



Viewpoint

Leadership lessons from Sir Ernest Shackleton: A reflective analysis from a nursing perspective



Patrícia Costa ^{a,b,c,*}, Filomena Gaspar ^{a,b}, Elisabete Nunes ^{a,b}, Pedro Lucas ^{a,b}

^a Nursing Research, Innovation and Development Centre of Lisbon (CIDNUR), Nursing School of Lisbon (ESEL), 1600-190 Lisbon, Portugal

^b Nursing Administration Department, Nursing School of Lisbon (ESEL), 1600-190 Lisbon, Portugal

^c Department of General Surgery and Gastroenterology, Instituto Português de Oncologia de Lisboa, 1099-023 Lisbon, Portugal

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ABSTRACT

Background: Leadership has been a subject of sustained interest throughout human history and is recognised as a complex, multidimensional competence essential to the organisation and effectiveness of teams. In nursing, effective leadership plays a key role in ensuring the quality and safety of care and in maintaining favourable practice environments.

Aim: To conduct a reflective analysis of the leadership demonstrated by Sir Ernest Shackleton during the Imperial Trans-Antarctic Expedition (1914–1917), commonly known as the Endurance expedition, exploring how his servant and transformational leadership behaviours, combined with emotional intelligence, can inform nursing leadership and contribute to team management in complex settings.

Methods: Theoretical and conceptual reflective analysis study.

Results: The analysis of Sir Ernest Shackleton's leadership reveals a strong presence of characteristics associated with servant leadership, transformational leadership, and emotional intelligence. These attributes were critical in fostering group cohesion, motivation, and resilience, ultimately ensuring the survival of the entire team under extreme conditions.

Discussion: The integration of Shackleton's leadership traits – drawing on servant leadership, transformational leadership, and emotional intelligence – offers an enriched perspective for nursing practice. It improves understanding of leadership dynamics in complex contexts and reinforces the relevance of training focused on developing effective nursing leaders.

Conclusion: Investing in emotional intelligence and leadership skills development is essential for creating supportive work environments and ensuring the delivery of high-quality, safe care. Historical examples such as Shackleton's offer valuable pedagogical and reflective tools for cultivating leadership in nursing.

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* Corresponding author.

E-mail address: patriciacosta@esel.pt (P. Costa).

Summary of relevance**Problem or Issue**

In nursing leadership literature, there is a lack of reflective analyses that explore leadership theory through historical exemplars. Integrating servant and transformational leadership models with emotional intelligence remains under-explored, especially in extreme situations with parallels to healthcare.

What is already known

Servant and transformational leadership are associated with positive outcomes in nursing, including staff satisfaction, retention, and care quality. Emotional intelligence is a recognised leadership competency in complex and high-pressure contexts.

What this paper adds

This reflective analysis draws on Sir Ernest Shackleton's leadership during the Imperial Trans-Antarctic Expedition (1914–1917), commonly known as the *Endurance* expedition, to explore how servant and transformational leadership behaviours, combined with emotional intelligence, can inform nursing leadership. The discussion highlights practical strategies to enhance team cohesion, resilience, and ethical leadership in healthcare settings.

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1. Introduction

Leadership is widely recognised as a fundamental pillar of nursing practice, as it has significant implications for the quality and safety of care delivery, the nursing practice environment, interprofessional collaboration, and workforce sustainability (Alilyyani et al., 2024; Carvalho, Gaspar, Potra, & Lucas, 2022; Conroy et al., 2023; Cummings et al., 2018; Cummings et al., 2021; Kok, Janssen-Beentjes, Lalleman, Schoonhoven, & Weggelaar, 2023; Lucas et al., 2025; Ystaas et al., 2023). In today's healthcare settings, which are increasingly complex and highly demanding (Aydogdu, 2023; Charalambous, 2023; Curcio et al., 2022; Fuster-Linares et al., 2020; Miles & Scott, 2019; World Health Organization, 2020), the ability of nurse leaders to inspire, mobilise, and support their teams is directly associated with improved clinical outcomes, a reduction in adverse events, and increased job satisfaction among nursing staff (Alilyyani et al., 2024; Conroy et al., 2023; Cummings et al., 2018; Cummings et al. 2021; Kok et al., 2023; Ystaas et al., 2023). For this reason, the development of leadership competencies has been increasingly recognised as a priority, with calls for their promotion both in undergraduate education and in continuing professional development programmes (Costa et al., 2025; European Federation of Educators in Nursing Sciences et al., 2023; Fuster-Linares et al., 2020; National Academy of Medicine, 2021; World Health Organization, 2019, 2020).

