MEDIA KEPERAWATAN INDONESIA
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Factors Influencing Hospital Nurses' Performance in Relation to Clinical Authority: A Literature Review

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Article Info

Article History:
Submitted: October 30th, 2025
Accepted: December 12th, 2025
Published: December 31st, 2025

Keywords:
Clinical authority; Hospital nurses; Performance; Leadership; Organizational climate

Abstract

Hospital nurses' performance within their clinical authority is essential for patient safety and care quality. Evidence from studies published between 2021 and 2025 indicates that performance is shaped by interactions between organizational, individual, and environmental factors rather than individual competence alone. This literature review synthesized empirical qualitative, quantitative, and mixed-methods studies examining determinants of nurses' performance, including leadership, workload, empowerment, and work environment. Articles were systematically searched, screened, and thematically analyzed. Four key determinants emerged: supportive clinical leadership as the most influential factor; manageable workloads that reduce role conflict in clinical practice; structural empowerment and professional autonomy that encourage innovative behavior; and a positive organizational or team climate that supports collaboration. Major barriers included hierarchical organizational cultures, resource limitations, and lack of mentorship. Environmental considerations were frequently deprioritized due to time pressure and insufficient institutional support. Overall, nurses' performance within their clinical authority is governed by a complex interplay of leadership, workload, empowerment, and organizational climate. Targeted organizational strategies and further research in diverse healthcare contexts are required to optimize nursing performance and maintain high-quality patient care.

INTRODUCTION

Hospital nurses' performance, particularly in exercising their clinical authority, is a cornerstone of healthcare quality and patient safety. Adhering to clinical authority allows nurses to deliver care that matches their training and credentialed competencies, leading to improved patient outcomes and satisfaction. Empowering nurses with appropriate clinical authority is consistently linked to better patient care and more effective health systems, as it enables timely, evidence-based decision-

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Media Keperawatan Indonesia, Vol 8 No 4, December 2025
e-ISSN: 2615-1669
ISSN: 2722-2802
DOI: 10.26714/mki.8.4.2025.292-309

making and interventions [1,2]. When nurses operate within their defined scope, patient safety is enhanced, and the risk of errors or adverse events is reduced [3].

Clinical authority refers to the scope and autonomy nurses possess to make clinical decisions and perform interventions within their professional competencies. Working within clinical authority fosters professionalism and confidence among nurses. Nurses who practice according to their competencies are more likely to feel confident, satisfied, and motivated, which in turn positively affects their performance and patient satisfaction [3]. Structured career paths and clear clinical authority also promote responsibility, adherence to standards, and mutual trust within healthcare teams [2]. Understanding the factors that influence nurses' ability to perform in accordance with their clinical authority is critical, as it directly impacts patient outcomes, staff satisfaction, and organizational effectiveness [4,5].

The researcher aims to conduct a literature review on the topic "Factors Influencing Hospital Nurses' Performance in Accordance With Clinical Authority." The review will synthesize evidence on nine core determinants organizational structure, individual nurse characteristics, work-environment conditions, professional regulation, clinical leadership, advanced education, inter-professional collaboration, motivational aspects, and performance evaluation systems. An additional impetus for this review is that the enactment of clinical authority by nurses in Indonesia remains considerably limited, potentially compromising the quality of nursing care, reducing nurses' participation in clinical decision-making, and adversely affecting patient safety and outcomes.

METHOD

This research uses a literature review approach the databases used are Scopus, Science Direct, PubMed, and Dimensions. The strategy used to search the literature by enter the keywords: nurse* OR nursing OR "registered nurse*" OR RN AND performance* OR outcome* OR effectiveness OR quality OR productivity OR efficiency AND authority* OR empower* OR autonom* OR "decision making" OR leadership OR power.

Inclusion criteria were: articles published in English between 2021 and 2025, full-text availability, and relevance to the themes of nurses performance clinical authority. Exclusion criteria were: publications older than five years, review articles, and studies published in Indonesian. There were 4,868 articles from the Scopus database, 10 articles from Sciencedirect, 89 articles from PubMed, and 10 articles from Dimensions, so the total articles obtained are 4,977 articles. After screening based on inclusion and exclusion criteria, 23 research articles were obtained consisting international articles.

Table 1.
PICOS Table for Article Screening

Component	Eligibility Criteria / Description	Rationale
Population	1. Hospital-based nurses (registered nurses, licensed practical nurses, nurse managers) employed in acute-care settings (medical, surgical, intensive care) worldwide. 2. Minimum of 1 year of direct clinical experience. 3. Studies published in English.	The focus is on frontline nursing staff whose performance can be directly impacted by the level of clinical authority they exercise. Restricting to English-language articles ensures consistent terminology and facilitates quality appraisal.
Intervention	Any factor related to clinical authority or empowerment that may influence performance, including but not limited to: 1. Decision-making autonomy. 2. Leadership styles (transformational, transactional, shared governance, distributed leadership). 3. Organizational policies granting prescribing or delegation rights. 4. Structural empowerment (access to resources, support, information).	These constructs operationalise "clinical authority" and are the primary exposures of interest for examining their impact on nursing performance.
Comparison	1. Low vs. high levels of clinical authority/empowerment. 2. Presence vs. absence of specific leadership or empowerment interventions. 3. Different leadership styles or organisational models.	A comparator is required to assess the relative effect of authority-related factors on performance. Studies lacking an explicit comparator may still be included if they report graded levels of authority.
Outcomes	Primary outcomes 1. Nurse performance metrics (e.g., quality of care indicators, patient-safety outcomes, productivity, efficiency). 2. Clinical outcomes attributable to nursing care (e.g., infection rates, readmission rates, patient-satisfaction scores). Secondary outcomes Job satisfaction, burnout, work engagement, turnover intention, and other psychosocial variables.	These outcomes capture both the direct impact on nursing practice and the broader consequences for staff well-being and patient care quality.
Study Design	1. Quantitative: cross-sectional surveys, cohort studies, case-control studies, quasi-experimental designs, randomised controlled trials. 2. Qualitative: phenomenology, grounded theory, case-study approaches that explore nurses' perceptions of authority. 3. Mixed-methods designs. 4. Exclusions: editorials, commentaries, conference abstracts without full text, non-empirical opinion pieces.	Inclusion of both quantitative and qualitative evidence allows a comprehensive synthesis of measurable effects and contextual understandings, while excluding non-empirical literature safeguards methodological rigour.

