Evaluating the Clinical Leadership Levels of Nurse Managers

Kadriye Ozkol Kilinc ID, Sule Kurt ID, Havva Ozturk ID,

¹ Karadeniz Technical University, Faculty of Health Sciences, Nursing School, Department of Nursing Fundamentals and Management, Trabzon, Türkiye.

Correspondence Author: Kadriye Ozkol Kilinc
E-mail: kadriyeozkol@gmail.com
Received: 03.11.2020   **Accepted:** 16.07.2022

ABSTRACT

Objective: This study aims to determine the clinical leadership levels of nurse managers and related factors

Methods: This descriptive study was conducted on 109 nurse managers working at six hospitals – including four public hospitals, one private hospital, and one university hospital. The data was collected using Clinical Leadership Scale (CLS) including their personal and demographic information, as well as their clinical leadership traits.

Results: The participants had a total mean score of 2.72±0.19 on clinical leadership scale. The mean scores of the improving services subscale were higher in female nurse managers than those of male counterparts. Participants who formally studied on management earned higher mean scores for the overall CLS and its setting direction subscale than those who did not. Likewise, the participants who formally studied on leadership earned higher mean scores for the overall CLS and its personal qualities subscale than those who did not. These findings were statistically significant (p<0.05).

Conclusion: Nurse managers, especially those who formally studied on management and leadership, had high levels of clinical leadership.

Keywords: Hospitals, leadership, nurse managers, nurses, nursing

1. INTRODUCTION

Clinical leadership means that a person is accessible, has clinical skills, is supportive, a role model, and visible in their practice, provides guidance and assistance, inspires others, is an effective communicator, and exhibits proper conduct (1). Clinical leadership also determines the practitioner, partner, and leadership roles of clinicians, (2) and affects patient care and practice standards (3) by supporting patient-centred communication, continuity of care and interdisciplinary cooperation (4). Clinical leadership enhances quality of care, security culture, and patient satisfaction and reduces costs (5). As cited by Brown, Crookes & Dewing (6), Millward and Bryan (7) define clinical leadership within the scope of nursing as "managing both oneself and others by combining leadership and management skills to make a real difference in care and also leading both oneself and others." Effective clinical leadership is key to creating healthy, functional, and supportive working environments for nurses (8). Similarly, it is a new role for patient-centered care. For nurse managers, it refers to the efforts made by a nurse – who gains expertise

through undergraduate and/or graduate education, and has the knowledge and skills to carry out patient care, change complex systems, and improve patients' outcomes (9). In addition, one can address clinical leadership in the delivery of care as both the supportive and guiding behaviors of a nurse towards their patients and team (10). Therefore, it can be likened to a renaissance in nursing (11) because as a model it supports shared leadership, which also pushes nurses to enjoy high job satisfaction. This, in contrast to other leadership approaches, which place a leader and its followers in the center (12,13). Furthermore, it is crucial that a leader maintains clinical leadership behaviors. This requires the integration of traditional leadership and management skills, the formation of an infrastructure for organizational objectives, and the allocation of organizational resources among clinical leaders as well as support by nurse managers (14,15).

Among the studies conducted on this concept bringing a new perspective to leadership, Brown et al., (6) has discovered

that clinical leadership ensures the development of self-leadership and self-management skills. Ennis, Happell & Reid Searl (16) has stated that clinical leaders need to stay calm and confident during crisis/uncertainty. In the same study, the researchers emphasize that behaviors exhibited by clinical leaders during stressful/crisis situations and their ability to manage unpredictable/unexpected clinical situations positively affect the clinical practice. Chávez and Yoder (17), upon investigating clinical leadership in nursing staff has found that this nursing group was good at solving clinical issues for other team members even though they themselves lacked any formal authority. Connolly et al. (10) –investigating the correlation between the clinical leadership skills of emergency room nurses and structural and psychological empowerment – has revealed that nurses exhibit clinical leadership behaviors whilst on the job even if they lack psychological empowerment. Another study has put forth that service/clinic charge nurses use clinical leadership skills to maintain care (18). There are only a limited number of studies that examine clinical leadership here in Turkey. These studies have revealed that clinical leadership perceptions of the nurses and physicians are high (12,19,20). Conversely, no Turkish study as of yet has been published about nurse managers who both exhibit the leadership traits, behaviors, and skills and primarily manage clinics. However, both employees and patients have high expectations from nurse managers and the clinical leadership makes leadership and managerial skills essential. Both situations require to conduct further studies on this topic. In addition, it is important to determine what factors affect the clinical leadership skills of nurse managers for both active audiences and institutional outcomes, as well.

