

SHORT COMMUNICATION

Nurse leadership and the challenges of clinical governance in emergency settings: a theoretical and reflective analysis

El liderazgo enfermero y los retos de la gobernanza clínica en urgencias: un análisis teórico y reflexivo

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Cite as: Dias D, Reis J, Nunes N, Ruxa S, Severino S, Sousa L. Nurse leadership and the challenges of clinical governance in emergency settings: a theoretical and reflective analysis. Nursing Depths Series. 2025; 4:407. <https://doi.org/10.56294/nds2025407>

Submitted: 19-01-2025

Revised: 07-04-2025

Accepted: 12-07-2025

Published: 13-07-2025

Editor: Dra. Mileydis Cruz Quevedo 

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ABSTRACT

Objectives: to analyze the articulation between nurse leadership and clinical governance in emergency settings, identifying strategies that promote care quality and the development of health and nursing management.

Method: theoretical-reflexive analysis, supported by a review of recent scientific literature, using Rodgers' approach to conceptual analysis.

Results: an interdependence between leadership and clinical governance was identified, grounded in the principles of patient safety, quality, and accountability, fostering improvements in health outcomes. By requiring rapid decision-making, team coordination, and efficient resource management, leadership in emergency contexts aligns with the pillars of clinical governance: evidence-based practice, continuous audit, and risk management.

Conclusions: nursing leadership constitutes a structural pillar of clinical governance. Its integration strengthens organizational and team resilience, improves clinical outcomes, and promotes patient-centered care, highlighting the importance of continuous training in leadership and governance for effective health management.

Keywords: Leadership; Clinical Governance; Quality Improvement; Nurses; Emergencies.

RESUMEN

Objetivos: analizar la vinculación entre el liderazgo enfermero y la gobernanza clínica en el ámbito de urgencias, identificando estrategias que promuevan la calidad de los cuidados y el desarrollo de la gestión sanitaria y enfermera.

Método: análisis teórico-reflexivo, basado en una revisión de la literatura científica reciente, utilizando algunos elementos del enfoque de Rodgers para el análisis conceptual.

Resultados: se observó una interdependencia entre el liderazgo y la gobernanza clínica, basada en los principios de seguridad del paciente, calidad y responsabilidad, fomentando la mejora de los resultados sanitarios. Al requerir decisiones rápidas, coordinación de equipos y gestión eficiente de recursos, el liderazgo en urgencias

se alinea con los pilares de la gobernanza clínica: práctica basada en la evidencia, auditoría continua y gestión de riesgos.

Conclusión: el liderazgo enfermero es un eje estructurador de la gobernanza clínica. Su integración refuerza la resiliencia organizativa y de los equipos, mejora los resultados clínicos y promueve una atención centrada en el paciente, lo que pone de manifiesto la importancia de la formación continuada en liderazgo y gobernanza para la gestión sanitaria.

Palabras clave: Liderazgo; Gobernanza Clínica; Mejora de la Calidad; Enfermeras; Urgencias.

INTRODUCTION

In today's clinical contexts, characterized by increasing demands for efficiency, quality and safety, nursing leadership plays a crucial role in coordinating care.⁽¹⁾ In emergency services, the nurse's role as a leader is essential to ensure rapid, coordinated and effective responses in environments that are often unstable and unpredictable.⁽¹⁾

Leadership in nursing is the ability to influence, mobilize and coordinate teams to achieve common goals, promoting positive and sustained changes in clinical practice.⁽²⁾ This process requires technical and relational skills and constant adaptation to the demands of the context.^(3,4) Furthermore, leading in critical contexts implies integrating evidence-based practices, ethical responsibility and continuous improvement, pillars of clinical governance.⁽⁴⁾

Clinical governance is defined as a system of shared responsibility aimed at the continuous improvement of care and the guarantee of high standards of care quality.⁽⁵⁾ This model is based on dimensions such as patient safety, clinical efficacy, risk management, auditing and ongoing training for professionals, and is directly linked to leadership in healthcare teams.⁽⁴⁾ In this way, leadership in nursing becomes a commitment to transforming practices, aligning clinical effectiveness with a patient-centered organizational culture.

The integration of leadership and clinical governance remains underexplored, despite its strategic potential to transform health services, particularly in complex and unpredictable situations such as emergencies.⁽⁶⁾

The objective is to analyze the articulation between nurse leadership and clinical governance in emergency contexts, exploring practical strategies and implications for quality of care and the development of health and nursing management.

METHOD

Theoretical and reflective analysis, based on a review of recent scientific literature related to the subject under analysis. Rodgers' approach to conceptual analysis was used to critically organize the literature, namely in identifying the essential attributes, antecedents and consequences of the concepts analyzed.⁽⁷⁾

DEVELOPMENT

Emergency nurse leadership is both a technical and ethical challenge, requiring clinical judgment, emotional intelligence and the ability to make decisions in limited time.⁽⁴⁾ The growing complexity and unpredictability of urgent care highlights leadership as a determining factor in the resilience and adaptability of services.⁽⁸⁾

This leadership cannot be dissociated from clinical governance, as both converge in the principles of patient safety, quality of care and ethical and organizational accountability.⁽⁴⁾ Thus, leadership transcends operational supervision and becomes a structuring element of the health governance system, with an impact on the sustainability of care and health outcomes.⁽⁹⁾

