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LEADERSHIP COMPETENCIES OF PALLIATIVE CARE NURSES – ASSESSMENT OF POTENTIAL

Nicoletta BASKIEWICZ[1*], Izabela KAPTACZ[2], Anna BIAŁOŃ-JANUSZ[3]

[1] Częstochowa University of Technology; nicoletta.baskiewicz@pcz.pl, ORCID: 0000-0002-9166-435X
[2] Jan Dlugosz University in Czestochowa; i.kaptacz@ujd.edu.pl, ORCID: 0000-0001-5619-2249
National Consultant in Palliative Care Nursing
[3] Andrzej Frycz Modrzewski University; abialon-janusz@365-afm.edu.pl, ORCID: 0000-0003-2118-3304
* Correspondence author

Purpose: Assessment of leadership competence potential in palliative care nursing is a relatively underexplored aspect. The results presented in the paper demonstrate how challenging it is to investigate this issue, yet how crucial it is for palliative care organizations and the entire healthcare system.
Design/methodology/approach: The study involved nurses working in entities providing palliative and hospice care from 12 provinces. A diagnostic survey method was used in the study, which guided the selection criterion for the survey technique.
Findings: Leadership competencies among palliative care nurses need to be further developed, especially in the context of changing healthcare requirements and challenges. Actions aimed at strengthening them are a particularly important aspect of nurses' professional development.
Research limitations/implications: Leadership as a dynamic and continuous process is observed among the professional group of nurses, which presents both a challenge and underscores the necessity of support and further development to enhance palliative care provision. Research conducted as part of the work can serve as a stimulus to conduct it on a larger sample of respondents to make it more representative.
Practical implications: Leadership competencies among palliative care nurses need to be further developed, especially in the context of evolving healthcare demands and challenges. Actions aimed at strengthening these competencies are a crucial aspect of nurses' professional development. In palliative care, prepared interdisciplinary teams that understand their roles and competencies, and collaborate effectively, will play a key role.
Social implications: Demographic and epidemiological changes, as well as the necessity to invest in human resources, contribute to the dynamic development of nursing globally and in Poland. This growth primarily involves the allocation of new competencies and professional rights. Unlike some professions, nursing belongs to a field characterized by diverse competencies and skills that evolve depending on postgraduate education completed.
Originality/value: The article addresses an extremely important topic, demonstrating the significance of developing leadership competencies among palliative care nurses. It presents both leadership potential, self-assessment, and the need for developing specific skills. The article can serve as a guide on how to better manage human resources in palliative care facilities.

Keywords: nurses, palliative care, competencies, leadership.
Category of the paper: Research paper.

1. Introduction

The progress of medicine and the aging of a society living longer with multiple serious illnesses are causing an increased demand for palliative care. Specialist palliative care, within the scope of guaranteed services in palliative and hospice care, is provided to patients with complex and comprehensive needs in symptom management, psychological, social, and spiritual support, as well as to their families, by multidisciplinary teams of specialist palliative care, characterized by an interdisciplinary approach (Journal of Laws of the Republic of Poland, 2018). The model of palliative care introduced and developed for over thirty years in Poland is based on the work of a care team consisting of nurses, doctors, psychologists, physiotherapists, and other members, with a significantly large contribution from nurses prepared to provide this form of care (de Walden-Gałuszko, Kaptacz, A., Kaptacz, I., 2023).

Palliative care is not limited to institutionalized care but is a philosophy of action and can be applied in various patient settings. The World Health Organization (WHO) defines palliative care as an approach aimed at improving the quality of life of patients and their families facing the problem of life-threatening illness. The actions taken involve the prevention and relief of suffering, comprehensive assessment, and treatment, including pain relief, management of breathlessness, and other somatic symptoms, as well as assistance in resolving psychosocial and spiritual problems (WHO, 2024; Leppert, Grądalski, Kotlińska-Lemieszek et al., 2022). To ensure that all patients with progressive incurable diseases have access to comprehensive and specialized palliative care services and effective symptom control according to global guidelines, national health policy must include a safe way to implement these services. Such a burdensome and socially necessary care can only be provided by appropriately trained personnel, including nurses, who have the knowledge, skills, and legal protection enabling them to utilize their competencies (Guidelines (Recommendations) Rec 2003, Report on Standards and Norms for Hospice and Palliative Care in Europe, 2010).

2. Leadership with a Special Focus on the Area of Palliative Care – A Literature Review

Leadership in management literature is defined as a process in which an individual influences a group to achieve a set goal (Northouse, 2021). According to Chaudhry and Javed, it is considered one of the most prominent and simultaneously least understood issues in the field of management, with a significant difficulty in clearly defining the term (Chaudhry, Javed, 2012). The topic of leadership is extensively described and developed in the context of human activity and is also gaining increasing interest in the healthcare sector. Searching for the term "leadership" on Google yields approximately 2,350,000,000 results. There are about 1,840,000 results for the term "leadership" and around 62,200 results for "leadership in nursing".

