



The Role of Ward Head Leadership in Developing the Competence of New Nurses

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Abstract: This study aims to identify and analyze the role of ward head leadership in shaping the competence of new nurses. The focus of the study is on how leadership strategies, training programs, and organizational support contribute to improving the clinical readiness and professionalism of new nurses. The research method used was qualitative with a descriptive approach through a literature study. Data collection techniques were carried out by reviewing relevant current scientific articles, while data analysis was conducted inductively through a process of theme identification, data reduction, concept categorization, and conclusion drawing. The results of the study show that effective ward head leadership—which integrates emotional, pedagogical, and strategic approaches—has a direct impact on strengthening the clinical competence, interpersonal skills, and work resilience of new nurses. The findings also reveal that leadership training based on authentic leadership, mindfulness, and 360-degree feedback significantly improves the managerial capacity of ward heads in mentoring new staff. The implications of these results emphasize the importance of integrating leadership development programs into the nursing management system and the need for institutional support in creating a sustainable learning environment. In conclusion, ward leadership is not only an administrative function but also a key agent in transforming the learning process and competency development in the clinical environment.

Keywords: Nursing Leadership, Head Nurse, New Nurses, Clinical Competency, Literature Review

Introduction

In the ever-evolving landscape of healthcare, the transition from nursing student to competent practitioner remains one of the most vulnerable and complex phases in a nurse's professional journey. Newly graduated nurses (NGNs) often face steep learning curves, clinical uncertainty, and psychological stress during their early months in practice. This transitional challenge has been exacerbated by growing workforce demands, rapid technological changes, and increasingly complex patient care needs, especially in post-pandemic healthcare systems (Jeffrey et al., 2023).

Leadership within hospital wards plays a decisive role in mitigating this transitional stress by acting as a support structure and competence enabler. Among various leadership levels, ward head nurses—or ward managers—stand out due to their proximity to new nurses and their direct influence on work readiness and confidence (Pérez-González et al., 2024). Their roles go beyond administrative duties to encompass mentorship, emotional

support, and pedagogical guidance, which significantly impact how well NGNs integrate into clinical teams (Tomietto et al., 2021).

The urgency to strengthen ward leadership arises from both patient safety and workforce sustainability perspectives. NGNs lacking appropriate guidance and leadership often show higher turnover rates, lower engagement, and inadequate clinical performance—all of which threaten the quality of care delivery (Jeffrey et al., 2023). It is therefore critical to investigate what specific leadership behaviors and programs contribute to NGNs' development and retention.

Multiple studies have affirmed that ward leaders who receive targeted training in leadership and emotional intelligence exhibit improved delegation, planning, and conflict-resolution skills, which in turn elevate the clinical competence of the nurses under their supervision (Al-Nasri, 2024). These findings highlight that leadership is not a static attribute but a set of modifiable competencies that can be nurtured through structured development programs (Emam et al., 2024).

Mentorship and authentic leadership styles have also emerged as key mechanisms through which head nurses foster a learning-conducive environment for NGNs. Leaders who practice mindfulness and authenticity cultivate trust, psychological safety, and reflective learning, thereby accelerating the professional growth of NGNs (Shurab et al., 2024). These relational and emotional components of leadership are as vital as clinical expertise in shaping nurse development.

Furthermore, transformational leadership styles—marked by motivation, vision-sharing, and adaptability—are consistently associated with higher levels of team cohesion, morale, and clinical initiative among new nurses (Yu et al., 2024). These leaders are often more effective in aligning organizational goals with personal development trajectories of NGNs, fostering a sense of purpose and belonging.

The creation of a pedagogically supportive work environment is another significant domain influenced by ward leaders. Such environments facilitate learning by enabling NGNs to apply theoretical knowledge in real clinical contexts, receive constructive feedback, and observe best practices firsthand (Tomietto et al., 2021). The consistency of feedback loops and opportunities for reflective practice have shown positive outcomes on skill retention and decision-making abilities.

Moreover, strong ward leadership has been linked to the development of soft skills in NGNs, including communication, time management, and emotional regulation—all of which are critical for professional integration (Richards, 2023). These competencies often determine the success of early-career nurses in high-pressure settings such as emergency departments or intensive care units.

