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A EFICÁCIA DA PRÁTICA DO ENFERMEIRO LÍDER CLÍNICO – REVISÃO SISTEMÁTICA DA LITERATURA
THE EFFECTIVENESS OF THE CLINICAL NURSE LEADER PRACTICE - SYSTEMATIC REVIEW
LA EFECTIVIDAD DE LA PRÁCTICA DE LA ENFERMERA CLÍNICA LÍDER - REVISIÓN SISTEMÁTICA DE LA LITERATURA

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RESUMO

Introdução: A liderança dos enfermeiros líderes clínicos é um tema em crescente importância, uma vez que os enfermeiros, enquanto líderes, são a peça fundamental para comunicar com a equipa e alcançarem objetivos e resultados, como a qualidade dos cuidados de enfermagem, a segurança dos clientes e a inovação em saúde.

Objetivos: Analisar a evidência científica acerca da eficácia dos enfermeiros no desenvolvimento de competências associadas a prática de líder clínico.

Métodos: Revisão sistemática da literatura com 3 etapas. 1) Uma pesquisa inicial na CINAHL e MEDLINE. 2) Uma pesquisa mais alargada, utilizando as mesmas palavras-chave e termos de pesquisa, nas restantes bases de dados da plataforma EBSCOHost. 3) Pesquisa nas referências bibliográficas dos artigos selecionados. Os estudos selecionados foram do período entre 2010 e 2019.

Resultados: Selecionou-se doze artigos em diferentes contextos de prática do enfermeiro líder clínico. A maioria relatou dados que relacionam a eficácia dos enfermeiros líderes clínicos com claras melhorias do desempenho e consequentemente melhoria nos resultados dos cuidados em saúde.

Conclusões: As competências do enfermeiro líder clínico inserem-se numa prática avançada, com melhores desempenhos que conduzem ao aumento da qualidade dos cuidados de enfermagem, dos cuidados de saúde e ao aumento da segurança do cliente.

Palavras chave: Liderança; Enfermeiro líder clínico; Microsistema; Eficácia.

ABSTRACT

Introduction: The leadership of clinical nurse leaders is a topic of increasing importance, since nurses, as leaders, are the fundamental piece to communicate with the team and achieve objectives and results, such as the quality of nursing care, the patient safety and health innovation.

Objectives: To analyze the scientific evidence about the effectiveness of nurses in the development of skills associated with the practice of clinical leader.

Methods: Systematic literature review with 3 steps. 1) An initial search at CINAHL and MEDLINE. 2) A broader search, using the same keywords and search terms, in the remaining databases of the EBSCO Host platform. 3) Search the bibliographic references of the selected articles. The selected studies were from the period between 2010 and 2019.

Results: Twelve articles were selected in different contexts of clinical nurse leader practice. Most reported findings that relate the effectiveness of clinical nurse leaders with clear improvements in performance and, consequently, improvement in health care outcomes.

Conclusions: The skills of the clinical nurse leader are part of an advanced practice, with better performances that lead to an increase in the quality of nursing care, health care and an increase in patient safety.

Keywords: Leadership; Clinical nurse leader; Microsystem; Efficacy.

RESUMEN

Introducción: El liderazgo de los líderes de enfermería clínica es un tema de creciente importancia, ya que las enfermeras, como líderes, son la pieza fundamental para comunicarse con el equipo y lograr objetivos y resultados, como la calidad de la atención de enfermería, la seguridad de clientes e innovación en salud.

Objetivos: Analizar la evidencia científica sobre la efectividad de las enfermeras en el desarrollo de habilidades asociadas con la práctica del líder clínico.

Métodos: Revisión sistemática de la literatura con 3 pasos. 1) Una búsqueda inicial en CINAHL y MEDLINE. 2) Una búsqueda más amplia, usando las mismas palabras clave y términos de búsqueda, en las bases de datos restantes de la plataforma EBSCOHost. 3) Buscar las referencias bibliográficas de los artículos seleccionados. Los estudios seleccionados fueron del período entre 2010 y 2019.

