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## Transformational Nursing Leadership and Teamwork Performance: Rethinking Leadership Development in Nursing Education

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### Abstrak

Nursing leadership has increasingly been recognised as a decisive element in sustaining teamwork performance, patient safety, and quality of care. However, the relationship between leadership and teamwork is often discussed in a fragmented manner, with leadership treated as an individual managerial attribute and teamwork as a separate operational outcome. This article aims to critically examine how transformational nursing leadership contributes to teamwork performance and to discuss its implications for leadership development in nursing education. This study employed a structured narrative review approach by synthesising selected literature on nursing leadership, teamwork, transformational leadership, patient safety, staff retention, and leadership development. The review was organised thematically to clarify three key issues: the conceptualisation of nursing leadership in clinical practice, teamwork as a mechanism linking leadership with care quality, and transformational leadership as a developmental framework for preparing nurse leaders. The synthesis indicates that transformational leadership contributes to teamwork performance not merely by motivating individual nurses, but by shaping communication, trust, shared responsibility, mutual support, and collective accountability within clinical teams. Nevertheless, transformational leadership should not be idealised as a universal solution, since effective nursing leadership also requires operational discipline, role clarity, feedback systems, and organisational support. This article concludes that nursing education should move beyond teaching leadership as an abstract competence and instead cultivate future nurse leaders who are able to build reliable, collaborative, and patient-centred clinical teams.

**Keywords:** Transformational Nursing Leadership, Teamwork Performance, Nursing Education, Leadership Development, Patient Safety

### 1. Introduction

Nursing leadership can no longer be treated as a narrow question of ward supervision, staff discipline, or administrative control. In contemporary clinical environments, leadership forms part of the organisational infrastructure through which safety, coordination, and quality of care are either sustained or compromised (Althobaiti, 2026). Recent evidence has shown that nurse managers' leadership is associated with patient safety and quality-of-care outcomes, but this association should not be interpreted as a simple effect of formal authority (Lee, et al., 2023a). Leadership becomes clinically consequential when it structures communication, enables collective accountability, supports evidence-informed decision-making, and creates the conditions under which nurses are able to work as a coherent team rather than as isolated practitioners (Lee et al., 2023; Hult et al., 2023; Välimäki et al., 2024; Althobaiti, 2026).

Within this debate, transformational leadership has attracted considerable attention because it appears to address several persistent weaknesses in nursing work environments. Rather than relying primarily on command, surveillance, or transactional exchange, transformational leadership emphasises vision, role modelling, intellectual stimulation, individualised consideration, and the development of followers' professional capacity. Recent studies have linked transformational leadership with nurses' motivation, engagement, innovative behaviour, psychological empowerment, ethical competence, organisational climate, and job performance (Ystaas et al., 2023; Yu et al., 2024; Abu-Qutaish et al., 2025; Bektaş et al., 2025; Huang et al., 2025). These findings suggest that transformational leadership has particular relevance for nursing because clinical performance depends not only on technical compliance but also on confidence, trust, learning, and shared responsibility.

Nevertheless, the current literature should not be read as if transformational leadership were a universal remedy for nursing organisations. A more cautious reading suggests that leadership effects are mediated by team-level and organisational processes. Teamwork, for instance, is not simply the presence of several nurses or professionals in the same clinical unit; it is produced through coordinated communication, mutual monitoring,

backup behaviour, shared mental models, and team orientation. Studies in acute care and hospital settings show that teamwork is associated with patient safety, safety-related behaviour, safety culture, and patient-centred care, while intervention-oriented work on the Big-Five Teamwork Model indicates that strengthening teamwork can reduce rationing of nursing care and improve patient-centred outcomes (Dinius et al., 2020; Zaheer et al., 2021; Hall-Lord et al., 2024; Ashour et al., 2025). This shifts the analytical focus from leadership as a personal style to leadership as a mechanism that shapes collective clinical practice.

