Journal of Advanced Nursing

WILEY

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EMPIRICAL RESEARCH QUALITATIVE OPEN ACCESS

Excellent Nursing Leadership Towards Magnet Culture Among Nurse Leaders: An Interview Study

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Received: 5 June 2024 | **Revised:** 10 September 2024 | **Accepted:** 21 November 2024

Funding: The research was funded by a grant provided by The Finnish Nursing Education Foundation.

Keywords: empowerment | hospital | leadership | nursing | organisational culture

ABSTRACT

Aims: This study describes nurse leaders' experiences of nursing leadership in Finland towards Magnet hospital culture.

Design: This is a qualitative descriptive study.

Methods: The data from nurse leaders ($n = 9$) were collected in face-to-face or online interviews in June and August 2023 in Finland and analysed using an inductive content analysis approach.

Results: Excellent nursing leadership consists of possibilities for impact, the determination of responsibilities, strong leadership in the organisation, interpersonal leadership, the empowerment of nurses' excellence and nursing leadership development. In addition, excellent nursing leadership creates the basis for development structures and nurses' participation in a Magnet culture framework.

Conclusion: Excellent nursing leadership requires ability and opportunities for impact, clear responsibilities and strong interpersonal competencies so that nurses are empowered to strive for excellence. Strong nursing leadership is needed to enable functioning structures that produce efficient processes that can be used to maintain and develop the quality of nursing work in the direction of Magnet culture.

Implications for the Profession: Nurse leaders' status and power must be recognised and legislated as equally as those of other professional leaders in social and health care.

Impact: This study addresses nurse leaders' remarkable role in nursing development towards Magnet hospital culture. At the same time, it discusses their uncertain position in the decision-making process of the organisation.

Reporting Method: COREQ guidelines were used in reporting.

Patient or Public Contribution: None.

1 | Introduction

Magnet culture has been recognised in the United States since the 1980s. It is not just a theoretical framework; empirical research demonstrates its' positive impact on nursing. Magnet culture, developed to attract nurses and achieve excellent patient outcomes, requires the entire organisation to commit to its goals. (Kramer and Schalenberg 2012) Historically, healthcare organisations have been hierarchical, so adopting Magnet culture has necessitated significant cultural change. Additionally, non-profit public sector hospitals have not traditionally needed to compete for nurses and patients. However, with current challenges such as poor public finances and a shortage of nurses, organisations must implement strategies to survive. In Finland, hospitals have been developing towards Magnet culture for over 10 years (Kvist et al. 2013).

Nurse leaders are in key positions to develop the attractiveness of nursing and a Magnet culture in hospitals to increase the quality of care (ANCC 2024). Nurse leaders play an important role in translating Magnet concepts and integrating them into existing structures and practices; they create a space for Magnet culture in a local hospital context (Svensson et al. 2024). Transformational leadership is an essential component of Magnet culture. This leadership approach fosters an environment where nurse leaders create a vision and empower nurses to drive change (ANCC 2024). The competition for skilled nursing professionals is intensifying even as the nursing shortage is worsening worldwide (WHO 2021). Nurses are the largest professional group in healthcare organisations, and they have a specific scientific knowledge base that can be best utilised and developed with the support of nurse leaders. Nurse leaders with the same background can direct nurses' professional competencies both individually and in the direction of the organisation's goals (Walter and Terry 2021). This requires empowering structures, which in turn necessitate strong leadership. In this article, we describe nurse leaders' experiences of their essential role in the development of the Magnet culture in hospitals.

2 | Background

The Magnet model is a framework to enhance nursing care quality, patient outcomes and nurses' job satisfaction and intent to stay. Magnet model components include excellent nursing leadership with transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovations and improvements and empirical outcomes. By adopting these components, nurse leaders are key to creating a Magnet culture practice environment. One of the prerequisites for Magnet status is a clear nursing leadership line, meaning that nurses report to nurse leaders at every level of the organisational hierarchy (ANCC 2024). Hospitals that have embraced the Magnet culture have better work environments with better nurse job satisfaction (Kelly, McHugh, and Aiken 2019; McGinnis et al. 2024) and less burnout than non-Magnet hospitals (Kelly, McHugh, and Aiken 2019) as well as positive patient outcomes and a resilient nursing workforce (Mezzina, Agbozo, and Hileman 2021).

Strong nurse leaders are essential in navigating the complexities of healthcare. They inspire colleagues, drive positive changes in workplace culture and advocate for policies that benefit both patients and providers. By fostering a supportive environment and by educating and mentoring future leaders, they increase job satisfaction and retention rates among nurses, leading to improved patient care and organisational outcomes. Chief nursing officers (CNOs) should work alongside other health professional leaders to make strategic decisions at the national level, ensuring that the nursing workforce is effectively managed and supported. These efforts contribute to a stronger overall healthcare system (WHO 2021).

CNOs create a foundation for Magnet culture, with collaboration with clinical nurses, interprofessional colleagues and executive leaders who are named directors of well-being services counties in Finland. Their priority is to build trust and confidence by enhancing transparency and communication. They need to ensure that clinical nurses have a voice in decision-making, engage all clinical nurses and staff in adapting Magnet culture and prepare clinical nurses regarding the value of the Magnet designation. Furthermore, breaking down silos within healthcare organisations is crucial for effective interprofessional collaboration and teamwork (Pearson 2020). Traditionally, healthcare systems have been hierarchical and siloed, with boundaries separating professional groups such as nurses and physicians. These boundaries can hinder collaboration and communication, ultimately impacting patient care. CNOs need to advocate for nursing as an integral part of the interprofessional team and work towards breaking down these silos. Additionally, addressing underlying factors such as resource scarcity can help overcome the barriers imposed by organisational boundaries (Pedersen, Sudzina, and Rosati 2023).

