

Psychological Preparedness and Crisis Leadership Among Nurse Managers: A Systematic Review

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ABSTRACT

Background: The failure to recognize the active role nurse managers play in maintain team morale and productivity, and in ensuring patient outcomes, was brought to light by the crisis of the COVID-19 pandemic. Achieving psychological preparedness and essential leadership are important to defeat challenges such as burnout, resource shortages, and decision making under pressure. However, little is known about strategies that assist nurse managers to lead effectively in times of crises.

Aim: The aim of the study is to explore psychological preparedness and leadership strategies of nurse managers, through the prism of resilience, leadership styles, communication and organizational support in healthcare crises.

Method: PRISMA guidelines were followed by a systematic review. A search for studies published between 2020 and 2024 was conducted in five databases (PubMed, Scopus, CINAHL, Google Scholar, and PsycINFO). Psychological preparedness, leadership behaviors, and crisis management among nurse managers were examined in ten peer reviewed studies. Key themes were identified using data synthesis.

Results: Four major themes emerged: psychological resilience, adaptive and servant leadership, effective communication and strong institutional support. Resilience building measures and adaptive leadership styles were identified as critical for reducing burnout and increasing team performance, which were the focus of seven studies. Good crisis leadership was dependent upon transparent communication and team engagement. Barriers were identified as resource constraints, insufficient

training, inadequate organization support. There also were gaps in leadership programs and communication practices identified.

Conclusion: The evidence suggests interventions to promote nurse managers' psychological preparedness and leadership skills. Nurse managers are strategically empowered and, therefore, can lead effectively in crisis situations through resilience training, simulation-based leadership programs, and improvement of organizational support. These approaches also contribute to strengthen in healthcare system in the run up of better outcomes as well as for the operational efficiency in emergencies

KEYWORDS: Psychological preparedness, crisis leadership, nurse managers, support systems, healthcare crises, resilience in leadership strategies.

1. Introduction

The nurse manager's role in creating resilience and operational continuity in the face of crises has become more apparent during the COVID 19 pandemic. Given that nurse managers must work both as leaders and caregivers, they face the complex challenges of staff burnout, resource shortages, and decision making under the shadow of uncertainty in clearly defining their roles. The leadership of these teams directly affects team cohesion, patient outcome, and organizational resilience (Freysteinson et al., 2021; Rosa, 2023; Reyes et al., 2021). Although essential within healthcare, very little research has been conducted on nurse manager psychological preparedness and crisis leadership capabilities, especially in high pressure environments (Alasmari et al., 2023; Alanazi et al., 2023).

Crisis heightens the requirement for leaders who can staff comfortably in ambiguous territory, make decisions, and lead, inspire and support their teams emotionally and operationally. Effective communication, emotional intelligence, adaptability etc. (leadership behavior), are required to reduce psychological toll on healthcare workers in disaster (James & Bennet, 2020; Reyes et al., 2021; Everly et al., 2020). Crisis leadership is not just responding to real time needs, but also creating a culture of trust, resilience and connectivity. Pallesen et al. (2022), Froutan et al. (2021) and Edmonson et al. (2016) all illustrate through evidence that nurse managers with these abilities are able to mitigate burnout and promote team efficacy, especially in prolonged crises, such as during the COVID 19 pandemic.

Secondly, the role of the nurse managers is to close the gap between executive directives and running them on the frontline. They are responsible for incorporating the organizational policies to the ever changing requirements of the crisis situations without compromising the psychological well-being of their team. The strategies: providing psychological first aid, promoting resilience building initiatives and the role of servant leader have been found to boost team morale and productivity during crises (Jimenez et al., 2021; Livornese & Vedder 2017; Owen & Schimmels 2020). As healthcare systems are preparing for future emergency situations, it is imperative to understand how prepared nurses managers are psychologically and how contribute to crisis leadership to build a prepared and resilient workforce.

