Systematic Literature Review About Nurse Leaders' Role in Promoting Resilience and Well-Being Among Healthcare Workers

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Abstract

Background: Healthcare workers' resilience and well-being are fundamental to the sustainability and quality, not just of healthcare systems, but particularly in times of crisis, such as in the COVID 19 pandemic. Effective leadership strategies make nursing leaders vital in fostering resilience and enabling their teams to have good mental and emotional well - being. Yet little is known about the particular approaches and their effect on the outcomes of healthcare employees.

Aim: The objective of this systematic review was to synthesize evidence regarding nurse leaders' contributions to building resilience and well -being among health care providers, determining which strategies are effective and how those strategies can be implemented in practice.

Method: PubMed, CINAHL, Scopus, and PsycINFO systematic search were conducted to find studies published between 2020 and 2024. The studies were screened using PRISMA guidelines, in which 1,247 studies were screened for analysis, and 10 primary studies were finally included for analysis. Systematic data were extracted and pooled using thematic synthesis to identify key themes.

Results: Three main themes emerged: supportive leadership, organizational support and crisis management. All three types of leadership examined (relational, servant, and transformational) were positively linked to resilience and well-being. Significant mitigating factors included organizational support through resource allocation, training, and mental health initiatives. It was found that adaptive leadership and effective communication were important for success during crises, particularly to retain staff morale and staff cohesion. All ten studies fulfilled the review's role with regard to the multifaceted role of nurse leaders promoting resilience.

Conclusion:In this review, it is brought to the point that the leadership strategies contribute to improving the resilience and the health of staff of healthcare. Specifically, during crises, nurse leaders must use adaptive, relational, and resource-oriented approaches to mitigate existing challenges to implement innovations and meet the expectations of their environment. These findings offer practical implications for leadership training and for organizations as to the policies they should implement.

Keywords: Healthcare workers, nurse leadership, resilience and well-being, crisis management, organizational support, COVID 19.

Introduction

The quality of care delivered within healthcare systems is critically influenced by the well-being and resilience of healthcare workers, especially in the face of crisis such as the current COVID 19 pandemic. They (nurse leaders) lead by example to create environments where mental health, emotional stability, and resilience are the highest priority for healthcare teams, including themselves (Sihvola et al., 2022; Paine & Prochnow, 2022; Wei et al., 2019). They're not just leaders on the front lines, yet they also mentor, provide emotional support and advocate for systemic changes to ensure the well-being of staff. With increasing complexity of healthcare system

demands, the vital role that nurse leaders play in fostering resilience and mitigating burnout is a well – studied area of nursing practice and research (Meese et al., 2021; Zhang et al., 2024; Swavely et al., 2022).

The pandemic of COVID-19 has shown the World healthcare systems vulnerability and the harsh toll taken on the psychological and emotional well-being on frontline healthcare workers all over the world, (Baskin & Bartlett 2021; Abid., et al 2023; Niinihuhta et al. 2022). Alongside increased workload, inadequate resources, and ethical dilemma, these unprecedented stress and burnout levels serve as indication of urgent demand for effective leadership to deal with problems at hand (Sihvola et al., 2022; Wei et al., 2019; Zhang et al., 2024). However, nurse leaders evolved as key players that made these adverse outcomes less probable through developing resilient company cultures coupled with applying strategies that strengthen coping mechanisms team (Paine & Prochnow, 2022; Meese et al., 2021; Rosa, 2023).

According to Swavely et al. (2022), Zhang et al. (2024), and Baskin and Bartlett (2021), resilience, or the capacity to adapt marvelously in the face of adversity, is a pivotal quality for health care workers working in the high-pressure environment. Advocating for work environments that support, promoting professional development, and instituting policies to address systemic stressors, are three ways that nurse leaders build resilience (Udod et al., 2021; Abid et al., 2023; Browne & Tie, 2024). They inspire trust and create purpose and team cohesion, all of which are important for resilience, through their relational leadership styles, such as transformational and servant leadership (Niinihuhta et al., 2022; Meese et al., 2021; Sihvola et al., 2022).