Nurse managers may have significant power within their units but have limited influence at the organisational level (Nurmeksela et al. 2021), particularly regarding decisions such as pay raises (Trus, Martinkenas, and Suominen 2017). Their structural and psychological empowerment is related to a level of power within the unit and the organisation. Nurse managers' high power level within units presents an opportunity for them to lead the development of nursing care (Trus, Martinkenas, and Suominen 2017). Nursing leadership should be a form of professional governance, where nurses and leaders share decision-making responsibilities based on real expertise and autonomy (Pursio, Kankkunen, and Kvist 2023). Effective nurse management and leadership are essential for creating a positive environment for nursing practice. Leadership practices that influence nurses' intent to stay include shared decision-making, supervisor support, autonomy, staffing and praise and recognition (Hult et al. 2023). Nurse managers can promote nurses' professional autonomy, nursing involvement and expertise sharing by enabling shared leadership (Pursio, Kankkunen, and Kvist 2023; Pursio et al. 2024). A hospital environment with Magnet culture, nurse autonomy and shared governance is significant for nurse satisfaction (McGinnis et al. 2024; Pursio et al. 2024). Shared governance supports structural empowerment and engages nurses in their practice (Porter-O'Grady and Clavelle 2021).

Collegial nurse–doctor relationships and the organisation's quality standards were found to be important to professional

autonomy (Pursio et al. 2024). However, nurses still do not have equal opportunities to influence multi-professional work, especially outside of patient care (Pursio, Kankkunen, and Kvist 2023). It is important for nurses and nurse leaders to be involved in health system policymaking at the clinical and organisational levels. Nurse leaders should take a proactive role in supporting nurses and empowering them to become change leaders in policymaking (Inayat et al. 2023). Structural empowerment involves mobilising resources and achieving goals through access to information, support, resources and opportunities (García-Sierra and Fernández-Castro 2018). Increasing structural and psychological empowerment has affected the health and well-being of staff by improving job satisfaction, work engagement and social well-being (Marin-Garcia and Bonavia 2021). Transformational leadership has direct and indirect impacts on structural empowerment and nurses' engagement (García-Sierra and Fernández-Castro 2018).

Transformational leaders in nursing play a crucial role in motivating and empowering their teams to achieve organisational goals. They possess charismatic qualities that inspire followers to give their best performance. Successful transformational leaders communicate the organisational mission clearly, provide direction and support and link employees' work with organisational goals (ANCC 2024). They establish strong relationships with nurses, acting as mentors or coaches and promoting a healthy work environment for continuous development (Asif et al. 2019). Transformational leadership encourages evidence-based work and fosters innovative problem-solving (Asif et al. 2019). Evidence-based practice is considered a valuable healthcare priority in Magnet-recognised hospitals, and nurse leaders are necessary for promoting its implementation (Mathew et al. 2024).

The public sector is the primary provider of healthcare services in Finland, while private organisations account for about 22% of the entire health and social services sector. (Ministry of Social Affairs and Health 2023) Magnet components are broadly guiding nursing and its' development in Finnish hospitals, as reflected in nursing practice programs and hospital strategies. In recent years, nurse leaders have played crucial roles in influencing the direction of nursing development achieving transformational leadership. However, the challenge remains to implement this leadership approach at every level of the organisation. This year marked a significant milestone, with two hospitals receiving Magnet status, and a third entering the pre-program stage (HUS 2024).

3 | The Study

3.1 | Aim and Research Questions

The aim of the study is to describe nurse leaders' experiences of nursing leadership in Finland towards Magnet hospital culture.

Research questions:

1. What are the components of excellent nursing leadership in Magnet hospital culture?
2. What structures and processes create the basis for excellent nursing leadership?

4 | Methods

4.1 | Design

A qualitative descriptive study design was used.

4.2 | Study Setting and Recruitment

A total of 14 nurse leaders in Finland were invited by email to participate in this study through purposive sampling. The invitation included an information sheet about the study. Purposive sampling was used because the research group estimated that all interviewed nurse leaders were key informants with extensive experience in the topic (Palinkas et al. 2015). The informants were current or retired top-level nurse leaders, Magnet hospital directors or coordinators, and nursing development experts. Accordingly, the inclusion criteria were current or recently retired nurse leaders with experience developing Magnet hospital culture or the attractiveness of the hospital during the last 10 years. Although not all hospitals aim for Magnet status, nursing and leadership have been enhanced by using the Magnet components.

4.3 | Data Collection

Nine nurse leaders ($n = 9$) gave their consent to participate in the interview. The thematic individual interviews were conducted privately, either face-to-face or online, in June and August 2023 by one researcher (N.N.) who has experience in development work and research on Magnet hospitals. The interview themes were based on Magnet components. No demographic information was collected for this study. The first interview served as a test, and no changes were made to the themes. The interviews were recorded and lasted from 44 to 70 min—in total, 497 min. The research group consisted of professors, researchers, nurse leaders and experts from four universities and three university hospitals who all have PhD degrees. Data saturation was reached after the eighth interview, as no new information emerged, sufficient data had been collected to draw necessary conclusions, and further data collection was unlikely to yield additional valuable insights. To confirm data saturation, one more interview was conducted (Polit and Beck 2018).

4.4 | Data Analysis

All interviews were transcribed into a Word document, for a total of 72 pages (Calibri 11 font, line spacing 1). The data used in this article included 263 coded expressions and were analysed by one researcher (N.N.) using an inductive content analysis approach (Sandelowski 2010; Vaismoradi, Turunen, and Bondas 2013). After transcription, the data were read carefully. Guided by the research questions, the material was searched for expressions, coded with different colours and organised in an Excel table. The original expressions were reduced, and

similar topics were combined into subcategories, and ultimately grouped into main categories (Sandelowski 2010; Vaismoradi, Turunen, and Bondas 2013). The study results of Magnet culture history in Finnish health care and patient outcomes and job satisfaction will be published in another article. In this article, we report on excellent nursing leadership and development structures and processes.

4.5 | Ethical Considerations

The study was conducted following the ethical principles of the Helsinki Declaration (World Medical Association 2022). Participation was voluntary, and participants provided informed consent to participate in the study. Permissions for the research were granted from the relevant research organisations in 2022. The ethical statement was not required according to Finnish legislation, as identifying information was not collected (Finnish National Board on Research Integrity TENK 2023).

