

## Nursing and Leadership Necessities

### Abstract

Leadership is defined as the sum of the knowledge and skills to gather a group of people around specific goals and mobilize them to achieve these goals. When the development of leadership in the nursing profession is evaluated, it is seen that it is progressing in parallel with the social events and changes in the health system. The nurse's leadership role is an important component of the profession in the development of the profession and in providing strong healthcare service to the community. There is a leadership role wherever the nursing profession is applied. The aim of this review is to discuss the leadership role and necessities of nurses in the changing health system in today's world where changes occur in every field such as social, economic, and political, and in the solution of health problems caused by these changes.

*Keywords: Nursing, leadership, history of leadership, leadership necessities*

Şafak Dağhan<sup>ID</sup>, Sevcan Topçu<sup>ID</sup>

Department of Public Health Nursing, Ege University  
Faculty of Nursing, Izmir, Turkey

### Introduction

According to the American Nurses Association (ANA), leadership is an integral part of the nursing profession.<sup>1</sup> Nurses are individually responsible for reaching and maintaining the professional competence. Nurses are required to develop leadership competencies that “emphasize ethical and critical decision making, initiate and maintain effective working relationships, use communication and collaboration within the team, and create strategies for care coordination, empowerment, and conflict resolution.”<sup>2</sup> On the other hand, the International Council of Nurses (ICN) emphasizes that nurses should acquire leadership skills in order to achieve better health outcomes and improve nursing practices.<sup>3</sup>

There is a leadership role wherever the nursing profession is practised. Nurses have a multifaceted leadership role that begins in the field of practice and is critically important in reshaping health care. Restructuring of healthcare services, technological developments, drug research, surgical innovations, combined with the complex structure of the healthcare system, create many opportunities and obstacles for nurses to display their leadership competencies. Providing nursing education at the level of bachelor's degree and expertise in nursing is the basis for creating nurse leaders. Leadership is a process that builds on leadership experiences. Therefore, in order for nurses to be able to train nurse leaders in the future, they should be in leadership positions both in their daily practices and formally.<sup>4</sup> The American Institute of Medicine (IOM) also emphasizes that all nurses should develop leadership characteristics from bedside to managerial positions.<sup>5</sup>

The aim of this review is to discuss the leadership role and needs of nurses in the solution of health problems and in the changing healthcare system in today's world where changes in every social, economic, and political field are experienced.

### Definition and Types of Leadership in Nursing

Leadership is defined as the sum of the knowledge and skills used to gather a group of people around certain goals and to mobilize them in order to achieve these goals. An effective leader is expressed as a person who facilitates the interaction between material, time, and manpower.<sup>6,7</sup>

According to Koloroutis, the leader is defined as a person who has the authority to act on behalf of someone else and can directly affect the change and the direction of the

Cite this article as: Dağhan Ş, Topçu S. Nursing and leadership necessities. *J Educ Res Nurs.* 2022;19(2):234-239.

Corresponding author: Sevcan Topçu,  
E-mail: sevcan.topcu@hotmail.com

Received: March 12, 2020  
Accepted: September 15, 2020



Copyright@Author(s) - Available online at  
www.jer-nursing.org  
Content of this journal is licensed under a  
Creative Commons Attribution-NonCommercial  
4.0 International License.

change.<sup>8</sup> Koloroutis (2004) defined six nursing roles that express the practices and work of nurses and explain the multifaceted nature of nursing and expressed leadership as one of these roles.<sup>8</sup> The leadership role encompasses the final responsibility of the nurse toward the patient and society. The nurse is responsible not only for the nursing process she/he prepares but also for the development and evaluation of the quality of care provided by all members of the healthcare team.<sup>9</sup>

In the Standards of Nursing Practice published by ANA (2015), “leadership” is defined as 11th standard.<sup>10</sup> According to ANA (2015), it is a competence that each leader nurse should possess. The qualities of leadership are as follows:

