

Enhancing Nursing Quality of Care through Integrated of Professional Development for Nursing Staff: A Systematic Review of Best Practices and Lessons Learned

Ahmadia Ali Ghalib¹, Naseem Ali Ali Jabbari², Ageellah Habash Angi³, Mariam Ahmad Motwwam⁴, Mariam Hadi Okiby⁵, Walaa Ahmed Hassan Alhiqwi⁶, Rahaf Hussain Alhazmi⁷, Noora Habash Angi⁸, Ahlam Ahmed Galal⁹, Maliha Ali Abbas¹⁰, Mohammad Fahed Ayed Aloudah¹¹

1. Affiliation: Prince Mohammed bin Nasser Hospital
2. Affiliation: Prince Mohammed bin Nasser Hospital
3. Affiliation: Sabia General Hospital
4. Affiliation: Abu Arish General Hospital
5. Affiliation: Jazan Specialist Hospital
6. Affiliation: Prince Mohammed bin Nasser Hospital
7. Affiliation: Prince Mohammed bin Nasser Hospital
8. Affiliation: Baish General Hospital
9. Affiliation: Jazan Specialist Hospital
10. Affiliation: Prince Mohammed bin Nasser Hospital
11. Affiliation: Baqaa General Hospital

ABSTRACT

Background: Professionalism in healthcare organizations is vital to boost workforce productivity, and raise care quality for the population, especially during emergencies. One of the recent trends in healthcare organizations is remote leadership with the development of COVID-19. Thus, the experience of remote team leadership in healthcare and the corresponding use of leadership strategies present additional topics for discussion to determine the best practices for such an approach.

Aim: The purpose of this research is to understand the key issues and concerns in the remote delivery of healthcare services and to especially examine leaders that were nurses at the time of the COVID-19 pandemic.

Method: A systematic analysis of ten studies concerning remote leadership of healthcare workers during the COVID-19 pandemic was performed. Such papers involved various designs, including literature reviews and discursive papers, making the studies more diverse in their view of the leadership practices, issues and effects.

Results: The emergent themes are trust, communication, and leadership style in environments of geographical distance. The psychological connection with the leaders and members, daily meetings and self-evaluation and empathic behaviors were stressed regarding to reducing such feelings and pressures. Nurses' experiences with resource scarcity and ethical boundaries were also described; the topics for future discussion of the nurses' professional community and calls for the improvement of the organization of future nurse activity in healthcare crises were identified.

Conclusion: Telecommunications and remote work are a crucial and indispensable aspect in those attempts to preserve morale and deliver high quality of care to patients in healthcare organizations. Even in the face of certain exigent circumstances such as the COVID-19 crises,

the use of strategies based on empathy, communication as well as trust can go a long way in enhancing leaders and their followers. More studies have to be executed in order to understand the effectiveness and continuity of those leadership approaches in the future.

Keywords: Remote Professionalism, Nurse Professionalism, Healthcare Leadership, Healthcare Crisis, COVID-19, Team Communication, Leadership Strategies, Nurse Well-Being, Systemic Reform.

Introduction

The level of service provided by professional nurses impacts sharply on patients' status, hospital productivity, and health consumers' experience (Dang et al., 2021). Rather, the constantly increasing requirements of health care services make the requirements for qualified, informed, and flexible nursing personnel even higher (Walsh et al., 2020). Organizations in the healthcare segment globally are increasingly appreciating the correlation between the quality of care by the nursing staff, as well as the opportunities for skill enhancement and the nursing staff's professional development (Singh et al., 2022). As a result, integrated professional development in modified and dynamic healthcare environment has become one of the important key aspects to deliver quality patient care for the nursing staff (Kang & Kim, 2021). Continuing competence within the practice of nursing is not only a process that affords the acquisition of new clinical experience but also one of the most effective means of responding to the increasing challenges that characterize the practice of nursing (Marufu et al., 2021).

Continuing education in nursing is aimed to cover variety of processes meant to increase knowledge and experience of nurses to ensure that they are ready to apply the newest evidence-based practice and advanced technologies (Jeffries, 2022). This format transcends formal conventional learning processes and can comprise competency-based training, leadership and managerial development, mentorship, and training-reflective practice-based courses (Cheng et al., 2020). The rationale for introducing professional development as part of nursing care is to develop a qualified team able to provide the proper response to various aspects of present-day practice (Tuthill et al., 2020). Data shows that organizations with formal professional development and coherent and effective policies incorporated with staff development note better patient outcomes and reduced incidence of adverse events as well as satisfied and engaged staff members. From the above findings (Dykgraaf et al., 2021), it can be concluded that professional development has a capability to enhanced nursing quality and there is a need for systematic and continuous development in healthcare organizations (Yoder-Wise & Sportsman, 2022).

The demand for certification has become widespread over the last decade, and new areas have been developed in which the nurse has to keep abreast of current advanced knowledge in the particular specialty of nursing (Sugg et al., 2021). Therefore, training is considered as the foundation for empowering the nursing staff with knowledge of these developments thus making them provide safe and effective care. The incorporation of the professional development programs, however, can go beyond 'training delivery' where hospitals and overall health care systems can adopt novel strategies of organizing professional developments as a component of their firm's culture (Iheduru-Anderson et al., 2021). This encourages clients to possess the idea that learning is progressive and increases the likelihood of knowledge enhancement among the members of a nursing staff, publicizing improvement of the quality of care afforded to clients (Mbakaya et al., 2020). As mentioned in several case studies, there is persuasive evidence that an environment that supports facilitative staff development enhances clinical outcomes and improves the compliance

of staff members to the required standards, to the ultimate benefit of patients and clinicians (Stennett et al., 2022).