Recent studies have begun to show that patient safety culture, organisational climate, leader coaching behaviour, and job resources may mediate or condition the effect of leadership on nurses' safety practices and professional responsibility (Chegini et al., 2020; Seljemo et al., 2020; Lee et al., 2023; Hamdan et al., 2024; Sadeghi et al., 2025). This line of evidence is important because it challenges a leader-centred explanation that assumes good leadership automatically produces better outcomes. Instead, leadership appears to work through a more complex chain of relational and organisational processes: leaders influence communication norms, communication shapes safety culture, safety culture affects professional responsibility, and these dynamics collectively influence the quality and safety of nursing care.

Despite this progress, the relationship between transformational nursing leadership and teamwork performance remains insufficiently theorised. Much of the literature has established statistical associations between leadership styles and desirable outcomes, including safety culture, staff engagement, retention, innovation, and quality of care (Hult et al., 2023; Lee et al., 2023; Althobaiti, 2026). Yet fewer studies explain how leadership practices generate the internal conditions of effective teamwork, particularly trust, coordination, mutual support, shared responsibility, and collective accountability. This gap matters because nursing teams often operate under staffing pressure, high workload, emotional strain, hierarchical communication, and fragmented shift patterns; conditions that may limit the practical reach of transformational leadership if it is not embedded in everyday team processes (Zaheer et al., 2021; Välimäki et al., 2024; Hadi et al., 2025).

Against this background, this study examines nursing leadership and teamwork performance through the lens of transformational leadership. Rather than treating transformational leadership as a fixed ideal or an inherently superior style, this study uses it as an analytical framework to investigate how nurse leaders influence communication, trust, coordination, motivation, safety culture, and collective accountability within clinical teams. The contribution of this study is twofold. First, it clarifies the conceptual link between transformational leadership and teamwork performance in nursing practice. Second, it advances a more practice-sensitive account of nursing leadership by arguing that transformational leadership becomes meaningful not merely when leaders inspire followers, but when they create the relational and organisational conditions through which safe, coordinated, and patient-centred care can be delivered (Hamdan et al., 2024; Hall-Lord et al., 2024; Ashour et al., 2025).

## 2. Method

This article employed a structured narrative review to synthesise literature on nursing leadership, teamwork, and transformational leadership. This approach was chosen because the reviewed sources consisted of diverse forms of evidence, including conceptual papers, empirical studies, systematic reviews, and leadership development research. Rather than conducting a statistical meta-analysis, the review aimed to develop a critical synthesis of how leadership and teamwork are conceptually and practically connected in nursing. The research was organised around three analytical concerns: 1) literature on nursing leadership was examined to clarify how leadership is conceptualised and enacted in clinical settings; 2) studies on teamwork were reviewed to identify how team processes contribute to patient, nurse, and organisational outcomes; and 3) transformational leadership literature was analysed to assess its relevance and limitations as a framework for nursing team development. The findings were integrated thematically rather than presented as isolated study summaries. This allowed the review to construct a coherent argument around leadership as clinical coordination, teamwork as a relational and organisational process, and transformational leadership as a developmental model that must be understood alongside the operational realities of ward-level practice.

## 3. Results and Discussion

### 3.1 Nursing leadership as clinical coordination and relational practice

The reviewed literature consistently positions leadership as a central element of effective healthcare delivery. Curtis et al. (2011) argued that nursing leadership is particularly significant because nurses constitute a major proportion of the healthcare workforce. West et al. (2014) defined leadership as a complex process of guiding people and supporting them toward collective goals. Lessen, et al (2025) further situated this process within the everyday work of nurse leaders, where leadership involves coordinating shifts, supporting staff on duty, maintaining group effectiveness, solving problems, motivating others, and sustaining a solution-focused orientation. Taken together, these studies move leadership away from a narrow image of the leader as an

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administrative controller and toward a broader understanding of leadership as a practice of coordination, support, and influence.

However, this literature also reveals an important tension. While leadership is repeatedly described as essential for high-quality care and patient safety, the practical conditions under which leadership is enacted are more complex than leadership models often imply. Clinical leadership requires more than formal authority. It requires visibility, communication, credibility, and the ability to create a work climate in which nurses can perform effectively. Weller et al. (2014) emphasised that leadership is not confined to planning and task management but includes empowering the team and creating a positive environment. This point is important because nursing leadership operates through relationships. A nurse leader who can allocate duties but cannot generate trust, clarify expectations, or support staff development may preserve organisational routines while failing to build effective team performance.

