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Developing Nurse Leadership Capacity in Residential Care Facilities

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Abstract

This review provides a comprehensive examination of nurse leadership within residential care settings, with a focus on its role in enhancing care quality, workforce performance, and organisational effectiveness. The study aims to synthesise existing evidence on the conceptual foundations, roles, determinants, and outcomes of nurse leadership, while also exploring the influence of technological innovation and identifying future research directions. A narrative review methodology was adopted, drawing on interdisciplinary literature spanning nursing leadership, health systems, and digital health innovation.

The findings reveal that nurse leadership is a critical determinant of care quality and system performance in residential care environments. Nurse leaders play central roles in coordinating multidisciplinary care, ensuring clinical governance, and fostering cultures of safety and continuous improvement. Leadership capacity is influenced by a combination of individual competencies, organisational structures, and system-level factors, with emotional intelligence, analytical capability, and digital literacy emerging as essential attributes. The review also identifies

significant barriers, including workforce shortages, limited policy engagement, infrastructural constraints, and challenges associated with technology adoption.

Furthermore, the integration of advanced technologies such as artificial intelligence, predictive analytics, and digital health systems is reshaping leadership practices by enabling data-driven decision-making and enhancing operational efficiency. These innovations present both opportunities and challenges, necessitating the development of new competencies and supportive governance frameworks.

The review concludes that strengthening nurse leadership requires a multidimensional approach that integrates education, mentorship, technological competence, and organisational support. Key recommendations include investing in leadership development programmes, enhancing workforce capacity, promoting digital integration, and advancing research on leadership-outcome relationships. These measures are essential for building resilient and responsive residential care systems capable of addressing current and future healthcare demands.

Keywords: Nurse Leadership, Residential Care, Healthcare Innovation, Workforce Development, Organisational Performance, Digital Health

1. Introduction

Healthcare systems globally are increasingly confronted with complex crises, including infectious disease outbreaks, pandemics, and public health emergencies that test the limits of preparedness, coordination, and leadership. Within these contexts, infection prevention and control have emerged as a critical pillar of health system resilience, requiring not only technical expertise but also strong and adaptive leadership. Among healthcare professionals, nurses occupy a uniquely strategic position, given their continuous presence across care settings and their central role in translating policy into practice. Consequently, nurse leadership has gained prominence as a key determinant of effective crisis response and health security, particularly in regions where healthcare systems face structural and resource constraints (Nkengasong *et al.*, 2021) ^[49].

The growing recognition of nurse leadership in health security reflects a broader shift in understanding leadership as a systems-level function rather than a purely administrative role. In many settings, particularly across Africa and other low- and middle-income regions, nurse leaders are increasingly involved in shaping public health responses, coordinating care delivery, and strengthening infection control mechanisms. Nkengasong *et al.* (2021) ^[49] emphasise that nursing leadership is integral to

health security frameworks, as nurses contribute to surveillance, outbreak response, and community engagement. This expanded role highlights the need to conceptualise nurse leadership as both operational and strategic, encompassing clinical expertise, policy influence, and system coordination.

Despite this recognition, evidence suggests that nurse leadership remains unevenly developed across healthcare systems. Studies examining leadership interventions in sub-Saharan Africa indicate variability in leadership effectiveness, often influenced by governance structures, resource availability, and institutional support (Masike & Mahomed, 2025) ^[42]. Similarly, research on predictors of nursing leadership in Uganda demonstrates that factors such as education, mentorship, and organisational context significantly shape leadership capacity (Nanyonga, Bosire & Heller, 2020) ^[46]. These findings underscore the importance of contextualising nurse leadership within broader health system dynamics, particularly in regions where workforce constraints and infrastructural limitations are prevalent.

Governance structures and policy frameworks further influence the development and effectiveness of nurse leadership. Nawagi *et al.* (2023) ^[47] highlight the diversity of nursing and midwifery leadership systems across Africa, noting that variations in governance instruments and institutional arrangements can either enable or constrain leadership practice. In addition, Shariff (2015) ^[60] emphasises the importance of empowering nurse leaders to participate in health policy development, arguing that such involvement enhances both leadership effectiveness and health system responsiveness. However, the extent to which nurses are engaged in policy and research remains inconsistent, with some studies suggesting that leadership in these domains is still emerging rather than fully established (Asuquo, 2019) ^[7].

The contemporary healthcare landscape is further shaped by rapid technological advancement and digital transformation, which have significant implications for nurse leadership. The expansion of telehealth services, particularly in the wake of the COVID-19 pandemic, has transformed care delivery models by reducing physical contact and enhancing access to services (Omotayo & Kuponiyi, 2025a). At the same time, innovations such as smart business intelligence platforms and artificial intelligence-driven surveillance systems are reshaping decision-making processes within healthcare organisations (Moyo *et al.*, 2021; Ajao *et al.*, 2024) ^[45, 5]. Emerging technologies, including quantum machine learning for epidemic prediction and digital health frameworks for preventive services, further highlight the increasing complexity of healthcare systems and the need for leaders who can effectively integrate technological tools into practice (Omolayo *et al.*, 2024; Ojeikere, Akintimehin & Akomolafe, 2024) ^[51].

These developments underscore the evolving nature of nurse leadership, which now requires a combination of clinical expertise, technological competence, and strategic thinking. Capacity building initiatives are therefore essential to equip nurse leaders with the skills required to navigate complex healthcare environments. Okunade, Adediran, and Balogun (2023) ^[52] highlight the importance of strengthening healthcare capacity through targeted investments in training, infrastructure, and workforce development. Such efforts are particularly critical in crisis contexts, where the ability to respond effectively depends on both individual competence

and organisational readiness.

At the same time, healthcare crises expose persistent gaps in preparedness and leadership capacity. The rapid escalation of infectious disease outbreaks often reveals weaknesses in coordination, communication, and resource allocation, placing significant pressure on nurse leaders. These challenges are compounded by the need to balance clinical responsibilities with leadership functions, often in environments characterised by uncertainty and limited resources. As a result, nurse leadership in infection control must be understood not only as a set of roles and responsibilities but also as a dynamic and context-dependent process shaped by systemic factors.

In this regard, the integration of leadership, technology, and policy becomes increasingly important. The use of data-driven tools for epidemic surveillance and health policy simulation offers new opportunities for enhancing decision-making and improving response strategies (Omolayo *et al.*, 2024). Similarly, digital health frameworks that support preventive services and risk monitoring can strengthen infection control efforts by enabling early detection and intervention (Ojeikere, Akintimehin & Akomolafe, 2024) ^[51]. Nurse leaders, as key actors within these systems, must therefore be equipped to engage with technological innovations while maintaining a focus on patient safety and care quality.