There are certain core components of care that patients require and because patient care requires differentiation based on individual needs, competency can only be obtained by ongoing professional development (Boehm et al., 2020). Through the training and continuing education activities that are conducted for the nursing staff, they are in a good position to meet the modern patients' multiplicity of complex demands that are encountered in the delivery of healthcare especially where patient centered care is being embraced as a practice (Rykkje et al., 2022). Professional development integration is therefore not only about skills needed by the nurses but touches on interpersonal and empathetic skills that are key for effective communication with the patients (Fan et al., 2020). Examining literature on the process of professional development of staff nurses, both of these aspects are evident, proving that the technical-skills and emotional intelligence are two complementary pillars that support optimum quality care of the client (Speroni et al., 2020).

There are other approaches to professional development, which also meet the organizational concerns associated with rendering quality service. HEN has a rationale of ensuring that the nursing staff receives their education and continuous updating of their skills (Alatawi et al., 2020), the institutions can avoid perennial challenges like staff burnout, high turnover rates and the hardship of implementing new standards of care and technologies (Kavanagh et al., 2021). They argued that comprehensively implemented professional development activities act as a safeguard against such challenges thereby enriching the nurses' capacity to work optimally and without the typical professional development activities, which when coordinated appropriately can ensure that the nurses fully equip themselves as they work under pressure (Janett & Yeracaris, 2020). The training health human capital is more capable, resilient, and prepared to cope with the demands of today's healthcare environment. This underlines the importance of an all-considered intentional and systematically planned process of professional development reflecting the institutional discourses regarding the quality of care (Karas et al., 2020; Ammentorp et al., 2021).

Globally, continuing education has emerged as a standard model of efficient healthcare organizations (Seah et al., 2021). Most healthcare organizations have incorporated best practice frameworks in the development initiatives that emphasize outside of clinical competencies but also reasoning or problem-solving abilities and leadership competencies (Fernandez et al., 2020). This integration is evidence of a transformation of organizational culture whereby employee growth is now regarded as crucial to employment and effective health systems (O'Connor et al., 2021). That is why; by implementing these best practices, healthcare institutions will be able to create a culture that would pursue improvement as a rule. Continuing professional development therefore is a business proposition because it has a direct correlation with increasing the quality of care and realizing the sustainable health workforce (Kenny et al., 2021).

It is now clear that, professional development of nursing increases the quality of services provided. Although, research has already caught considerable attention establishing that improving the quality of service delivery in health facilities necessitates that nurses undergo professional development, there is need to compile a systematic review of the best practices and lessons learnt in their implementation (Jivraj et al., 2022). Knowledge of which approaches are more effective, which problems appear, and how they are solved is crucial for the construction of a framework based on the concrete findings, that use be taken to other countries (Guerrero et al., 2022). Piloted

through a systematic supple of prior literature, the current study aims of offering a blueprint for healthcare facilities desiring to increase the nursing care quality within their organizations by integrating professional development in their practice framework (Aldosari et al., 2021).

Problem Statement

While professional development plays a significant element in developing the body of evidence and promoting sustained improvement in nursing practice and patients' outcomes, numerous healthcare organizations struggle with maintaining systematic and continuous processes for professional development to guarantee the sustaining of high quality of care. Inadequate, inconsistent, and different approaches to 'with practice' professional development, absence of 'the standard,' and restricted access to materials result in competency deficiencies in nursing, therefore, poor quality of patient service. However, a lot of research has been done describing individual interventions, a coherent picture of optima's practices is still lacking. This disjointed approach has precipitated the need for this systematic review to bring together such practices, isolate lessons learnt and present a coherent framework on how to incorporate professional development within nursing for better quality care.

Significance of the Study

This study demonstrates significant knowledge for improving quality nursing care by also systematically, reviewing and determining effective strategies to include professional development. In addition to providing healthcare organizations with guidance on creating a stable, competent, and multifaceted workforce of nursing staff, this research aims to help decrease patient care inequalities resulting from varying and uneven preparation of staff members. In addition, this will assert the policymakers and healthcare leaders on the best's practices for formulating sustainable high-impact professional developments as a means of maintaining a healthcare environment that is continually liable for quality and safety in its delivery. The study implications can change international healthcare policies regarding the type of qualified and better-prepared nursing workforce.

Aim of the Study

This study reviews and synthesizes the literature on the best practices and recommendations for integrating professional development programs, to increase the quality of care offered by the nursing staff. Hence, this review aims to present a clear systematized synthesis of evidence derived from om numerous studies and present healthcare institutions with an evidence-based framework for the support of continuous professional developments of nursing staff with an overall aim of enhancing patient care outcomes and creating long-held sustainable enhanced quality improvements in the health care facilities.

Methodology

The existing systematic review that should be implemented is to identify the findings and methodologies from the studies that highlight the areas of professional development to be incorporated in order to improve the quality of nursing care. For the purpose of the review, the four variables of the PICOT will be the population (all the nursing staff) and the setting (any healthcare organization with no structured development programs, I), the intervention (integrated and participated development programs, C), and the outcome (Effect on quality of care delivered by healthcare professionals, O). The period of review for the study will be from the year 2020 to 2024 which we termed as T. The review shall comprise of research and analysis work that compares the effectiveness of combined professional development integration with the competencies in nursing, and the resultant impact on the outcomes for the patients.