Among the various approaches to understanding and developing leadership, theoretical reflections grounded in historical exemplars offer a particularly rich and engaging pedagogical strategy to illustrate the values, decision-making processes, and relational dynamics that underpin effective leadership (Bright, 2019; Costa et al., 2025; dos Santos et al., 2021; Reime, Bell, Albrigtsen, & Beisland, 2022). By analysing the actions and choices of leaders confronted with extreme circumstances, it becomes possible to extract behaviours and attributes that transcend specific contexts and remain highly relevant in light of the current challenges faced by healthcare systems.

This article presents a reflective and critical analysis of the leadership demonstrated by Sir Ernest Shackleton during the Imperial Trans-Antarctic Expedition (1914–1917), widely acknowledged as a paradigmatic case of crisis leadership (Alexander, 2015; Koehn, 2017; Morrell & Capparell, 2003). Drawing on the theoretical perspectives of servant leadership, transformational leadership, and emotional intelligence, the article explores how Shackleton's conduct, values, and interpersonal strategies offer enduring lessons for nurse leaders operating in contexts of high pressure, unpredictability, and emotional demand. His ability to maintain group cohesion, foster psychological safety, and adapt to ever-changing conditions is particularly relevant for nurse leaders who face organisational change processes, clinical uncertainty, and ethical dilemmas.

By drawing parallels between Shackleton's leadership style and the core competencies required in nursing management, this analysis aims to contribute to the ongoing dialogue on how leadership can be taught, modelled, and cultivated within the nursing profession. Ultimately, the article argues that reflection based on historical cases is not merely an academic exercise but a valuable pedagogical tool for developing the resilience, strategic vision, and relational intelligence that underpin effective leadership in contemporary nursing.

2. Background

Leadership has been an intrinsic phenomenon in human societies since ancient times, emerging from the need to organise people for the collective good (Miles & Scott, 2019). Numerous authors have examined it throughout history, seeking to understand and define it, with references found in the works of Plato, Aristotle, and Marcus Aurelius (Greene & Elffers, 2019). This enduring interest, evidenced by the extensive body of literature on the subject, highlights the importance and fundamental role leadership has played in ever-evolving human societies. It is regarded by many scholars as one of the most powerful forces and most valuable skills for progress and development (Bass, 1985; Burns, 1978; Gardner, 1990; Huber, 2010; Hunter, 2018; Kouzes & Posner, 2017).

Over time, various theories of leadership have been developed in an effort to support and explain the phenomenon (Charalambous, 2023). Their evolution has paralleled the development of management theories and has been marked by a shift in focus, giving rise to three main theoretical leadership approaches (Chiavenato, 2014): (1) the personality trait approach (Type I theories), which centres on the leader as an individual and posits that people are born with the innate characteristics and skills required for leadership – traits that cannot be learned or developed; (2) the behaviourist or style approach (Type II theories), which also focuses on the leader but emphasises behaviours and actions rather than inherent traits, suggesting that effective leadership results from skills and abilities that can be acquired and cultivated; and (3) the contingency approach (Type III and IV theories), which highlights the importance of context, asserting that the most effective leadership style depends on situational variables, as these determine the most appropriate approach in each specific context (Chiavenato, 2014).

In recent decades, new theoretical perspectives have emerged, consolidating a multidimensional understanding of leadership – referred to as contemporary theories. These perspectives advocate the multifaceted nature of leadership and highlight the value of each style in contributing to a broader comprehension of the phenomenon (Smola, 1988). They emphasise the importance of flexibility and the integration of overlapping styles in order to generate effective responses to complex situations and contexts (Smola, 1988).

There is no universally accepted definition of leadership, which reflects the great complexity and diversity inherent in this concept (Charalambous, 2023; Miles & Scott, 2019; Scully, 2015). For the purposes of this study, leadership is conceptualised as the process by which individuals are influenced to define and achieve shared goals

through communication processes and within specific situations or contexts (Charalambous, 2023; Chiavenato, 2014).

