

THE EVOLUTION OF CLINICAL GOVERNANCE RESEARCH: A BIBLIOMETRIC ANALYSIS OF THE HEALTH MANAGEMENT AND NURSING LITERATURE

Klinik Yönetişim Araştırmalarının Evrimi: Sağlık Yönetimi ve Hemşirelik Literatürünün Bibliyometrik Analizi

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ABSTRACT

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Clinical governance is an important framework for improving healthcare quality, patient safety, and organizational accountability. This study aimed to map the scientific development and intellectual structure of clinical governance research in health management and nursing. A descriptive and retrospective bibliometric design was used. Data were retrieved from the Web of Science Core Collection and analysed using the bibliometrix package in R and VOSviewer. Of 305 records identified, 287 articles and reviews were included. Publication output generally increased over time, peaking in 2024. The most productive authors contributed two publications each, indicating a dispersed authorship structure, while Australia was the leading country in corresponding-author output. Keyword co-occurrence and thematic analyses identified patient safety, quality improvement, governance mechanisms, and organizational development as the main research domains. Co-citation analysis showed that the field is shaped by interconnected foundations in healthcare quality, patient safety, governance, and organizational management. Overall, clinical governance has evolved from a quality-assurance-oriented concept into a broader interdisciplinary framework linking managerial and frontline clinical practices. Future research should strengthen international and interdisciplinary collaboration and examine underrepresented themes and healthcare contexts to support clinical governance across diverse healthcare systems.

ÖZ

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Klinik yönetim, sağlık hizmetlerinde kaliteyi, hasta güvenliğini ve örgütsel hesap verebilirliği geliştirmek için önemli bir çerçevedir. Bu çalışma, sağlık yönetimi ve hemşirelik alanındaki klinik yönetim araştırmalarının bilimsel gelişimini ve entelektüel yapısını haritalamayı amaçlamıştır. Tanımlayıcı ve retrospektif bir bibliyometrik tasarım kullanılmıştır. Veriler Web of Science Core Collection veri tabanından elde edilmiş ve R programındaki bibliometrix paketi ile VOSviewer kullanılarak analiz edilmiştir. Belirlenen 305 kayıttan 287 makale ve derleme çalışmaya dahil edilmiştir. Yayın sayısı zaman içinde genel olarak artmış ve 2024 yılında en yüksek düzeye ulaşmıştır. En üretken yazarların her biri iki yayına katkı sağlamış, bu durum dağınık bir yazarlık yapısına işaret ederken, sorumlu yazar yayınları bakımından Avustralya önde gelen ülke olmuştur. Anahtar kelime eş oluşum ve tematik analizleri; hasta güvenliği, kalite iyileştirme, yönetim mekanizmaları ve örgütsel gelişimi temel araştırma alanları olarak belirlemiştir. Eş atf analizi, alanın sağlık hizmetlerinde kalite, hasta güvenliği, yönetim ve örgütsel yönetimle ilişkili birbiriyle bağlantılı temeller tarafından şekillendiğini göstermiştir. Genel olarak klinik yönetim, kalite güvencesi odaklı bir kavramdan yönetsel ve ön saftaki klinik uygulamaları birleştiren daha geniş, disiplinler arası bir çerçeveye evrilmiştir. Gelecekteki araştırmalar, uluslararası ve disiplinler arası iş birliğini güçlendirmeli ve farklı sağlık sistemlerinde klinik yönetimi desteklemek amacıyla yeterince temsil edilmeyen temaları ve sağlık hizmeti bağlamlarını incelemelidir.

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1. Introduction

Clinical governance is a comprehensive governance approach that aims to continuously improve the quality of care and patient safety in healthcare services by integrating institutional responsibility, professional accountability, and systematic quality improvement mechanisms (Sally & Donaldson, 1998). The concept first emerged within the context of the United Kingdom's National Health Service (NHS) and has been defined as a framework in which healthcare organizations are held institutionally accountable for the quality of the clinical services they provide. Clinical governance offers a holistic structure encompassing interrelated components such as clinical effectiveness, patient safety, risk management, clinical audit, evidence-based practice, and continuous professional development (Flynn & Brennan, 2021; Macfarlane, 2019). Since its emergence, the scope and conceptual boundaries of clinical governance have expanded considerably across different healthcare systems.

Over time, clinical governance has evolved from a relatively narrow quality assurance approach into a broader and more integrated governance model encompassing accountability, patient safety, organizational learning, and evidence-based clinical practice (Braithwaite & Travaglia, 2008; Vanu Som, 2004; Walshe et al., 2000). Particularly in the context of major healthcare reforms and the increasing emphasis on transparency, quality monitoring, and institutional responsibility within healthcare systems, clinical governance has become closely associated with the broader transformation of healthcare delivery and organizational management processes (Halligan & Donaldson, 2001). In this respect, clinical governance extends beyond the supervision of clinical quality and increasingly represents a strategic framework aimed at fostering sustainable organizational cultures that support continuous improvement, interdisciplinary collaboration, and patient-centered care. In recent years, the integration of digital health technologies, performance evaluation systems, accreditation standards, and data-driven quality management practices has further strengthened the strategic and operational importance of clinical governance within contemporary healthcare organizations. The increasing complexity of healthcare services, technological advancements, the growing burden of chronic diseases, rising patient expectations, and resource constraints have made clinical governance a central component of contemporary healthcare systems (Brennan & Flynn, 2013). In this context, health management and nursing assume complementary roles in both the strategic and operational dimensions of clinical governance. While health managers are primarily responsible for organizational planning, policy implementation, resource coordination, and the monitoring of quality and safety standards at the institutional level, nurses play a central role in operationalizing governance principles within direct patient care settings. Owing to their continuous involvement in patient safety initiatives, risk management practices, interdisciplinary communication, and quality improvement processes, nursing professionals constitute one of the primary pillars of clinical governance implementation in healthcare organizations. Despite the growing academic output in the field of clinical governance, relatively few bibliometric studies have specifically examined clinical governance research within the health management and nursing literature. Adduci et al. (2024) provided a comprehensive scientometric overview of the broader clinical governance literature using Scopus data from 1998 to 2021, examining publication trends, productive authors, countries, organizations, and major research themes. Building on this broader mapping, the present study adopts a more focused perspective by examining clinical governance research associated with health management and nursing within the Web of Science Core Collection. This disciplinary focus enables a more detailed assessment of publication patterns, thematic structures, intellectual foundations, and scientific collaboration across two closely interconnected fields that play central roles in the organizational and clinical implementation of governance principles. Accordingly, the present study seeks to complement existing scientometric evidence by providing a focused bibliometric mapping of clinical governance research within the health management and nursing literature. Bibliometric analysis provides a powerful method for revealing the developmental dynamics of a research field by quantitatively examining its publication performance, intellectual structure, and conceptual evolution (Aria & Cuccurullo, 2017).