Research Question

| | | |
|-------------------|---|---|
| Research Question | | How does the integration of professional development for nursing staff influence the quality of care provided in healthcare settings? |
| Population | P | Nursing staff in healthcare institutions, including hospitals, clinics, and other medical settings |
| Intervention | I | Integrated professional development programs designed to enhance nursing competencies, clinical skills, and leadership capabilities. |
| Comparison | C | Healthcare institutions or settings where professional development initiatives are not systematically integrated. |
| Outcome | O | Improved quality of care, measured through patient outcomes, nursing performance, and institutional performance indicators. |
| Timeframe | T | Over the past five years (2020 to 2024). |

The research question examines the influence of professional development for nursing staff in regard to the enhancement of patient outcomes, increased nursing competencies and organizational productivity in healthcare organizations. In this study, lessons from structured professional learning environments and from unstructured contexts will be compared to investigate the impact of such programs in the last five years (2020-2024).

Selection Criteria

Inclusion Criteria

1. Most of the investigations have been conducted among the nursing personnel in health facilities.
2. A review that seeks to measure the effectiveness of ICT integrated professional development programs
3. Scholarly articles from the period of 2020–2024
4. Both qualitative and quantitative researches
5. Studied research performed in healthcare institutions across the globe.

Exclusion Criteria (in bullet points)

1. Non-nursing related research works
2. Studies done beyond the recommended period of 2020 to 2024
3. What is not in the articles that is concerned with integrated professional development
4. Coarse works, unofficial papers, numerous essays, and conferences, which are not considered to be of peer-reviewed ones.
5. Such studies, which fail to have a framework of comparing the outcome of various treatments, share some attributes.

Database Selection

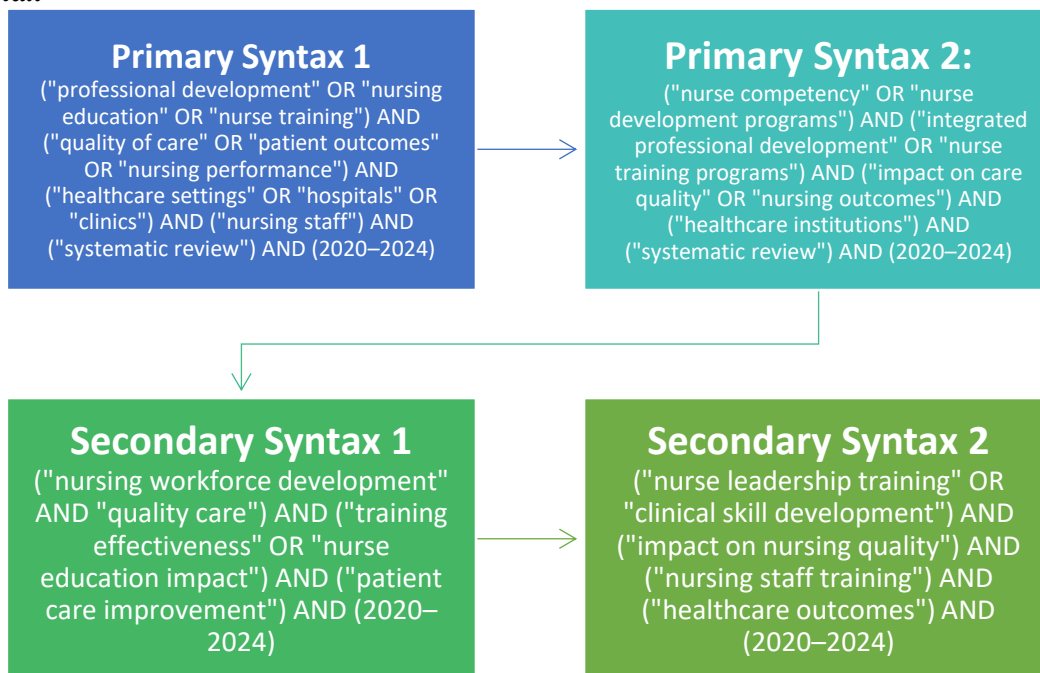
The systematic review will conclude its search for literature in several databases that are widely used in global academia and health sciences: PubMed, CINAHL, MEDLINE, Scopus and Cochrane Library. These databases are chosen as they cover the whole area of healthcare and nursing and provide access to the qualitative studies required for the review according to the inclusion criteria. These keywords include nursing quality, professional development, education, and training programs that ensured exhaustive identification of the proposed evidence.

Data Extracted

While conducting a data extraction, important aspects to consider will include study type, sample, context, type of PD intervention, assessment type and methods, and observed results

regarding the quality of care. Particular emphasis were placed on the effects of professional development on the obtainment of nursing competencies; organizational and patient results; staff engagement; and organizational efficacy. Synthesize information about barriers in delivering professional development interventions and experiences from practice regarding to them was also to get the big picture about the quality of these approaches targeting to enhance the quality of nursing care.