4.6 | Rigour

Constructs for establishing trustworthiness and methodological rigour were based on Guba and Lincoln's (1985) framework (Cypress 2017). An effort was made to increase the credibility of the research by carefully describing how the analysis was conducted and by reporting the results following the categories of the analysis, with authentic quotations and relevant tables/figures. Member checking was also used to establish credibility. In this study, the interviewer worked to build confidential relationships with the interviewees to obtain honest and open responses. During the interviews, the researcher restated and summarised information to verify accuracy. For transferability, the study contexts, the participant selection, the data collection and the analysis are carefully described. For validity, after one researcher (N.N.) completed the analysis, the results were discussed with the second researcher and, finally, discussed and agreed upon with the research group. Regarding the reflexivity of the researchers, personal beliefs,

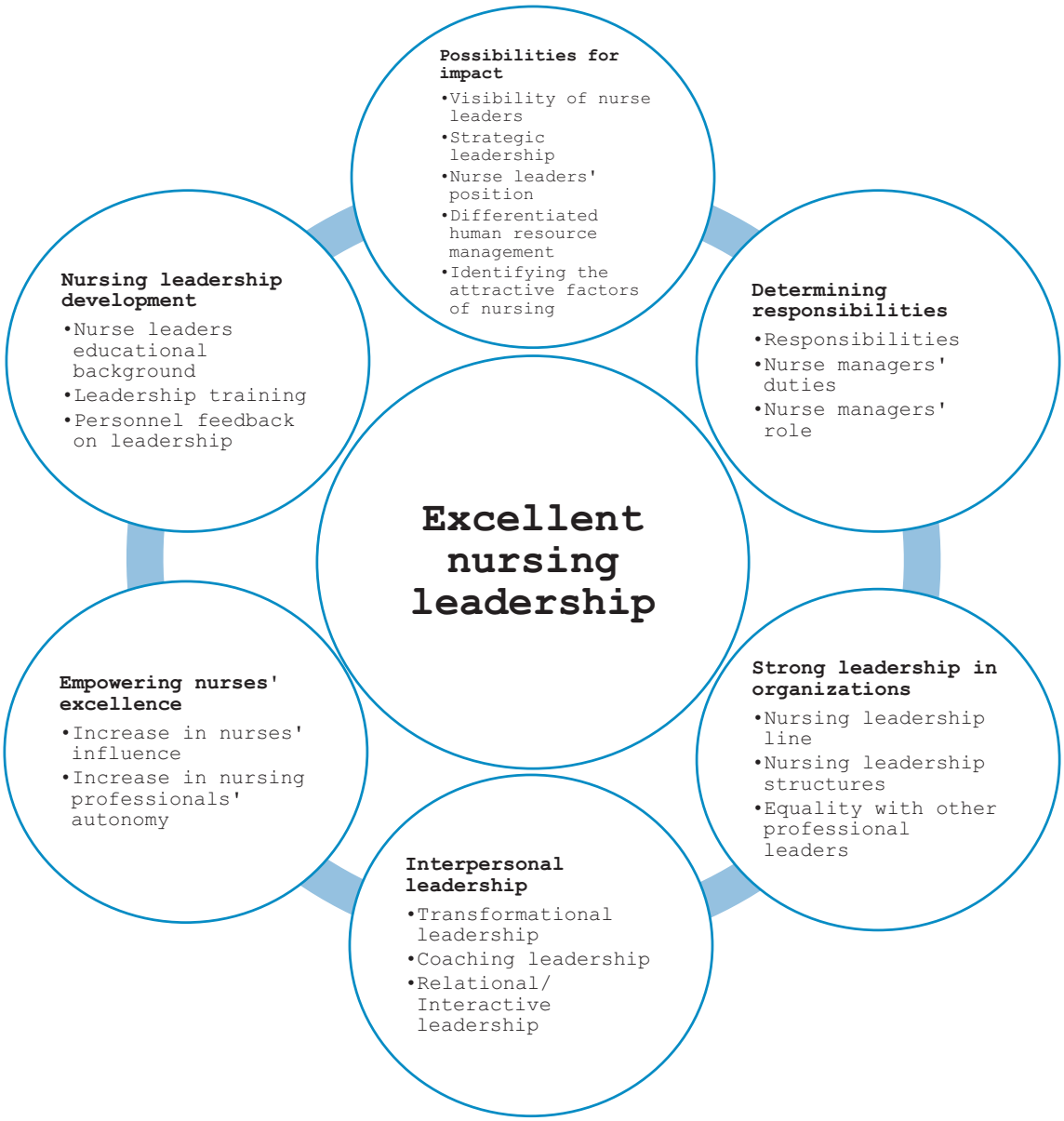

FIGURE 1 | Excellent nursing leadership.

judgements and practices were considered during the research process and in discussions of the analysis results, which may have influenced the research (Polit and Beck 2018).

5 | Findings

Two participants were retired chief nursing officers, and seven were currently in various top-level nursing leadership positions. The participants were from geographically different areas of Finland. The analysis revealed two main categories (Excellent nursing leadership and Structures and processes for development and participation), and 10 categories divided into 37 subcategories (Figures 1 and 2).

5.1 | Excellent Nursing Leadership

Excellent nursing leadership consists of six categories: possibilities for impact, the determination of responsibilities, strong and interpersonal leadership and the development of nursing leadership and the empowerment of nurses' excellence. Six categories included 19 subcategories which are presented in Figure 1.

5.1.1 | Possibilities for Impact

Nurse leaders pointed out that the *visibility of the nurse leaders* in hospitals' decision-making bodies was essential for the possibility for impact—that is, the nurse leader had the right to report nursing issues to the hospital's executive team. Such visibility manifested as the courage of nurse leaders to influence and maintain the nursing agenda, as well as in how the nurse managers were genuinely interested and present in the everyday life of nursing. Nurse directors regularly attended clinical work by participating in work shifts.

