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ORIGINAL RESEARCH

"Just Dive Right In!" Nurse Leaders' Experiences of Challenging Times in Clinical Settings: A Phenomenological Study

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Aim: To increase understanding and describe nurse leaders' experiences of challenging times in nurse leadership in clinical nursing context.

Design and Methods: A qualitative, explorative-descriptive phenomenological approach design with inductive elements. The data material consists of semi-structured in-depth interviews with six experienced Norwegian nurse leaders from a somatic healthcare context. The interview texts phenomenological reading act and interpretation are inspired by Husserl's philosophy and Colaizzi's data analysis.

Findings: A phenomenological interpretation of the nurse leaders' narratives resulted in the following thematic units: uncertainty and information overflow, self-confidence and the will to act and prioritization and collaboration.

Conclusion: Prolonged challenging times in nurse leadership in clinical settings such as crises related to public health (COVID-19), staffing shortages, budget cuts, organizational restructuring, implementations of major changes or regulatory scrutiny are sometimes unexpected. They require special efforts, strategic planning and resilience from nurse leaders since they are complicated to predict, they affect changes, routines, norms and functionality of systems. The confusion caused by the challenging times is reflected in the activities of nurse leaders, healthcare organizations and society. Nurse leaders need clear communication, instructions, actions and understanding from the administration to maintain the ambidexterity of the healthcare organization and individual support in challenging times.

Keywords: challenging times, clinical settings, experiences, nurse leaders, phenomenology, resilience

Introduction

Norway's healthcare system is structured into two overarching levels: primary healthcare, which is administered by municipalities and the specialist healthcare service, which is organized at the regional level and includes somatic and psychiatric care provided through inpatient hospitals and outpatient specialist units.[1]

Nurse leadership has a central position in healthcare organizations since it oversees the largest segment of the healthcare employees. Due to the pivotal position, nurse leaders hold considerable potential to shape organizational outcomes and drive improvements in patient care quality.[2,3] Nurse leaders face a complex leadership position ensuring patient safety, supporting the team and managing administrative requirements. During challenging times, demands are amplified.[4] Nurse leaders prioritize resources, make quick decisions and adapt procedures while maintaining a supportive caring culture and healthy environment. Balancing operational and strategic responsibilities and the ability to set clear boundaries, is essential to navigating this dual position.[5,6] Effective communication, crisis management and prioritizing short- and long-term needs are the key elements of nurse leadership under challenging times.[7–9]

In the fast-paced, business-alike and cyclical world of healthcare organizations, competition for patients is fierce. Staying competitive, a healthcare organization requires continuous development and innovative active approaches.[10]

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Nurse leaders have a key position in healthcare organizations since they lead the largest number of employees and can effectively utilize the organization's internal resources. The most important resource and competitive advantage that determines the success of healthcare organizations is its employees.[2,3]

This study actualizes the challenges, demands and resilience that arise in nurse leadership during demanding times. Challenging times are related to complex factors such as crises or pandemics (COVID-19), staffing shortages, financial constraints, technological advancements and regulatory changes. Managing challenging times, rapidly evolving healthcare systems and demanding environments confronts nurse leaders.[5,9,11] It requires strong decision-making skills, flexibility, resilience, strategic foresight, effective communication and the ability to support teams in challenging situations.[9,12] Nurse leaders with high self-efficacy demonstrate greater confidence and motivation to address difficult circumstances, staffing shortages, ethical dilemmas and rapid organizational changes. This fosters proactive problem-solving, emotional regulation and persistence, which are critical for sustaining resilience in nurse leadership positions.[13] Windle[14] explains that resilience is a multifaceted concept that refers to the ability to achieve positive outcomes despite facing significant challenges or adversity, though, there is no universally agreed-upon definition of resilience in nurse leaders, as the topic has been explored in only a limited number of healthcare studies.[6,15,16]

Nurse leaders must advocate for necessary resources, align nursing goals with healthcare organizational objectives and address operational issues through collaborative problem-solving. Well-defined and precise communication ensures smooth implementation of policy changes and effective nurse administration during challenging times. By maintaining resilient and robust communication with the healthcare organizations' other leadership teams, nurse leaders can secure the resources needed for their teams and help drive improvements in nursing and caring delivery.[5,9,11] This collaboration strengthens healthcare organizational resilience, patient outcomes and workforce sustainability.[6,13–16]