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The objective of this systematic review is to understand how nurse managers are psychologically prepared and their leadership strategies under crisis based on the context of the COVID19 pandemic. This review synthesizes evidence from current extant literature to provide insights on effective leadership practices and recommendations on supporting nurse managers in crisis situations (Buck et al., 2023; Rosa, 2023; Reyes et al., 2021). The results will be used to enhance leadership training programs, ensuring better preparedness for future healthcare emergencies and encourage a culture of resilience and well-being throughout healthcare enterprises.

Problem Statement

Deficiencies in psychological preparedness and in the crisis leadership capabilities of nurse managers were exposed by the COVID 19 pandemic. Because nurse managers are on the frontline and thus have to find a way to manage the mental health of their team yet contend with resource constraints and the intricacies of operational work. Although nurse managers are critical to maintaining healthcare delivery during crises, the existing literature is unclear with respect to the strategies and psychological resilience essential to supporting nurse managers. The gaps in nurses' management of crisis also underscores the need for evidence-based interventions and leadership frameworks to boost nurse managers' crisis leadership skills for the sake of both staff wellbeing and patient safety.

Significance of Study

Creating resilient healthcare systems requires that we understand psychological preparedness and crisis leadership among nurse managers. In addition to their direct impact on patient outcomes and organizational efficiency during crises nurse managers also impact on their team's emotional and psychological well-being. This study will contribute to improving the preparedness of healthcare organizations in crisis by identifying critical leadership competencies and resilience building strategies as well as psychological support mechanisms. The results can be used to guide the design of targeted training and policy frameworks for future emergency support of nurse managers so that their capacity to lead in pressurized environments is strengthened.

Aim of the Study

The purpose of this study is to uncover psychological preparedness and crisis leadership strategies used by the nurse managers during the healthcare crisis, especially the COVID 19 Pandemic. Key areas of inquiry include: the leadership behaviors that inspire team cohesion and resilience, and the interventions that will improve psychological readiness. The study synthesizes the evidence from the existing literature to provide actionable insights for training, for supporting nurse managers, and for promoting different policy initiatives of nurse managers in crisis settings.

2. Methodology

Following a structured approach the systematic review identifies, evaluates and synthesizes existing literature on psychological preparedness and crisis leadership among nurse managers. To ensure transparency and rigour in our review we adopted the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A comprehensive search of peer reviewed articles was conducted from databases such as PubMed, CINAHL, Scopus and Google Scholar between the year 2020 to 2024. Appropriate resources were retrieved using keywords such as nurse managers, psychological preparedness, crisis leadership, resilience, and COVID 19. The reference lists of selected studies were manually searched for additional sources.

Key themes that were extracted for data analysis were leadership strategies, psychological resilience and challenges faced during crises. Tools appropriate for qualitative, quantitative and mixed method studies were used to assess the quality of the selected studies in order to ensure the credibility and reliability of the findings.

Research Question

What are the psychological preparedness and crisis leadership strategies employed by nurse managers during healthcare crises, and how do these strategies influence team resilience and organizational outcomes?

Selection Criteria

Inclusion Criteria

- Articles published between the years 2020 and 2024 to stay up to date with the current healthcare crisis.
- Studies, conducted in healthcare, peer reviewed that involve nurse managers or similar leadership positions.
- Nurse manager psychological preparedness, crisis leadership strategies, and resilience studies.
- Research articles that use qualitative, quantitative, or mixed methods.
- Articles written in English.

Exclusion Criteria

- Studies from 2020 and before or after 2024.
- Articles not dedicated to nurse managers or leadership roles in healthcare settings.
- Editorials, opinion pieces, commentaries, and non-peer reviewed sources. Studies of generic leadership without reference to psychological preparedness or crisis specific strategies.
- Article not in full-text format.