Historically associated with military – particularly within the field of military psychology – the concept of leadership is frequently linked to the notions of power and authority (Hunter, 2018). According to Hunter (2018), power refers to a prerogative tied to an individual's hierarchical position within an organisation, conferring a set of rights and responsibilities that enable them to exert influence over subordinates. Authority, by contrast, is characterised as something conferred by others, based on the recognition of an individual's competence, knowledge, and personal influence – qualities that stem from the reputation they have built over time in the service of an organisation, making them a figure to emulate (Hunter, 2018). Thus, according to this author, one can only be considered a true leader if one possesses authority (Hunter, 2018).

In the history of humanity, many leaders have been acclaimed and remembered for their historic achievements. From religion to politics, many big names have emerged as important milestones in the evolution of today's society, such as Jesus Christ, whose spiritual and moral influence continues to impact millions, and Martin Luther King Jr, remembered for his fight for black civil rights in the United States of America. In this study, we turn to Sir Ernest Shackleton (1874–1922) – a historical figure whose leadership during the Imperial Trans-Antarctic Expedition (1914–1917) is widely regarded as a model of courage, resilience, and team management under extreme adversity (Alexander, 2015; Koehn, 2017; Morrell & Capparell, 2003). While less commonly discussed in nursing contexts, Shackleton's conduct presents a rich example for reflective analysis due to the emotional, ethical, and relational challenges he faced – many of which parallel those experienced by nurse leaders in high-pressure healthcare environments. His ability to foster group cohesion, make values-based decisions, and lead with emotional intelligence offers valuable insights for the development of nursing leadership in contemporary settings. This analysis aims to bridge leadership theory and nursing practice by drawing lessons from this historical exemplar, in alignment with the study's reflective and pedagogical intent.

3. Aim and method

This study is a reflective, theoretical, and conceptual analysis, aligned with an interpretative qualitative perspective.

The aim of the study is to conduct a reflective analysis of the leadership demonstrated by Sir Ernest Shackleton during the *Endurance* expedition, exploring how his servant and transformational leadership behaviours, combined with emotional intelligence, can inform nursing leadership and contribute to team management in complex and emotionally demanding healthcare settings.

The analysis was developed in three stages:

- Contextualisation of the case through a historical synthesis of Sir Ernest Shackleton's leadership actions, based on recognised biographical sources;
- Theoretical framework of leadership models – servant, transformational, and emotional intelligence – based on updated scientific literature, in order to establish the conceptual references guiding the analysis;
- Critical reflection on the leadership style demonstrated by Shackleton, seeking to identify patterns of meaning that are relevant and transferable to the exercise of leadership in nursing, especially in adverse and emotionally demanding contexts.

4. Sir Ernest Shackleton: an example of leadership

Sir Ernest Shackleton (1874–1922) led an expedition to Antarctica in a ship named *Endurance* (Imperial Trans-Antarctic Expedition, 1914–1917), accompanied by 27 crew members, with the aim of

becoming the first to cross the continent on foot. However, what was intended to be a major scientific endeavour turned into a harrowing fight for survival. The ship became trapped in the ice and eventually sank, leaving the crew without communication, without adequate food supplies, and exposed to extreme weather conditions. The hardships were numerous, yet the story had a remarkable ending. Over the course of 22 months, Shackleton did everything in his power to keep the team united. He successfully led them through two Antarctic winters, and all members of the expedition survived – making the mission a paradigmatic example of resilience and leadership in the face of adversity (Alexander, 2015; Koehn, 2017; Morrell & Capparell, 2003). What follows is a detailed summary of this extraordinary narrative, based on the accounts presented in the works of Alexander (2015), Koehn (2017), and Morrell and Capparell (2003):

Led by Sir Ernest Shackleton (aged 40), the *Endurance* expedition began in 1914 with the objective of crossing Antarctica on foot. *Endurance* was the name of the ship that accompanied the expedition, chosen by Shackleton as a tribute to the endurance and tenacity required for such a formidable journey. The expedition departed on 5 December 1914 from Grytviken, South Georgia, heading towards the Weddell Sea in Antarctica. As they advanced, the crew encountered increasingly large ice formations, and on 18 December 1914, the ship became trapped in the ice. At the time, no one could have imagined how long they would be forced to remain together.