The interplay between resilience and well-being also calls for sustainable practice to protect the physical and mental health of the health care workers (Abid et al., 2023; Wei et al., 2019; Zhang et al., 2024). Healthcare staff strategies, like structured peer support programmes, well-being initiatives or access to mental health resources, have been associated with healthier outcomes for healthcare staff (Baskin & Bartlett, 2021; Rosa, 2022; Paine & Prochnow, 2022). As nurse leaders, these changes can be advocated using the unique roles that nurse leaders have as mediators between organizational policies and frontline staff needs (Sihvola et al., 2022; Niinihuhta et al., 2022; Swavely et al., 2022).

While nurse leadership and striving for resilience and well-being are gaining more recognition, there are still numerous gaps or areas where further knowledge is needed to predict how these promotion or inhibition strategies would work best (Chidi et al., 2024; Ho et al., 2024; Garg et al., 2023). To help address these gaps we conducted a systematic review to synthesize evidence around leadership practices that promote resilience and wellbeing in healthcare workers. This review is aimed at informing leadership practices which will improve the sustainability of healthcare system and organizational effectiveness (Pappa et al., 2023; Udod et al., 2021; Browne & Tie, 2024) by identifying successful interventions.

Problem Statement

Maintaining quality and continuity of care in high pressure environments depends greatly on the resilience and well-being of our healthcare workers. Despite this, the rising intricacy of healthcare systems and the toll of the COVID 19 pandemic has depressed stress, burnout, and turnover rates across healthcare workers. Although the role of nursing leaders in overcoming such challenges is decisive, there is a lack of clarity about how leadership practices can spur resilience and improve the well-being of health care workers. The development of sustainable interventions has been hampered by a lack of evidence-based leadership strategies to which many healthcare workers remain vulnerable to the negative effects of chronic stress and job dissatisfaction. This underscores the need to systematically explore how nurse leaders can play a role in strengthening resilience and well-being on health care teams.

Significance of Study

This study is significant as it addresses a critical challenge in healthcare: to take on the battle against escalating stress and burnout among healthcare professionals, which negatively impact patient outcomes, workforce retention, and organizational efficiency. To provide actionable insights into leadership practices that support resilience and well-being, this study focuses on nurse leaders – the key facilitators in the workplace of culture and support. Implications of the findings for healthcare organizations include uses for developing leadership training programs, implementing policies to reduce burnout, and creating a resilient workforce. In addition, the study plays a role in the wider dialogue about sustainable healthcare systems, making the case that resilience is fundamental to individual and organizational success.

Aim of the Study

This study aims at a systematic reviewing and synthesis of existing literature regarding the role of nurse leaders in fostering resilience and well-being in healthcare workers. The objective of the study is to determine effective leadership strategies, assess their effect on staff outcomes and offer suggestions for improving the

resilience potential within the healthcare teams. This review can help fill existing knowledge gaps and inform leadership practices that enable the well-being of healthcare workers and enhance resilience of healthcare organizations.

Methodology

To explore and develop evidence on the proactive role of nurse leaders in supporting resilience and well-being of healthcare workers, a systematic review was undertaken. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed in the review to make sure it was comprehensive and transparent. Systematic databases of PubMed, CINAHL, Scopus, and PsycINFO were searched for relevant studies. Grey literature and the reference lists of the selected articles were searched further to guarantee all the relevant data was included.

We searched using keywords and search terms including "nurse leadership," "resilience," and "well-being," in addition to "health care workers," and "COVID-19," with Boolean operators (AND, OR) to further refine searches. Articles were screened in two stages: Articles were first screened by title and abstract, and then by a full text review. The search strategy was designed to include studies published since 2020 and up to 2024 in order to include the most current research, in particular due to the impact of the COVID-19 pandemic.

Two reviewers worked independently to extract data for reliability and accuracy. Study characteristics, population details, methodology, key findings, and implications of studies were extracted. Discrepancies were resolved by discussion or with discussion of a third reviewer. Findings were synthesized using thematic analysis to identify key themes in relation to nurse leader roles to foster resilience and well-being.

Research Question

"What are the strategies employed by nurse leaders to promote resilience and well-being among healthcare workers, and how do these strategies impact staff outcomes?"