Resultados: Se seleccionaron doce artículos en diferentes contextos de la práctica clínica líder de enfermería. La mayoría de los hallazgos informados que relacionan la efectividad de los líderes clínicos de enfermería con mejoras claras en el rendimiento y, en consecuencia, una mejora en los resultados de la atención médica.

Conclusiones: Las habilidades de la enfermera líder clínica son parte de una práctica avanzada, con mejores resultados que conducen a un aumento en la calidad de la atención de enfermería, la atención médica y un aumento en la seguridad del cliente.

Palabras clave: Liderazgo; Enfermera líder clínica; Microsistema; Efectividad.

INTRODUCTION

Leadership is considered a fundamental ingredient in management, influencing the results sensitive to nursing care (Nunes & Gaspar, 2016). The leadership and clinical nurse leader have been the target of several studies, since nurses, as leaders, are the key piece to communicate with the team and achieve objectives, with the purpose of the quality of care, the safety of the health innovation (Nunes & Gaspar, 2016; Baernholdt & Cottingham, 2011). Thus, this innovative role –clinical nurse leader – should be adapted around the world to improve the quality of care and safety of health systems (Baernholdt & Cottingham, 2011; Stavrianopoulos, 2012; OECD, 2017).

The present systematic review aims to analyze the scientific evidence about the efficacy of nurses in the development of competences associated with the practice of the clinical leader.

1. BACKGROUND

Leadership in nursing plays a central role in quality care for to the client, which involves four fundamental activities: facilitating effective continuous communication; strengthening intra- and interprofessional relations; construction and maintenance of teams; and peer involvement (Baernholdt & Cottingham, 2011).

In order to evaluate the role of improving the quality of populations, evidence-based practice, and the thinking of health systems, Bombard, et al (2010) emphasize leadership and change (Bombard et al., 2010).

Bender (2016b) reports that positive results in the implementation of the clinical leader of nursing are fundamentally continuous improvement in the quality and results of health care. This author proposes an integrated model of care delivery, in which clinical nurse leader can positively influence the environment and quality of care (Bender, 2016a).

Baernholdt & Cottingham (2011) corroborate Bender by noting that the existence of a clinical nurse leader can further reduce readmission rates, improve financial gains, bridge communication gaps, improve labor, develop the critical thinking and decrease the turnover of nurses.

The nurse leader develops actions such as promoting, nurturing, testing, explaining, reexploring, analyzing and evaluating the cultivation of relationships, building relationships of trust, creativity and curiosity (Bombard et al, 2010; Houskamp, 2013).

2. METHODS

This review was based on the methodology proposed by the Joanna Briggs Institute (JBI) for reviews (Peters et al, 2015), with the objective of "*analyzing scientific evidence about the efficacy of nurses in the development of competencies associated with clinical leader practice*".

Following the guidelines of this methodology, a preliminary exercise should be carried out before the systematic review, which consists of a primary search in databases of scientific articles and studies related to the theme under investigation. As such, an initial research was conducted on databases such as MEDLINE, CINAHL, JBI Database of Systematic Reviews and Implementation Reports and Cochrane Library and, revealing that there is no published review of the object under study.

2.1 Research objectives and issues

The objective of the systematic review was to analyze the scientific evidence about the efficacy of nurses in the development of competencies associated with the practice of clinical leader, focusing on the following questions: which competences are developed by clinical nurse leader? how are the transitions of this role carried out? how do clinical leaders feel?

The revision's question was formulated based on the PCC strategy, where participants (P) were considered, nurses; Concept (C), clinical leadership of nursing; Context (C), all contexts of health care delivery.

2.2 Inclusion criteria

For the preparation of this review, the following inclusion criteria were considered:

- *Participants*
Studies with nurses of all age groups, from all areas of specialty and professional development and who perform coordination functions at a microsystem level;
- *Concepts*
Studies that address the concepts of clinical leadership of nursing, competence and experience of the clinical nurse leader.
- *Context*
Studies where all care contexts are included: hospitals, primary health care, integrated continued care, nursing homes and others, in order to obtain and gather as much information as possible;
- *Type of studies*

Studies of primary research, quantitative or qualitative design, as well as systematic reviews of the literature, literature reviews and relevant expert opinion articles.