Syntax



The search criteria contains terms connected with professional growth of the nurses, quality and outcomes of the care provided, and the healthcare results; the studies were published during the years 2020 – 2024. It is designed to search for systematic reviews focusing on the influence of training programs on competencies, results of nursing and general healthcare performance.

Literature Search

Studies selection was done by searching several electronic databases consecutively to collect studies on the integration of professional development programs for nursing staff and their effectiveness. The search adopted both basic and advanced search terms mainly from the years 2020 to 2024. To do this, information retrieved from peer-reviewed databases including the PubMed, CINAHL, Scopus, and MEDLINE was sought. Further, the results generated from the

Table 2: Databases Selection

| No | Database | Syntax | Year | No of Researches |
|----|----------|-------------------|-------------|------------------|
| 1 | PubMed | Syntax 1 | | 85 |
| 2 | CINAHL | (Primary) | 2020 – 2024 | 94 |
| 3 | Scopus | and 2 (Secondary) | | 55 |
| 4 | MEDLINE | | | 46 |

search were refined according to inclusion and exclusion factors, admitting only those articles, which were of high quality, published in peer-reviewed journals.

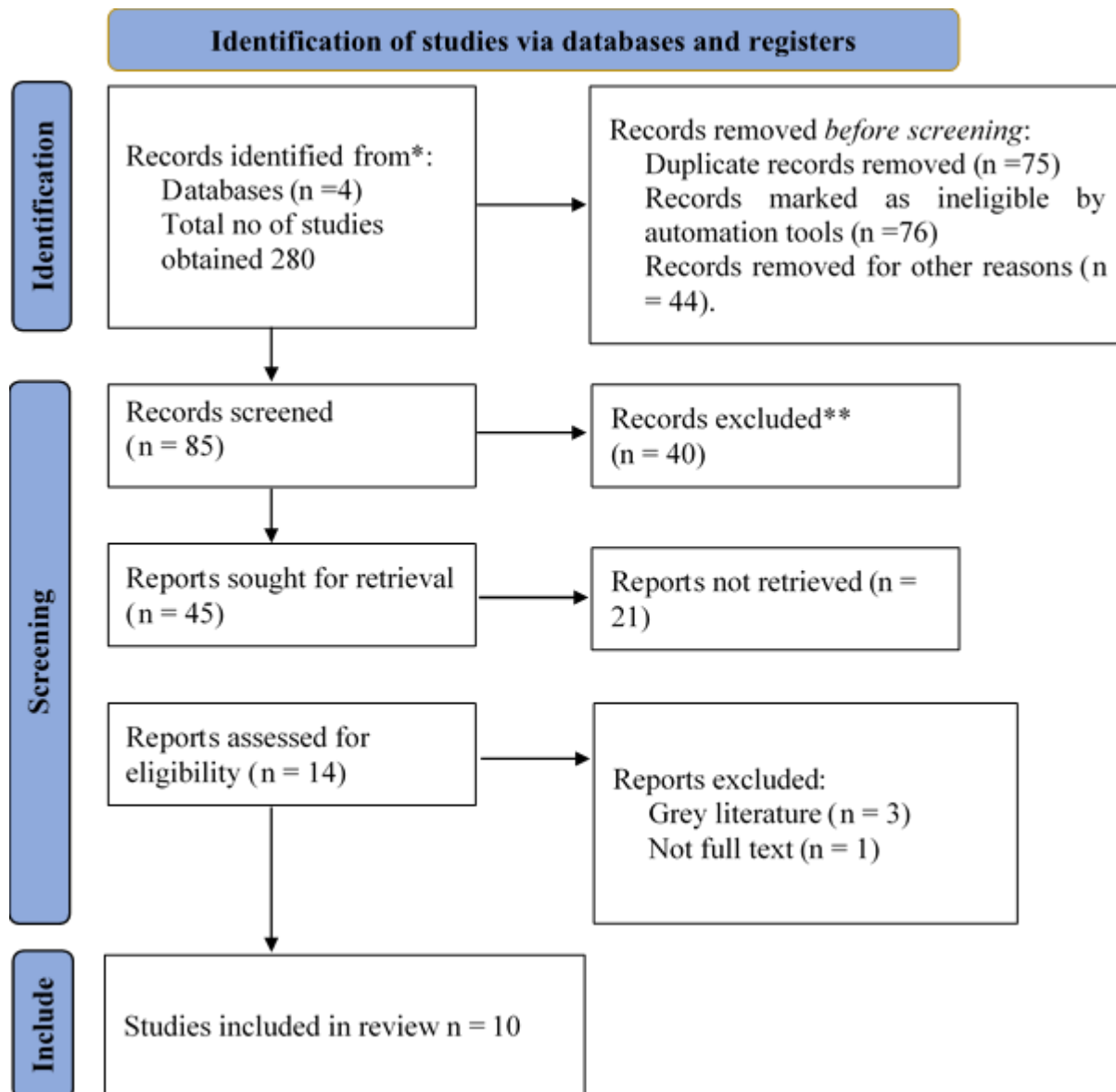
The literature search was conducted across four major databases: Advance database search was performed in PubMed, CINAHL, Scopus, and MEDLINE through the combined use of primary and secondary search terms. Of the studies, 85 were retrieved from PubMed between 2020 and 2024, 94 from CINAHL during the same period, 55 from Scopus using the same search parameters, and 46 from MEDLINE.