- Contributing to the creation of a supportive environment that preserves respect, trust, and dignity;
- Supporting innovations within the practice and in their professional roles to achieve personal and professional goals, plans, and vision;
- Communicating in order to manage innovation and to resolve conflicts;
- Counseling colleagues in order to improve the safety and quality of health care and to elevate nursing practices and the nursing profession;
- Maintaining accountability for empowered nursing care;
- Contributing to the development of the profession by participating in professional organizations;
- Being effective in politics related to the development of health.<sup>10</sup>

Weiss and Tappen (2015) also emphasized that leadership is a much broader and more comprehensive concept than management, and that one should develop three important competencies for leadership.<sup>11</sup>

- (1) Diagnosis; influencing, understanding the situation desired to be changed;
- (2) Adaptation: making necessary changes to bridge the gap between the current situation and the desired state;
- (3) Communicating: if you cannot communicate effectively, the goal cannot be achieved no matter how good the diagnosis or adaptation is.<sup>11</sup>

Nursing is a profession that takes place in all areas of the health system from bedside to management, from preventive health services to curative health services, from clinic to academia, and uses the leadership role in all these areas. Burns (1978) has defined two types of leadership (transactional and transformational) in order to create a new future and bring about change.<sup>12</sup>

### Transactional Leadership

Transactional Leadership includes a change where both leader and observers gain “something.” The focus of this leadership system is the accomplishment of work or duty. While the leader achieves a goal and completes the work, observers get money, promotion, or other benefits. It is accepted that transactional leaders are directive, independent, and incomprehensible, and even if there is a link between these leaders and the observers, this link is considered a different link than sharing a common purpose or vision. Both leaders and observers may perceive their work as a duty in this type of leader-observer relationship and do not act toward the future. For this reason, this leadership approach being used widely in the healthcare environment remains

limited. Since nurses mostly focus on their work, they use this type of leadership quite widely.<sup>13</sup>

### Transformational Leadership

Contrary to transactional leadership, the transformational leadership is a process where “leaders and observers convey each other to a higher level of motivation.”<sup>12</sup> This motivation enables people to perform above expectations by creating a sense of ownership in reaching the vision. Bass (1985) described the qualities of transformational leaders as charismatic and be able to motivate others and think individually.<sup>14</sup> On the other hand, Burns (1978) described transformational leaders as individuals who increase the awareness of the observers about what has to be done to achieve a common goal.<sup>12</sup> Bennis and Nanus (1985) defined transformational leaders as “individuals who push people to action, transform observers into leaders and the leaders into change agents.”<sup>15</sup> The transformational leadership characteristics of a nurse working in health institutions help her to adopt the role of change agent more and also fulfill this role effectively.<sup>16</sup> If nurses want to be transformational leaders, they must communicate openly, take care of themselves as well as the development of their observers, build trusting relationships, and be able to define their strengths and limits. He/she should also be able to accept change easily and look for ways to do new things despite the risks.

The types of leadership used by nurses are effective on variables such as job satisfaction and quality of care. Different studies have reported that the transactional leadership style has affected nurses’ job satisfaction negatively, and the transformational leadership style, which is rarely practised by nurse managers, has affected job satisfaction positively.<sup>17,18</sup> It has been determined that transformational leadership practices had the potential to increase the quality of care; have reduced the tendency to leave nursing profession seen in nurses, especially in the first years of the profession,<sup>19</sup> they facilitated the patient care because transactional leaders have clarified their duties and expectations,<sup>20</sup> and healthcare professionals have preferred managers who observe their task-oriented leadership styles.<sup>21</sup> While there are many studies in the literature stating that transformational leadership behaviors have positive effects on employee and patient outcomes, there are also some studies reporting that transactional leadership behaviors have positive effects.<sup>16</sup>

### Development of Leadership Role in Nursing

When the development of leadership in nursing profession is evaluated, it is seen that it progresses in parallel with social events and changes in the health system. In the early periods of nursing, autocratic and feminist leadership styles were adopted through the influence of religious views, and in line with this, it was accepted that head nurses should be selected from a higher class than regular nurses.<sup>22</sup>