> The nurse directors were represented in all executive teams in the different service centers and competence center executive teams and took those matters

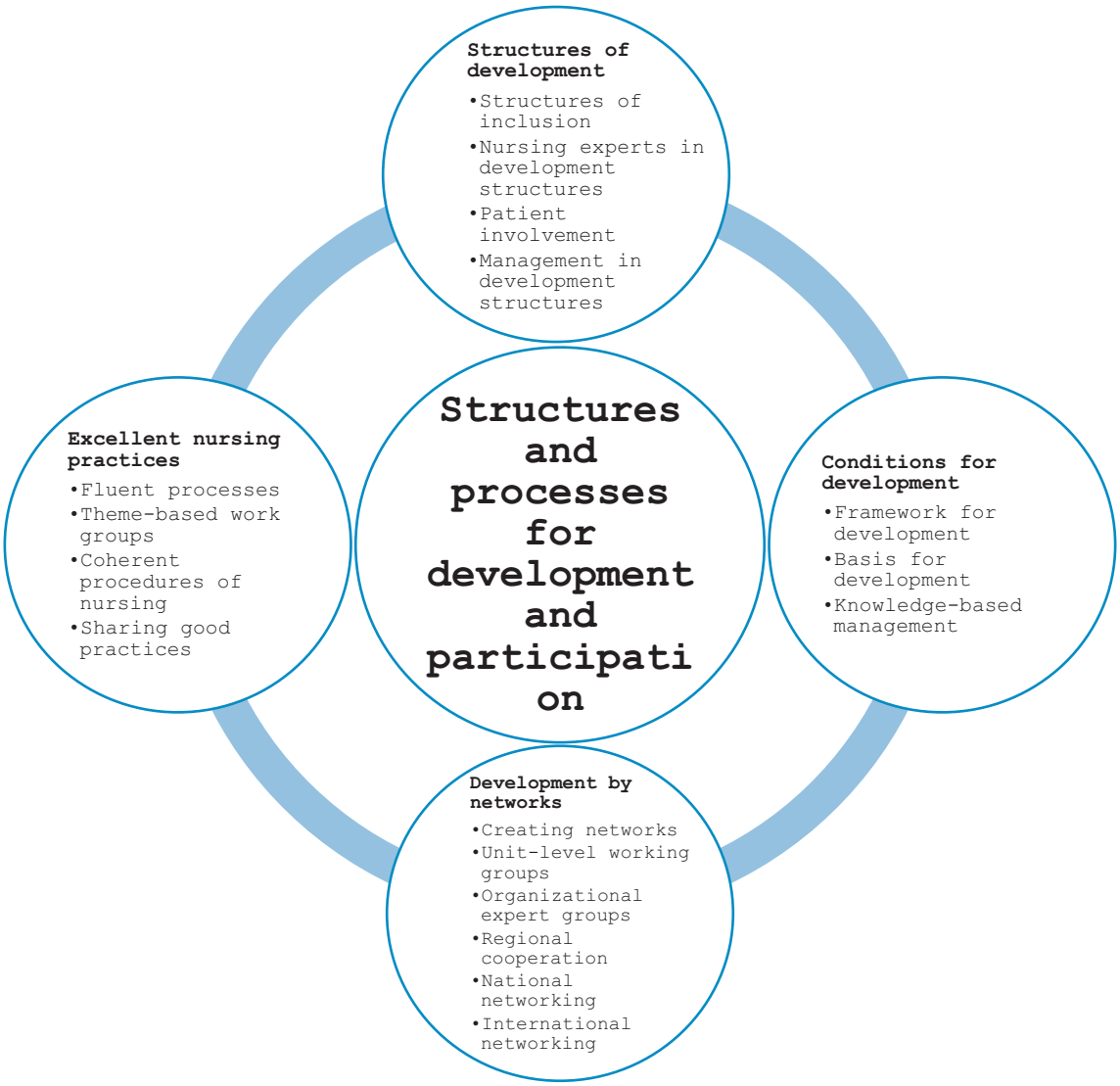

FIGURE 2 | Structures and processes for development and participation.

> forward there, and on the other hand they received feedback from the executive teams.
>
> (NM9)

Nurse leaders perceived themselves as *strategic leaders*. They described their professional strengthening through goal-oriented strategic planning. The authority and duty of the CNO was to apply strategic and financial decisions at the organisational level. However, some felt that the CNO was responsible for the strategic development of nursing work but lacked the power to do so.

> Goal-oriented strategic planning has also brought more professionalism to nursing leadership, but it requires a lot of work and courage because there are always doubters and naysayers.
>
> (NM6)

> As a chief nursing officer, I had responsibility for the strategic development of nursing work, but not the tools of power, i.e., leadership was based more on expertise and good network relations.
>
> (NM6)

Nurse leaders described that it was significant to have a *position* and a right to represent nurses as well as the right to bring nursing matters forward to the government and executive teams. They thought it was important that nurse leaders' authority over the organisation of nursing work in their area is written in the organisational legislation. However, nurse leaders described that this direction of nursing leadership development has since reversed with the national social and healthcare reform, as a result of which the position of nurse leaders in organisations has weakened. They were very concerned, for example, that the number of nurse directors has been reduced in hospitals.

> Nursing leadership was not seen as important in the preparation of the wellbeing services county. It was thought that leadership should be generic, and nursing leadership structures were weakened.
>
> (NM9)

Nurse leaders mentioned that the *differentiation of human resource management* has weakened their ability to exert influence. In particular, they expressed that it is difficult to implement salary solutions with human resources (HR). For example, it has been difficult for nurse leaders to get through the professional career model of nurses combined with the salary system.