This study's theoretical reference frame is rooted in Ronald Heifetz's adaptive leadership theory.[17,18] Heifetz explains that the theory is relevant to nurse leadership and healthcare organizations because it focuses on navigating complex, rapidly changing environments and fostering long-term sustainability. Nurse leadership is highly adaptable since it emphasises human resources in healthcare organisations open to new challenges by encouraging collaboration, communication, innovation and collective problem-solving. During challenging times, nurse leaders often face adaptive challenges. Heifetz's approach equips nurse leaders to guide their teams through transformation by embracing uncertainty, facilitating change and addressing the root causes of challenging times.[17,18]

Edmund Husserl's (1859–1938) transcendental philosophy is a central component of phenomenology. The transcendental turn emerges to address the foundational questions about how individuals experience and know the world.[19–21] In this study, we employed Husserl's transcendental phenomenology to gain an understanding of the nurse leaders' experiences of challenging times based on their detailed narratives. The Husserlian phenomenology focuses on the essence of human beings' experiences of specific phenomena and accepts that different realities are interpreted differently.[19–21]

Previous Research

Over the past decade, scholarly attention and research studies of challenging times in nurse leadership and resilience have intensified, reflecting a broader recognition of its pivotal position in sustaining workforce well-being and performance amid escalating systemic demands.[22] Emerging research posits challenging times and resilience as dynamic, cultivable capacity, responsive to intentional development. This evolving paradigm underscores the potential of structured interventions to enhance adaptive capabilities among frontline nursing staff within leadership echelons, where resilience becomes instrumental in shaping supportive and responsive healthcare environments.[6] Honkavuo & Lindström[23] highlight that nurse leadership transcends administrative functions, encompassing the ethically grounded and relationally complex stewardship of care. Nurse leaders face the difficult challenges of fostering environments that uphold human dignity and well-being while navigating the intricate balance between organizational demands and professional nursing values. Nurse leaders position requires moral fortitude to guide caring with integrity, build trust amid challenging circumstances and advocate effectively for patients and staff. Nurse leadership has a pivotal position in creating a culture that sustains resilience and well-being among nursing staff. It is conceptualized as an ethical responsibility that sustains caring culture despite the persistent difficulties and challenges inherent in clinical and healthcare organizational settings.

Johansson & Lindberg[24] examined the challenges posed by the COVID-19 pandemic within rural nursing homes and homecare services, highlighting the need for adaptive leadership strategies. They explain that effective nurse leadership during the prolonged period of uncertainty depended on key competencies: flexibility, resilience, clear communication and the capacity to make decisions under pressure. Wei & Roberts et al[25] concluded that effective leadership during challenging times and crises extends beyond personal resilience and encompasses systemic responsiveness and the capacity to recalibrate operational processes in alignment with emergent demands. Multifaceted resilience is critical to sustaining caring and nursing quality and employees' stability amid unprecedented healthcare disruptions. Su[26] and Wang & Liu et al[27] explain that situational leadership strategies adapt to varying political, cultural, and organizational contexts. Leadership effectiveness in crisis settings is shaped by institutional structures and local engagement, demonstrating the importance of flexibility and context-aware decision-making.

Ahlqvist et al[28] emphasize how the COVID-19 pandemic fundamentally reconfigured nurse leaders' leadership landscape, intensifying the complexity and emotional demands of their positions. Navigating relentless operational upheaval and evolving responsibilities, nurse leaders became pivotal mediators of information and sources of support amid uncertainty. The authors experience underscores the necessity for leadership that is simultaneously adaptive, communicative and empathetic. Individual resilience described by Ledesma[29] represents a complex integration of emotional strengths, adaptive capacities and relational resources. It reflects a person's ability to sustain purpose, composure and effectiveness amid uncertainty and pressure. In large and demanding healthcare organizations, expecting uniform strength across all dimensions of resilience is unrealistic. Rather than seeking homogeneity, healthcare organizations depend on a dynamic interplay of complementary traits across individuals. The resilience of the whole emerges from the capacity in an individual nurse leader and from the system's ability to align, support and mobilize the diverse strengths present within its leadership.