Although the clinical governance literature has expanded substantially over the past decades, existing research has largely focused on specific dimensions of the field, such as patient safety, quality improvement, implementation barriers, and organizational effectiveness. Previous studies have generally examined clinical governance from limited disciplinary or practice-based perspectives, while comprehensive evaluations addressing the intellectual structure, thematic evolution, and scientific collaboration patterns of the field remain relatively scarce. In particular, bibliometric studies specifically examining clinical governance research within the health management and nursing

literature remain limited. Considering the increasingly interdisciplinary and system-oriented nature of clinical governance, a broader evaluation of the field's conceptual development and knowledge structure appears necessary. Therefore, a comprehensive bibliometric examination may provide important insights into the developmental dynamics, research priorities, and emerging directions of the clinical governance literature.

Although recent scientometric studies have contributed to mapping the broader clinical governance literature (Adduci et al., 2024), there remains a need for bibliometric research specifically examining clinical governance within the health management and nursing literature, with particular attention to thematic structures, intellectual foundations, and collaboration patterns. This focus is important because clinical governance is implemented not only through managerial policies, but also through frontline clinical practices, interdisciplinary coordination, and nursing-led quality and safety initiatives. The aim of this study is to analyse the scientific evolution of clinical governance research in the health management and nursing literature using bibliometric methods. Specifically, the study aims to identify publication and citation trends, prominent research themes, influential authors and journals, as well as national and international collaboration networks. By systematically mapping the existing body of knowledge on clinical governance, the study is expected to contribute to future research and policy development.

2. Method

2.1 Study Design

This study employed a descriptive and retrospective research design based on bibliometric analysis. Bibliometric analysis enables the evaluation of the structural, conceptual, and intellectual characteristics of a research field through the quantitative examination of scientific publications (Aria & Cuccurullo, 2017).

2.1.1 Data Sources and Search Strategy

The bibliographic data were retrieved from the Web of Science Core Collection database. The search was conducted on May 12, 2026, and was restricted to the Science Citation Index Expanded (SCI-EXPANDED) and Social Sciences Citation Index (SSCI). To examine the clinical governance literature within the contexts of health management and nursing, the search strategy was applied to the Topic (TS) field, which includes titles, abstracts, and keywords. The following search query was used:

TS= ("clinical governance") AND TS= ("health management" OR "healthcare management" OR "health services management" OR "nursing")

Original research articles and review papers, published between January 1, 2019, and December 31, 2025, were considered for inclusion. The retrieved records were screened according to document type and relevance to the scope of the study in order to construct the final bibliometric dataset.

2.2 Data Analysis

The bibliographic data were analysed using the bibliometrix package in R and VOSviewer software (Aria & Cuccurullo, 2017; Van Eck & Waltman, 2010). Descriptive bibliometric analyses were performed to examine annual scientific production, publication and citation trends, and the productivity patterns of authors, journals, and countries. The initial search identified 305 records, of which 287 articles and reviews were retained in the final dataset following document-type screening. Science mapping analyses were used to examine the conceptual, intellectual, and collaborative structure of the clinical governance literature. Keyword co-occurrence analysis was conducted to identify major conceptual clusters, thematic mapping was used to assess the centrality and development of research themes, and co-citation analysis was performed to examine the intellectual structure of the field. Scientific collaboration was also assessed at the country level by examining single-country and multi-country publication patterns. The findings were interpreted using bibliometric indicators, including annual publication output, author and journal productivity, country-level publication output, keyword relationships, thematic structures, and co-citation patterns. Network and thematic visualizations generated using bibliometrix and VOSviewer supported the interpretation of the conceptual and intellectual structure of the literature. To enhance transparency in the identification and screening of bibliographic records, the record selection process was summarized in a bibliographic record identification and screening flow diagram. The diagram illustrates the

numbers of records identified, screened according to document type and study scope, and retained in the final bibliometric dataset.

3. Results

3.1. Main Bibliometric Indicators

The final bibliometric dataset consisted of 287 articles and reviews published between 2019 and 2025. These publications received a total of 2,510 citations, corresponding to an average of 8.75 citations per document. The dataset included 812 authors, with an average of 2.83 authors per document and 3.84 co-authors per document. In addition, 24 publications were single-authored, while international co-authorship accounted for 18.5% of the total dataset. These indicators suggest a broadly distributed authorship structure and a strong tendency toward collaborative scientific production.

Table 1. Main Bibliometric Indicators of the Clinical Governance Literature

Bibliometric Indicator	Value
Timespan	2019–2025
Documents	287
Total citations	2,510
Average citations per document	8.75
Authors	812
Authors per document	2.83
Co-authors per document	3.84
Single-authored documents	24
International co-authorship	18.5%

As shown in Table 1, the 287 publications received a total of 2,510 citations, with an average of 8.75 citations per document. The dataset comprised 812 authors, corresponding to an average of 2.83 authors per document, while the average number of co-authors per document was 3.84. Of the 287 publications, only 24 were single-authored, indicating that collaborative authorship was the dominant publication pattern in the field. In addition, international co-authorship accounted for 18.5% of the publications, indicating the presence of cross-country scientific collaboration. Overall, these quantitative indicators show that the clinical governance literature is characterized by a broadly distributed authorship structure and a strong tendency toward collaborative scientific production.

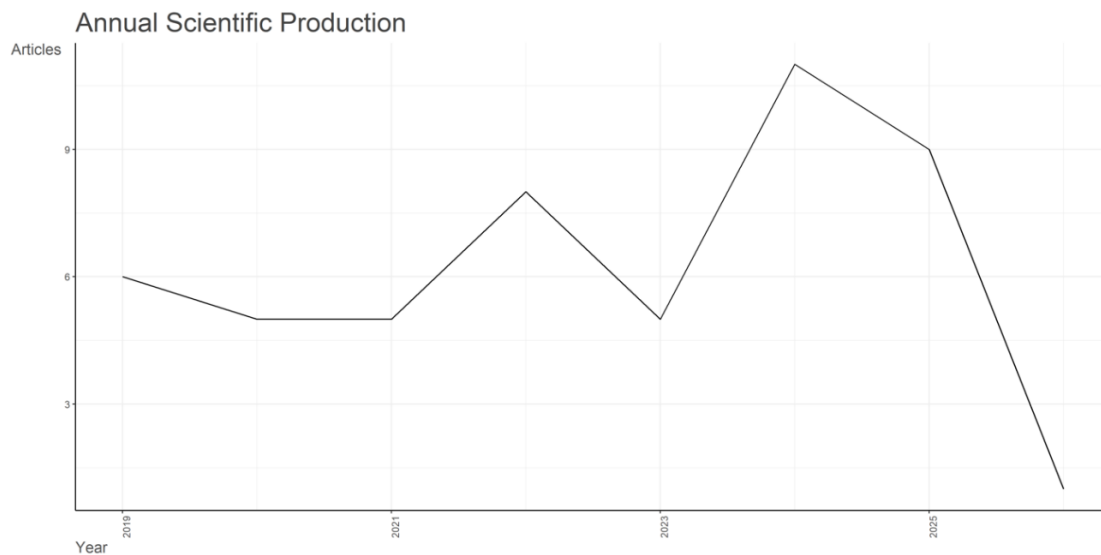


Figure 1. Annual Scientific Publication Output In The Field Of Clinical Governance (2019–2025)

