







Millenium, 2(Edição Especial Nº18)



**INTERVENÇÕES DO ENFERMEIRO NO DOMÍNIO DA GESTÃO CLÍNICA, PROMOTORAS DA QUALIDADE DOS CUIDADOS: SCOPING REVIEW**

**NURSE INTERVENTIONS IN CLINICAL MANAGEMENT THAT PROMOTE QUALITY OF CARE: SCOPING REVIEW**

**INTERVENCIONES DE ENFERMERÍA EN EL ÁMBITO DE LA GESTIÓN CLÍNICA, PROMOVRIENDO LA CALIDAD DE LA ATENCIÓN: SCOPING REVIEW**

Carla Silva<sup>1,2</sup>  <https://orcid.org/0009-0009-0463-2586>  
Vera Magalhães<sup>2,3</sup>  <https://orcid.org/0009-0000-6860-2807>  
Vanessa Santos<sup>2,4</sup>  <https://orcid.org/0009-0001-4091-307X>  
Susana Miguel<sup>2,5</sup>  <https://orcid.org/0000-0001-8830-070X>  
Patrícia Pontífice-Sousa<sup>2,5</sup>  <https://orcid.org/0000-0003-0749-9011>  
Rita Marques<sup>2,5</sup>  <https://orcid.org/0000-0003-2868-7468>

<sup>1</sup> Unidade Local de Saúde de Santa Maria, Lisboa, Portugal

<sup>2</sup> Universidade Católica Portuguesa, Lisboa, Portugal

<sup>3</sup> Unidade Local de Saúde do Oeste, Torres Vedras, Portugal

<sup>4</sup> Unidade Local de Saúde de São José, Lisboa, Portugal

<sup>5</sup> Centro de Investigação Interdisciplinar em Saúde (CIIS), Lisboa, Portugal

Carla Silva - carlaadsilva@hotmail.com | Vera Magalhães - regina.magalhaes@sapo.pt | Vanessa Santos - va\_fernandes22@hotmail.com |  
Susana Miguel - ssmiguel@ucp.pt | Patrícia Pontífice-Sousa - patriciaps@ucp.pt | Rita Marques - ritamdmarques@gmail.com



**Corresponding Author:**

*Carla Silva*

Passeio das Descobertas, 1  
2670-322 – Loures - Portugal  
carlaadsilva@hotmail.com

RECEIVED: 23<sup>rd</sup> September, 2024

REVIEWED: 15<sup>th</sup> May, 2025

ACCEPTED: 20<sup>th</sup> June, 2025

PUBLISHED: 31<sup>st</sup> July, 2025

DOI: <https://doi.org/10.29352/mill0218e.37764>

## RESUMO

**Introdução:** As intervenções do enfermeiro no domínio da gestão clínica podem assumir diversas formas, numa articulação entre a gestão e a prestação de cuidados. Apesar da importância reconhecida da gestão clínica para a qualidade dos cuidados, ainda existem lacunas no conhecimento sobre as intervenções mais eficazes e eficientes neste domínio.

**Objetivo:** Mapear a evidência científica disponível acerca das intervenções do enfermeiro no domínio da gestão clínica, promotoras da qualidade dos cuidados em organizações de saúde hospitalares.

**Métodos:** Revisão *scoping* com pesquisas realizadas nas seguintes bases de dados: CINAHL Complete; Medline; Web of Science; Cochrane Library e Scopus, com o limitador *free full text*. Os critérios de seleção foram definidos de acordo com a metodologia PCC, Participantes – enfermeiros na prática clínica, Conceito – intervenções no domínio da gestão clínica e Contexto – organizações de saúde hospitalares.

**Resultados:** Identificaram-se nove artigos que enunciam intervenções de enfermagem no domínio da gestão clínica promotoras da qualidade de cuidados. As intervenções estão relacionadas com *self-agency*, gestão dos cuidados, prática baseada na evidência, gestão de recursos, gestão do risco e gestão de resultados.

**Conclusão:** A gestão clínica promove a procura de resultados de excelência, a valorização e implementação de decisões criativas tomadas em equipa, o desenvolvimento da consciência de multidisciplinaridade e interdependência e a visão comum do interesse pelos objetivos dos serviços e das instituições. Por conseguinte, as intervenções do enfermeiro no domínio da gestão clínica refletem-se na qualidade dos cuidados.

**Palavras-chave:** enfermagem; gestão clínica; qualidade dos cuidados; scoping review

## ABSTRACT

**Introduction:** Nurse interventions in clinical management can take different forms, and there is a connection between management and care provision. Despite the recognised importance of clinical management for the quality of care, there are still gaps in knowledge about the most effective and efficient interventions in this field.

**Objective:** Map the available scientific evidence about nurse interventions in clinical management that promote the quality of care in hospital health organizations.

**Methods:** Scoping review with research carried out in the following databases: CINAHL Complete; Medline; Web of Science; Cochrane Library and Scopus, with the free full limiter text. The selection criteria were defined according to the PCC methodology, Participants – nurses in clinical practice, Concept – the interventions in the field of clinical management and Context – hospital health organizations.