Selection of Studies

Literature included in the review was identified according to definite criteria of inclusion and exclusion where efforts were made to include research that measures the effectiveness of integrated professional development programs to improved quality of care among nurses. The present review only included research articles published between 2020 and 2024 to present recent developments and trends in nursing education and care quality. The articles to write that were required for the provision of empirical evidence of the link between professional development to the enhanced nursing performance or patients' outcomes. Other articles that were reviewed and excluded from the analysis include those that did not meet the following criteria; articles that had not been published in peer-reviewed journals or those with a publication date that lay outside the set time frame.

Figure 1 PRISMA Flowchart

The PRISMA flowchart is a graphical depiction of the screening and eligibility of records to be included in the systematic review showing the identification of total records, screening, and eligibility assessment, and the end number of records included in systematic review. This study adheres to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) to provide clear justification of the study selection process, including the rationale for study exclusion at each step and providing a clear, step by step report of how the studies were finally selected.



The flow diagram displayed in Fig.3 follows the PRISMA 2020 guideline for conducting the systematic review and selecting the studies. From the above four database, a total of 280 records were found. 75 records in the dataset were excluded, due to duplication, 76 were excluded as selected by automation equipment as ineligible and 44 for other reasons and 85 records were screened. Of these, 40 were excluded, and 45 reports identified for inclusion, of which 21 were not retrieved. The initial search yielded 14 reports with all of these being subsequently considered for inclusion into the review but 3 of which were grey literature and one full report was unable to be accessed. Lastly, the review incorporated 10 pieces of research.

Quality Assessment of Studies

The flow diagram displayed in Fig.3 follows the PRISMA 2020 guideline for conducting the systematic review and selecting the studies. From the above four database, a total of 280 records were found. 75 records in the dataset were excluded, due to duplication, 76 were excluded as selected by automation equipment as ineligible and 44 for other reasons and 85 records were screened. Of these, 40 were excluded, and 45 reports identified for inclusion, of which 21 were not retrieved. The initial search yielded 14 reports with all of these being subsequently considered for inclusion into the review but 3 of which were grey literature and one full report was unable to be accessed. Lastly, the review incorporated 10 pieces of research.

The quality of the literature was assessed using quality matrix based on APEE criteria to rate the studies according to their appropriateness of selection of studies and coverage of literature, understanding of the methods section and the clarity of findings. According to the above-mentioned criteria, each of the identified studies was evaluated and categorized as either “Good”

Table 3: Assessment of the literature quality matrix

| # | Author | Are the selection of studies described and appropriate | Is literature covered relevant studies | the Is literature covered all relevant studies | Does method section described? | Was findings clearly described? | Quality rating |
|----|----------------------|--|--|--|--------------------------------|---------------------------------|----------------|
| 1 | King et al | YES | Yes | Yes | Yes | Yes | Good |
| 2 | Gassas | Yes | Yes | No | No | Yes | Fair |
| 3 | Catania et al | Yes | Yes | Yes | Yes | Yes | Good |
| 4 | Stone et al | Yes | Yes | Yes | Yes | Yes | Good |
| 5 | Canet-Vélez et al | Yes | Yes | Yes | Yes | Yes | Good |
| 6 | Fields et al | Yes | Yes | Yes | Yes | Yes | Good |
| 7 | Unsworth et al | Yes | No | No | Yes | Yes | Fair |
| 8 | Ulrich et al | Yes | No | No | Yes | Yes | Good |
| 9 | Terkamo-Moisio et al | Yes | Yes | Yes | Yes | Yes | Good |
| 10 | Hofmeyer & Taylor | Yes | Yes | Yes | Yes | Yes | Good |

or “Fair”. For example, King et al. (2005), Catania et al. (2001) and Stone et al. (1998) were identified as ‘Good’ quality because they successfully met all of the designated quality criteria and Gassas (2003) and Unsworth et al. (2000) were classified as ‘Fair’ because they contained some methodological or literature deficiencies. This quality assessment also guarantees the inclusion of only the highest standard and most extensive studies in the synthesis of the review outcomes.

Data Synthesis

The data synthesis included evaluating global implications of the included studies for the subject of integrated professional development programs and their effects on the quality of nursing care. The studies were sorted in categories according to their methodologies and topics as it seemed logical to compare results of studies with similar methodological backgrounds and topics. These led to the identification of key themes of key themes related to the growth and development of nursing competencies, clinical proficiency and leadership and an exploration of how these affected patient care and quality. When synthesizing the evidence across the studies, a clear understanding about what constitutes the most effective CPD and whether it leads to better performance and quality of patient care was realized.

Table 4: Research Matrix

| Author, Year | Aim | Research Design | Type of Studies Included | Data Collection Tool | Result | Conclusion | Study Supports Present Study |
|--|--|-----------------------|---|--|---|---|---|
| King, Taylor, Talpur, Jackson, Manley, Ashby, N., ... & Robertson, S. (2021) | To understand factors that optimise continuing professional development impact in nursing. | Rapid evidence review | 39 studies related to CPD in nursing | Systematic review of databases (British Nursing Index, Cochrane Library, etc.) | Key factors: self-motivation, workplace learning, enabling leadership, positive culture. Interdependence of these factors optimises CPD impact. | Optimising CPD in nursing is crucial for person-centred care, and addressing all optimising factors is essential for enhancing the impact. Future research should measure CPD value for care recipients and nurses. | Supports understanding of professional development impacts, potentially relevant to ongoing studies in healthcare worker development. |
| Gassas, (2021) | To reveal factors contributing to the knowledge-practice gap in nursing. | Integrative review | 8 qualitative studies on knowledge-practice gap | Appraised research articles (MEDLINE, CINAHL Plus, ERIC) | Personal, educational, and organisational factors contributing to the knowledge-practice gap. | The knowledge-practice gap is multifaceted and can be addressed by considering all factors: personal motivation, educational structure, and | Provides insights into factors affecting nursing practice, aligning with broader themes in healthcare and education studies. |