Figure 1 illustrates the annual scientific publication output in the field of clinical governance. The number of publications remained relatively stable between 2019 and 2021, increased in 2022, showed a slight decline in 2023,

and reached its highest level in 2024. The number of publications for 2025 appears to be lower compared to previous years.

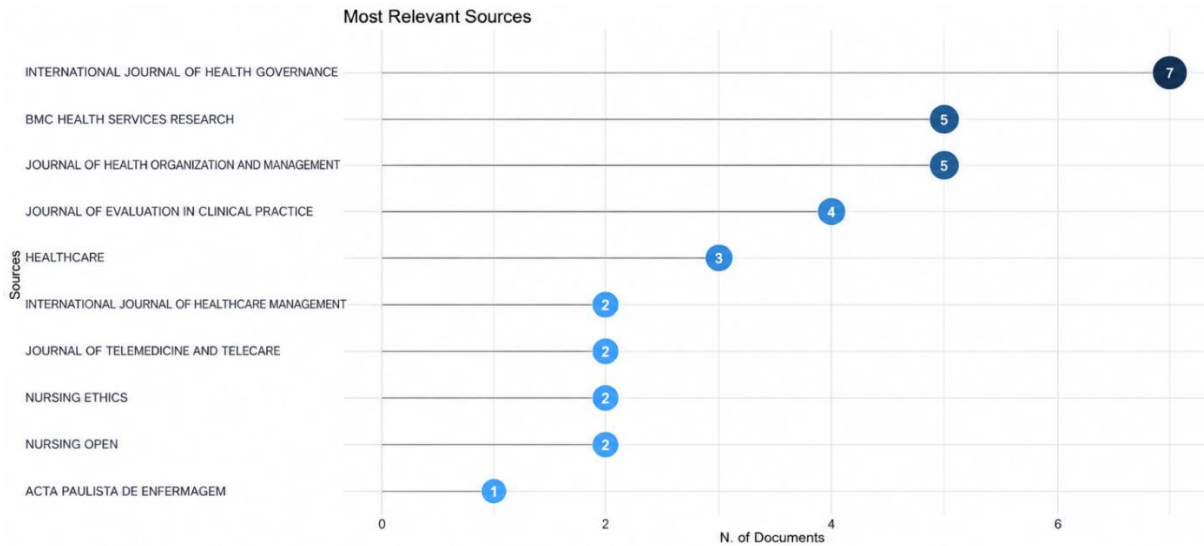


Figure 2. Distribution Of The Most Productive Journals In The Clinical Governance Literature

Figure 2 presents the most productive journals in the clinical governance literature based on the number of publications. The *International Journal of Health Governance* was the leading source with 7 publications. *BMC Health Services Research* and the *Journal of Health Organization and Management* followed with 5 publications each, while the *Journal of Evaluation in Clinical Practice* contributed 4 publications. *Healthcare* published 3 articles. The *International Journal of Healthcare Management*, *Journal of Telemedicine and Telecare*, *Nursing Ethics*, and *Nursing Open* each contributed 2 publications, whereas *Acta Paulista de Enfermagem* was represented by 1 publication. These findings indicate that publication output was concentrated in a relatively small number of journals, with the leading three sources accounting for 17 publications in total.

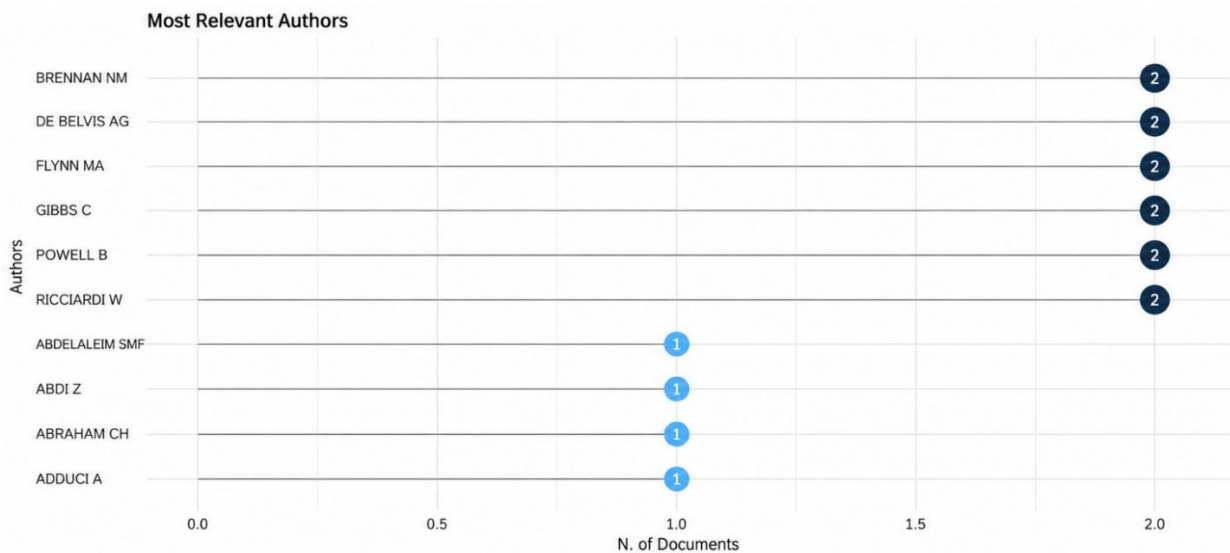


Figure 3. Authors With The Highest Number Of Publications In The Field Of Clinical Governance

Figure 3 illustrates the distribution of the most productive authors in the clinical governance literature. The findings indicate that the number of prominent authors in the field is limited, and that publication output is dispersed across

a large number of researchers. It is observed that each of the most productive authors has contributed two publications to the literature, while most other authors are represented by a single publication.