**Results:** Nine articles that describe nurse interventions in clinical management that promote quality of care. The evident interventions are related to self- agency, care management, evidence-based practice, resource management, risk management and results management.

**Conclusions:** Clinical management promotes the search for excellent results, the appreciation and implementation of creative decisions taken as a team, the development of awareness of multidisciplinarity and interdependence and a common vision of interest in the objectives of services and institutions. Therefore, nurse interventions in clinical management are reflected in the quality of care.

**Keywords:** nursing; clinical management; quality of care; scoping review

## RESUMEN

**Introducción:** Las intervenciones enfermeras en el campo de la gestión clínica pueden tomar diferentes formas, en una conexión entre gestión y prestación de cuidados. A pesar de la reconocida importancia de la gestión clínica para la calidad de la atención, todavía existen lagunas en el conocimiento sobre las intervenciones más efectivas y eficientes en este campo.

**Objetivo:** Mapear la evidencia científica disponible sobre las intervenciones de enfermería en el campo de la gestión clínica, que promueven la calidad de la atención en las organizaciones de salud hospitalarias.

**Métodos:** Revisión de alcance con investigaciones realizadas en las siguientes bases de datos: CINAHL Complete; Medline; Web de la ciencia; Biblioteca Cochrane y Scopus, con el limitador de texto completo gratuito. Los criterios de selección se definieron según la metodología PCC, Participantes – enfermeros en la práctica clínica, Concepto – intervenciones en el ámbito de la gestión clínica y Contexto – organizaciones de salud hospitalarias.

**Resultados:** Se identificaron nueve artículos que describen intervenciones de enfermería en el campo de la gestión clínica que promueven la calidad de la atención. Las intervenciones que son evidentes están relacionadas con la autogestión, la gestión de la atención, la práctica basada en evidencia, la gestión de recursos, la gestión de riesgos y la gestión de resultados.

**Conclusión:** La gestión clínica promueve la búsqueda de excelentes resultados, la valorización e implementación de decisiones creativas tomadas en equipo, el desarrollo de la conciencia de multidisciplinariedad e interdependencia y una visión común de interés en los objetivos de los servicios e instituciones. Por tanto, las intervenciones de las enfermeras en el campo de la gestión clínica se reflejan en la calidad de la atención en salud.

**Palabras clave:** enfermería; gestión clínica; calidad de la atención; scoping review

DOI: <https://doi.org/10.29352/mill0218e.37764>

## INTRODUCTION

Clinical management plays a fundamental role in nursing as it contributes, in addition to professional satisfaction, to improving healthcare quality, increasing process efficiency, and ensuring patient safety. Furthermore, it optimizes resources and promotes an evidence-based approach to nursing practice (Balsanelli, 2019; Platz, 2019). Through clinical management, nurses can improve the organization and coordination of care, optimizing time and resources (Driscoll et al., 2018). Trevizan et al (2006) state that reconciling management and clinical practice benefits the quality of care.

Quality in healthcare involves a set of processes and a work philosophy that each professional integrates into clinical practice and in the continuous search for the quality of the services they provide (Potra, 2015). Thinking about quality in the healthcare area also means thinking about the attitude of healthcare professionals and questioning the role of the institution itself in the social structure. It is a combination of benefits, risks, and costs, where the key is to offer the greatest benefits with the lowest possible risk and at a reasonable cost. To be quality care, it must be safe, effective, equitable, timely, and patient-centered (Richter et al., 2019).

Providing quality care is a daily challenge that goes beyond adequately responding to a need or assuming care as a responsibility. Responsibility and quality are essential premises in management, administration, entrepreneurship, and political activities. To achieve this, professionals must have specific skills and a solid base of knowledge (Sousa & Barroso, 2009).

In this regard, Balsanelli (2019) states that care as a focus of the nursing profession requires managers who mobilize all the necessary resources to make the assistance results profitable. This logic has no place for dissociation between care and clinical management. Nursing management and care are complementary, and the nurse must have a protagonist role and cover several levels of action, in an intrinsic relationship between service management and care management, enhancing their quality (Mororó et al., 2017; Senna et al., 2014).

Nurses have privileged preparation in approaching health care issues at the micro, meso, and macrosystem levels. This encompasses individual patient care in the context of their environment, nursing care based on scientific evidence, and leadership in systems changes, improving the quality of care (Tracy et al., 2020).

In this sense, nurses have stood out in occupying positions linked to the management of nursing teams, taking into account interpersonal relationships and the development of each person within the organization, determining factors for better care practice, resulting in patient and health institution satisfaction (Ribeiro et al., 2006).

In the field of clinical management, nurses' activities and functions assume different perspectives that are related to participation and interaction in multidisciplinary teams, the development of quality improvement projects, in-service training of professionals, responsibility for the maintenance of the unit, the provision and control of material resources; and the coordination of care activities, namely assessment, counselling and education (Mororó et al., 2017; Trevizan et al., 2006). These activities aim to promote responsibility, autonomy, communication, and continuity of care, patient and professional satisfaction, and a better cost-effectiveness relationship (Bender et al., 2012).

