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Faculty of Nursing, University of Jember, Indonesia

## LEADERSHIP AND INTERPROFESSIONAL COLLABORATION IN PATIENT-CENTERED HOSPITAL CARE: A SCOPING REVIEW

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### ABSTRACT

**Background:** Interprofessional collaboration (IPC) within healthcare organizations, particularly hospitals, is increasingly recognized as a key driver for improving service quality and patient outcomes. The implementation of patient-centered care (PCC) as a core paradigm in modern healthcare systems emphasizes the urgency of effective collaboration among various healthcare professions. Leadership plays a central role in creating a collaborative work environment and facilitating the formation of synergistic interdisciplinary teams. This study aims to explore how leadership influences IPC in hospitals operating under PCC principles, focusing on the leadership styles used, systemic barriers faced, and effective strategies to support collaboration, **Methods:** A comprehensive search was conducted in ProQuest, ScienceDirect, PubMed, and other sources to identify relevant studies published between January 2020 and December 2025. Of the 893 articles initially identified, 260 were screened for full-text review after applying inclusion and exclusion criteria. Critical appraisal using the Joanna Briggs Institute (JBI) framework identified 20 articles for final analysis. This review explicitly addresses leadership in the context of healthcare services, IPC, and PCC, **Results:** A thematic analysis of the selected literature identified three main themes in the implementation of IPC. First, the dominant leadership style indicates that transformational leadership is positively related to improvements in IPC and service quality, while other leadership styles such as servant leadership, collaborative, authentic, and empowerment are effective in creating psychological safety and team cohesion. Second, barriers to IPC implementation include hierarchical organizational structures, limited interprofessional communication, lack of a shared vision, and systemic fragmentation that hinder IPC execution. Third, effective leadership strategies include structured leadership development programs, interactive communication training, mentoring, and support for informal leadership roles within clinical teams, all contributing to successful interprofessional collaboration, **Conclusions:** Leadership plays a crucial role in facilitating interprofessional collaboration in patient-centered care hospitals. Transformational and adaptive leadership styles have proven most effective when supported by organizational infrastructure and inclusive team culture. Future research is recommended to explore leadership dynamics and



IPC in specific national contexts, as well as assess the impact of digital technologies on collaborative leadership practices.

**Keywords:** Transformational Leadership; Interprofessional Collaboration; Patient-Centered Care; Hospitals; Scoping Review

## Introduction

Interprofessional collaboration (IPC) is increasingly recognized as a core pillar of effective, high-quality, and patient-centered hospital care. It improves communication, reduces adverse outcomes, and fosters holistic decision-making in multidisciplinary teams (Krug et al., 2022; Zechariah et al., 2019). However, IPC does not develop organically; it requires structured support and, most importantly, strong leadership. This scoping review seeks to answer the question:

“What is the role of leadership in improving interprofessional collaboration in patient-centered care hospitals, and what are the factors that influence its success or serve as barriers?” Leadership is fundamental to building collaborative cultures in healthcare institutions. Recent studies emphasize that leadership influences team dynamics, conflict resolution, and decision-making structures in IPC settings (M. Moilanen et al., 2020; Paul, 2024). Yet, the literature remains fragmented, with limited focus on how specific leadership styles contribute to IPC in real-world hospital environments.

To bridge this gap, theoretical frameworks such as the Full Range Leadership Model (FRLM) and Complexity Leadership Theory (CLT) offer relevant insights. FRLM emphasizes transformational leadership, which inspires shared vision, trust, and team cohesion

crucial components of successful IPC (Ofei et al., 2023; Winingsih, 2022). Meanwhile, CLT highlights the importance of adaptive and relational leadership, especially in complex systems like hospitals that require constant innovation and cross-disciplinary alignment (A. García et al., 2024; Uhl-Bien & Arena, 2021). The global shift toward **Patient-Centered Care (PCC)** also reinforces the urgency of collaboration across health professions. PCC places patients at the center of clinical decision-making, requiring coordination and shared accountability among providers. Leaders must ensure that this philosophy is embedded in policies, workflows, and team interactions (Engel et al., 2019; Kok et al., 2023).

In parallel, digital transformation has expanded leadership responsibilities. Technologies like Artificial Intelligence (AI) now support data-driven decisions in IPC contexts, enabling faster triage, personalized care coordination, and workforce optimization (C. Chang et al., 2022; M. A. García et al., 2024). However, successful integration of technology demands not only technical expertise but also political skills, emotional intelligence, and cultural competence from leaders (Waring et al., 2022).

Furthermore, strategies such as Interprofessional Education (IPE) have been widely implemented to foster teamwork. However, their success heavily



depends on institutional leadership and policy reinforcement. Without consistent leadership support, IPE initiatives often lack sustainability or impact (Lauesen, 2023; T. Moilanen et al., 2020).

### Problem Statement

Despite widespread recognition of leadership's role in shaping collaborative practice, there is a lack of empirical studies that analyze how specific leadership models such as transformational or adaptive leadership function in supporting IPC within patient-centered care hospitals. In addition, the structural and cultural barriers that hospital leaders encounter in advancing IPC remain underexplored.

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### Methods

This scoping review followed the updated methodological guidelines from the Joanna Briggs Institute (JBI) (Peters et al., 2020) and adhered to the PRISMA-ScR reporting checklist (Tricco et al., 2018). The aim was to ensure a transparent, replicable, and rigorous process in exploring the role of leadership in interprofessional collaboration (IPC) within patient-centered hospital care.

#### 1. Review Protocol and Framework

The review was guided by the Population, Concept, Context (PCC) framework to define the eligibility and scope of the research.

#### **Population: Health professionals in hospital settings**

Concept: Leadership roles and strategies

Context: Interprofessional collaboration in patient-centered care delivery

A review protocol was developed a priori, including inclusion and exclusion criteria, search strategy, and methods of data extraction and analysis. While the protocol was not formally registered on PROSPERO (as it does not accept scoping reviews), it was developed in alignment with JBI

Evidence Synthesis

standards for transparency.

#### 2. Inclusion and Exclusion Criteria

Included studies:

Were published between 2019–2024

Focused on leadership styles, behaviors, or interventions directly influencing IPC

Addressed hospital settings with a patient-centered care approach

Included peer-reviewed articles (qualitative, quantitative, or mixed-methods)

Gray literature, opinion pieces, editorials, or studies that lacked a leadership focus were excluded.