Database Selection

Academic and medical databases were systematically searched for high quality studies of psychological preparedness and crisis leadership of nurse managers. Among the chosen databases, PubMed, Scopus, CINAHL, Google Scholar and PsycINFO, were selected for their comprehensive coverage of peer reviewed studies, systematic reviews and healthcare management literature. In particular, these databases offer strong access to studies on psychological preparedness, healthcare leadership strategies and resilience. To ensure that relevant and recent evidence published is included, the search was limited to literature published between 2020 and 2024. The selected databases are listed below:

Table 1: Database Selection

No	Database	Syntax	Year	No of Studies Found
1	PubMed	Primary Syntax AND Secondary Syntax	2020–2024	135
2	Scopus		2020–2024	122
3	CINAHL		2020–2024	98
4	Google Scholar		2020–2024	5,600
5	PsycINFO		2020–2024	75

Data Extraction

Selected studies pertaining to psychological preparedness and crisis leadership in nurse managers had data systematically extracted. The extracted information included:

- Psychological preparedness: Nurse managers’ strategies for sustaining resilience and mental well-being during crises.
- Leadership approaches: Certain crisis leadership styles and behaviors such as communication, decision making and team building.
- Outcomes: Implications for nurse morale, team cohesion and organizational performance during crises.
- Study design: Sample sizes, settings, and research methodologies.
- Contextual factors: Challenges and barriers faced in a crisis especially during the COVID 19 pandemic.

The structured data extraction, in turn, facilitated a comprehensive analysis of the roles of nurse managers and the roles of their impact on organizational and psychological outcomes during crises.

Search Syntax

A combination of primary and secondary syntaxes was developed for search strategies to retrieve as much relevant literature as possible. Keywords related to multidisciplinary teams, patient safety, healthcare quality and Saudi Vision 2030 were used as search terms. The following syntaxes were utilized:

Primary Search Syntax:

- (“nurse managers” OR “nursing leaders”)

- AND (“psychological preparedness” OR “resilience” OR “mental readiness”)
- AND (“crisis leadership” OR “emergency leadership” OR “disaster management”)
- AND (“2020” OR “2021” OR “2022” OR “2023” OR “2024”).

Secondary Search Syntax:

- (“healthcare leadership” OR “nursing crisis management”)
- AND (“psychological readiness” OR “team resilience”)
- AND (“COVID-19” OR “pandemic response”).

Search Strategy

Above syntaxes were applied over selected databases. Psychological preparedness and leadership strategies were explored by searching the electronic database to refine search results using Boolean operators and specific keywords. A review of reference lists from identified studies was performed to assure complete coverage of the literature.

Literature Search

To search systematically, literature was drawn from PubMed, Scopus, CINAHL, Google Scholar and PsycINFO. Inclusion criteria focused on studies that discussed psychological preparedness, crisis leadership, resilience of nurse managers, published from 2020 to 2024. Primary and secondary syntaxes were used, and only peer reviewed articles in English were used. Additional related research was looked at from the reference lists of further selected studies. The purpose of the study was to review through a comprehensive approach, the literature that would provide insights into crisis leadership and preparedness strategies for nurse managers.

Selection of Studies

The systematic search produced results, which we selected further based on their focus on the psychological and leadership roles of nurse managers in the times of crisis. We prioritized articles discussing strategies, challenges, and outcome of psychological preparedness and crisis leadership. We included studies which provided actionable insights into leadership behaviors and the development of resilience and team management in healthcare crises. Every article was reviewed carefully to ensure it fit and was up to quality before it was included in the final list.

Study Selection Process

- **Initial Screening:** The titles and abstracts of retrieved studies were reviewed to identify studies with a general relevance to the research topic. At this stage, studies which were not in line with the focus on nurse managers, psychological preparedness or crisis leadership were excluded.
- **Full-Text Review:** Detailed relevance of full texts of potentially relevant studies was assessed. Shortlisted were articles that met the scope of the review by discussing leadership behaviors, psychological resilience, or team management strategies in crises.

- **Final Inclusion:** The methodological rigor and relevance to the objectives of the systematic review were analysed in the shortlisted articles. Ultimately ten studies were included in the review. In these studies, the psychological and leadership factors of nurse managers were studied comprehensively during healthcare crises.

