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Table 2. Data Extraction Table

Reference	Country	Aim of study	Study design	Population/setting	Findings
Al-Dossary, R., et al. (2014)	International	To review the literature on the impact of residency programs on new graduate nurses' clinical decision-making and leadership skills	Systematic review of 13 studies	New graduate nurses undergoing residency programmes	Evidence from several studies of programmes supporting new nurse graduates in the U.S. demonstrated improved leadership practice scores, especially around organisation and communication, and improved job satisfaction. Similarly, a study of new graduates to a practice programme in New Zealand showed improved leadership scores.
Bender, M., et al. (2016)	U.S.A.	To identify organization and implementation factors associated with perceived success of CNL integration into microsystem care delivery models.	Cross-sectional survey with 585 respondents (RR not possible as snowball technique was included but original email sent to 3,375 CNLs)	National sample of accredited CNLs, plus leaders, educators, clinicians, and change agents.	The overall perception of CNL initiative success was 64%. Perceived CNL initiative success is associated with the phase of the CNL initiative; initiatives that had spread to some or all settings reported higher levels of success. Respondents who noted inconsistent and intermittent CNL practice (i.e., CNLs being taken out of the role to do other activities) scored lower success than those who reported more consistent practice. CNL initiatives that incorporate experienced preceptors or mentors can result in practice integration.
Bulmer, J. (2013)	U.S.A.	To measure the relationship between perceived available support and leadership aspiration among RNs	Descriptive correlational design using a survey with 204 RNs responding (RR 21%)	RNs from 1 urban hospital in Pennsylvania	Overall leadership aspiration was not high across the sample. Nurses with less than 2 years of experience had the highest amount of leadership aspiration and aspiration declined with years of experience. Leadership aspiration scores were higher for those with a higher educational level. Nurses were interested in quickly advancing in their career. Exposure of experienced nurses to the stress of healthcare environments and greater understanding of role expectations may influence their diminished interest in leadership roles.

Casey, M., et al. (2011)	Ireland	A descriptive study of nurses' and midwives' clinical Leadership development needs.	Mixed methods. A questionnaire was sent to 911 nurses and midwives and 22 focus groups comprising 184 participants were conducted.	National sample of nurses and midwives across all settings	'Staff' grades expressed greater development needs in relation to: 'managing the clinical area', 'managing patient care' and 'skills for clinical leadership' which involved coordinating care, developing effective working relationships, managing conflict, implementing change and coordinating care. Participants showed commitment to clinical leadership and being patient-oriented but often felt powerless to effect change and expressed leadership development needs at the wider organisational level. As leadership shifted away from the bedside to the wider organization, nurses are much less assured of their roles.
Cziraki, K., et al. (2018)	Canada	To test a model examining precursors and outcomes of nurses' leadership self-efficacy, and their aspirations to management positions	A cross-sectional study	727 registered nurses from across Canada and across health settings	There were high correlations between skill development opportunities and encouragement to lead, leadership self-efficacy and motivation to lead, and motivation to lead and career aspirations. Nurses' leadership self-efficacy appears to be an important determinant of their motivation to lead and desire to pursue a career as a nurse leader. Mastery experiences through practical leadership development opportunities, alongside mentoring relationships, are practical ways to influence leadership self-efficacy and decisions to pursue further leadership opportunities. Early identification of staff nurses with leadership potential and targeted succession planning may assist organizations to develop a nursing leader pipeline.
Drake, E. E., et al. (2022)	U.S.A.	To describe the career path of CNL graduates and measure satisfaction 2 to 10 years after graduation.	Bespoke cross-sectional survey with 109 responses (from 314 invited alumni – RR35%).	Direct entry CNLs who qualified from a single university between 2007-2017. Most were 4-7yrs post-graduation. 90% held CNL certification.	95% are still working in nursing. Most CNLs (95%) are still working and the majority remain at the bedside in a variety of roles. Few were in CNL designated roles but many were in advanced practice roles. Most would recommend the CNL programme and valued: the 1:1 preceptorship model; development of critical thinking and problem-solving skills; focus on evidence-based practice, systems