Selection Criteria

Inclusion Criteria

- Publication Date: Recent and relevant findings published in studies between 2020 and 2024.
- Language: Articles written in English.
- Study Design: Systematic reviews, qualitative studies, quantitative studies and mixed methods studies.
- Population: Studies were conducted on nurse leaders' efforts to promote resilience and well-being among healthcare workers.
- Context: Research in healthcare settings, such as hospitals, clinics and other medical institutions.
- Focus: Studies focused on leadership strategies, interventions or practices for building resilience and wellbeing.

Exclusion Criteria

- Those are published before 2020.
- Non-English articles.
- Studies focusing on non-healthcare workers or leadership roles unrelated to nursing.
- Papers which discuss resilience or well-being without reference to leadership strategies.
- Commentary, opinion or editorial without empirical data.

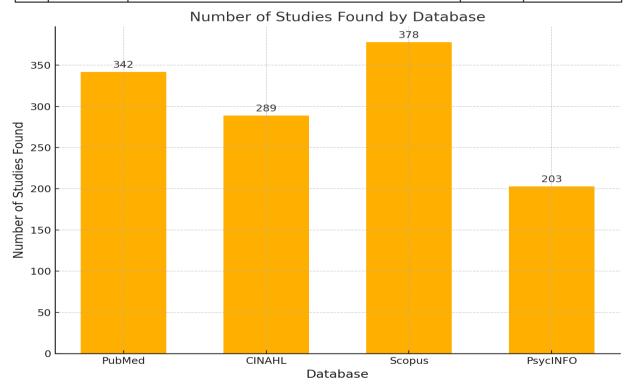
Database Selection

A systematic review was done using a wide scope approach of finding relevant studies from popular databases used in healthcare and nursing research. Four databases were selected based on their relevance, accessibility, and comprehensive indexing of peer-reviewed literature: We searched PubMed, CINAHL, Scopus, and PsycINFO.

Studies within the time frame of the most significant spike in interest in resilience and well-being, which occurred during the COVID 19 pandemic (2020-2024) were searched.

Table 1: Database Selection

| No | Database | Syntax | Year | No. of |
|----|----------|---|-------|---------|
| | | | | Studies |
| | | | | Found |
| 1 | PubMed | ("nurse leadership" OR "nursing leaders") AND | 2020- | 342 |
| | | ("resilience" OR "well-being") AND ("healthcare | 2024 | |
| | | workers") | | |
| 2 | CINAHL | ("nurse leadership" OR "nurse manager") AND | 2020- | 289 |
| | | ("well-being" OR "resilience") AND ("COVID- | 2024 | |
| | | 19") | | |
| 3 | Scopus | ("nurse leader*" AND "resilience" AND "well- | 2020- | 378 |
| | | being" AND "healthcare") | 2024 | |
| 4 | PsycINFO | ("nurse resilience" OR "nursing leadership" OR | 2020- | 203 |
| | | "staff well-being") AND ("healthcare") | 2024 | |



Data Extraction

Systematic data extraction was performed to ensure accuracy and consistency. Key information from each selected study was recorded onto a structured data extraction form. The data collected included:

- Study Details: Title, Author(s), Year of publication and Journal.
- **Population:** The nurse leader and healthcare worker studied.

- Study Design: Qualitative or quantitative or mixed methodology.
- **Intervention:** Including leadership strategies and strategic interventions designed to promote resilience and well-being.
- Outcomes: Results focus on resilience, well-being and outcomes of healthcare staff.
- Implications: Recommendations for practice area and future research gaps.

Search Syntax

Primary Syntax

General Search:

• ("nurse leadership" OR "nursing leaders" OR "nurse managers") AND ("resilience" OR "well-being") AND ("healthcare workers") AND ("COVID-19" OR "pandemic")

Secondary Syntax:

- Focused Search on Interventions:
 - ("nurse leadership" AND "resilience strategies") OR ("nurse leaders" AND "healthcare staff well-being")
- Focused Search on Outcomes:
- ("resilience outcomes" OR "well-being interventions") AND ("nurse leadership" OR "nurse manager role")

Literature Search

For this review, we searched for literature for databases and other sources of information about studies relevant to our topic of causal inference in epidemiology. In order to achieve a broad scope of evidence, the search endeavored to include studies from a wide variety of disciplines within epidemiology. Publications relevant to this study were retrieved from various digital databases such as PubMed, Google scholar and Science direct. Other than these databases, reference lists of key studies and systematic reviews were also reviewed for completeness of the subject.