#### 3. Search Strategy and Information Sources

A comprehensive search was conducted in March 2024 across the following databases: PubMed, ScienceDirect, ProQuest, and Google Scholar. Search terms were developed with assistance from an academic librarian using controlled vocabulary and Boolean logic (e.g., "leadership AND interprofessional collaboration AND hospital AND patient-centered care").

Reference lists of selected articles were also manually screened. Search results were documented and duplicates removed prior to screening.



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#### 4. Study Selection and Screening Process

The selection process was performed in Rayyan, a systematic review screening software. Two independent reviewers screened titles and abstracts, followed by full-text review. Disagreements were resolved through discussion or a third reviewer.

The process is summarized in the PRISMA-ScR flow diagram (Figure 1).

Records identified: 893

After duplicate removal: 847

Articles screened: 260

Full-text articles assessed: 36

Studies included: 20

#### 5. Data Extraction and Critical Appraisal

Data from the 20 included studies were extracted using a structured charting form based on JBI guidelines. Extracted items included: author, year, country, design, leadership model, setting, key findings, and implications.

A critical appraisal was conducted using appropriate JBI Critical Appraisal Checklists based on study type (qualitative, quantitative, or mixed-method). Results of extraction and appraisal are provided in Table 1 (Summary of Included Studies) and Table 2 (Critical Appraisal Table).

#### 6. Thematic Analysis

The findings were analyzed using thematic synthesis with a mixed inductive-deductive approach:

Inductive coding was applied to extract new themes from the data

Deductive coding was used to map findings to pre-defined frameworks (e.g., FRLM, CLT)

Coding was conducted by two reviewers independently using NVivo 14

Validation of themes was achieved through iterative reviewer discussions and thematic saturation checks

Themes were grouped into three domains:

(1) Leadership behaviors that enhance IPC, (2) Organizational enablers and barriers, and (3) Outcomes in patient-centered hospital care.

This rigorous and structured methodology ensured that the review not only mapped the existing evidence but also provided conceptual clarity about how leadership functions as a driver of interprofessional collaboration in complex healthcare settings.

#### *Inclusion Criteria*

The article search method is done with the PCC framework.

*Table 1. PCC Framework*

Component	Description
<b>Population</b>	<b>Patient</b> Individuals receiving treatment in hospitals implementing patient-centered care. <b>Health Workers</b> Medical and nursing professionals involved in delivering collaborative care in hospital settings. <b>Multidisciplinary Team</b> Groups of healthcare professionals from different disciplines working interdependently in patient care.



Component	Description
<b>Concept</b>	<p><b>Leadership Styles</b>            Specific leadership models (e.g., transformational, strategic, authentic) applied in interprofessional settings.</p> <p><b>Leadership Functions</b>            Leader behaviors that facilitate communication, coordination, and decision-making among healthcare teams.</p> <p><b>Interprofessional Collaboration (IPC)</b>            Processes and practices enabling joint work across professions in clinical settings.</p>
<b>Context</b>	<p><b>Hospital-based Care Settings</b>            Research conducted in hospitals (general/specialized) that provide structured patient-centered care.</p> <p><b>Patient-Centered Care Model</b>            Studies that explicitly mention or apply patient-centered values, communication, and shared decision-making.</p> <p><b>Research Designs</b>            Empirical studies (quantitative, qualitative, or mixed methods) and evidence syntheses (scoping/systematic reviews) published between 2019–2024.</p>

### *Types of Sources*

This scoping review includes a broad range of study types to capture the diversity and complexity of leadership roles in interprofessional collaboration (IPC) within patient-centered care hospitals.

Both empirical studies and relevant literature reviews were included to allow comprehensive evidence mapping. Eligible sources consist of:

Qualitative studies (e.g., phenomenology, grounded theory, case studies) that explore leadership perceptions, interprofessional dynamics, and cultural or relational influences.

Quantitative and mixed-method studies, including observational (e.g., cohort, cross-sectional) and interventional designs

(e.g., RCTs, pre-post studies) that assess leadership impact on IPC processes or patient outcomes.

Scoping reviews and systematic reviews that synthesize leadership models or IPC frameworks relevant to healthcare practice. Narrative and literature reviews, included only when they provide conceptual clarity or theoretical framing directly related to leadership in IPC.

To ensure consistency, all included sources were assessed using appropriate JBI critical appraisal tools, with the aim of evaluating credibility rather than excluding studies based on rigid quality hierarchies. Inclusion was guided by relevance to the research question, not by methodological superiority alone consistent with scoping



review methodology (McInnes Peters, K., Hardy, J., Halcomb, E., 2021)

### ***Eligibility Criteria***

The eligibility criteria for this literature review were carefully established to ensure the relevance and quality of the articles analyzed. The specific inclusion criteria were as follows: 1) Research articles conducted in hospitals or

In contrast, the exclusion criteria were set as follows: 1) Articles that did not discuss leadership or interprofessional collaboration, 2) Articles that were conducted outside the hospital or healthcare facility, 3) Articles that only discussed leadership theory without practical application in the hospital context. and 4) Duplicate publications appearing in two or more journals were excluded to maintain the integrity and uniqueness of the findings.

### ***Database***

The databases used in this study include PubMed, Science Direct, Google Scholar, and ProQuest. The researchers accessed all databases on December 21, 2024. The following is a list of database links:

*Table 2: Database Links*

N o.	Databas e	Link
1	PubMed	<a href="https://pubmed.ncbi.nlm.nih.gov">https://pubmed.ncbi.nlm.nih.gov</a>
2	Science Direct	<a href="https://www.science-direct.com">https://www.science-direct.com</a>
3	Proquest	<a href="https://www.proquest.com">https://www.proquest.com</a>

healthcare facilities implementing a patient-centered care approach, 2) Studies focusing on the role of leadership in multidisciplinary or interprofessional teams within the hospital setting, 3) Studies examining aspects of interprofessional collaboration and how it affects patient care, 4) Articles published in English or Indonesian within the last 5 years, 5) Articles must be written in English.