					thinking, and change management; and the ability to assess, think, and evaluate. The majority of the respondents stayed with their first employer at least 2 to 5 years, and many were still working with their first employer suggesting a strong retention rate.
Dwyer, D. (2011)	International	To critically appraise, synthesise and present best available evidence on experiences of RNs as clinical leaders and managers in residential aged care facilities.	Systematic review of 8 qualitative papers	Nurse leaders in residential aged care facilities	While nurses in aged care were committed to clinical leadership and development to improve person-centred care, organisational barriers were seen to restrict the ability to implement change. RNs feel disempowered and inadequate because of a lack of collaboration with others in the multidisciplinary team. Effective leadership was best supported by senior management that values the clinical leadership role and encourages autonomy and performance management. RNs experience a shift from 'doing' to 'leading' in a positive care model. RNs who initiate clinical leadership programmes for their teams are often disheartened when these programmes are disrupted by staffing and time restrictions.
Ebrahim, S. (2018)	England	To explore how multi-professional approved clinicians (MPACs), responsible for the care of patients detained under the Mental Health Act (2007), can enable clinical leadership in mental health settings	Mixed method. Cross-sectional survey and case study interviews	Mental health nurses and clinical psychologists Approved Clinicians (ACs) 23 completed the survey, 6 completed interviews with 3 psychiatrists also being interviewed. Study carried out in a single MH Trust.	Becoming an 'approved clinician' increased legitimacy of leadership and helped enable culture change and redistribution of power within the MH setting. Keeping patients at the centre helped effective leadership and enables 'followership'. The AC role enables clinical leadership and authority to be taken by a range of professionals. ACs noted the helpfulness of holding patient's needs at the centre of decision-making, respecting the diversity of professional perspectives and the quality this brings to patient care, promoting communication and enacting transformational, distributed clinical leadership in practice.
Ekstrom, L. & E. Idvall (2015)	Sweden	To explore how newly qualified registered nurses	Qualitative interviews	12 newly registered nurses (6-24 months experience) from	Newly registered nurses felt their position as a leader of nursing care was questioned and that nurses were not considered as the obvious team leaders. This led them

		experience their leadership role in the ward-based nursing care team.		four wards (surgical, medical, neurological, rheumatology) in a university hospital in southern Sweden	to dissociate from claiming a leadership role. Leadership was seen to develop over time and a desire for growth was assisted by: self-awareness; receiving support (from mentors, team members etc); gaining more clinical experience; gaining organisational knowledge. Knowledge of care processes and greater self-confidence promoted trust in one's own judgments and the courage to defend the priorities one sets. Multiple factors obstructed nurses leadership in the team: vague responsibility, a questioned leadership mandate and insufficient support.
Elliott, N., et al. (2013)	Ireland	To report a case study that identifies how leadership is enacted by advanced practitioners/clinical specialists in nursing and midwifery and differentiates between clinical and professional leadership in advanced practice.	Multiple case study methodology	Advanced practitioners (n=6) clinical specialists (n=17) in nursing and midwifery across various specialities and health regions across Ireland	Highlights a fundamental difference between clinical and professional leadership in advanced practice. Clinical leadership involves promoting change in the organization or micro-system, whereas professional leadership operates at a higher level and is more externally focused, crossing boundaries of the local service into national and international arenas. Professional leadership was not well developed compared with clinical leadership. In many instances, success as a leader is due to a combination of clinical expertise, professional attributes, role clarity, and supportive organizational culture. The professional leadership dimension of the role is still underdeveloped. Those new to the role need support and opportunity to establish links and develop formal networks at national and international levels.
Enghiad, P., et al. (2022)	International	To understand the concept of clinical leadership and clinical leadership development for nurses working with older adults in long-	Integrative review of 16 articles	Licensed Practical Nurses and RNs working in long term care	Shared leadership features include: Communication skills, decision-making skills, empowering others and being a role model. Good clinical leadership development mirrors these leadership features. Providing high quality care is a key motivator in leadership. Team members recognize clinical leaders because their practice is based on, and guided by, the

		term care health care facilities.			same beliefs and values that they uphold. Nurses follow clinical leaders whose values are comparable to their own. Clinical leadership was identified as a factor in nurses' job satisfaction and retention.
Ennis, G., et al. (2015)	Australia	To explore the characteristics clinicians consider important for clinical leadership and its significance for mental health nursing in day-to-day clinical practice.	Qualitative grounded theory study	12 registered mental health nurses working across inpatient and community mental health teams	Clinical leaders in mental health nursing have a positive impact on less experienced staff and undergraduate nursing students. Clinical leaders enabled and supported this through role modelling, clinical teaching, professionalism, honesty, willingness to share knowledge, and approachability. Clinical leaders play an important role developing the next generation of mental health nurses, in attracting new graduates into the profession, and in ensuring the existing nursing workforce has an opportunity to develop professionally.
Ennis, G., et al. (2016)	Australia	To generate new insights into the experiences of peer identified clinical leaders in mental health nursing and the development of leadership skills.	Qualitative grounded theory study	Peer identified clinical leaders in MH nursing working across inpatient and community mental health teams **NB** Number of participants not identified	Identifying positive role models at an early stage in nursing careers is important in developing clinical leadership characteristics. This is followed by intentionally modelling these characteristics and practices, picking and adapting what is useful and develop one's own leadership skills. These characteristics and practices then become intentionally modelled to other less experienced staff.
Fealy, G. M., et al. (2011)	Ireland	To identify and describe self-reported barriers to clinical leadership development among nurses and midwives in Ireland	Mixed methods: Cross-sectional survey using the Clinical Leadership Analysis of Need Questionnaire (CLAN-Q) and 22 focus groups.	National random sample of 3000 nurses and midwives registered with the Irish Nursing Board across all settings. 911 (RR 30.92%) responses	Barriers to clinical leadership development were perceived as highest in the 'influence' and 'interdisciplinary relationships' subscales and lowest in the dimension 'quality care factors'. There were significant differences between grades with respect to the 'influence', 'interdisciplinary relationships' and 'recognition' subscales dimension of leadership development with staff grades experiencing more barriers in these dimensions. This suggests that relative position in an organisation may be a crucial factor in the development and enactment of clinical leader roles.