The literature also suggests that effective ward leadership directly correlates with increased retention rates among NGNs. Supportive leaders help bridge the 'theory-practice gap,' reduce job-related anxiety, and enhance role clarity, which significantly lowers the likelihood of early career abandonment (Rainey & Monaghan, 2022). Thus, investing in ward leadership indirectly contributes to workforce stability and cost-efficiency.

Despite these documented benefits, a significant gap remains in the consistent implementation of leadership development frameworks across healthcare institutions.

Many organizations underinvest in leadership training, assuming that seniority naturally equates to leadership readiness—a misconception that undermines both leader effectiveness and NGN development (Al-Nasri, 2024).

Another critical gap is the variability in leadership quality across units and regions, which leads to inconsistent experiences for NGNs and uneven standards of care. Uniform standards and competency benchmarks for ward leaders are urgently needed to ensure equitable development pathways for all NGNs (Pérez-González et al., 2024).

This article aims to address these gaps by analyzing the role of ward leadership in shaping NGNs' competencies and identifying the most impactful strategies employed by head nurses. The review synthesizes empirical evidence on mentorship, leadership style, educational interventions, and supportive environments to offer a holistic view of what constitutes effective leadership in this context.

Theoretically, this article contributes to leadership science in nursing by detailing the psychosocial and pedagogical dimensions of ward leadership. It expands the discourse from purely administrative leadership to relational and developmental frameworks that are critical in clinical education (Shurab et al., 2024).

Practically, the findings are valuable for nurse managers, healthcare administrators, and policy-makers aiming to design interventions that enhance nurse retention, clinical safety, and workforce capability. Hospitals and training institutions can use these insights to develop competency-based leadership curricula and mentoring programs tailored to NGNs' unique needs (Emam et al., 2024).

Ultimately, this article underscores the indispensable role of ward leadership in not only improving NGNs' individual performance but also enhancing overall patient outcomes and institutional resilience. In doing so, it calls for a strategic reorientation of nurse leadership development efforts towards fostering competence, confidence, and continuity in nursing practice.

Methods

This study employed a qualitative research method with a descriptive approach through library research to analyze the role of ward leadership in developing the competence of newly graduated nurses. A qualitative-descriptive framework was chosen to allow a nuanced exploration of complex human interactions, leadership behaviors, and organizational cultures within the hospital ward context. This approach enables researchers to portray phenomena as experienced by individuals, without statistical generalization, but with depth and contextual understanding (Abraham & P, 2024; Doyle dkk., 2019).

The sources of data used in this article include recent and relevant academic literature such as peer-reviewed journal articles, empirical studies, and theoretical reviews focused on nursing leadership, new nurse development, and clinical mentoring. All references were selected from credible academic publications published between 2017 and 2024, ensuring both thematic relevance and temporal validity. The core literature supporting this study includes works by Al-Nasri (2024), Emam et al. (2024), Shurab et al. (2024), Pérez-González et al. (2024), and others whose empirical findings strongly relate to ward leadership and competence development in new nurses.

The technique of data collection was primarily document analysis, conducted through systematic literature searches of high-quality academic journals in nursing, healthcare management, and education. Key terms used included “ward leadership,” “new graduate nurses,” “mentorship,” “transformational leadership,” and “competency development.” This process followed the framework of library research, where the researcher extracts theoretical constructs, patterns, and concepts from the literature instead of empirical fieldwork (Bandaranayake, 2024; Togia & Malliari, 2017).

Data analysis involved four systematic stages: theme identification, data reduction, categorization of concepts, and inductive conclusion drawing. The researcher began by coding emerging themes such as leadership style, mentoring strategies, and workplace learning environments. Data reduction was carried out to filter essential information from broad textual sources, followed by categorization into conceptual domains such as transformational leadership, learning support, and competence readiness. Finally, inductive analysis was used to synthesize these categories into coherent insights aligned with the research question (Bingham, 2023; Fife & Gossner, 2024).

To ensure validity and reliability, inclusion criteria were applied, such as publication in indexed journals, recency (post-2015), relevance to nursing leadership and competency development, and empirical or theoretical robustness. Studies with outdated frameworks, lacking peer review, or not directly addressing NGN development were excluded. Triangulation of sources was applied by comparing perspectives from multiple studies on similar themes to ensure credibility and reduce interpretive bias (Kalpokaite & Radivojevic, 2018; Vila-Henninger dkk., 2022).

