Are emergency departments leader identity workspaces? A qualitative study of emergency physicians

Author

Rixon, Andrew, Wong, Lee Yung, Wilson, Samuel

Published

2023

Journal Title

Emergency Medicine Australasia

Version

Version of Record (VoR)

DOI

10.1111/1742-6723.14346

EMA Emergency Medicine Australasia

Emergency Medicine Australasia (2023) doi: 10.1111/1742-6723.14346

ORIGINAL RESEARCH

Are emergency departments leader identity workspaces? A qualitative study of emergency physicians

Andrew RIXON [1], Lee Yung WONG[2] and Samuel WILSON[2]

[1]Griffith Business School, Griffith University, Gold Coast, Queensland, Australia, and [2]Swinburne Business School, Swinburne University of Technology, Melbourne, Victoria, Australia

Abstract

Objective: Emergency medicine is a discipline with complex leadership demands, which are experienced by junior and senior emergency physicians alike. In this environment, emergency physicians can struggle to work out what it means to be a leader and develop professional identities as leaders, necessitating a leader identity workspace. The aim of the present study is to explore whether emergency physicians view their work environment as leader identity workspaces.

Methods: An online qualitative survey was used that included open-ended questions about emergency physicians' experience of their workplace as a 'space' to craft their leadership identity. Participants' responses were analysed using reflexive thematic analysis.

Results: Three themes, comprising several subthemes, were identified that related to emergency physicians' ideal leader selves (leader dreams and desired leader selves), their experience of the community of clinicians in hospitals (confrontational sentient communities) and the types of rituals emergency physicians yearn for to support and legitimate their leadership (seeking vital leadership rites of passage).

Conclusion: Our results suggest that neither EDs nor hospitals more generally exhibit the properties of, or are experienced by emergency physicians, as leader identity workspaces.

Key words: *emergency department, identity workspace, leadership development.*

Key findings

- EDs are paradoxical leader identity workspaces, with the same workspace presenting identity threats and opportunities.
- Three themes were identified that related to emergency physicians' ideal leader selves, their experience of the community of clinicians as confrontational, and seeking vital leadership rites of passage.
- Our results suggest that neither EDs nor hospitals are experienced by emergency physicians as leader identity workspaces, pointing towards the importance of deliberate practice and reflection to overcome the challenges.

Introduction

Emergency medicine (EM) is a discipline with complex leadership demands, which are experienced by junior and senior emergency physicians (EPs) alike.[1,2] Moreover, EPs are uniquely challenged by the hybridity of EM and the multiple interfaces and professional boundaries[3] that must be managed simultaneously.[4] As a consequence of this, EPs routinely face various challenges to their professional identity as leaders, generating strong moral emotions and perceived violation of values.[2] Furthermore, ascending the career ladder in clinical practice, education and administration typically sees these challenges to EPs' leader identity intensify.[2] In this environment, EPs can struggle to work out what it means to be a leader in EM and develop professional identities as leaders.

This combination of factors suggests that, despite the central importance of leadership in EM,[4] the professional context in which EPs work may not be conducive to the development and stabilisation of their professional identity as leaders.[2] Moreover, it suggests that hospitals, in general, and EDs in particular, may not be experienced by EPs as a leader 'identity workspace', which is defined as an institution that is judged to provide a 'holding environment' for identity work.[5] According to Petriglieri and Petriglieri,[5] individuals invest an institution with the function of an 'identity workspace' when it provides a coherent set of 'social defences' (which help individuals cope with the

Correspondence: Dr Andrew Rixon, Griffith Business School, Griffith University, 170 Kessels Road, Nathan, QLD 4111, Australia. Email: a.rixon@griffith.edu.au

Andrew Rixon, BSc (Hons), PhD, GCLT, FCHSM, Senior Lecturer; Lee Yung Wong, MBBS (Hons), GradDipClinEd, FACEM, Emergency Physician; Samuel Wilson, BA, BCom, MPsych, PhD, Associate Professor of Leadership.

Accepted 31 October 2023

stresses of the workplace), 'sentient communities' (which provide individuals with a sense of meaning and belonging), and 'vital rites of passage' (which mark important transitions within a community). These mutually reinforcing elements combine to create an identity workspace that helps individuals understand who they are and enables them to develop into the professional they hope to become.

While acknowledging that EPs' work relationships and environments can be enabling and supportive as well as constraining or adversarial,[6] and that the same institution may serve as an identity workspace for some group members and not for others,[5] the aim of the present study is to explore whether EDs are leader identity workspaces. To this end, we asked two key research questions. First, how do EPs experience and make sense of their work environment as a 'space' for leader identity work? Second, to what extent and in what ways do EDs exhibit the properties of an identity workspace?

Methods

Study design and setting

The context for the present study was a series of online leadership development programmes which ran from July 2021 to October 2022 (Table 1). These programmes were designed by AR and SW and delivered by AR and SW to FACEMs as part of an ACEM initiative to foster the leadership capacity of FACEMs. Between 2021 and 2022, 133 FACEMs participated in these programmes in small cohorts of 19–26 people. The study received ethics clearance from Swinburne University of Technology prior to commencement (SUHREC reference 20191353-1434).