1.1 Background and Context

Healthcare crises, particularly those associated with infectious disease outbreaks, have increasingly exposed the vulnerabilities of global health systems and underscored the necessity for effective infection prevention and control mechanisms. These crises are often characterised by rapid transmission dynamics, uncertainty, resource constraints, and heightened demand for coordinated responses across multiple levels of care. Within this complex environment, the role of healthcare leadership becomes critical in ensuring that systems remain functional, adaptive, and responsive.

Nurses constitute the largest segment of the healthcare workforce and are central to the delivery of patient care across diverse settings. Their continuous presence at the frontline positions them uniquely to influence infection control practices, patient outcomes, and organisational responses during crises. Consequently, nurse leadership has emerged as a key driver in strengthening health system resilience, facilitating the translation of policies into practice, and maintaining standards of safety under pressure. The evolving healthcare landscape, shaped by technological advancements, workforce challenges, and increasing global health threats, further amplifies the importance of competent and adaptive nurse leadership. Understanding the contextual factors that influence this leadership is therefore essential for improving preparedness and response in future healthcare crises.

1.2 Problem Statement

Despite the recognised importance of nurse leadership in infection prevention and control, significant gaps persist in how this leadership is developed, supported, and operationalised during healthcare crises. Many health systems continue to face challenges related to inadequate leadership preparation, limited integration of nurse leaders into strategic decision-making processes, and insufficient alignment between policy directives and frontline practice.

These gaps are often exacerbated in crises, where the demand for rapid, coordinated, and evidence-based responses intensifies.

Furthermore, structural and organisational constraints, including resource limitations, workforce shortages, and fragmented systems, frequently hinder the ability of nurse leaders to effectively implement infection control measures. The increasing complexity of healthcare delivery, coupled with the integration of digital technologies, also requires new competencies that are not always adequately addressed within existing leadership frameworks.

As a result, there is a critical need to systematically examine the role of nurse leadership in infection control during healthcare crises, identify existing challenges and enabling factors, and explore strategies for strengthening leadership capacity. Addressing these issues is essential for enhancing health system resilience and ensuring more effective responses to future public health emergencies.

1.3 Aim, Objectives, Purpose, and Scope of the Review

This review aims to provide a comprehensive and critical examination of nurse leadership in infection prevention and control within the context of healthcare crises. It seeks to synthesise existing knowledge on how nurse leaders contribute to the planning, coordination, and implementation of infection control strategies, while also identifying key challenges and enabling factors that influence leadership effectiveness in complex and rapidly evolving environments.

The primary objectives of the review are fourfold. First, to explore the conceptual and theoretical foundations that underpin nurse leadership in infection control. Second, to analyse the core roles and functions performed by nurse leaders during healthcare crises, with particular emphasis on decision-making, coordination, and the promotion of safety culture. Third, to identify the barriers and challenges that constrain effective leadership, alongside the strategies and enablers that support successful outcomes. Fourth, to examine the role of innovation, technology, and organisational systems in enhancing nurse leadership capacity and performance.

The purpose of this review is to bridge gaps in understanding by integrating diverse perspectives from nursing, public health, and health systems research, thereby offering a holistic view of leadership in crisis contexts. It also aims to inform policy, practice, and future research by highlighting areas requiring targeted intervention and development.

The scope of the review encompasses a broad range of healthcare settings and crisis scenarios, including infectious disease outbreaks and public health emergencies. It focuses on leadership at multiple levels, from frontline coordination to strategic governance, ensuring a comprehensive analysis of nurse leadership across the continuum of care.

2. Conceptual Foundations of Nurse Leadership in Residential Care

The conceptualisation of nurse leadership within residential care settings is shaped by a complex interplay of organisational, cultural, and systemic factors that influence how leadership is enacted and experienced. Residential care environments, including long-term care facilities and nursing homes, present unique challenges due to the vulnerability of populations served, the need for continuous

care, and the integration of multidisciplinary teams. Within these contexts, nurse leadership is not merely administrative but relational, adaptive, and deeply embedded in both care delivery and organisational culture.

A critical conceptual foundation of nurse leadership in residential care is its relational and culturally responsive nature. Leadership effectiveness is significantly influenced by interpersonal dynamics, communication patterns, and cultural perceptions within the workforce. Uwabuike and Dickinson (2025) ^[69] highlight how cultural values, particularly among migrant nurses, shape perceptions of leadership styles, authority, and organisational processes. Their findings demonstrate that leadership in care settings must be sensitive to cultural diversity, as differences in power distance, collectivism, and communication expectations can affect staff engagement and performance. In residential care, where teamwork and continuity are essential, culturally attuned leadership fosters inclusion, enhances collaboration, and improves overall care quality.

Another foundational element lies in the recognition of leadership as a response to systemic challenges within healthcare environments. Agyeman-Prempeh *et al.* (2021) ^[3] identify persistent barriers to effective nursing leadership, including resource constraints, inadequate training, and organisational inefficiencies. These challenges are particularly pronounced in residential care, where staffing shortages, high patient dependency, and limited infrastructure can impede leadership effectiveness. Ogunyemi (2023) ^[50] further illustrates how nurse leaders are often required to manage resource scarcity and workforce limitations, particularly during crises such as the COVID-19 pandemic. These realities underscore the need to conceptualise nurse leadership as inherently adaptive, requiring flexibility, problem-solving, and resilience in the face of ongoing constraints.

Capacity building and professional development also form a central component of the conceptual framework. Effective leadership in residential care depends on the continuous development of skills, competencies, and knowledge that enable nurse leaders to navigate complex care environments. Okunade *et al.* (2023) ^[52] emphasise the importance of structured capacity-building initiatives, including mentorship, training, and skill development programmes, in strengthening leadership within healthcare systems. In residential care settings, such initiatives are essential for equipping nurse leaders with the competencies required to manage clinical risks, coordinate care, and support staff effectively. This perspective aligns with broader frameworks that position leadership development as a continuous and context-specific process rather than a static achievement.

In addition to individual competencies, organisational and policy frameworks play a significant role in shaping nurse leadership. Adeyemi *et al.* (2022a) propose a framework for nurse leadership in population health that emphasises systems thinking, collaboration, and policy engagement. Although developed within a broader healthcare context, these principles are highly relevant to residential care, where leaders must coordinate services across multiple levels and ensure alignment with regulatory standards. Similarly, Fasasi (2023) ^[14] highlights the importance of policy frameworks in enhancing workflow efficiency and supporting data-informed decision-making in care settings. These frameworks provide structural guidance for nurse leaders, enabling them to implement consistent and

evidence-based practices that improve both operational efficiency and patient outcomes.