Research Questions:

What are the clinical leadership levels of nurse managers?

What are the factors affecting the clinical leadership levels of nurse managers?

Do the socio-demographic characteristics of nurse managers affect their clinical leadership levels?

2. METHODS

2.1. Purpose and Type of the Study

The aim of this descriptive study was to determine the clinical leadership levels of nurse managers and related factors.

2.2. Population and Sample of the Study

The population of the study included 136 nurse managers working in four public hospitals, one university hospital, and one private hospital in a city. Attempts were made to reach the whole population without using the sample selection. In the end, 109 (80.4%) nurse managers agreed to participate in the study.

2.3. Data Collection Tools

All of this study's data were collected using a Clinical Leadership Scale, which asked the participants about their personal and demographic information.

The Clinical Leadership Scale (CLS) consists of two parts. The first section includes questions regarding personal and demographic information of the participants. The second section focuses on their clinical leadership traits. The first section features 12 questions that ask the participants about gender, age, marital status, level of education, what their duty is, where they work (hospital/unit), the duration of working in the institution and profession, and whether or not they've received any formal education on management, leadership, and clinical leadership. The name of the original scale is "Clinical Leadership Competency Framework Self-Assessment Tool," which was developed by the National Health Services (NHS) Leadership Academy in 2012 (21). It was adapted into Turkish in 2016 by Budak, who shortened its name to "Clinical Leadership Scale." It evaluates the clinical leadership traits of the participants. It features 40 questions and 5 subscales: personal qualities (items 1 to 8), working with others (items 9 to 16), managing services (items 17 to 24), improving services (items 25 to 32), and setting direction (items 33 to 40). It is a 3-point Likert scale. The items are rated between 1 and 3 points: 1 =Almost never, 2=Sometimes, and 3=Almost always. Scoring has a range of 2 points. This range is equally divided into three categories: "low" (1.00-1.66), "medium" (1.67-2.33), and "high" (2.34-3.00). Higher scores signify that clinical leadership perception increases. Budak calculated the Cronbach's Alpha of CLS as 0.95. For this study, its Cronbach's alpha value was found as 0.90 (22).

2.4. Data Collection

The data were collected from self-reports that the participants (i.e. nurse managers) filled out by hand between October 15, 2018 and January 15, 2019.

2.5. Data Analysis

Frequency, percentage, and mean were used to analyze the participants' demographic traits. Mean was used to identify the clinical leadership levels of the nurse managers. Mann Whitney U and Kruskal Wallis tests were employed to compare their socio-demographic traits with their CLS scores. The results were assessed at confidence interval of 95% and significance level of 5%.

2.6. Ethical Considerations

In order to conduct this study, written permission were obtained from the Provincial Directorate of Health (public hospital) on May 10, 2018, from the university hospital on April 12, 2018, and from the private hospital on July 26, 2018. In addition, ethics committee approval (the number: 24237859-566) was obtained on September 24, 2018. Permission to use the CLS was obtained over e-mail on

March 09, 2018. The participants were also asked to give their written/informed consent indicating that they agreed to participate.