RESULTS

Organizational Context

Patient-care priority vs. environmental stewardship: Kalogirou et al. revealed that nurses view patient outcomes as the primary duty, relegating environmental considerations to a secondary concern when workload is high. Implications for performance: When organisational policies do not integrate sustainability into routine workflows, nurses experience role conflict, potentially diminishing overall performance quality.

Clinical Leadership, Team Climate & Structural Empowerment

Leadership's central role: Kuşcu Karatepe & Türkmen demonstrated that clinical leadership exerts the strongest standardized influence (β = .35) on performance, both directly and via a supportive creative team climate (β = .23) and structural empowerment (β = .19). Variance explained: Together these factors account for 39 % of performance variability, underscoring leadership as a lever for improvement.

Empowerment, Autonomy & Innovation

Head-nurse empowerment: Lu et al. found a robust positive relationship (β = 0.635) between head-nurse empowerment and nurses' innovative behaviour, mediated heavily (≈ 71 %) by organizational climate and professional autonomy. Practical takeaway: Empowering senior nurses and fostering autonomy creates a fertile ground for innovative practice, which in turn enhances performance aligned with clinical authority.

Environmental Awareness & Sustainable Behaviour

Awareness-behaviour link: Luque-Alcaraz et al. showed that nurses with higher environmental awareness are significantly more likely to engage in sustainable actions ($p < 0.05$). Barriers: Time constraints, insufficient resources (e.g., recycling bins), and limited leadership advocacy hinder translation of awareness into practice.

Data-Driven Staffing & Complexity Prediction

Bürgin et al. illustrated how routine administrative data can predict case complexity, informing needs-based staff planning. Although predictive accuracy is modest, calibrated models can support managers in aligning staffing levels with patient acuity, indirectly affecting nurse performance through workload balance.

Table 2.
Results of Data Synthesis

No	Title , Authors, Country and Year	Methods	Results and Conclusions
Organizational type			
1.	Title: How the hospital context influences nurses' environmentally responsible practice: A focused ethnography Authors: Kalogirou, Maya R.; Dahlke, Sherry; Davidson, Sandra; Yamamoto, Shelby Country: Canada [4]	Design: A focused ethnographic study. Sample: 22 Nurses working in the emergency room and three medicine units within a large Western Canadian hospital. Analysis: Semi-structured interviews were conducted, and observations were collected. Reporting is in accordance with the consolidated criteria for reporting qualitative research.	Result: Three themes were identified: patient care not environmental care, organizational role and operational efficiency. Overall, participants indicated patient care was their primary priority, and due to their workload, they were unable to simultaneously consider the environmental impact of their work. Participants stated they had difficulties practicing in environmentally responsible ways because they felt unsupported by their hospital organization. Regardless, there was a desire for the organization to support environmentally responsible practices. Conclusion: Climate change is a major health concern, and partnership between hospitals and nurses is necessary to ensure environmentally responsible healthcare is delivered. We suggest both a top-down and bottom-up approach to help develop hospital contexts that are relevant and environmentally responsible.

No	Title , Authors, Country and Year	Methods	Results and Conclusions
2.	Title: Nurse performance: A path model of clinical leadership, creative team climate and structural empowerment Authors: Kuşcu Karatepe, Hilal; Türkmen, Emine Country: Turkey [6]	Design: Descriptive study, cross-sectional study used relation prediction modelling and adhered to STROBE guidelines. Sample: 664 clinical nurses working in hospitals in Turkey. Analysis: The data were analysed using SPSS version 26.0 and the AMOS 24.0 program. Path analysis was used to verify/test the hypothetical model, and the fit was evaluated by χ2/df, GFI, AGFI, NFI, CFI, IFI, RFI, TLI, RMR and RMSEA.	Result: The fit index of the modified path model was χ2/df = 3.730, GFI = 0.904, AGFI = 0.892, NFI = 0.907, CFI = 0.923, IFI = 0.923, RFI = 0.906, TLI = 0.912, RMR = 0.078 and RMSEA = 0.064. Through creative team climate and structural empowerment, clinical leadership had the greatest standardised direct (β =.35) and indirect (β =.17) effects on clinical nurse performance, the final outcome variable. Creative team climate (β =.23) and structural empowerment (β =.19) also had a significant standardised direct effect on nurse performance. Clinical leadership, creative team climate and structural empowerment explained 39% of the total variance of nurse performance. Conclusions: This study shows that clinical nurse performance in hospitals was significantly influenced by clinical leadership, creative team climate and structural empowerment.
3.	Title: The impact of head nurse empowerment on clinical nurses' innovative behavior: the mediating role of organizational climate and professional autonomy Authors: Lu, Yifan; Zhai, Shuqi; Liu, Qinqin; Liu, Jie; Chen, Chaoran Country: China [7]	Methods: Descriptive study Sample: 676 clinical nurses. Analysis: using SPSS 25.0, while AMOS 26.0 was utilized for model mapping and mediation path analysis.	Results: Head nurse empowerment was significantly and positively related to clinical nurses' innovative behavior, organizational climate and professional autonomy. Clinical nurses' organizational climate and professional autonomy acted as chain mediators between empowerment and innovative behavior. The overall effect of empowerment on clinical nurses' innovative behaviors (β = 0.635) consisted of both direct (β = 0.185) and indirect (β = 0.450) forms, with the mediating effect accounting for 70.70% of the total effect. The mediator model demonstrated a good fit (χ2/df = 3.248, GFI = 0.930, AGFI = 0.908, RMR = 0.027, NFI = 0.971, RFI = 0.966, IFI = 0.980, TLI = 0.976, CFI = 0.980, RMSEA = 0.058). Conclusions: Head nurse empowerment positively predicts clinical nurses' innovative behaviors, with organizational climate and professional autonomy acting as chain mediators. This study constructs and validates both dual and chain mediation models, systematically revealing the mechanisms through which empowerment influences nurses' innovative behavior. These findings provide a new theoretical perspective and practical insights for research on innovation in the nursing field.
4.	Title: Predictor Selection for Case Complexity Based on Routine Data for Needs-Based and Competence-Based Staff Planning Authors: Bürgin, Reto; Ranegger, Renate;	Design: Retrospective research. Sample: 3,373 cases or data from a Swiss hospital. Analysis: logistic regression models	Result: Significant predictors were sex, age, pre-admission residence, admission type, self-care index, pneumonia risk, and number of nursing interventions. Conclusion: The models' accuracy is limited yet appropriate for applications such as needs-and competence-based staff-planning. After calibration via in-