Innovation and strategic thinking further underpin the conceptualisation of nurse leadership in residential care. As healthcare systems evolve, nurse leaders are increasingly required to engage with innovative approaches that enhance care delivery and organisational performance. Gado *et al.* (2025a) emphasise the role of leadership in driving strategic innovation, noting that effective leaders are those who can identify opportunities for improvement and implement solutions that address emerging challenges. In residential care, this may involve redesigning care pathways, improving communication systems, or adopting new technologies to enhance efficiency and safety.

The integration of technology into leadership practice represents another critical conceptual dimension. Advances in artificial intelligence and predictive analytics are transforming how care is delivered and managed, particularly in settings with high patient acuity and complex needs. Sagay *et al.* (2024) highlight the potential of AI-driven tools in predicting patient outcomes and optimising care delivery. For nurse leaders in residential care, the ability to engage with such technologies is increasingly important, as it enables more informed decision-making, improved risk management, and enhanced coordination of care. This technological dimension reinforces the need for leadership that is both clinically grounded and digitally competent.

Furthermore, nurse leadership in residential care is inherently linked to the creation of supportive and sustainable work environments. Leadership practices that promote staff wellbeing, professional engagement, and collaborative teamwork are essential for maintaining high standards of care. The challenges identified by Agyeman-Prempeh *et al.* (2021)^[3] and Ogunyemi (2023)^[50] highlight the importance of leadership approaches that address both organisational constraints and workforce needs. By fostering supportive environments, nurse leaders can mitigate burnout, enhance job satisfaction, and improve retention, all of which are critical for sustaining care quality in residential settings.

3. Roles and Responsibilities of Nurse Leaders in Residential Care Facilities

Nurse leaders in residential care facilities occupy a pivotal position in ensuring the delivery of safe, high-quality, and person-centred care within complex and often resource-constrained environments. Their roles and responsibilities extend beyond traditional managerial functions to encompass clinical governance, strategic coordination, workforce leadership, policy engagement, and the integration of innovation into care delivery. Within residential care settings, where patients often present with chronic conditions, frailty, and long-term care needs, nurse leadership becomes essential in maintaining continuity, safety, and quality of care.

A core responsibility of nurse leaders in residential care is the oversight of clinical governance and quality assurance. This involves ensuring that care practices adhere to established standards, guidelines, and regulatory requirements. Nurse leaders are tasked with monitoring clinical outcomes, identifying risks, and implementing interventions to improve patient safety. The complexity of residential care populations necessitates vigilant supervision

and continuous evaluation of care processes. In this regard, leadership is closely tied to accountability and the maintenance of high standards of practice. Effective governance also requires the use of data and evidence to inform decision-making, aligning clinical activities with best practices and organisational goals.

Closely related to governance is the role of nurse leaders in coordinating care delivery and multidisciplinary collaboration. Residential care facilities operate through the integration of diverse healthcare professionals, including nurses, physicians, therapists, and support staff. Nurse leaders act as central coordinators, ensuring that care is delivered in a cohesive and efficient manner. Approaches such as patient journey mapping have been identified as valuable tools for improving care coordination and system efficiency, enabling leaders to identify gaps, streamline processes, and enhance patient experiences (Gado *et al.*, 2022b). By fostering collaboration and ensuring clear communication among team members, nurse leaders enhance both the quality and continuity of care.

Workforce leadership and staff development represent another critical dimension of nurse leaders' responsibilities. Residential care environments are often characterised by staffing challenges, including shortages, high turnover, and varying levels of expertise. Nurse leaders must therefore ensure that staff are adequately trained, supported, and motivated to deliver high-quality care. Capacity-building initiatives, including mentorship, continuous professional development, and skills training, are essential in strengthening workforce competence and resilience (Okunade *et al.*, 2023)^[52]. Furthermore, leadership capacity building at a broader systems level is necessary to equip nurse leaders with the competencies required to navigate complex healthcare environments (Agyepong *et al.*, 2018)^[4]. Through these efforts, nurse leaders contribute to the development of a skilled and sustainable workforce.

In addition to workforce management, nurse leaders play a significant role in policy engagement and the translation of policy into practice. Engagement in health policy is increasingly recognised as a critical aspect of nursing leadership, enabling nurse leaders to influence decision-making processes and advocate for improvements in care delivery (Adeyemi *et al.*, 2022a). Within residential care facilities, nurse leaders are responsible for interpreting policy directives and ensuring their effective implementation at the organisational level. This requires a deep understanding of regulatory frameworks, as well as the ability to adapt policies to local contexts. Frameworks for nurse leadership in population health further emphasise the importance of bridging the gap between policy and practice, ensuring that strategic objectives are translated into tangible outcomes (Adeyemi *et al.*, 2022b).

Strategic leadership and decision-making are also central to the role of nurse leaders in residential care. The increasing complexity of healthcare systems necessitates leadership approaches that are both proactive and data-driven. The integration of artificial intelligence and digital tools into healthcare decision-making processes has created new opportunities for enhancing leadership effectiveness. AI-driven decision-making tools enable nurse leaders to analyse complex data, predict patient outcomes, and optimise care delivery (Moyo *et al.*, 2023^[43]; Kuponiyi & Akomolafe, 2023a). Similarly, the use of AI in optimising treatment plans allows for more personalised and efficient care,

particularly in residential settings where patients often have multifaceted needs (Sagay *et al.*, 2024). These technological advancements highlight the evolving nature of nurse leadership, which increasingly requires digital competence alongside clinical expertise.

Another key responsibility of nurse leaders is the promotion of patient-centred care and effective communication. Residential care facilities must prioritise the individual needs, preferences, and dignity of residents, many of whom require long-term and holistic care. Nurse leaders play a crucial role in embedding patient-centred communication models within care programmes, ensuring that care delivery is responsive and respectful (Gado *et al.*, 2025b). Effective communication not only enhances patient satisfaction but also improves clinical outcomes by facilitating better understanding and adherence to care plans.

Resource management and operational efficiency further define the responsibilities of nurse leaders in residential care. Leaders must ensure the optimal utilisation of available resources, including staffing, equipment, and financial inputs, to maintain service delivery. This requires careful planning, prioritisation, and the ability to adapt to changing circumstances. In resource-constrained settings, nurse leaders often need to employ innovative strategies to maximise efficiency and minimise waste, ensuring that care remains both effective and sustainable.

Moreover, nurse leaders are responsible for fostering a positive organisational culture that supports teamwork, accountability, and continuous improvement. Leadership practices that promote inclusivity, respect, and collaboration contribute to a supportive work environment, which is essential for maintaining staff morale and retention. By addressing workplace challenges and promoting professional engagement, nurse leaders enhance both staff wellbeing and organisational performance.