The first example of the leadership figure in nursing is Florence Nightingale.<sup>23</sup> Modern nursing, hospital management, and formal nursing education have started with Nightingale in the middle of the 19th century.<sup>22,24</sup> It has had far-reaching effects on the development and progress of the nursing profession.<sup>22</sup> Until Nightingale, while nurses have gained knowledge and skills through the master-apprentice relationship method, Nightingale has drawn attention to the importance of formal education.<sup>24</sup> When she founded the first nursing school at the end of the nineteenth century, she did not place the nursing profession on a religious basis and enrolled students from all denominations.<sup>22</sup> She has also noticed that nurses were divided into

two groups among them, that is, nurses and head nurses. So, this has also allowed nurses to gain managerial positions. This managerial position provided nurses with an important social prestige, wage increase, and a secure position at that time.<sup>22</sup>

After religious influences, for many years nursing has continued its development under the influence of wars (Crimean War, the First World War, the Second World War, Korean War, Vietnam War). In the 1930s, employing nurses who received nursing education and graduated in the United States was advantageous. However, the great depression that started in the United States in those years has also affected nursing, and educated nurses with a nursing degree were started to be seen as a cheap labor force.<sup>22</sup> In this period, the responsibilities of the head nurses were expressed as the management and organization of nursing services and nursing schools. Even though some of the responsibilities of the head nurses were given to the nurses and nurse assistants, since head nurses adopted a single-centered management style proceeding from top to bottom, combined with the military and religious structure of the health institutions, it led to the emergence of a very strict leadership style in nursing. This understanding of service and hierarchical structure continued in nursing until 1948.<sup>22</sup>

In the nursing profession, no significant change and development were achieved until the 1980s in terms of leadership.<sup>24</sup> The most important reasons for this are that managerial positions have always been seen as a male function in the traditional structure of health institutions, as a female profession nursing was thought to be insufficient in terms of leadership, and professional organizing of nurses was inadequate.<sup>7,25,26</sup> Although nursing has a rich legacy of leadership, political activism, and policy development from leaders such as Nightingale and Sanger, only a few nurses have been able to step outside of their traditional roles in order to develop the professional status of nursing science and to formulate health policies.<sup>27</sup>

One of the other factors affecting nurses to take place as leaders in the health system is that society generally does not see nurses as leaders. Instead of seeing nurses as leaders who make informed decisions and act independently, they evaluated them as individuals “following doctor’s orders.” Along with society, most nurses do not think themselves as leaders.<sup>28</sup> In the report prepared by Florida Nursing Center (FCN) (2014) to provide resources and guidance to nurses who want to be leaders, reasons that prevent nurses from being leaders were defined.<sup>28</sup> These reasons were as follows:

1. Nurses are not perceived as important decision-makers and revenue generators.
2. Invisibility of nurses in the formation of health policies.
3. Public perception of nurse stereotypes in the media.
4. Lack of single voice among nurses.
5. Their understanding of health policy.
6. Lack of long-term vision.
7. Nursing’s focus on acute care rather than prevention and maintenance of health.
8. Lack of opportunities for advancement.
9. Varying education levels among nurses.
10. Lack of accessible leadership education and development.

Beginning in the mid-1980s, nurses started to be interested in leadership for their profession and discovered the lack of leadership

concept in the profession. While leadership in nursing has focused on the development of nursing practices until the 1990s, it was replaced by the transformation of nursing into a professional discipline and the creation of health policies to improve care outcomes in the following years.<sup>29</sup> International organizations such as ICN and ANA state that management and leadership are the main components of modern nursing, and also for nurses to get prepared for leadership, some programs should be put into effect.<sup>30</sup>

