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Managerial Strategies to Strengthen Transformational Leadership, Communication and Decision-Making in Hospital Emergency Nursing

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Abstract

Effective management of nursing human talent in critical care units constitutes a decisive pillar for the quality of the State's healthcare response. The aim of this study was to propose a system of managerial strategies based on transformational leadership to strengthen communication channels and decision-making among nursing personnel working in the General Emergency Department of the Central Hospital of San Cristóbal, Táchira State, Venezuela. The research was framed under the feasible project modality, supported by a descriptive field design with a mixed approach (qualitative-quantitative). The census sample consisted of 54 nursing professionals assigned to the service. A Likert-scale structured questionnaire was used for data collection, validated through the judgment of five experts, with a reliability calculated using Cronbach's Alpha coefficient ($\alpha = 0.89$). Preliminary results showed that, although there is a high level of trust toward the immediate supervisor (96.29%), there are critical gaps in individualized consideration (35.18% unfavorable perception), dissatisfaction with the work environment (44.44%), and a marked absence of formal recognition and incentive systems (72.22%). It is concluded that there is an imperative need to implement a transformational managerial model that optimizes two-way communication flows, eradicates organizational silence, and promotes participative decision-making under the premise of bounded rationality, guaranteeing institutional, technical, and legal feasibility within the framework of New Public Management.

Keywords: *Transformational Leadership, Human Talent Management, Organizational Communication, Decision Making, Emergency Medical Services.*

I. INTRODUCTION

In the contemporary dynamics of Public Management, healthcare sector organizations are immersed in highly complex environments characterized by growing social demand, budgetary constraints, and the imperative need to optimize available resources. In highly complex hospital systems, General Emergency units constitute the most sensitive links in the public services structure, where work dynamics demand seamless technical coordination between administrative regulations and immediate operational action.

In this high-pressure environment, nursing personnel serve as the indispensable driving force ensuring continuity, quality, and warmth in care delivery. However, leading these teams during saturated crisis situations requires advanced managerial models that transcend simple punitive or bureaucratic supervision to become catalysts for organizational innovation. Robbins (1998) defines leadership as an influence process that directs a group toward shared goals. This influence acquires social co-responsibility in the healthcare sector, where specialized literature contrasts traditional, autocratic views with the Transformational Leadership Paradigm (Bass, 1985; Daft, 2007).

Analyzing the operational reality of the Adult General Emergency Department at the Central Hospital of San Cristóbal reveals multidimensional critical

bottlenecks characterized by workplace apathy, demotivation, flaws in assertive communication, and paralysis in decision-making processes. This gap between ideal leadership and observed praxis gives rise to two interdependent problems:

- *The Fragmentation of Internal Communication Channels:*

The prevalence of strictly vertical, top-down communication flows eliminates upward feedback. This fosters Organizational Silence (Morrison & Milliken, 2000), where operational staff—out of fear or distrust—fail to report flaws in triage protocols or operational deficiencies, isolating leadership from clinical reality and elevating patient risk.

- *Decision Evasion Under Conditions of Uncertainty:*

In scenarios of service saturation or resource scarcity, supervisors and operational staff delay selecting effective courses of action. A lack of training grounded in the principle of Bounded Rationality (Simon, 1979) leads to bureaucratic fear, hindering the choice of satisfactory, viable alternatives in real time.

Addressing this problem, the research formulated the following core question: What managerial strategies, grounded in a diagnostic of transformational leadership, effective communication, and decision-making, will strengthen nursing staff motivation and care quality in the Adult General Emergency Department at the Central Hospital of San Cristóbal?

To answer this question, the research established the following:

- *General Objective*

To propose managerial strategies based on transformational leadership to strengthen the nursing staff working in the General Emergency Department of the Central Hospital of San Cristóbal.

- *Specific Objectives*

- Diagnose the current situation regarding transformational leadership, effective communication, and decision-making among the nursing staff.
- Identify the managerial factors influencing work demotivation among the target personnel.
- Design managerial strategies grounded in the transformational model to strengthen communication channels and decision-making processes.
- Determine the institutional, technical, administrative, and legal feasibility of the proposal.

From a theoretical and New Public Management perspective, this study is justified by adapting leadership dimensions (idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration) to the socio-labor realities of the Venezuelan public health system. Socially and institutionally, the proposal responds to the mandates enshrined in the Constitution of the Bolivarian Republic of Venezuela (CRBV, 1999)—specifically Articles 83 (right to health), 87 (adequate work environment), 89 (protection of labor and primacy of reality), 102 (right to education), and 141 (principles of public administration)—as well as Articles 2, 18, 156, and 164 of the Organic Law of Labor, Workers, and Employees (LOTTT, 2012).

II. LITERATURE REVIEW

The theoretical framework systematically synthesizes contributions from various authors who have addressed organizational behavior and healthcare management.