2.3 Research strategy

For this review, a three-step research strategy was used. In the first stage, a research was carried out in the electronic databases CINAHL and MEDLINE, followed by an analysis of the words inserted in the title and summary of the articles identified as well as the indexed terms present in them. Subsequently, a second analysis was performed on the remaining databases of the EBSCOHost platform using all keywords and indexed terms. Thirdly, additional studies identified in the bibliographic references of the selected articles were researched. Then, two reviewers independently examined the full-text articles to verify the inclusion criteria following the guidelines of Levac et al (2010). It was not necessary to review a third reviewer, since there were no disagreements.

The established time limit was extended due to the little evidence on this theme. Thus, the period between 2010 and 2019 was defined. The terms used were those defined in the PCC (Participants, Concept and Context) that is, clinical nurs* leader, nurs*, clinical leader* for participants. The terms indexed were *clinical nurs* leader, nurs*, clinical leader**. For the Concept we used the words trust, competence, effectiveness and in English, *confidence, practical competence, efficacy*. For the context, and being a recent role for nurses was intended to obtain maximum scientific evidence in any context of care such as: hospitals, primary health care, integrated continued care, residential structures of the elderly, using the terms in English, *hospital, primary health care, long term care, nursing home**.

The information sources/databases consulted were *CINAHL Plus with Full Text, Medline with Full Text, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Cochrane Methodology Register, Scopus, Library, Information Science and Technology Abstracts, Epistemonikos*. A survey of unpublished documents was also conducted: *ProQuest - Nursing and Allied Health Source* and *RCAAP - Scientific Repository of Open Access of Portugal Full Article*.

2.4 Data Extraction

The data extracted from the articles were aligned with the objectives and research questions and their instrument indicated by the analysis methodology developed by the *Joanna Briggs Institute* (Peters et al, 2015). Both reviewers independently examined the first five studies using the data form, and then met to determine whether the approach to the extracted data is consistent with the research in question (Levac et al, 2010).

3. RESULTS

After removal of duplicate articles, 265 articles were identified for review selection. A total of 39 articles met the inclusion criteria based on the verification of titles and abstracts. The full-text articles were then read and examined and twelve met the inclusion criteria of which nine exclusively in the hospital context and three in all contexts of health care delivery.

Figure 1 specifies the results of the analysis steps, following the PRISMA *Flow Diagram* model (Moher et al, 2009).