The gap identified by MacPhee et al. (2013) between leadership education and clinical leadership demands therefore has more than pedagogical significance. It suggests that nursing leadership development may be misaligned with the complexity of practice. Leadership training may introduce concepts, competencies, and models, but clinical settings require leaders to translate them into real-time decisions, team communication, conflict management, and staff support. The implication is that leadership in nursing should be evaluated not only by individual leader characteristics but also by its effects on team functioning. This is where teamwork becomes analytically central.

### **3.2 Teamwork as the mechanism linking leadership to care quality**

The literature presents teamwork as a core condition for safe and effective nursing care. Kalisch et al. (2013) defined teamwork as a collaborative process through which professionals work together in decision-making and planning to achieve shared goals. Salas et al. (2012) and Nelsey and Brownie (2012) further emphasised that teamwork arises from the synergy of knowledge, skills, attitudes, and interdependence among team members. These definitions are useful because they make clear that teamwork is not simply a collection of individuals working in proximity. It is a structured relational process through which clinical work becomes coordinated.

The benefits attributed to teamwork are substantial. Castner et al. (2013) associated teamwork with safer and higher-quality nursing care. Weller et al. (2014) linked teamwork with innovation, safety, fewer medication errors, and the prevention of avoidable harm. Polis et al. (2017) showed that teamwork benefits patients through improved safety, satisfaction, and reduced adverse outcomes. Kalisch et al. (2010a) found that higher levels of nursing teamwork were associated with greater job satisfaction, while Kalisch et al. (2009) described how teamwork supports better quality of care. Babiker et al. (2014) also highlighted organisational benefits, including efficiency, reduced cost, and improved service delivery. The cumulative evidence therefore suggests that teamwork matters simultaneously for patients, nurses, and healthcare organisations.

Yet the literature also indicates that teamwork is difficult to sustain because healthcare teams are structurally fragile. Weller et al. (2014) identified communication, educational, psychological, and organisational barriers to interprofessional collaboration. Babiker et al. (2014) described additional challenges, including changing roles, changing settings, healthcare hierarchies, individualistic practice cultures, shift instability, disagreement, and conflict. Rowland (2014) similarly noted that the heterogeneity of healthcare creates challenges for effective teamwork. These barriers complicate any assumption that teamwork naturally emerges from professional goodwill. In practice, teamwork must be actively built and protected.

Kalisch et al. (2010b) offered one of the more useful frameworks for understanding this process by identifying five elements of effective nursing teamwork: team leadership, mutual trust, backup behaviour, shared mental models, and team orientation. This model is important because it shows that teamwork is neither purely behavioural nor purely attitudinal. It includes leadership structures, interpersonal trust, practical assistance, cognitive alignment, and collective commitment. Deneckere et al. (2012) similarly framed teamwork as a dynamic interaction between team input, team process, and team output. In this view, effective teamwork depends not only on who is in the team, but also on how the team interacts and how organisational conditions shape that interaction.

A critical reading of this literature suggests that leadership should be understood as one of the central mechanisms through which teamwork is made possible. Tohidi (2011) argued that individual leaders can influence team performance by demonstrating leadership skills and developing team members. Buljac-Samardzic et al. (2010) recommended that leaders support teamwork through tools, education, training, and feedback. However, their review also found limited high- or moderate-quality evidence on interventions designed to improve team effectiveness, making it difficult to identify which specific strategies are most effective. This limitation is crucial. The literature strongly supports the value of teamwork, but the evidence on how to systematically improve teamwork remains less conclusive. Leadership is therefore widely invoked as a solution, but the precise mechanisms through which leaders improve teamwork require more careful analysis.

### **3.3 Transformational leadership as a framework for team development**

Transformational leadership has received particular attention in nursing because it promises more than managerial control. Andrew (2011) distinguished transactional and transformational models as common leadership approaches in nursing wards. Abualrub and Alghamdi (2012) characterised transactional leadership as more episodic and task-based, while transformational leadership includes idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration. Fischer (2016), drawing on the Full Range Leadership Model, described transformational leadership as a leadership process oriented toward positive change, while Luzinski (2011) emphasised its capacity to move organisations from a managerial orientation toward a transformative one.