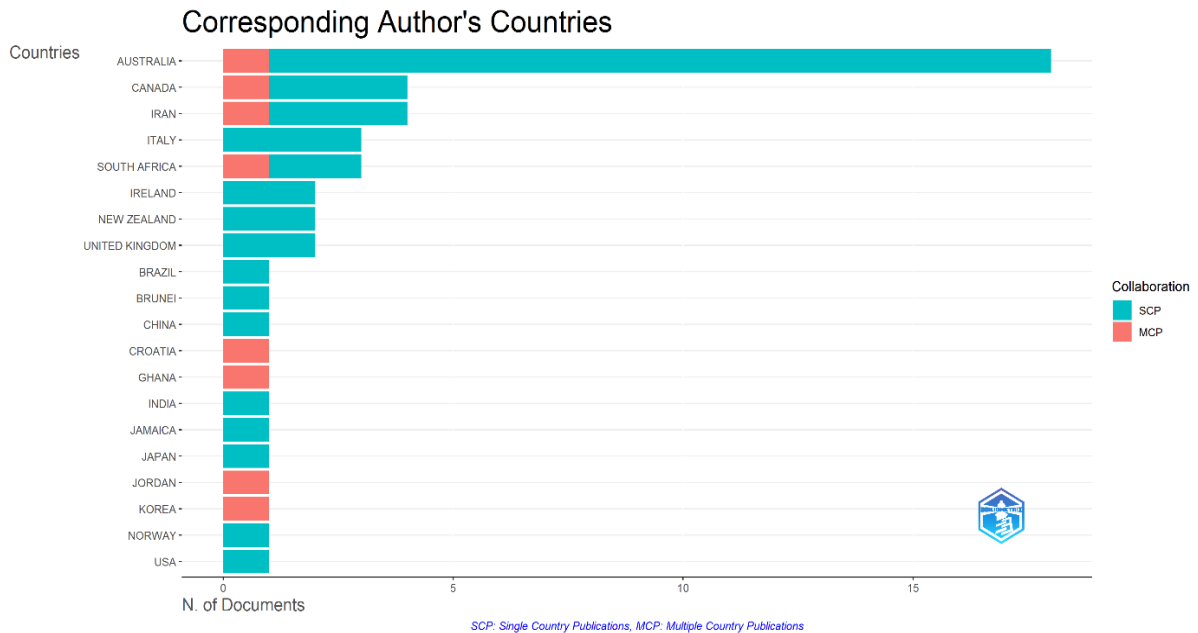


Figure 4. Distribution Of Corresponding Authors By Country In The Clinical Governance Literature

Figure 4 presents the distribution of corresponding authors by country in the clinical governance literature. The findings indicate that publications are concentrated in specific countries. Australia stands out as the country with the highest number of publications, while Canada, Iran, Italy, and South Africa also make notable contributions to the field. In addition, a distribution pattern that includes both single-country publications and multi-country collaborative publications is observed.



Figure 5. Co-Occurrence Network Of Keywords In The Clinical Governance Literature

Figure 5 illustrates the co-occurrence network of keywords used in studies related to clinical governance. The network structure shows that clinical governance emerges as a central node, establishing strong connections with concepts such as patient safety, quality improvement, accreditation, and safety culture. In addition, sub-themes focusing on healthcare systems, governance structures, organizational development, and nursing practices form

distinct clusters. This structure indicates that clinical governance has a multifaceted, interdisciplinary, and application-oriented conceptual framework.

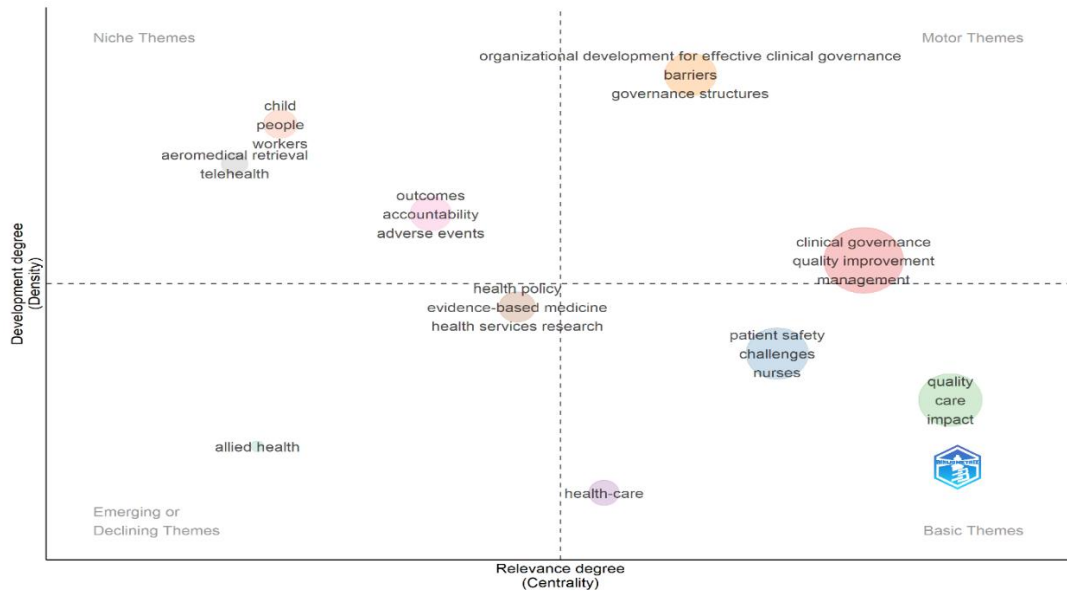


Figure 6. Thematic Structure And Levels Of Theme Development In The Clinical Governance Literature (Thematic Map)

Figure 6 presents the thematic structure of the clinical governance literature based on centrality and density. Motor themes, including organizational development, governance structures, and implementation barriers, show high centrality and density, indicating that they are both well developed and strongly connected to the field. Basic themes such as clinical governance, quality improvement, management, patient safety, nursing, and quality of care show high centrality but comparatively lower density, suggesting that they are highly relevant but remain less internally developed. Niche themes, including telehealth and specialized application areas, are relatively well developed, but less connected to the broader field while allied health is positioned in the emerging or declining themes quadrant, characterized by lower centrality and density. Overall, the thematic map demonstrates differences in the maturity and relevance of research topics within the clinical governance literature.