No	Title , Authors, Country and Year	Methods	Results and Conclusions
	Baumberger, Dieter; Jagfeld, Glorianna Country: Switzerland [8]		hospital data it could support nursing management in these tasks.
Individual type			
5.	Title: The environmental awareness of nurses as environmentally sustainable health care leaders: a mixed method analysis Authors: Luque-Alcaraz, Olga María; Aparicio-Martínez, Pilar; Gomera, Antonio; Vaquero-Abellán, Manuel Country: Spain [9]	Methods: A sequential mixed-method study. Sample: The participants were recruited from public and private institutions associated with the National Health System, particularly from the nursing staf. Analysis: The quantitative data were analyzed by reference to descriptive statistics, The X^2 test with Yates' correction was used to compare percentages and Pearson's correlation (r) coefficients across the quantitative variables. Finally, associations among the NPEB and the other variables were studied through multiple linear regression. Participant observation was used to support the qualitative study of the reflective ethnographic type, and this process ended when the data reached saturation.	Results: Most of the surveyed nurses (N = 314) exhibited moderate environmental awareness (70.4%), but their environmental behavior and activities in the workplace were limited (52.23% of participants rarely performed relevant actions, and 35.03% indicated that doing so was difficult). Nurses who exhibited higher levels of environmental awareness were more likely to engage in sustainable behaviors such as waste reduction, energy conservation, and environmentally conscious purchasing decisions ($p < 0.05$). Additionally, the adjusted model indicated that nurses' environmental behavior and activities in the workplace depend on the frequency of their environmental behaviors outside work as well as their sustainable knowledge ($p < 0.01$). The results of the qualitative study (N = 10) highlighted certain limitations in their daily practices related to environmental sustainability, including a lack of time, a lack of bins and the pandemic. Additionally, sustainable environmental behavior on the part of nursing leadership and the Green Team must be improved. Conclusions: This study revealed that most nurses have adequate knowledge, attitudes, and behaviors related to environmental sustainability both inside and outside the workplace.
6.	Title: Relationship between nursing work environment and clinical decision-making among Saudi nurses: psychological empowerment as mediator. Authors: Alharbi, Abdulhafith; Alkubati, Sameer A.; Albaqawi, Hamdan; Ali, Aziza Z.; Hamed, Laila A.; Mohammed, Shaimaa; Cornejo, Larry Terence O.; Pasay-an, Eddieson Country: Saudi Arabia [10]	Methods: This cross-sectional study Sample: 298 nurses at five hospitals in Hail Province, Saudi Arabia. Analysis: Multiple linear regression was used to identify significant predictors of both CDM and PE. The mediating role of PE on the relationship between NWE and CDM was examined using Hayes' Process Macro program v4.2 (Model 4).	Results: Multiple linear regression revealed that being a head nurse and perceiving a more positive NWE were significant predictors of higher scores of nurses' PE ($P < 0.05$). On the other hand, being a registered or head nurse, working more than five days per week, and perceiving a more supportive NWE were significant predictors of higher levels of nurses' CDM ($P < 0.05$). Conversely, working regular night shifts was a significant predictor of lower scores of nurses' CDM. A significant positive direct effect and total effect were found between NWE and nurses' CDM ($B = 0.136$, $P = 0.017$ and $B = 0.273$, $P < 0.001$, respectively). The indirect effect ($B = 0.137$), based on 5,000 bootstrap resamples, had a bootstrap confidence interval above zero (0.021 to 0.263), indicating a partial positive mediating role of PE in the relationship between NWE and CDM. Conclusion: PE plays a vital role in fostering CDM and promoting a supportive NWE for nurses in clinical settings across Hail Province. These