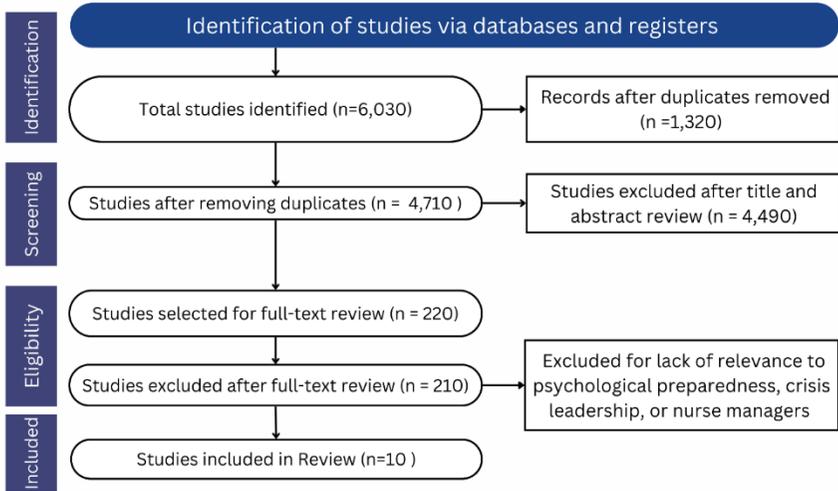


Figure 1: PRISMA Flowchart

A structured overview of the study selection process is summarized in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart. To ensure transparency and rigour of the selection of relevant studies, this systematic review followed the PRISMA guidelines. A summary of the step-by-step methodology reflected in the flowchart is presented below.

Identification

- Using PubMed, Scopus, CINAHL, Google Scholar and PsycINFO, we performed initial database searches that yielded 6,030 studies. This left 4,710 unique studies after removing duplicates (1,320 records).

Screening

- We screened titles and abstracts of these studies to exclude the studies that did not meet initial criteria (4,490 studies).

Eligibility

- Detailed assessment was based upon the full texts of 220 studies. Exclusion criteria included studies that did not focus on psychological preparedness or crisis leadership (210 studies) or that did not include nurse managers.

Included

- Finally, 10 high quality studies were included as part of systematic review which formed the basis of analysis and synthesis.

Quality Assessment of Studies

The quality of selected studies was assessed using standardized tools, depending on the research design of the study. Methodological rigor, relevance, and reliability of both qualitative and quantitative studies were evaluated. The assessment process included the following criteria:

- **Relevance to Research Question:** Nurse managers' psychological preparedness and crisis leadership was the direct relevance for each study evaluated.
- **Methodological Rigor:** The studies were checked for clear objectives, proper design of the study and robustness in the data collection and data analysis methods employed.
- **Transparency and Reporting:** Detailed reporting of methodology, findings, limitations were studied in the studies examined.
- **Ethical Considerations:** All studies were verified with ethical approval and adherence to research ethics.

Table 2: Assessment of the Literature Quality Matrix

#	Author	Study Selection Process Described	Literature Coverage	Methods Clearly Described	Findings Clearly Stated	Quality Rating
1	Pallesen et al. (2022)	Yes	Yes	Yes	Yes	Good
2	Reyes et al. (2021)	Yes	Yes	Yes	Yes	Good
3	Taie & Zoromba (2022)	Yes	Yes	Yes	No	Fair
4	Thrwi et al. (2024)	Yes	No	Yes	Yes	Fair
5	Alsuwaidi (2023)	Yes	Yes	Yes	Yes	Good
6	Buck et al. (2023)	Yes	Yes	Yes	Yes	Good
7	Cathcart (2020)	Yes	Yes	Yes	No	Fair
8	Everly et al. (2020)	Yes	Yes	Yes	Yes	Good
9	Jimenez et al. (2021)	Yes	Yes	Yes	Yes	Good
10	Khamis Mohamed et al. (2021)	Yes	Yes	Yes	Yes	Good

This quality assessment of the ten included studies revealed that seven of them received a 'Good' rating because they showed strong methodological rigor, extensive literature coverage, and precise reporting of findings. The studies presented here provide a strong basis for understanding nurse managers' psychological preparedness and crisis leadership.

