynamic process that requires not only technical and scientific expertise but also relational skills, effective communication, and adaptability to the specific demands of the context.<sup>(4,5)</sup> Effective leadership in healthcare is particularly relevant in critical situations such as emergencies, where timely decision-making, prioritization of care, and efficient coordination of resources and professionals are vital to ensuring patient safety and quality of care.<sup>(1,3)</sup>

Nursing leadership in these contexts is multifaceted, encompassing technical, relational, and managerial competencies.<sup>(5,6)</sup> Leadership in emergency and urgent care services cannot rely solely on formal authority; instead, it should be grounded in the ability to mobilize teams, manage resources, and guide evidence-based decision-making.<sup>(4)</sup> Furthermore, effective leadership demands strong communication, assertiveness and empathy.<sup>(4,5)</sup>

Several authors emphasize the importance of evidence-based leadership, highlighting that nurse leaders must ground their practice in up-to-date scientific knowledge and interpersonal skills to promote both safety and quality of care.<sup>(5)</sup> Others advocate transformational leadership as a preferred approach in nursing services, as it fosters innovation, motivation, and continuous professional development within teams.<sup>(2)</sup>

Moreover, some researchers argue that leadership in emergency settings should be viewed as a shared and adaptive function, focused on collaboration and the alignment of common goals.<sup>(3)</sup> The nurse leader thus acts as a facilitator, capable of influencing the team to achieve effective outcomes in high-pressure environments.<sup>(3)</sup>

This overview provides a comprehensive insight into how leadership in nursing can directly impact care effectiveness, highlighting the need for continuous development of these competencies in the field of critical care. In conducting a preliminary database search, there were difficulties in finding systematic literature reviews specifically related to nurses' leadership characteristics. Therefore, this review aims not only to synthesize current evidence on the leadership characteristics of nurses in emergency settings identified in the literature, but also to contribute to the development of nurses' training, enabling them to respond more effectively in emergency situations. This aligns with the definition of evidence-based practice: integrating individual clinical practice with the best available evidence from systematic research,<sup>(6)</sup> leading to practice changes and improvement of the quality of care. Considering the objectives outlined above, the following research question was formulated: "What is the existing evidence regarding the leadership characteristics required of nurses in emergency settings?"

## METHOD

Given the time constraints for carrying out this work, we opted to conduct a literature review following the Cochrane methodology for rapid reviews.<sup>(7)</sup> This is a method of knowledge synthesis that expedites the process of leading a conventional systematic review by simplifying or skipping specific procedures to generate evidence while optimizing available resources.<sup>(8)</sup> According to Cochrane,<sup>(7)</sup> a rapid review consists of: defining the research question, establishing eligibility criteria, developing a search strategy, selecting studies, extracting data, assessing the risk of bias, and synthesizing findings.

The protocol for this review was not registered.

**Defining the Research Question**

The objective of this review is to identify and synthesize the characteristics that nurses attribute to their leader in an emergency setting. Thus, we seek to answer the research question: “What is the existing evidence regarding the leadership characteristics required of nurses in emergency settings?”

**Defining the Eligibility Criteria**

To define the research question and eligibility criteria for this review, the PICo mnemonic was followed. These criteria are detailed in table 1.

Table 1. Eligibility Criteria for the Rapid Review		
PICo	Inclusion Criteria	Exclusion Criteria
(Population)	Studies that include nurses of any category (technician, specialist, practitioner, case manager, etc.).	Studies that include only doctors, students, or other healthcare professionals.
(Phenomenon of Interest)	Studies addressing leadership characteristics, facilitators, or competencies of nurses.	Studies that focus solely on negative or limiting leadership characteristics. Studies that only include leadership characteristics of healthcare professionals other than nurses.
(Context)	Studies focusing on emergency contexts, either by location (Intensive Care Unit (ICU), Emergency Department (ED)) or as defined in the introduction.	Studies that do not address emergency contexts.

In addition to the abovementioned criteria, this review included studies in English, Portuguese, Castilian, and Spanish. Studies published between 2014 and 2024 were considered, as evidence on this topic is scarce. Only full-text studies were included, covering both primary and secondary sources. The review encompassed qualitative, quantitative, or mixed-method studies with an evidence level of 4 or higher, aiming to obtain the best possible quality of available evidence. Grey literature was not searched, and supplementary reference searches in the included articles were limited.