> The change in the role of the Human Resource management function over the years, perhaps in the last five years, has been significant in such a way that HR has separated from this leadership of nursing.
>
> (NM4)

In the interviews, nurse leaders brought up their decisive position on the *attractiveness of nursing* in current society, as new generations enter the field. Nurse leaders pointed out that leadership also needs to change, even though certain leadership legalities are still quite entrenched in health care and hospitals; they strive to bring these aspects to the fore and talk about them openly. Nurse leaders were aware of and recognised the importance of work environments, whether nurses want to work there, and a high quality of patient care.

> This involves generating information, bringing research information to the fore, discussing, changing the culture, the various organizational reforms, and the change of society.
>
> (NM4)

5.1.2 | Determining Responsibilities

The nurse leaders revealed that the goal has been to change the structure. New *response areas* have been developed, such as the foster reserve staff unit. Nurse leaders expressed that there have been many changes in the response areas in past years. Nurse managers' response areas expanded, units became larger and the number of subordinates under the ward manager increased; however, these have now been reduced again.

> First was to look at what the nurse leaders were responsible for, the budget, responsibilities, and plans were taken, and then the metrics used to measure the results of success, and thus consolidation.
>
> (NM2)

Nurse leaders described that the *duties and job descriptions of the nurse manager* were developed, rationalised and clarified. For example, the situation of an expert nurse manager working as a partner with a nurse manager was established for staff competence development. Altogether, a unified model was sought for the nurse manager's work content areas.

> In the duties of the nurse manager, the emphasis was on personnel management and the management of daily operations, but less on the results of patient care, and there is clearly an increase in what needs to be improved.
>
> (NM6)

Nurse leaders described that the *role* of immediate supervisors—nurse managers—is to ensure good working conditions so that the nurses' work can be done well and things can move forward. Therefore, nurse managers' increased presence in day-to-day work needs to develop further. Nurse leaders were aware that nurse managers are under pressure between the demands of top management and staff expectations, but they have little decision-making authority.

> The top management puts pressure all the time through superiors on what needs to be improved

> and what needs to be done, and immediate superiors are in the middle, and yet with very little decision-making authority.
>
> (NM8)

5.1.3 | Strong Leadership in Organisations

Nurse leaders described how they worked over the years to achieve their *nursing leadership line* in the organisation. This means that nurses and nurse leaders at every level in the organisation report to the nurse leaders—in other words, nurse leaders are in charge of nurses and nursing. They stated that the obtained nursing line has been an important starting point in nursing leadership and a prerequisite for Magnet culture development; nursing leadership must have operational conditions. They were also worried because, in many organisations, the nursing leadership line had ended with the organisational reform.

> The structure of the Magnet hospital made it possible and directed that there must be a line of nursing work, i.e., nursing work and activities are managed in the line of nursing.
>
> (NM7)

The nurse leaders agreed that nursing leadership has become more systematic, and strong *nursing leadership structures* have promoted the development of nursing. Leadership structures were established for nursing, involving the CNO, nurse directors, nurse managers and assistant nurse managers. In addition, the Director of Nursing Excellence acts as a partner of the CNO. The nursing executive team discusses the matters prepared by the nursing development teams, and the CNO brings them to the attention of the organisation's executive team. The nurse leaders described that they have a monthly leadership forum where 200–300 multi-professional leaders are present. In this forum, issues are raised and presented in meetings, where they are discussed, opinions are shared, and approaches are justified and developed.

> The Magnet hospital journey has brought certain leadership structures for nurse leaders and also steering groups.
>
> (NM7)

> The line of nursing leadership became part of the leadership structure, which made it possible to apply for Magnet status.
>
> (NM1)

According to nurse leaders, the title also reflects their position in terms of *equality* with other professional leaders. Some title changes have been established, from administration nurse director to CNO. Nurse leaders thought that this seems to be a national and international trend, considering that chief nurse and chief physician are equal titles. Moreover, they emphasised that the equality of all professional leaders should be demonstrated in every well-being services county executive team.

> All three professional leaders are on the executive team of the wellbeing services county and the social and healthcare executive team, and in that sense, equality is visible here in this wellbeing services county, but it isn't really visible everywhere.
>
> (NM3)

5.1.4 | Interpersonal Leadership

Some nurse leaders revealed that, in their organisation, the leadership model was discussed as good leadership. They described that once they were familiarised with the terminology, they decided not to use labels with any theoretical leadership structure. However, their organisation defined what good leadership is. Other nurse leaders revealed that their organisations studied and evaluated the level of *transformational leadership*, and training on transformational leadership has been organised for nurse leaders. In different forums, transformational leadership and its importance has been in discussion. One nurse leader thought that transformational leadership is probably quite a personal characteristic, but it is also an element of leadership. Another saw that transformational leadership manifests as an attempt at a low hierarchy, and nursing work shows the core. Furthermore, nurse leaders described that transformational leadership involves management structures with defined job descriptions and responsibilities. They realised that it also involved increasing nurses' opportunities to have influence and nurses being allowed to give feedback on activities, including the quality of nursing. Nurse leaders noted that implementing transformational leadership requires commitment across levels of leadership, from top leaders to supervisors.

> In relation to transformational leadership, also increasing the influence opportunities of nurses, as I described, the structures that exist.
>
> (NM9)

> It doesn't work like that if there are the old-fashioned top leaders, and then we try to talk to the nurses that you have to be leading transformationally, and that the nurse managers have to be transformational, so if the nurse managers are not leading transformationally, it won't work.
>
> (NM5)

Some nurse leaders indicated that today, the basis of leadership in their organisation is *coaching leadership*, which fits well with transformational leadership. Nurse managers are trained by human resources in their induction, involving a coaching management section. Moreover, nurse leaders perceived that leadership has become more individualised and closer to people. They mentioned that transitioning to *interactive leadership* requires

a significant cultural change in the organisation. They have organised the coaching of key players in interactive management and its development. In addition, they have sought training in interactive leadership by visiting Magnet hospitals in the United States. Nurse leaders mentioned performance appraisal discussions as a means of interaction between nurse managers and staff.