According to Stodgill, leadership is the process of influencing the actions of members of an organized group aimed at establishing and achieving goals, initiating and maintaining structures in readiness (originally "expectation"), and mutual interactions (Kołodziej, 2018). This definition strongly aligns with the researched issues and topics concerning leadership in palliative care nursing, the functioning of nurses in organizations, their roles and tasks in the profession, the mutual influence in the nurse-patient relationship, and the aspect of building trust in interpersonal relationships. Tsai argues that leadership is not solely about the applied management style but primarily relies on broadly understood authority, encompassing both objective factors (managerial skills) and subjective ones (the personality traits of the leader) (Tsai, 2011). According to the ILM (The Institute of Leadership & Management) definition, leadership is about influencing, inspiring, and directing others to achieve organizational goals, as well as creating a sense of success in both the short and long term (Andrews, Williams, 2024). Leaders serve as role models, identifying with the organization and encouraging employees to engage in achieving goals and visions. Leadership consists of attributes and skills that determine not only the character of the organization but also influence the image and overall nature of society and the world (Sarros, Gray, Densten, 2002). A leader is defined as both a formal and actual authority who, by negotiating resources and seeking long-term goals, directs, consults, and engages employees to realize the organization's vision and mission. Another crucial element is the alignment of the leader's competencies with specific conditions, including the competencies of followers, both in terms of motivation and development, as well as avoiding the blocking of followers' potential. A manager ensures the efficient functioning of the organization through planning, organizing, leading, and controlling the work of employees, managing changes, and designing new solutions to achieve goals. A leader, on the other hand, not necessarily holding a managerial position, influences group members and performs tasks at the team, operational, and strategic levels. Often, strategic leaders emerge from the pool of operational leaders, becoming the true leaders (Adair, 2007; Stoner, Freeman, Gilbert, 2011). Following J. Kotter's rather old message, it should be assumed that management is important,

but to create meaningful changes in the organization, leadership is essential (Kotter, Heskett, 1992).

In recent years, the healthcare sector has seen dynamic changes regarding the implementation of digitalization, standardization, and automation of medical and organizational processes. Attention to the prestige of all medical professions and the expectation from leaders for continuous knowledge and skills expansion and vision directly affect the well-being of patients, families, and staff (Rostkowski, Strzemiński, 2019). This perspective on organization, the role of leaders, and teamwork is very close to the principles of palliative care. In an interdisciplinary team, a group of individuals works together to provide services for which they are collectively responsible. Team members, having a common goal, complement each other in their respective actions and skills (Oliver, 2003; Modlińska, 2013).

In all sectors of the economy, including healthcare, leadership is considered the most important factor in shaping organizational culture (Alloubani, Akhu-Zaheya, Abdelhafiz, Almatari, 2019). The individual character of the leader has the potential to influence colleagues. According to many researchers, it is the main factor affecting the development of the quality of human resources in an organization. The implementation of three traits: exemplarity, spirituality, and ethics, can influence the motivation, stimulation, and unification of the team (Widyatmoko, Pabbajah, Widyanti, 2020). These components seem significant in the context of the tasks faced by medical teams, especially in palliative care. Data from a WHO report prepared in collaboration with the International Council of Nurses (ICN) and Nursing Now indicates that nurses, comprising about 59% of all medical professions (nearly 27.9 million worldwide) and being the largest professional group in the healthcare sector, provide essential services across the entire healthcare system. They play a key role in the global effort to achieve the Sustainable Development Goals (SDG) and fulfill several health priorities, including public health, emergency preparedness, patient safety, and the provision of integrated, people-centered care. However, the global shortage of nursing staff remains a problem (WHO, ICN, Nursing Now. State of the Word's Nursing, 2020).

Data on the number of nurses published by the Supreme Council of Nurses and Midwives (NRPiP) in the 2023 report on the state of nursing and midwifery in Poland indicate that there are 315,670 registered nurses and 41,719 midwives (as of January 2023). Women constitute 97.1% of the nursing staff. Among the registered nurses, about 74% are employed in the profession. The highest percentage of employed nurses is observed among those aged 41-60. Additionally, 34% of nurses have reached retirement age. According to NRPiP forecasts, by 2030, 65% of currently employed nurses will be of retirement age. There are, on average, 62 active nurses per 10,000 Poles (*Raport o stanie pielęgniarstwa i położnictwa w Polsce,* 2023; Wrońska, Krajewska-Kułak et al., 2007). The legal act regulating the nursing and midwifery professions is the Act on the Professions of Nurse and Midwife, which outlines the principles of practicing the profession, obtaining the right to practice, professional education,

and postgraduate education (Ustawa z dnia 15 lipca 2011 roku o zawodach pielęgniarki i położnej; Dz.U. z 2020 r. poz. 562, z poźń. zm.).

Nurses are required to be responsible for their assigned tasks, passionate in their execution, flexible, and capable of reconciling often conflicting interests of patients, families, or personal values. The provision of healthcare services should be based on the latest knowledge and scientific research, accumulated experience, as well as developed soft skills (Rostkowski, Strzemiński, 2019).