**Search Strategy**

Initially, a preliminary search was conducted in CINAHL and MEDLINE to identify articles on the topic and the keywords used within them. Subsequently, indexed terms adapted to each database (MEDLINE Subject Headings 2025 (MeSH) and CINAHL Headings) were examined to develop the full search strategy. This search was conducted in January 2025 by JR and repeated and verified by DD and NN, using Boolean operators via EBSCOhost search engine in the following databases: CINAHL Complete and MEDLINE Complete. The search equation used is detailed in table 2 (Appendix 1).

**Study Selection**

Following the search, all identified articles published between 1/1/2014 and 31/12/2024 were extracted and uploaded into Rayyan (Rayyan Systems, Inc, Cambridge, USA), and duplicates were removed. Following a pilot test in which 20 titles and abstracts were assessed by the four reviewers to calibrate and test the summary form, all articles were screened by title and abstract for assessment against the inclusion criteria. This screening was carried out by the four reviewers.

The resulting articles were retrieved, and another pilot test was conducted using a full-text reading form on four articles, assessed by the four reviewers to calibrate and test the form. Subsequently, full-text reading was performed by the four reviewers (DD, JR, NN, and SR) to select the final articles. Any conflict that appeared between the reviewers at each stage of the selection process was resolved through discussion.

**Data Extraction**

The data from the included articles were extracted using a data extraction tool developed by the reviewers that contains details such as the study’s author and year, the country in which it was conducted, study design and level of evidence, objectives, participants, phenomenon of interest, context, and key findings (Table 3, in Appendix 2).

Data extraction was performed by one reviewer (DD) and verified by two other reviewers (JR and NN) for all studies.

**Risk of Bias Assessment**

Following data extraction, the methodological quality and risk of bias of the selected studies were assessed

using the Joanna Briggs Institute (JBI) critical appraisal tools, available at: <https://jbi.global/critical-appraisal-tools>. This assessment was conducted by one reviewer (DD) and verified by the remaining reviewers (Tables 4 and 5, in Appendix 3).

### Synthesis of Findings

The findings of the selected studies were summarized narratively in this review. The synthesis was conducted by one reviewer (DD) and verified by two reviewers (JR and NN).

## RESULTS

### Study selection

The results of the search and the study inclusion process are systematized in the PRISMA flow diagram (figure 1), adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).<sup>(9)</sup>