Researcher reflexivity

AR and SW draw on a background of experiential approaches to leadership development; techniques that are focussed on participant experience and sense-making. LYW brings an emic perspective of the realities of EM work. As leadership educators and coaches (AR and SW) and an EP (LYW), we encourage participants to reflect on and make sense of their experiences and developing leader identities.

Participant selection

Participants within the leadership development programmes were randomly selected from a much larger pool of FACEMs who had responded to a formal expression of interest from ACEM. At the completion of each leadership development programme, participants were invited to complete the survey for the programme, 60 of whom responded (Table 2).

Data collection

An online qualitative survey was used that included open-ended questions (Table 3). Online qualitative survey research has been found to encourage participant 'voice' with rich and focused disclosures from people who might otherwise choose to abstain from similar face-to-face research involving sensitive disclosures.[7] Consistent with this, the questions were designed to elicit and capture participants' reflections about their work environments, what is important to them, lived experiences, stories, hopes and struggles.

Data analysis and rigour

The six phases of Braun and Clarke's[7] reflexive thematic analysis approach guided the research team, who worked as a reflection group to provide depth and rigour for the evolving qualitative methodology employed. The research team used DelveTool[8] to upload all participants transcripts and familiarise themselves with the data. Taking an inductive approach, the research team created first-order codes that contributed to insights and observations regarding the first research question. Next, drawing on these codes, AR created provisional themes. The research team then reviewed the transcripts again to better review and, if necessary, finesse the codes and themes. The team engaged with the ideas reflectively by sense-checking, considering the theme's connections to relevant literature and theoretical ideas about leader identity and leader identity workspaces, exploring assumptions and interpretations of the data evident in the derived themes.[7]

Results

Three themes were identified: (i) leader dreams and desired leader selves; (ii) confrontational sentient communities; and (iii) seeking vital leadership rites of passage. (See Figure 1 for a pictorial depiction of these themes and how they relate to an identity workspace.) Each theme, in turn, was composed of several subthemes, which are explicated below. (See Table 4 for additional quotations supporting the interpretation of the themes and subthemes.)

Theme 1: leader dreams and desired leader selves

This theme provides insight into EPs' desired work and leader selves. The subthemes reveal four foci of leader dreams and desires: being a respected specialty; providing a high-quality service; valuing collaboration; and developing others.

Subtheme 1.1: being a respected specialty

EPs expressed desires for greater respect and influence among colleagues and departmental executives, as well as a desire for a hospital culture that values FACEM leadership and expertise.

> …a department culture that promotes FACEM leadership in the ED, and FACEM expertise as the highest-level of expertise available for matters pertaining to the practice of Emergency Medicine and Emergency Departments. (Participant 45)

Subtheme 1.2: leading a high-quality service

EPs also expressed desires to lead improvements to healthcare delivery, clinical care, morale, culture, job satisfaction and retention.

TABLE 1. *Leadership module names, learning objectives and participants*

Leadership module	Module learning objectives†	Session date	Participants
Leading Self (2021)	Participants who successfully complete this module will be able to: 1. Apply coherent and advanced knowledge of the reciprocal interpersonal dynamics which involve self and others. 2. Critically evaluate responses triggered by the anxiety associated with complexity and 'wicked' problems. 3. Apply problem solving critically analysing group functions and interpersonal conscious and unconscious influence. 4. Reflect on and take responsibility for learning and self-management to improve self-leadership capability.	July 2021	22
Leading Up and Across (2021)	Participants who successfully complete this module will be able to: 1. Critically analyse relationships using trust-based frameworks. 2. Reflect on and adapt their values and practices in order to enact ethical and effective action in complex organisational environments. 3. Apply relationship building approaches and stakeholder mapping approaches to navigating organisational hierarchies for productive outcomes. 4. Reflect on and take responsibility for learning and self-management to improve their capability to lead up and across organisations.	September 2021	26
Managing Challenging Colleagues (2021)	Participants who successfully complete this module will be able to: 1. Critically analyse individual and organisational dynamics associated with incivility and difficult behaviours. 2. Apply strengths-based frameworks for performance coaching and creating effective workplace ecosystems. 3. Reflect on and adapt personal approaches and values guiding conflict responses and effective ways to handle conflict management and resolution. 4. Reflect on and take responsibility for learning and self-management to improve capability to understand and manage challenging colleagues.	October 2021	22
Leading Change (2022)	Participants who successfully complete this module will be able to: 1. Critically analyse the relationship between leading innovative activities and the established or entrenched views in organisations, with clear articulation of the ideas underpinning their approaches. 2. Apply problem solving, design and decision-making methodologies to identify and provide innovative solutions to complex leadership and innovation problems with intellectual independence. 3. Reflect on and take responsibility for their own learning and self-management processes and manage their own time and processes effectively by regularly reviewing performance as leaders of innovation in organisational settings.	February 2022	19
Managing Challenging Colleagues (2022)	As above	August 2022	24
Leading Up and Across (2022)	As above	October 2022	20

†Each module comprised four 6.5-h workshops, held on consecutive Fridays (09.00–15.30 hours) throughout the month.