Galuska, L. A. (2014)	International	To capture nurses' voices and experiences related to the contribution and effectiveness of academic and continuing education for leadership competency development.	Metasynthesis of 27 qualitative studies	Nurses with formal leadership development	Both theory and skills learning were important in preparing nurses for leadership roles. Learning that involved an action (project) element, group activity, and modelling from mentors, were important in developing leadership and putting learning into practice. Leadership programmes improved listening skills, (patient-centred) communication, conflict management and confidence in influencing change. Leadership development increased alignment with organisational vision and goals. Threats to applying leadership learning included time and workload constraints and organisational cultural barriers. Experiential learning, supportive relationships, healthy communication, and feedback provide the network of support that enables nursing leadership to flourish and soar.
Guibert-Lacasa, C. & M. Vazquez-Calatayud (2022)	International	To identify effective interventions to facilitate nurses' clinical leadership in the hospital setting.	Systematic review of reviews and Experimental and quasiexperimental studies n= 6	Clinical nurses in the hospital setting	Interventions to promote clinical leadership addressed three core competencies: cognitive, interpersonal and intrinsic. The importance of organisational support for the implementation of leadership programmes was emphasised.
Higgins, A., et al. (2014)	Ireland	To report the factors that influence clinical specialists' and advanced nurse practitioners' ability to enact their clinical and professional leadership roles: The SCAPE study.	A case study design including interviews, documentary analysis and non-participant observation	A National sample of 23 clinical specialist/advanced practitioners (and 21 multidisciplinary team members and 13 Directors of Nursing/Midwifery working with them) across hospital and community settings	The study identified the importance of having a dedicated framework for role development that acknowledges leadership roles. In addition, the provision of opportunities to act as leaders, a programme to develop and sustain leadership potential as well as the presence of key personal attributes were key enablers. Nursing and midwifery leaders and managers at all levels have a key role to play in supporting leadership potential, through countering the negative impact of professional isolation, expanding opportunities for CS/APs to move beyond the local context and engage at regional, national and international level.

Lalleman, P., et al. (2017)	The Netherlands	To explore the experiences and impact of peer-to-peer shadowing as a technique to develop nurse middle managers' clinical leadership practices.	A qualitative descriptive study using 2 semi-structured interviews with 8 NMMs	Nurse middle managers (NMM - "positioned between the ward and higher management") from two hospitals.	Participants' had a positive attitude towards peer-to-peer shadowing as a clinical leadership development technique. NMMs recognize a specific personal style element of their peers, compare it with their own style, and go on to describe something that they do not like or do not do anymore. This comparison helps them to make sense of their own "doings". This helped participants gain a perspective on their leadership career trajectory and how they wished to be. Most NMMs stated that shadowing helps to put their own work in perspective. Peer-to-peer shadowing strengthened the conviction that open, constructive feedback should be done more often.
Laschinger, H. K. S., et al. (2013)	Canada	To examine the influence of personal and situational factors on direct-care nurses' interests in pursuing nursing management roles.	A national cross-sectional survey sent to 3600 RNs (final respondents 1241: 35%)	National sample using nine provincial regulatory bodies RN lists. 88% respondents from hospital settings.	Only twenty-four per cent of nurses expressed interest in pursuing nursing management roles but 50% expressed interest in charge nurse roles. Age, educational preparation, feasibility of further education, leadership self-efficacy, career motivation, and opportunity to motivate others were the strongest predictors of aspirations for management roles. There is a steady decline in interest in management roles with increasing age. Nurses with greater confidence in their leadership capabilities had stronger career aspirations. Nursing leaders should capitalize on younger nurses' interests in management roles by encouraging them to seek out opportunities to prepare themselves for these roles. Middle-career nurses require institutional support in obtaining formal educational qualifications to augment their existing knowledge and skills.
Martin, G. P. & J. Waring (2013)	England	To consider the challenges in the enactment of leadership roles by	Qualitative interviews	23 staff nurses in two operating theatre departments, mostly	While participants were clear about what constituted a 'good leader', several were reluctant to use this label about themselves. The daily roles of these leaders seemed less about creating visions for others to follow,