### Leadership Requirements in Nursing

The fact that the members of the nursing profession, who make up a large part of health workers, having managers with advanced leadership skills is of great importance in terms of both nursing services and the quality of health services. IOM and the Robert Wood Johnson Fund have released a report working together with the thought and belief that “high quality health care cannot be achieved without nursing care and leadership.”<sup>5</sup> In the report titled “The Future of Nursing: Leading the Change, Advancing Health,” within the changing and restructuring health system, to create a nurse workforce that will fulfill safe, qualified, patient-centered, accessible, and evidence-based care demand, four key areas including nursing education and training, leadership in nursing, and workforce planning and policy were taken, and eight recommendations were made for the realization of each of these areas (Table 1). In the report, it was emphasized that nurse leaders, as health professionals who are in the closest contact with patients, are critically important in the transformation and change of the health system with their scientific practices in the care process and their capacity to lead change.<sup>5</sup>

Nurse leaders provide vision and expertise to make strategic improvements for quality patient care and to develop a healthy and safe work environment. Leadership traits and competencies are required for all nurses, regardless of whether they are formally held in a leadership position. In order for nursing profession to move forward, plan, and determine direction, nurses in leadership positions are required. Nurses’ leadership roles may vary and they can take place under many titles such as head nurse and nursing services manager. There are many skills among the leadership characteristics of nurses. Even if some of these skills are not related to nursing and health care, they can indirectly affect patient care. Nurse leaders must follow not only issues that affect nursing and require urgent solution but also changes available likely to happen.<sup>3</sup> Therefore, it is vital to have effective nurse leaders in a complex, ever-changing healthcare system. Today, nurse leaders are needed especially in health care, research, changing health systems, and politics.

### Leadership in Care

ANA (2018) emphasized the importance of nursing leadership in planning and implementation of the nursing process when performing their roles and in providing a coordinated care service with the patient, family members, and other healthcare professionals.<sup>31</sup> Studies carried out on the effectiveness of nurse leaders demonstrated the positive effects of nurse leadership on the patient safety<sup>32</sup>; on the reduction in mortality rates; on patient satisfaction<sup>33</sup>; on safe drug administration<sup>34</sup>; and quality of patient care.<sup>35,36</sup>

Nurses serving as strong patient advocates are decision-making leaders on how to improve care. They need to use their leadership roles in practice and evaluation along with their advocacy roles in

**Table 1. Key Areas Defined by IOM and Robert Wood Johnson Fond for the Future of Nursing**

| Areas  | Recommendations  |
|--|--|
| 1. Nurses should practice in entire education and training   | 1. Removing the obstacles within the scope of application<br>2. Expanding nurses' opportunities to guide and disseminate collaborative improvement efforts   |
| 2. Nursing education should be improved  | 3. Development of "programs based on post-graduate application"<br>4. Increasing the rate of nurses with license degree up to 80% until 2020<br>5. Doubling up the number of nurses with doctorate degree until 2020<br>6. Proving nurses with lifelong learning |
| 3. Opportunities should be provided for nurses to assume leadership positions and to fully serve efforts in healthcare redesign and improvement. | 7. Preparing and activating nurses to improve health and lead change   |
| 4. Improved data collection and information infrastructure should be provided for effective workforce planning and policy-making.                | 8. Building infrastructure for the collection and analysis of healthcare workforce data among professionals  |

Source: Institute of Medicine (IOM). (2011) Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. The future of nursing: Leading change, advancing health. Washington, DC: National Academies Press.

the ongoing change in today's health systems. Although the power to change the conditions to provide better care service does not depend only on nursing, nurses constitute the most important workforce among all health professionals numerically, they also interact and cooperate with other health professionals and various business, social, and political groups.<sup>9</sup>

#### Leadership in Research

Nurse leaders should take an active role not only in carrying out their work related to care but also in integrating these research results into practice and creating policies. Thus, nurse leaders can carry nurse leadership to a vitally important level at the national and local domains by creating evidence-based policies, reducing health inequalities and costs, and increasing quality. Nurse leaders must sustain this transformation by advancing new research findings to the practice field of the profession and to nursing education, and from nursing education to practice and policy. Nurse leaders must contribute to the development of nursing science by developing new care models that are evidence-based, patient-centered, cost-effective, and accessible to different segments of the society, and also they should be advocates and practitioners of the programs they developed.<sup>37</sup>