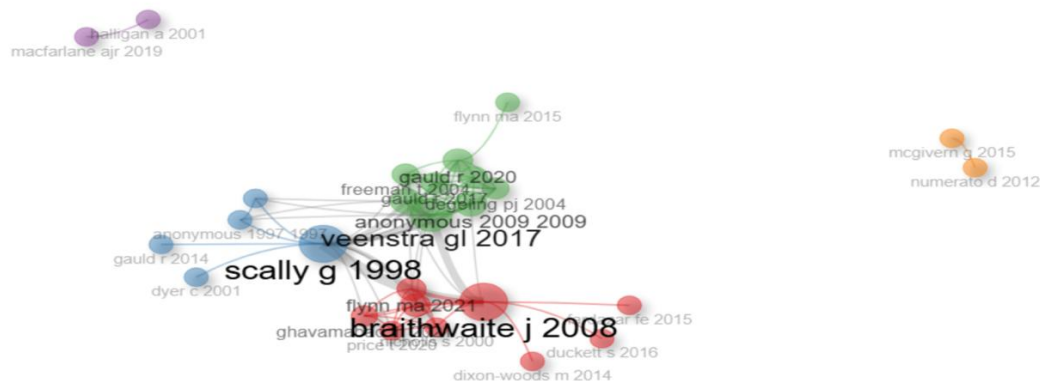


Figure 7. Intellectual Structure Of The Clinical Governance Literature: Co-Citation Network

Figure 7 illustrates the intellectual structure of studies in the field of clinical governance through a co-citation network based on patterns of being cited together. The network structure shows that certain studies emerge as central nodes, representing key references that shape the theoretical framework of the field.

The different colored clusters formed within the network indicate that sub-theoretical approaches in the field of clinical governance-such as patient safety, quality improvement, governance models, and healthcare management-have co-evolved over time. This structure demonstrates that the field is not based on a single theoretical perspective, but rather has a multidimensional intellectual foundation informed by multiple disciplines.

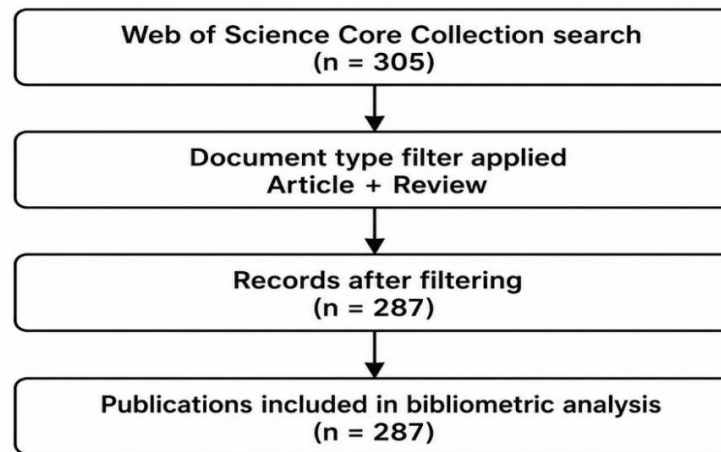


Figure 8. Flow Diagram Of The Bibliographic Record Identification And Screening Process

Figure 8 summarizes the bibliographic record identification and screening process. A total of 305 records were initially retrieved from the Web of Science Core Collection. Following document-type screening and assessment of relevance to the predefined scope of the bibliometric analysis, 287 articles and reviews were retained in the final dataset. The flow diagram is provided to transparently illustrate the construction of the bibliometric dataset rather than to represent a systematic review or qualitative synthesis of the individual publications.

The bibliometric findings suggest that the clinical governance literature has evolved from a relatively fragmented quality management topic into a more integrated and interdisciplinary research field structured around patient safety, healthcare quality, governance mechanisms, and organizational development. The combined findings from thematic, co-occurrence, and co-citation analyses further indicate that clinical governance research increasingly reflects both managerial and practice-oriented dimensions of contemporary healthcare systems.

4. Discussion and Conclusion

The increasing momentum of publication output in the field of clinical governance in recent years reflects the growing strategic importance of the concept in healthcare systems, particularly in relation to quality, patient safety, and institutional accountability. This upward trend also indicates that clinical governance has moved beyond being a narrow managerial or regulatory concern and has become a broader research area associated with healthcare system performance, organizational transparency, and evidence-based quality improvement. The growing attention to this field may be linked to the increasing complexity of healthcare delivery, the need to reduce preventable clinical risks, and the rising expectations of patients, professionals, and policymakers regarding safe and accountable care. In this context, the expansion of publication output can be interpreted as a sign that clinical governance is increasingly perceived as a central mechanism for aligning clinical practice with organizational governance and quality management strategies. Minor fluctuations observed in recent years may be associated with data maturation and indexing processes commonly encountered in bibliometric studies.

The concentration of clinical governance research within a limited number of journals indicates that the field is gradually developing an institutionalized and academically consolidated publication ecosystem. The central role of journals focusing on health management, healthcare quality, and governance suggests that, despite its

interdisciplinary nature, clinical governance is increasingly organized around a relatively coherent conceptual and professional core (Adduci et al., 2024; Travaglia et al., 2011;). The clustering of publications within specific publication channels further implies that the theoretical discourse, methodological orientation, and normative boundaries of the field are progressively being shaped and standardized through these journals. This pattern may also reflect the growing maturation and professionalization of clinical governance as a distinct area of scholarly inquiry within healthcare research.

The absence of publication output concentrated around a limited number of highly productive authors suggests that the clinical governance literature is characterized by a relatively dispersed and participatory knowledge production structure. The finding that even the most productive authors contributed only a limited number of publications indicates that research in this field is conducted across diverse institutional, disciplinary, and healthcare contexts rather than being shaped predominantly by a small group of influential scholars. This pattern may reflect the interdisciplinary and practice-oriented nature of clinical governance, which appears to encourage broader scholarly participation and theoretical diversification within the field.

The distribution of publication output across specific countries suggests that the development of the clinical governance literature is closely associated with national healthcare structures, policy priorities, and institutional research capacity. While Adduci et al. (2024) reported the United Kingdom as the leading country in the broader clinical governance literature, Australia emerged as the leading country in corresponding-author publication output in the present analysis. This difference may reflect variations in database coverage, study period, and the more specific focus of the present study on health management- and nursing-related literature. The prominence of countries with well-established traditions of health governance indicates that clinical governance is addressed not merely as a theoretical or academic concern, but also as an operational and structural requirement for healthcare quality and patient safety practices (Braithwaite & Travaglia, 2008). Furthermore, the coexistence of single-country studies and multi-country collaborations suggests that, although clinical governance remains sensitive to context-specific healthcare challenges and organizational structures, the field is increasingly shaped by international knowledge exchange, comparative perspectives, and collaborative research networks.