		operating department team leaders and co-ordinators		nurses, given formal leadership responsibilities and redesignated as 'team leaders'	and more about the practical concern of making sure that things got done. However, their formal designation as 'leaders' was often insufficient to garner the kind of influence needed to make things happen. Guidelines, checklists and protocols for safe surgical practice endorsed by external authorities could help empower the nurses in negotiating power dynamics. With subordinate, and peer team members, participants were often able to perform the leadership role with much less difficulty.
Mbewe, C., & Jones, M. (2015)	U.S.A.	To explore new graduates experiences and preparation for nursing leadership and management roles.	Cross-sectional survey with open and closed questions. 25 participants (out of 50 who could be contacted – RR 50%).	Nursing graduates from one associate degree programme who graduated 2009-2011.	Most were not comfortable with their leadership skills as a nurse and did not feel confident or educationally prepared. Assignments where they could act like leaders and attending and presenting at conferences would help become familiar with interacting at a variety of levels. Nursing faculties should become creative in providing leadership and management opportunities for students.
McCloughen, A., et al. (2009)	Australia	To identify whether mentoring relationships contribute to the development of nurse leaders in Australia and how Australian nurse leaders conceptualise mentoring.	A qualitative phenomenological study using interviews	13 nurse leaders from 3 Australian states	Many participants attributed their own experience of being a mentee as contributing to their development as nurse leaders. Breadth of mentoring experience and centrality of human bond were significant to positioning mentoring relationships for nurse leadership as distinct from other professional relationships. Mentors championed mentees' careers, often using themselves as a conduit by which mentees were given opportunity to be acknowledged by others and try new things. Mentors lent their name to activities in which their mentees were involved, facilitated their entrèe to important professional networks, and ultimately encouraged mentees to stand on their own merits.
Peltzer, J. N., et al. (2015)	U.S.A.	To examine nursing leadership development needs	Online cross-sectional survey	971 RNs from all settings across Kansas	Nearly two thirds of nurses self-identified as being leaders. The most common leadership roles were associated with organizational coordinator positions,

		among Kansas registered nurses	with closed and open responses		such as those in the areas of quality improvement, management, and committee chairs. An interest in leadership positions was distributed fairly equally among formal leadership positions and service oriented leadership opportunities. The percentage of self-identified leaders who were interested in future elected positions was significantly higher compared with self-identified nonleaders. Participants identified multiple barriers to becoming a leader or developing current leadership skills. The most frequently reported barriers were insufficient time, lack of support, and perceived need for further leadership development. Personal leadership skill building and understanding how to influence policy were the most commonly identified areas for professional leadership development.
Stanley, D. & K. Stanley (2018)	International	To explore what is known of the concept of clinical leadership and what the term means.	Integrative review of 27 studies (of all designs)	All studies focusing on clinical leadership in nursing, study participants were predominantly registered nurses, with a clinical focus.	Identified the key attributes of clinical leadership as someone with good clinical practice who was supportive and a good communicator. The attributes least likely to be to be associated with clinical leadership were being in a position of control, having vision and being creative. Barriers to effective clinical leadership development included: perceiving clinical leadership as a management skill rather than a leadership skill; a tension between values focusing directly on patient care and leadership taking them away from direct patient care; limited time to initiate change or see change through; lack of opportunities to learn about and practice leadership. Other barriers included: resistance from colleagues to change; unclear process of advancement; lack of recognition of leadership role/skills; lack of confidence; poor organisational culture; confusion about leadership and management.
Terkamo-Moisio, A., et al. (2022)	Finland	To describe the structural and	Cross-sectional online survey	69 (81% RR) current or prospective nurse	For structural empowerment, participants gave the highest scores for access to opportunity and access to

		psychological empowerment levels of students beginning a collaboratively implemented continuing leadership education program.	using CWEQ-II measure for structural empowerment and the Work Empowerment Questionnaire.	leaders from nine healthcare organisations enrolled in a continuing leadership education program delivered across 5 universities. Most held management positions.	information and the lowest scores for access to support and access to resources. Those in management had higher scores than those working in patient care. For psychological empowerment, participants reported the highest scores in the 'verbal empowerment' subscale followed by the 'behavioural empowerment' subscale. 'Outcome empowerment' was the lowest scoring subscale. Nurses and nurse leaders seem to lack the status and power required to impact their organizations, possibly causing them to apply for nursing leadership education. Nurse leaders should be given opportunities for continuing leadership education to improve empowerment and, as a result, staff outcomes.