Shackleton felt responsible for keeping morale high and the group together. He tried to keep the men busy and offered fun distractions, encouraging a relaxed atmosphere. Accounts state that he never became angry or showed the slightest sign of annoyance, always speaking simply and calmly, explaining all the dangers and possibilities, and never losing his optimism. He prepared the crew for the harsh winter. He distributed clothes (prioritising the sailors ahead of the officers and shore staff), adapted the ship's facilities, promoted the creation of more sheltered and convivial areas for the crew, and encouraged distractions so that they wouldn't fall into madness (games, competitions, etc.). In the distribution of cabins, he kept to the captain's cabin, which was at the stern of the ship and the coldest place. However, he made himself present in everything that happened.

The *Endurance* remained trapped on the ice sheet until 24 October 1915, moving in a circular path with the ice floe and moving further and further away from dry land. At this point, due to the pressure exerted by the ice, the ship gave way and sank, forcing the entire crew to abandon the ship. Shackleton was the last to leave the vessel.

They were therefore compelled to camp in extreme weather conditions, establishing their first camp near the site where the ship had sunk. Here, the men were distributed among the five available tents, with Shackleton taking care to keep both the most confrontational and the most vulnerable individuals close to him.

They decided to press on towards open water, in the hope of reaching land and eventual rescue. However, continuing the march required significantly reducing personal belongings and animals, keeping only what was deemed indispensable. Shackleton was the first to set an example, discarding a handful of gold coins, his gold watch, and other personal possessions. The rest of the crew followed his lead. Shackleton intervened only once – retrieving a banjo that one crew member had chosen to abandon, as he considered it a “mental tonic”.

The next camp was named Ocean Camp, followed by Patience Camp. The previously established routines were maintained throughout this period. However, the psychological and physical strain gradually began to take its toll on the group. Conflicts and arguments broke out among the crew, and many of the more demotivated men refused to work, which placed increasing pressure on Shackleton's authority.

In response, Shackleton made the bold decision to embark on a perilous and physically demanding voyage with five of his men in a small lifeboat, travelling from Elephant Island — where part of the crew had taken refuge — to Stromness Harbour, in South Georgia, in search of help. The journey was marked by extreme hardship, yet it proved successful. On 30 August 1916, ten weeks after Shackleton's arrival in Stromness, the entire crew was rescued from Elephant Island. Remarkably, not a single human life was lost.

5. Discussion

This reflective analysis of Sir Ernest Shackleton's leadership, based on historical literature and documented leadership actions during the *Endurance* expedition — which were most likely shaped by the leader's prior learning and experiences (Shackleton participated in three expeditions to the Antarctic before the *Endurance* expedition) — identified the relevance of three key leadership models: servant leadership, transformational leadership, and emotional intelligence. These leadership domains have been widely associated with positive outcomes in nursing contexts across various studies, including enhanced team cohesion, job satisfaction, and patient safety. The discussion that follows explores how Shackleton's behaviours exemplify these models and how such insights can inform contemporary nursing leadership practice.

Analysing Shackleton's leadership, it is possible to equate it with a servant leadership style, based on [Hunter's \(2018\)](#) maxim that whoever wants to be a leader must first serve, and whoever wants to lead must learn to serve.

[Greenleaf \(1977\)](#) was the first author to conceptualise servant leadership, presenting it as a way of life rooted in morality and guided by the belief that serving others is a natural and altruistic act. According to [Demeke, van Engen, and Markos \(2024\)](#), it is a leadership style that transcends the leader's own interests to prioritise the needs of others, placing emphasis on personal growth and the well-being of individuals. It involves core practices such as active listening, empathy, awareness, persuasion, and a strong commitment to the growth and development of others ([Spears, 2002](#)). Shackleton did all this. He showed gestures of dedication to his men, was attentive to the team's atmosphere, promoted actions and measures to maintain high morale, monitored 'problem elements', paid particular attention to conveying messages and the objectives to be achieved, valued each and every crew member as an individual, and considered them as an integral part of the objectives. He showed a remarkable sensitivity in identifying personal traits that could impact group dynamics — such as performance, motivation, or the potential for conflict — and took these into account when forming teams, allocating tents, and assigning tasks. Shackleton demonstrated honesty, loyalty, and trustworthiness; he led by example, was committed and dedicated, assertive when necessary, an attentive listener, and both encouraging and enthusiastic. He fostered accountability, expressed appreciation, and consistently treated his crew with dignity and respect. These behaviours align closely with the attributes of a servant leader as described by [Demeke et al. \(2024\)](#).