Considering the above, the functions or activities inherent to clinical management in nursing are described in the literature as quality promoters. However, few recent studies were found on this topic, and those found address interventions inherent to clinical management in a dispersed way, making it pertinent to map and group them in order to define this role more properly and its importance.

The nurses' actions in the field of clinical management are addressed in the literature using different designations: "Clinical nurse specialist" (Tracy et al., 2020), "Clinical nurse leader" (Bender et al., 2012; Carvalho & Lucas, 2020), and "Specialist nurse". Any of these designations carries leadership roles, representing an opportunity for nurses to collaborate with other practice partners and implement quality improvement and patient safety in all healthcare environments (Stanley et al., 2008).

Despite the recognized relevance of clinical management for the quality of care, there are still gaps in knowledge about the most effective and efficient interventions in this field.

Through the above, it is intended that this *scoping* review constitutes a starting point for the analysis and systematization of studies relating to nurse interventions in the field of clinical management, contributing to its applicability as a tool for improving the quality of care and scientific knowledge.

Therefore, the objective is to map the available scientific evidence regarding nurse interventions in clinical management, which promote the quality of care in hospital health organizations.

The following research question was formulated: "What are the nurse interventions in clinical management that promote quality of care?"

## 1. METHODS

This *scoping* review was carried out which allows mapping the main key concepts, clarifying research areas and identifying knowledge gaps, being particularly useful for bringing together disparate and heterogeneous sources (Peters et al., 2022).

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The selection criteria were defined according to the PCC methodology (acronym for participants, concept and context): Participants - nurses in clinical practice; Concept - interventions in the field of clinical management; Context - hospital healthcare organizations.

The research strategy aimed to locate primary studies, literature reviews, and opinion articles published in Portuguese, English, or Spanish, using a two-step search strategy.

Initial limited research on the MEDLINE and CINAHL databases was performed to identify articles about the subject and analyse title and abstract words to develop a search strategy and indexing terms.

In the second stage, for the identified descriptors, the terms were validated in MeSH (Medical Subject Heading) and CINAHL. Then, the included words and terms were combined into a unique search strategy, adapted according to the specificities of each selected database/repository and using the intersection of the Boolean operators AND and OR to perform a complete search in search engines: CINAHL Complete via EBSCO; Medline via EBSCO; Web of Science via B-on; Cochrane Library; Scopus; with the free full limiter text. The search strategy was adapted for each search engine. Databases were used within the scope of biomedical sciences and social sciences, allowing a comprehensive and multidisciplinary research.

To organise and store the references, the software Rayyan was used, which eliminated duplicate references. The studies were screened by title and abstract by three independent reviewers. Disagreements were resolved through conferences between pairs. The articles that fulfilled the previously defined eligibility criteria went to the full reading phase. The full text was analysed in accordance with the criteria defined by three independent reviewers, and the reasons for excluding the studies were reported. The PRISMA ScR extension was used to synthesize the study inclusion process, which contributes to the suitability of this review, with the selection mirrored in a flow diagram (Figure 1).

The data was extracted using the following descriptors : [(Management OR “Clinical Governance”) OR (“Patient Care Management” OR “Management Quality Circles” OR “Clinical Governance”) OR ( Management OR “Clinical Governance”)] AND [(“Quality Care” OR “Quality of Health Care” OR “Health Care Quality” OR “Quality of Nurs \* Care” OR “ Nurs \* Care Quality”) OR (“Quality of Health Care”) OR (“Quality of Health Care” OR “Quality of Nursing Care” )] AND [( Nurs \* OR “ nurs \* intervention” OR “Nursing Care”) OR (“Nurse Administrators”) OR (“Nursing Practice” OR “Nursing Care” OR “Nursing Interventions”)] AND [(“Clinical Nurse Specialist\*” OR “Clinical Nurse Leader\*” OR “Specialist\* Nurs \*”) OR (“Nurse Clinicians”) OR (“Clinical Nurse Leaders” OR “Clinical Nurse Specialists”)]].