4. Determinants of Nurse Leadership Capacity

The capacity of nurse leaders within residential care settings is shaped by a complex interplay of individual, organisational, and systemic determinants that collectively influence leadership effectiveness and sustainability. Understanding these determinants is essential for strengthening leadership performance, particularly in environments characterised by high patient dependency, workforce challenges, and evolving healthcare demands. Nurse leadership capacity is not solely a function of individual competence but is deeply embedded within broader health system structures, resource availability, and opportunities for professional development.

A fundamental determinant of nurse leadership capacity is education and professional development. Leadership competence is significantly enhanced through structured educational pathways that integrate clinical expertise with management, policy, and strategic skills. Johnson *et al.* (2021) [24] emphasise that targeted leadership interventions, including training programmes, mentorship, and experiential learning, are critical for strengthening leadership capabilities among health professionals. These interventions provide nurse leaders with the knowledge and skills required to navigate complex healthcare environments and to respond effectively to emerging challenges. Similarly, the World Health Organization (2025) [71] underscores the importance of investing in nursing education and leadership development as a cornerstone of health system

strengthening, highlighting that well-prepared leaders are essential for improving service delivery and patient outcomes.

Closely linked to education is the role of continuous professional development and mentorship in enhancing leadership capacity. In residential care settings, where care demands are dynamic and multifaceted, ongoing learning is necessary to maintain competence and adapt to changing conditions. Harvath *et al.* (2008) [21] highlight that leadership development in long-term care is strengthened through mentorship, coaching, and opportunities for experiential learning. Such approaches enable nurse leaders to refine their skills, build confidence, and develop the capacity to lead effectively in complex and high-pressure environments. Continuous professional development also fosters a culture of learning and improvement, which is essential for sustaining leadership effectiveness over time.

Organisational factors, particularly resource availability and staffing levels, represent another critical determinant of leadership capacity. Adequate staffing and access to resources are essential for enabling nurse leaders to perform their roles effectively. Glette *et al.* (2018) [19] demonstrate that limitations in staffing and competence levels within nursing homes can significantly affect both leadership effectiveness and patient outcomes, including hospital admission rates. Resource constraints can hinder the ability of nurse leaders to implement best practices, manage workloads, and support staff adequately. Conversely, well-resourced environments provide the necessary conditions for effective leadership, enabling nurse leaders to focus on quality improvement, staff development, and patient care.

Emotional intelligence and interpersonal competence also play a vital role in shaping nurse leadership capacity. Leadership in residential care is inherently relational, requiring the ability to manage diverse teams, address conflicts, and support staff wellbeing. Emotional intelligence enables nurse leaders to navigate complex interpersonal dynamics, build trust, and foster a positive organisational culture. Nnoruka (2025) highlights the importance of emotional intelligence in nursing home leadership, emphasising its role in enhancing communication, decision-making, and team cohesion. Leaders with high emotional intelligence are better equipped to manage stress, respond to challenges, and maintain effective relationships within multidisciplinary teams.

In addition to interpersonal skills, analytical and data-driven competencies are increasingly important determinants of leadership capacity in contemporary healthcare settings. The growing integration of digital technologies and data analytics into healthcare delivery requires nurse leaders to possess the ability to interpret and utilise data effectively. Eboseremen *et al.* (2021) [10] emphasise the role of advanced analytical tools, such as natural language processing, in supporting data-driven research and decision-making. Similarly, the application of artificial intelligence in predicting health outcomes enhances the ability of nurse leaders to make informed and proactive decisions (Kuponiyi, 2024). Health data analytics further supports early disease detection and risk management, enabling leaders to anticipate challenges and implement timely interventions (Sagay *et al.*, 2024). These competencies are particularly relevant in residential care, where proactive management of patient conditions is essential for preventing deterioration and improving outcomes.

System-level determinants, including policy frameworks and governance structures, also significantly influence nurse leadership capacity. Effective leadership is supported by policies that promote autonomy, accountability, and integration into decision-making processes. The World Health Organization (2025) [71] highlights the importance of aligning leadership development with broader health system strategies, ensuring that nurse leaders are empowered to contribute to policy and organisational decision-making. In the absence of supportive governance structures, leadership capacity may be constrained, limiting the ability of nurse leaders to implement effective interventions and drive improvements in care delivery.

Furthermore, the organisational culture within residential care facilities plays a crucial role in shaping leadership capacity. Environments that promote collaboration, innovation, and continuous improvement enable nurse leaders to exercise their roles more effectively. Supportive cultures encourage open communication, shared learning, and collective problem-solving, all of which enhance leadership performance. Conversely, cultures characterised by rigidity, poor communication, or lack of support can hinder leadership effectiveness and reduce staff engagement.

4.1 Individual-Level Factors

Emotional and analytical competencies constitute essential determinants of nurse leadership capacity, particularly within residential care settings where complex decision-making and sustained interpersonal engagement are required. Emotional intelligence equips nurse leaders with the ability to manage relationships effectively, promote team cohesion, and respond sensitively to the psychological needs of both staff and residents. Leaders who demonstrate high emotional intelligence exhibit stronger communication skills, effective conflict resolution, and resilience, thereby contributing to organisational stability and the delivery of high-quality care (Nnoruka, 2025; Kuponiyi, 2025b).

Concurrently, analytical competence has become increasingly significant in modern healthcare leadership. The integration of data-driven tools, including natural language processing and advanced analytics, enhances evidence-based decision-making and strategic planning (Ebozeremen *et al.*, 2021) [10]. The application of artificial intelligence further strengthens leadership capacity by enabling the prediction of health outcomes and supporting proactive interventions (Kuponiyi, 2024). Moreover, health data analytics facilitates early disease detection and effective risk management, allowing nurse leaders to anticipate challenges and optimise care delivery (Sagay *et al.*, 2024). Collectively, these competencies support informed, adaptive, and forward-looking leadership in residential care environments.

4.2 Organizational-Level Factors

Organisational-level factors play a decisive role in shaping nurse leadership capacity within residential care settings, as they define the structural and operational environment in which leadership is exercised. The digitisation of healthcare processes, for instance, has been identified as a key enabler of efficiency and coordination. Streamlined digital workflows enhance information accessibility, reduce administrative burden, and support timely decision-making, thereby strengthening leadership effectiveness (Ezeh *et al.*, 2022) [11].

A systems-based approach to care delivery further reinforces leadership capacity by promoting integration and continuity across services. By improving treatment pathways and reducing fragmentation, such approaches enable nurse leaders to coordinate care more effectively and sustain patient outcomes (Gado *et al.*, 2022). Additionally, predictive analytics within hospital and care networks enhances organisational responsiveness by enabling data-informed planning and resource allocation (Ajayi *et al.*, 2022) [6].