#### Leadership in Changing Health System

New knowledge and technologies that emerged with the need to provide better care for individuals, better health of the community, and reduction of per capita costs are transforming the health system into a rapidly and surprisingly changing environment.<sup>37</sup> Along with this change, the interdependent roles of doctors, nurses, patients, and other professionals that form an important part of the health system are increasing. While this creates great complexity and uncertainty, it also provides greater opportunities for nurses who will enable change and lead. Although the need for change is not accepted by everyone in the health system, it is already happening.<sup>9</sup>

This great change requires daredevil, brave nurse leaders who left the hierarchical, top-down styles of command and control behind, instead focusing on patients' experiences and excellence, and understanding the collaborative and team-based care.<sup>38</sup> These are the common skills of the exemplary nurse leaders that are needed and nurse leaders

need to take action to take an active role in shaping the future of health care; creating a common voice; being activists for change, and leading change. As nurse leaders like Margaret Sanger openly admit; change is inevitable and is a concept that is worth leading, even if some rules have to be violated by challenging the process.<sup>39</sup>

#### Political Leadership

As in the past, politics will form one of the main determinants of nursing today and will deeply shape nursing practices at regional, national, and international levels.<sup>40</sup> So, for an effective nursing leadership, nurses must speak the language of policy, develop political processes, and work consistently as a professional. In the social policy document published by ANA (2010), it is stated that nursing has a dynamic structure rather than a static one and reflects the changing nature of society's needs. For this reason, for financing and delivery of quality health services, public health (developing the health, disease prevention, etc.), proper use of technology, expansion of nursing and health knowledge, expansion of health resources and health policy, planning for health policy and regulations nursing should fulfill its leadership role in politics by providing guidance to social and political actors under extraordinary circumstances.<sup>41</sup>

Nursing should be able to test and integrate some improvements into policies, while it is continuing to develop and define evidence-based practices in care with research and practices.<sup>37</sup> Considering that most of the policies affecting the health system are not health-related policies (such as education, environment, and employment), nurses should be involved in intersectoral policy studies at all local, national, and international levels.<sup>42</sup>

#### Conclusion

As a result, leadership in nursing is a very complex concept affected by many variables. Today, nurse leaders are needed in the development of the nursing profession; its practices, education, and research; changing health systems; and development of health policies. At this point, common skills of nurse leaders are as follows: to be visionary and innovative; to have high communication skills; to be able to lead change; to be dynamic, passionate, determined, and brave; as well as being able to create a common vision between nursing and

the changing health system. Successful nurse leaders, as the most trusted professional leaders<sup>43</sup> and the largest part of the healthcare workforce, possess inspirational traits to act together toward a common cause. The importance of leadership in providing health services effectively is indisputable and the center of leadership in nursing covers not only nurses but also nurses at all levels, including student nurses. Leadership is not only a function of management, it is also necessary for the continuation of nursing practice. For this reason, in order to develop leadership in nursing perfectly, leadership characteristics should be developed from the first years of nursing education and training.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept – Ş.D, S.T.; Design – Ş.D, S.T.; Supervision – Ş.D, S.T.; Resources – Ş.D, S.T.; Literature Search – Ş.D, S.T.; Writing Manuscript – Ş.D, S.T.; Critical Review – Ş.D, S.T.