TABLE 2. *Participant demographics*

Participant number	Sex	Location	Leadership aspiration	Leadership programme completed
1	Male	Australia	Aspiring DEM	Leading Self (2021)
2	Female	Australia	Aspiring DEM	Leading Self (2021)
3	Female	Australia	Aspiring DEM	Leading Self (2021)
4	Female	Australia	Current DEM	Leading Self (2021)
5	Female	Australia	Past DEM	Leading Self (2021)
6	Female	Australia	Current DEM	Leading Self (2021)
7	Male	New Zealand	Aspiring DEM	Leading Self (2021)
8	Male	Australia	Aspiring DEM	Leading Self (2021)
9	Male	Australia	Current DEM	Leading Self (2021)
10	Male	New Zealand	Current DEM	Leading Self (2021)
11	Male	Australia	Aspiring DEM	Leading Self (2021)
12	Female	Australia	Aspiring DEM	Leading Self (2021)
13	Male	Australia	Aspiring DEM	Leading Self (2021)
14	Female	Australia	Aspiring DEM	Leading Self (2021)
15	Other	Australia	Aspiring DEM	Leading Self (2021)
16	Female	New Zealand	Aspiring DEM	Leading Self (2021)
17	Female	Australia	Aspiring DEM	Leading Self (2021)
18	Female	Australia	Current DEM	Leading Self (2021)
19	Male	Australia	Aspiring DEM	Leading Self (2021)
20	Female	Australia	Aspiring DEM	Leading Up and Across (2021)
21	Female	Australia	Current DEM	Leading Up and Across (2021)
22	Male	Australia	Aspiring DEM	Leading Up and Across (2021)
23	Male	Australia	Aspiring DEM	Leading Up and Across (2021)
24	Male	Australia	Current DEM	Leading Up and Across (2021)
25	Male	Australia	Current DEM	Leading Up and Across (2021)
26	Female	Australia	Current DEM	Leading Up and Across (2021)
27	Other	Australia	Aspiring DEM	Leading Up and Across (2021)
28	Male	Australia	Aspiring DEM	Leading Up and Across (2021)
29	Male	Australia	Aspiring DEM	Leading Up and Across (2021)
30	Male	Australia	Aspiring DEM	Leading Up and Across (2021)
31	Female	Australia	Aspiring DEM	Leading Up and Across (2021)
32	Female	Australia	Aspiring DEM	Leading Up and Across (2021)
33	Female	Australia	Current DEM	Leading Up and Across (2021)
34	Male	New Zealand	Current DEM	Leading Up and Across (2021)
35	Female	Australia	Aspiring DEM	Leading Up and Across (2021)
36	Male	Australia	Current DEM	Leading Up and Across (2021)
37	Male	Australia	Aspiring DEM	Leading Up and Across (2021)
38	Female	New Zealand	Aspiring DEM	Leading Up and Across (2021)
39	Male	Australia	Aspiring DEM	Managing Challenging Colleagues (2021)
40	Female	Australia	Aspiring DEM	Managing Challenging Colleagues (2021)
41	Male	Australia	Aspiring DEM	Managing Challenging Colleagues (2021)

TABLE 2. *Continued*

Participant number	Sex	Location	Leadership aspiration	Leadership programme completed
42	Female	Australia	Aspiring DEM	Managing Challenging Colleagues (2021)
43	Male	Australia	Aspiring DEM	Managing Challenging Colleagues (2021)
44	Other	Australia	Aspiring DEM	Managing Challenging Colleagues (2021)
45	Male	Australia	Current DEM	Managing Challenging Colleagues (2021)
46	Female	New Zealand	Aspiring DEM	Managing Challenging Colleagues (2021)
47	Female	Australia	Current DEM	Managing Challenging Colleagues (2021)
48	Female	Australia	Current DEM	Managing Challenging Colleagues (2021)
49	Male	Australia	Current DEM	Managing Challenging Colleagues (2021)
50	Male	New Zealand	Current DEM	Leading Change (2022)
51	Male	Australia	Current DEM	Leading Change (2022)
52	Male	Australia	Aspiring DEM	Leading Change (2022)
53	Male	Australia	Current DEM	Leading Change (2022)
54	Female	Australia	Current DEM	Leading Change (2022)
55	Female	Australia	Aspiring DEM	Managing Challenging Colleagues (2022)
56	Female	Australia	Aspiring DEM	Managing Challenging Colleagues (2022)
57	Male	Australia	Aspiring DEM	Managing Challenging Colleagues (2022)
58	Female	Australia	Aspiring DEM	Managing Challenging Colleagues (2022)
59	Female	Australia	Current DEM	Managing Challenging Colleagues (2022)
60	Female	Australia	Past DEM	Managing Challenging Colleagues (2022)

DEM, director of emergency medicine.

> FACEMs will always have a leadership role to some extent; running busy departments, managing multidisciplinary teams and interfaces with the hospital. (Participant 6)

Subtheme 1.3: valuing collaboration

EPs valued their diverse interactions with colleagues, recognising the benefits and potential of these interactions to foster improved relationships with other departments and executive.