Emerging technologies, including artificial intelligence in chronic disease management and resource planning, further support leadership by optimising care processes and anticipating service demands (Ezeh *et al.*, 2024; Ajao *et al.*, 2024) [12, 5]. Moreover, digital health frameworks facilitate service expansion and accessibility, enabling nurse leaders to operate within more adaptive and scalable care systems (Ojeikere *et al.*, 2024) [51].

4.3 System-Level Influences

System-level influences significantly shape nurse leadership capacity by determining the broader policy, governance, and technological environment within which leadership is enacted. Effective policy frameworks provide the structural foundation for coordinated care delivery and leadership autonomy. For instance, policy-driven initiatives such as community-based drug take-back programmes highlight the importance of regulatory support in promoting safe practices and strengthening public health outcomes (Tafirenyika *et al.*, 2022) [63]. Similarly, structured policy frameworks within adult social services enhance workflow efficiency and guide leadership decision-making across care systems (Fasasi, 2023; Tafirenyika *et al.*, 2023) [14, 64].

Financial governance and transparency mechanisms further influence leadership effectiveness. Systems that promote accountability in healthcare funding enable better resource allocation and strategic planning, thereby supporting informed leadership practices (Moyo *et al.*, 2021) [45]. In addition, digital transformation in public health surveillance is reshaping system-level operations, providing nurse leaders with access to real-time data and enhanced monitoring capabilities (Kuponiyi & Akomolafe, 2025).

The integration of artificial intelligence into public sector innovation and wearable health technologies further strengthens system responsiveness and predictive capacity (Kalu-Mba *et al.*, 2025; Hanafi *et al.*, 2025) [25, 20]. Collectively, these system-level factors create an enabling environment for effective and forward-looking nurse leadership.

5. Leadership Development Strategies in Residential Care

Leadership development in residential care settings requires a comprehensive and forward-looking approach that integrates education, organisational support, technological innovation, and experiential learning. Given the complexity of long-term care environments, where patient needs are multifaceted and workforce challenges are prevalent, leadership development must extend beyond traditional training models to encompass continuous capacity building and adaptive learning strategies.

A fundamental strategy involves structured skill development and mentorship programmes. Targeted training initiatives enhance both clinical and managerial

competencies, enabling nurse leaders to navigate complex care environments effectively. Okunade *et al.* (2023) [52] emphasise that mentorship and structured skill development are critical in strengthening leadership capacity, particularly in resource-constrained healthcare systems. Similarly, talent development programmes provide a systematic pathway for cultivating leadership potential, ensuring that emerging leaders are equipped with the necessary competencies to manage care delivery and organisational processes (Ike *et al.*, 2025; Kuponiyi, 2025c). These approaches not only enhance individual capabilities but also contribute to the sustainability of leadership within residential care facilities. Experiential learning and participatory development models further strengthen leadership effectiveness. Dewar *et al.* (2019) [8] highlight the value of complex, participatory interventions that integrate reflective practice and collaborative problem-solving into leadership development. Such approaches enable nurse leaders to engage directly with real-world challenges, fostering critical thinking and adaptive decision-making. This aligns with evidence indicating that leadership skills in residential care are often developed through practical experience, supported by structured guidance and mentorship (Dwyer, 2011) [9]. By embedding learning within practice, organisations can ensure that leadership development is both relevant and impactful.

Workforce structures and staffing levels also significantly influence leadership development outcomes. Adequate staffing enables nurse leaders to focus on strategic and developmental roles rather than being overwhelmed by operational demands. Havig *et al.* (2011) [23] demonstrate that leadership effectiveness is closely linked to staffing levels and the quality of care in nursing homes. Furthermore, the organisation of work processes, including clear role definitions and effective communication systems, supports leadership development by creating environments conducive to learning and collaboration (Havig & Hollister, 2018) [22]. In contrast, resource constraints can limit opportunities for leadership growth and hinder the implementation of development initiatives.

The integration of technology into leadership development represents an increasingly important strategy. AI-powered education delivery systems and technology-enhanced learning platforms provide flexible and scalable training opportunities for nurse leaders (Frempong *et al.*, 2020) [15]. These systems enable continuous learning, facilitate access to up-to-date knowledge, and support the development of digital competencies that are essential in modern healthcare environments. Additionally, knowledge management systems play a crucial role in capturing, storing, and disseminating organisational knowledge, thereby supporting informed decision-making and continuous improvement (Moyo *et al.*, 2023 [43]; Kuponiyi, Omotayo & Akomolafe, 2023).

Advanced digital innovations further enhance leadership development by enabling data-driven governance and strategic planning. AI-enabled governance systems support leaders in analysing complex datasets, predicting trends, and making evidence-based decisions (Moyo *et al.*, 2024 [44]; Kuponiyi & Akomolafe, 2024). These tools are particularly valuable in residential care settings, where proactive management of patient needs and resource allocation is essential. By integrating digital technologies into leadership development, healthcare organisations can equip nurse

leaders with the competencies required to operate effectively in increasingly complex and data-driven environments.

Organisational support and resource availability remain critical enablers of leadership development. Evidence from residential care settings indicates that limitations in resources, staffing, and competence levels can significantly impact leadership effectiveness and patient outcomes (Glette *et al.*, 2018) [19]. Investment in infrastructure, training resources, and supportive policies is therefore essential for creating an environment in which leadership can thrive. Organisations that prioritise leadership development through dedicated programmes, funding, and strategic planning are better positioned to sustain high-quality care and adapt to evolving challenges.

Furthermore, fostering a culture of continuous learning and improvement is integral to effective leadership development. Organisations that encourage reflection, innovation, and knowledge sharing create environments in which nurse leaders can develop and refine their skills over time. Knowledge management systems and collaborative learning platforms facilitate this process by enabling the exchange of best practices and lessons learned across teams and organisations (Moyo *et al.*, 2023) [43]. Such cultures not only enhance individual leadership capacity but also strengthen organisational resilience and adaptability.

6. Barriers and Challenges in Developing Leadership Capacity

The development of nurse leadership capacity in residential care settings is constrained by a range of interconnected barriers that span structural, organisational, technological, and professional domains. These challenges not only hinder the effectiveness of leadership development initiatives but also limit the ability of nurse leaders to respond adequately to the complex demands of care environments. Understanding these barriers is essential for designing targeted strategies that strengthen leadership capacity and improve care outcomes.