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|--|--|---|---|---|---|--|---|
| <p>Catania, G., Zanini, M., Hayter, M., Timmins, F., Dasso, N., Ottonello, G., ... & Bagnasco, A. (2021)</p> | <p>To explore nursing management issues from Italian front-line nurses' experiences during COVID-19.</p> | <p>Descriptive qualitative study</p> | <p>Testimonies from 23 clinical nurses</p> | <p>Thematic analysis of testimonies</p> | <p>Organisational changes, leadership models, PPE issues, physical and psychological impacts on nurses, team value.</p> | <p>organisational characteristics. COVID-19 had a significant impact on nurses, highlighting the importance of effective leadership and PPE availability, as well as the resilience of nurses.</p> | <p>Relevant for understanding healthcare workforce dynamics in crisis contexts, similar to studies on burnout and workforce issues.</p> |
| <p>Stone, R., Cooke, M., & Mitchell, M. (2020)</p> | <p>To examine the effectiveness of video technology in developing nursing students' confidence in clinical skills.</p> | <p>Systematic integrative literature review</p> | <p>4 studies on video technology use in nursing education</p> | <p>Review of multiple databases (CINAHL, MEDLINE, ERIC, etc.)</p> | <p>Video technology enhances student confidence when used alongside traditional methods.</p> | <p>Combining video technology with traditional methods creates a positive learning environment. Further research on confidence relation to skills development is needed.</p> | <p>Provides insights into educational technology in nursing, supporting educational enhancement in clinical settings, which is relevant to student education studies.</p> |

| | | | | | | | |
|---|---|-----------------------|--|--|--|---|---|
| Canet-Vélez, O., Botigué, T., Santamaría, A. L., Masot, O., Cemeli, T., & Roca, J. (2021) | To explore nursing students' perceptions of education and professional development during COVID-19. | Qualitative study | 22 final-year nursing students involved in health relief tasks during COVID-19 | Semi-structured interviews | Students highlighted the importance of professional values, competence, and autonomy in nursing during COVID-19. | Students require adequate training to offer holistic care, recognizing the need for autonomy and professional values, especially during crises like COVID-19. | Supports studies on the evolving role of nurses in healthcare crises, aligning with ongoing research on professional development and role adaptation. |
| Fields, L., Trostian, B., Moroney, T., & Dean, B. A. (2021) | To explore how active learning pedagogy can transform nursing education. | Case study evaluation | Active learning in nursing education | Interviews with nursing faculty and staff | Active learning pedagogy transforms nursing education, requiring a shift in philosophical and practice-based approaches. | Leadership and a whole-school approach to person-centred teaching are critical for successfully implementing active learning pedagogy. | Relevant for research on educational reforms and pedagogical strategies in nursing education, supporting ongoing studies on teaching effectiveness. |
| Unsworth, J., Greene, K., Ali, P., Lillebø, G., & Mazilu, D. C. (2024) | To explore challenges and progress in the implementation of advanced | Case study evaluation | 4 countries with well-developed APN roles (Ireland, | Interviews with key informants (28 participants) | Themes: rationale for role development, influence, | Successful APN role implementation depends on collaboration | Relevant for studies on workforce development in nursing, |

| | | | | | | | |
|---|---|--|---|---|---|---|--|
| | practice nurse roles in Europe. | | Spain, Norway, UK) | | evolutionary nature, and mismatch in perceptions between countries. | between managers, practitioners, and educators, with regulation following later stages of role development. | supporting research on the evolution of nursing roles and the importance of collaboration in implementation |
| Terkamo-Moisio, A., Karki, S., Kangasniemi, M., Lammintakanen, J., & Häggman-Laitila, A. (2022) | To gather and synthesize current empirical evidence on remote leadership and provide knowledge to develop successful remote leadership in healthcare. | Integrative literature review with an integrated mixed methods design. | Studies on remote leadership in healthcare settings, published from 2010 to 2019. | Literature search in databases like CINAHL, Medline, PsycInfo, Scopus, etc., and synthesis using convergent analysis. | Identified three main themes: characteristics of successful remote leadership; enhancing leader-member relationship; and challenges in remote leadership. | Future research must focus on remote leadership contexts to improve workplace culture, empower workers, and improve patient outcomes. | Supports the present study's exploration of leadership dynamics in healthcare settings. |
| Hofmeyer, A., & Taylor, R. (2021) | Identify strategies and resources for nurse leaders to improve quality of care and ease the psychological toll on nurses | Discursive paper. | Evidence-based, international literature on nurse leadership during the pandemic. | Clinical discussion, identification of online resources, and evidence-based strategies. | Identified strategies for addressing anxiety, providing safe care, and supporting nurses emotionally. | Nurse leaders must promote restorative self-care, ensure PPE supply, and upskill nurses for COVID-19 care. | Offers insights for managing stress and supporting healthcare professionals, relevant to current healthcare studies. |