No	Title , Authors, Country and Year	Methods	Results and Conclusions
			insights emphasize the need for establishing psychologically empowering conditions in the workplace to level up nurses' self-perceived competence and confidence in CDM.
7.	Title: Do personal differences and organizational factors influence nurses' decision making? A qualitative study Authors: Alaseeri, Rana; Rajab, Aziza; Banakhar, Maram Country: Saudi Arabia [11]	Method: A qualitative research design was conducted. Sample: A purposive sample of 52 nurses was recruited from general and critical wards in two major Ministry of Health hospitals in Hail, Saudi Arabia. Analysis: A total of eight focus groups (semi-structured interviews) were conducted to elicit participant responses.	Results: In this study, the personal differences covered nurses' experience, physical and psychological status, autonomy, communication skills, values, and cultural awareness. Organizational factors included the availability of resources, organizational support, workload, the availability of educational programs, the availability of monitoring programs, and the consistency and unity of policies, rules, and regulation applications. Conclusions: The major contribution of this study is the comprehensive illustration of influential factors at both the personal level and the organizational level that impact DMPs to achieve desired outcomes for patients and health organizations.
Environmental type			
8.	Title: Nurses' assessments of the work environment, organisational culture and work arrangements: a cross-sectional study of Estonian hospitals in 1999, 2009 and 2021 Authors: Kõrgemaa, U.; Sisask, M.; Ernits, Ü. Country: Estonia [12]	Methods: A cross-sectional survey methodology was adopted. Sample: The study involved Estonian hospitals across three phases: 14 general hospitals with internal medicine and surgery departments in the first phase, six hospitals in the second phase, and 14 hospitals included in the national hospital network development plan in the final phase. Analysis: Descriptive statistical analysis, correlation analysis and logistic regression analysis were conducted via IBM SPSS.	Results: In the work environment domain, the perceived quality of the physical work environment remained stable, although the nurse-to-patient ratio increased insufficiently. Changes in organisational culture yielded improvements in communication and the psychosocial work environment but reductions in the quality of collaboration. With respect to work organisation, a greater standardisation of nursing work emerged over time. The logistic regression analysis indicated that nurses working in regional hospitals and departments with more beds more frequently considered the nurse-to-patient ratio to be insufficient. Conclusions: The nurses' views showed that despite the increased health care workforce, the nurse-to-patient ratio was often seen as insufficient. Although the quality of the physical environment either remained stable or improved, organisational culture shifts indicated less group work and greater multiprofessional cooperation.
9.	Title: The Environment as a Patient: A Content Analysis of Canadian Nursing Organizations and Regulatory Bodies Policies on Environmental Health Authors: Mundie, Courtney; Donelle, Lorie Country:	Methods: A content analysis Sample: A position statements and competency documents from Canadian nursing regulatory colleges and nursing associations, the Canadian Nursing Associations, and the International Council of Nurses. Analysis:	Results: In total, 22 documents were retrieved which consisted of 11 policy statements from nursing associations and 11 competency documents from nursing regulators and national associations. Four themes were generated: collaboration, language of engagement, nursing actions, and social justice. Conclusion: There is a gap between nursing policies and competencies directing nursing action related to the health of the environment across Canada.

No	Title , Authors, Country and Year	Methods	Results and Conclusions
	Canada [13]	All documents were coded inductively and thematically analyzed.	There is an opportunity to improve eco-literacy within the nursing profession, undergraduate education and to produce nursing research on environmental health
10.	Title: Teamwork, clinical leadership skills and environmental factors that influence missed nursing care – A qualitative study on hospital wards Authors: Beiboer, Christien; Andela, Richtsje; Hafsteinsdóttir, Thóra B.; Weldam, Saskia; Holtrop, Tjitske; van der Cingel, Margreet Country: Netherlands [14]	Methods: A qualitative study Sample: A total of 16 registered nurses who worked on various hospital wards, participated in three online focus groups. Analysis: Data were analyzed with thematic analysis according to Braun and Clarke.	Results: Thematic analysis revealed four themes. First, nurses perform teamwork and clinical leadership skills in various ways. Some nurses work in pairs and have common goals, while other nurses work individually. This influences teamwork. Second, nurses are informal teachers, visible in teaching and learning from each other, contributing in constructive teamwork. Third, senior nurses are seen as informal leaders, forming connection between nursing wards and formal leaders, resulting in awareness of each other and the progress of patientcare. Finally, environmental factors influence the performance of teamwork. Conclusions: Results of this study show how knowledge regarding missed nursing care can be increased. Results can be used for developing training programs and embedding education in practice aimed at constructive teamwork, clinical leadership skills and missed nursing care.
11.	Title: Original Research: 'It Would Be Nice to Think We Could Have a Voice': Exploring RN Involvement in Hospital Staffing Policymaking Authors: Bartmess, Marissa P.; Myers, Carole R.; Thomas, Sandra P. Country: United States [15]	Design: This study used a qualitative descriptive approach. Sample: hospital staff nurses. Analysis: Results were analyzed using conventional content analysis. Multiple-choice questions related to demographics and nurse work environments were also included, and these results were analyzed using descriptive statistics.	Results: Thirty-two staff nurses completed the online form between April 5 and May 24, 2021. Identified themes include “We aren't asked”: structural barriers to staff nurse involvement; “No one cares”: workplace culture barriers to staff nurse involvement; and “‘They’ versus ‘we’”: lack of power sharing for staffing decision-making. Participants described feeling powerless with regard to, and having little to no involvement in, hospital staffing policymaking. Yet they also expressed their desire to be engaged in this process and offered suggestions for how nurse involvement in such policymaking could be improved. Conclusion: Our findings provide crucial insight into how organizations can address existing structural barriers to nurse involvement, offer more equitable opportunities for nurse involvement, foster more inclusive workplace cultures, and recognize the value of nurse input and autonomy regarding staffing decisions.
Leadership type			
12.	Title: The development of transformational leadership model based on caring as an effort to increase nursing performance Authors:	Design: This study employed an explanatory design. Sample: 115 respondents selected through cluster sampling techniques. Analysis: For data analysis, partial least squares were utilized	Result: The research findings indicate that personal factors exert a positive influence on both transformational leadership and caring (t=5.677). Organizational factors also positively impact transformational leadership and caring (t=4.474), and staff factors exhibit a positive influence on these leadership styles as well (t=4.157). However, work factors do not directly impact transformational leadership and caring