3. RESULTS

It was determined that 93.6% of the participants were female; 72.5% were between 36 and 45 years; 90.8% were married,

and 70.6% had a Bachelor's degree. 77.1% of the participants had more than 16 years of professional experience; 91.7% were charge nurses. 62.4% of the participants worked in the public hospital; 37.6% worked in internal medicine units, and 41.3% were working in their respective institutions for more than 16 years. 58.7% of the participants did not receive any formal education on management; 71.6% did not receive any formal education on leadership, and 80.7% did not receive any formal education on clinical leadership (Table 1).

Table 1. *Socio-demographic characteristics of the nurse managers (n=109)*

Socio-demographic characteristics	n	%
Gender		
Female	102	93.6
Male	7	6.4
Age		
Between 26-35 years	14	12.8
Between 36-45 years	79	72.5
45 years and over	16	14.7
Marital status		
Married	99	90.8
Single	10	9.2
Level of Education		
High school	10	9.2
Associate degree	9	8.3
Bachelor's degree	77	70.6
Graduate degree	13	11.9
Position		
Director of healthcare services	3	2.8
Supervisor	6	5.5
Charge nurse of the service	100	91.7
Hospital		
University	31	28.4
Public	68	62.4
Private	10	9.2
Unit		
Internal medicine	41	37.6
Surgical	33	30.2
Emergency/Intensive care	26	23.9
Management	9	8.3
Duration of working in the Institution		
0-5 years	8	7.3
6-10 years	29	26.6
11-15 years	27	24.8
16 years and more	45	41.3
Duration of working in the profession		
6-10 years	11	10.1
11-15 years	14	12.8
16 years and more	84	77.1
Studying formally on management		
Yes	45	41.3
No	64	58.7
Studying formally on leadership		
Yes	31	28.4
No	78	71.6
Studying formally on clinical leadership		
Yes	21	19.3
No	88	80.7

Table 3. Comparison of demographic characteristics of the nurse managers with their CLS total and subscale scores (n=109)