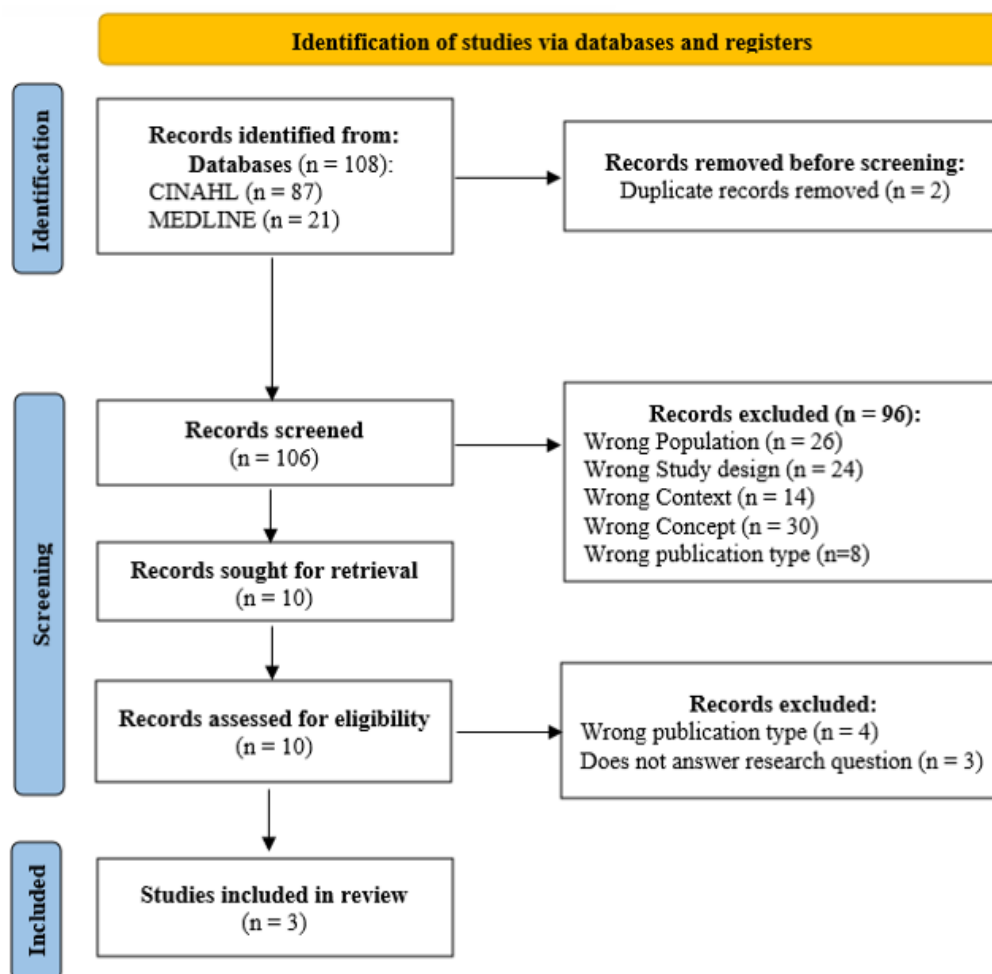


Figure 1. PRISMA Flow Diagram

Source: Adapted.<sup>(10)</sup>

### Characterization of the Included Studies

This Rapid Review included three articles<sup>(3,11,12)</sup> that entail one primary study<sup>(11)</sup> and two secondary studies:<sup>(3,12)</sup> a scoping review<sup>(3)</sup> and integrative literature review.<sup>(12)</sup> Some of these studies involved, besides nurses, doctors and other health professionals as participants. It should be noted, however, that for this review, only the results related to nurses were considered. Analyzing the level of evidence of the included studies according to JBI,<sup>(13)</sup> two correspond to qualitative or mixed methods systematic reviews, with an evidence level of significance 1<sup>(3,12)</sup> and the third corresponds to a study with a qualitative approach, exploratory and descriptive, with level of evidence of significance 3.<sup>(11)</sup>

Data extraction and results from the three articles can be consulted in table 3 (Appendix 2).

### Assessment of Methodological Quality and Risk of Bias

As described above, the critical assessment carried out by the reviewers for the included studies was carried out using the JBI critical appraisal tools and the results obtained are shown in Appendix (Appendix 3).

One study<sup>(11)</sup> is classified as high quality as it has a quality of 80 %, and two studies<sup>(3,12)</sup> are classified as excellent quality, presenting a quality of 90,9 %.<sup>(14)</sup> The three included studies showed risk of bias due to non-compliance with at least one of the quality assessment criteria defined by JBI: Q6 and Q7 in the qualitative study; Q4 in the systematic reviews.

### Presentation and Analysis of Results

Estevam *et al.*<sup>(11)</sup> characterize nurses as leaders in emergency situations in three dimensions: what nurses need to know; what nurses should do; how nurses should “be” to lead in emergency situations. In the axis of “what nurses need to know to lead in emergency situations”, theoretical knowledge and clinical competence emerge as fundamental characteristics. In the dimension “what nurses should do to lead in emergency situations”, the main characteristic is the security that the nurse conveys during professional practice, which is related to technical skill as well as the ability to make decisions in emergency contexts. Regarding “how nurses should “be” to lead in emergency situations”, emphasis is placed on relational and communication skills, where a democratic leader is valued, favoring symmetrical interpersonal relationships in detriment of hierarchical relationships.

For the same authors, leadership is based on the ability demonstrated by the nurse to articulate technical skills with the purpose of immediate assistance, combined with management and interpersonal skills based on empathy.