### ***Search Strategy***

A comprehensive search strategy was developed to identify relevant literature on the role of leadership in improving interprofessional collaboration (IPC) in patient-centered care hospital settings. The search was conducted in April 2024 across the following databases: PubMed, ScienceDirect, ProQuest, Google Scholar, Additional sources (institutional repositories, WHO Global Index Medicus, and relevant conference proceedings)

#### ***Search Terms and Boolean Strings***

Search terms were formulated using the Population Concept Context (PCC) framework and adapted to each database. The primary Boolean string was: ("leadership" OR "leadership style") AND ("interprofessional collaboration" OR "interprofessional teamwork") AND ("patient-centered care" OR "person-centered care") AND ("hospital" OR "healthcare facility").

### ***Article Screening***

This study utilized the PRISMA flow chart, which includes identification, screening, eligibility, and inclusion stages. The screening procedure began with





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discarding duplicate articles and filtering articles by title and abstract relevant to the topic. Articles with designs categorized as literature reviews, scoping reviews, and systematic reviews were excluded. In addition, articles with identical titles and authors or that belonged to the same category within or across different databases were eliminated. Finally, full-text articles were screened for relevance and inclusion.

### ***Data Extraction***

Data extraction was conducted using a structured and pre-piloted extraction template developed based on the PCC framework and aligned with the scoping review objectives. The purpose was to systematically capture key study characteristics and thematic content relevant to leadership and interprofessional collaboration (IPC) in hospital-based patient-centered care. Items Extracted; For each included study, the following data items were extracted:

Bibliographic details: Author(s), year of publication, title, journal/source

Study characteristics: Country, study design, research setting (e.g., general hospital, teaching hospital)

Population: Type of participants (e.g., nurses, physicians, multidisciplinary teams, patients)

Leadership concept: Type/style of leadership explored (e.g., transformational, strategic, authentic)

IPC component: Nature of collaboration described or measured (e.g., teamwork quality, communication, coordination)

Outcomes: Reported outcomes related to IPC or patient-centered care (e.g., patient satisfaction, service quality, team performance)

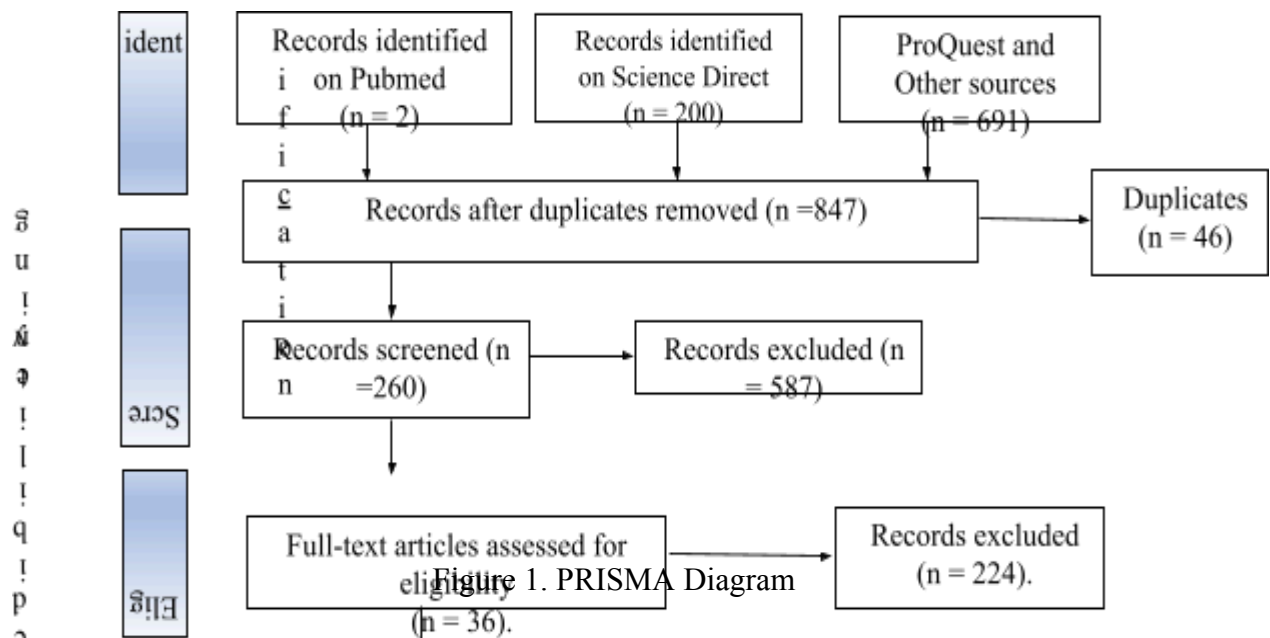
Key findings: Major conclusions, thematic insights, and leadership implications

Relevance to PCC: How the study integrated or referenced patient-centered care principles

### **Results**

The researchers used four main search platforms for this study: PubMed, ScienceDirect, ProQuest, and other sources. During the identification stage, 893 articles were retrieved from all databases. Next, these articles were filtered to include only those published between 2020 and 2025, available in full-text format, and written in English. This narrowed the selection down to 260 articles.

Further screening was done based on the title and abstract of the articles deemed relevant to the research topic. Duplicates were removed at this stage. A subsequent screening resulted in 36 articles that were reviewed in greater detail to ensure compliance with inclusion criteria. Finally, 20 articles were included in the final review. The complete PRISMA procedure is illustrated in the flow diagram below.



**Critical Appraisal Results**  
 Initial assessment was done independently, and discussions were held to resolve differences in evaluation before reaching a final justification. In this study, the Joanna Briggs Institute (JBI) Critical Appraisal Tools (2020 version) were used to evaluate various types of studies, including quantitative studies (n=7), Randomized Controlled Trials (RCT) (n=1), narrative review studies (n=1), intervention studies (n=1), systematic reviews (n=1), qualitative studies (n=5), case studies (n=1), and literature reviews (n=1).