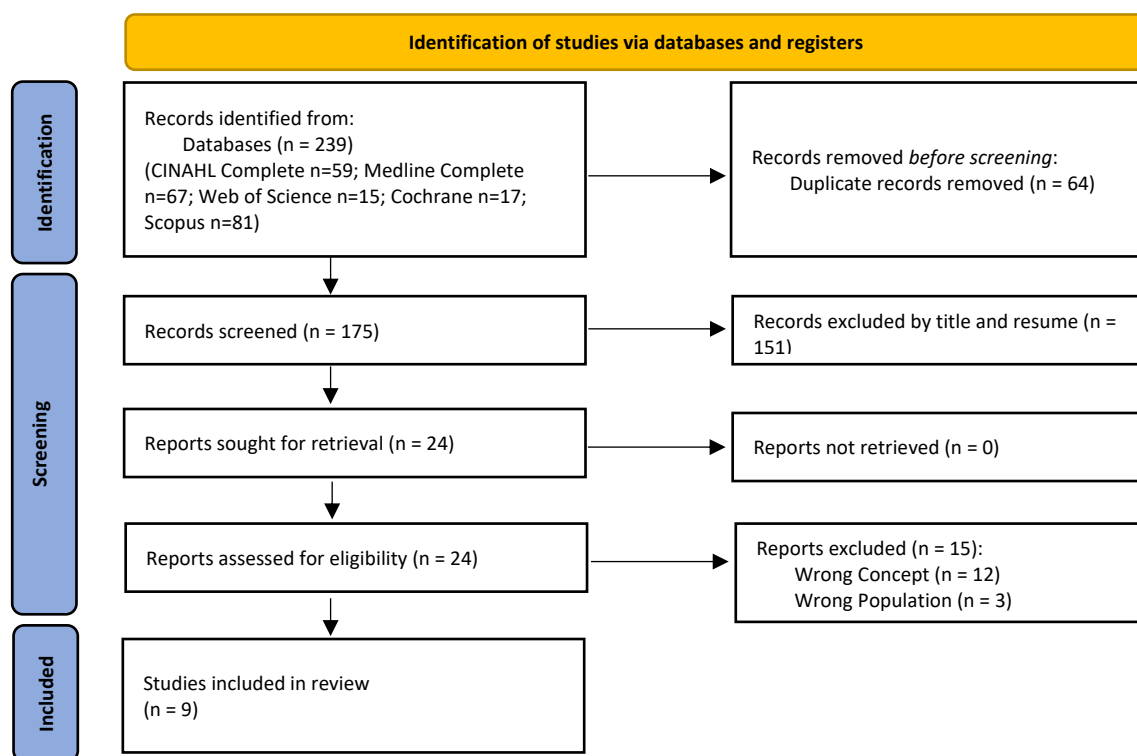


Figure 1 – Flow Diagram

DOI: <https://doi.org/10.29352/mill0218e.37764>

## 2. RESULTS

Data was extracted using a tool developed by the reviewers. The extracted data includes authors, year of publication, type of study, level of evidence based on the guidelines of the Joanna Briggs Institute, goals, and nursing interventions. They are presented in a tabular format to present a summary narrative that describes nurse interventions in the field of clinical management that promote quality of care in hospital health organizations. We obtained 9 articles with publication data that ranged between 2000 and 2021. Regarding the country where the studies were carried out, we found that one was from Australia, one from Canada, six from the United States of America, and one from Japan (Table 1).

**Table 1 – Data Extraction**

Author Year	Type of Study Level of Evidence	Goals	Results	
			Categories	Interventions
Reid & Dennison, (2011)	Opinion article 5.c	Describe the background and intention of the role of the clinical nurse leader and explain how they are prepared to facilitate a culture of safety and increase the safety of care provided to a group of patients.	'Self-agency' Management Care Management Evidence-based practice management Resource Management Risk Management Results Management	<ul style="list-style-type: none"> <li>- Adopt leadership strategies: adapt care to the global health environment; communicate effectively with the patient and the team; delegate and supervise tasks; encourage change through defending the profession, the team and the patient.</li> <li>- Promote health and reduce risks</li> <li>- Promote evidence-based practice</li> <li>- Adapt health care to the population</li> <li>- Perform clinical decision-making in complex situations</li> <li>- Design and implement care plans</li> <li>- Assess the risk</li> <li>- Participate in the identification and care results harvest</li> <li>- Evaluate and contribute to improving the results of care provision</li> <li>- Individualize service</li> <li>- Promote patient and community defense</li> <li>- Promote patient education</li> <li>- Delegate and supervise the provision of care and results</li> <li>- Collaborate with pairs and other members of the healthcare team</li> <li>- Manage human, environmental and material resources</li> <li>- Manage patient care and information technology</li> <li>- Facilitate the patient's transition between healthcare environments, focusing comprehensive care</li> </ul>
Monterosso & Platt (2016)	Mixed prospective study 4.b	Examine the role, function and impact of clinical nurse leaders from the perspective of the coordinators themselves	'Self-agency' Management Care Management Evidence-based practice management Results Management	<ul style="list-style-type: none"> <li>- Collaborate in direct nursing care</li> <li>- Carry out patient education in a clinical context</li> <li>- Plan and manage clinical care</li> <li>- Act in the defense of the patient (lawyer)</li> <li>- Provide multidisciplinary clinical care</li> <li>- Participate in multidisciplinary team meetings</li> <li>- Communicate effectively within a team</li> <li>- Carry out strategic tasks (meeting with other organizations, referring patients, communicating with department directors and managers)</li> <li>- Promote education actions for the patient and family</li> <li>- Promote professional development</li> </ul>
Bender (2016)	Grounded Theory 4.d	Develop a theoretical understanding of the nurse leader's clinical practice that can facilitate systematic and replicable implementation across health care settings.	'Self-agency' Management Care Management Results Management	<ul style="list-style-type: none"> <li>- Communicate continuously and effectively</li> <li>- Promote team decision-making</li> <li>- Manage interprofessional relationships</li> <li>- Promote the improvement of care and clinical practice</li> </ul>
Audet et al. (2021)	Systematic review of randomized controlled trials 1.a	Identify patient outcomes and the organization of advanced practice nursing functions in the postoperative period of cardiac surgery. Synthesize the evidence on the current role of advanced practice nurses in the postoperative period of cardiac surgery to provide the best quality of care for patients.	'Self-agency' Management Care Management Evidence-based practice management	<ul style="list-style-type: none"> <li>- Assess the patient's physical and psychosocial condition</li> <li>- Manage pharmacotherapy</li> <li>- Manage and interpret laboratory exams</li> <li>- Promote and advise on health and lifestyle.</li> </ul>
Onishi & Kanda (2010)	Qualitative Descriptive 5.b	Explore the expected roles of specialist nurses in Japan. Explore management strategies based on the experience of nurse administrators to effectively implement these functions.	'Self-agency' Management Evidence-based practice management Results Management	<ul style="list-style-type: none"> <li>- Facilitate the learning of generalist nurses</li> <li>- Monitor and improve the standard of patient care</li> <li>- Develop new roles for the nursing profession</li> </ul>