Carter & Turner,[30] Kim & Windsor[31] and Cline[32] describe that adopting reflective and positive practices confirms that well-being is an essential part of nurse leadership effectiveness and fostering resilience is a personal and healthcare organisational imperative, requiring individual commitment and institutional structures that legitimize and support the internal work of nurse leadership in times of crisis. Yu & Raphael[33] describe that effective resilience requires the capacity to internalize lessons learned and strategically apply acquired skills and methods as circumstances demand. Individual resilience as the capacity to acknowledge and accept reality, derive meaning from adversity and adapt effectively by leveraging available resources. The confidence to navigate challenges and crises is cultivated through experiential mastery, self-efficacy and resilience itself. Managing difficult and challenging times embodies the dynamic ability to flexibly respond to evolving environmental demands. These attributes are developed through accumulated life experiences.

Previous research have shed an understanding on the multifaceted challenges faced by nurse leaders during periods of clinical adversity. This review offers a synthesized perspective on the external structures relevant to a basic research study, framed within a phenomenological lens. By deepening the interpretive understanding of these dynamics, it paves the way for further investigation on the subject matter.

Aim

This study aims to increase understanding and describe nurse leaders' experiences of challenging times in nursing leadership in clinical nursing context. Although nurse leadership has been widely investigated, there is limited knowledge about nurse leaders lived experiences during prolonged or unexpected challenging times in clinical settings. This study seeks to answer the following research questions: What kind of demands do nurse leaders experience during challenging times in nursing leadership in clinical settings? How can nurse leaders increase their resilience in nursing leadership when challenging times occur in clinical settings?

Method

The Husserlian explorative-descriptive phenomenological approach offers the opportunity to understand the objective phenomenon of nurse leadership, nurse administration and communication as an individual nurse leader's subjective experience.[19,21,34] The explorative-descriptive phenomenological approach is thoroughly open by its nature. It offers opportunities to understand the phenomenon of nurse leadership and nurse administrations as the subjective experience of

nurse leaders. The description shows how the knowledge emerges from the study as a whole. In this study, phenomenology seeks knowledge through interpretation and participation.[20,34] Induction takes place from two different directions, partly based on the texts and partly on in-depth interviews with nurse leaders.[34]

Phenomena are described by studying them specifically from the perspective of the nurse leaders' experiences.[35] This can provide new information about challenging times related to nursing leadership and healthcare organisations' administrations. The phenomenological approach allows broader interpretations, new meanings and orientations of how nurse leadership and communication with the healthcare organisation's administration impact individual nurse leaders during challenging times.[34–36]

In describing phenomenological reduction, Husserl[19] explains that it signifies a shift in the level of observation from the natural to the phenomenological or transcendental.[21] This means that the reduction in this study is essentially also a transcendental reduction. Analysing data and using Husserl's phenomenology involves applying his method of phenomenological reduction and focusing on how the data emerges through lived experience. The goal is to describe the essence of the phenomenon's *being*.[19–21,34]

The phenomenological data analysis of the deep interviews with nurse leaders represents Colaizzi's[37] thinking. Colaizzi's[37] *Method of Phenomenological Data analysis* is influenced by Husserl's phenomenology, particularly in its focus on describing and understanding lived experiences. Colaizzi adapted Husserl's approach to systematically analyse qualitative data, especially from in-depth interviews or particular narratives.[20] Colaizzi's method aims to extract the essential meanings or *essences* of the lived experience, consistent with Husserl's focus on direct experience and intentionality.[20]

Methodological rigor and trustworthiness were ensured by explicitly acknowledging our positionality, rigorously bracketing our preconceptions and applying a systematic, multi-step analytic procedure based on Colaizzi's phenomenological thinking.[37] All analytic decisions were documented in an audit trail, and interpretations were grounded in participants' own narratives to preserve confirmability. The systematic structure of Colaizzi's approach supports dependability and credibility, while contextual descriptions allow for careful consideration of transferability.

Participants and Settings

The six participants were employed in somatic departments at a medium-sized hospital in Norway, all were females and trained nurses. They had direct personnel responsibility while working closely with patients in 24-hour bedside nursing units. The participants had been directly affected by the COVID-19 pandemic in their professional nurse leader positions. They had worked 5–14 years as nurse leaders and four out of six had further education in leadership. The sample reflects the study's inclusion criteria and contextual boundaries, with data saturation reached when additional participants no longer yielded new insights. Exclusion criteria to take part in this study included nurse leaders working in non-somatic units and those without direct patient care responsibilities during the pandemic.