> There are many, many different interactions between subordinates and superiors and the sheer volume allows for many chances to test out and improve. (Participant 24)

Subtheme 1.4: developing self and others as leaders

Finally, EPs yearned for opportunities to improve their own leadership skills, inspire others, contribute to sustainable change and provide role models for trainees.

> FACEMS are all leaders, sometimes without title, and in order to grow and develop in this role there needs to be opportunity to flex and develop these leadership muscles. (Participant 54)

Theme 2: confrontational sentient communities

This theme reveals that EPs construed their sentient communities as adversarial or confrontational, which was reflected in subthemes pertaining to the challenges of power and hierarchy, histories of challenging interactions with colleagues and 'they don't understand us' and 'they don't value us' narratives.

Subtheme 2.1: challenges of power and hierarchy

EPs reported feeling judged, unsupported, and undervalued by senior colleagues in the hospital, highlighting tribal boundaries and adversarial intergroup relationships.

> The hospital system puts you in a tricky situation, where what you see as leading your department and speaking up for colleagues is used against you. (Participant 25)

Subtheme 2.2: challenging history and interactions with colleagues

EPs highlighted historical issues and fractious relationships, which are exacerbated by high-stress environments and interactions with domineering or abusive individuals.

TABLE 3. *Online survey questions*

1. From your perspective as a FACEM, is it important to have opportunities at work to experiment with and craft your leadership identity? If so, why?
2. In your hospital and ED, what do you see as the factors that support or enable you to experiment with and craft your leadership identity?
3. In your hospital and ED, what do you see as the factors that block or make it difficult for you to experiment with and craft your leadership identity?
4. What do you see as the most effective action(s) at your hospital and within your ED that could be taken to support the development of your leadership identity?
5. What are the benefits to you, personally, if you have more opportunities to develop your leadership identity?
6. What are the benefits to your ED if you have more opportunities to develop your leadership identity?
7. What are the benefits to your hospital if you have more opportunities to develop your leadership identity?

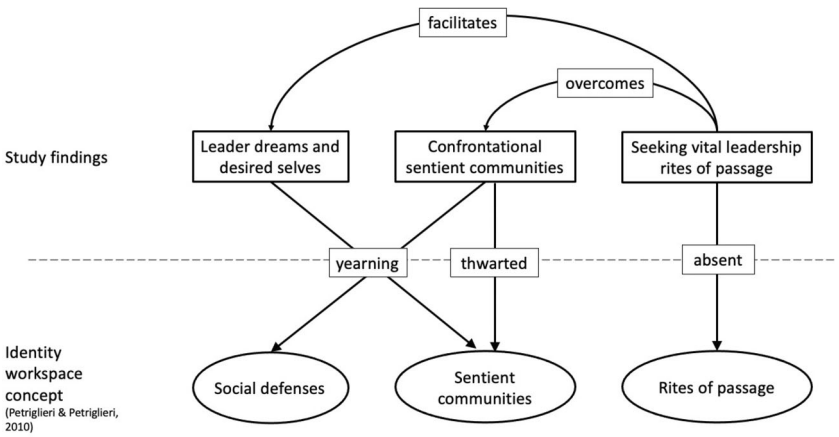

Figure 1. *Thematic findings in relation to identity workspace concept.*

> …unfortunately, high stress environments…, also thrive on adrenaline…, thus I'd say more prone to burn out and also less creation of safe environments. (Participant 56)

Subtheme 2.3: 'they don't understand us' narratives

EPs expressed a strong sense that EM and the work of EDs was poorly understood by hospital management and other medical specialities.

> FACEMs are consultants that deal with all specialties and front door hospital presentation. We are considered a hindrance by the other specialties. However, we are good enough to 'just deal' and absorb the faults in the system so we provide care to patients the system doesn't want or can't handle. (Participant 30)

Subtheme 2.4: 'they don't value us' narratives

EPs also reported feeling undervalued and unsupported by senior colleagues and hospital management.

> Single-system specialists, inpatient services and other hospital services that believe they understand Emergency Medicine and ED processes enough that their opinions on the same are worth more/should be followed in preference to the opinions/processes developed by FACEMs/Emergency Medicine specialists. (Participant 45)

Theme 3: seeking vital leadership rites of passage

This theme provides insight into EPs' beliefs about the rites of passage that, while conspicuous by their absence, could, if present, foster leader 'becoming', marking the transition into the work of professional leadership.

Subtheme 3.1: seeking training, mentoring and coaching

EPs highlighted the lack of formal and informal opportunities for leadership development, and the incongruency of this with the high leadership expectations of formal leadership roles.

> Lack of coaching or training on leadership. Often thrust into a leadership position with little information about how to do it. (Participant 37)

Subtheme 3.2: recognising and supporting transitions

EPs highlighted the need for support and development opportunities for FACEMs who were transitioning into leadership roles. Differentiating authority from leadership and fostering a culture of everyday leadership was also seen as important.