In emergency services, leadership involves making critical decisions, coordinating multidisciplinary teams and allocating resources efficiently.⁽⁸⁾ These actions are in line with the pillars of clinical governance, which emphasizes evidence-based practices, risk management and continuous auditing of the quality of care.⁽⁷⁾ Simulation-based training and non-punitive incident reporting systems are also strategies that consolidate security governance and culture.⁽¹⁰⁾

The literature indicates that leadership is often perceived by nurses from a functional and hierarchical perspective, centered on the management of immediate tasks.⁽⁶⁾ This vision limits the strategic potential of leadership as a promoter of an organizational culture based on quality indicators, collaboration and shared responsibility.⁽¹¹⁾ In this sense, leadership must be understood as a reflective and transformative process,⁽²⁾ based on ethical values and adaptation to team dynamics.⁽¹²⁾

Challenges to implementing clinical governance models persist, such as: resistance to leadership styles, lack of resources, inadequate support, lack of technological literacy, adapting evidence to patients' personal preferences,⁽¹³⁾ cultural barriers, violence against health professionals, overcrowding, burnout and complex ethical dilemmas.⁽¹⁴⁾ In addition, the gap between leadership training and the real demands of the field⁽¹⁵⁾

reinforces the need to rethink emergency leadership models, through continuous training programs using simulation, mentoring, review of evidence-based practices,⁽⁸⁾ strengthening critical analysis, planning and risk management skills.⁽⁷⁾

In order to implement effective clinical governance, the following requirements stand out: adequate organizational management; creation of infrastructures for research; dissemination of innovative ideas; intersectoral collaboration; teamwork; implementation of changes in organizational culture; monitoring of team progress; implementation of a culture of encouragement by clarifying the roles and responsibilities of team members; review and clarification of service rules and standards; adequate resource management; definition of standards for access to health services; efficient communication; training in clinical governance across the board for all health professionals.⁽⁵⁾

Excellence in clinical governance comprises several fundamental principles: results orientation; client orientation; leadership and coherence of objectives; management of processes and activities; development and involvement of employees; learning, innovation and continuous improvement; development of partnerships and social responsibility.⁽¹⁶⁾

It also highlights the importance of shared leadership and horizontal decision-making, in line with clinical governance.⁽²⁾ This hybrid management fosters collaboration between professionals and improves the quality of care⁽¹⁷⁾ and professional satisfaction.^(11,18) Empowering nurses⁽¹⁹⁾ in decision-making,⁽²⁰⁾ investing in training and safe environments for sharing and collaborative strategies are essential.⁽¹⁹⁾

The nurse leader, as a key element on the front line of care, must take an active role in building quality indicators, reviewing practices and implementing improvement strategies.⁽⁴⁾ It must therefore ensure that the less experienced members of the team are properly integrated, accompanied and supervised, and also provide training and simulation programs and encourage debriefing after complex situations, contributing to excellence in care and team motivation.

In this context, leadership and clinical governance do not overlap, but are interdependent - well-trained leadership supports effective governance, and well-structured governance enhances the exercise of qualified clinical leadership.⁽⁴⁾

The adoption of leadership models compatible with clinical governance, such as transformational or shared leadership, fosters resilient cultures in which mistakes are analyzed constructively, continuous learning is encouraged and clinical practice is aligned with strict criteria,⁽²⁾ promoting collective responsibility.⁽¹¹⁾ This reinforces the role of nurse leadership in emergency settings as an instrument for systemic transformation and sustaining quality in health, centered on people.⁽⁴⁾

Rodgers' approach to conceptual analysis was used as a methodological basis to critically organize the literature and clarify the concepts⁽⁷⁾ nurse leadership and clinical governance in the emergency department. This approach, of an evolutionary nature,⁽⁷⁾ made it possible to identify the attributes (such as leadership as a technical, relational and ethical competence, and clinical governance as a system oriented towards quality and safety), antecedents (such as the complexity of care and the scarcity of resources) and consequences of each concept (such as strengthening resilience and the safety of care). The articulation of the concepts revealed an interdependent relationship between leadership and clinical governance, with practical implications for training, management and organizational culture.

The application of Rodgers' approach contributed to an in-depth and theoretical reading of the literature, reinforcing the relevance of leadership as a strategic tool for effective clinical governance.

Despite the growing recognition of the strategic role of leadership, significant challenges remain, such as the hierarchical view of leadership, scarcity of resources and training gaps, which need to be overcome through transformational, ethical and shared leadership models, integrated into organizational structures that value continuous training and the active participation of professionals in strategic decisions.

The benefits of linking leadership and clinical governance include greater team resilience, improved quality and safety indicators, greater professional satisfaction and patient-centered practice. However, its implementation requires institutional investment, clarification of roles and cultural change in order to consolidate reflective, participatory and transformative leadership.

CONCLUSION

The reflection that has taken place has made it possible to understand that nursing leadership is an essential element of clinical governance, contributing to the safety, quality and continuity of care in an emergency context. The link between leadership and clinical governance manifests itself not only at the operational level, but also in the transformation of organizational practices and the strengthening of a culture of shared responsibility.

The conclusion is that strengthening nursing leadership as an axis of quality, safety and innovation means investing in the sustainability of emergency care, promoting effective, fair and people-centered practices. This article has contributed to reflecting on the need to integrate leadership and governance training into

professional development programs, as an essential strategy for advancing health and nursing management.

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FINANCING

No funding.

CONFLICTS OF INTEREST

No conflicts of interest.

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