**Declaration of Interests:** The authors have no conflicts of interest to declare.

**Funding:** The authors declared that this study has received no financial support.

## References

1. American Nurses Association. ANA leadership and governance; 2020. Available at: <https://www.nursingworld.org/ana/leadership-and-governance/#:~:text=Leadership%20is%20an%20integral%20part%20of%20the%20nursing%20profession.&text=ANA's%20elected%20volunteer%20leaders%20are,and%20ANA%20Political%20Action%20Committee>; Accessed 24/01/2020.
2. American Nurses Association Enterprise community partners. Nurse focus. Leadership in nursing; 2020. Available at: <https://nursefocus.org/nursing-leadership/>; Accessed 01/02/2020.
3. International Council of Nurses. Leadership for change; 2020. Available at: <https://www.icn.ch/what-we-doprojects/leadership-change-tm-lfc>; Accessed 10/02/2020.
4. Blair KA. *Advanced Practice Nursing Roles: Core Concepts for Professional Development*. New York: Springer Publishing Company; 2018.
5. Institute of Medicine (IOM). *Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press; 2011.
6. Sullivan EJ, Decker PJ. *Effective Leadership and Management in Nursing*. 5th ed. Upper Saddle River, N.J: Prentice Hall; 2001.
7. Şahin E, Kadın TF. Liderlik ve Hemşirelik [Ege Üniversitesi Hemşirelik Yüksekokulu]. *Dergisi*. 2009;25(3):95-104.
8. Koloroutis M. *Relationship-Based Care: a Model for Transforming Practice*. Minneapolis, MN: Creative Health Care Management; 2004.
9. Glembocki MM, Fitzpatrick JJ. *Advancing Professional Nursing Practice: Relationship-Based Care and the ana Standards of Professional Nursing Practice*. 1st ed. Minneapolis, MN: Creative Health Care Management; 2013.
10. American Nurses Association (ANA). *Nursing Scope and Standards of Practice*. 3rd ed. Silver Spring, MD: Nursesbooks; 2015.
11. Weiss SA, Tappen RM. *Essentials of Nursing Leadership and Management*. Philadelphia: FA Davis; 2015.
12. Burns J. *Leadership*. New York: Harper & Row; 1978.
13. Marquis BL, Huston CJ. *Leadership Roles and Management Functions in Nursing. Theory and Application*. 9th ed. Philadelphia, PA: Wolters Kluwer; 2017.
14. Bass B. *Leadership and Performance beyond Expectations*. New York: Macmillan; 1985.
15. Bennis W, Nanus B. *Leadership: the Strategies for Taking Charge*. New York: Harper & Row; 1985.
16. İntepeler ŞS, Barış VK. Dönüşümcü ve Etkileşimci Lider İzleyen İlişkilerinin Hemşirelik ve Sağlık Hizmetlerine Etkisi. *Acıbadem Univ Sağlık Bilimleri Derg*. 2018;9(2):97-104. [CrossRef]
17. Abdelhafiz IM, Alloubani AMD, Almatari M. Impact of leadership styles adopted by head nurses on job satisfaction: a comparative study between governmental and private hospitals in Jordan. *J Nurs Manag*. 2016;24(3):384-392. [CrossRef]
18. Morsiani G, Bagnasco A, Sasso L. How staff nurses perceive the impact of nurse managers' leadership style in terms of job satisfaction: a mixed method study. *J Nurs Manag*. 2017;25(2):119-128. [CrossRef]
19. Lavoie-Tremblay M, Fernet C, Lavigne GL, Austin S. Transformational and abusive leadership practices: impacts on novice nurses, quality of care and intention to leave. *J Adv Nurs*. 2016;72(3):582-592. [CrossRef]
20. Doran D, Mc Cutcheon AS, Evans MG, et al. Impact of the manager's span of control on leadership and performance. Ottawa: Canadian Health Services Research Foundation, 2004.
21. Akyurt N, Alparslan AM, Oktar ÖF. Sağlık Çalışanlarında Liderlik Tarzları İş Tatmini Örgütsel Bağlılık Modeli. *Süleyman Demirel Univ Vizyoner Derg*. 2015;6(13):50-61. Available at: <https://dergipark.org.tr/en/download/article-file/214125>.