> Our work environment has many leadership challenges in both a clinical and then more administrative role as you transition into non-clinical arena of leadership. Emergency medicine training has very little on the actual skills required to be an effective leader, particularly in the non-clinical arena which is so different to the clinical one. (Participant 11)

Subtheme 3.3: seeking reflective spaces

The lack of time and resources for reflection and experimentation, seen

TABLE 4. *Themes, subthemes and illustrative quotes*

Theme	Subtheme	Illustrative quotes
Theme 1: Leader dreams and desired leader selves	1.1 Being a respected specialty	• 'Better, more well-trained leaders in the ED will help progress the specialty, get the most out of our staff and available resources and enhance patient care'. (Participant 1) • 'Empowering us to make leadership decisions, trusting us'. (Participant 4) • 'By being able to experiment with your leadership identity at work it allows for us to become the leaders we want to be and have a much stronger influence and respect amongst colleagues'. (Participant 11) • 'Can also take some pressure off departmental executives to allow them to divest themselves of some portfolios if multiple other clinicians are engaged as leaders'. (Participant 52)
	1.2 Leading a high-quality service	• 'Due to our experience and interaction with all specialties, we have quite a bit to offer in improving health care delivery'. (Participant 10) • 'Improved clinical care, improved morale and psychological safety across siloed specialties'. (Participant 12) • 'Better more efficient safer ED with satisfied patients and satisfied workforce'. (Participant 49) • 'Better relationships across silos and hierarchy of hospital will lead to more collaborative and efficient systems'. (Participant 37) • 'FACEMs will always have a leadership role to some extent; running busy departments, managing multidisciplinary teams and interfaces with the hospital. During clinical time there is little time to reflect and explore this. In nonclinical time and early leadership times it is easy to get lost in the business and the busy-ness of the job. However, a department with a successful leader is able to help foster a better team, better clinical outcomes and more successful relationships within the organisation'. (Participant 6) • 'Improving the culture of medicine (away from paternalism), improved efficiencies; improved job satisfaction and engagement leading to improved retention'. (Participant 54) • 'My ED struggles with high turnover in the middle levels of management and struggles to recruit registrars. I think enhanced leadership opportunities would help to attract enthusiastic and skilled registrars which would then continue as FACEMs'. (Participant 55) • 'to be able to develop a non-clinical portfolio'. (Participant 58) • 'Improved culture'. (Participant 60)
	1.3 Valuing collaboration	• 'Peer relationships and the shared experience/common goals'. (Participant 19) • 'Having so much time with nursing, junior medical, and staff across the hospital'. (Participant 22) • 'More productive relationships with inpatient teams, executive and the community'. (Participant 27) • 'Clinical shifts when you are 'in charge' where there can be challenging conversations and interactions with patients, relatives or other colleagues'. (Participant 40) • 'A better relationship with other departments and the hospital executive, hopefully accompanied by more collaboration and better outcomes (e.g., KPIs, quality and safety, patient satisfaction). A high-quality contribution to hospital leadership work (e.g., committee membership and direction, leading projects, inter-disciplinary quality work)'. (Participant 15)
	1.4 Developing self and others as leaders	• 'In my ED we inevitably end up in leadership roles in small groups, on committees, etc. These are great opportunities to practice, fail, succeed, learn, etc.' (Participant 7) • 'Provide inspiration for others who are aspiring to take on leadership roles'. (Participant 11) • 'A more sustainable contribution in the long term, as I am quite early in my FACEM career. Better relationships within the department, and more effective development of junior staff'. (Participant 15) • 'Become a better leader – to then teach my team and allow them to grow and develop'. (Participant 26) • 'More women in leadership and role models for trainees (something I did not have)'. (Participant 31) • 'Being able to teach trainees leadership qualities to take forward into their FACEM years'. (Participant 40) • 'Continuously feeling judged, continuously having senior colleagues' gossip and talk about each other to establish themselves higher in the pecking order'. (Participant 2)

(*Continues*)