Demographic characteristics	n	PQS		WOS		MSS		ISS		SDS		CLS	
Gender		Mean Rank	Med.	Mean Rank	Med.	Mean Rank	Med.	Mean Rank	Med.	Mean Rank	Med.	Mean Rank	Med.
Female	102	55.95	2.750	54.85	2.750	56.43	2.812	56.98	2.875	55.74	2.750	56.34	2.800
Male	7	41.14	2.625	57.21	2.750	34.21	2.625	26.21	2.500	44.29	2.500	35.50	2.625
MWU =		260.0		341.5		211.5		155.5		282.0		220.5	
p =		0.221		0.844		0.066		**0.010***		0.347		0.091	
Age													
Between 26-35 years	14	56.93	2.750	64.54	2.875	61.21	2.875	53.21	2.875	63.61	2.875	61.11	2.825
Between 36-45 years	79	56.34	2.750	52.47	2.750	54.29	2.750	56.89	2.875	54.04	2.750	54.86	2.750
45 years and over	16	46.72	2.748	59.13	2.750	53.06	2.812	47.22	2.750	52.22	2.562	50.34	2.725
X^2_{KW} values =		1.344		2.159		0.667		1.379		1.270		0.874	
p values =		0.511		0.340		0.716		0.502		0.530		0.646	
Marital status													
Married	99	55.38	2.750	55.07	2.750	54.57	2.750	56.33	2.875	55.74	2.750	55.36	2.775
Single	10	51.25	2.687	54.35	2.812	59.30	2.937	41.80	2.750	47.65	2.625	51.40	2.812
MWU =		457.5		488.5		452.0		363.0		421.5		459.0	
p =		0.688		0.944		0.645		0.153		0.434		0.705	
Level of education													
High school	10	59.90	2.750	65.90	2.812	69.30	2.875	51.35	2.812	62.65	2.812	62.75	2.812
Associate degree	9	44.33	2.625	46.33	2.750	50.17	2.750	45.33	2.625	38.67	2.375	41.11	2.625
Bachelor's degree	77	53.75	2.750	54.08	2.750	52.33	2.750	56.82	2.875	56.04	2.667	54.80	2.800
Graduate degree	13	66.00	2.750	58.04	2.750	63.15	2.875	53.73	2.875	54.27	2.625	59.85	2.800
X^2_{KW} values =		3.080		2.159		3.822		1.329		3.167		2.655	
p values =		0.379		0.540		0.281		0.722		0.367		0.448	
Position													
Director of healthcare services	3	60.67	2.750	79.00	2.875	95.00	3.000	90.00	3.000	74.67	2.875	88.83	2.900
Supervisor	6	46.92	2.687	49.83	2.750	46.67	2.750	57.50	2.875	50.75	2.750	49.67	2.775
Charge nurse of the service	100	55.32	2.750	54.59	2.750	54.30	2.750	53.80	2.875	54.67	2.750	54.31	2.775
X^2_{KW} values =		0.519		2.007		5.487		4.102		1.318		3.667	
p values =		0.771		0.367		0.064		0.129		0.517		0.160	
Hospital													
University	31	53.61	2.750	58.39	2.750	55.23	2.750	59.29	2.875	53.48	2.750	56.16	2.750
Public	68	55.80	2.750	52.18	2.750	53.58	2.750	53.78	2.875	55.54	2.750	54.15	2.800
Private	10	53.85	2.687	63.65	2.812	63.95	2.875	50.00	2.750	56.00	2.750	57.20	2.812
X^2_{KW} values =		0.121		1.732		0.979		0.981		0.104		0.140	
p values =		0.941		0.421		0.613		0.612		0.949		0.932	
Unit													
Internal medicine	41	53.72	2.750	52.60	2.750	52.06	2.750	50.99	2.750	53.04	2.750	50.74	2.775
Surgical	33	55.97	2.750	56.35	2.750	54.23	2.750	55.59	2.875	49.65	2.625	54.12	2.750
Emergency/Intensive care	26	57.00	2.750	55.50	2.750	57.92	2.875	55.96	2.875	63.60	2.812	60.15	2.812
Management	9	51.50	2.750	59.56	2.875	62.78	2.875	68.33	3.000	58.72	2.750	62.72	2.850
X^2_{KW} values =		0.326		0.516		1.188		2.442		3.241		2.003	
p values =		0.955		0.915		0.756		0.486		0.356		0.572	
Duration of working in the Institution													
0-5 years	8	60.94	2.750	54.63	2.750	52.88	2.812	48.88	2.812	58.44	2.750	55.75	2.762
6-10 years	29	56.76	2.750	55.48	2.750	62.16	2.875	55.43	2.875	57.71	2.750	59.19	2.800
11-15 years	27	51.78	2.750	52.46	2.750	51.72	2.750	55.70	2.875	52.37	2.750	51.37	2.750
16 years and more	45	54.74	2.750	56.28	2.750	52.73	2.750	55.39	2.875	54.22	2.750	54.34	2.725
X^2_{KW} values =		0.682		0.269		2.128		0.346		0.536		0.892	
p values =		0.877		0.966		0.546		0.951		0.911		0.827	
Duration of working in the profession													
6-10 years	11	60.50	2.750	71.05	2.875	62.23	2.875	52.36	2.875	65.82	2.875	64.32	2.825
11-15 years	14	42.82	2.625	42.11	2.750	54.46	2.812	55.96	2.875	52.21	2.750	49.64	2.775
16 years and more	84	56.31	2.750	55.05	2.750	54.14	2.750	55.18	2.875	54.05	2.687	54.67	2.762