### ***Inclusion in the Literature Review***

The results of the initial analysis, further review, and final identification included 15 articles. The following table provides detailed information on each article:





*Table 3. Critical Appraisal of Articles*

No. ID	Title	Criteria													Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	
Analytical Cross-Sectional Studies JBI															
LICC1	Perceived Leadership Styles, Outcomes of Leadership, and Self-Efficacy Among Nurse Leaders	✓	✓	✓	✓	-	-	✓	✓						75%
LICC3	Association Between Interdisciplinary Collaboration and Leadership Ability in ICU Nurses	✓	✓	✓	✓	-	-	✓	✓						75%
LICC8	How Interprofessional Collaboration and Transformational Leadership Affect Nurses’ Turnover Intention	✓	✓	✓	✓	✓	-	✓	✓						87%
LICC10	Registered Nurses’ Confidence Related to Undertaking a Leadership Role in Residential Aged Care	✓	✓	✓	✓	-	-	✓	✓						75%
LICC11	Fifteen years of shared care for paediatric oncology, haematology and palliative patients	✓	✓	✓	✓	-	-	✓	✓						75%
LICC12	Leadership Skill of Clinical Nurses at Tertiary Level Public Hospital in Bangladesh	✓	✓	✓	✓	-	-	✓	✓						75%
LICC17	Leader Empowering Behaviour: Relationships with Nurse and Patient Outcomes	✓	✓	✓	✓	✓	-	✓	✓						87%
JBI RCT															
LICC2	Technology-based Interactive Communication	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Narrative Riview JBI															
LICC9	Effective Leadership Strategies in Healthcare: A Narrative Review	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓			91%
Intervention Study JBI															



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No. ID	Title	Criteria												Total	
		1	2	3	4	5	6	7	8	9	10	11	12		13
LICC4	Leadership, Leading, and Influencing Change in Cancer Education	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓			90%
Systematic Review JBI															
LICC5	Nurses' Clinical Leadership in the Hospital Setting: A Systematic Review	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		100%
LICC16	The Impact of Nurse Leadership Styles on Nurse Burnout	✓	✓	✓	✓	✓	✓	✓	-	✓	-	✓	✓		83%
LICC18	Leadership Development Strategies in Interprofessional Healthcare Collaboration: A Rapid Review	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		100%
Qualitative Study JBI															
LICC6	The approachable team leader: Front line perspectives on leadership in critical care	✓	✓	✓	✓	✓	-	-	✓	✓	✓				80%
LICC11	Fifteen years of shared care for paediatric oncology, haematology and palliative patients	✓	✓	✓	✓	✓	-	-	✓	✓	✓				80%
LICC13	Nurse managers' leadership styles as an impetus to patient safety in an academic hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				100%
LICC15	Leadership self-perception of clinical nurses at the bedside: A qualitative descriptive study	✓	✓	✓	✓	✓	-	-	✓	✓	✓				80%
LICC19	Effective Clinical Nursing Leadership in Hospitals: Barriers from the Perspectives of Nurse Managers	✓	✓	✓	✓	✓	-	-	✓	✓	✓				80%
LICC20	Effective Nursing Leadership as a Catalyst for Person-Centered Care	✓	✓	✓	✓	✓	✓	-	✓	✓	✓				90%

**Case Study JBI**



No. ID	Title	Criteria													Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	
LICC7	Leadership for Integrated Care: A Case Study	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			100%
<b>Literature Review JBI</b>															
LICC14	Nurse managers' leadership styles as an impetus to patient safety in an academic hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			100%

*Table 4. Literature Analysis Results*

No. ID	Authors and Journal Identity	Title	Objective	Population and Sampel	Method	Summary of Results
LICC1	<b>Authors:</b> Bush, S. et al. (2021), <b>Journal Identity:</b> Journal of Nursing Leadership	Perceived Assess Leadership perceptions of leaders p Styles, leadership Outcome styles, s of leadership Leadership outcomes, and p, and self-efficacy Self-Efficacy among nurse acy leaders Among Nurse Leaders		23 nurse from regional medical centers in the US	Cross-sectional survey using MLQ and self-efficacy scale	Transformational leadership is dominant, but communication and confidence are low; ongoing leadership development training is needed..
LICC2	<b>Authors:</b> Choi, H. et al. (2023) <b>Journal Identity:</b> Nurse Education Today	Technology-based Interactive e Communication Simulation for Korean Nurses	Evaluate the effectiveness of interactive technology-based communication simulations to improve communication competence	142 nurses in Korea with 6 months to 2 years of experience	RCT with repeated measures, pre- and post-intervention evaluation	The intervention improved communication competence, empathy, clarity, and confidence; results sustained for 4 weeks.



No. ID	Authors and Journal Identity	Title	Objective	Population and Sampel	Method	Summary of Results
			in novice nurses			
LICC3	<b>Authors:</b> Yamamoto, K. (2022). <b>Journal Identity:</b> Journal of Nursing Research	Associati on Between Interdisci plinary Collabora tion and Leadershi p Ability in ICU Nurses	Analyze the relationship between leadership ability and interdisciplinary collaboration in ICU nurses	2,063 ICU nurses in Japan with >3 years of experience	Cross-sectional survey using leadership and collaboration questionnaires	Higher leadership ability in APNs; positive correlation between leadership and team collaboration..
LICC4	<b>Authors:</b> Warsi, A. et al. (2022). <b>Journal Identity:</b> Journal of Cancer Education	Leadershi p, Leading, and Influenci ng Change in Cancer Educatio n	Evaluate the impact of leadership workshops on interdisciplinary healthcare staff in cancer education	15 participant s from various healthcare profession al backgroun ds	Interactive workshop evaluation with pre- and post-assessment	The workshop increased understanding of leadership styles, change initiation, and interprofessional collaboration.
LICC5	<b>Authors:</b> Guibert-Lac asa, C. & Vazquez-Cal atayud, M. (2022). <b>Journal Identity:</b> Journal of Nursing Management	Nurses' Clinical Leadershi p in the Hospital Setting: A Systemati c Review	Identify effective interventions in developing clinical leadership in nursing within hospitals	6 interventio n studies (quasi-exp erimental and systematic review)	Systematic review based on PRISMA from multiple databases	Multifaceted, theory-based interventions with mixed formats are most effective, including cognitive, interpersonal, and intrinsic competencies.