| | | | | | | | |
|--|---|------------------------------------|---|---|--|---|--|
| Ulrich, C. M., Rushton, C. H., & Grady, C. (2020) | Discuss the challenges nurses face during the COVID-19 pandemic, including physical, emotional, and moral stresses, and suggest strategies for support. | Reflective discussion paper. | Studies on the challenges faced by nurses during COVID-19, especially in high-stress hospital settings. | Reflection on moral, emotional, and physical challenges faced by nurses, with suggestions for reform. | Nurses faced stress from patient surges, inadequate PPE, and moral injury, but systems and support could aid resilience. | Calls for reform in institutional processes and support for nurses to improve care and resilience in future crises. | Supports the present study's focus on stress management and leadership support for nurses. |
|--|---|------------------------------------|---|---|--|---|--|

The outlined research matrix combines and overlays several important pieces of research into leadership and support for nurses in the healthcare sector, with a focus on remote leadership (Terkamo-Moisio et al., 2022), nurses' leadership during the COVID crisis (Hofmeyer & Taylor, 2021), and issues nurses experienced during the pandemic (Ulrich et al., 2020). These studies deal with leadership dimensions, evidence pertaining to support for the nurse, and self-dimensions and emotional/ethical practice issues. In each study, leadership, trust, communication, and strategic support are underlined as factors that can enhance healthcare. They correspond with the present study, which deals with leadership and stress in healthcare system..

Results

Table 5: *Results Indicating Themes, Sub-Themes, Trends, Explanation, and Supporting Studies*

| Themes | Sub-Themes | Trends | Explanation | Supporting Studies |
|---|---|---|--|------------------------------|
| Remote Leadership | Characteristics of Successful Remote Leadership | Focus on trust, communication, and leader qualities | Successful remote leadership is centered around trust, clear communication, and specific leader characteristics. | Terkamo-Moisio et al. (2022) |
| | Enhancing Leader-Member Relationship | Importance of regular meetings and team spirit | Strong leader-member relationships are enhanced by frequent interactions, including regular face-to-face meetings. | Terkamo-Moisio et al. (2022) |
| | Challenges in Remote Leadership | Leadership and member-related challenges | Remote leadership faces challenges in engagement, trust, and managing team dynamics. | Terkamo-Moisio et al. (2022) |
| Nurse Leadership During COVID-19 | Leading with Empathy and Prudence | Increased focus on emotional intelligence | Nurse leaders need to address anxiety and stress, improving well-being and quality of care during the pandemic. | Hofmeyer & Taylor (2021) |
| | Addressing Anxiety and Psychological Toll | Focus on mental health and resilience | Strategies like promoting self-care and addressing anxiety are crucial for sustaining nurse morale. | Hofmeyer & Taylor (2021) |
| Nurse Challenges During Pandemic | Emotional, Physical, and Moral Stresses | Increased stress and dilemmas | Nurses face emotional, physical, and moral challenges due to patient surges and resource shortages. | Ulrich et al. (2020) |
| | Need for Systemic Reform | Calls for institutional reform | There is a strong call for reform to improve healthcare delivery in future crises. | Ulrich et al. (2020) |

Some of the findings from the selected studies are areas of interest in leadership in the healthcare sector especially in the current COVID-19 outbreak. The foundation to remote leadership is trust, communication and good leader characteristics and face to face interaction positively impact the leader-member exchange (Terkamo-Moisio et al., 2022). Participants utilized

empathy with nurses who were anxiety and promoting the importance of MENTAL health to address staff morale through self-care during the pandemic (Hofmeyer & Taylor, 2021). This created emotional, physical and moral intensity of work for nurses and put more pressure on the already strained healthcare system making a call for change in the nursing systems essential in enhancing the delivery of healthcare services (Ulrich et al., 2020). These results indicate leadership as a critical element that sustains team's resilience and considers shift's healthcare contingencies.

Discussion (6 paragraph selected by the xx selected studies)

Observations from the chosen studies accentuate multifaceted leadership and its issues within the healthcare sector, especially with reference to telework and the COVID-19 crisis. This is in line with the conclusion made in the studies with the focus on trust, communication and leadership qualities as the core of leadership in the healthcare setting. In their qualitative study, Terkamo-Moisio et al. (2022) revealed that good remote leadership is based on the understanding of communication, trust, and the ability to establish culture of the team: to be online leader, one must have certain character features like openness and openness. The above qualities were also the ones captured as crucial interventions in lifting the quality of leader member relationships, whereas it was evident that frequent face to face communication was crucial in building a positive rapport between the leaders and their subordinates.

Regarding COVID-19, nurse leaders were presented as performing the function of reducing the psychological impact on the nursing staff. Hofmeyer and Taylor (2021) rightly pointed out that nurse leaders should manage the anxiety experienced by the healthcare workforce during the pandemic. Becoming present through mannered and empathetic leadership to advance the morale of the nurses and restore self-care to its proper perspective as a part of treatment was also found to play a crucial role in the improvement of health care service delivery. To some extent, these findings support the observers' findings in Ulrich et al. (2020) who described the nurses' high emotional, physical, and moral burden during the pandemic in connection with patient influx and shortage of staff and equipment. From both the studies, it can be derived that building emotional resiliency among practicing healthcare workers is equally important for leadership.