Rixon *et al.*<sup>(3)</sup> summarize leadership attributes in three dimensions: performance/knowing how to do; organization; belonging and learning. Thus, in an emergency context, the nurse leader is characterized as being an agent of continuity and multifaceted, must have communication and team building skills, decision-making and problem-solving capacity, team supervision and resource management capacity, peer empowerment, delegation capacity, task coordination and collaboration capacity. The leader must define a goal and influence the rest of the team to achieve it. In this study, nurses give a higher focus on acting and clinical execution, suggesting that nurses’ conception of their leaders is more focused on management than on leadership, and are not focused on challenging the system or existing work methodologies.

In the article of Brewster *et al.*,<sup>(12)</sup> concerning behavioral characteristics, the nurse must have the ability to make good decision-making, remain calm under pressure and be accessible, with the nurses being described as leaders not necessarily due to their leadership roles, but primarily because of their accessibility and expertise in clinical practice. Relational skills prove to be a widely described feature, in which the nurse as a leader emerges as an influencer of the remaining team to achieve a common objective and to improve the provision of care, hence emerging the importance of a “transformational leader”. Therefore, facilitators of leadership processes are the leader’s education/training, previous experience as a leader, skills and individual traits (mainly communication).

### DISCUSSION

This rapid review aimed to understand the leadership characteristics required of nurses in emergency situations. Following the analysis of the literature, the findings were synthesized into three main categories: intellectual (knowledge), technical and relational characteristics.

Relational characteristics were the most frequently mentioned across the three articles, with a strong emphasis on communication skills. A democratic leadership style was highlighted, that promotes interpersonal relationships, values teamwork and participation from all members, and avoids the imposition of power.<sup>(11)</sup> The nurse leader was described as having multifaceted skills, requiring strong communication and team-building abilities.<sup>(3)</sup> Furthermore, relational abilities positioned the nurse as an influential figure within the team, working towards a common goal and improving care delivery, reinforcing the importance of a “transformational” leader.<sup>(12)</sup>

Technical attributes of leadership were also often mentioned throughout the articles. The primary highlighted trait was the sense of security that the nurse conveys during practice, which is linked both to technical skills and to decision-making ability in emergency contexts.<sup>(11)</sup> The leadership characteristics that nurses emphasize have a strong focus on action and execution.<sup>(3)</sup> A nurse should have prior experience, be capable of making sound decisions, remain calm under pressure, and be approachable.<sup>(12)</sup>

Intellectual characteristics were more valued in the studies by Estevam *et al.*<sup>(11)</sup> and Brewster *et al.*,<sup>(12)</sup> where theoretical knowledge and clinical competence emerged as fundamental qualities for a nurse to be recognized as a leader. It is essential for nurses to keep their knowledge continuously updated. Specialized training in emergency and critical care enhances both confidence and security in leading a team,<sup>(11)</sup> facilitating leadership processes.<sup>(12)</sup> The importance of evidence-based practice aligns with recommendations from other authors,<sup>(15)</sup> ensuring that leaders make decisions grounded in evidence to guarantee high-quality care.

Rixon *et al.*,<sup>(3)</sup> on the other hand, appoint a lower emphasis on learning aspects of leadership characteristics, suggesting that nurses’ perceptions of their leaders are more focused on management rather than leadership, with less inclination to challenge existing work methodologies. Some of the leadership characteristics identified in the reviewed literature align with findings from other authors on the topic,<sup>(16)</sup> stating that, in emergency



situations, nurses need to adopt participative leadership styles, share and/or delegate tasks, with key leadership skills being communication, interpersonal relationships, decision-making, and technical competence.

Brewster et al.<sup>(12)</sup> suggest that transformational leadership is associated with the development of both the leader's and the team's competencies. A transformational leader understands the organization's culture and values, encourages creativity and innovation, and supports and stimulates change. These conclusions align with existing evidence, stating that communication is still considered the most important characteristic for leadership in disaster situations.<sup>(15)</sup>

However, the reviewed literature presents some limitations. In one of the studies,<sup>(12)</sup> the main limitation is the lack of published research on ICUs, which should be seen as a key area for future studies. In the primary study,<sup>(11)</sup> the authors identify that the population analyzed refers only to a specific social and cultural context. Nevertheless, the authors consider the results to be consistent with studies conducted in other locations, highlighting the importance of enhancing training and strategies to improve the development of essential leadership skills in hospital emergency situations. The limitations observed in the third study<sup>(3)</sup> relate to the possibility that some articles may have been missed due to not being published in English. However, they note that the included studies were heterogeneous in aspects such as study design, sample size, team dynamics, setting, and field of study. According to the same authors, future research directions in nursing leadership should focus on clarifying definitions, increasing leadership literacy, integrating interdisciplinary learning, and further application and developing of leadership theory.