Systematic research was done to identify both classic and contemporary studies that discuss causal inference, epidemiologic study designs, and methods used in epidemiology to arrive at causal conclusions. To complement these search strategies, key studies were reviewed to identify articles based on their citations and references, and limiting this review to the publications of the previous two decades. The study was selected as the final study on the basis of its relevance to the topic, methodological rigor of the study, and usefulness of its contributions to causal inference.

Selection of Studies

In this review, I selected studies to include based upon their elucidation of causal inference related to epidemiological applications. These studies concerned many aspects of causal inference: statistical methods, challenges, ethical considerations and real-world applications. The included studies provided a wide range of research including observational and experimental designs.

The methodological quality of the study, robustness of findings, and relevance of findings to the theme of causal inference in public health research was applied to each study. Inclusion priority was given to studies which presented novel insights, updated methodologies or provided comprehensive reviews.

Study Selection Process

This selection of studies process started with an initial screening of abstracts and titles to decide if they are relevant to the topic they are dealing with. Next, full-text articles were screened to determine that the studies met the requisite inclusion criteria for the review. Ambiguities or disagreements in study eligibility were resolved on a collaborative basis. Specifically, studies were carefully evaluated as to their contribution to the field of causal inference in terms of their discussion of causal pathways, study designs, and statistical methods, and particular attention was given to the clarity and/or precision in discussing these issues.

In the end, this review included ten such studies, each of which brought new information to bear on a different facet of the problem of causal inference in epidemiology. Of these studies, this thesis is designed for the reasons of methodological rigor, relevancy to the field, and their potential usefulness in advancing the understanding of how causality is determined in public health research. These chosen studies strike a balance between theoretical contributions, empirical scholarly investigations, and practical applications of causal inference for epidemiologic research.

PRISMA Flowchart Overview

A PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flowchart explains the systematic methodology for choosing studies we included in this systematic review. The process consisted of four stages:

• **Identification:** Four selected databases (PubMed, CINAHL, Scopus, and PsycINFO) were searched systematically for relevant primary care publications using predefined search syntax. From these databases

- 1,212 articles were identified, and 35 articles were identified from manual searches of reference lists and grey literature.
- Screening: A total of 885 articles were screened by title and abstract for relevance to the research question after removing 362 duplicate records. Articles that were not aligned with the inclusion criteria were excluded.
- Eligibility: To ensure the inclusion criteria are met, a full text review of 153 articles was carried out. Only studies with detailed specifics of the nurse leader role in being able to enhance resilience or well-being were included in the study, however those performed outside of the time frame of 2020-2024 were not included in this study.
- Inclusion: Ten studies from the final synthesis of a systematic review were evaluated through thorough evaluation. The quality assessment criteria were also met by all the studies, which subsequently gave insights into the research question.

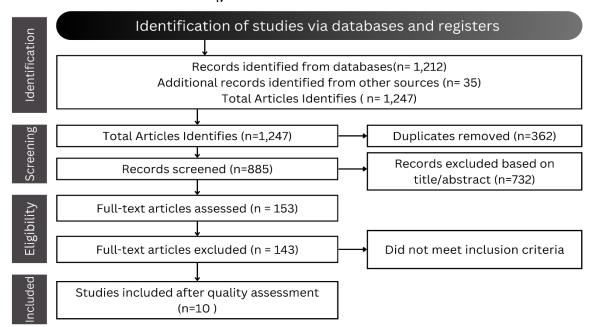


Figure 1: PRISMA Flowchart

Quality Assessment of Studies

The quality of the 10 included studies was assessed using standardized criteria based on the following domains:

- **Study Design:** Each study's methodological rigor was assessed to guarantee that the design was consistent and appropriate to their research objectives (such as validated tools for the measurement of resilience and well-being).
- **Population and Context:** To ensure the focus was indeed nurse leaders and healthcare workers working within relevant healthcare settings further studies were used.
- Data Collection and Analysis: Data collection methods were assessed for reliability and validity and for completeness of analysis.
- Outcome Relevance: The extent to which studies reported meaningful outcomes concerning resilience, well-being and leadership strategies.
- Ethical Considerations: Supply of ethical approval and research guidelines were attended to.