Overall, the qualitative-descriptive approach through library research was suitable for capturing the rich, multidimensional dynamics of ward leadership in shaping NGNs’ competence. It allowed the integration of diverse leadership frameworks, practical strategies, and learning models into a comprehensive understanding of how nurse leaders operate in real clinical environments. The systematic use of recent literature also guarantees that the findings are valid, relevant, and academically accountable, contributing both theoretical value and practical insight for healthcare institutions and nurse managers.

Results and Discussion

This study reveals several key findings regarding the strategic role of ward leadership in shaping the competence of newly graduated nurses. The literature review, encompassing 14 high-quality studies from 2019 to 2025, identifies four dominant dimensions of head nurse leadership that significantly impact professional development outcomes.

Pedagogical Leadership and Learning Atmosphere

Effective ward managers actively foster a supportive clinical learning environment by facilitating mentoring relationships and shaping a positive educational climate. Leadership that promotes open communication, psychological safety, and emotional intelligence correlates with increased readiness and confidence among novice nurses (Tomietto et al., 2021; Zhang et al., 2022). Furthermore, emotional intelligence and empathy

in leadership behaviors are strongly associated with the development of teamwork and professionalism in nursing staff (Feng et al., 2025; Furukawa & Kashiwagi, 2021).

Core Competency Development in Ward Leadership

Key competencies of head nurses identified across multiple studies include operational management, communication, conflict resolution, strategic planning, and change management. These are considered foundational in enabling leaders to guide and mentor new nurses effectively (González-García et al., 2021; Heinen et al., 2019; Mozzarelli, 2025). The ability to integrate these competencies in daily practice enhances both clinical decision-making and interprofessional collaboration.

Structured Leadership Training Programs

A consistent theme across studies is the measurable impact of structured training interventions on leadership effectiveness. Programs such as authentic leadership development, mindfulness-based education, and 360-degree feedback models have demonstrated significant improvements in managerial competence (Al-Nasri, 2024; Emam et al., 2024; Shurab et al., 2024). These programs not only enhance the head nurses' self-awareness and coaching skills but also increase their capacity to foster resilience and continued professional development in novice nurses (Carson et al., 2025; Swinton & Haverkamp, 2023).

Organizational Support and Reflective Structures

The presence of institutional support, peer collaboration, and reflection frameworks is critical in bridging the academic-practice gap. Leaders equipped with reflection tools and given space for interdisciplinary collaboration are better able to provide tailored support for new nurses (Julnes et al., 2022; Källestedt et al., 2020). Reflective learning, experience-based mentoring, and continuous feedback mechanisms contribute to enhanced retention, resilience, and clinical integration (Lewallen & Van Horn, 2025).

Table 1. Ward Leadership Dimensions and Competency Outcomes

Leadership Dimension	Impact on New Nurse Competence	Sources
Pedagogical Leadership	Improved mentoring and clinical learning outcomes	(Tomietto et al., 2021; Zhang et al., 2022)
Emotional Intelligence	Increased teamwork and professional behavior	(Feng et al., 2025; Furukawa & Kashiwagi, 2021)
Core Competency Development	Enhanced operational, communication, and conflict skills	(Heinen et al., 2019; Mozzarelli, 2025)
Leadership Training Programs	Improved managerial competence and support strategies	(Al-Nasri, 2024; Emam et al., 2024)
Organizational Support & Reflection	Stronger resilience and sustained learning culture	(Julnes et al., 2022; Lewallen & Van Horn, 2025)

These findings affirm that ward leadership must be multidimensional—integrating both technical competence and interpersonal intelligence. The studies collectively show that the quality of ward leadership directly affects nurse transition outcomes, clinical safety, and

staff retention. Unlike earlier models that focused narrowly on administrative tasks, contemporary leadership frameworks emphasize human-centered mentoring and institutional adaptability.

Discussion

The findings of this literature-based study confirm the pivotal role of ward leadership in shaping the competence of newly graduated nurses (NGNs). Anchored in contemporary nursing management literature, the role of the head nurse transcends traditional administrative functions and now encompasses pedagogical, developmental, and emotional leadership dimensions. The implementation of emotionally intelligent, reflective, and structured leadership strategies directly aligns with earlier conceptualizations of situated learning and transformational leadership theories.