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Author Year	Type of Study Level of Evidence	Goals	Results	
			Categories	Interventions
Morrison (2000)	Opinion article 5.c	Examine and discuss the role of the perioperative clinical nurse specialist, specifically addressing the history, describing the role, predicting the future and stimulating interest among perioperative nurses in exercising this role.	'Self-agency' Management Care Management Evidence-based practice management Results Management	- Provide comprehensive patient care - Serve as a role model for team members - Guide and train employees and students - Identify themes or problems that can be researched - Adopt evidence-based practice - Provide consultancy on complex nursing problems - Develop tools to evaluate patient care, learning and quality care - Initiate changes when necessary
Nelson & Potter (2020)	Opinion article 5.c	Discuss and describe the potential impact of moving from a volume-based to a value-based healthcare delivery system.	'Self-agency' Management Care Management Evidence-based practice management	- Oversee integrated care/continuity of care - Adopt leadership strategies within the microsystem - Implement evidence-based practices to facilitate quality and continuity of care
Fulton et al. (2019)	Descriptive qualitative study 4.c	Identify common processes used by clinical nurse specialists working in a variety of practice settings and specialties to promote nursing practice and achieve better clinical outcomes.	'Self-agency' Management Evidence-based practice management Results Management	- Promote coordination with the team - Communicate effectively within a team - Intervene in clinical practice based on his knowledge and experience - Provide support and motivation to the team - Promote coordination with administration and the system - Prepare and disseminate reports and results
Stanley et al. (2008)	Case study 4.c	Describe the potential impact on clinical nurse leader practice.	'Self-agency' Management Care Management Evidence-based practice management Resource Management Risk Management Results Management	- Act as the patient advocate - Assess risks to patient safety - Manage results - Promote patient and family education and counselling - Communicate effectively with patients and the team - Guide pairs - Develop a therapeutic relationship with the patient, family and other caregivers - Work as a team with other healthcare professionals - Provide continuity of care (involvement in the transition from one environment to another) - Supervise and coordinate care - Manage and coordinate care at a multidisciplinary level - Promote and participate in integrated care - Plan interdisciplinary care - Act as a representative element of a group - Manage resources - Promote evidence-based practice - Provide support to younger nurses - Act as a mentor to younger nurses

The interventions were organized into six categories that highlight the areas of activity in which nurse interventions in the field of clinical management are inserted, as shown in the following figure (Figure 2).

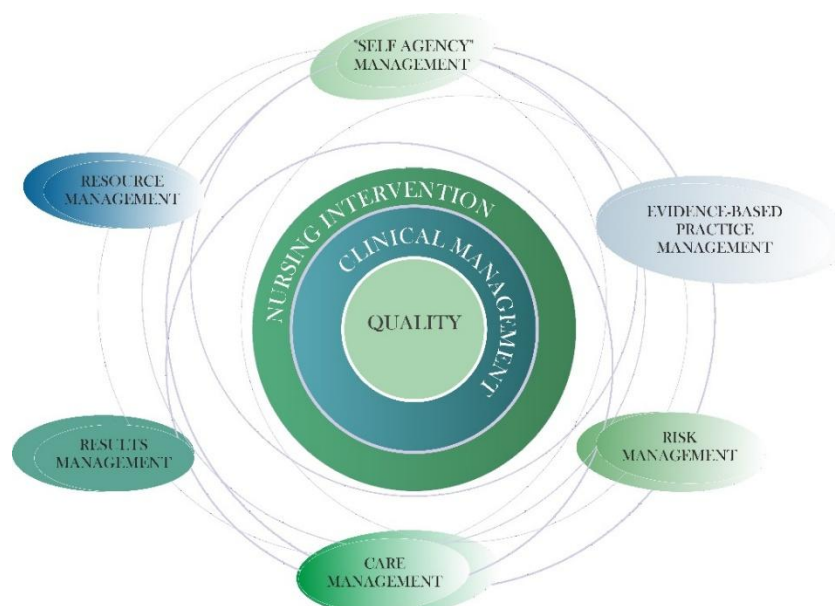


Figure 2 – Categorization of Nurse Interventions

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#### 4. DISCUSSION

In a global analysis of the results, it is noted that the interventions of nurses in clinical management are diverse and cover aspects that are linked to direct patient care, cost reduction, patient satisfaction, increased safety in several environments and consequent improvement in the quality of care provided (Reid & Dennison, 2011; Stanley et al., 2008).