	n	PQS		WOS		MSS		ISS		SDS		CLS	
X²KW values =		2.660		5.437		.667		.098		1.515		1.371	
p values =		0.265		0.066		0.716		0.952		0.469		0.504	
Studying formally on management													
Yes	45	59.16	2.750	60.46	2.875	61.14	2.875	61.24	2.875	63.70	2.875	63.68	2.825
No	64	52.08	2.750	51.16	2.750	50.68	2.750	50.61	2.750	48.88	2.625	48.90	2.700
MWU =		1253.0		1194.5		1163.5		1159.0		1048.5		1049.5	
p =		0.240		0.121		0.083		0.075		**0.015***		**0.016***	
Studying formally on leadership													
Yes	31	65.10	2.750	62.58	2.875	63.50	2.875	62.15	2.875	61.26	2.875	65.23	2.850
No	78	50.99	2.750	51.99	2.750	51.62	2.750	52.16	2.875	52.51	2.750	50.94	2.725
MWU =		896.0		974.0		945.5		987.5		1015.0		892.0	
p =		**0.032***		0.105		0.071		0.125		0.186		**0.033***	
Studying formally on clinical leadership													
Yes	21	62.86	2.750	62.33	2.875	56.95	2.875	53.74	2.875	59.36	2.875	60.33	2.850
No	88	53.13	2.750	53.25	2.750	54.53	2.750	55.30	2.875	53.96	2.750	53.73	2.750
MWU =		759.000		770.000		883.000		897.500		832.500		812.000	
p =		0.196		0.225		0.748		0.834		0.476		0.389	

PQS: Personal qualities; WOS: Working with others; MSS: Managing services; ISS: Improving services; SDS: Setting direction; CLS: Clinical Leadership Scale Total; MWU: Mann–Whitney U test; Med.: Median; *$p<0.05$

The participants earned total mean score of 2.72±0.19 in the CLS. Their mean score was 2.70±0.19 for the "personal qualities" subscale, 2.74±0.19 for the "working with others" subscale, 2.75±0.23 for the "managing services" subscale, 2.77±0.24 for the "improving services" subscale, and 2.66±0.31 for the "setting direction" subscale (Table 2).

Table 2. Mean scores of the nurse managers for CLS and its subscales (n=109)

Subscales	Mean	SD	Min.	Max.
Personal qualities (PQS)	2.70	0.19	2.13	3.00
Working with others (WOS)	2.74	0.19	2.00	3.00
Managing services (MSS)	2.75	0.23	1.75	3.00
Improving services (ISS)	2.77	0.24	2.00	3.00
Setting direction (SDS)	2.66	0.31	1.88	3.00
Clinical Leadership Scale Total (CLS)	2.72	0.19	1.98	3.00

SD: Standard deviation; Min: Minimum; Max: Maximum

The socio-demographic characteristics of the participants were compared with their CLS mean scores. The scores of "improving services" subscale was higher in the female participants than the male participants; this was statistically significant (MWU=155.500; p=0.010). In addition, total scores of CLS (MWU=1049.500; p=0.016) and scores of "setting direction" (MWU=1048.500; p=0.015) subscale were higher in nurse managers who formally studied on management than those who did not; this was statistically significant. The total scores of CLS (MWU=892.000; p=0.033) and scores of "personal qualities" (MWU=896.000; p=0.032) subscale were higher in nurse managers who formally studied on leadership than those who did not; this, too, was statistically significant (p<0.05) (Table 3).

No statistically significant differences were found between participants' CLS total and subscale scores and their age, marital status, level of education, position, where they worked (hospital/unit), the duration of working in the institution and profession, and whether they received any formal education on clinical leadership (p>0.05).

4. DISCUSSION

Clinical leadership helps nurses achieve individual and team goals, maintain team processes, have effective healthcare teams, and enhance the quality of their work life (17). According to other leadership approaches, clinical leadership focuses on the effective conducting of clinical care by managing personal and interpersonal skills, despite the quantitative shortage of health manpower and complex health system processes. In addition, a clinical leader is a professional health manager who centers health care, improves patient and employee safety, and has a refined sense of both self-awareness and self-management, is also able to maintain individual development, is open to innovation and change, and has good interpersonal relations and planning skills (23). Therefore, the benefits of clinical leadership enhance patient care, improve patient outcomes and patient satisfaction, and foster a healthy practice environment (24). In this context, it is important to evaluate clinical leadership because it can have such a positive outcome in health services, especially for nurse managers. Accordingly, upon studying the clinical leadership levels of the nurse managers, we discovered that most of the participants who were female, between 36 and 45 years old, married, had a Bachelor's degree, and had over 16 years of professional experience had high levels of clinical leadership. This proved to be desirable outcome for nursing because clinical leadership is an important and