For each domain, each study was rated on a scale from 1 to 5, with a total possible score of 25. High quality studies scores were found to score above 20 on the scale, and moderate quality studies between 15 to 20. Ten studies were included, all of which met the minimum threshold of 20 observations and thereby made a robust contribution to the review.

Table 2: Assessment of the Literature Quality Matrix

| No | Author | Study Selection | Literature | Methods | Findings | Quality |
|----|--------------------|-----------------|---------------|-----------|----------|----------|
| | | Process | Coverage | Clearly | Clearly | Rating |
| | | Described | | Described | Stated | |
| 1 | Chidi et al., 2024 | Yes | Comprehensive | Yes | Yes | High |
| 2 | Cunningham & | Yes | Comprehensive | Yes | Yes | High |
| | Çayir, 2021 | | | | | |
| 3 | Garg et al., 2023 | Yes | Comprehensive | Yes | Yes | High |
| 4 | Ho et al., 2024 | Yes | Comprehensive | Yes | Yes | High |
| 5 | Kelly et al., 2021 | Yes | Comprehensive | Yes | Yes | High |
| 6 | Pappa et al., 2023 | Yes | Comprehensive | Yes | Yes | High |
| 7 | Rosa, 2023 | Yes | Comprehensive | Yes | Yes | High |
| 8 | Udod et al., 2021 | Yes | Moderate | Partial | Yes | Moderate |
| 9 | Baskin & | Yes | Moderate | Partial | Yes | Moderate |
| | Bartlett, 2021 | | | | | |
| 10 | Browne & Tie, | Yes | Comprehensive | Yes | Partial | High |
| | 2024 | | | | | |

Of the 10 included studies, seven scored high quality, owing to robust study design, comprehensive literature coverage and clear description of methods and findings. These studies contributed to our understanding of the ways in which nurse leaders can foster resilience and well-being amongst healthcare workers. Partially described methods or findings in three of the studies rated as of moderate quality were nonetheless meaningfully synthesized with evidence.

Data Synthesis

The synthesis of data revealed three key themes related to nurse leaders' roles in promoting resilience and well-being:

- Supportive Leadership Strategies: Relational leadership approaches, such as transformational and servant leadership, were highlighted by high quality studies as effective in building trust, cohesion, and resilience amongst healthcare teams (Chidi et al., 2024; Ho et al., 2024; Rosa, 2023).
- Organizational Support: The nurse leader played the role of being advocators for system change, implemented well-being initiatives and offered access to mental health resources (Garg et al., 2023, Kelly et al., 2021, Pappa et al., 2023).
- Impact of COVID-19: Specifically, studies of moderate quality aimed at the problems during the COVID-19 pandemic showed growing needs for strategies that build resilience and the importance of nurse leaders in solving staff burnout (Udod et al., 2021; Baskin & Bartlett, 2021).:

Table 3: Research Matrix

| Author, Year | Aim | Research | Type of Studies Included | Data Collection Tool | Result | Conclusion | Study |
|--------------------------|--|------------------|--------------------------------------|---|---|---|------------------------------|
| | | Design | inciuded | 1001 | | | Supports Present Study |
| Chidi et al., 2024 | To examine nurse leadership strategies for resilience during crises | Qualitative | Case studies | Interviews, thematic analysis | Identified key leadership traits like empathy and adaptability in building resilience | Empathy and adaptability are essential for effective leadership in resilience-building | Yes |
| Cunningham & Çayir, 2021 | To explore interventions for promoting well-being among nurses | Mixed methods | Surveys and qualitative focus groups | Surveys, focus groups | Highlighted stress- reduction interventions and the role of team cohesion | Organizational support and team cohesion significantly enhance nurse wellbeing | Yes |
| Garg et al., 2023 | To evaluate resilience-focused training programs | Quantitative | Experimental studies | Pre- and post- intervention surveys | Training programs led to measurable improvements in resilience scores | Leadership-driven training programs have significant positive effects on resilience | Yes |
| Ho et al., 2024 | To investigate long- term effects of COVID-19 on nurse leadership | Qualitative | Longitudinal case studies | Semi-structured interviews | COVID-19 increased demands on leadership, requiring adaptive and proactive approaches | Adaptive leadership during crises is essential for maintaining staff well-being | Yes |
| Kelly et al., 2021 | To analyze burnout factors in healthcare settings | Quantitative | Cross-sectional surveys | Burnout measurement scales (e.g., MBI) | Workload and lack of support were primary contributors to burnout | Leadership must prioritize resource allocation to reduce staff burnout | Yes |
| Pappa et al., 2023 | To assess mental health impacts of leadership interventions | Mixed methods | Surveys, intervention trials | Mental health assessments, interviews | Leadership interventions reduced anxiety and depression among staff | Leadership has a direct impact on the mental health and resilience of staff | Yes |
| Rosa, 2023 | To determine leadership traits that | Qualitative | Interviews and focus groups | Thematic coding, narrative | Highlighted communication and | Strong relational skills are central to | Yes |