No. ID	Authors and Journal Identity	Title	Objective	Population and Sampel	Method	Summary of Results
LICC6	<b>Authors:</b> Swani, J. & Isherwood, P.(2019). <b>Journal Identity:</b> Journal of Patient Safety and Risk Management	The approach able team of leaders: Front line perspectives on leadership in critical care	To explore the characteristics of leaders considered by critical care teams	100 healthcare professionals from a multidisciplinary teams in ICU	Semi-structured interviews analyzed using a phenomenological approach	An open, supportive, physically present, and low-hierarchy leadership approach improves patient safety and team collaboration.
LICC7	<b>Authors:</b> Kozlowska, O. (2023) <b>Journal Identity:</b> OR A - Oxford University Research Archive	Leadership for Integrate d Care: A Case Study	To understand leadership arrangements in a diabetes service integration project	17 healthcare professionals and policymakers in the transformation team in Oxfordshire, UK	Case study with document analysis and semi-structured interviews	Effective leadership requires integration at all levels (system, organization, team), but the project failed due to lack of systemic support and inconsistent transformational leadership.
LICC8	<b>Penulis</b> Pratama, P. et al. (2021). <b>Identitas Jurnal:</b> Jurnal Medicoeticoegal dan Manajemen Rumah Sakit <b>Turnover Intention</b>	How Interprofessional Collaboration and Transfor mational Leadershi p Affect Nurses' Turnover Intention	To analyze the influence of interprofessional collaboration and transformational leadership on turnover intention	95 nurses at RS XYZ, Tangerang	Quantitative survey with SEM (Structural Equation Modeling)	Interprofessional collaboration and transformational leadership improve job satisfaction and reduce nurses' turnover intention.



No. ID	Authors and Journal Identity	Title	Objective	Population and Sampel	Method	Summary of Results
LICC9	<b>Authors:</b> Sayyed, A. et al. (2025). <b>Journal Identity:</b> Multidisciplinary Reviews	Effective Leadership Strategies in Healthcare: A Narrative Review	To review effective leadership strategies in the healthcare sector	12 artikel terpilih dari hasil screening sistematis	Narrative review based on recent literature from 2000-2023	Adaptive, collaborative, and patient-centered leadership are the most effective approaches in improving service quality and healthcare worker satisfaction.
LICC10	<b>Authors:</b> Nhongo, D. et al. (2024). <b>Journal Identity:</b> Collegian	Registered Nurses' Confidence Level of Related Undertaking a Leadership Role in Residential Aged Care	To measure the confidence level of registered nurses in leadership roles in aged care services	100 registered nurses from 10 aged care facilities in Perth, Australia	Cross-sectional survey using clinical leadership competency framework (CLCF)	90% of nurses have high confidence, especially those over 50 years old with more than 10 years of experience; leadership mentoring is needed.
LICC11	<b>Authors:</b> Slater, P. et al. (2023). <b>Journal Identity:</b> Australian Journal of Rural Health	Fifteen years of shared care for paediatric oncology, haematology and palliative patients	To analyze the role of Regional Case Managers (RCMs) in shared care for children in Queensland	10 regional hospitals in Queensland, Australia	Survey and focus groups with thematic analysis	RCMs play a crucial role in coordination, advocacy, education, and clinical leadership, strengthening collaboration between hospitals and tertiary service centers.





No. ID	Authors and Journal Identity	Title	Objective	Population and Sampel	Method	Summary of Results
LICC12	<b>Authors:</b> <b>Islam, M.S.</b> <b>(2020).</b> <b>Journal</b> <b>Identity:</b> <b>IOSR</b> <b>Journal of</b> <b>Dental and</b> <b>Medical</b> <b>Sciences</b>	Leadership Skill of Clinical Nurses at Tertiary Level Public Hospital in Bangladesh	To identify the leadership performance of clinical nurses in tertiary hospitals in Bangladesh	112 clinical nurses at Suhrawardy Medical College & Hospital, Dhaka	Descriptive study using RN-CLS	Nurses' leadership is at an intermediate level; continuous training is recommended to improve clinical skills and safety.
LICC13	<b>Authors:</b> <b>Palweni,</b> <b>V.S. et al.</b> <b>(2023).</b> <b>Journal</b> <b>Identity:</b> <b>Health SA</b> <b>Gesondheid</b>	Nurse managers' leadership styles as an impetus to patient safety in an academic hospital	To explore nurse managers' perceptions of leadership styles and patient safety	20 nurse managers in an academic hospital in South Africa	Semi-structured interviews, qualitative exploratory	Collaborative and supportive leadership styles influence safety culture; resource shortages and lack of collaboration are major challenges.
LICC14	<b>Authors:</b> <b>Palweni,</b> <b>V.S. et al.</b> <b>(2023).</b> <b>Journal</b> <b>Identity:</b> <b>Health SA</b> <b>Gesondheid</b>	Nurse managers' leadership styles as an impetus to patient safety in an academic hospital	To identify the impact of servant leadership on nurses and patients in hospitals.	4 selected articles from 2012-2022	Literature review using PICO approach	Servant leadership improves innovation, work performance, nurse and patient satisfaction; recommended for nursing practice.



No. ID	Authors and Journal Identity	Title	Objective	Population and Sampel	Method	Summary of Results
LICC15	<b>Authors:</b> <b>Booher, L.</b> <b>et al. (2021).</b> <b>Journal</b> <b>Identity:</b> <b>Journal of</b> <b>Clinical</b> <b>Nursing</b>	Leadership To explore clinical nurses' self-perception of clinical nurses at the bedside: A qualitative descriptive study	To explore clinical nurses' self-perception of leadership in direct services	20 clinical nurses from two hospitals in the US	Qualitative descriptive study with focus group	Many nurses are unaware they are leaders; leadership is inherent in nursing practice and resembles servant leadership.
LICC16	<b>Authors:</b> <b>Wei, H. et</b> <b>al. (2020).</b> <b>Journal</b> <b>Identity:</b> <b>Journal of</b> <b>Nursing</b> <b>Leadership</b>	The Impact of Nurse Leadership Styles on Nurse Burnout	To review the impact of nursing leadership styles on nurse burnout	18 studies from various countries (2010–2019)	Systematic literature review based on PRISMA	Authentic and transformational leadership reduce burnout by increasing engagement, trust, and a healthy work environment.
LICC17	<b>Authors:</b> <b>Cziraki, K.</b> <b>et al. (2020).</b> <b>Journal</b> <b>Identity:</b> <b>Leadership</b> <b>in Health</b> <b>Services</b>	Leadership Empowering Behaviour Relationships with Nurse and Patient Outcomes	To test the relationship between empowering leadership behaviors and collaboration, turnover, and patient outcomes	478 nurses with experience in Canada	Cross-sectional survey and SEM	Empowering leadership improves interprofessional collaboration, reduces turnover intention, and enhances patient outcomes.