One of the most persistent challenges relates to structural and organisational limitations within healthcare systems. Legacy systems and outdated infrastructures often impede the implementation of efficient workflows and leadership practices. Ezech *et al.* (2022) [11] highlight that legacy system barriers contribute to fragmentation, inefficiencies, and delays in information flow, thereby constraining decision-making processes. In residential care settings, such limitations can hinder communication, reduce operational efficiency, and limit the capacity of nurse leaders to coordinate care effectively. These structural constraints are further compounded by the “black box” nature of leadership in nursing homes, where the complexity of administrative and clinical roles is not always clearly defined or understood (Siegel & Young, 2021) [61].

Workforce-related challenges also represent a significant barrier to leadership development. Staffing shortages, high turnover rates, and limited opportunities for professional advancement undermine the sustainability of leadership capacity. Okunade *et al.* (2023) [52] emphasise that workforce and capacity limitations in healthcare systems, particularly in resource-constrained settings, restrict the availability of skilled personnel and reduce opportunities for leadership development. Additionally, the demands placed on nurses working after-hours in residential care facilities further complicate leadership roles, as these professionals

often operate with limited support and resources (Nhongo *et al.*, 2018) ^[48]. Such conditions not only affect the quality of care but also hinder the development of leadership competencies.

Another critical barrier is the limited engagement of nurses in policy development and decision-making processes. Adeyemi *et al.* (2022b) identify multiple obstacles to nursing policy engagement, including lack of awareness, insufficient training, and restricted access to decision-making platforms. This marginalisation reduces the influence of nurse leaders in shaping policies that directly impact care delivery and organisational performance. Without active participation in policy processes, nurse leaders may struggle to advocate for necessary resources, implement evidence-based practices, and drive systemic improvements.

Technological challenges further complicate the development of leadership capacity. While digital innovations and artificial intelligence offer significant opportunities for enhancing healthcare delivery, their implementation is often associated with considerable difficulties. Omolayo *et al.* (2024) note that the integration of AI-driven systems in healthcare is frequently hindered by issues such as limited technical expertise, resistance to change, and infrastructural constraints. Similarly, challenges in digital health adoption, including inadequate training and system incompatibility, can limit the effectiveness of technological interventions (Ezeh *et al.*, 2024 ^[12]; Kuponiyi & Akomolafe, 2024). These barriers reduce the ability of nurse leaders to leverage digital tools for decision-making, coordination, and quality improvement.

In addition to implementation challenges, regulatory and policy-related barriers also affect the adoption of advanced technologies. Kalu-Mba *et al.* (2025) ^[25] highlight risks associated with AI adoption, including ethical concerns, data privacy issues, and the absence of clear regulatory frameworks. Such uncertainties can create hesitation among healthcare organisations and leaders, limiting the integration of innovative solutions into practice. For nurse leaders, navigating these complexities requires not only technical competence but also an understanding of policy and governance issues.

Leadership instability and limited tenure represent another important challenge in residential care settings. Frequent changes in leadership positions can disrupt continuity, weaken organisational culture, and negatively affect care outcomes. Lerner *et al.* (2014) ^[40] demonstrate that leadership tenure is closely associated with resident care outcomes, with shorter tenures often linked to poorer performance. This instability can hinder the implementation of long-term strategies and reduce the effectiveness of leadership development initiatives.

Furthermore, the absence of clear leadership models and frameworks tailored to residential care settings presents an additional barrier. Zonneveld, Pittens and Minkman (2021) ^[72] argue that appropriate leadership in nursing home care is often difficult to define due to the complexity and variability of care environments. This lack of clarity can lead to inconsistencies in leadership practices and hinder the development of standardised approaches to leadership training and evaluation.

Organisational culture and communication challenges also play a significant role in limiting leadership capacity. Poor communication, lack of collaboration, and hierarchical

structures can create environments that are not conducive to leadership development. These factors may discourage innovation, reduce staff engagement, and limit opportunities for shared learning. In such environments, nurse leaders may struggle to implement changes, build cohesive teams, and foster a culture of continuous improvement.

7. Impact of Nurse Leadership on Outcomes

Nurse leadership plays a decisive role in shaping outcomes within residential care settings, influencing not only the quality and safety of care but also staff performance, organisational effectiveness, and patient experiences. The impact of leadership is multifaceted, reflecting its central position in coordinating care processes, fostering a positive work environment, and driving continuous improvement initiatives.

A primary area of impact is the enhancement of quality and safety in care delivery. Leadership interventions have been shown to significantly improve organisational practices and patient outcomes in nursing homes and home care environments. Wiig *et al.* (2018) ^[70] emphasise that structured leadership interventions contribute to improved safety cultures, better adherence to clinical guidelines, and enhanced coordination of care. Nurse leaders play a critical role in implementing these interventions by ensuring that safety protocols are followed, risks are identified and mitigated, and staff are supported in delivering high-quality care. Through effective leadership, organisations are better positioned to reduce adverse events, improve patient satisfaction, and maintain consistent standards of care.

The influence of nurse leadership is also evident in staff performance and workforce outcomes. Leadership style has a direct impact on motivation, engagement, and productivity among nursing staff. Qtait (2023) ^[57] highlights that supportive and transformational leadership styles are associated with improved nurse performance, increased job satisfaction, and enhanced commitment to organisational goals. In residential care settings, where staff often face demanding workloads and emotional challenges, effective leadership is essential for maintaining morale and ensuring that staff remain engaged and motivated. By fostering supportive environments and recognising staff contributions, nurse leaders can enhance both individual and team performance.

Situational leadership further contributes to improved outcomes by enabling leaders to adapt their approaches to the specific needs of their teams and care environments. Lynch, McCormack and McCance (2011) ^[41] propose that situational leadership models, which emphasise flexibility and responsiveness, are particularly effective in residential care settings. Such approaches allow nurse leaders to tailor their leadership style based on the competence and needs of staff, thereby enhancing team effectiveness and care delivery. This adaptability is crucial in environments characterised by diverse patient needs and varying levels of staff expertise.

Leadership also has a significant impact on organisational outcomes, including efficiency, communication, and overall performance. Poels *et al.* (2020) ^[56] demonstrate that leadership styles are closely linked to leadership outcomes in nursing homes, with effective leadership associated with improved organisational climate, better teamwork, and enhanced care coordination. Nurse leaders who promote open communication and collaboration contribute to more

cohesive and efficient care systems, reducing fragmentation and improving continuity of care.

Furthermore, nurse leadership influences the development of a positive organisational culture, which is essential for sustaining high-quality care. A culture that prioritises safety, collaboration, and continuous improvement is largely shaped by leadership practices. Through role modelling, communication, and engagement, nurse leaders establish expectations and norms that guide staff behaviour and decision-making. This cultural influence extends to the promotion of person-centred care, ensuring that residents' needs, preferences, and dignity are respected in all aspects of care delivery.