However, in addition to the attributes already mentioned, it is important to highlight the seven empirical dimensions that characterise servant leadership, as operationalised by [Liden, Wayne, Zhao, and Henderson \(2008\)](#). Applying these dimensions to the context of Shackleton's leadership offers a more robust and nuanced analytical framework: (1) the first dimension, Emotional Healing, refers to sensitivity towards the personal concerns of team members — a quality evident in the way Shackleton supported the morale and emotional wellbeing of his crew; (2) the second, Creating Value for the Community, is reflected in his genuine concern for the collective good, demonstrated by his prioritisation of group safety and cohesion over individual ambition; (3) the third dimension, Conceptual Skills, underscores the importance of knowledge and problem-

solving — areas in which Shackleton excelled when devising complex survival strategies in extreme conditions; (4) Empowering, the fourth dimension, is visible in the autonomy and trust he placed in his men, encouraging shared decision-making and responsibility; (5) his commitment to Helping Subordinates Grow and Succeed — the fifth dimension — is evident in his consistent efforts to protect and uplift the most vulnerable members of the crew; (6) the sixth dimension, Putting Subordinates First, was central to his leadership philosophy and revealed in the priority he gave to his crew's comfort, safety, and survival; and finally (7), Behaving Ethically, is exemplified by Shackleton's integrity, fairness, and transparency — qualities that fostered deep trust and cohesion within the group ([Liden et al., 2008](#)). Together, these seven empirically validated dimensions provide a deeper understanding of the essence of Shackleton's servant leadership and underscore its continued relevance across contemporary organisational contexts, including nursing.

In healthcare, servant leadership is increasingly being examined and is regarded by many scholars as a theory well aligned with the healthcare context, given the inherently service-oriented nature of the profession ([Demeke et al., 2024](#)). However, as [Demeke et al. \(2024\)](#) point out, existing research remains limited, and there is a notable lack of studies that offer a comprehensive and holistic understanding of the concept within this field.

However, an analysis of the accounts of the *Endurance* expedition, along with Shackleton's attitudes and behaviours, also reveals other significant aspects that inevitably point to additional leadership styles — most notably, transformational leadership.

First defined by [Burns \(1978\)](#) and [Bass \(1985\)](#), transformational leadership is characterised by an emphasis on the leader's attributes and behaviours, which are considered essential for motivating and engaging the team ([Collins, Owen, Digan, & Dunn, 2020](#)). This leadership style comprises four key components: (1) Idealised Influence, which involves building trust and serving as a role model for others to emulate; (2) Inspirational Motivation, which entails articulating a clear and compelling vision, encouraging the team to pursue both shared and personal goals, and striving for excellence; (3) Intellectual Stimulation, which promotes creativity and critical thinking by encouraging the development of new ideas and fostering personal growth; and (4) Individualised Consideration, which consists of attending to each team member's needs, offering support, and providing constructive and encouraging feedback ([Bass & Riggio, 2006](#); [Charalambous, 2023](#); [Conroy et al., 2023](#); [Seljemo et al., 2020](#)). Upon reviewing these elements, it is also possible to identify these characteristics within Shackleton's leadership. For example, Shackleton's idealised influence was evident in the way he consistently placed the needs of his men above his own, sacrificing his personal comfort and leading by example, including in physically demanding tasks ([Alexander, 2015](#); [Koehn, 2017](#); [Morrell & Capparell, 2003](#)). His inspirational motivation was reflected in his ability to keep hope alive and to sustain a shared vision of survival ([Alexander, 2015](#); [Koehn, 2017](#); [Morrell & Capparell, 2003](#)). Through intellectual stimulation, he encouraged crew members to remain mentally active and creative, assigning roles and tasks that maintained high morale and promoted a sense of purpose ([Alexander, 2015](#); [Koehn, 2017](#); [Morrell & Capparell, 2003](#)). Finally, individualised consideration was evident in the attention he gave to the psychological well-being of each team member — he monitored emotional states, adjusted workloads accordingly, and demonstrated care by resolving interpersonal tensions swiftly and empathetically ([Alexander, 2015](#); [Koehn, 2017](#); [Morrell & Capparell, 2003](#)).