TABLE 4. *Continued*

Theme	Subtheme	Illustrative quotes
Theme 2: Confrontational sentient communities	2.1 Challenges of power and hierarchy	• 'ED works in a silo often with tribal, judgemental and critical behaviours of other leaders in the hospital'. (Participant 3) • 'Lack of feeling supported and/or valued from senior and management colleagues'. (Participant 14) • 'If you aren't head of department, you do not really lead'. (Participant 17) • 'Power gradients toward to other older specialty teams consultants who will not evolve to current evidence practices and are form the days before FACEMs and the ED was just the "junior doctors"'. (Participant 30) • 'Everyone is intolerant and unforgiving in our trail-by-facebook world and this is especially true of exec who distance themselves from unpopular outcomes. They support only success and punish mistakes rather than seeing them as learning opportunities'. (Participant 34) • 'Expectation that entire leadership role is exclusively focused on ED performance and targets'. (Participant 36)
	2.2 Challenging history and interactions with colleagues	• 'Historically the executive team have had a very fractious relationship with the DEM and this has hampered relationships significantly'. (Participant 12) • 'Historical issues, tussle between different agendas i.e. clinician *vs* non clinician'. (Participant 13) • 'Blame culture and intolerance of vulnerability'. (Participant 16) • 'Historical prejudices, default routines on a wide scale, tribalism'. (Participant 29) • 'Reduced negative feelings. Often, we hang our insecurities onto knowledge gaps – this is often generated from bad colleague interactions with greater understanding on this I would speculate improved job satisfaction and decreased burnout'. (Participant 35) • 'Burnout very strong, some very domineering and abusive persons, lack of regular transparent communication, in hospital very poor ethics, lying and abuse of power'. (Participant 56)
	2.3 'They don't understand us' narratives	• 'Hierarchy and those in executive not understanding EM'. (Participant 4) • 'Lack of formal role in hospital exec and governance structures, lack of understanding of unique challenges and roles of ED compared to other services'. (Participant 5) • 'We are also the ones present doing the work when the other consultants come in and out briefly and do not have a handle on how the hospital actually works'. (Participant 30) • 'There is also lack of organisational acknowledgment of the challenges of ED leadership'. (Participant 53)
	2.4 'They don't value us' narratives	• 'lack of feeling supported and/or valued from senior and management colleagues'. (Participant 14) • 'a lot of sidelining of doctors in leadership within the hospital hierarchy and even more undermining of female doctors in any leadership roles'. (Participant 18) • 'A place at the top table- being the front door and shop window greater value should be placed on ED CDs/DEMs'. (Participant 34) • 'Yes, as we are a pivotal part of the hospital, and leadership both within our department and within the hospital is very important. We have very little opportunity to develop this identity in our registrar training programme currently'. (Participant 46) • 'If you are seen as successful and supported by your team promotion to higher levels especially up to exec where one can advocate for the acute services in the battle between acutes and planned care funding and service developments'. (Participant 50)
Theme 3: Seeking vital leadership rites of passage	3.1 Seeking training, mentoring and coaching	• 'Often, we mirror the behaviour of the leader we grew up watching, we assume it is "the way" and don't always get permission to try something new when the stakes are high'. (Participant 3) • 'Ability to get feedback in a "psychologically safe space" for development'. (Participant 8) • 'FACEM works with multiple people and teams. There are many challenges apart from clinical medicine even in routine work'. (Participant 9) • 'In the UK were given leadership/management training as a registrar and it was also in the exams'. (Participant 17) • 'There's no training to be a Director. You just have to learn from who was in the chair before'. (Participant 25) • 'Need support and opportunities with experienced leaders to learn and develop. Most hospitals have NUM schools (monthly sessions) but nothing for medical leadership'. (Participant 26)

TABLE 4. *Continued*

Theme	Subtheme	Illustrative quotes
		• 'We have little formal training in this, yet are expected to be leaders on the front line in a busy and stressful environment'. (Participant 39) • 'Opportunities to work in extended roles (e.g., acting up, or project work), formal mentoring and study opportunities with protected time to pursue these'. (Participant 44) • 'Mentorship for leadership projects that lead to genuine improvements'. (Participant 45) • 'Part of the role and just as we train in clinical competence – we have to have a level of management competence'. (Participant 49) • 'Leadership mentor, being provided with the opportunity to lead small teams or change projects first and then reflecting on how things could be done better next time and overall psychological safety'. (Participant 52) • 'FACEMS are all leaders, sometimes without title, and in order to grow and develop in this role there needs to be opportunity to flex and develop these leadership muscles'. (Participant 5) • 'Make it part of the CST Training'. (Participant 57) • 'Open discussion and education about the importance of leadership identity would help'. (Participant 59)
	3.2 Recognising and supporting transitions	• 'Leaders above me fostering and developing my leadership role'. (Participant 6) • 'Having leadership be recognised as something that we all do every day. I think differentiating authority from leadership may help this'. (Participant 7) • 'Being assigned into the role of DEM and having good nursing leaders with whom I can interact'. (Participant 10) • 'Our work environment has many leadership challenges in both a clinical and then more administrative role as you transition into non-clinical arena of leadership. Emergency medicine training has very little on the actual skills required to be an effective leader, particularly in the non-clinical arena which is so different to the clinical one. By being able to experiment with your leadership identity at work it allows for us to become the leaders we want to be and have a much stronger influence and respect amongst colleagues'. (Participant 11) • 'I think that transition from Trainee to FACEM is very challenging. Most new FACEMs are not used to working in this space and are only just beginning to understand their role and also capacity'. (Participant 12) • 'The opportunity to develop one's leadership practice post-Fellowship is very variable depending on work environment, mentors, professional support etc., and there is little structured support or opportunity for this'. (Participant 15) • 'More support at hospital/ED leadership levels for innovation and thinking outside the box. Openness to influences from other industries, other worldviews/perspectives'. (Participant 16) • 'Limited formal leadership opportunities or positions available. Limited "grooming" of future medical leaders by hospital executive'. (Participant 22) • 'Develop a succession planning program for aspiring DEMs – shadow DEMs to meetings and learn the ropes in advance'. (Participant 32) • 'We all do so as we develop our style of clinical leadership (e.g., how we run a resus room, or supervise junior staff), but we do not get opportunity to do this in the non-clinical realm until we are thrown into a leadership position'. (Participant 37)
	3.3 Seeking reflective spaces	• 'The constant "battles" one has to face means the breathing space to reflect on an experience is superseded by the next "urgent" task'. (Participant 24) • 'Executive attending our monthly management meetings mid-way, we invite them to our space to work with them'. (Participant 30) • 'The opportunity to sit in with management meetings and/or take part in these meetings'. (Participant 38) • 'Often so busy barely get by so taking time to sit down and think about how you may improve and then reflect on this can at times seem impossible'. (Participant 39) • 'Skills/resources/educational opportunities and psychologically safe spaces for ritualistic/regular reflection.' (Participant 43) • 'Lack of time, lack of resources to experiment, a culture that doesn't embrace innovation or risk-taking'. (Participant 44) • 'The task of leadership is incredibly time-consuming with often no time or resource to craft a leadership identity'. (Participant 53)

as key to leadership development, hinders EPs' ability to develop their leadership identity.