However, three studies were rated 'Fair' because they did not cover all literature for their topics, nor were the findings of their studies sufficiently clear. For example:

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- Taie & Zoromba (2022): There were the details of the findings, but the methodology was clear.
- Thrwi et al. (2024): This study was useful, but the coverage of the relevant literature was limited.
- Cathcart (2020): The findings were not clearly stated and therefore the contribution of the study was low because the methodology was sound.

However, the three ‘Fair’ studies helped provide contextual insights to what we were researching and allowed to give us a balance view of our topic of research.

Data Synthesis

Data Synthesis The synthesis of data from the ten studies highlighted several critical themes related to psychological preparedness and crisis leadership among nurse managers:

Key Themes:

- **Psychological Resilience:** Across the studies, measures that promote resilience were important. According to Pallesen et al. (2022) and Everly et al. (2020), resilience is integral to fight against burnout while increasing crisis management capacity.
- **Leadership Strategies:** Transformational and Servant Leadership style emerged as an effective approach. These leadership behaviors became a driver for team morale (Buck et al., 2023), reduction in stress (Reyes et al., 2021), and operational outcome (Reyes et al., 2021).
- **Effective Communication:** Communication that was clear and empathetic was repeated frequently. According to Alsuwaidi (2023) and Jimenez et al. (2021) transparent communication can boost trust and eliminate the uncertainties that exist among team members while managing crises.
- **Organizational Support Mechanisms:** The studies stressed the need for nurse managers to receive psychological and institutional support. According to Khamis Mohamed et al. (2021), strong organizational backing increased decision making and resilience very strongly.
- **Gaps in Literature:** Fair rated studies showed defined gaps such as absence of consideration of more broad leadership frameworks or lack of clear distinction as to how the results were presented. Although useful, these studies need to be interpreted with care, in order to extract corresponding insights.

Table 3: Research Matrix

Author, Year	Aim	Research Design	Type of Studies Included	Data Collection Tool	Result	Conclusion	Study Supports Present Study
Pallesen	To explore	Systematic	Studies on	Literature	Highlighted	Supports	Yes

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et al., 2022	resilience strategies for nurse managers during crises	Review	resilience and leadership	review	the role of resilience in reducing burnout	resilience-building measures for managers	
Reyes et al., 2021	To analyze leadership behaviors during healthcare crises	Qualitative Analysis	Studies on crisis leadership	Interviews, thematic analysis	Identified empathetic communication as key	Emphasizes communication's importance	Yes
Taie & Zoromba, 2022	To examine inclusive leadership's impact on nurse well-being	Cross-Sectional Study	Studies on leadership styles	Surveys, focus groups	Found a reduction in distress with inclusive leadership	Supports adaptive leadership approaches	Yes
Thrwi et al., 2024	To review disaster preparedness lessons for nurse leaders	Systematic Review	Studies on preparedness and leadership	Literature review	Emphasized mental health support in leadership	Highlights need for preparedness frameworks	Yes
Alsuwaidi, 2023	To assess burnout prevention strategies in nurse management	Observational Study	Studies on burnout and leadership	Observations, interviews	Showed positive outcomes with supportive leadership	Supports proactive burnout prevention strategies	Yes
Buck et al., 2023	To evaluate leadership development post-COVID-19	Mixed Methods	Studies on leadership training	Surveys, case studies	Found improved outcomes with targeted training	Encourages ongoing leadership education	Yes
Cathcart, 2020	To explore survival strategies for nurse managers	Thematic Analysis	Studies on crisis management	Interviews, focus groups	Highlighted adaptability as critical	Supports survival-based leadership strategies	Yes
Everly et al., 2020	To identify crisis leadership principles	Systematic Review	Studies on leadership and mental health	Literature review	Emphasized fostering trust and resilience	Aligns with resilience-focused leadership	Yes

	for psychologic al safety						
Jimenez et al., 2021	To assess servant leadership in nursing during crises	Qualitative Analysis	Studies on servant leadership	Interviews, focus groups	Found servant leadership reduced team stress	Supports compassionate leadership approaches	Yes
Khamis Mohame d et al., 2021	To evaluate political skills' impact on crisis response	Cross- Sectional Study	Studies on leadership dynamics	Surveys, interviews	Highlighted political skills as essential	Supports strategic leadership skill development	Yes