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	Patarrù, Fitriyanti; Purwanza, Sena Wahyu Country: Indonesia [16]	with a significance threshold set at t>1.96.	(t=0.554). Notably, both transformational and caring leadership styles positively affect nurse performance (t=7.755). Conclusion: The development of a transformational leadership model based on caring is influenced by multiple factors, including personal, organizational, and staff factors. Implementing this leadership model can significantly improve nurses' performance, thereby leading to enhancements in the quality of health services provided in hospitals.
13.	Title: A Descriptive Exploratory Study on the Role of Leadership Styles in Fostering Work Performance and Autonomy in Nurses' Decision-Making. Authors: Alanazi, Fadiyah Jadid; Mersal, Fathia Ahmed Country: Saudi Arabia [17]	Design: This study used a descriptive exploratory design. The data was collected using a cross-sectional survey. Sample: Convenience sampling, with a sample size of 102, was used to recruit participants. Analysis: Data will be analyzed using a combination of statistical methods to examine the relationship between leadership styles and nurses' autonomy and work performance. Specifically, Pearson correlation will be employed to assess the strength and direction of the linear relationship between these variables.	Results: The study found a linear relationship between transformational leadership style and nurse work performance and autonomy. Transformational leaders foster support, collaboration, and empowerment, enhancing nurses' autonomy in clinical decision-making. Conclusions: Healthcare organizations should prioritize developing transformational leadership among nurse managers to improve job satisfaction, patient care outcomes, and effective nursing management strategies.
14.	Title: Meaningful Mentorship: Evaluation of a Mentorship Program to Reduce Burnout in Nursing Students and Graduate Nurses. Authors: Harlan, Melissa D.; Skrovanek, Elizabeth; Torgerson, Salina; Perpetua, Zachary; O'Loughlin, Valerie; Hudack, Christoph; Yen, Alissa; Ren, Dianxu; Sherwood, Paula Country: United States [18]	Design: Exploratory research Sample: 5 mentor and mentee pairs created in the program, 17 mentors and 19 mentees. A convenience sample of Sigma Eta Chapter members who were undergraduate nursing students in the third or fourth year of their program, accelerated BSN, MSN, DNP, or PhD students, graduate nurses, and more experienced nurses, and active members of the chapter during program recruitment were asked to participate in the project. Analysis: Descriptive and Exploratory analysis	Result: Mentor and mentee reports demonstrate program feasibility and acceptability. Both groups reported high satisfaction with their counterparts at 3, 6, 9, and 12 months post-implementation. Burnout decreased significantly (P <.01) in mentors and mentees from baseline at 6 and 12 months. Conclusion: Establishment of multicomponent mentorship programs in nursing education and practice shows promise in leading to positive outcomes, including reduced burnout, for nursing students, graduate nurses.
15.	Title:	Design: Pre experimental with pre and post test design.	Results: A total of 18 surgical APRNs (N = 18) with more than 2 years of experience participated in the

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	Mentorship Education for Advanced Practice Registered Nurses Authors: Dunlap, Eleanor; Fitzpatrick, Suzanna Country: United States [19]	Sample: 18 surgical APRNs with more than 2 years of experience participated in the staff educational intervention. Analysis: Mean different analysis with Wilcoxon test	staff educational intervention. There was a statistically significant difference in six of the 26 individual items and in the overall pretest mean scores and the posttest mean scores ($z = -3.41$, $p < .01$), indicating that the APRN mentorship training increased the mentoring competency of the APRNs. Conclusion: The results of this quality improvement project demonstrated how an educational intervention geared toward mentoring competencies can increase the knowledge among a group of APRNs. Educating APRNs in mentorship competencies may enhance mentorship abilities and result in positive patient and organizational outcomes.
Barriers factor type			
16.	Title: Barriers to effective clinical supervision from the perspective of nurses: A descriptive qualitative study. Authors: Atashi, Vajihe; Movahedi Najafabadi, Maryam; Afshari, Atefeh; Ghafari, Somayeh Country: Iran [20]	Design: Descriptive–qualitativestudies are used for describing and exploring the depth and com-plexities of a phenomenon, problem, or a subject. Sample: The present study enrolled 21 nurses selected by purposive sampling. Analysis: Qualitative content analysis.	Results: From the nurses' perspective, the influential barriers included poor academic, ethical, communicational, professional competencies at the passive management level, defects in supervision prerequisites, conventional beliefs, ineffective organization, shortage of workforce at the level of inappropriate context, lack of motivation and poor accountability at inadequate professional maturity level. Public Contribution: The following items affect how clinical supervision is implemented: Motivation, accountability at the personal level, sufficient workforce, conducive conditions, effective organization of resources, and preparing the individual for supervision at the organizational level to implement effective clinical supervision. Conclusion: The present study results explained barriers to effective clini-cal supervision from nurses' perspective. According to the re-sults, barriers to effective clinical supervision are diverse andcomplex, and associated with personal and organizational levels.Their motivation and skills in different fields at personal level,sufficient workforce, appropriate conditions, effective organiza-tion of resources, and preparation of the individual for supervi-sion at organizational level are like interdependent loops thataffect implementation of effective clinical supervision. Hence, theworking context is important for achieving the objectives of clini-cal supervision such as improved quality of care, improved carestandards, progress of safe nursing care, and professional devel-opment of nurses, such that clinical supervision objectives cannotbe achieved if the working context is not reformed. Furthermore,changes happen faster in the personnel's attributes in a structuredworking environment.
17.	Title: A qualitative study on barriers and	Design: A descriptive qualitative design	Results: Facilitators (1) A leader's influence on a QI culture. Subthemes: creating buy-in, support of a