> [...] coaching and developing key actors in the direction that they know what leadership in a Magnet hospital, transformative leadership, means, and how we need to develop interaction in leadership.
>
> (NM7)

5.1.5 | Empowering Nurses' Excellence

Nurse leaders stated that in a hospital developed according Magnet model, everyone must have a meaningful job, and individuals must understand and be aware of the meaningfulness of their own work. Moreover, they need to be aware of the importance of their work to the organisation and be able to influence their work. Nurse leaders have thus sought to increase the *influence opportunities of the nurses*.

Nurse leaders described that today's nursing professionals are expected to act responsibly and independently in expert tasks. In particular, authorised professionals hope that by largely acting in expert positions, there is enough space to do one's own work, and the specs are clear. The task of nursing management is to enable, direct and guide the actions of experts. Also, nurses are expected to participate in the development of their own daily work. Nurse leaders encourage employees to be included in the discussion and maintain that it is not only the supervisor's job to be transformational—caregivers must also take responsibility for it, and *autonomy* requires a certain level of independence and initiative.

> The change that has been promoted, the basic principles of transformational management, is to delegate things to employees so that they know how to fix and develop the things that are their daily work.
>
> (NM5)

5.1.6 | Nursing Leadership Development

Nurse leaders revealed that they have *well-educated* nursing supervisors and nurses. The Magnet requirement for nurse leaders is to have a basic degree in nursing as well as, for example, a master's degree in nursing, and leaders must have strong expertise in nursing. The nurse managers had at least a master's degree or a higher bachelor's degree, preferring a scientific university degree.

> Leaders must have strong expertise in nursing science.
>
> (NM5)

Nurse leaders expressed that the *training of nurse leaders* has been organisation- or location-specific. They noted that leadership training, seminars and inclusive workshops were organised to promote transformational leadership and coaching on interactive leadership. In addition, participation in Magnet hospital conferences has been enabled.

> We have different leadership training and different leadership forums in general, and then separately for nursing.
>
> (NM4)

Nurse leaders revealed that one way to develop leadership is to gather *personnel feedback*. They receive feedback in several ways: an extensive personnel survey is carried out once a year, staff satisfaction with management is measured twice a year, job well-being surveys are carried out regularly, 360 evaluations were made for the top leadership, and pulse-type queries were targeted part of the leadership. Nurses have been very satisfied with close leadership; however, dissatisfaction increases the further away they get from practical work. Nurse leaders were aware that the criticism is aimed at the top management, while the nurses were satisfied with the immediate superiors on the staff.

> I personally feel, even though I am a representative of the top management, that we are always misinterpreted as feedback directed at immediate supervisors, when it is probably directed at the top management, and it is precisely in the interaction that there is room for improvement.
>
> (NM8)

5.2 | Structures and Processes for Development and Participation

The structures and processes for nursing development and participation consisted of four categories: structures of development, conditions for development, development by networks and excellent nursing practices. Four categories included 17 subcategories which are presented in Figure 2.

5.2.1 | Structures of Development

Nurse leaders described that nursing development towards Magnet started from an extensive description of fundamental information, for which everyone—large groups of personnel and nurse managers—participated. Work groups were established for *participation structures* at the organisational, clinic, as well as unit levels. Nurse leaders revealed that structures of participation in the development were generated with a low hierarchy that enabled clinical nurses' involvement in working groups and shared decision-making. Nurse leaders also highlighted nurse managers' importance in implementing jointly agreed approaches.

> These structures, which I just tried to describe, which we have now, I could say as an example of our

> clinic, they meet and there is a low hierarchy for the development, that we get to the dialogue between theory and practice well enough.
>
> (NM8)

Nurse leaders emphasised that the *nursing experts* played an important role in the *development model* of how things were carried forward, that is, how the development activities took place. The clinical nurse specialists were very committed and acted as a resource for evidence-based practices. For example, they had teams that focused on improving nutrition, whereas others focused on preventing falls. Some nurse leaders said that clinical nurse specialists who work in units reported straight to nurse directors. Clinical teachers taught in work groups and units, and the groups had responsibilities. Development measures were analysed and evaluated; based on those analyses, nursing experts summarised that information.

> Experts, including doctors in nursing science as well, summarized that information.
>
> (NM1)

Nurse leaders described how *patient participation* activities have been promoted. Clear structures were created for experienced expert and customer council activities. Experienced experts were trained and started volunteering at the hospital. Experienced experts are involved in the development of care processes along with professionals. They work at different levels in organisations and participate in research council activities. Meanwhile, customer councils collect qualitative customer feedback and make suggestions for development. They consider solutions from the customer's point of view and evaluate the results of the development work. For example, they commented on the versions of the nurses' professional activity model produced in the workshops of the expert working group. Patient involvement has been strengthened in the form of customer participation.

Nurse leaders believed that although development structures help them improve, they should also *be well controlled and managed*. Each nursing development project includes a chairman representative from nursing in the steering group and work group. One nurse leader described that the structure for nursing development was accepted so that the work groups were always led by pairs with someone from the line management and someone from the development segment who was responsible for development services. Another nurse leader revealed that organisational work groups have two chairpersons, a senior nurse and a novice nurse. The expert groups are represented by nursing management and chaired by a clinical nurse. Each nurse director is responsible for moving forward and reporting the jointly agreed upon evidence-based activities.

5.2.2 | Conditions for Development

Nurse leaders confirmed that the Magnet hospital components, as a quality system, have served as a *framework for nursing development*. For example, nursing expert groups are based on the structures of a Magnet hospital, and Magnet ambassador activity has been offered for interested nurses. In addition, patient care is being developed, and patient and staff satisfaction is now being monitored with regard to the attractiveness of nursing work. Nurse leaders are concerned about the organisation reform that has led to Magnet components no longer being the background framework for development.

> We have seven nursing expert groups based on the Magnet hospital model structure. For example, we have a patient-centered nursing expert group, we have an economic and productivity expert group, and so on.
>
> (NM7)

The interviewed nurse leaders described the *basis for development*. They said that the nursing development structures were approved by the organisation's council, and structures guide the development activities. In some hospitals, the organisational-level working groups were appointed by the managing director (CEO). Also, goals and commitments were set up every year for nursing development. These were reviewed in annual seminars by nurse managers, clinical nurse specialists, clinical teachers and nurse leaders. Nurse leaders pointed out that with additional resources, the development of nursing work has become more systematic.