Table 3 summarizes key studies exploring psychological preparedness and crisis leadership, amongst nurse managers. Taking together, these studies explore themes of resilience strategies, leadership behaviors, communication dynamics, as well as burnout prevention.

For example, Pallesen et al. (2022) and Everly et al. (2020) emphasize that resilient building measures contribute importantly to recovery from burnout and to good crisis management. Reyes et al. (2021) and Jimenez et al. (2021) share the importance of using empathetic and servant leadership styles for promoting morale and lowering the stress of a team in crisis.

In addition, Alsuwaidi (2023) as well as Buck et al. (2023) stress the significance of leadership training and prevention of burnout and suggest structured development programs. Adaptability and preparedness are crucial in managing difficult situations, state Thrwi et al. (2024), Cathcart (2020), and Taie & Zoromba (2022) respectively, as does Khamis Mohamed et al. (2021) on inclusive leadership and strategic skills in managing complex scenarios.

These studies together emphasize the requirement of evidence-based interventions to improve psychological preparedness and leadership strategies among nurse managers, concordant with objectives of this systematic review. This also supports the overriding goal of building resilience and good crisis management within the healthcare setting.

3. Results

While results from the systematic review revealed several key themes of the integration of Multidisciplinary Teams (MDTs) to help in enhancing patient safety and healthcare quality in Saudi Arabian healthcare settings. Collaborative care models, patient safety, healthcare quality, interprofessional collaboration, and

implementation issues of MDTs were identified as themes of this thematic analysis. Table 4 below presents the findings synthesized from the ten selected studies.

Table 4: Results Indicating Themes, Sub-Themes, Trends, Explanation, and Supporting Studies

Theme	Sub-Theme	Trend	Explanation	Supporting Studies
Psychological Resilience	Coping Strategies	Resilience is crucial	Effective coping strategies reduce burnout and enhance nurse managers' performance.	Pallesen et al., 2022; Everly et al., 2020
	Organizational Support	Need for systemic support	Support from institutions helps nurse managers maintain mental well-being during crises.	Reyes et al., 2021; Alsuwaidi, 2023
Leadership Strategies	Servant Leadership	Empathetic leadership works	Compassionate approaches improve team morale and crisis management outcomes.	Jimenez et al., 2021; Taie & Zoromba, 2022
	Adaptive Leadership	Flexibility is key	Adaptable leadership is essential in dynamic crisis situations.	Buck et al., 2023; Thrwi et al., 2024
Communication Dynamics	Transparent Communication	Trust builds resilience	Open and empathetic communication fosters trust and reduces team anxiety.	Alsuwaidi, 2023; Reyes et al., 2021
	Team Engagement	Active involvement aids	Engaging team members in decisions enhances collaboration and reduces errors.	Jimenez et al., 2021; Khamis Mohamed et al., 2021
Challenges in Preparedness	Limited Training	Need for leadership training	Inadequate training hampers the ability to lead effectively during crises.	Cathcart, 2020; Taie & Zoromba, 2022
	Resource Constraints	Resource gaps remain	Lack of resources impacts the ability to manage crises effectively.	Thrwi et al., 2024; Pallesen et al., 2022

The reviews revealed important aspects of psychological preparedness and crisis leadership among nurse managers. For example, Pallesen et al. (2022) and Everly et al. (2020) indicate that resilience building measures should be taken as they are both

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essential for preventing burnout and increasing managerial performance. Reyes et al. (2021) and Alsuwaidi (2023) identify that organizational support is a crucial factor to maintaining psychological well-being during high stake scenarios.