No. ID	Authors and Journal Identity	Title	Objective	Population and Sampel	Method	Summary of Results
LICC18	<b>Authors:</b> Bornman, J. & Louw, B. (2023). <b>Journal Identity:</b> Journal of Healthcare Leadership	Leadership Development Strategies in Interprofessional Healthcare Collaboration: A Rapid Review	To review leadership development strategies in interprofessional healthcare collaboration	42 articles from 11 global databases	Systematic rapid review with MMAT	Team collaboration, transformational leadership, and collaborative leadership are effective strategies to improve IPC and healthcare worker satisfaction.
LICC19	<b>Authors:</b> Algunmeeyn , A. et al. (2023). <b>Journal Identity:</b> BMJ Leader	Effective Clinical Nursing Leadership in Hospitals : Barriers from the Perspectives of Nurse Managers	To identify barriers to effective clinical nursing leadership from nurse managers' perspectives	21 participant s (19 managers, 2 directors) from two hospitals in Jordan	In-depth interviews and FGDs, qualitative narrative	Major barriers: power differences, lack of connection with doctors, weak initial socialization, and absence of joint clinical practice reforms.
LICC20	<b>Authors:</b> Kwame, A. & Petrucka, P. (2024). <b>Journal Identity:</b> Discover Health Systems	Effective Nursing Leadership as a Catalyst for Person-C entered Care	To explore the influence of nursing leadership on PCC and nurse-patient interactions in Ghana	44 participant s (11 nurses, 22 patients, 11 caregivers )	Qualitative exploratory study, interviews and observations	Poor leadership hinders communication; staff turnover negatively affects interactions and PCC; transformational and collaborative leadership is recommended.



The results of the literature analysis are as follows:

### ***Effectiveness of Leadership***

This scoping review shows that transformational leadership is the most dominant style and is frequently associated with the effectiveness of interprofessional collaboration and the success of patient-centered care implementation. In the study by Bush et al. (2021), it is mentioned that "the dominant leadership style is transformational, but communication and self-confidence are low; continuous leadership development training is needed." This finding underscores that, although transformational leadership is popular, its effectiveness heavily relies on the communication skills and reflective capacity of the leader.

Transformational leadership is also considered to reduce burnout and strengthen healthcare worker engagement. Wei et al. (Wei et al., 2020) emphasized that "authentic and transformational leadership reduces burnout by increasing engagement, trust, and a healthy work environment." On the other hand, empowerment leadership styles also show high relevance. As stated by Cziraki et al. (2020), "empowerment leadership increases interprofessional collaboration, reduces turnover intention, and has a positive impact on patient outcomes."

Meanwhile, collaborative leadership and servant leadership also appear in several studies as alternatives for more participatory and inclusive leadership styles. Palweni et al. (Palweni

et al., 2023) explain that "servant leadership enhances innovation, work performance, and satisfaction among both nurses and patients; it is recommended for implementation in nursing practice." Thus, it can be concluded that while transformational leadership is the most discussed, collaborative, authentic, and empowering leadership models also hold an important place in the development of effective leadership for IPC (Interprofessional Collaboration).

Leadership effectiveness in the nursing context greatly depends on the quality of interpersonal relationships between leaders and staff. Leaders who use a transformational approach, focusing on empowerment, motivation, and building trusting relationships, have proven to be more effective in improving the quality of care and patient satisfaction. For example, Kwame (Kwame & Petrucka, 2024) emphasizes that transformational leadership is crucial in creating better relationships between nurses and patients, as well as improving the quality of person-centered care (PCC) by enhancing communication between medical staff and patients, and improving patient satisfaction and their involvement in decision-making related to care (Kwame & Petrucka, 2024).

Research by Pratama et al. (Pratama & Saptaningsih, 2021) revealed that transformational leadership can encourage nurses' involvement in decision-making, which has a positive impact on care outcomes and reduces nurses' intention to leave their jobs. High leadership effectiveness is also linked to a



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leader's ability to communicate clearly and provide support to the team, which in turn leads to better care outcomes (Palweni et al., 2023).

### ***Leadership Gaps***

Leadership gaps occur when there is a mismatch between the expected role of a leader and the reality on the ground. Cziraki et al. (Cziraki et al., 2020) found that these gaps are often caused by insufficient leadership training for nurses and unclear leadership roles, which lead to nurses feeling excluded from decision-making. When leaders fail to involve nurses in the decision-making process, it can result in job dissatisfaction and reduce their level of engagement in caregiving tasks (Palweni et al., 2023). These gaps also lead to issues such as inequality in decision-making, where doctors often have more influence than nurses, even though nurses are often at the frontline of patient care (Pratama & Saptaningsih, 2021). Therefore, it is important to develop more collaborative and participatory leadership that can reduce these gaps and improve the overall effectiveness of the medical team (Purwanti et al., 2023).

### ***Organizational Barriers***

Organizational barriers often manifest as structures that do not support effective leadership practices. One of the main barriers is the shortage of human resources, which results in excessive workloads for nurses. This can lead to burnout and a decline in care quality (Booher et al., 2021). In addition, the lack of support from hospital management

regarding nurses' well-being, as found in the study by Palweni et al. (Palweni et al., 2023), exacerbates these organizational barriers.

Disregard for nurses' well-being and career development creates an environment that is not conducive to effective leadership (Palweni et al., 2023). Pratama et al. (Pratama & Saptaningsih, 2021) also highlighted that rigid bureaucratic structures hinder interprofessional collaboration and joint decision-making, which should be an integral part of effective leadership in healthcare. Therefore, to create an environment that supports good leadership, organizations must address these barriers by increasing managerial support, improving human resource management, and facilitating communication processes among medical teams.

### ***Leadership Strategies***

Successful strategies for improving IPC and patient-centered care involve a combination of training, organizational support, and the use of technology. Choi et al. (Choi & Kim, 2023) demonstrate the effectiveness of digital approaches through "technology-based interactive communication simulations that improve communication competency, empathy, clarity, and nurses' confidence." Warsi et al. (Warsi et al., 2023) add that "workshops improve understanding of leadership styles, initiation of change, and interprofessional collaboration."

Additionally, integration at all organizational levels is also crucial. Slater et al. (2023) exemplify the role of



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Regional Case Managers (RCMs) in coordination, advocacy, education, and clinical leadership, which strengthens collaboration between hospitals and tertiary service centers. This integrated approach emphasizes the importance of non-structural roles in supporting cross-sector collaboration.