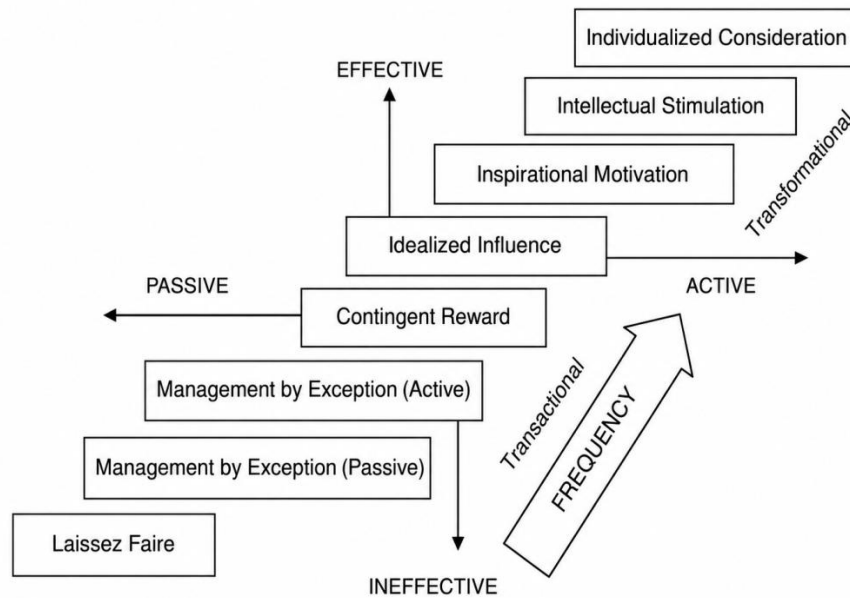


Figure 1. The Full Range Leadership Model adapted from Avolio and Bass, as cited in Fischer (2016)

Figure 1 illustrates the Full Range Leadership Model, which positions leadership behaviours along two intersecting dimensions: passive–active and ineffective–effective. At the lower end of the model, laissez-faire leadership and passive management-by-exception represent weak forms of leadership because they are largely reactive, delayed, and disconnected from team development. In clinical nursing settings, these forms of leadership may be particularly problematic because delayed intervention, poor visibility, and weak role clarification can undermine communication and patient safety. Transactional leadership occupies a more active position, especially through contingent reward and active management-by-exception. This suggests that transactional leadership is not inherently ineffective; rather, it may provide operational discipline, clarify expectations, and ensure compliance with clinical standards.

The model also shows that transformational leadership occupies the most active and effective position. Its four dimensions: idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration; indicate that effective nurse leadership requires more than task monitoring. Idealised influence allows nurse leaders to become credible role models; inspirational motivation helps align staff around shared clinical goals; intellectual stimulation encourages nurses to question routines and engage in problem-solving; and individualised consideration supports professional growth among team members. In this sense, transformational leadership contributes to teamwork performance by shaping both the relational and developmental conditions of clinical practice.

The figure is useful for this review because it prevents an overly simplistic opposition between transactional and transformational leadership. The model suggests a continuum rather than a rigid binary. For nursing practice, this distinction is crucial. Transformational leadership may support trust, motivation, learning, and team commitment, yet transactional behaviours remain necessary in situations that require immediate correction, role clarity, and adherence to patient safety standards. Therefore, the most defensible interpretation is not that transformational leadership replaces transactional leadership, but that it extends leadership beyond control toward team development while still requiring operational reliability in day-to-day ward management.

This model has strong appeal in nursing because clinical teams require both direction and development. Transformational nurse leaders are described as leaders who put nurses and nursing first, respond positively to challenges, build strong relationships with followers, act as mentors and role models, and establish values

grounded in integrity (Anonson et al., 2014). Cope and Murray (2017) identified transformational leadership as a prominent and often preferred leadership style in nursing, while Fischer (2016) linked it to safety culture, leadership effectiveness, job satisfaction, and patient outcomes. The model therefore appears well suited to clinical settings where staff motivation, professional learning, and relational trust are necessary for high-performing teams.