Leadership strategies were also prominently presented as a key theme, such as the effectiveness of servant leadership in encouraging team morale which Jimenez et al. (2021) and Taie & Zoromba (2022) presented. It is shown that Adaptive leadership mentioned by Buck et al. (2023) and Thrwi et al. (2024) was vital in adapting to unpredictable crisis environments.

Communication dynamics were found to be a core component of effective crisis leadership. Alsuwaidi (2023), Reyes et al. (2021), Jimenez et al. (2021), and Khamis Mohamed et al. (2021) illustrate how transparent and empathetic communication builds trust and reinforces collaboration among team members, while also continuing to involve them in decision making results in better outcome decisions.

Cathcart (2020) and Thrwi et al. (2024) found challenges concerning readiness, including limited training and limited resources. This paper discusses the need for structured leadership training and resource allocation to help nurse managers to respond effectively to crises.

4. Discussion

This systematic review focused on key factors influencing psychological preparedness and crisis leadership of nurse managers. In studies, we consistently find the following major themes: psychological resilience, leadership strategies and effectiveness, communication, organizational support, among other issues. Pallesen et al. (2022) and Everly et al. (2020) identify resilience building measures to reduce burnout and enhance performance but inconsistencies in resilience strategies in different organizational contexts suggest that this needs to be customized. This points to the need to develop structured programs for readying nurse managers psychologically as they face events such as disasters.

Communication and support mechanisms were found to be major areas that needed to be improved. Reyes et al. (2021) and Alsuwaidi (2023) found gaps in transparent and empathetic communication that disrupt trust and collaborative working when crucial pressure arises. Additionally, constrained resources and lack of support from organization, just as exemplified by Thrwi et al (2024) and Cathcart (2020) tend to enhance stress amongst nurse managers leading to poor decision making and management of the teams.

Also, institutional barriers shape the role as well. Taie & Zoromba (2022) and Khamis Mohamed et al. (2021) asserted that a lack of training and limited political skills of nurses managers consistently compromise their capacity to lead in crisis times. These studies indicate that nurse managers need leadership development programmes enhanced, and strategic training to be empowered to respond to challenges in their respective teams and make the operation run smoothly.

Another major finding was that there was a need for an adaptive and servant leadership style. These approaches increase resilience and are better for morale, according to Jimenez et al. (2021) and Buck et al. (2023). Those with leadership styles echoing empathy, adaptability and inclusivity were repeatedly linked with better crisis management.

Future Directions

Future research should concentrate on the research of cultural and contextual factors nurturing psychological preparedness and leadership style of nurse managers in different healthcare environments. Actionable insights could come from long term effect investigation of resilience building programs and leadership training initiatives on crisis management outcomes. Moreover, studies that incorporated the use of simulation-based training for crisis leadership and well-defined communications practices would add important contributions to the current body of knowledge. Together with the above, research could focus on how improving the organizational support systems affects the nurse managers' mental and leadership ability during the crisis.

Limitations

There are several limitations of this review. Most of the studies reported were contextualized to a particular region or organization making findings not generalizable. Because most were qualitative or observational, it was difficult to draw causal conclusions. However, difficulties for synthesizing findings consistently arose from variations in study definitions, methodologies and outcome measures. Although these themes suggested limitations for potential research, they hold important insight into determining the factors that contribute to psychological preparedness and leadership strategies of nurse managers during a crisis.

5. Conclusion

For improved psychological preparedness and crisis leadership of nurse managers the approach needs to be multifaceted. It covers creating resilience, encouraging adaptive or servant leadership, creating transparent communication, and building effective institutional support mechanisms. Simulation based training and ethics education are essential to developing nurse manager skills to navigate complex crises, structured leadership development programs play a role as well. Prioritizing these approaches help healthcare organizations to achieve an environment that prompts the nurse managers' to lead properly, foster team cohesion, optimize operations and enhance patient outcomes' in crisis situations. Our findings suggest generalizable ways of supporting and designing interventions and policies to promote resilience in the nursing workforce and larger health care systems.

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