The impact of nurse leadership also extends to innovation and change management within residential care settings. Effective leaders are instrumental in driving the adoption of new practices, technologies, and care models that enhance service delivery. By facilitating change and encouraging innovation, nurse leaders enable organisations to adapt to evolving healthcare demands and improve outcomes over time.

7.1 Resident Outcomes

Nurse leadership exerts a direct and measurable influence on resident outcomes in residential care settings, particularly through its role in coordinating care processes and enhancing clinical decision-making. Effective leadership facilitates the implementation of structured care pathways and system-based approaches that improve treatment persistence and continuity of care, thereby contributing to better health outcomes for residents (Gado *et al.*, 2022). By ensuring that care plans are consistently followed and adapted to individual needs, nurse leaders help to minimise complications and promote long-term wellbeing.

The integration of predictive analytics further strengthens resident outcomes by enabling proactive and data-informed care. Advanced analytical tools support early identification of health risks, allowing for timely interventions that reduce deterioration and hospital admissions (Sagay *et al.*, 2024). Additionally, innovations in chronic disease management systems enhance the monitoring and management of long-term conditions, improving overall care quality and patient stability (Ezeh *et al.*, 2024^[12]; Kuponiyi & Akomolafe, 2024). Collectively, these leadership-driven approaches contribute to improved clinical outcomes and enhanced quality of life for residents.

7.2 Staff Outcomes

Nurse leadership significantly influences staff outcomes in residential care settings by shaping workforce performance, professional development, and job satisfaction. Effective leadership fosters a supportive environment in which staff are empowered to develop their competencies and contribute meaningfully to care delivery. Capacity-building initiatives, including training and mentorship, enhance workforce performance by equipping staff with the skills required to manage complex care needs and adapt to evolving clinical demands (Okunade *et al.*, 2023^[52]; Kuponiyi, Omotayo & Akomolafe, 2023).

In addition, structured workforce development programmes play a critical role in strengthening leadership skills among nursing staff, promoting career progression and enhancing professional confidence. Such initiatives contribute to improved staff engagement, retention, and overall

organisational stability (Ike *et al.*, 2025; Kuponiyi, 2025d). By cultivating a culture of continuous learning and professional growth, nurse leaders not only improve individual performance but also enhance team cohesion and collaboration. Ultimately, strong leadership contributes to a more competent, motivated, and resilient workforce, which is essential for sustaining high-quality care in residential settings.

7.3 Organizational Outcomes

Nurse leadership has a profound impact on organisational outcomes in residential care settings, particularly in enhancing operational efficiency, performance, and strategic planning. The integration of predictive analytics into healthcare systems enables organisations to optimise performance by improving forecasting, resource allocation, and decision-making processes (Ajayi *et al.*, 2022)^[6]. Nurse leaders play a central role in utilising these tools to align clinical operations with organisational objectives.

Additionally, operational performance improvement systems support the monitoring and evaluation of healthcare delivery, enabling continuous quality enhancement and accountability (Moyo *et al.*, 2021)^[45]. These systems facilitate real-time insights into organisational processes, allowing nurse leaders to identify inefficiencies and implement targeted interventions.

Advancements in planning frameworks further strengthen organisational effectiveness by improving workflow coordination and service delivery (Ajao *et al.*, 2024)^[5]. Moreover, governance and performance systems driven by data analytics enhance transparency, accountability, and strategic oversight within healthcare organisations (Moyo *et al.*, 2024^[44]; Kuponiyi & Akomolafe, 2024). Collectively, these leadership-driven initiatives contribute to more efficient, responsive, and sustainable organisational performance.

8. Role of Technology and Innovation in Leadership Development

The integration of technology and innovation has become a defining feature of contemporary nurse leadership development, particularly within increasingly complex and data-driven healthcare environments. In residential care settings, where the coordination of long-term, multidisciplinary care is essential, technological advancements provide critical support for enhancing leadership capacity, improving decision-making, and strengthening system responsiveness. As healthcare systems evolve, nurse leaders are required not only to adopt these innovations but also to lead their effective implementation and integration into practice.

Artificial intelligence (AI) has emerged as a central driver of innovation in leadership development. AI-driven decision systems enable nurse leaders to process large volumes of clinical and operational data, generating insights that support evidence-based decision-making and strategic planning (Moyo *et al.*, 2023)^[43]. These systems enhance leadership effectiveness by reducing uncertainty and enabling more accurate forecasting of patient needs and resource requirements. Similarly, AI applications in clinical decision-making improve diagnostic precision and treatment planning, allowing nurse leaders to guide care delivery with greater confidence and accuracy (Kuponiyi *et al.*, 2023). The expansion of AI into diagnostics and healthcare

delivery further strengthens leadership capacity by supporting timely and informed clinical interventions (Kuponiyi & Akomolafe, 2024).

Predictive analytics represents another significant advancement in leadership development. By leveraging machine learning algorithms, predictive models enable early identification of health risks and trends, facilitating proactive and preventive care strategies. Sagay *et al.* (2024) highlight the role of AI in predictive healthcare analytics, demonstrating its capacity to enhance patient outcomes through early intervention and risk management. For nurse leaders, this capability is particularly valuable in residential care settings, where early detection of deterioration can prevent complications and reduce hospital admissions. Additionally, AI-driven monitoring systems provide real-time data on patient conditions and organisational performance, enabling leaders to respond swiftly to emerging issues and maintain continuity of care (Ajao *et al.*, 2024^[5]; Kuponiyi & Akomolafe, 2024; Taiwo *et al.*, 2024). Digital twin frameworks further extend the role of technology in leadership development by enabling simulation-based decision-making. Taiwo *et al.* (2022)^[65] illustrate how digital twins can replicate healthcare processes in virtual environments, allowing leaders to test scenarios, evaluate interventions, and anticipate outcomes before implementation. This approach enhances strategic foresight and reduces the risks associated with complex decision-making, particularly in dynamic and resource-constrained settings. For nurse leaders, digital twin technologies offer a powerful tool for planning, optimisation, and continuous improvement.

Interoperability and data-sharing frameworks are also critical in supporting technology-enabled leadership. Effective leadership depends on access to accurate, timely, and integrated data across healthcare systems. Ezeh *et al.* (2023)^[13] emphasise that interoperable systems facilitate seamless communication and coordination among healthcare providers, reducing fragmentation and improving efficiency. For nurse leaders, such integration enhances the ability to coordinate care, monitor performance, and make informed decisions across multidisciplinary teams. The availability of shared data also supports transparency and accountability, which are essential components of effective leadership.

The application of digital health assistants and AI-enabled tools further enhances leadership capacity by automating routine tasks and improving information accessibility. Ezeh *et al.* (2024)^[12] highlight how these technologies support clinical workflows, reduce administrative burden, and enable more efficient care delivery. By streamlining processes and providing real-time access to information, digital tools allow nurse leaders to focus on strategic and relational aspects of leadership, rather than being constrained by operational inefficiencies.