These findings are also consistent with Adduci et al. (2024), who identified healthcare quality, organization and management, and related governance themes as central components of the broader clinical governance literature. Similarly, the present study highlights patient safety, quality improvement, and governance structures as dominant themes. The keyword co-occurrence network demonstrates that the clinical governance literature is conceptually organized primarily around patient safety and quality improvement themes. This finding suggests that clinical governance is no longer positioned solely as a normative or policy-oriented management framework, but increasingly as a practice-oriented governance approach directly embedded within clinical processes, safety management, and healthcare quality initiatives. Furthermore, the emergence of sub-clusters related to governance structures, organizational development, and nursing practices indicates that the field is expanding beyond traditional administrative boundaries toward a more integrated and interdisciplinary healthcare governance model. In particular, the visibility of nursing-related themes highlights the growing recognition of frontline clinical practice, interdisciplinary coordination, and patient-centered care within contemporary clinical governance research. This conceptual diversification may also reflect the increasing integration of managerial, organizational, and clinical dimensions within contemporary healthcare governance models, a trend that is consistent with previous research emphasizing the importance of organizational culture and quality improvement in strengthening patient safety systems (Dixon-Woods et al., 2014). The simultaneous visibility of themes related to patient safety, organizational development, nursing practice, and governance mechanisms suggests that clinical governance research is progressively evolving toward a more systems-oriented and multidisciplinary knowledge structure. Such an evolution may indicate that the sustainability of healthcare quality increasingly depends on the coordinated interaction between institutional governance processes and frontline clinical practices. This shift toward a systems-oriented perspective may also reflect broader transformations occurring within contemporary healthcare systems. Increasing emphasis on quality measurement, accreditation processes, evidence-based practice, and patient-centered service delivery has encouraged healthcare organizations to adopt more integrated governance approaches. As a result, clinical governance is increasingly positioned as a mechanism that facilitates coordination among managerial, professional, and clinical stakeholders while supporting continuous quality improvement across

healthcare settings. The prominence of these interconnected themes further suggests that governance structures, workforce engagement, organizational culture, and patient outcomes constitute increasingly important areas within the contemporary clinical governance literature.

The thematic map findings indicate that the clinical governance literature is primarily structured around organizational governance mechanisms, implementation processes, and barriers related to quality and safety management. The coexistence of motor and basic themes suggests that the field is evolving simultaneously at both conceptual and operational levels, reflecting an increasing emphasis on the practical implementation of governance principles within healthcare systems. Themes such as patient safety and nursing which demonstrate high centrality despite relatively lower thematic density appear to occupy strategically important positions within the literature while continuing to develop conceptually and empirically. This pattern may indicate that frontline clinical practices, interdisciplinary coordination, and patient-centered quality initiatives are becoming increasingly influential in shaping the future direction of clinical governance research. The positioning of implementation barriers among the prominent themes also suggests that translating governance principles into routine clinical practice remains a significant challenge for many healthcare organizations. This observation highlights the importance of organizational readiness, leadership support, and effective communication mechanisms in facilitating the successful implementation of clinical governance initiatives. These factors have also been highlighted in previous studies examining organizational capacity building and accreditation-related quality improvement processes within healthcare organizations (Greenfield et al., 2009).

The co-citation analysis indicates that the clinical governance literature is organized around a shared intellectual foundation shaped by a number of influential and foundational studies. The role of early conceptual works as connecting nodes between different thematic clusters suggests that the field has evolved through the integration of multiple research traditions, particularly those related to patient safety, healthcare quality, organizational governance, and healthcare management. Rather than being confined to a single theoretical orientation, the literature appears to reflect a progressively integrated and collaborative knowledge structure shaped by interdisciplinary interaction and the practical demands of contemporary healthcare systems. This intellectual convergence may also indicate the increasing academic maturation of clinical governance as a distinct field of healthcare research with growing theoretical, methodological, and practical relevance for contemporary healthcare systems.

5. Practical Implications

The findings of the present study provide several practical implications for healthcare organizations, policymakers, healthcare managers, and nursing professionals involved in clinical governance practices. The bibliometric evidence indicates that clinical governance is increasingly positioned not merely as a quality control mechanism, but as an integrated governance approach closely associated with patient safety, organizational accountability, interdisciplinary collaboration, and continuous quality improvement. In this respect, the findings highlight the growing importance of developing organizational cultures that support transparency, evidence-based practice, and shared responsibility within healthcare systems (Halligan & Donaldson, 2001). The concentration of research around patient safety and healthcare quality themes suggests that healthcare institutions should continue to prioritize governance structures that strengthen safety management systems, clinical auditing processes, and quality monitoring practices. Particularly in complex healthcare environments characterized by increasing patient demands, technological transformation, and organizational pressure, effective clinical governance mechanisms may contribute to improving institutional resilience and reducing preventable clinical risks (Endalamaw et al., 2024).

The visibility of nursing-related themes within the keyword and thematic analyses also emphasizes the critical role of nursing professionals in the implementation of clinical governance practices. Nurses are directly involved in patient monitoring, interdisciplinary communication, risk reporting, and quality improvement initiatives, positioning them as one of the primary operational actors within governance systems. Therefore, strengthening nursing leadership, supporting interdisciplinary coordination, and improving participation in governance-related decision-making processes may enhance the effectiveness and sustainability of clinical governance implementation. Furthermore, the increasing conceptual association between clinical governance, organizational development, and governance mechanisms suggests that healthcare managers should approach clinical governance not solely as a

regulatory requirement, but also as a strategic management framework integrated into institutional planning and organizational development processes. In this regard, leadership capacity, institutional communication, professional training, and quality-oriented organizational strategies may represent critical components for strengthening governance effectiveness within healthcare organizations. In addition, the findings underline the importance of fostering a culture of continuous learning and improvement within healthcare organizations. Clinical governance initiatives are more likely to be effective when healthcare professionals actively participate in quality improvement activities, performance evaluation processes, and interdisciplinary decision-making mechanisms. Strengthening employee engagement and promoting shared responsibility for quality and safety outcomes may contribute to the long-term sustainability of governance practices and support the delivery of more effective and patient-centered healthcare services. In addition, these efforts may enhance organizational resilience, improve communication across professional groups, and facilitate the implementation of evidence-based healthcare practices. The findings also indicate that certain thematic and geographical areas remain relatively underrepresented within the literature. This situation highlights the need for broader international collaboration and context-specific research addressing the implementation challenges of clinical governance across different healthcare systems. Comparative studies focusing on healthcare governance structures, digital health integration, accreditation systems, and interdisciplinary quality management practices may contribute to the further conceptual and practical development of the field.

Finally, the growing integration of digital health technologies, data-driven management systems, and performance evaluation mechanisms into healthcare delivery processes suggests that clinical governance will likely continue evolving toward more technology-oriented and system-based governance models in the future. Therefore, future research and healthcare policies focusing on digital governance infrastructures, patient-centered care models, implementation strategies, and interdisciplinary collaboration frameworks may further strengthen the operational and strategic dimensions of clinical governance within contemporary healthcare systems.