> There is a structure of clinical activity with which clinical activity is developed. There is a teaching structure and a development structure, that is, in a way, they are so clear that you always get it done.
>
> (NM1)

Nurse leaders explained that the development started from the information collected from the units. For example, in every unit, a huge sheet of information indicates the level of development of each matter and what is needed for further development. Patient-centred quality indicators were also introduced. Nurse leaders described that data collection became more systematic, involving measurement, evaluation, monitoring, reporting and evidence-based development measures. The realisation of strategic goals is monitored systematically once a month. A group of nurse directors evaluates the development areas, and the results are produced in the departments for everyone to see and use. Activities and results are reported in the nursing annual report. The results regarding the quality of care in units are visible to patients and clients. Nurse leaders revealed that there are still challenges in using information because not all data are as usable as they should be and available in real time. Some organisations have a strong *knowledge-based management unit* that includes a dedicated person for nursing.

5.2.3 | Development by Networks

According to nurse leaders, the development and implementation of *network-based operations* were closely related to the development of nursing. They saw that the development activities started to take shape after enthusiastic individual operators had

found partners. The nurse-in-charge system and networks were created and implemented. Nurse leaders found that the development of nursing work takes place in networks. More partners in networks have been found, and with an expansion of networks, the development has started to move forward. In these networks of management and experts, results are presented and interventions are planned.

> Hospital hygiene was a good example of this kind of network-like activity, which is actually one of the hallmarks of an attractive hospital.
>
> (NM2)

Some nurse leaders stated that in their hospitals, *each unit* has a nursing development expert group consisting of clinical nurses who are responsible for the development of their own unit's activities. The nurse manager is outside the nursing development expert group but remains as an owner. If necessary, the clinical expert helps the nursing development expert group. The chairmen of the nursing development expert groups form a coordinating expert group. These unit-level development teams systematically move forward nursing development issues.

> The unit-level expert group is the best example of the fact that those who do clinical work are in that group and bring up the development issues and ideas and think about how to improve the practices of their own unit.
>
> (NM7)

Nurse leaders described multi-professional working groups at the *organisational level*, which promote cooperation and partnership with other professional groups. At the organisational level, multi-professional expert groups with different themes operate. They also have representatives from all levels of nursing: practical nurses, ward nurses, nurse directors and CNOs. The organisational nursing expert groups regularly report their activities to the nursing management team.

> [...] we have six expert groups with different themes, to which members are always selected for three years at a time, and they are multi-professional, depending on what the topic is.
>
> (NM5)

Nurse leaders described that the administrative supervisors, the CNOs, started to prepare a structure for the *national* peer development of nursing work. Nursing-sensitive data production was structured with the peer development of the nursing project. Nurse leaders revealed that in the last few years, the issue of effectiveness has strongly come to the fore. One example of a national network is nursing involvement in the activities of the National Effectiveness Center. Also, regional networks strengthened in the specific catchment areas regarding nursing—for example, with a separate nursing-related cooperation agreement.

> With the consortium for the national benchmarking of nursing-sensitive outcomes (HoiVerKe), we started structuring nursing-sensitive information production, and we, together with the then administrative head nurse, strongly took it forward.
>
> (NM8)

Nurse leaders saw that more and more *international networking* and partnerships were taking place. Collaborations related to the Magnet processes are occurring between hospitals in Europe and the United States.

5.2.4 | Excellent Nursing Practices

Nurse leaders stated that clear processes for implementing interventions have been established, with systematic and structured practices. However, there are still gaps in implementation, and people do not necessarily understand what the process involves. They also mentioned other challenges, like information flow of the *fluent process* and information flow to patients.

> I'll take the example of pain management, and a process is developed for it with the help of experts, and the teachers take it forward with the experts in the unit, the development groups are held responsible, ... and so on, so the process is pretty clear, but it may not be so easy for people to understand what all this entails.
>
> (NM1)

Nurse leaders are convinced that a professional team ensures excellent operations. Therefore, teams with different *themes* were established. A multi-professional team works for the systematic development of patient safety and quality of care. Expertise in nursing work groups reflects themes, such as patient falls and pressure ulcers. The nursing quality expert group discussed the nursing quality results, and multidisciplinary expert working groups discussed the quality indicators. Patients are represented in the patient-centred expert group. Evidence-based activities are promoted and established in the research knowledge expert group. Moreover, a professional activity development team, a science and research team and a teaching and training team were established.

> These working groups have been formed around different themes, and an effort has been made to include such persons as the situation requires, who represent that expertise and knowledge.
>
> (NM4)

Nurse leaders stated that they aimed for *coherent procedures*. Uniform systematic operating models were created concerning the prevention and monitoring of falls, the prevention of pressure injuries, the treatment of pain and nutrition. Also, the introduction of a generic professional activity model for the development of excellent quality in nursing work has promoted coherent activities.

> And then it becomes a model of nursing, a generic model of professional activity. By following it, you

> master certain principles, and, through that, the quality of nursing work becomes excellent or develops to excellent.
>
> (NM9)

Nurse leaders described structures for *sharing good practices*. One was the establishment of nursing arena forums for nurse managers and clinical nursing staff. In the training days of the organisational-level work groups, the groups' achievements were reviewed, and good practices were shared.