Nevertheless, a systematic reading of the literature suggests that transformational leadership should not be romanticised. Vishnu et al. (2015) warned that transformational leadership may involve impression management and may sometimes slide into leader self-promotion. Mannix et al. (2013) argued that transformational leaders may still require transactional leadership skills in day-to-day organisational management. Fischer (2016) similarly suggested that transformational leadership does not replace transactional leadership but complements and strengthens it by ensuring that both management and leadership functions are addressed. This qualification is important for nursing practice. In wards where patient safety depends on timely documentation, role clarity, medication accuracy, and adherence to standards, inspirational leadership without operational discipline may be insufficient.

The implication is that transformational leadership should be understood as a developmental orientation rather than a total leadership solution. Its value lies in shaping culture, motivation, trust, and professional growth, but it must remain connected to the practical demands of clinical management. This more balanced view avoids two weak positions. The first is a purely transactional view that reduces leadership to compliance and task completion. The second is an overly idealised view that assumes vision and inspiration alone can overcome structural barriers such as workload, staffing instability, hierarchy, and fragmented communication. Effective nursing leadership requires a synthesis of transformational capacity and operational reliability.

### **3.4 Transformational leadership and teamwork performance**

The reviewed evidence suggests that transformational leadership contributes to teamwork performance primarily through relational and motivational mechanisms. Cowden et al. (2011), in a systematic review of manager leadership practices and staff nurse retention, identified leadership style, manager characteristics, power, influence, supervisor support, decision-making style, and trust as relevant leadership practices. Although the review noted limitations related to variation in definitions and measurement, it supported a positive relationship between transformational leadership, supportive work environments, and nurses' intention to remain in their positions. This finding matters because retention is not only an individual employment outcome; it also influences team stability, continuity, and the capacity to build trust over time.

The connection between leadership and patient outcomes is also significant. Cummings et al. (2010), in a study involving ninety acute hospitals in Canada, examined the contribution of nursing leadership styles to 30-day patient mortality rates. Their findings showed that resonant leadership was associated with lower patient mortality rates. The authors linked this relationship to clearer communication among leaders and healthcare providers and to supportive work environments. This evidence strengthens the argument that leadership affects outcomes indirectly through the conditions it creates for team communication and safe practice. Leadership, in this sense, is not merely a background organisational factor; it participates in the production of clinical safety.

Trust emerges as a particularly important mechanism. Kalisch et al. (2009) and Babiker et al. (2014) identified communication as a major factor in the success or failure of nursing teamwork, especially where unclear roles, weak coordination, and miscommunication are present. Lencioni (2003) argued that team performance begins with trust, followed by productive conflict, commitment, accountability, and collective orientation to results. Reina et al. (2017) similarly associated high-trust environments with confidence, pride, motivation, and stronger performance. When trust is absent, team members become disengaged, protective, and less productive. These accounts suggest that transformational leadership influences teamwork not simply by inspiring individuals, but by building the psychological and relational safety required for coordinated work.

The empirical literature on teamwork and satisfaction reinforces this argument. Kalisch et al. (2010a), using data from 3,675 nursing staff across 80 patient care units, found that higher teamwork was associated with greater job satisfaction and contributed to staffing adequacy. The study is valuable because it used the Nursing Teamwork Survey, a tool designed specifically to assess teamwork behaviours in nursing. Piers et al. (2019) similarly found that interprofessional teamwork was associated with higher quality of care and lower turnover intention in acute geriatric units. These findings indicate that teamwork is not a soft or peripheral aspect of nursing practice. It is linked to measurable outcomes that affect staff experience, care quality, and organisational stability.

The role of cognitive trust and collective efficacy further clarifies the mechanism linking transformational leadership to team performance. Chou et al. (2013), in a cross-sectional study of 39 teams in Taiwan, found that transformational leadership affected team members' cognitive trust in the leader, which then contributed to collective efficacy and team performance. Although the study could not establish causality and was limited by scope, it is theoretically important because it identifies trust and collective efficacy as mediating processes. Transformational leadership therefore appears to operate not only at the level of individual motivation but also at the level of shared confidence in the team's ability to perform.