All of these transformational attributes mentioned are particularly relevant in the context of nursing, where leaders are expected not only to manage teams but also to inspire and empower professionals in complex and often unpredictable care environments. Shackleton's ability to promote a shared vision, maintain team morale, and adapt strategies in the face of adversity reflects the

expectations placed on nursing leaders, particularly in today's high-pressure settings. His actions — such as publicly assuming responsibility, sharing hardships with the crew, and adjusting plans to ensure collective survival — illustrate core components of transformational leadership, which are regarded as fundamental for building trust-based relationships and fostering team resilience (AbdELhay, Taha, El-Sayed, Helaly, & AbdELhay, 2025; Abu-Qutaish, Alost, Abu-Shosha, Oweidat, & Nashwan, 2025; Boamah, Spence Laschinger, Wong, & Clarke, 2018; Conroy et al., 2023; Ystaas et al., 2023). Such qualities resonate with contemporary structures of the profession, where transformational leadership is recognised as essential for creating positive nursing practice environments and guiding teams through processes of change (AbdELhay et al., 2025; Abu-Qutaish et al., 2025; Boamah et al., 2018; Conroy et al., 2023; Ystaas et al., 2023). It is therefore frequently regarded as the gold standard among leadership theories, with its adoption by nurse leaders widely recommended due to its demonstrated benefits for the nursing practice environment and the quality and security of care delivered (Conroy et al., 2023; Ystaas et al., 2023). The studies by Conroy et al. (2023), Ystaas et al. (2023), Abu-Qutaish et al. (2025), and AbdELhay et al. (2025) demonstrated positive associations between transformational leadership style and job satisfaction, productivity, staff retention, quality of care provided, and the satisfaction of those being cared for, alongside a reduction in adverse outcomes, including lower rates of mortality and nosocomial infections. Given the current global nursing shortage — described by the International Council of Nurses (2023) as a worldwide emergency — implementing strategies to retain nurses and, consequently, enhance the quality of care provided is both essential and urgent.

Another fundamental aspect in the analysis of Shackleton's leadership is his emotional intelligence, which was consistently evident throughout the expedition.

Goleman (2023) defines emotional intelligence as “the ability to motivate oneself and persist despite frustrations; to control impulses and postpone rewards; to regulate one's mood and prevent discouragement from overwhelming one's thinking; to empathise and to hope” (Goleman, 2023, p.46).

Emotional intelligence comprises four interrelated domains that together provide a set of essential skills for the exercise of resonant leadership: (1) Self-Awareness, referring to the ability to recognise and understand one's own emotions and their impact on behaviour and decision-making; (2) Self-Management, which relates to the capacity to control emotional impulses, remain resilient in the face of challenges, and demonstrate adaptability in adverse circumstances; (3) Social Awareness, denoting the ability to perceive and understand the emotions of others, thereby fostering empathy and effective interpersonal relationships; and (4) Relationship Management, which involves the ability to positively influence others, resolve conflicts, and nurture a collaborative and productive environment (Goleman, Boyatzis, & McKee, 2007).

Goleman et al. (2007) emphasise that leadership can be resonant or dissonant. Resonant leadership occurs when the leader uses their emotional intelligence to generate a positive impact on the team, boosting motivation, commitment, and the emotional well-being of employees (Goleman et al., 2007). On the other hand, dissonant leadership is characterised by a lack of emotional harmony, resulting in demotivation and possible organisational conflicts, destroying the emotional foundations (Goleman et al., 2007).

Applying these concepts to Shackleton's leadership, it can be concluded that he exercised resonant leadership, as he demonstrated high level of emotional intelligence while managing his team in an environment of extreme adversity. His ability to understand the emotions of others, provide emotional support, and maintain a climate of trust and hope was essential to the survival of all.