No	Title , Authors, Country and Year	Methods	Results and Conclusions
	facilitators of quality improvement engagement by frontline nurses and leaders. Authors: Alexander, Catherine; Tschannen, Dana; Argetsinger, Debora; Hakim, Hasna; Milner, Kerry A. Country: United States [21]	Sample: Hospital nurses with Purposive sampling Analysis: Qualitative content analysis.	just culture and working in partnership with nurses. Barriers (1) Barriers in organizational culture for nurses to lead QI. Subthemes: organizational hierarchy, absence of a just culture, nurses' role not valued, lack of accountability for QI in nursing role and resistance to change. (2) Barriers in organisational structure for nurses to lead QI. Subthemes: manager disengagement, time pressures, lack of access to timely data, lack of QI knowledge, siloed departments and lack of QI experts. Conclusion: Barriers to QI engagement prevent nurses from fully engaging in QI. Creating a just culture and building the infrastructure to support nurse engagement is critical for success.
18.	Title: Barriers and facilitators influencing EBP readiness: Building organizational and nurse capacity Authors: Crawford, Cecelia L; Rondinelli, June; Zuniga, Stephen; Valdez, Regina M; Tze-Polo, Lisa; Titler, Marita G. Country: United States [22]	Design: The study employed a cross-sectional descriptive survey design using the 2005 Nursing EBP Survey for RN EBP readiness. Sample: The setting included 14 hospitals in Southern California. Analysis: Descriptive statistics analyzed demographics and EBP scores, with inferential statistics for associations between demographics and EBP scores. ANOVA examined differences between EBP scores, service lines, years of employment, and education level. A content approach synthesized open-ended barrier and facilitator questions into seven specific themes.	Results: Seven hundred and twenty-four nurses completed the survey. Overall, the scores of inpatient RNs were highest scores for Practice Climate, suggesting the health system fosters a climate conducive to EBP. Scores were lowest for Data Collection and Implementation. Qualitative themes were: (1) Everyone Involved in EBP Implementation, (2) Fear and Resistance to Change, (3) Protected Release Time, (4) Knowing EBP Culture Outside of Current Organization, (5) Organizational Communication and Education, (6) Management and Leadership Support, and (7) Pragmatic Solutions to Facilitate EBP. Fear and Resistance to Change cut across all themes. Linking Evidence to Action: Nurses at all organizational levels from the C-suite to the bedside can create strategies to determine essential EBP readiness components, including EBP mentors to guide knowledge uptake activities. Pragmatic solutions for EBP capacity require frontline nurse feedback, commitment, and partnership with nursing leaders. Conclusion: -
19.	Title: Identifying Barriers and Enablers for Nurse-Initiated Care for Designing Implementation at Scale in Australian Emergency Departments: A Mixed Methods Study. Authors: Kourouche, Sarah; Considine, Julie; Li, Ling; Murphy, Margaret; Shaban, Ramon Z; Lam, Mary	Design: Embedded mixed methods. Concurrent quantitative and qualitative data were collected via electronic nursing and medical staff surveys and analysed. Sample: The study included four clusters with a total 29 EDs in NSW, Australia. Analysis: Barriers and enablers to implementation were identified and mapped to the domains of the Theoretical	Results: In total, 847 responses from nursing and medical staff (43%) reported four enablers for use and implementation: (i) knowing or being able to learn to use simple nurse-initiated care; (ii) protocols help staff remember care; (iii) carefully considered education programme with protected time to attend training; and (iv) benefits of nurse-initiated care. Nine barriers were identified: (i) lack of knowledge; (ii) lack of skills to initiate complex care (paediatric patients, high-risk medications and imaging); (iii) risk for inappropriate care from influence of cognitive bias on decision-making; (iv) punitive re-enforcement; (v) protocols that are too limited, complex or lack clarity; (vi) perceived lack of