6. Conclusion

This study systematically examined the scientific evolution of clinical governance research within the health management and nursing literature through a bibliometric perspective. The findings demonstrate that clinical governance has evolved beyond a traditional quality assurance framework into a multidimensional field closely associated with patient safety, healthcare quality, organizational governance, and interdisciplinary clinical practice. Although the literature appears to be concentrated around particular thematic and publication structures, the broad distribution of scholarly contributions reflects the expanding and collaborative nature of the field. At the same time, the limited representation of certain thematic domains and geographical contexts suggests that important conceptual and contextual gaps remain within the existing literature.

The findings indicate that clinical governance is increasingly positioned as a strategic component of contemporary healthcare systems rather than solely a managerial or regulatory framework. In this respect, the study provides a systematic foundation for future research, interdisciplinary collaboration, and policy development related to healthcare quality and governance practices. As healthcare systems continue to face increasing organizational complexity, digital transformation, and patient safety challenges, clinical governance is likely to assume an even more central role in shaping integrated, accountable, and quality-oriented healthcare practices. Moreover, the growing integration of digital governance systems, interdisciplinary quality management approaches, and patient-centered healthcare models may further expand the conceptual and operational scope of clinical governance research in the coming years. This development may also encourage stronger integration between healthcare policy, organizational governance, and clinical quality management practices.

7. Limitations and Strengths

This study has several limitations that should be considered when interpreting the findings. First, the analyses were limited to publications indexed in the Web of Science Core Collection database and did not include records from other international databases, which may have restricted the overall coverage of the literature. In addition, bibliometric analyses are inherently based on publication, citation, and keyword data and therefore provide quantitative representations of scholarly production rather than direct evaluations of methodological quality or contextual depth. Citation-based indicators may also be influenced by database indexing dynamics, publication age, and variations in keyword usage across studies.

Despite these limitations, the study has several important strengths. The clinical governance literature was examined from a holistic perspective across health management- and nursing-related research, allowing publication trends, thematic structures, collaboration patterns, and intellectual foundations to be evaluated together. Furthermore, the combined use of complementary analytical tools such as Bibliometrix and VOSviewer enabled a comprehensive assessment of the conceptual and collaborative structure of the field. In this respect, the study provides a systematic overview of the current research landscape and may contribute to future research planning and policy-oriented discussions related to clinical governance. The findings may also support evidence-informed decision-making processes within healthcare governance and quality management research. Moreover, by identifying influential themes, collaboration patterns, and intellectual foundations, the study may assist researchers in recognizing emerging research opportunities and underexplored areas within the clinical governance literature.

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GENİŞLETİLMİŞ ÖZET

Amaç

Bu çalışmanın amacı, sağlık yönetimi ve hemşirelik literatüründe klinik yönetim araştırmalarının bilimsel gelişimini bibliyometrik yöntemler aracılığıyla incelemektir. Bu kapsamda çalışmada, alandaki yayın eğilimlerinin, tematik yapıların, entelektüel temellerin ve bilimsel iş birliği örüntülerinin belirlenmesi amaçlanmaktadır. Çalışma, mevcut bilgi birikimini sistematik biçimde haritalandırarak klinik yönetim alanına ilişkin gelecekteki araştırma ve politika geliştirme süreçlerine katkı sunmayı hedeflemektedir. Klinik yönetim kavramı, 1990'lı yılların sonlarında Birleşik Krallık Ulusal Sağlık Sistemi (NHS) kapsamında sağlık hizmetlerinin kalite ve güvenliğini artırmaya yönelik bir yönetim yaklaşımı olarak ortaya çıkmıştır (Sally & Donaldson, 1998). Zaman içerisinde kavramın kapsamı genişlemiş; klinik etkinlik, risk yönetimi, sürekli mesleki gelişim, kalite iyileştirme ve örgütsel öğrenme gibi çok boyutlu bileşenleri içeren bütüncül bir yönetim modeli hâline gelmiştir (Braithwaite & Travaglia, 2008). Günümüzde sağlık sistemlerinde yaşanan dijital dönüşüm, performans değerlendirme mekanizmalarının yaygınlaşması ve hasta merkezli bakım anlayışının güçlenmesi, klinik yönetimin stratejik önemini daha da artırmıştır. Buna karşın mevcut çalışmaların önemli bir bölümü belirli uygulama alanlarına veya kurumsal süreçlere odaklanmakta; alanın genel gelişim dinamiklerini, tematik dönüşümünü ve entelektüel yapısını bütüncül olarak ortaya koyan araştırmaların sayısı sınırlı kalmaktadır. Özellikle sağlık yönetimi ve hemşirelikle ilişkili klinik yönetim araştırmalarını inceleyen bibliyometrik çalışmaların sınırlı olması, alanın bilgi yapısının sistematik biçimde değerlendirilmesini gerekli kılmaktadır. Bu çerçevede, klinik yönetim literatürünün gelişim örüntülerinin, tematik odaklarının ve entelektüel yapısının bibliyometrik göstergeler aracılığıyla incelenmesi önemli görülmektedir.

Yöntem

Bu çalışma, bibliyometrik analiz yöntemlerine dayalı nicel ve retrospektif bir araştırma deseni kullanılarak yürütülmüştür. Bibliyometrik araştırmalarda yaygın olarak tercih edilen, hakemli ve yüksek etki düzeyine sahip bilimsel yayınları geniş kapsamda indekslemesi nedeniyle Web of Science Core Collection veri tabanı temel veri kaynağı olarak kullanılmıştır. Klinik yönetim alanına ilişkin çalışmalar, önceden belirlenen anahtar kelimeler doğrultusunda başlık, özet ve anahtar kelime alanlarında gerçekleştirilen taramalar aracılığıyla belirlenmiştir. Erişilebilen ilk ilgili çalışmadan 2025 yılı sonuna kadar yayımlanan hakemli özgün araştırma makaleleri ve derleme çalışmaları analize dâhil edilmiştir. Elde edilen kayıtlar, nihai veri setinin oluşturulabilmesi amacıyla doküman türü ve çalışma kapsamına uygunluk açısından taranmıştır. Arama sürecinde katı bir dil sınırlaması uygulanmamış olmakla birlikte, analizler ağırlıklı olarak İngilizce indekslenen yayınlar üzerinden yürütülmüştür. Bibliyografik verilerin analizi, R ortamında geliştirilen bibliometrix paketi ile VOSviewer yazılımı kullanılarak gerçekleştirilmiştir. Analitik süreç kapsamında zaman içerisindeki yayın ve atıf eğilimleri, yazar, dergi ve ülke üretkenliği, anahtar kelime eş oluşum yapıları, tematik haritalama, ortak atıf analizi ve ülke düzeyindeki bilimsel iş birliği örüntüleri incelenmiştir. Bu bütüncül analitik yaklaşım, klinik yönetim literatürünün yalnızca nicel özelliklerinin değil, aynı zamanda kavramsal ve entelektüel yapısının da değerlendirilmesine olanak sağlamıştır.