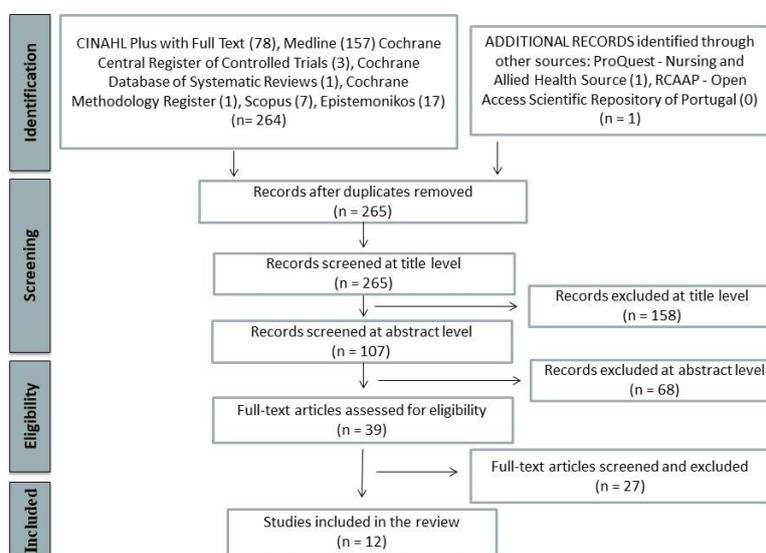


Figure 1 - PRISMA flowchart of the study articles selection process

We also carried out a qualitative analysis on the selected articles, considering the following characteristics: *Country of publication*; *Study design*; *Year of publication* (All studies were published between 2010 and 2019. Two articles from 2010, two from 2013, two from 2014, one from 2015, one from 2016, two from 2017, one from 2018 and one from 2019); *Context development of the study*; *Competencies developed by the clinical nurse leader* (All studies presented the competencies that are developed by the clinical nurse leader as well as what differentiates him from the rest of the team); *Transition of the role of clinical nurse leader* (nine of the twelve articles demonstrate the transition of the role of the clinical nurse leader); the *clinical nurse leader efficacy* (the twelve articles included in the review, seven describe the development of the practice of clinical nurse leader, exposing facilitating and embarrassing factors to his/her development. Two articles develop a scale of evaluation of nurse perception as clinical nurse leader).

Table 1 shows the overview of the articles included in the review.

Table 1: Summary table of the articles included in the review

Authors/year of publication	Article name	Country/number of studies	Study design	Population/Sample	Context
Bender, M., Williams, M., & Su, W. (2016)	Diffusion of a Nurse-lead healthcare innovation: Describing certified clinical Nurse Leader integration into care delivery	USA 11	Quantitative Study	Convenience sample of 30 master's students of clinical nurse leaders	All contexts
Bender M., L'Ecuyer, K., Williams, M. (2019)	A clinical nurse leader competency framework: concept mapping competencies across policy documents		Quantitative Study	clinical nurse leaders	Hospital
Clavo-Hall, J. A., Bender, M., & Harvath, T. A. (2018)	Roles enacted by Clinical Nurse Leaders across the healthcare spectrum: A systematic literature review.		Systematic review of the literature	clinical nurse leaders	All contexts
Gilmartin, M. J. (2014)	Variations in clinical nurse leaders' confidence with performing the core role functions		Quantitative Study	Nurses clinical leaders	Hospital
Gilmartin, M.J. & Nokes, K. (2015).	A Self-Efficacy Scale for Clinical Nurse Leaders®: Results of a Pilot Study.		Quantitative Study	137 Nurse clinical leaders	Hospital
Perry, A. (2013)	The clinical nurse leader: Improving outcomes and efficacy in the emergency department		Reflection on the role of clinical nurse leader	clinical nurse leaders	All contexts
Sorbello, B. C. (2010)	Clinical nurse leader sm stories: a phenomenological study about the meaning of leadership at the bedside		Phenomenological study	Non-probabilistic sample, compose by 10 CNL	Hospital
Sotomayor, G. & Rankin, V. (2017)	Clinical Nurse Leaders: Fulfilling the Promise of the Role		Reflection on clinical nurse leader skills	36 clinical nurse leaders with minimal 2-year experience	Hospital
Wesolowski, M. S., Casey, G. L., Berry, S. J., & Gannon, J. (2014)	The clinical nurse leader in the perioperative setting: A preceptor experience		Reflection on role of clinical nurse leader	clinical nurse leaders and teachers	Hospital
Wilson, L., Orff, S., Gerry, T., Shirley, B. R., Tabor, D., Caiazzo, K., And Roll, D. (2013)	Evolution of an innovative role: The clinical nurse leader		Case study	clinical nurse leaders	Hospital
Rankin, V., Raley, T., Sotomayor, G. (2018)	Clinical Nurse Leaders forging the path of population health		Quantitative Study	clinical nurse leaders	Hospital
Gerrish, K., Guillaume, L., Kirshbaum, M., McDonnell, A., Tod, A., & Nolan, M. (2011)	Factors influencing the contribution of advanced practice nurses to promoting evidence-based practice among front-line nurses: Findings from a cross-sectional survey	United Kingdom 1	Quantitative Study	855 Nurses of advanced practice (master's degree, specialty, consultants) with nurses of practice	Hospital

4. DISCUSSION

In this review, twelve studies were included, including primary studies, a literature review and three reflection studies, thus meeting the inclusion criteria.