Moreover, the broader integration of AI and machine learning into healthcare systems underscores the transformative potential of technology in leadership development. Omolayo *et al.* (2024) and Taiwo *et al.* (2024) demonstrate that these innovations enhance operational efficiency, optimise resource utilisation, and improve overall system performance. For nurse leaders, the ability to engage with such technologies is increasingly essential, as it enables more effective management of complex care environments and supports the delivery of high-quality, patient-centred care.

Despite these advancements, the integration of technology into leadership development also necessitates the acquisition of new competencies. Nurse leaders must develop digital literacy, data analytics skills, and an understanding of emerging technologies to fully leverage their potential. This shift requires a reorientation of leadership education and training programmes to incorporate technological competencies alongside traditional clinical and managerial skills.

9. Future Directions and Research Opportunities

The evolving complexity of healthcare systems, coupled with rapid technological advancement, necessitates a forward-looking approach to nurse leadership development, particularly within residential care settings. Future directions in this field are increasingly shaped by the integration of digital innovation, data-driven decision-making, and system-wide transformation. These developments present significant opportunities for enhancing leadership capacity, while also highlighting critical areas for further research and policy attention.

A key area for future development lies in the expanded application of artificial intelligence (AI) and predictive modelling in healthcare leadership. AI has demonstrated considerable potential in improving clinical outcomes, forecasting patient needs, and enhancing decision-making processes. Tafirenyika (2023)^[62] emphasises the growing clinical impact of predictive modelling, noting its capacity to support early intervention and optimise care delivery. For nurse leaders, the integration of such technologies offers opportunities to adopt more proactive and evidence-based leadership approaches. However, further research is required to evaluate the long-term effectiveness of these tools, particularly in residential care environments where patient needs are complex and continuous.

The convergence of AI with emerging technologies such as virtual reality (VR) represents another promising direction for leadership development. Kuponiyi, Akomolafe, and Omotayo (2023) highlight the potential of AI and VR in transforming healthcare delivery and training, enabling immersive learning experiences and enhanced clinical simulations. For nurse leadership, these technologies can support advanced training programmes, improve clinical competencies, and facilitate scenario-based decision-making. Future research should explore the effectiveness of these technologies in developing leadership skills and their impact on organisational performance and patient outcomes. Knowledge management systems also present significant opportunities for advancing leadership development. Effective leadership in modern healthcare requires access to accurate, timely, and actionable information. Moyo *et al.* (2023)^[43] underscore the importance of knowledge management and compliance systems in supporting organisational learning and informed decision-making. Future research should examine how these systems can be optimised to support nurse leaders in residential care, particularly in facilitating knowledge sharing, improving compliance, and enhancing strategic planning.

At a broader level, the role of AI in public sector transformation is expected to significantly influence healthcare leadership. Kalu-Mba *et al.* (2025)^[25] highlight the potential of AI to drive innovation, improve efficiency, and enhance service delivery across public sector institutions. Similarly, digital transformation in public health

systems is reshaping how healthcare services are organised, delivered, and monitored (Kuponiyi & Akomolafe, 2025). These developments underscore the need for nurse leaders to engage with system-level innovations and to develop competencies that enable them to operate effectively within digitally transformed healthcare environments. Future research should focus on the implications of these transformations for leadership roles, responsibilities, and training requirements.

Wearable technologies and advanced surveillance systems represent another important area for future exploration. Hanafi *et al.* (2025) ^[20] and Kuponiyi (2025e) demonstrate the potential of wearable devices in enhancing public health surveillance and monitoring patient conditions in real time. In residential care settings, such technologies can support continuous monitoring, early detection of health deterioration, and improved care coordination. Nurse leaders will play a critical role in integrating these technologies into practice, ensuring their effective use, and addressing associated ethical and operational challenges. Further research is needed to assess the impact of wearable technologies on leadership practices and patient outcomes.

Emerging computational healthcare models also offer new opportunities for leadership development and system optimisation. Omolayo *et al.* (2024) and Taiwo *et al.*, (2024) highlight the role of advanced computational models in improving healthcare delivery through enhanced data analysis, predictive capabilities, and system integration. These models enable nurse leaders to better understand complex care dynamics, optimise resource allocation, and implement evidence-based interventions. Future research should explore how these models can be effectively integrated into residential care settings and how they influence leadership decision-making and organisational performance.

Despite these opportunities, several challenges remain that warrant further investigation. Issues related to data privacy, ethical considerations, and regulatory frameworks must be addressed to ensure the safe and effective implementation of technological innovations. Additionally, disparities in access to technology and digital infrastructure may limit the benefits of these advancements, particularly in resource-constrained settings. Research should therefore focus on developing equitable and sustainable approaches to technology integration in healthcare leadership.

10. Conclusion

This review has critically examined the multifaceted role of nurse leadership within residential care settings, with particular emphasis on its contribution to quality care delivery, workforce development, and organisational performance. The study set out to explore the conceptual foundations of nurse leadership, identify its key roles and responsibilities, examine the determinants of leadership capacity, and evaluate the impact of leadership on outcomes, while also considering the influence of technology and future directions for research and practice. These aims have been comprehensively addressed through an integrated synthesis of existing literature and emerging evidence.

The findings demonstrate that nurse leadership is central to the effective functioning of residential care systems. Leaders play a pivotal role in coordinating care, ensuring clinical governance, and fostering environments that support safety, collaboration, and continuous improvement. The review

further highlights that leadership capacity is shaped by a combination of individual competencies, organisational structures, and system-level influences. Emotional intelligence, analytical capability, and digital competence emerged as critical attributes for effective leadership, particularly in increasingly complex and technology-driven healthcare environments.

However, the study also identified significant challenges that constrain leadership development, including workforce limitations, resource constraints, policy gaps, and barriers to technology adoption. These challenges underscore the need for targeted and sustained interventions that address both structural and professional limitations. At the same time, the growing integration of digital technologies presents new opportunities for enhancing leadership effectiveness, improving decision-making, and strengthening system responsiveness.

Based on these insights, it is evident that strengthening nurse leadership requires a strategic and multidimensional approach. Key recommendations include investing in leadership education and mentorship programmes, enhancing workforce capacity, integrating digital competencies into leadership development frameworks, and fostering supportive organisational cultures. Additionally, there is a need for stronger policy engagement and governance structures that empower nurse leaders to contribute to strategic decision-making.

In conclusion, effective nurse leadership is fundamental to achieving high-quality, resilient, and sustainable residential care systems, and continued investment in leadership development is essential for addressing current and future healthcare challenges.

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