Bulgular

Klinik yönetim alanındaki yayın üretiminin zaman içerisinde genel olarak artış eğilimi gösterdiği ve en yüksek düzeye 2024 yılında ulaştığı belirlenmiştir. Bulgular ayrıca yayınların görece sınırlı sayıda dergide yoğunlaştığını, sağlık yönetimi ve sağlık yönetimi odaklı dergilerin alanın temel yayın platformları arasında öne çıktığını göstermektedir. Yazar üretkenliği açısından değerlendirildiğinde, belirgin biçimde baskın bir araştırmacı grubunun bulunmadığı ve yayın üretiminin geniş bir araştırmacı kitlesine dağıldığı görülmektedir. Ülke dağılımı incelendiğinde, yayınların belirli ülkelerde yoğunlaştığı ve hem tek ülkeli hem de çok ülkeli yayın örüntülerinin bulunduğu belirlenmiştir. Anahtar kelime eş oluşum analizi, klinik yönetim literatürünün kavramsal olarak özellikle hasta güvenliği, kalite iyileştirme ve yönetim yapıları etrafında şekillendiğini ortaya koymuştur. Tematik analizler ise örgütsel gelişim, yönetim mekanizmaları ve uygulama süreçleriyle ilişkili temaların alanın başlıca araştırma eksenleri arasında yer aldığını göstermiştir. Ortak atıf analizi, klinik yönetim literatürünün sağlık hizmeti kalitesi, hasta güvenliği, yönetim ve sağlık yönetimiyle ilişkili etkili temel çalışmalar etrafında şekillenen çok boyutlu bir entelektüel yapıya sahip olduğunu ortaya koymuştur.

Sonuç

Bu çalışma, sağlık yönetimi ve hemşirelik literatüründe klinik yönetim araştırmalarının bilimsel gelişimini bibliyometrik bir perspektifle sistematik biçimde incelemiştir. Bulgular, klinik yönetimin geleneksel bir kalite güvencesi yaklaşımının ötesine geçerek hasta güvenliği, sağlık hizmeti kalitesi, örgütsel yönetim ve klinik uygulamalarla ilişkili daha geniş ve giderek disiplinlerarası bir araştırma alanına dönüştüğünü göstermektedir. Literatürün belirli tematik ve yayın yapıları etrafında yoğunlaştığı görülmekle birlikte, bilimsel katkıların geniş bir araştırmacı ağına yayılması alanın gelişen ve çok aktörlü yapısını yansıtmaktadır. Bununla birlikte, bazı tematik alanlar ile coğrafi bağlamların sınırlı düzeyde temsil edilmesi, mevcut literatürde kavramsal ve bağlamsal boşlukların bulunduğu işaret etmektedir. Bulgular ayrıca klinik yönetimin çağdaş sağlık sistemleri içerisinde giderek daha stratejik bir konuma yöneldiğini ve bu alanda disiplinlerarası ve uluslararası iş birliklerine dayalı araştırmaların sürdürülmesine ihtiyaç bulunduğunu düşündürmektedir. Bu yönüyle çalışma, klinik yönetim literatürünün sistematik biçimde anlaşılmasına katkı sağlamakta ve sağlık hizmeti kalitesi ile yönetim uygulamalarına ilişkin gelecekteki araştırma ve politika tartışmaları için yönlendirici bir çerçeve sunmaktadır.

Özgün Değer

Bu çalışma, Web of Science verilerine dayalı olarak klinik yönetim literatürünün yayın eğilimlerini, tematik yapısını, bilimsel iş birliği örüntülerini ve entelektüel temellerini birlikte değerlendiren bibliyometrik bir analiz sunmaktadır. Bulgular, literatürde öne çıkan temel araştırma odaklarını ve gelişim eğilimlerini ortaya koyarak gelecekte yürütülecek araştırmalar ve uygulamalar için yönlendirici bir çerçeve sağlamaktadır.

YAZARLARIN BEYANI / DECLARATION OF THE AUTHORS

Katkı Oranı Beyanı	☒ Yazar, çalışmanın tümüne tek başına katkı sağlamıştır. ☐ Yazarlar çalışmaya eşit oranda katkı sağlamıştır. ☐ Çalışmaya birinci yazar %XX oranında, ikinci yazar %XX oranında, üçüncü yazar %XX oranında katkı sağlamıştır.
Declaration of Contribution Rate	☒ The author contributes the study on his/her own ☐ The authors have equal contributions. ☐ The first author contributes XX%, the second author contributes XX%, the third author contributes XX%.
Çatışma Beyanı	☒ Çalışmada herhangi bir potansiyel çıkar çatışması söz konusu değildir. ☐ Yazarlar, çalışmadan XXX (firma, kurum, kişinin) etkilenebileceğini ve ortaya çıkacak çıkar çatışması durumunu yönetmek için onaylanmış bir planının olduğunu beyan etmektedir.
Declaration of Conflict	☒ There is no potential conflict of interest in the study. ☐ Authors declare that XXX (firm, institution, person) may be affected from the study and in case of a conflict of interest they have a confirmed plan in order to administer the case.
Yayın Etiği Beyanı	☒ Çalışmada etik dışı bir husus bulunmadığını, araştırma ve yayın etiğine özenle uyulduğunu beyan ederiz. ☒ Bu çalışma, etik kurul belgesi gerektiren bir çalışma değildir. ☐ Bu çalışma için _____ Üniversitesi, Bilimsel Araştırma ve Yayın Etiği Kurulundan ____/____/____ tarih ve _____ sayılı kararı ile etik kurul onayı alınmıştır.
Declaration of Publication Ethics	☒ We hereby declare that the study has not unethical issues and that research and publication ethics have been observed carefully. ☒ This study does not require ethics committee approval. ☐ Ethical approval for this study was obtained from the Scientific Research and Publication Ethics Committee of _____ University with decision number _____ dated ____/____/____.
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Declaration of Generative AI Use	☐ No generative artificial intelligence tools were used at any stage of this study. ☒ During the preparation of this study the author(s) used [NAME OF TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the published article.
Destek ve Teşekkür Beyanı	☒ Çalışmada herhangi bir kurum ya da kuruluştan mali destek alınmamıştır. ☐ Bu çalışma, X Projesi (Proje No: XXXXXX) tarafından desteklenmektedir. ☐ Diğer (Belirtiniz)
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