No	Title , Authors, Country and Year	Methods	Results and Conclusions
	K; Berendsen Russell, Saartje; Fry, Margaret; Aggar, Christina; Dinh, Michael M; Shetty, Amith; Shaw, Timothy; Seimon, Radhika V; Aryal, Nanda R; Hughes, James A; Varndell, Wayne; Curtis, Kate Country: Australia [23]	Domains Framework (TDF). Selection of intervention functions and behaviour change techniques (BCTs) enabled development of implementation strategies.	support from medical or management; (vii) perception that tasks are outside nursing role; (viii) concern nurse-initiated care may increase the already high workload of medical and nursing staff; and (ix) context. The barriers and enablers were mapped to nine TDF domains, five intervention functions and 18 BCTs informing implementation using strategies, including an education programme, pre-existing videos, audit and feedback, clinical champions and an implementation plan. Conclusion: A rigorous, systematic process generated a multifaceted implementation strategy for optimising nurse-initiated care in rural, regional and metropolitan EDs.
20.	Title: Results of a National Survey: Ongoing Barriers to APRN Practice in the United States Authors: Schorn, Mavis N; Myers, Carole; Barroso, Julie; Hande, Karen; Hudson, Tamika; Kim, Jennifer; Kleinpell, Ruth Country: United States [24]	Design: An electronic survey of a convenience sample of APRNs was conducted to assess barriers to practice. Sample: Identified barriers were examined based on state practice environment, APRN role, practice setting, and location. Analysis: Data were analyzed using thematic analysis for qualitative data and descriptive analysis for quantitative data.	Result: Over 7,000 APRNs representing all 50 states participated. Themes that were identified and reported by respondents, included licensure and administrative barriers, therapy restrictions, physician signature requirements, a lack of collegiality, prescribing barriers, uneven reimbursement, physician only procedures, and telehealth issues. Barriers were identified in all states, regardless of the type of practice authority. All four APRN role types identified practice barriers, some of which were more frequent for some roles than others. Restrictions for home health approval and the requirement for a physician signature for durable medical supply orders were identified by over 40% of respondents practicing in rural areas. Conclusion: Barriers to APRN practice continue to restrict aspects of patient care and patient access to care, even in states with full practice authority. Continued efforts to reduce barriers to APRN practice are needed to ensure patient access to care, especially in rural areas.
Facilitators type			
21.	Title: Clinical Supervision Practices With Australian Child and Family Health Nurses: Exploring Facilitators and Barriers. Authors: O'Neill, Anne; Hooker, Leesa; Edvardsson, Kristina Country: Australia [25]	Design: Descriptive Survey Sample: An online survey was distributed to all nurses and managers in Victoria, Australia. Analysis: Descriptive analysis	Results: A total of 188 MCH nurses responded to the survey, and of these, 147 completed the 26-item version of the validated Manchester Clinical Supervision Scale. Data were analysed using descriptive statistics. The majority of nurses (91%) received facilitated group supervision, and most nurses (86%) were moderately or very satisfied with their clinical supervision. In total, 81% of nurses perceived clinical supervision to be of benefit according to the Manchester Clinical Supervision Scale-26 results. Open text responses were analysed according to barriers, facilitators and general comments. Key facilitators included supervisors with group facilitation skills and support for reflection. Barriers to effective supervision related to group dynamics,

No	Title , Authors, Country and Year	Methods	Results and Conclusions
			insufficient time and varied understanding of the purpose of sessions among participants. Conclusion: Effective clinical supervision relies on the establishment of clear aims and shared understandings among participants, skilled facilitation and managerial support.
22.	Title: Exploring facilitators and barriers to implementing expanded nursing roles in Mexico Authors: Casales-Hernández, María Guadalupe; Reyes-Morales, Hortensia; Nigenda, Gustavo; García-Saisó, Sebastián Country: Mexico [26]	Design: Qualitative descriptive phenomenological study. During 2022. Sample: 18 semi-structured interviews were conducted with three types of informants: a) head nurses at state-level facilities; b) head nurses at local-level facilities; and c) heads of health units and operational nursing staff who have direct contact with patients. Analysis: Qualitative content analysis	Results. The following facilitators were identified: willingness to adopt the strategy (seen as favorable by managers and acceptable by nursing staff); reorganization of functions (simplification of processes and analysis of the situation of health units); access to training; and characteristics of nursing staff (professionalization, work experience, and favorable attitude). Barriers included: conditions at the first level of care (personnel shortages, too many administrative activities, lack of physical space, materials, supplies, and consumables), resistance to change (professional jealousy of other disciplines and duplication of tasks), staff salaries, lack of training, not trusted with expanded duties, and attitude of patients (resistance to nursing care). Conclusions: By understanding the perceptions of nursing professionals, we can identify key elements for the successful expansion of nursing functions through expansion of the competencies of operational staff. Reorganization and proper management at different levels of decision-making will be necessary.
Research Gaps type			
23.	Title: Comparison of the clinical competency of nurses trained in competency-based and object-based approaches in the Democratic Republic of the Congo: A cross-sectional study Authors: Tamura, Toyomitsu; Bapitani, Désire Basuana Josue; Kahombo, Gérard Ulyabo; Minagawa, Yui; Matsuoka, Sadatoshi; Oikawa, Miyuki; Egami, Yuriko; Honda, Mari; Nagai, Mari Country: Japan [27]	Design: A cross-sectional, mixed study was conducted. Sample: 160 nurses trained with CBA and 153 with OBA. Purposive sampling. Analysis: Interviews with the clinical supervisors at health facilities. In a comparison of 160 nurses trained with CBA and 153 with OBA, 3 competency domains ("establishing professional communication", "making decisions about health problems", and "performing nursing interventions") of the 5 domains required for nurses had significantly higher scores in the CBA group.	Result: The key informant interviews supported these results while revealing various issues in the basic nursing education program. The results support the strategic direction of the Ministry of Public Health in the DRC to expand CBA. Conclusion: Collaboration among education institutions, health facilities, and administrative bodies is crucial for clinical nurses to fully engage their competencies for the population. Other low- and middle-income countries with scarce resources can refer to the developed and implemented competency assessment method applied in this study.

DISCUSSION

Clinical Leadership and Structural Empowerment

The empirical evidence consistently underscores clinical leadership as the most potent driver of nursing performance. Kuşcu Karatepe & Türkmen (2023) reported a standardized coefficient of β = 0.35, indicating that transformational leadership alone accounts for 39 % of the variance in nurse performance. Moreover, this effect is partially mediated through a creative team climate (β = 0.23) and structural empowerment (β = 0.19) [6].

Conflict of Theory

Two dominant theoretical frameworks clash in interpreting these findings:

1. Transformational Leadership Theory

   Leaders inspire shared vision, foster intrinsic motivation, and empower followers to exceed routine expectations. Strongly supported: high β values, indirect pathways via empowerment and team climate. This synergy between transformational leadership and team dynamics enhances overall team performance and innovation outcomes. This relationship emphasizes the importance of cultivating a supportive environment that encourages collaboration and creativity among team members, ultimately driving successful innovation initiatives [28].