This work responds to the need for reviews on the effectiveness of the development of competencies associated with clinical leader practice. It becomes clear that the effectiveness of clinical nurse leaders enhances performance and consequently improved health care outcomes (Baernholdt & Cottingham, 2011; Bender, 2016 b, Gilmartin, 2014, Rankin, 2018).

This research also fills a gap in the transition of clinical nurse leader practice, including the characteristics identified, as well as facilitating and embarrassing factors. The contexts' diversity of the practice of care of the articles analyzed - nursing homes, hospital, primary health care, academic - and their characteristics allow a better understanding of this theme.

Regarding the skills developed, Sorbello (2010) says that the clinical nurse leader knows the client as a person, keeps him safe, is proud of his achievements and the respect obtained by others, besides being a lawyer. This description is corroborated by Perry (2013) and Rankin, Raleyey & Sotomayor (2018), adding that clinical nurse leader sits as the client's lawyer, fights care fragmentation, serves as a unifier among different disciplines, improves safety, has critical thinking, has a good communication ability to strong evaluation skills, as well as compassion, intelligence and trust. Wesolowski et al (2014) also adds that in addition to an advocate, the clinical nurse leader is also a member of a profession, a team leader, an information manager, a systems analyst, and a professional capable of preventing risks, without ever failing to be a clinician. He is also a results manager, an educator and an eternal apprentice (Bender, L'Ecuyer & Williams, 2019). The intelligence and ability to work with others under stress are characteristic also described by Sotomayor & Rankin (2017). The clinical nurse leader should not only have a vision for function and ability to measure the impact of care, as well as critical thinking and ability to review customer outcomes, besides being able to teach and implement changes and practices based on scientific evidence (Sotomayor & Rankin, 2017; Rankin, Raleyey & Sotomayor, 2018). In this way, clinical nurse leader anticipate, assess and mitigate risks, always having a strategy in mind, and are still able to solve system problems, involve stakeholders, and realize what is sustainable to change (Clavo-Hall, Bender, & Harvath, 2018; Sotomayor & Rankin 2017). These are significant and relevant changes in view of daily challenges, they can develop evidence-based knowledge and best practices while exploring solutions with the health team. Innovative approaches and the assessment of paper effectiveness, clinical outcomes and financial savings are some of its goals (Wilson et al., 2013; Sotomayor & Rankin, 2017; Rankin, Raleyey & Sotomayor, 2018).

To achieve these results, clinical leadership skills are highlighted where communication skills, trainer (information manager) collaboration and team coordination (team leadership) are essential for managing the care and resource management environment (Bender, L'Ecuyer & Williams, 2019). Bender, Williams & Su (2016) as well as Clavo-Hall, Bender & Harvath (2017) focus on a type of leadership – transformational – as well as exemplary professional practice and new knowledge, highlighting innovation. In short, he is a nurse of advanced practice who develops essential thought and critical evaluation skills to promote evidence-based practice. They subsequently use evidence to support decision-making regarding customer care, as well as to influence the team and organizational practices. The clinical nurse leader works at the unit level (clinical microsystem level) responsible for coordinating disciplines, managing clinical outcomes, with a special focus on health promotion and disease prevention in populations and implementing programs to improve clinical quality and risk management.

Thus, the essential competencies of clinical leader nurse practice are organized into three domains: (a) nursing leadership in care management, (b) management of clinical results to promote evidence-based practice and clinical decision-making and (c) promotion of quality and clinical safety (Gerrish et al., 2011; Gilmartin & Nokes, 2015; Gilmartin, 2014).