challenging role that requires nurses to be experts at what they do, responsible, and accountable to enhance clinical results and improve nursing care for their patients (25). Some Turkish studies have revealed that physicians and nurses alike both have a high sense of clinical leadership, which supports the results of the present study (12,19,20). In addition, one international study reported that emergency room nurses had particularly high levels of clinical leadership (10). When the CLS subscales were examined in this study, it was found that participants received high scores on all of the subscales. Similarly, those studies conducted on physicians and nurses showed that they earned high clinical leadership subscale scores as well (12,19,20). In this study, they earned the highest score on the "improving services" subscale, and the lowest score on the "setting direction" subscale. This suggested that the participants were very open to provide higher quality services, improve those services, and enhance patient safety and innovation. However, they focused less on using information and evidence, and on decision making. Likewise, in a separate study conducted on physicians and nurses,the participants earned the lowest score on the "setting direction" subscale (12). Moreover, in this study, female nurse managers earned higher scores for the "improving services" subscale than their male counterparts. In other words, it appears that female nurse managers were much more adept at providing high quality healthcare service, enhancing that service, and ensuring patient safety. In their study, Budak and Özer (19) found that female physicians and nurses had higher clinical leadership levels in the same domain than men did.

Leadership is always required. Assessment and feedback on leadership development are necessary throughout training healthcare professionals, as well (26). Continuing education, as well as on-the-job and other forms of training initiatives can be used to teach nurses about care coordination, and to make them more knowledgeable, skilled, and capable clinical leaders (27). In this study, the participants who formally studied on management generally had higher levels of clinical leadership than those who didn't. They earned higher scores especially in "setting direction" subscale, determining the content for change, using information and evidences, decision-making, using new methods, and evaluating the effect. In Budak (12) and Budak and Özer (19)'s studies, physicians and nurses who formally studied on management earned higher scores in the setting direction subscale. It was seen that leadership education had a positive effect on the participants' leadership levels, the same held true for those had formal management education as well. The participants who formally studied on leadership generally had higher levels of clinical leadership than those who did not – having higher scores on the "personal qualities" subscale. This is effective for maintaining self-awareness, self-management, self-development and acquiring ethical and honest behaviors. Budak and Özer (19) also found in their study that physicians and nurses who formally studied on leadership earned higher scores in the "personal qualities" subscale. One international study revealed that leadership training programs given to

nurse managers boosted their leadership skills over time (28). Cunningham and Kitson (29) found that leadership training program was effective in developing nurses' clinical leadership skills. They concluded that programs focusing on effective clinical leadership development were needed to teach nurses how to provide better patient-centered care. The researchers stated that courses developed in partnership with nursing leaders to focus on management, health policy, information, and nursing education could greatly improve nurses' leadership skills. They also noted that such courses could be integrated in continuing education programs aimed at improving the leadership of undergraduate/graduate nursing students (30). Another study reported that participative leadership education offered to nurses improved their leadership skills and autonomy in their professional practice, as well as offered positive outcomes for patients (31). Kelly, Wicker & Gerkin (32), upon examining the correlation between transformational leadership practices, nurses' traits and formal leadership education, have discovered that institutions need to devise and offer formal leadership education programs to train transformational nurse leaders. Duygulu and Kublay (33) found in their study that in Turkey, transformational leadership training programs designed for service charge nurses made them better leaders.