Clinical nurse managers perform in several domains of nursing, simultaneously establishing a vital and unifying relationship between management and care delivery, constituting themselves as process facilitators, team liaison elements, care coordinators, and promoters of evidence-based practice (Reid & Dennison, 2011). This performance is of crucial importance, ensuring that the needs of patients and their families are not only assessed, but also consistently transmitted and communicated to all members of the health team, so that care can be coordinated more efficiently, helping patients and families to be appropriately forwarded between environments in the vast health system (Monterosso & Platt, 2016; Reid & Dennison, 2011).

However, this performance in the field of clinical management is often “invisible” (Fulton et al., 2019), as there is no clear definition of the interventions that compose it, making it difficult to define the nurses' actions. On the other hand, the work related to daily life management is often more visible and clear. Therefore, the clarification of these interventions may be useful for the definition of action protocols, for the preparation of activity reports, or even for the evaluation of the competence levels of professionals (Fulton et al., 2019).

After analysing the studies, it was found that several nursing interventions in clinical management were demonstrated to promote the quality of care. Therefore, it was possible to organize them taking into account different pillars of action, thus determining six categories: ‘Self-agency’ Management, Care Management, Evidence-Based Practice Management, Resource Management, Risk Management, and Results Management (Figure 2).

The **‘Self-agency’ Management** category refers to the progressive construction of the professional as a leader and clinical manager (Fulton et al., 2019), which is achieved through the acquisition of skills and personal development (increase of self-awareness and confidence, feelings of empowerment, time management, development of emotional intelligence skills, and greater learning capacity). Therefore, the analysis of the results leads us to the denomination of this category, according to the ‘Self-agency’ concept highlighted by Fulton et al (2019). The construction of “self-agency” is achieved through the professional’s self-reflection and emerges as fundamental for the nurse's ability to play an efficient role in the field of clinical management. Also in the aforementioned study, the participants identified the clinical nurse manager as the professional who takes the initiative, assumes responsibilities, and is a driver of behaviour change through their ability to influence and motivate the team (Fulton et al., 2019). Therefore, leadership strategies and effective communication emerge as two fundamental components of ‘self-agency’ construction, with interventions in the field of leadership referenced in six articles (Fulton et al., 2019; Morrison, 2000; Nelson & Potter, 2020; Onishi & Kanda, 2010; Reid & Dennison, 2011; Stanley et al., 2008) and in the field of communication in five (Bender, 2016; Fulton et al., 2019; Monterosso & Platt, 2016; Reid & Dennison, 2011; Stanley et al., 2008).

When leadership strategies are effective, clinical nurse managers are empowered to act, promoting change in health institutions, starting from their care delivery environments, as well as to carry out adequate management of interpersonal relationships, serving as role models for team members (Bender, 2016; Morrison, 2000).

It is important to mention that the clinical nurse manager stands out as a representative element of a group for the team and as a mentor for younger nurses, where their interventions should aim to provide support and motivation to both (Fulton et al., 2019; Stanley et al., 2008). These interventions are emphasized in the analysed articles, highlighting that the nurse should facilitate the learning of generalist nurses (Onishi & Kanda, 2010), to guide and train colleagues in integration and students (Morrison, 2000), and to coordinate and guide pairs (Stanley et al., 2008). This premise drives continuous change in institutions and, consequently, improves the quality of care provided (Morrison, 2000).

As for effective communication, it is widely mentioned in the articles, revealing its essential character in clinical management, explaining that the nurse carries out multidirectional communication both with the patient and family, within the nursing team, and in the multidisciplinary team. In addition, it carries out comprehensive communication, interconnecting the micro, meso, and macrosystem of health in favour of individualized care and, consequently, improving quality (Audet et al., 2021; Bender, 2016; Nelson & Potter, 2020; Onishi & Kanda, 2010; Reid & Dennison, 2011). Clinical management involves not only communication in the clinical microsystem, but should also advocate for the strategic, administrative, and management objectives of organizations as a whole (Bender, 2016; Fulton et al., 2019; Onishi & Kanda, 2010). In this sense, it constitutes a strategic task for quality, and should be carried out in teams in a continuous and constructive manner (Bender, 2016; Fulton et al., 2019; Monterosso & Platt, 2016; Stanley et al., 2008).

It is emphasized that the clinical nurse manager intervenes through effective leadership and communication strategies, advising, mediating conflicts in the nursing team, and encouraging change based on the analysis of care results (Bender, 2016; Monterosso & Platt, 2016). Therefore, interventions stand out in terms of managing the nursing team and collaborating with other health professionals, as well as liaising with institutional bodies, notably through participation in clinical meetings (Fulton et al., 2019; Monterosso & Platt, 2016; Reid & Dennison, 2011). In the broader scope of the health system, the clinical nurse manager is uniquely qualified to lead the development, implementation, and evaluation of various organizational initiatives.