The developmental character of transformational leadership is also supported by intervention evidence. Duygulu and Kublay (2011) found that a transformational leadership training programme significantly improved leadership practices among unit charge nurses. Their study assessed 30 baccalaureate unit charge nurses and 151 observers across two academic hospitals over fourteen months, showing improvement in leadership practice scores from the first to the fourth evaluation. Although the generalisability of the findings was limited by sample and setting, the study supports the claim that transformational leadership is not merely an innate personal trait. It can be developed through training, education, and professional development. Cowden et al. (2011) similarly noted that leadership enhancement programmes can influence leadership behaviour.

Taken together, the literature supports a cautiously positive position toward transformational leadership in nursing. It is associated with staff satisfaction, retention, trust, supportive work environments, safety culture, and patient outcomes. However, its effectiveness depends on whether it is translated into team-level practices: communication, role clarity, mutual support, shared responsibility, accountability, and feedback. The critical point is that transformational leadership does not improve teamwork by its symbolic appeal alone. It becomes effective when it reorganises how nurses relate to one another, how they respond to problems, and how they sustain standards of care under pressure.

#### **4. Rethinking Leadership Development in Nursing Education**

The findings of this review suggest that leadership development in nursing education should be reframed from a supplementary managerial topic into a core pedagogical concern for preparing nurses to work in complex clinical teams. The continuing gap between leadership education and clinical leadership demands indicates that nursing curricula cannot rely only on conceptual exposure to leadership theories; students must be prepared to enact leadership in real clinical situations marked by uncertainty, workload pressure, and interprofessional dependency (MacPhee et al., 2013). This argument is reinforced by evidence that nurse leadership behaviours influence staff performance and care quality, suggesting that leadership education should be explicitly connected to clinical outcomes rather than treated as an abstract professional attribute (Alsadaan et al., 2023). Leadership development in nursing education should therefore focus not only on what leadership is, but on how leadership is practised through communication, coordination, delegation, supervision, and accountability in team-based care (Weller et al., 2014; West et al., 2014).

A more practice-sensitive model of nursing leadership education should begin from teamwork rather than from leadership style alone. Kalisch et al. (2010) demonstrated that nursing teamwork is a measurable clinical behaviour involving team leadership, mutual trust, backup behaviour, shared mental models, and team orientation. Baek et al. (2023) further showed that nursing teamwork is essential for promoting patient-centred care, which means that teamwork should be treated as a central educational outcome rather than a peripheral interpersonal skill. McLaney et al. (2022) also argued that interprofessional team collaboration in hospital settings requires identifiable competencies and behaviours, including role clarity, communication, shared responsibility, and coordinated action. These findings imply that leadership learning should be embedded in simulation, interprofessional education, case-based learning, and supervised clinical reflection where students confront practical problems of miscommunication, unclear roles, delegation, and patient safety risk.

Transformational leadership offers a useful but incomplete framework for redesigning leadership education in nursing. Its emphasis on idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration is relevant because nursing students and early-career nurses need to learn how leaders build trust, encourage critical thinking, support colleagues, and align teams around patient-centred goals (Fischer, 2016; Cope & Murray, 2017). Ystaas et al. (2023) found that transformational leadership is associated with positive nursing work environments and patient outcomes, which supports its use as a pedagogical framework for leadership formation. Gebreheat et al. (2023) similarly linked transformational leadership with nurses' job satisfaction, indicating that leadership education should address the motivational and relational dimensions of clinical work. However, transformational leadership should not be taught as a heroic personality model; it should be translated into concrete practices through which nurses learn to develop others, question unsafe routines, communicate vision, and sustain team commitment (Fischer, 2016; Duygulu & Kublay, 2011).

At the same time, nursing education must avoid presenting transformational leadership as a universal solution to all clinical problems. Fischer (2016) argued that transformational leadership complements rather than replaces transactional leadership, particularly because clinical practice still requires operational reliability, role clarity, timely correction, and adherence to standards. This point is consistent with Mannix et al. (2013), who emphasised that contemporary clinical leadership requires practical attributes that allow leaders to operate effectively within real organisational constraints. Cummings et al. (2010) showed that leadership style was associated with patient mortality outcomes, but the relationship was linked to communication and supportive work environments rather than leadership style alone. Therefore, students should be taught that effective nursing leadership involves judgement: knowing when to inspire, when to support, when to correct, and when to enforce clinical standards for patient safety.