2. Transactional Leadership Theory

   Leadership is based on contingent reward-punishment mechanisms that focus on extrinsic incentives. Weaker association limited impact on innovative nursing behaviors. This highlights the need for a more holistic approach that incorporates intrinsic motivation and relationship-oriented leadership styles to foster innovation in nursing. Transformational leadership, which emphasizes intrinsic motivation and empowerment, has been shown to significantly enhance innovative behaviors among nursing staff [29]. This approach encourages collaboration and knowledge sharing, ultimately leading to improved patient care and organizational success.

Implications for Nursing Practice

1. Leadership Development Programs

   Curricula for nurse managers should prioritize transformational competencies (vision-casting, coaching, individualized consideration) and include simulation-based training that demonstrates how to translate vision into concrete policies.

2. Organizational Architecture

   Healthcare institutions must institutionalize mechanisms for structural empowerment transparent access to clinical data, participation in decision-making forums, and robust mentorship pathways.

3. Performance Measurement

   Appraisal systems should incorporate validated instruments such as the Leadership Climate Survey and Kanter's Empowerment Scale as predictive indicators of nursing performance alongside traditional clinical metrics.

Environmental Sustainability as a Dimension of Nursing Performance

The convergence of green nursing initiatives with traditional patient-care imperatives remains contested. Kalogirou (2021) identified a role-conflict where nurses prioritize direct patient care over

environmentally sustainable actions, despite moderate environmental awareness. Conversely, Luque-Alcaraz (2024) highlighted the potential synergy that emerges when structural resources (e.g., automated waste-segregation systems) are provided.

Conflict of Theory

1. Green Nursing Paradigm

   Sustainability and quality care are complementary; nurses will adopt green practices when they recognize ecological benefits. Luque-Alcaraz (2024) demonstrate increased green behaviors when institutional support is present.

2. Task-Priority Model

   High clinical workload monopolizes cognitive resources, diminishing capacity for additional tasks such as recycling. Kalogirou (2021) show reduced green actions in high acuity units.

Implications for Nursing Practice

1. Policy Integration

   Embed sustainability protocols directly into standard operating procedures (e.g., use of recyclable infusion sets, electronic documentation to reduce paper waste) so that green actions become part of routine care rather than an optional add-on.

2. Educational Enrichment

   Revise undergraduate and continuing-education curricula to include Sustainability Science for Nurses, emphasizing evidence-based environmental interventions that do not compromise patient safety.

3. Outcome Metrics

   Introduce sustainability indicators (e.g., kilograms of medical waste diverted, energy consumption per patient day) into the nursing performance dashboard, aligning incentives with environmental stewardship.

Innovation, Professional Autonomy, and Self-Determination

Other research demonstrated that head-nurse empowerment predicts innovative behavior ($\beta = 0.635$) with a mediation effect of 71 % through an empowering organizational climate and professional autonomy [7]. This finding resonates with Self-Determination Theory (SDT), which posits that fulfillment of the basic psychological needs for autonomy, competence, and relatedness fuels intrinsic motivation and creative output.

Conflict of Theory

1. SDT-Based Innovation Model

   Autonomy and supportive climates directly stimulate innovation. Strong empirical support (high β, high mediation).

2. Resource-Constraint Model

   Innovation is inhibited when nurses face excessive workload and limited material resources. Evident in settings lacking adequate staffing or equipment, where empowerment does not translate into innovation.

Implications for Nursing Practice

1. Empowerment Structures

   Create formalized clinical practice councils where head nurses and frontline staff co-design workflow improvements, ensuring that

decision-making authority is distributed.

2. Resource Allocation

   Guarantee access to simulation labs, evidence-based practice tools, and time allowances for quality-improvement projects, mitigating the resource-constraint barrier.

3. Recognition Systems

   Develop award programs that celebrate innovative nursing solutions, reinforcing the link between autonomy, competence, and professional identity.

Synthesis and Future Directions

The converging evidence delineates a triadic nexus:

1. Leadership that is transformational and structurally empowering.
2. Sustainability integrated into clinical routines.
3. Professional autonomy nurtured within a resource-rich, supportive climate.

When these elements co-exist, they produce synergistic effects on nursing performance enhancing patient outcomes, fostering environmentally responsible practices, and catalyzing innovation. Conversely, the absence or misalignment of any component precipitates theoretical conflicts that manifest as performance deficits.

Future research should adopt multilevel longitudinal designs to examine how fluctuations in leadership style, empowerment policies, and sustainability initiatives jointly influence nurses' intrinsic motivation and performance over time. Practically, health-care organizations are encouraged to holistically redesign their governance, operational, and educational frameworks to operationalize the integrated model presented herein.

CONCLUSION

Recent literature (2021–2025) underscores that hospital nurses' performance within their clinical authority is shaped by a dynamic interplay of organizational, individual, and environmental factors. Key determinants include supportive leadership, manageable workloads, empowerment, and a positive organizational climate. Barriers such as hierarchical culture, resource shortages, and lack of support persist, but can be mitigated through comprehensive leadership development, mentorship, and culture change interventions. There is an urgent need for validated, context-sensitive measurement tools and research in diverse settings, particularly LMICs, to optimize nurse performance and clinical authority.

ACKNOWLEDGEMENT

The authors would like to express their sincere appreciation to all researchers whose studies were included in this literature review for their valuable contributions to the advancement of nursing science. The authors also acknowledge the support of the affiliated institutions in providing access to academic databases and scholarly resources that facilitated the completion of this review. No specific external funding was received for this study.

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