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The role of the nurse in the field of clinical management stands out in the category of **Care Management**, with interventions highlighted in seven articles, which are within the scope of clinical practice management (Audet et al., 2021; Monterosso & Platt, 2016; Morrison, 2000; Reid & Dennison, 2011; Stanley et al., 2008), decision-making (Bender, 2016; Reid & Dennison, 2011), planning and execution of care (Monterosso & Platt, 2016; Reid & Dennison, 2011; Stanley et al., 2008), supervision (Nelson & Potter, 2020; Reid & Dennison, 2011; Stanley et al., 2008) and transition of care (Monterosso & Platt, 2016; Reid & Dennison, 2011; Stanley et al., 2008).

Therefore, care management encompasses the coordination and integration of care delivery and management through the practice of leadership and interaction, communication, and cooperative relationships of the nurse with the nursing team, health professionals, and patients/families. The supervision and guidance of less experienced nurses is also an integral part of this care management (Reid & Dennison, 2011; Stanley et al., 2008).

As for the interventions mentioned, they demonstrate the nurses' commitment to the comprehensiveness, humanization, and interdisciplinarity of care, seeking to meet the needs of patients and families and facilitate communication between health professionals. Nurses play a leading role in care management, articulating the actions and resources necessary for effective and efficient care, carrying out an assessment and monitoring of the patient and family, and managing their care in different health contexts. Through communication, the nurse develops a therapeutic relationship with the patient, family, and other caregivers, which generates feelings of trust and understanding (Stanley et al., 2008).

As explained in the articles analysed, nurses have the interventions of designing, planning, and implementing individualized care plans appropriate to the context of patients and families, working as a team with other health professionals (Morrison, 2000; Reid & Dennison, 2011; Stanley et al., 2008). This interprofessional interaction allows nurses to participate in the elaboration of individualized therapeutic projects and enables comprehensive care.

It is important to mention interventions such as: collaboration in the provision of care to the patient and family, assessment of their physical and psychosocial condition, management of pharmacotherapy, management of symptoms, management and interpretation of laboratory exams; by planning, coordinating and managing care (Audet et al., 2021; Monterosso & Platt, 2016; Reid & Dennison, 2011; Stanley et al., 2008). These interventions also encompass care planning, their continuity, multidisciplinary care and patient referral (Bender, 2016; Monterosso & Platt, 2016; Reid & Dennison, 2011; Stanley et al., 2008).

This whole process involves clinical decision-making on the part of the nurse, through their professional experience, systemic thinking and knowledge of the health situation and context (Bender, 2016; Reid & Dennison, 2011). Therefore, the nurse intervenes by individualizing care, through the use of his clinical judgment and acting as an "advocate" for the patient, adapting the patient's needs to the context in which he is inserted and mobilizing the necessary resources adjusted to the complex situations that are presented to him (Monterosso & Platt, 2016; Stanley et al., 2008). In this way, the involvement of the clinical nurse manager facilitates the transition between health environments, enhancing the continuity of care (Audet et al., 2021; Monterosso & Platt, 2016; Morrison, 2000; Nelson & Potter, 2020; Reid & Dennison, 2011; Stanley et al., 2008).

Regarding the category of **Evidence-based Practice Management**, the importance of the role of the clinical nurse manager is a point of agreement in all articles, emphasizing its importance as a pillar of quality care. Interventions in this category were referenced in nine articles, of which stand out health promotion and education (Audet et al., 2021; Monterosso & Platt, 2016; Reid & Dennison, 2011; Stanley et al., 2008), promotion and implementation of evidence-based practice (Fulton et al., 2019; Morrison, 2000; Nelson & Potter, 2020; Reid & Dennison, 2011; Stanley et al., 2008), professional development (Monterosso & Platt, 2016; Onishi & Kanda, 2010) and consulting on complex problems (Morrison, 2000).

In this context, nurses should promote and implement practices based on theoretical foundations, acting and intervening through their knowledge and experience and taking into account the patient's will (Fulton et al., 2019; Monterosso & Platt, 2016; Nelson & Potter, 2020; Reid & Dennison, 2011; Stanley et al., 2008).

In this logic, nurse interventions should focus on the identification of complex clinical themes or problems that can be researched and the application of the latter's results to care, thus boosting the professional development of nursing (Monterosso & Platt, 2016; Morrison, 2000; Onishi & Kanda, 2010).

After analysing the studies, it was found that promoting patient and family education is one of the most frequent interventions in this category (Audet et al., 2021; Monterosso & Platt, 2016; Reid & Dennison, 2011; Stanley et al., 2008), which reflects the importance of promoting self-care, treatment adherence, and prevention of complications. Nurses intervene as health promoters, using educational and communication strategies appropriate to the needs and characteristics of patients and families, ensuring continuity and comprehensiveness of care, which positively affects the improvement of care and clinical practice. These interventions should allow reflection and the sharing of evidence-based knowledge, through the use of tools capable of promoting conscious and sustained changes, promoting health-enhancing behaviours, and contributing to the visibility and improvement of the effectiveness and efficiency of nursing interventions (Nelson & Potter, 2020; Reid & Dennison, 2011).