Regarding efficacy as a clinical nurse leader in their function, only seven articles correspond to this dimension. Wesolowski et al (2014) report that clinical nurse leader and their teachers have launched themselves into the learning experience confident of their performance. Sorbello (2010) adds that clinical nurse leader needs to be recognized, understood and affirmed. However, Clavo-Hall, Bender & Harvath, (2017), points out that many clinical nurse leaders perform the functions informally for which they are entitled or designated, which leads to decreased confidence in the role. On the other hand, they also fear that their role will be taken from the customer's headboard, diluted with additional projects, or eliminated as a result of economic constraints within their organizations, thereby diminishing their confidence in the performance of their function. Nurses of advanced practice with master's degree feel more effective in their ability to support colleagues and evidence-based practice. Clinical leadership is a complex process of managing relationships at the microsystem level to facilitate the restructuring of care delivery processes. Without self-efficacy and skills such as communication, advocacy and the ability to tune into multiple perspectives, a clinical nurse leader cannot properly perform the functions, such as coordination of multidisciplinary care in healthcare environments (communication and effective management) (Bender, L'Ecuyer & Williams, 2019).

Gilmartin mentions that self-confidence is an important predictor of successful career transitions, that is, it is important to trust clinical nurse leaders in their ability to act on paper, promoting improved performance, as well as job satisfaction and retention of nurses who perform this innovative role of clinical leadership (Gilmartin, 2014). Gilmartin & Nokes (2015) presents a scale of evaluation of the self-efficacy of clinical nurses' leader – CNLSES[®], offering a tool to measure the effectiveness of nurses with the performance of basic competencies associated with the role. These authors state that the transitions of the work role involve two interdependent adjustment processes: personal development and role development. The practice of clinical nurse leader,

by definition, requires individuals to make career transitions, increasingly complex. Hiring clinical nurse leaders is an effective approach for organizing nursing care, maximizing research and influencing ways of providing care for all professions in the microsystem. This transition is an ongoing process, in which age, academic degree and professional experience can be a catalyst for change and wisdom (Gilmartin, 2014; Bender, Williams & Su, 2016; Bombard et al, 2010).

Considering that advanced practice nurses are positive about their ability to promote evidence-based practice, there is a need to improve support, to help them overcome the barriers they face, such as work overload and lack of time and resources (Gerrish et al, 2010), as well as the balance between exits and opportunities. They easily identify where they could make additional contributions to the client, profession, organization and community (Wilson et al, 2013). Thus, it is important that institutions support their professions, be knowledge organizations, allowing nurses to empower themselves not only, but mainly to clients and their own organizations (Perry & Ca, 2013). The longer the nurse is performing their function in the unit, the greater the perception of transformational leadership practices, improving the ability to improve quality, cost and safety. The training of clinical nurse leader positions nurses for clinical leadership in the microsystem and mesosystem levels (Sotomayor & Rankin, 2017; Bender, L'Ecuyer & Williams, 2019).

CONCLUSIONS

These clinical nurse leaders are the new innovative role and are developing skills and transition processes. They are prepared to fulfill a strategic position in health teams both inside and outside the microsystem. They are trained to identify clinical outcomes and associated cost, contributing to improved safety, efficacy, efficiency, quality of care and customer focus. Advanced practice nurses are well positioned as clinical leaders to promote evidence-based practices and to exercise effective clinical leadership in both micro and mesosystem.

The qualitative results reveal the perception of a complex role and polarity at multiple levels (organization, unit, team and among nurses). Quantitative results suggest that the longer the clinical nurse leader is exercising in the unit, the greater the perception of transformational leadership practices that lead to the improvement of the quality of nursing care, with results in the customers and the shift to innovative practices.

Self-efficacy is one of the main concepts of successful role transition, job satisfaction and performance. Thus, evaluating the self-efficacy of clinical nurse leaders throughout their practice will be fundamental for the provision of care and for the management of units and organizations, to the extent that they improve the performance of these professionals with consequences in increasing the quality of care, customer safety and the other results of care units and health organizations.

The clinical nurse leader can bring new light to issues that include fragmentation of care, overcrowding and care outcomes. However, the flexibility and extensive investigation of this role allows for its use across practice settings and represents an exciting allows its use in all contexts of care practice and represents an excellent opportunity for nursing to drive quality of care to new levels while managing for nursing to direct the quality of care to new levels, and in parallel manage the resources placed at its disposal.

REVISION LIMITATIONS

A limitation of this literature review is that only studies published in English, Portuguese and Spanish are included. Articles published in other languages could also have been important for this review.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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