Data Collection

In collecting data for this study, we strategically focused on the fact that all participants were experienced nurse leaders and had experience with the study phenomenon. A key selection criterion has been the participants' willingness and interest in sharing and reflecting on their experiences.[38,39]

The hospital assisted in distributing our invitation to participate in this study. Recruitment was conducted via the hospital's internal Email system, and an Email dialogue was initiated prior to the interviews. Data were collected from voluntary participants through individual, semi-structured in-depth interviews in January 2021. An interview guide aligned with the study's objective was developed to facilitate the in-depth interviews. These were conducted once, in a quiet environment and lasted approximately one hour. The interviews were audio recorded for later transcription and analysis. Participants responded to a semi-structured set of questions that included various hypotheses related to nurse leadership, nursing administration and experiences during challenging clinical situations, particularly in the context of the COVID-19 pandemic.

Data Analysis

The first analysis stage included transcribing the empirical data material by producing 72 pages of A4-size text. The text was re-read to gain a phenomenological understanding.[38,39] In the second stage, significant expressions or sentences were extracted

from the text. In the third stage, expressions with the same substances were collected, and the meaning content in them was interpreted. This was one of the most challenging stages of the analysis, and according to Colaizzi,[37] it is complicated to describe precisely. The meanings contained in the expressions were not separated from their original context. In revealing the meanings, the exclusion of the researchers' pre-understanding was made possible by phenomenological reduction.

According to Colaizzi,[37] reduction implies closure and transformation at the level of imagination. During the data analysis closure, a self-critical thinking process about the phenomenon under study occurred. In the fourth stage, the meanings obtained were grouped into named themes. In the fifth stage of the analysis, the research results obtained were summarised, and the results obtained were combined into a concise description of the experiences of nurse leaders in challenging times. In the next stage, in addition to the concise description, we formed a meaning structure that unambiguously contains the essential structure of the phenomenon under study.

Colaizzi's[37] seventh stage is the final validation of the results, which can be achieved by allowing the participants to evaluate whether the researchers have left out essential subjects. This loop of shared understanding is consistent with Husserlian intersubjectivity. In this study, the nurse leaders did not re-evaluate the results to not re-participate in an additional study.

In phenomenological research, the analysis process proceeds through the closure of previous knowledge and analysis aimed at understanding the study phenomenon.[20,34] The aim of this study's phenomenological analysis has not been to search for patterns or common generalisable features in the nurse leaders' experiences but to find the meaning structures underlying the experience through intensive research of individual cases.[21,40]

Ethical Considerations

This study adhered to established principles of research ethics including the ethical guidelines and codes for nursing research in the Nordic countries (SSN),[41] the Helsinki Declaration (MWA)[42] and regulations from the Regional Committees for Medical and Health Research Ethics in Norway (REC).[43] As the project did not involve personal data and fell outside the scope of the Health Research Act cf. §§ 2 and 4,[44] approval from REC was not required nor was signed informed consent mandated under § 13 of the same Act.

Projects that process personal data must obtain prior approval from the Norwegian Centre for Research Data (NSD).[45] Because the study handled data relevant to this requirement, approval was sought and granted (Ref. nr. 197434) in accordance with national standards for data protection and research ethics. The study complied with the General Data Protection Regulation (GDPR)[46] and the Norwegian Personal Data Act[47] to safeguard privacy and confidentiality.

Participation was voluntary. All participants received detailed oral and written information about the study's purpose, procedures, confidentiality, publication consent and use of their data including direct quotations before providing written informed consent. Participants were informed of their right to withdraw at any time without explanation.

The study is ethically acceptable and reliable; the phenomenological analyses are legitimate. Data material was treated anonymously and respectfully in all phases of the study. Research ethics requires that the study is dedicated to the patients, the nurse leader community and the society. Publishing is the final ethical question linked to legitimacy in research.

Findings

The findings are presented according to the study's aim and research questions, narratives from six experienced nurse leaders from a clinical care setting context and a phenomenological interpretation of the findings. The results are related to the study's theoretical perspective and previous research. The nurse leaders consistently used similar expressions, concepts and descriptions in their answers. Narratives emphasised in the interpretation are related to the following thematic units: uncertainty and information flow, self-confidence and the ability to act, prioritisation and collaboration.