In nursing, emotional intelligence plays a crucial role, directly influencing the effectiveness, quality, and safety of the care provided

(Cummings et al., 2021; Waite & McKinney, 2015). Research indicates that nurse leaders with high emotional intelligence are capable of creating positive nursing practice environments, which are associated with higher levels of job satisfaction and improved staff retention (Conroy et al., 2023; Soriano-Vázquez, Cajachagua Castro, & Morales-García, 2023; Waite & McKinney, 2015).

Moreover, emotional intelligence has been shown to be positively correlated with transformational leadership in nursing management (Conroy et al., 2023; Coronado-Maldonado & Benítez-Márquez, 2023; Cummings et al., 2021; Waite & McKinney, 2015). Transformational leaders inspire and motivate their teams, promote a shared vision, and support the personal and professional growth of staff (Waite & McKinney, 2015). The ability to recognise and manage one's own emotions, as well as those of others, enables nurse leaders to address stress and conflict effectively, while maintaining team cohesion and high morale (Soriano-Vázquez et al., 2023; Waite & McKinney, 2015; Yildirim, Kantek, & Yilmaz, 2022; Yildirim-Hamurcu & Terzioglu, 2022).

Therefore, development programmes focused on emotional intelligence have proven to be effective in improving nurses' leadership skills (Waite & McKinney, 2015). By improving emotional intelligence, nurse leaders increase their ability to communicate, empathise, and make decisions, which results in better nursing practice environments and, consequently, better outcomes for the people they care for (Waite & McKinney, 2015).

6. Practical implications for nurse leaders

In light of the competences demonstrated by Sir Ernest Shackleton, several strategies can be identified that nurse leaders should consider to enhance team effectiveness and promote favourable nursing practice environments. Specifically:

- Adopting a leadership approach that prioritises the personal and professional development of team members, fostering an organisational culture grounded in mutual respect, active listening, and the valuing of individuals — factors recognised as key to improving job satisfaction and nurse retention;
- Exercising leadership that articulates an inspiring vision, mobilises collective efforts towards shared goals, and cultivates a culture of resilience and innovation — essential qualities for addressing the complex and evolving challenges of contemporary healthcare systems;
- Investing in the development of emotional intelligence, enhancing self-awareness, self-regulation, empathy, and social skills among nursing leaders, which are critical for the effective management of multidisciplinary teams and the resolution of interpersonal conflict in high-pressure environments;
- Ensuring a visible and engaged leadership presence, characterised by transparent, two-way communication, the establishment of open dialogue channels, early identification of emotional distress and demotivation, and timely intervention to restore cohesion and reinforce organisational commitment;
- Adopting flexible leadership styles, recognising the importance of adapting leadership practices and behaviours according to the characteristics of the team, the complexity of the tasks at hand, and the specificities of the organisational context.

7. Conclusion

The analysis of Shackleton's leadership during the *Endurance* expedition (1914–1917) underscores the integration of servant and transformational leadership styles, highlighting the importance of adaptability in complex and adverse environments. His emotional intelligence was instrumental in maintaining morale, confidence, and resilience, illustrating that effective leadership transcends

hierarchical authority. Importantly, his overarching goal of ensuring the survival of all crew members – ultimately achieved with the safe return of every life – exemplifies purposeful and values-driven leadership. In nursing, both servant and transformational leadership models are widely recognised for their role in enhancing job satisfaction, staff retention, and the quality of patient care. Given the current global nursing shortage, leadership development programmes are increasingly seen as essential for sustaining favourable nursing practice environments, which are crucial to delivering high-quality and safe care. Historical cases, such as that of Shackleton, can serve as a valuable educational and reflective resource for developing leadership in nursing.

Future research should further investigate the practical application of these leadership principles within nursing, with the aim of improving team dynamics and care outcomes for both professionals and patients.

Authorship contribution statement

Patrícia Costa: Conceptualization, Methodology, Investigation, Writing – original draft, Writing – review & editing, Visualization. **Elisabete Nunes:** Writing – review & editing. **Filomena Gaspar:** Writing – review & editing. **Pedro Lucas:** Writing – review & editing, Supervision, Project administration.

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Ethical statement

This work does not involve human participants, data, or biological material. Therefore, ethics approval was not required.

Conflict of interest

The authors declare that they have no financial conflicts of interest or personal ties that could influence the work presented in this article.

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