- *Empirical Background*

Internationally, Silva and Mendoza (2022) demonstrated in Lima, Peru, a correlation between autocratic leadership and delayed decision-making in emergency units ($r = 0.62$; $p < 0.01$). In Colombia, Ramírez and Castro (2023) concluded that intellectual stimulation and individualized consideration significantly reduce burnout syndrome in emergency nurses. In Chile, González (2024) found that 68% of operational failures in public emergency rooms stemmed from vertical top-down communication without feedback.

Nationally, Bastidas (2021) showed in Caracas hospitals that 74% of nurses perceived hierarchical communication as imposing, driving demotivation and rumor proliferation. Mendoza (2023) determined at IVSS Carabobo that decision-making decentralization enhances intrinsic motivation. Paredes and Uzcátegui (2024) at the Universidad de Los Andes reaffirmed that punitive supervision degrades efficiency in Type IV hospitals.

Regionally, this study expands upon the foundational findings of Holguín Correa (2025), who identified severe levels of demotivation and a lack of inspirational authority in the General Emergency Department of the Central Hospital of San Cristóbal. This research deepens these antecedents by formally integrating organizational communication variables and scientific decision-making models. It also incorporates findings by Chacón (2022) regarding broken upward communication flows at the same hospital, and Maldonado (2024) regarding the benefits of participatory decision-making in regional public management.

- *Theoretical Foundations*

The conceptual framework draws on the Transformational Leadership Model of Bass and Avolio (2006) and Fischman (2017), built around four core factors:

- Idealized Influence: The leader as an inspiring ethical role model.
- Inspirational Motivation: Projection of shared purpose and optimism.
- Intellectual Stimulation: Encouragement of innovation and challenging bureaucratic routine.
- Individualized Consideration: Direct attention to employee development needs.

Regarding Motivation and Job Satisfaction, the framework examines Maslow's Hierarchy of Needs (1954), Herzberg's Two-Factor Theory (cited in Chiavenato, 2012), and the pillars of Intrinsic Motivation outlined by Pink (2011): Autonomy, Mastery, and Purpose.

Concerning Decision-Making, the research rejects the Absolute Rationality paradigm and adopts Herbert Simon's Bounded Rationality Theory (1979), which posits that managers operate with incomplete information and time constraints, requiring them to seek satisfactory, viable solutions.

Finally, Organizational Communication Theory (Chiavenato, 2009; Gil et al., 2010) analyzes upward, downward, and horizontal flows, noting that a lack of assertiveness creates organizational pathologies such as collective silence and rumors.

III. METHODOLOGY

➢ *Approach and Design*

The study was conducted under the Feasible Project modality, supported by descriptive field research using a mixed-methods (qualitative-quantitative) approach. This structure enabled a diagnosis of operational realities, quantification of key indicators, and the design of a managerial proposal rooted in the service's actual needs.

➢ *Population and Sample*

The population comprised all nursing personnel working across various shifts (morning, afternoon, night, and weekends) in the Adult General Emergency Department of the Central Hospital of San Cristóbal. Given a finite, manageable population of 54 professionals, a census sample was applied ($N = 54$; Table 1).

Table 1 Distribution of Population and Census Sample

Professional Category	Absolute Frequency (n)	Percentage (%)
Specialist Nurses	1	1.85
B.S. Nurses (Licenciados)	32	59.26
Associate Nurses (T.S.U.)	21	38.89
Total	54	100.00

Source: Holguín Correa (2026).

➢ *Data Collection Techniques and Instruments*

A survey technique was employed, utilizing a 24-item structured questionnaire scored on a 5-point Likert scale (Always, Almost Always, Sometimes, Almost Never, Never).

➢ *Validity and Reliability*

Content validity was established through Expert Judgment involving five specialists (three in Public Management/Health Management, two in Methodology). Instrument reliability was estimated via a pilot test conducted with an equivalent sample of 10 subjects in a similar unit (Pediatric Emergency). Data were processed using Cronbach's Alpha coefficient formula:

$$\alpha = \frac{K}{K - 1} \left[1 - \frac{\sum S_i^2}{S_t^2} \right]$$

Where K represents the number of items ($K = 24$), $\sum S_i^2$ is the sum of item variances, and S_t^2 is the total variance of the instrument. A coefficient of $\alpha = 0.89$ was obtained, indicating excellent internal consistency.

IV. RESULTS AND DISCUSSIONS

Below are the key empirical findings derived from administering the diagnostic instrument to the nursing personnel ($N = 54$).

➢ *Perception of Managerial Dynamics and Leadership*

Table 2 Perception of Transformational Leadership Dimensions and Organizational Climate

Variable / Indicator	Favorable Dimension (%)	Unfavorable Dimension (%)
Trust in Immediate Supervisor (Idealized Influence)	96.29	3.71
Attention to Individual Needs (Individualized Consideration)	64.82	35.18
Work Environment Perception (Organizational Climate)	55.56	44.44
Lack of Recognition / Incentives (Hygiene Factors)	27.78	72.22
Clinical Decision-Making Autonomy (Intrinsic Motivation)	90.74	9.26
Sense of Service & Institutional Belonging	96.29	3.71

Source: Data processed from collection instrument (Holguín Correa, 2026).