Uncertainty and Information Overflow

Uncertainty among nurse leaders, the team and the healthcare organization in demanding situations creates a significant need for information. The consequence of the uncertainty manages the flow of information and turns to be a challenging duty for nurse leaders.

> … Decisions had to be made from hour to hour, almost constantly. There were continuous changes in guidelines and directives and an overwhelming flood of information from the Norwegian Institute of Public Health, the Directorate of Health and the Infection Control Department at the hospital. I felt that new information was coming from everywhere, to manage it was an enormous task… (2)

> I didn't have the time for the heavy and continuous information flow… I read the information in at the end of the day. (5)

Prolonged exposure to complex and evolving operational challenges contributed to a heightened sense of uncertainty among frontline nurse leaders. The increasing fragmentation and volume of information rendered information management a central and time-consuming task. This continual need to synthesize and interpret shifting directives significantly constrained leaders' capacity to maintain a consistent presence among the team members. Consequently, nurse leaders experienced a sense of position tension, navigating competing expectations from upper management while simultaneously striving to meet the relational and operational needs of their teams.

> Despite the continuous flow of information, I focused on the team… they come first. I thought, we're going to get through this together. It was very much about making sure they had what they needed. I feel that it all became too much… (6)

The inherent tension experienced by frontline nurse leaders, information and balancing operational imperatives with relational responsibilities constitutes a fundamental dimension of clinical nurse leadership. Amid systemic disruption, cognitive overload and heightened uncertainty, the intentional prioritization of team well-being exemplifies a human-centred nurse leadership ethos rooted in an ethical care. Positioning simultaneously exposes the latent vulnerabilities of nurse leadership positions, wherein the emotional labour demanded is intense and often underacknowledged. This dynamic underscore the critical need for healthcare organizational structures, cultivates distributed resilience, formally recognize and support the affective dimensions of nurse leadership.

Self-Confidence and the Ability to Act

During the COVID-19 pandemic, nurse leaders operated within a landscape marked by volatility, unpredictability and relentless demand. While the core responsibilities remained grounded in their professional expertise, the pace, scope and fluidity of change transformed routine nurse leadership into a high-stakes endeavour. Nurse leaders compelled to navigate a constant influx of ambiguous and rapidly evolving directives while maintaining stability for the team. Decision-making became a dynamic process of adaptation, where clarity was scarce and timelines compressed. Amid shifting priorities and operational uncertainty, nurse leaders embodied a form of leadership rooted in decisiveness and the ability to absorb complexity and sustain coherence under pressure.

> What made it work was that we faced the challenges head-on, without questioning them. We did the job based on what we thought. It developed along the way… I think that being hardworking and not afraid to take on a new task is probably what made it go well. (1)

Nurse leaders responded to emerging challenges with immediacy and adaptability, often without relying on predefined strategies. This approach reflects core principles of self-leadership, where cognitive flexibility and a readiness to engage with unfamiliar demands are essential. Prior experiences informed their judgment and reinforced their capacity to lead under demands; however, these experiences did not always translate into clear solutions for unprecedented problems. In the absence of definitive guidance, an open and receptive stance proved critical, supporting emotional resilience and enabling sustained performance in highly demanding conditions.

> … then it happened, it was like: "Just dive right in"… now we're underway so we can just take on a bit more… (2)

Self-confidence and decisiveness functioned as foundational capacities, allowing nurse leaders to translate uncertainty into purposeful action. Anchored in a stable sense of professional identity, this inner assurance enabled effective leadership amid ambiguity and constraint.

Prioritization and Collaboration

The principles of prioritisation and collaboration are essential for effectively administering complexity and high-stress dynamics. Prioritization enables the identification of critical objectives, directing resources to where they are most needed. Prioritization and effective teamwork ensure focused, adaptable nurse leadership, cultivating a supportive environment for the teams and patients.