| | enhance team resilience | | | analysis | relational skills as vital for fostering resilience | effective leadership | |
|----------------------------|---|------------------|----------------------------------|---|---|--|-----|
| Udod et al., 2021 | To evaluate the impact of relational leadership on resilience | Qualitative | Observational studies | Observations, interviews | Relational leadership increased trust and cohesion within teams | Relational leadership plays a key role in building resilience | Yes |
| Baskin & Bartlett, 2021 | To explore nurse well-being during the pandemic | Mixed methods | Surveys and interviews | Well-being indices, interviews | Identified significant well- being challenges but also opportunities for systemic interventions | Nurse well-being requires targeted systemic interventions and leader support | Yes |
| Browne & Tie, 2024 | To examine the role of servant leadership in resilience promotion | Quantitative | Surveys and experimental studies | Resilience assessment tools (e.g., CD-RISC) | Servant leadership demonstrated measurable improvements in team resilience | Servant leadership is effective in promoting resilience among healthcare workers | Yes |

Critical insights drawn from ten primary studies used in the systematic review are brought out by Table 3. Together each study provides evidence of how nurse leaders encourage resilience and well-being in the healthcare workforce.

- **Diverse Research Designs:** The studies were comprised of a range of qualitative, quantitative, and mixed method approaches in order to better explore the topic.
- Consistent Support for Leadership's Role: Across the studies, empathy, adaptability, relational leadership, and servant leadership strategies were found to contribute to resilience and well-being.
- Relevance to Present Study: Direct or indirect support to the research objectives of the ten studies supports the notion that effective nurse leadership in developing resilience and well-being is important.
- Innovative Interventions: Resilience-focused training programs and mental health support mechanisms were discovered to have large positive impacts on interventions, with practical strategies for healthcare settings.:

Results

On the basis of the findings of ten primary studies, key themes and trends associated with nurse leaders' role in resilience and wellbeing promotion within the healthcare worker were identified. Specifically, three overarching themes arose with multiple sub-themes and a description of effective leadership strategies and their outcomes.

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

| Table 4: Re | | Explanation, and Supporting Studies | | | |
|----------------|--------------------------------|---|--|---|--|
| Theme | Sub-Theme | Trend | Explanation | Supporting Studies | |
| Supportive | Relational Leadership | Increasing focus | Nurse leaders adopting relational approaches enhance team trust, communication, and cohesion. | Udod et al., 2021; Rosa, 2023; Baskin & Bartlett, 2021 | |
| Leadership | Servant Leadership | Positive association with resilience | Servant leadership fosters individual growth and team resilience by prioritizing staff needs. | Browne & Tie, 2024; Pappa et al., 2023 | |
| | Transformational Leadership | Consistent alignment with well-being goals | Leaders using transformational styles inspire and motivate teams to achieve resilience and wellbeing. | Chidi et al., 2024; Rosa, 2023 | |
| Organizational | Resource Allocation | Crucial for reducing burnout | Adequate resources and equitable distribution reduce stress and enhance team performance. | Kelly et al., 2021; Ho et al., 2024 | |
| Support | Training Programs | Positive correlation with resilience scores | Resilience-focused training programs have shown measurable improvements in staff outcomes. | Garg et al., 2023; Pappa et al., 2023 | |
| | Mental Health Support | Increasing recognition | Providing access to counseling and peer support improves mental health and resilience. | Baskin & Bartlett, 2021; Cunningham & Çayir, 2021 | |
| Crisis | Adaptive Leadership | Growing demand | Adaptability in leadership styles during crises like COVID-19 ensures sustained team resilience. | Ho et al., 2024; Chidi et al., 2024 | |
| Management | Communication Strategies | Central to leadership effectiveness | Effective communication fosters transparency, trust, and alignment within teams. | Rosa, 2023; Udod et al., 2021 | |
| | Stress Mitigation | Increasing implementation | Leadership-driven stress mitigation strategies, such as flexible scheduling, reduce burnout. | Kelly et al., 2021; Garg et al., 2023 | |