Overall, successful strategies are rooted in theory-based training models, mentoring, soft skill development, and alignment with organizational culture, as reflected in Guibert-Lacasa & Vazquez-Calatayud (Guibert-Lacasa & Vázquez-Calatayud, 2022): "the most effective interventions are multifaceted, theory-based, and mixed-format; covering cognitive, interpersonal, and intrinsic competencies."

Successful leadership strategies in healthcare involve using leadership styles such as transformational leadership, participatory leadership, and empowerment leadership. Bornman & Louw (Bornman & Louw, 2023) show that transformational leadership encourages leaders to inspire and motivate staff by building a sense of shared purpose and appreciation for their contributions. This is also reflected by Pratama et al. (Pratama & Saptaningsih, 2021), who note that participatory leadership, which involves nurses in decision-making, directly improves ownership of organizational goals and enhances the quality of care. Furthermore, empowerment leadership strategies, which give nurses autonomy in decision-making at the bedside, have been shown to strengthen team collaboration and improve the overall performance of medical teams (Cziraki et al., 2020).

Therefore, leadership strategies that combine empowerment and collaboration are essential in creating a work environment that supports effective leadership.

### ***Technology Integration***

The integration of technology into clinical leadership is increasingly regarded as essential for improving communication and efficiency in patient management. Technologies such as clinical information systems and clinical decision support systems enable leaders to monitor nurse performance and care outcomes in real-time, which supports faster and more accurate decision-making. Kwame (Kwame & Petrucka, 2024) highlights that the use of technology-based systems can help clinical leaders manage patient data more efficiently, which in turn supports quicker and more targeted care. However, a major challenge faced is limited access to technology and a lack of training for nurses in using this technology effectively. Palweni et al. (Palweni et al., 2023). note that without adequate training, technology cannot be used optimally, which may lead to medical errors and a decline in care quality. Therefore, it is crucial to provide comprehensive training for medical staff so that technology can be effectively integrated into clinical leadership.

### ***Cultural Change and Trust***

Cultural change and trust within healthcare organizations are vital for creating a positive work environment and supporting interprofessional collaboration. Many studies show that trust between nurses and doctors is crucial in enhancing team





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cooperation and patient care outcomes. Kwame (Kwame & Petrucka, 2024) reveals that leadership that supports open communication between nurses and doctors can improve professional relationships, strengthen teamwork, and enhance patient care outcomes. Booher (Booher et al., 2021) also highlights that trust between leaders and nurses can create

an environment that fosters a better care culture. When open communication and trust are promoted within a team, nurses feel more valued and are more motivated to provide high-quality care. Therefore, to create healthy cultural changes, inclusive leadership that facilitates open communication and encourages trust between professions is required.

*Table 5. Key Issues That Emerged*

Main Issue	Specific Aspect	Source	Quote
Leadership Effectiveness	Transformational leadership improves IPC	Bush et al. (2021)	"Transformational leadership enhances team cohesion and trust."
Leadership Gaps	Lack of communication and unclear leadership roles	Booher et al. (2021)	"Many nurses are unaware they are leaders, even though they act as such."
Organizational Barriers	Hierarchy and poor communication hinder IPC	Algunmeeyn et al. (2023)	"Power differences and lack of early socialization remain crucial barriers."
Leadership Strategies	Need for structured leadership training	Guibert-Lacasa & Vázquez-Calatayu d (2022)	"Theory-based multifaceted interventions were found to be most effective."
Technology Integration	Use of AI and digital tools to support leadership	Chang et al. (2022)	"AI-based planning improves decision-making and team performance."
Cultural Change and Trust	Importance of servant and authentic leadership	Palweni et al. (2023); Tate et al. (2023)	"Servant leadership enhances innovation and satisfaction."

## Discussion

### *Leadership Effectiveness*

Transformational leadership has been shown to make a significant contribution to enhancing interprofessional collaboration in hospitals, particularly in creating better team cohesion and strengthening trust among team members. This leadership style not only focuses on achieving short-term goals but also on

developing the individual potential within the team to achieve larger long-term objectives. In the context of interprofessional collaboration (IPC), transformational leaders play a crucial role in fostering a collaborative culture among different disciplines, creating deep synergy to improve patient care quality. Trust and more open communication among team members are direct outcomes of this



leadership style. Bush et al. (Bush et al., 2021) emphasize that transformational leadership helps improve team effectiveness by facilitating knowledge sharing and creating more open communication channels among members from different professional backgrounds. This enables the creation of a more harmonious work environment, where the team can work more effectively to achieve common goals.

Furthermore, transformational leadership can inspire a shared vision that allows each team member to feel connected to the organization's objectives. The success of this model in enhancing interprofessional collaboration focuses on creating a sense of collective responsibility for the quality of care provided to patients. The intrinsic motivation stirred by transformational leaders also accelerates the achievement of team goals, as they can inspire commitment from each individual on the team. This suggests that transformational leadership not only focuses on individual leadership but also builds a positive team dynamic in delivering better patient care.

Thus, it is important for leaders in hospitals to adopt a transformational leadership approach to support interprofessional collaboration, which in turn will lead to better patient care outcomes and improved job satisfaction among healthcare workers.

### ***Leadership Gaps***

The issue of leadership gaps, particularly those related to ineffective communication and unclear leadership roles within the team, is a major barrier to

the successful implementation of IPC. These gaps often create confusion regarding the direction of collaboration and decision-making among team members from different professions. As noted by Booher et al. (Booher et al., 2021), many nurses are unaware that they have been playing an informal leadership role within their teams, even though they lack formal authority or recognition for such a role. This shows that awareness of leadership needs to be instilled at every level, not only for formal leaders but also for team members who act as leaders in specific contexts.

Unclear leadership roles cause imbalance in decision-making and interprofessional collaboration. In hospitals, where various disciplines work together for patient care, the presence of clearly defined leadership roles is essential to ensure that everyone understands their responsibilities and contributions to care. Without open and clear communication regarding roles, task overlap or uncertainty often occurs, which undermines team effectiveness. Therefore, developing leadership skills at all staff levels, both for those in formal and informal roles, is crucial in creating a more effective IPC system.

To address these gaps, leadership training focused on enhancing communication and clarifying roles should be systematically implemented in hospitals. Training programs that emphasize interprofessional collaboration and role awareness across all levels of the organization can help bridge these leadership gaps and improve the team's



effectiveness in delivering better patient care.