On this focusing area, the value of leader-member relationships appeared to be of significant importance in the selected studies. Terkamo-Moisio et al. (2022) indicate that frequency of relationships by communication and understanding with these individuals were critical to effectiveness of leadership at a distance. This was particularly important during the pandemic, which Hofmeyer & Taylor (2021) postulates, Recommendations from nurse leaders managing anxious Healthcare workers, emergency nurses will benefit from empathy and prudence. The presence of leaders helps with the support of staff to prevent any kind of break down of their mental health alongside the quality of the patients' care during the distressing moment.

There appeared a trend towards changes in the health care organizations' systems across the reviewed studies. According to Ulrich et al. (2020), pandemic outbreak unveils that many health care systems have major problems in relation to resource management and readiness. Their appeal is similar to the argument made earlier by Hofmeyer and Taylor (2021), who pointed out that the increase in demand requires the creation of adequate guidelines and templates to confront all organization-related issues. The two researches assert that the future leadership training should incorporate the measures to effectively respond to emergencies and to facilitate change in health care organizations.

Besides leadership styles, the above studies also underline the need to analyze and support healthcare workers' emotional state in the course of the emergency. Promoting trust and building resilience is what Hofmeyer and Taylor (2021) argue along with Terkamo-Moisio et al. (2022). Hence the need to support the health care workers emotionally to enable the hold their workforce and morale in order to deliver services to the population effectively during the times of pressure. Based on these studies, it can be argued that stressful working conditions, primarily, can be addressed and, thus, the constructive organization leaders' behaviors can reduce psychological effects.

The issues of carrying out leadership activity in the remote modality especially emerged in the research of Terkamo-Moisio et al. (2022) where a list of barriers to remote leadership was revealed; first, the problem of maintaining team cohesiveness, second, the lack of clarity in communication. A pandemic only added pressure to these challenges, and as healthcare organizations worked to improve their new working conditions. However, the studies suggest that these problems can be managed in a way that would enable remote leadership to attain proper functionality, primarily through taking an anti-fragile approach and through use of advanced technology and communication facilities. This insight may also be helpful to organizations that are moving toward more flexible or telecommuting arrangements.

Altogether, the scrutiny of the literature indicates and stresses the importance of leadership for determining healthcare effectiveness and directional changes in response to adversities like the COVID-19 experience. Good communication, trust, and emotional intelligence were singled out as key core competencies of leadership across distance, temperature, and even stress-related conditions in a clinical capacity. In today's world of uncertainty in healthcare, the current data gives a cadre of knowledge that the leaders can harness to nurture their subordinates and deliver quality services.

Also, more and more the issue of systemic change and the call for increased 'supporting measures' for healthcare workers in the context of crises became apparent. The results presented in the paper imply that leadership must not only deal with competencies but with building the context that meets the emotional and psychological needs of the healthcare staff. Interested leadership can reduce stress during a crisis while asserting empowering, shared, and WLB leadership reduces employee stress and enhances patient outcomes.

The studies also recommend that leaders should also ensure that they are prepared and have the right methods of leading a virtual team. As the telemedicine becomes popular and more organizations encourage remote work across departments, including healthcare ones due to the COVID-19, social interactions and collaboration do not cease to be vital. Terkamo-Moisio et al. (2022) provide fresh perspective to this topic paying attention to the quality of leaders' relationships with subordinates to enhance the positive experience of remote work.

Finally, preparedness of the healthcare leaders towards crisis orientation emerged as a major finding in the selected papers. Hofmeyer and Taylor (2021) and Ulrich et al. (2020) both state that accessible leadership training has to enhance leaders' capability to manage the uncertainty and contribute to care quality during crises. Such insights are valuable since healthcare organizations globally remain to face both short-term pressures and long-term evolution in the delivery of health services.

These findings aid expanding understanding of leadership in healthcare organizations, especially during crisis and provide useful tips for managers who seek to provide support for their staff. Over the years, leadership has been of significance importance in achieving short term and

long-term objectives within the healthcare sector; thereby continues to evolve as we advance in embracing technological changes and pandemics around the world.

Future Direction:

More research is needed to determine how the remote leadership model affects positive and negative healthcare outcomes in the future and its efficacy in various healthcare organizations, especially LREs. Furthermore, research investigations that compare the purpose of technology in developing LMR in order to address some of the limitations in caregiving leadership will also be useful. Promoting systemic reforms and the resilience of leadership interventions in emergencies will also be providing strategies for increasing readiness for recovery in future health disasters.

Limitations:

That is, few of the reviewed studies examined the applicability of remote leadership in healthcare settings across cultures. Furthermore, most of the included studies are cross-sectional studies and self-report data are used, thus can cause biases, while the long-term effects of leadership interventions in crises, to include the current COVID-19 epidemic, remain understudied. The studies also do not elaborate the relationship of such leadership approaches with organizational support mechanisms.

Conclusion:

The present in the objectives of reviewed studies reemphasizes the special significance of the leadership function in the healthcare area especially in such emergent/social urgencies as COVID-19 pandemic situation. Successful leadership and effective communication including empathy, maintains team spirit for promoting excellent health care. However, there are still potential barriers in the field of remote leadership and burnout of nurses and the future developments in the spheres of research and consistent changes in the healthcare systems still can offer the requisite solutions for enhancing the position of the healthcare employees and the quality of healthcare services provided to people.

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