> It has to be about thinking. About who I should get with me, to solve this challenge… you don't only start all by yourself and have to gape over absolutely everything… it becomes too violent that you delegate early and think about whom, you can count on… and it's not easy when its so chaotic, because you have to spend time on it too… (2)

> … you had to take what was most urgent (.) to find such a middle ground… (3)

Prioritization emerges in nurse leader context as a relational and context-sensitive process, shaped significantly by collaborative dynamics. During the pandemic, nurse leaders relied on collective deliberation to navigate competing demands and shifting priorities. Collaboration enabled the distribution of cognitive and emotional load, enhancing the precision of decisions and the capacity to adapt under pressure. In this context, shared judgment and mutual support became essential mechanisms for maintaining clarity and coherence, underscoring how effective prioritization is contingent on strong collaborative structures during periods of sustained uncertainty and demand.

> When more people stand together, you stand more firmly, and you have someone to discuss with and you can make suggestions…. (6)

Collaboration through delegation and trust, nurtures shared responsibility, optimising the team members' synergy and ensuring collective efficiency in achieving common goals. Delegation, underpinned by strategic planning and trust, fosters more efficient problem-solving despite initial coordination efforts. Collaboration harnesses diverse expertise, facilitating the administration of care complexity and enhancing outcomes.

Experiences and the Lifeworld

Nurse leaders embody a fusion of experience and lifeworld, where leadership is a function of decision-making, an unfolding process of navigating, interpreting and transforming the different structures and relationships within the healthcare organization's system. Nurse leaders' movements emerge from the intersection of personal experiences and the shared lifeworld, highlighting a reciprocal dynamic where each continually reshapes the other in the ongoing portrayal of nurse leadership.

> To avoid being affected… Because you get influenced by those around you, by the system… It's easy to fall into a negative spiral when you feel like you're banging your head against the wall (.). It's about speaking positively to yourself and reminding yourself that "I actually carry a lot of experience and have something to contribute with"… (6)

Healthcare organizational environments are complex and constantly evolving. Experienced nurse leaders understand that despite their nursing administrative knowledge and leadership expertise, it is impossible to solve all kinds of challenges on their own. It is necessary to recognise the value of collaboration.

> I think that being systematic in your head (.) means that I don't get unnecessarily stressed or sick from this job, that I manage to sort out what is my responsibility and what is the responsibility of others. I think that is a strategy that allowed me to survive during that time. (1)

> … it is clear that when you have been a leader for a few years, you know that there are things that you need help from others to solve…. (4)

Experience in the form of insight into one's capacity and what the nurse leader can do to stand firmer in the situation is essential. The participants reflected on the ability to structure their thoughts, to sort out what was most important to prioritize and what could wait when it was most vulnerable and challenging. The experience gave insight into the actualised needs and increased understanding of subjects where it was possible to receive assistance (Figure 1).