6 | Discussion

This study explored nurse leaders' experiences in nursing leadership in Finland towards Magnet hospital culture. This study confirmed the core components of excellent nursing leadership and structures and processes for nursing development and participation. The results revealed that excellent nursing leadership requires ability and opportunities for impact, clear responsibilities and strong interpersonal skills so that nurses are empowered to strive for excellence. Moreover, the nurse leaders are in a key position to create structures and enhance processes for development and participation by benefitting from conditions, building networks and advancing the implementation of excellent nursing practices. A recent multinational European study indicated how the local context shaped and guided the navigation of professional and organisational tensions, with hospitals employing contrasting strategies to either emphasise or downplay the role of nurses and nursing to facilitate progress in the implementation of the Magnet components (Svensson et al. 2024). It is important to reflect on how the Magnet culture aligns with the existing structures of the organisation and consider what it means for our hospital, nurses and leaders. To implement transformational leadership, nurses and nurse leaders, along with the multidisciplinary team, must be involved in decision-making.

This study revealed that excellent nurse leaders must have a strong position in the organisation to influence development and decision making. According to the study results, many organisations have adopted transformational leadership—for example, by sharing governance in developing structures. However, strong nurse leaders should be aware of the changing healthcare environment (Kvist, Seitovirta, and Nurmeksela 2022). In this study, nurse leaders mentioned good leadership that did not lean on any leadership style, although it included elements of transformational leadership. Changes in health care and society and a complex practice environment require adaptation and situational management skills from nurse leaders. To improve nursing leadership and co-create a positive future environment, it is essential to emphasise strong relationships, effective communication, teamwork and professional governance (Porter-O'Grady and Clavelle 2021). Nurse leaders should prioritise visibility and listening, and they should foster open dialogue with nursing staff to build trust. Previous research indicates that there is a need for continuous improvement in providing feedback, rewards and resources to support nurse leaders effectively (Niinihuhta et al. 2022).

Nurse leaders systematically built structures for effective nursing leadership and development. However, they did not always have decision-making power—for example, regarding nurse salaries, which support their career advancement. Previous studies show that salary and rewards are essential factors in nurses' job satisfaction (Niinihuhta et al. 2022) and retention (Engström et al. 2022; Roth et al. 2022), in addition to career advancement opportunities (Niinihuhta et al. 2022; Roth et al. 2022). Salary alone is not enough to keep nurses at work; the nature of the work and the work environment are also important factors. Nurses must have the opportunity to influence their work and its development. Empowered nursing leadership structures are a prerequisite for developing healthcare organisations in the direction of a Magnet culture. It is important to increase the attractiveness of nursing by creating a public image of nurses as professionals with autonomous decision making and opportunities to grow in their profession and career.

In this study, nurse leaders thought it was important that they could represent nursing work in the highest decision-making bodies alongside other professional leaders. However, they were concerned that the positive trend that had progressed well during the last 10 years had changed with the social and healthcare reform. The current problem is challenging, and attention is being paid to the issue worldwide. The WHO (2021) has stated that the role of CNOs and other executive nurse leaders should be equal with other health professional leaders. They should have significant responsibilities and resources to govern and manage nursing workforces effectively. This includes driving data sharing and analysis within these fields, convening stakeholders for policy discussions and leading data-driven decision-making processes. Giving these roles greater authority and support will allow nurse leaders to contribute to health service planning and meet the diverse needs of the population (WHO 2021). In Finland, nurse leaders are still waiting for recognition and legislation from the government regarding their equality in decision making with other professional leaders in new wellbeing services counties that started in the beginning of 2023.

This study revealed that excellent nursing leadership is the basis for structural nursing development. Several previous studies have shown that these systematic and functional structures are needed to improve nursing and patient outcomes. When reporting these study results, nurse leaders were very concerned about the current nursing leadership situation in Finland. Nurse leaders have been ignored in the current social and healthcare reform, and they are no longer in decision-making positions in their organisations; this will eventually be reflected in the quality of patient care. Finnish nursing leadership has developed successfully towards Magnet culture for over 10 years, and the first Magnet hospital status was achieved in the current year. Hopefully, we can change the current direction of nursing leadership development by influencing political decision makers and legislation to secure their position so that the success story can continue.

6.1 | Strengths and Limitations of the Work

Some limitations of this study should be noted. First, this study was conducted in one country, and the results may not be generalisable to other countries and in whole healthcare sector in

Finland. Second, one researcher conducted the interviews and data analysis; however, the results were discussed and agreed upon with the research group. The strengths were that the participants were from different areas of Finland, and the results were not specific to one region. Despite the limited number of participants ($n = 9$), they all had in-depth knowledge of the subject from a long period of experience. Also, the collected data were extensive and rich, the results were consistent, and data saturation was achieved.

6.2 | Recommendations for Further Research

In the future, more research is needed on the power of nurse leaders' decision-making in organisations and its impact on nurses' attractiveness. Additionally, to provide a more comprehensive picture from both the top and bottom of the organisation, a focus group study of nurses could be conducted to reflect the reality, impact and changes in nurse leaders' leadership styles.

6.3 | Implications for Policy and Practice

Organisations can create a supportive environment for nurse leaders by employing strategies such as promoting and implementing transformational leadership throughout the organisation. This approach would empower nurse leaders with equal positions, opportunities to influence and decision-making authority alongside other professional fields. Nurse leaders have shown that with systematic and structured leadership and development structures, nursing work can be developed and its attractiveness can be improved, which also improves the quality of patient care and achieves the organisation's goals. Therefore, nurse leaders' status and power must be recognised and legislated equally as those of other professional leaders in social and healthcare.

7 | Conclusion

Excellent nursing leadership requires ability and opportunities for impact, clear responsibilities and strong interpersonal competencies so that nurses are empowered to strive for excellence. Strong nursing leadership is needed to enable functioning structures that produce efficient processes that can be used to maintain and develop the quality of nursing work in the direction of Magnet culture.

Author Contributions

All the authors contributed to the concept and design of the research evaluation. A.N. conducted the interviews. A.N. completed the initial coding with T.K. assisting in the refinement of main categories and subcategories, and final decisions were made after discussions with T.T.-H., K.J., A.H., M.K., T.Ko., S.S. and R.S. All the authors have contributed to and reviewed both the draft and final versions of this manuscript.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data available on request from the authors.

Peer Review

The peer review history for this article is available at https://www.webofscience.com/api/gateway/wos/peer-review/10.1111/jan.16662.

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