> The constant 'battles' one has to face means the breathing space to reflect on an experience is superseded by the next 'urgent' task. (Participant 24)

Discussion

The present study of whether EDs are leader identity workspaces suggests that that EPs do not experience EDs, or hospitals in general, as leader identity workspaces. This is suggested most strongly by the theme 'confrontational sentient communities', which highlights the adversarial encounters between EPs and other specialists and hospital executive. Subthemes pertaining to beliefs that EPs are neither understood nor valued suggests that EPs experience exclusion rather than belonging among their imagined sentient community of physicians.

Another strand of evidence that EPs do not experience their work environment as a leader identity workspace is the theme 'seeking vital leadership rites of passage'. Unlike the previous theme, which focused on the presence of something aversive, this theme focuses on the absence of something valued, namely, the absence of leadership rites of passage. Finally, the 'they don't understand or value us' narratives point to social defences that EPs can draw on to protect themselves against the negative emotions and sense of exclusion experienced in the context of their challenging interactions with colleagues. However, as noted by Petriglieri and Petriglieri,[5] while social defences can foster a reassuring sense of solidarity, they also limit the ability of members to change and learn – capacities that are vital to leadership development. In sum, our results suggest that EDs neither exhibit the properties of a leader identity workspace nor are experienced by EPs as a leader identity workspace.

Nevertheless, as revealed by the theme 'leader dreams and desired leader selves', EPs yearn for supportive and collaborative sentient communities. As professionals, EPs aspire to lead and their desire to construct a positive medical leader narrative[9] bears similarity to prevailing views of the ideal medical leader as an individual who is strategic, socially adept and commands respect.[10] Unfortunately, these narratives appear thwarted by the identity challenges EPs face attempting to exert leadership at work.[2] These include difficulties in boundary work,[3] social identity tensions such as negotiating inter-specialty 'fault lines'[11] and experiencing rejection as a leader[12] through repeated confrontations and disrespect. The resulting emotional toll on EPs may be psychologically damaging,[13] undermining their efforts to realise their leadership ideals and impeding their learning and development, or identity work, as emerging leaders. It also likely to have a negative impact upon medical engagement and organisational performance.[14,15]

These identity threats, however, are counterbalanced by identity opportunities, potential for growth in the leader identity,[16] in the form of rites of passages, or 'leader identity enablers,' such as coaching, transition support and reflection. Coaching helps emerging leaders overcome impostor phenomena[17] and facilitates identity transitions to new leadership positions.[18] Managing identity transitions toward leadership is crucial given EPs' clinical-managerial 'hybrid-like' roles, which may leave them vulnerable to disengagement.[19] Conversely, if managed well, gains in clinical autonomy with increasing leadership status can offset the stress of ED work. Importantly, the ED environment needs to permit learning, which includes the process of learning to be a leader. Despite the chaotic environment, this is possible, but requires deliberate opportunity and time for reflection.[20] In addition, while reflective practice does promote leadership behaviours,[21] what remains unclear is if this needs to occur at work or is equally effective outside of work.

Through our study, we have explored the sensemaking processes of EPs who struggle with their liminal leader identity of today, sandwiched between yesterday's dreams of belonging and tomorrow's hopes of fitting in. EPs yearn to be virtuous leaders,[22] grounded in and driven by ideals of practice, and belonging to an esteemed community of practice.[23] Theoretically, the ED work environment should provide that opportunity, but as demonstrated, a vastly different practice is encountered. Yet, EPs remain hopeful that they can, through practical rites of passage, become established and respected leaders within ED.

Limitations

There are several limitations to the present study potentially contributing to bias. Our convenience sampling method, which recruited FACEMs enrolled in a leadership development programme, may have led to response bias. Specifically, it is conceivable that FACEMs who self-selected into the leadership programme and, in turn, completed the survey did so because they do not experience the ED as a leader identity workspace. However, they were recruited from multiple sites, representing a common experience for ED leaders. As noted, the same institution may serve as an identity workspace for some group members and not for others.[5] Addressing this question is beyond the scope of qualitative study but could be addressed in a quantitative study with a representative sample of FACEMs.

Conclusion

The role of EDs as identity workspaces is paradoxical, as within the same workspace there are both identity threats and identity opportunities.[16] EDs are a source of tensions and stressors for leaders,[24] but our study reveals that they also provide a guide of how ED leaders should be, and a framework for how they can become. Ultimately, EPs should have reason for optimism because improvements in leadership knowledge, workplace practices and organisational culture will only serve to foster ED leadership capacity and effectiveness.