22. Moiden N. Evolution of leadership in nursing. *Nurs Manag (Harrow)*. 2002;9(7):20-25. [CrossRef]
23. Yıldırım N. *Savaşlardan Modern Hastanelere Türkiye'de Hemşirelik Tarihi. Vehbi Koç Vakfı*. İstanbul: Ofset Yayınevi; 2014.
24. Canbolat S. Düünden Bugüne Hemşirelik Yönetimi; 2016. Available at: <http://www.acibademhemsirelik.com/e-dergi/64/docs/uygulamalarinizi-gelistirin2-64.pdf>.
25. Liderlik VG, Hemşirelik. Cumhuriyet Üniversitesi Hemşirelik Yüksekokulu. *Dergisi*. 1997;1(1):15-22. Available at: <http://eskidergi.cumhuriyet.edu.tr/dergi.php?name1=hemsirelik&sil=1997&cilt=1&sayi=1>.
26. Serinkan C, İpekçi İ. Yönetici Hemşirelerde Liderlik ve Liderlik Özelliklerine İlişkin bir Araştırma [Süleyman Demirel Üniversitesi İktisadi ve İdari Bilimler Fakültesi]. *Dergisi*. 2005;10(1). Available at: <https://dergipark.org.tr/en/download/article-file/194945>.
27. Mechanic D, Reinhard SC. Contributions of nurses to health policy: challenges and opportunities. *Nurs Health Policy Rev*. 2002;1:7-16.
28. Florida Center for Nursing (FCN). Addressing barriers in leadership for nurses; 2014. Available at: <https://campaignforaction.org/wp-content/uploads/2016/04/Addressing-Barriers-in-Leadership-for-Nurses-FL.pdf>.
29. Scully NJ. Leadership in nursing: the importance of recognising inherent values and attributes to secure a positive future for the profession. *Collegian*. 2015;22(4):439-444. [CrossRef]
30. Herdman EA. Liderlik ve Yönetim: Teori Var Pratik Yok? Çeviri: ÖY Korkmaz. *Koç Üniversitesi Hemşirelikte Eğitim ve Araştırma Dergisi*. 2012;9(1):3-9. Available at: [https://www.journalagent.com/kuhead/pdfs/KUHEAD\\_9\\_1\\_3\\_9.pdf](https://www.journalagent.com/kuhead/pdfs/KUHEAD_9_1_3_9.pdf).
31. American Nurses Association. ANA leadership, competency model; 2018. Available at: <https://www.nursingworld.org/~4a0a2e/globalassets/docs/ce/177626-ana-leadership-booklet-new-final.pdf>.
32. Merrill KC. Leadership style and patient safety: implications for nurse managers. *J Nurs Adm*. 2015;45(6):319-324. [CrossRef]
33. Wong CA, Cummings GG, Ducharme L. The relationship between nursing leadership and patient outcomes: a systematic review update. *J Nurs Manag*. 2013;21(5):709-724. [CrossRef]
34. Farag A, Tullai-McGuinness S, Anthony MK, Burant C. Do leadership style, unit climate, and safety climate contribute to safe medication practices? *J Nurs Adm*. 2017;47(1):8-15. [CrossRef]
35. Ma C, Shang J, Bott MJ. Linking unit collaboration and nursing leadership to nurse outcomes and quality of care. *J Nurs Adm*. 2015;45(9):435-442. [CrossRef]
36. Hughes V. What are the barriers to effective nurse leadership? A review. *Athens J Health*. 2018;5(1):7-20. [CrossRef]
37. Glazer GL, Fitzpatrick JJ. *Nursing Leadership from the Outside In*. New York: Springer Publishing Company; 2013.
38. Hickey M, Kritek PB. *Change Leadership in Nursing: How Change Occurs in a Complex Hospital System*. New York: Springer Publishing Company; 2011.
39. Forrester DA. *Nursing History's Great Leaders: Activists of Change*. New York: Springer Publishing Company; 2016.
40. Disch J. Nursing Leadership in policy formation. *Nurs Forum*. 2019;2019:55. [CrossRef]

41. American Nurses Association. *Nursing's Social Policy Statement: the Essence of the Profession*. Silver Springs MD: American Nurses Association; 2010.
42. Salvage J, White J. Nursing leadership and health policy: everybody's business. *Int Nurs Rev*. 2019;66(2):147-150. [\[CrossRef\]](#)
43. GALLUP. Nurses continue to rate highest in honesty, Ethics; 2020. Available at: <https://news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx>; Accessed 15/02/2020.