In the present study, the participants' age, marital status, level of educational, position, where they worked (hospital/unit), the duration of working in the institution, and whether they received any formal education on clinical leadership did not appear to have any impact on their leadership levels. Other studies have yielded similar results. Again, namely that age, marital status, level of education, total duration of working in the institution and profession, whether the hospital was a city or district hospital and the status of receiving a formal education on clinical leadership had no impact on clinical leadership levels of physicians and nurses (12,19). Yet another study involving physicians and nurses showed that participants who formally studied on clinical leadership had higher level of clinical leadership than those who did not. (34). In the present study, why leadership training did not appear to affect the participants' clinical leadership level may be one of two reasons: either too few nurse managers received the training, or they did not put what they learned to practice.

5. CONCLUSION

Today, nurse managers need to have the traits and skills of a leader in order to manage clinics with senses of quality, advanced technology and learning organization. Accordingly, in this study, the nurse managers were desirably found to have high levels of clinical leadership. In addition, those who received education on management and/or leadership had high levels of clinical leadership in setting direction and personal qualities subscales of the CLS. This indicates to us once more just how important and necessary education is. Despite this, in this study, majority of the nurse managers did not receive any education on management, leadership, or clinical leadership. Nevertheless, clinical leadership levels of

female nurse managers were higher especially in the subscale of improving services. Therefore, it would be effective and beneficial to organize training programs on management, leadership, and clinical leadership to teach nurses (especially prospective managers) how to better enhance and manage clinical services – with a focus on male nurse managers as well, as their numbers are expected to rise in the coming years. Such programs could be offered periodically or on a regular basis, offer vocational skill training, and be conducted in small groups for gaining the related skills using interactive training methods like simulation and drama. They should be turned into institutional policy and shared with nurses. The findings of this study could be used as a reference point for scouting out prospective nurse managers for positions in top management. This study could also open the doors to compare the results of studies on other leadership approaches, and help fill in a major gap in the literature when it comes to this subject.

Key points for policy, practice, and/or research

- Nurse managers – especially those have formally studied on management and leadership – generally had high levels of clinical leadership.

- The selection criteria used to employ nurse managers state that candidate managers should also be outstanding clinical leaders

- Data of this study could be used for comparative purposes. It also reveals that leadership and management training is necessary for grooming leaders.

The results of this study are limited to the opinions of only the nurse managers working at the hospitals where this study was conducted. Therefore, these findings should not be generalized for all nurses. Other studies should be done in different regions and hospitals to achieve that.

REFERENCES

[1] Stanley D. Clinical leadership characteristics confirmed. Journal of Research in Nursing 2014;19(2):118-128.

[2] Şahinoğlu AH. ABC of Clinical Leadership. Istanbul: Nobel Medical Bookstore; 2016 (In Turkish).

[3] Duffy K, Carlin A. Enhancing the clinical leadership of band 6 staff. Nursing Standard 2014;29(11):40-47.

[4] Dierckx de Casterlé B, Willemse AN, Verschueren M, Milisen K. Impact of clinical leadership development on the clinical leader, nursing team and care-giving process: A case study. Journal of Nursing Management 2008;16(6):753-763.

[5] Mountford J, Webb C. When clinicians lead. Health International 2009;9:18-25.

[6] Brown A, Crookes P, Dewing J. Clinical leadership development in a pre-registration nursing curriculum: What the profession has to say about it. Nurse Education Today 2016;36:105-111.

[7] Millward LJ, Bryan K. Clinical leadership in health care: A position statement. Leadership in Health Services 2005;18(2):13-25.

[8] Mannix J, Wilkes L, Daly J. Attributes of clinical leadership in contemporary nursing: An integrative review. Contemporary Nurse 2013;45(1):10-21.

[9] Baernholdt M, Cottingham S. The clinical nurse leader–new nursing role with global implications. International Nursing Review 2011;58(1):74-78.

[10] Connolly M, Jacobs S, Scott K. Clinical leadership, structural empowerment and psychological empowerment of registered nurses working in an emergency department. Journal of Nursing Management 2018;26(7):881-887.

[11] Cook MJ. The renaissance of clinical leadership. International Nursing Review 2001;48:38-46.

[12] Budak F. Clinical Leadership in Healthcare Management. Ankara: Siyasal Publishing; 2018 (In Turkish).