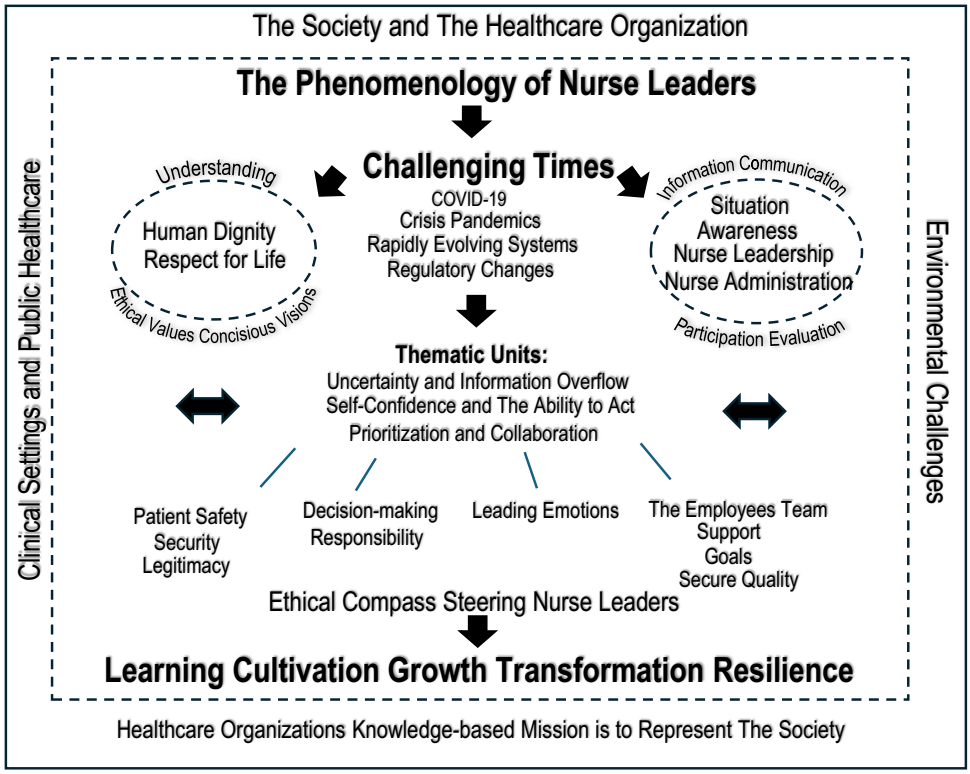

Figure 1 Nurse leaders' lived experiences of challenging times in clinical settings reveals leadership as a dynamic and ethically anchored presence, situational awareness, rapid decision-making and relational strength. Navigating in uncertainty, information overflow and systemic pressure, nurse leaders transcend multifaceted resilience, prioritized effectively and fostered collaboration within the healthcare organization.

Discussion

This study aims to increase understanding and describe six Norwegian nurse leaders' experiences of challenging times in nursing leadership in a clinical nursing setting.

Previous qualitative investigations and systematic reviews have shown that the experiences of nurse leaders during challenging times have been explored specifically since the COVID-19 pandemic. Important key dimensions are the burden of leading in uncertainty, ethical and emotional strain of moral distress, the dual responsibility for patient safety and staff well-being. Challenging dimensions in nurse leadership include structural problems such as staff shortages, healthcare organizational reforms and political instability. Sihvola et al[6] reveals that there is a consensus on the need for resilience, ethical support, clear communication and healthcare organizational support to maintain nurse leadership in unstable clinical settings.

This study shows that in challenging times nurse leaders, guided by phenomenology and adaptive leadership, emphasise the need for self-reflection and awareness. The importance of understanding the lived experiences of team members gains. The ability to step back and gain a broader perspective is important and the recognition that nurse leadership involves a process of reinterpreting meaning and helping team members adapt to new realities. The ability to step back and gain a broader perspective is essential in nurse leadership. It also requires recognizing that nurse leadership involves reinterpreting meaning and helping team members adapt to new clinical realities. Cline[32] and Hofmeyer & Taylor[12] highlight how nurse leaders can strengthen resilience by institutionalizing reflective practices and stress-regulation routines at the individual level, fostering relational nurse leadership that promotes emotional safety at the team level and embedding healthcare organizational supports such as brief, scalable resilience programs. This integrated approach reframes resilience from being solely a matter of personal fortitude to a reproducible nurse leadership capability, one that can be intentionally built, measured and sustained under demands.

The study's theoretical reference frame leans on Heifetz's thinking and provides a powerful tool for nurse leaders in healthcare organizations. Heifetz's theory has offered this study a foundation for leading through complexity, embracing change, fostering collaboration and resilience. By applying adaptive leadership principles, nurse leaders can guide their teams through technical problems and adaptive challenges, ensuring that healthcare organisations remain responsive, innovative and effective in providing high-quality care.[17,18]

Husserl's[19] transcendental philosophy has challenged the idea that knowledge is objective and emphasises an active part of understanding by constructing meaning, ultimately offering a deep analysis of the relationship between nurse leaders, challenging times and healthcare organisations. In this study, the information produced using the phenomenological method does not directly guide nursing leadership practices. It may help to understand the nurse leaders' experiences of challenging times in clinical settings and possibly change future actions, by revealing the meanings of nurse leaders' experiences. While Husserl's thinking and Heifetz's theory come from different intellectual traditions, there are several intersections: both frameworks view the importance of subjective experience, self-awareness, empathy, and meaning in navigating challenging times.[17,18,21]

By using a Husserlian phenomenological approach allowed the study to capture nurse leadership as it was experienced by the nurse leaders. By bracketing preconceptions and focusing on lived experiences, the findings reflect the authentic challenges, coping strategies, and relational dynamics inherent in nurse leadership. This approach ensured that conclusions are grounded in participants' perspectives, providing nuanced insights into how the nurse leaders navigated in complex clinical environments and highlighting practical implications for supporting resilience and effective nurse leadership.