➢ *Discussion of Findings*

Data analysis reveals a highly heterogeneous, paradoxical managerial landscape. First, direct supervision displays high ethical legitimacy: 96.29% of staff report complete trust in their immediate supervisor (Table 2). This demonstrates the presence of the Idealized Influence factor defined by Bass and Avolio (2006).

However, this trust has not translated into a fully transformational model. A total of 35.18% of personnel report that supervisors fail to address their individual development needs or personal contingencies, exposing a gap in Individualized Consideration (Fischman, 2017).

This gap widens when evaluating organizational climate and reward systems. 44.44% of respondents perceive the work environment as unpleasant or tense, while an overwhelming 72.22% maintain that they receive no recognition or incentives for their efforts (Table 2). Analyzed through Herzberg's Two-Factor Theory (Chiavenato, 2012), the lack of hygiene factors (recognition, incentives, physical conditions) is creating latent dissatisfaction that threatens service stability.

Despite these external constraints, staff display strong intrinsic motivation: 90.74% state they make autonomous decisions in complex clinical situations, and 96.29% maintain a strong sense of service and organizational commitment. These findings align with Pink's (2011) model, confirming that Autonomy and Purpose are deeply rooted in nursing staff. However, as Maslach (1993) cautions, sustaining institutional commitment purely on vocation—without organizational support or assertive feedback—inevitably leads to compassion fatigue and burnout.

Regarding communication, the diagnostic confirmed rigid vertical flows that impede information delivery to senior management. As shown by González (2024) and Bastidas (2021), obstructed upward communication breeds Organizational Silence, conditioning staff to suppress reporting operational flaws and isolating emergency decision-makers.

V. THE PROPOSAL: TRANSFORMATIONAL MANAGERIAL STRATEGY SYSTEM

Based on the diagnostic findings, a proposal titled *"Operational Transformation Managerial System for Emergency Nursing"* was designed.

➢ *Structure of the Proposal*

The proposal is structured around three (3) Strategic Intervention Axes:

- *Axis I:*

Strengthening Transformational Leadership and Human Recognition

✓ *Objective:*

Develop executive leadership skills in supervisors and activate intrinsic and extrinsic motivational mechanisms.

✓ *Actions:*

- Executive Leadership Competency and Mentoring Program for shift coordinators.
- Monthly *"Caregiver Excellence"* Recognition System: Non-monetary incentives (honor roll, certificates of merit, priority scheduling for time off based on performance).

- *Axis II:*

Optimizing Communication Flows and Eradicating Organizational Silence

✓ *Objective:*

Restore two-way communication and consolidate institutional assertiveness.

✓ *Actions:*

- Upward Feedback Circle Implementation: Brief 15-minute shift-change meetings (Briefing/Debriefing) to report critical bottlenecks without punitive consequences.
- Standardized Handoff Protocol (SBAR: Situation, Background, Assessment, Recommendation) to eliminate rumors and clinical data loss.

- *Axis III:*

Protocolizing Decision-Making Under Bounded Rationality

✓ *Objective:*

Train staff in rapid, safe selection of clinical and operational options during emergency crises.

✓ *Actions:*

- Decision-making simulation workshops under uncertainty and capacity overload scenarios.
- Controlled decentralization of minor operational decisions to shift team leaders.

➢ *Feasibility Analysis*

The strategy system's feasibility was evaluated across four key dimensions:

- *Institutional Feasibility:*

Supported by Nursing Leadership and Hospital Administration, aligning with public management modernization goals.

- *Technical Feasibility:*

Training activities and communication protocols utilize existing hospital infrastructure without requiring complex technologies.

- *Administrative and Financial Feasibility:*

Highly sustainable; relying on procedural restructuring and honorific recognitions, its budget impact is negligible compared to the benefits of reduced absenteeism and burnout.

- *Legal Feasibility:*

Grounded in the CRBV (Arts. 83, 87, 89, 102, 141) and the LOTTT (Arts. 2, 18, 156, 164), ensuring full compliance with Venezuelan public service and labor laws.

VI. CONCLUSIONS

The diagnostic demonstrated that nursing staff in the Adult General Emergency Department at the Central Hospital of San Cristóbal possess a deep vocation for service and a strong sense of institutional belonging. However, critical bottlenecks persist around rigid

communication, lack of formal recognition, and decision-making paralysis during severe contingencies.

The prevailing managerial model leans toward traditional supervision, limiting individualized consideration and isolating feedback from frontline workers. This encourages organizational silence and increases workplace dissatisfaction, threatening to erode staff intrinsic motivation over the medium term.

A transformational leadership managerial strategy system was designed to address these gaps directly. The proposal simultaneously targets leadership development, internal communication humanization through assertive protocols, and decision-making standardization under bounded rationality principles.

Technical, administrative, financial, institutional, and legal feasibility was verified. Execution will equip nursing leaders with practical tools to optimize human resource management, honor public service work, and improve the overall social efficiency of public emergency healthcare delivery.

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