As this is a rapid review, the present study also has limitations to consider. The research was conducted using only two databases (CINAHL Complete and MEDLINE Complete), restricted to four languages, and did not incorporate grey literature, meaning that some potentially relevant articles may have been excluded. Another limitation is that literature on this subject is scarce, as only three studies were included to answer the review question: one primary study with an evidence significance level of 3 and two systematic reviews with an evidence significance level of 1. Finally, all three studies analyzed presented a risk of bias due to failing to meet at least one of the quality assessment criteria defined by JBI. All these factors may have influenced our conclusions.

From this review, and following a detailed analysis of the included articles, the need for future investment in postgraduate courses and specializations in critical care arises, as well as practical simulations and training to prepare nurses for rapid decision-making.<sup>(11)</sup> Additionally, the implementation of strategies for developing interprofessional leadership to strengthen professional performance is highlighted,<sup>(3)</sup> alongside the promotion of an organizational culture that values collaborative leadership and continuous learning.<sup>(11)</sup>

Thus, investing in evidence-based leadership training programs for emergency care is essential to strengthening the nurse's role as a leader, which will lead to a significant improvement in the quality of care and contribute to effective teamwork.

This review informs about the characteristics that, as leaders, nurses should develop to ensure that the team perceives them as competent and confident in assuming this role. It becomes essential that, in clinical practice, managers take this into consideration when appointing someone to lead a team. They should develop mentoring programs in which a more experienced nurse supports and integrates junior professionals into practical leadership situations. Additionally, they should establish quality indicators to assess the effectiveness of leadership in care delivery and team satisfaction. Implementing shared leadership strategies that involve both doctors and nurses in strategic decision-making is also crucial. Finally, regular feedback with the nurse leader should be adopted to adjust leadership strategies and continuously improve practices.

## CONCLUSIONS

This review examines nursing leadership in emergency settings as a multifaceted concept built on intellectual, technical, and relational competencies. Leadership effectiveness in these high-pressure environments relies on the ability to merge clinical judgment, procedural knowledge, and interpersonal skills to coordinate team actions effectively. By synthesizing current evidence, this review enhances the understanding of what defines nurse leadership in acute care and lays the groundwork for educational and professional development programs.

These findings highlight the importance of relational leadership styles, particularly those that foster team cohesion and communication in unpredictable clinical situations. While existing literature provides valuable insights, the lack of high-level primary research and the diversity of the studies suggest a need for more in-depth, context-sensitive investigations.

This review identifies essential leadership characteristics that can inform training curricula, competency frameworks, and policy development. Future research should empirically explore these characteristics, assess their impact on clinical outcomes, and consider the role of organizational culture and interdisciplinary interactions.

There is an urgent need to recognize leadership as a fundamental nursing competency in emergency care. Investing in structured leadership development, integrated into clinical education and practice, prepares nurses to address the increasing demands of complex and dynamic healthcare systems.

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#### **CONFLICT OF INTEREST**

None.

#### **AUTHORSHIP CONTRIBUTION**

*Conceptualization:* Débora Dias, Joana Reis, Nísia Nunes, Sara Ruxa.

*Data curation:* Débora Dias, Joana Reis, Nísia Nunes, Sara Ruxa.

*Formal analysis:* Débora Dias, Joana Reis, Nísia Nunes, Sara Ruxa.

*Research:* Débora Dias, Joana Reis, Nísia Nunes.

*Methodology:* Débora Dias, Joana Reis, Nísia Nunes, Sara Ruxa.

*Drafting - original draft:* Débora Dias, Nísia Nunes, Sara Ruxa.

*Writing - proofreading and editing:* Débora Dias, Joana Reis, Nísia Nunes, Sara Ruxa.