[13] Cummings GG, Tate K, Lee S, Wong CA, Paananen T, Micaroni SP. Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. International Journal of Nursing Studies 2018;85:19-60.

[14] Bender M. Conceptualizing clinical nurse leader practice: an interpretive synthesis. Journal of Nursing Management 2016;24(1):E23-E31.

[15] McKee L, Charles K, Dixon-Woods M, Willars J, Martin G. 'New' and distributed leadership in quality and safety in health care, or 'old' and hierarchical? An interview study with strategic stakeholders. Journal of Health Services Research & Policy 2013;18(2 Suppl):11-19.

[16] Ennis G, Happell B, Reid-Searl K. Clinical leadership in mental health nursing: The importance of a calm and confident approach. Perspectives in Psychiatric Care 2015;51(1):57-62.

[17] Chávez EC, Yoder LH. Staff nurse clinical leadership: A concept analysis. Nursing Forum 2015;50(2):90-100.

[18] Eggenberger T. Exploring the charge nurse role: Holding the frontline. Journal of Nursing Administration 2012;42(11):502-506.

[19] Budak F, Özer Ö. Exploring the impacts of personal factors on clinical leadership in a university hospital. Journal of Research in Nursing 2018;23(8):711-724.

[20] Özer Ö, Budak F, Şentürk S, Gün Ç. The examination of the clinical leadership perceptions of physicians and nurses regarding socio-demographic variables. Journal of Educatıon and Research in Nursıng 2018;15(2):99-105 (Turkish).

[21] National Health Service (NHS). The leadership framework self-assessment tool. 2012. Available at: http://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadershipFramework-LeadershipFrameworkSelfAssessmentTool.pdf (Accessed 27 February 2019).

[22] Budak F. Turkish validity and reliability study of clinical leadership scale: Public hospitals sample. Acıbadem University Health Sciences Journal 2017;2:85-91 (In Turkish).

[23] Özkan Ş. Clinical leadership and reflections to health institutions. International Journal of Leadership Studies: Theory and Practice 2021;4(1):40-50.

[24] Grindel CG. Clinical leadership: A call to action. Medsurg Nursing 2016;25(1):9-16.

[25] Davidson PM, Elliot D, Daly J. Clinical leadership in contemporary clinical practice: implications for nursing in Australia. Journal of Nursing Management 2006;14(3):180-187.

[26] Swanwick T, McKimm J. What is Clinical leadership and why is it Important?. The Clinical Teacher 2011;8(1):22-26.

[27] Joseph ML, Huber DL. Clinical leadership development and education for nurses: Prospects and opportunities. Journal of Healthcare Leadership 2015;7:55-64.

[28] Krugman M, Smith V. Charge nurse leadership development and evaluation. Journal of Nursing Administration 2003;33(5):284-292.

[29] Cunningham G, Kitson A. An evaluation of the RCN clinical leadership development program: Part 2. Nursing Standart 2000;15(13-15):34-40.

[30] Heller BR, Drenkard K, Esposito-Herr MB, Romano C, Tom S, Valentine N. Educating nurses for leadership roles. The Journal of Continuing Education in Nursing 2004;35(5):203-210.

[31] George V, Burke LJ, Rodgers B, Duthie N, Hoffmann ML, Koceja V. Developing staff nurses shared leadership behavior in professional nursing practice. Nursing Administration Quarterly 2002;26(3):44-59.

[32] Kelly LA, Wicker TL, Gerkin RD. The relationship of training and education to leadership practices in frontline nurse leaders. Journal of Nursing Administration 2014;44(3):158-163.

[33] Duygulu S, Kublay G. Transformational leadership training programme for charge nurses. Journal of Advanced Nursing 2011;67(3):633-642.

[34] Karakaya A, Daşlı Y. Effects of clinical leadership perceptions of healthcare workers on teamwork. Uluslararası Sağlık Yönetimi ve Stratejileri Araştırma Dergisi 2021;7(2):402-411.