Acknowledgements

The authors acknowledge Cornelia Brown for her research assistance with this project. Open access publishing facilitated by Griffith University, as part of the Wiley - Griffith University agreement via the Council of Australian University Librarians.

Competing interests

None declared.

Data availability statement

Data available on request from the authors.

References

1. Wilson S, Rixon A, Hartanto S, White P, Judkins S. Systematic literature review of leadership in emergency departments. *Emerg. Med. Australas.* 2020; **32**: 679–82.
2. Wong LY, Wilson S, Rixon A, Sendjaya S. Reframing leadership: leader identity challenges of the emergency physician. *Emerg. Med. Australas.* 2022; **34**: 127–9.
3. Chreim S, Langley A, Comeau-Vallée M, Huq J-L, Reay T. Leadership as boundary work in healthcare teams. *Leadership* 2013; **9**: 201–28.
4. Rixon A, Wilson S, Hussain S, Terziovski M, Judkins S, White P. Leadership challenges of directors of emergency medicine: an Australasian Delphi study. *Emerg. Med. Australas.* 2020; **32**: 258–66.
5. Petriglieri G, Petriglieri JL. Identity workspaces: the case of business schools. *Acad. Manag. Learn. Edu.* 2010; **9**: 44–60.
6. Bertolotti F, Tagliaventi MR, Dosi C. From lone wolves to members of the pack: exploring interpersonal identity work within identity workspaces. *J. Organ. Behav.* 2021; **43**: 620–42.
7. Braun V, Clarke V. *Thematic Analysis: A Practical Guide*. London: SAGE, 2021.
8. DelveTool. *Coding Software*. Delve, 2023. [Cited 7 Nov 2023.] Available from URL: https://delvetool.com
9. Berghout MA, Oldenhof L, van der Scheer WK, Hilders C. From context to contexting: professional identity un/doing in a medical leadership development programme. *Sociol. Health Illn.* 2020; **42**: 359–78.
10. van de Riet MCP, Berghout MA, Buljac-Samardzic M, van Exel J, Hilders C. What makes an ideal hospital-based medical leader? Three views of healthcare professionals and managers: a case study. *PLoS One* 2019; **2019**: e0218095.
11. Kreindler SA, Dowd DA, Dana Star N, Gottschalk T. Silos and social identity: the social identity approach as a framework for understanding and overcoming divisions in health care. *Milbank Q.* 2012; **90**: 347–74.
12. Howieson WB, Bushfield S, Martin G. Leadership identity construction in a hybrid medical context: 'Claimed' but not 'granted'. *Eur. Manag. J.* 2023. https://doi.org/10.1016/j.emj.2023.04.012
13. Edmondson A. Psychological safety and learning behavior in work teams. *Adm. Sci. Q.* 1999; **44**: 350–83.
14. Spurgeon P, Mazelan PM, Barwell F. Medical engagement: a crucial underpinning to organizational performance. *Health Serv. Manage. Res.* 2011; **24**: 114–20.
15. Long PW, Spurgeon P, Loh E, Mazelan P, Barwell F. Australian doctors are more engaged than UK doctors: why is this the case? *BMJ Leader* 2022; **6**: 92–7.
16. Bataille CD, Vough HC. More than the sum of my parts: an intrapersonal network approach to identity work in response to identity opportunities and threats. *Acad. Manage. Rev.* 2022; **47**: 93–115.
17. Carter AD, Sims CM, Hutchins HM, Williams M. Coaching the imposter: developing emerging leaders as they negotiate identity and imposter concerns. In: Ghosh R, Hutchins HM, eds. *HRD Perspectives on Developmental Relationships*. Palgrave Macmillan, 2022; 65–95.
18. Yip J, Trainor LL, Black H, Soto-Torres L, Reichard RJ. Coaching new leaders: a relational process of integrating multiple identities. *Acad. Manag. Learn. Edu.* 2020; **19**: 503–20.
19. Spyridonidis D, Hendy J, Barlow J. Understanding hybrid roles: the role of identity processes amongst physicians. *Public Adm.* 2015; **93**: 395–411.
20. Goldman E, Plack M, Roche C, Smith J, Turley C. Learning in a chaotic environment. *J. Workplace Learn.* 2009; **21**: 555–74.
21. Jennings RE, Lanaj K, Koopman J, McNamara G. Reflecting on one's best possible self as a leader: implications for professional employees at work. *Pers. Psychol.* 2021; **75**: 69–90.
22. Newstead T, Dawkins S, Macklin R, Martin A. We don't need more leaders – we need more good leaders. Advancing a virtues-based approach to leader(ship) development. *Leadership Q.* 2021; **32**: 101312.
23. Allen KA, Kern ML, Rozek CS, McInereney D, Slavich GM. Belonging: a review of conceptual issues, an integrative framework, and directions for future research. *Aust. J. Psychol.* 2021; **73**: 87–102.
24. Johnston A, Abraham L, Greenslade J *et al.* Review article: staff perception of the emergency department working environment: integrative review of the literature. *Emerg. Med. Australas.* 2016; **28**: 7–26.