The study's findings confirm that nurse leaders face demanding conditions, including high workloads, rapid decision-making and the simultaneous need to manage large volumes of information while safeguarding patient care and staff well-being. Many nurse leaders demonstrate adaptability and motivation under challenging times, but prolonged exposure risks undermining well-being and nurse leadership capacity. This underlines the need for strategies that sustain resilience over time by supporting emotional balance, adaptive capacity, and long-term performance. Schein's[48] concept of healthcare organizational culture emphasizes the position of nurse leaders in shaping trust, cohesion and shared purpose, while Bandura's[13] thinking of self-efficacy underscores the significance of confidence in nurse leaders' and teams' capacities to persist and adapt. This study shows that these perspectives demonstrate how resilience is reinforced by healthcare organizational culture and individual belief in competence.

Resilience in nurse leadership should be understood as a strategic capability with implications that extend beyond individual coping. Within healthcare organizations, nurse leaders hold a pivotal position, overseeing the largest professional workforce, influencing healthcare organizational climate and directly shaping patient safety and staff retention. Their ability to adapt, sustain decision-making and maintain morals under challenging times as a stabilizing strength that ensures continuity of care and healthcare organizational effectiveness.[6,49]

Pivotal to this capability is the ethical compass, which provides a normative axis for decision-making. Far from being a fixed trait, it is a cultivated resource strengthened through reflection and continuous learning. By maintaining ethical orientation nurse leaders transform challenging times into opportunities for healthcare organizational and professional renewal, ensuring that resilience is not reduced to mere endurance but is expressed as value-driven, adaptive transformation.[5,9,12] Resilience becomes sustainable when supported through structural mechanisms such as leadership development, transparent governance and cultures that normalize reflection and recovery. In this sense, resilience is embedded within institutions, rather than dependent solely on the personal stamina of individual leaders.[10] This embedded resilience is indispensable in competitive and cyclical healthcare environments, where the capacity to maintain quality and stability under demands constitutes a decisive advantage.

Strengths and Limitations

The study included female nurse leaders, which introduces a potential bias related to the composition of the sample. While this reflects the gender distribution commonly seen in nurse leadership, it may limit the diversity of perspectives and reduce the applicability of the findings to more gender-diverse nurse leadership contexts. The study was conducted at a medium-sized hospital in Norway, it is possible that including multiple hospitals could have yielded different results, potentially enhancing the breadth and transferability of the findings.

The use of a phenomenological approach is a notable strength, as it enables a deep exploration of the participants lived experiences and the meanings they assign to their leadership positions during challenging times. This method captures the complexity and depth of human experience, offering valuable insights into adaptive leadership under pressure. However, the same approach presents limitations in terms of generalizability, as the findings are closely tied to the subjective accounts of a small, homogenous group and may not be transferable to broader or differing clinical settings.

Implications for Future Research

Further theorizing the position of reflexivity and awareness in sustaining adaptive nurse leadership under conditions of uncertainty is important to investigate. Comparative and longitudinal inquiry is warranted to elucidate how nurse leaders reframe meaning and enable collective adaptation across diverse contexts. Greater conceptual attention is needed to the integration of lived experience into nurse leadership practice. Intervention-oriented studies may extend this by examining models that enhance resilience, ethical capacity and the transformative potential of nurse leadership in complex clinical settings.

Implications for Practice

Implications for practice underscore the necessity of cultivating reflective capacity, self-awareness and ethical discernment as core competencies in nurse leadership. Nurse leaders should intentionally create spaces, to listen and see and integrate the lived experiences of their teams, thereby strengthening trust, emotional safety and adaptive capacity. Healthcare organizational support is essential to embed these practices, providing structural mechanisms, transparent communication channels and resilience-promoting programs. Deliberate attention to stepping back and gaining perspective can facilitate more balanced, context-sensitive decision-making amid complexity. Embedding adaptive, meaning-bearing and ethically guided practices into everyday nurse leadership routines enhance resilience, collective adjustment, the sustainability, credibility and effectiveness of healthcare organizations during challenging times.

Conclusion

This study shows that resilience in nurse leadership represents more than an individual characteristic. It is a cultivated, systemic and ethical capability that links learning, cultivation and transformation. Through reflective practice, relational leadership and healthcare organizational support, resilience emerges as an adaptive capacity within healthcare organizations and a societal necessity. It enables nurse leaders to withstand adversity and transform it into momentum for growth, thereby securing the sustainability of healthcare delivery for patients, staff members and the society.

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