#### **ANNEXES**

#### **APPENDIX 1 - SEARCH EQUATION**

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**Table 2.** Search Equation

Search Equation	Databases	Date of Conducted Search
(MH leadership OR MH leaders OR MH nursing management OR MH management styles OR MH nursing leaders) AND (nurs*) AND (MH emergency care OR MH emergencies OR MH emergency treatment)	CINAHL Complete	20/1/2025
(MM emergencies OR MM critical care OR MM emergency treatment) AND nurs* AND (MM leadership OR MM nursing, team OR MM personnel management)	MEDLINE Complete	

**APPENDIX 2 - DATA EXTRACTION TOOL AND KEY FINDINGS OF THE INCLUDED ARTICLES****Table 3.** Summary of the Analysis of the Included Articles

Author (year)	Country of the study	Study design (level of evidence)	Objective of the study	Participants	Phenomenon of interest	Context	Key Findings
Estevam et al. <sup>(11)</sup>	Brazil	Exploratory and descriptive study, with a qualitative approach (level 3 in evidence of significance)	To understand the meanings created by nursing technicians about nurse leadership in emergency situations in hospitals.	17 nursing technicians.	Nurse's leadership in emergency situations.	Hospital	What nurses need to know: theoretical knowledge; clinical competence. What nurses should do: secure posture in decision-making and procedures. What nurses should be: relational skills. It is necessary for nurses to train technical skills that favor their clinical competence and ability to make decisions in emergency contexts. A democratic leader is valued, who favors symmetrical interpersonal relationships instead of hierarchical ones, valuing member participation and teamwork.
Rixon et al. <sup>(3)</sup>	Australia and Denmark	Scoping review (level 1 in evidence of significance)	To understand similarities and differences in leadership concepts between nurses and doctors in ED <sup>1</sup> ; Identify gaps for future research on leadership in ED.	37 articles: - 16 with nurses - 7 with doctors - 7 with nurses and doctors - 7 with other healthcare professionals.	Nurse's leadership in emergency situations.	ED	Leadership: it is shared and focuses on team dynamic; to set a goal and influence others to achieve it; awareness, adaptability and constructive change. Skills: communication, team building, decision-making and problem solving, resource management and team supervision, empowerment coordination and delegation of tasks, collaboration. High focus on doing, moderate focus on organizing and reduced focus on belonging and learning, suggesting that nurses' conception of their leaders is more focused on management than on leadership and more on maintaining the system and current existing ways of working than on challenging them.
Brewster et al. <sup>(12)</sup>	Australia and Scotland	Integrative review (level 1 in evidence of significance)	To discover what is known about leadership in ICU <sup>2</sup> .	28 studies: - 13 with nurses and doctors - 9 with nurses - 6 with doctors.	Leadership; perceptions of facilitators and barriers to leadership.	ICU	Leadership dimensions: behavior (good decision making, remaining calm under pressure, being respectful, approachable and clinically experienced), profession, clinical skills, communication skills, management, style, shared group process, relational. Leadership facilitators: leader education/training, previous experience as a leader, individual traits and skills (mainly communication).

Source: <sup>1</sup>Emergency Departments. <sup>2</sup>Intensive Care Units.**APPENDIX 3 - CRITICAL APPRAISAL OF THE INCLUDED ARTICLES**

**Table 4. Critical Appraisal of the Qualitative Study**

Article	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Quality
Estevam et al. <sup>(11)</sup>	Y <sup>1</sup>	Y	Y	Y	Y	N <sup>2</sup>	N	Y	Y	Y	8/10 (80 %)
Risk of Bias	0 %	0 %	0 %	0 %	0 %	100 %	100 %	0 %	0 %	0 %	
<b>Notes:</b> <sup>1</sup> YES. <sup>2</sup> No. <b>Source:</b> Adapted <sup>(17)</sup>											

**Table 5. Critical Appraisal of the Systematic Reviews**

Article	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Quality
Brewster et al. <sup>(12)</sup>	Y <sup>1</sup>	Y	Y	N <sup>2</sup>	Y	Y	Y	Y	Y	Y	Y	10/11 (90,9 %)
Rixon et al. <sup>(3)</sup>	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	10/11 (90,9 %)
Risk of Bias	0 %	0 %	0 %	100 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	
<b>Notes:</b> <sup>1</sup> YES. <sup>2</sup> No. <b>Source:</b> Adapted <sup>(18)</sup>												