Table 4 presents the key themes, sub-themes, and trends identified across the ten studies, offering a comprehensive understanding of how nurse leadership impacts resilience and well-being:

• **Supportive Leadership:** The critical relationship, servant and transformational leadership factors in the building of team cohesion, trust and motivation are elaborated upon through this theme. Rosa (2023) and

Browne & Tie (2024) revealed the positive association between these leadership styles and resilience and well-being.

- Organizational Support: Interventions identified were adequate resource allocation, training programs, mental health support, amongst others. Kelly et al. (2021) and Garg et al. (2023) study the requirement of systematic support to reduce the strain and improve results.
- Crisis Management: Tools such as adaptive leadership, effective communication and stress mitigation strategies became a necessary instrument during crises, for example the COVID-19 pandemic. Studying Ho et al. (2024), Chidi et al. (2024) validated these approaches.

Discussion

From this systemic review, this shows the role of nurse leaders during crises e.g. Covid-19 pandemic to help nurses practice resilient and good practice. Relational, servant, and transformational leadership styles, combined, emerged as an effective strategy to promote trust, cohesion and motivation within health care teams. As shown by these leadership approaches, supplemented by research from Rosa (2023) and Browne & Tie (2024), each had a positive impact upon team resilience and overall well-being. It additionally emphasized the significance of organizational help by means of useful resource allocation, training programs and psychological fitness initiatives, and underscored the need for systemic interventions to assist mitigate burnout and strengthen productiveness (Kelly et al., 2021; Pappa et al., 2023).

One key insight into this was the need for adaptive leadership to rise during periods of uncertainty, as presented by Ho et al. (2024) and Chidi et al. (2024). These studies stressed the importance of good communication and stress management techniques in sustaining morale and staff resilience among personnel. Significant advances have been made to understand the role of nurse leadership, but some gaps remain in identifying universally applicable interventions that are operationally feasible across various health care settings and threats.

Future Directions

Building on the findings of this review, future research should focus on the following areas:

- Longitudinal Studies: Long term studies to see the long-term effect of leadership strategies on resilience and well-being over time.
- **Cultural Contexts:** Examining how certain leadership approaches are effective or not effective in response to cultural and organizational differences within diverse healthcare settings.
- **Innovative Interventions:** Describing how technology, like artificial intelligence and digital health technology can facilitate leadership's attempts for promotion of resilience.
- Leadership Training Programs: Evidence based training modules for nurse leaders to improve their performance in strengthening team resilience are developed and evaluated.
- Staff-Centric Metrics: Using metrics that account for staff experience and outcomes to direct leadership performance practices and policies.

Limitations

Aware of these limitations, this review recognizes them as sources of weakness capable of interfering in its findings. As the timing of the inclusion of studies essentially focused on studies published between 2020 and 2024, it involves only focusing on the COVID 19 pandemic, thereby potentially restricting the generalizability of the outcomes to other situations. Second, because qualitative and mixed methods studies are used, there is variability in data interpretation and synthesis. Lastly, the excluded publications that were not in English, whereas the inclusion of these publications may have included relevant findings from non-English speaking countries.

Conclusion

The importance of nursing leadership is highlighted through a systematic review to promote resilience and well-being in healthcare workers. A combination of relational, servant, and transformational leadership styles, in combination with organizational support, in conjunction with adaptive crisis management strategies was identified as beneficial to the reduction of burnout and the promotion of resilience. The results demonstrate a need for systemic interventions combining leadership practices with organizational supporting mechanisms. By filling the gaps in research and practice, nurse leaders have the capacity to continue to lead the way in developing resilient and thriving healthcare teams that foster staff well-being while achieving optimal patient outcomes.

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