The educational significance of trust also deserves stronger attention. Chou et al. (2013) found that transformational leadership influenced team performance through cognitive trust and collective efficacy, suggesting that trust is not merely an interpersonal virtue but a mechanism through which leadership affects team outcomes. Hadi-Moghaddam et al. (2021) demonstrated that nurses' trust in managers is related to nurses' performance behaviours, which reinforces the need to teach trust-building as a leadership competence. Alilyyani (2022) similarly showed that leadership can shape nurses' trust in managers, while Ivziku et al. (2024) linked trust in leaders with organisational commitment and nurses' intention to leave. These findings suggest that nursing education should include structured learning on how trust is built, damaged, and repaired in clinical teams, especially through communication consistency, fairness, psychological safety, and leader credibility.

Rethinking leadership development in nursing education also requires closer collaboration between academic institutions and clinical organisations. Leadership cannot be fully learned in the classroom because its most difficult dimensions emerge in practice, including conflict, workload pressure, shift instability, moral distress, documentation demands, and hierarchical communication (Weller et al., 2014; Deneckere et al., 2012). Duygulu and Kublay (2011) showed that transformational leadership training significantly improved leadership practices among charge nurses, indicating that leadership capacity can be developed through structured, longitudinal, and practice-based programmes. Cowden et al. (2011) also reported that leadership practices and supportive work environments influence nurses' intention to stay, which means that leadership development has implications not only for education but also for workforce retention and organisational stability. Nursing education should therefore integrate leadership progressively across the curriculum, beginning with self-leadership and communication, moving toward team participation and delegation, and later developing competence in supervision, conflict management, patient safety, and quality improvement.

In this sense, rethinking leadership development in nursing education requires a shift from teaching leadership as theory to cultivating leadership as clinical capability. The evidence on teamwork indicates that safe care depends on coordinated communication, shared mental models, backup behaviour, and team orientation rather than on individual competence alone (Kalisch et al., 2010; Salas et al., 2012). The evidence on transformational leadership suggests that leaders influence team performance through motivation, trust, collective efficacy, and supportive work environments rather than through formal authority alone (Chou et al., 2013; Fischer, 2016; Ystaas et al., 2023). The evidence on leadership development further indicates that leadership can be learned and strengthened through structured educational and organisational interventions (Duygulu & Kublay, 2011; Alsadaan et al., 2023). Therefore, the central task of nursing education is not simply to produce graduates who understand leadership concepts, but to prepare future nurses who can enact leadership by building reliable, collaborative, and patient-centred clinical teams.

## 5. Conclusion

This review shows that nursing leadership, teamwork, and transformational leadership are closely connected but should not be treated as interchangeable concepts. Leadership provides direction and support; teamwork translates clinical work into coordinated practice; transformational leadership offers a developmental framework for strengthening motivation, trust, communication, and professional growth. The reviewed literature indicates that effective nursing leadership contributes to team performance by shaping the relational and organisational conditions under which nurses work together. However, transformational leadership should not be idealised as a universal solution. Its value depends on its ability to operate alongside practical management skills, role clarity, feedback systems, and organisational support. In nursing practice, leaders must be able to inspire and develop staff while also maintaining operational reliability, safety standards, and accountability. The strongest contribution of transformational leadership lies not in replacing transactional leadership, but in extending leadership from task control toward team development.

For nursing education, the central implication is that improving patient safety and quality of care requires more than teaching leadership theories as abstract concepts. Nursing education should prepare future nurses to understand leadership as a practical, relational, and team-based competence. This requires educational strategies that cultivate communication, trust-building, conflict management, shared accountability, and collaborative decision-making. Preparing transformational nurse leaders, therefore, is not only a managerial concern but an educational priority for developing clinical teams capable of delivering safe, coordinated, and patient-centred care.

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