The category of **Resource Management** refers to the management of human, environmental, and material resources and has been referred to in two articles (Reid & Dennison, 2011; Stanley et al., 2008). Most of the articles analysed do not report interventions in this category; however, this may be due to the fact that they are more frequently attributed to the management performed by the nurse manager of the service. Nevertheless, clinical nurse managers share decisions with service managers,

DOI: <https://doi.org/10.29352/mill0218e.37764>

making an articulation between service management and clinical practice, since it is through the provision of care that nurses acquire valuable knowledge in order to make appropriate decisions for the existing resources, whether human, environmental or material. These decisions have a direct impact on the quality of care provided (Reid & Dennison, 2011; Stanley et al., 2008).

As for the two articles mentioned above, they highlight the importance of resource management in the following sectors: human, material, and environmental. However, more specific interventions have not been found to explain how this management is carried out.

The literature corroborates this role of nurses in collaborating in unit management processes, improving and adapting available resources, such as teams, materials, and environments, in order to ensure greater use and efficiency. This may include interventions such as collaboration in the planning and organization of work schedules, distribution of activities, stock control of materials and medicines, among others (Nascimento et al., 2023).

As for the **Risk Management** category, it refers to patient safety, and of the articles analysed, two refer to interventions within the scope of risk assessment and reduction (Reid & Dennison, 2011; Stanley et al., 2008).

Nurses focus their attention on developing safe practices, namely on aspects such as the prevention of complications, therapeutic administration, and the identification of inherent risks (Reid & Dennison, 2011; Stanley et al., 2008). These interventions aim to reduce preventable harm, promote safety culture, and improve the quality of care by establishing and adhering to evidence-based protocols and guidelines.

With regard to **Results Management**, it is referenced in five articles, and the interventions are within the scope of identification, elaboration, disclosure, and improvement of care/service results (Fulton et al., 2019; Morrison, 2000; Onishi & Kanda, 2010; Reid & Dennison, 2011; Stanley et al., 2008).

The importance of nurses is emphasized in terms of their responsibility for the evaluation and improvement of care outcomes, through the identification and collection of care outcomes, as well as the preparation and dissemination of reports on them (Fulton et al., 2019; Morrison, 2000; Onishi & Kanda, 2010; Reid & Dennison, 2011; Stanley et al., 2008). In this sense, nurses adopt communication and leadership strategies and their scientific knowledge in order to disseminate results that lead to significant changes in institutions (Fulton et al., 2019).

The clinical nurse manager must have the ability to measure the impact of care, as well as critical thinking and the ability to review outcomes, as well as be able to teach and implement change and promote evidence-based practice. In this way, it is possible to anticipate, assess and mitigate risks, always having a strategy in view, while still being able to solve system problems, involve stakeholders and understand which processes should change.

Therefore, clinical nurse managers can identify clinical outcomes, contributing to increased safety, efficiency and quality of care. Consequently, they are well positioned to exercise effective clinical leadership in both the micro and mesosystem (Bender, 2016; Fulton et al., 2019; Onishi & Kanda, 2010).

In short, the clinical nurse manager's primary focus is maximizing the quality of care, ensuring that it is safe and evidence-based. To achieve these objectives, nurses work in all the categories explained, and are therefore an invaluable asset to build and maintain quality care environments (Bender, 2016; Monterosso & Platt, 2016; Reid & Dennison, 2011).

## CONCLUSION

This review allowed the identification and categorization of nursing interventions within the scope of clinical management, contributing to better training of nurse managers in their roles with the teams they coordinate, from a perspective of professional integration and involvement. These interventions are crucial in the management domain for the nursing profession and the quality of care. They are related to "self-agency" management, care management, evidence-based practice management, resource management, risk management, and results management.

It is therefore essential to invest in the management component during nurse training, equipping professionals with tools for self-agency, the development of leadership strategies and effective communication, fostering evidence-based decision-making. Such measures could help promote the integration of nurses with clinical management skills into hospital healthcare organizations, responding rigorously and effectively to institutional challenges.

In summary, clinical management fosters the pursuit of excellent outcomes, the appreciation and implementation of creative team-based decisions, the development of awareness of multidisciplinary and interdependence, and a shared vision of interest in the objectives of health services and institutions.

The principal limitations of this study are the scarce literature on this topic in Portugal and the fact that all the analysed articles reflect the reality of other

We believe this study will encourage further research focused on leadership and clinical management, as well as their practical implications. Moreover, we hope that, in the near future, these results may contribute valuable input toward the creation of legislation in Portugal regarding the designation of the role and functions of nurse managers, similar to what is observed in other countries.

DOI: <https://doi.org/10.29352/mill0218e.37764>

## AUTHORS' CONTRIBUTION

Conceptualization, C.S., V.M. and V.S.; data curation, C.S., V.M., V.S., S.M., P.P.S. and R.M.; formal analysis, C.S., V.M. and V.S.; investigation, C.S., V.M. and V.S.; methodology, C.S., V.M. and V.S.; project administration, C.S., V.M. and V.S.; validation, S.M. and P.P.S.; writing-original draft, C.S., V.M. and V.S.; writing-review and editing, C.S., V.M., V.S., S.M., P.P.S. and R.M.

## CONFLICT OF INTEREST

The authors declare no conflict of interest.

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