The formation of clinical competence among NGNs is deeply influenced by the pedagogical atmosphere fostered by ward leaders. Studies confirm that when head nurses promote open communication, trust-based mentoring, and structured clinical learning, NGNs develop better clinical decision-making, critical thinking, and confidence (Tomietto et al., 2021; Zhang et al., 2022). This supports experiential learning theory, where learning is most effective when learners are supported in real contexts. Moreover, emotionally intelligent leadership, which emphasizes empathy, emotional regulation, and social awareness, has been shown to significantly enhance teamwork and professionalism among junior staff (Feng et al., 2025; Furukawa & Kashiwagi, 2021).

The presence of structured leadership training programs—such as those based on authentic leadership, mindfulness, and 360-degree feedback—has resulted in significant improvements in the leadership capabilities of head nurses (Al-Nasri, 2024; Emam et al., 2024; Shurab et al., 2024). These findings affirm the value of investment in leadership development, particularly in equipping nurse managers with practical tools for self-awareness, conflict resolution, and strategic delegation. This aligns with leadership competency frameworks in nursing that emphasize continuous self-development and coaching roles (Carson et al., 2025; Swinton & Haverkamp, 2023).

Despite these promising results, several contextual and organizational factors either enhance or hinder leadership effectiveness. A consistent theme across studies is the critical importance of organizational support—such as access to reflective structures, interdisciplinary collaboration, and protected time for mentorship. Institutions that invest in these support systems see better integration of NGNs into practice settings and stronger professional identities (Julnes et al., 2022; Källestedt et al., 2020). Conversely, when leadership is undermined by excessive administrative workload or lack of institutional trust, the quality of mentorship and learning declines, creating risks for retention and safety (Lewallen & Van Horn, 2025).

In interpreting these results, it is important to consider possible limitations in the underlying studies. Many rely on cross-sectional or quasi-experimental designs, which, while insightful, may lack longitudinal depth to fully capture the evolving nature of nurse development and leadership influence. Additionally, cultural differences in healthcare systems (e.g., hierarchical norms in Japan vs. participative models in Scandinavia) may limit

the generalizability of leadership styles across regions (Furukawa & Kashiwagi, 2021; González-García et al., 2021).

Future research should prioritize longitudinal studies examining the sustained impact of leadership on NGN competence, as well as mixed-method approaches that integrate qualitative insights with performance metrics. Institutional policies must also adapt by embedding leadership development in clinical governance structures and recognizing head nurses not just as operational managers but as educational agents within clinical ecosystems.

In summary, this study contributes meaningfully to the growing body of knowledge that reframes head nurses as key actors in professional development. By linking structured leadership practices with enhanced competence in NGNs, it supports the shift toward relational and transformational nursing leadership as a pillar of sustainable healthcare workforce development.

Conclusion

This study concludes that ward leadership plays a fundamental role in shaping the professional competence of newly graduated nurses through a combination of pedagogical support, emotional intelligence, structured leadership training, and institutional backing. The findings provide a deeper understanding of how effective head nurse leadership contributes not only to clinical learning outcomes but also to the development of resilience, teamwork, and professional identity among novice nurses. These results align with and expand upon previous theories of transformational and experiential learning in nursing, offering strong empirical support for integrating leadership development into clinical education. Socially and academically, these findings highlight the urgent need for healthcare institutions to reframe head nurses not merely as managers but as key educational agents within interdisciplinary environments. Culturally, the adaptability of leadership styles to local norms and support structures must be considered in implementation. While this study synthesizes recent literature comprehensively, it is limited by the absence of longitudinal or context-specific data. Future research should explore the long-term effects of ward leadership on nurse retention, cross-cultural leadership adaptations, and institutional policy shifts in nursing leadership development.

Based on this qualitative study, healthcare institutions are advised to prioritize structured leadership training for ward head nurses that integrates emotional intelligence, reflective practice, and mentorship, supported by adequate institutional resources and academic–clinical collaboration. Policymakers should establish frameworks recognizing the educational role of ward leaders to bridge the academic–practice gap. Future research is encouraged to use methodological triangulation and diverse contexts to deepen understanding of leadership’s role in sustainable nursing workforce development.

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