### ***Organizational Barriers***

Several major barriers to interprofessional collaboration in hospitals are structural, interpersonal, and cultural. Algunmeeyn et al. (Algunmeeyn et al., 2023) note that "the main barriers are power differences, lack of connection with doctors, weak initial socialization, and the absence of joint clinical practice reforms." These barriers highlight communication gaps across professions and the need for systemic reforms.

Moreover, Kozłowska (Kozłowska et al., 2020) points to failures in integration projects due to "lack of systemic support and consistent transformational leadership," indicating that the sustainability of collaboration heavily depends on organizational support structures. Other barriers stem from workload, lack of confidence, and high staff turnover, as found by Kwame & Petrucka (Kwame & Petrucka, 2024): "Poor leadership hinders communication, and staff turnover negatively impacts interactions and PCC."

Booher et al (Booher et al., 2021) even highlight that "many nurses are unaware they are leaders; leadership is inherent in nursing practice and resembles servant leadership." This underscores the role gap in both formal and informal processes in collaboration, due to low leadership awareness at the clinical level.

Structural and cultural barriers in organizations, such as rigid hierarchies and limited interprofessional communication, can be significant challenges to the success

of IPC. One major barrier found in this study is power differences, which often lead to hindered communication and unequal information sharing between team members from different professions.

In addition, the lack of early socialization about the importance of IPC and the roles of each profession in the team exacerbates the situation. Without a clear understanding of each team member's role, hierarchical barriers often obstruct effective collaboration, even in situations where communication is critical. Therefore, leadership is needed that can break down rigid hierarchical structures and create a more open environment where every team member feels valued and involved in decision-making.

Empowering leadership is crucial to overcoming these barriers. Leaders who can create space for each team member to contribute equally and ensure communication flows without obstacles will help create a more inclusive and effective collaborative culture. Hospital organizations need to prioritize creating structures that support healthy collaboration and interaction across professions, as well as developing training programs that educate all staff on the importance of teamwork in patient-centered care.

### ***Effective Leadership Strategies***

Structured leadership training has proven to be an effective strategy for developing leadership skills and improving interprofessional collaboration. Guibert-Lacasa & Vázquez-Calatayud (Guibert-Lacasa & Vázquez-Calatayud, 2022) state that theory-based interventions



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involving multifaceted approaches, such as simulation, mentoring, and experience-based training, are highly effective in equipping healthcare workers with the skills needed to lead teams in complex collaborative settings. This training not only teaches technical leadership skills but also strengthens interpersonal skills that are vital for leading teams effectively in clinical settings. For example, interactive simulations involving multiple professions can help sharpen communication and problem-solving abilities in real-time. This helps team members become better prepared to face challenges in the real world, such as disagreements or difficulties in reaching consensus among different professions. Mentoring programs that involve senior and junior leaders can also accelerate leadership skill development by providing opportunities for direct learning and fostering strong professional relationships.

Furthermore, structured leadership training provides individuals with the confidence to take on leadership roles within their teams, whether formally or informally. In the context of IPC, the ability to collaborate and lead teams effectively is key to improving patient care outcomes and creating a more harmonious and productive work environment.

### ***Technology Integration***

The use of technology in the context of leadership and IPC has proven to be essential in enhancing team effectiveness. The use of technologies such as artificial intelligence (AI) and digital information management systems provides

significant support in decision-making and interprofessional coordination. Chang et al. (K. L. Chang et al., 2022) show that using AI in care planning and clinical decision-making enables team leaders to make faster and more accurate decisions, optimizing interprofessional coordination and improving patient care outcomes.

Technology can help accelerate the exchange of important information between team members involved in patient care, which in turn improves response to patient needs. Integrated information management systems allow team leaders to monitor team performance in real-time and provide necessary feedback. These technologies also facilitate resource management, which is crucial in hospitals with limited resources.

Thus, leaders who possess technological skills and can leverage digital tools will be more effective in facilitating collaboration and improving team performance. Hospitals that integrate technology into their systems will create a more dynamic and efficient work environment that supports interprofessional collaboration.

### ***Cultural Change and Trust***

Organizational culture change and increased trust within teams are heavily influenced by servant and authentic leadership styles. Leaders who practice servant leadership tend to prioritize the needs of their team members, which in turn creates a more inclusive and collaborative work environment. Palweni et al. (Palweni et al., 2023) and Tate et al. (Tate et al., 2023) state that servant leadership not only increases job



satisfaction but also encourages innovation and better cooperation among team members.

Authentic leadership also plays an important role in building trust among team members. Authentic leaders are transparent in decision-making and adhere to strong ethical values, which builds trust among team members. This trust is crucial in IPC, as effective collaboration can only occur if there is mutual respect and openness between professions involved in patient care.

Through these leadership approaches, hospitals can create a culture that supports collaboration, communication, and innovation, which in turn improves patient care quality and healthcare worker satisfaction.

## Conclusion

This study aims to examine the role of leadership in improving interprofessional collaboration in hospitals through a patient-centered care approach by conducting a scoping review of twenty relevant studies. The findings of this review suggest that transformational leadership is the most dominant style and is often linked to the success of interprofessional team collaboration and improved patient service quality. Transformational leadership, particularly when combined with collaborative, authentic, and servant leadership approaches, has proven to be effective in creating an inclusive, open, and patient-oriented work environment.

However, the effectiveness of leadership in building collaboration cannot be separated

from the existence of structural and cultural barriers, such as power imbalances among professions, ineffective communication, and fragmented organizational systems. These barriers remind us that effective leadership is not just about individuals but also about systemic alignment and organizational culture as a whole. Therefore, leaders in healthcare institutions need to be equipped with strategic and adaptive leadership skills that can not only motivate individuals but also manage the complexity of structures and interprofessional collaboration dynamics.

The findings of this study make an important contribution to the development of leadership theory in healthcare by offering an integrative approach between leadership models, collaboration enhancement strategies, and a focus on patient-centered care. Practically, these results serve as strategic references for hospital management and healthcare professional educational institutions in designing leadership training programs and organizational policies that better support collaborative work.

For future research, it is recommended to explore deeper into the local context in Indonesia, as the national healthcare system has unique characteristics that may influence the form and effectiveness of leadership. Field-based qualitative research involving both formal and informal leaders in healthcare teams could provide a more contextual understanding of collaboration dynamics and leadership in the workplace. Furthermore, integrating institutional policy analysis and the impact of



digitalization, such as the use of Artificial Intelligence in hospital leadership, is also worthy of future research focus.

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