In 2021, in the face of socio-epidemic challenges following the experiences of the global pandemic, WHO, in collaboration with numerous nursing and midwifery centers, including the International Council of Nurses (ICN), the International Confederation of Midwives, and other professional organizations, issued the Global Strategic Directions for Nursing and Midwifery 2021-2025, which highlighted the global demand for qualified nurses and midwives (26). Furthermore, the COVID-19 pandemic has reinforced the widespread need to protect medical personnel and invest in education, working conditions, leadership, and the provision of medical services. Leadership is one of the four strategic directions and priority areas in which policymakers are to strengthen the position of nurses and midwives worldwide. Broadly understood benefits can be observed not only for the healthcare system but also for entire populations worldwide (Global strategic directions for nursing and midwifery 2021-2025, 2021).

The new roles assigned to nurses positively affect the perception of the profession and professional responsibility. The pandemic period has unequivocally demonstrated the importance of previously less recognized professions in the healthcare system, including nurses, who are on the front lines of healthcare. Nurses, as team leaders, provide high-quality patient-centered care. Particularly during the pandemic, it was observed that nurses fulfilled their roles and duties with the sacrifice of their physical, mental, and emotional health, and even their lives. Nursing organizations, uniting nursing leaders, have undertaken various initiatives to support and learn from their experiences (International Council of Nurses, 2021). Existing nursing shortages and the aging of populations should motivate policymakers and nursing leaders to further develop and support nursing, as this is the only way to achieve significant and continuous improvement in the quality of their facilities (Bisognano, Caldwell, 1995).

The model of interdisciplinary palliative care based on team collaboration is a fundamental principle influencing the development of this field and successful transformation in healthcare. Leadership in palliative care encompasses leadership in:

- clinical practice based on evidence,
- activities promoting continuous development and professional improvement,
- policy,
- legislation aimed at driving changes in healthcare,
- extensive education to ensure the development of palliative care skills for all healthcare workers (Dahlin, Coyne, Goldberg, Vaughan, 2019).

In recent years, there has been a dynamic increase in interest in the role of managers, leaders, and leadership in both clinical nursing practice and scientific research. In palliative care, it is important to distinguish between the development of a leader, which refers to the competencies of an individual, and building team leadership, which refers to the development of the potential of the entire group. In the context of leadership, it is also important to emphasize the significance of the emotional component and the sense of satisfaction from one's activities. Focusing on action, rather than solely on success, allows for finding enjoyment in the process, leading to development and the achievement of planned goals (Korcz, 2006).

Leadership in nursing is a relatively new and evolving field, and it presents unique challenges that differ from leadership roles in other professions. Historically, nursing has been viewed primarily as a caregiving role, focusing on clinical skills and patient-centered care. However, as healthcare systems have become increasingly complex, the role of nurses has expanded beyond bedside care, requiring them to take on leadership positions within multidisciplinary teams. Despite this evolution, a widely accepted, nursing-specific definition of leadership has yet to be established. This lack of consensus presents a challenge in developing and nurturing leadership competencies among nurses.

In the absence of a dedicated nursing leadership framework, general principles of leadership, often used in other industries, must be adapted and applied to nursing. These principles include strategic thinking, emotional intelligence, team collaboration, and conflict resolution, which are equally essential in the nursing context. For example, the concept of transformational leadership, which emphasizes inspiring and motivating team members to achieve higher levels of performance, has proven particularly relevant in nursing. Transformational leaders in nursing not only improve patient outcomes but also foster a positive work environment by empowering their colleagues to take initiative and share responsibility.

However, the unique characteristics of the nursing profession, such as the direct interaction with vulnerable patients, ethical dilemmas in care provision, and the emotional demands of the job, require a specialized application of these leadership concepts. Nursing leaders must blend clinical expertise with leadership qualities, a challenge that traditional leadership models do not always fully address. Thus, while borrowing from general leadership theories, the nursing profession must continue to work toward a tailored framework that reflects the profession’s distinctive needs and values (Scully, 2015).

Palliative care nurses are an important and often underappreciated member of the team. They are directly responsible for the effectiveness of symptomatic treatment of patients, the implementation of proper standards of conduct, and interpersonal communication, which translates to the optimization of the treatment process and increased satisfaction with medical care and the organization of the healthcare entity.

According to global guidelines, including those from the European Association for Palliative Care (EAPC), the implementation of specialized palliative care requires a high level of education and qualifications of the prepared therapeutic team, where their primary professional goal should be palliative care. Nurses providing health services in the field of palliative care are obliged to continuously improve their knowledge and qualifications (6). Leadership in palliative care nursing goes beyond clinical practice, scientific research, legislation, education, training, or social roles. It is characterized by leading others with a clear vision and initiative in palliative care, motivating and inspiring others. The goal of nursing leadership is to achieve excellence in care delivery, create a safe working environment, and change the behavior of team members to engage in palliative care. Leaders must first assess their personal leadership abilities and then develop the team's competencies (Dahlin, Coyne, 2019; Dahlin, Coyne, Goldberg, Vaughan, 2019).

In Poland, discussions about leadership in nursing often focus on identifying and assigning managerial tasks without a deeper analysis of the differences and benefits resulting from recognizing and developing leadership qualities. Leadership involves dynamic actions aimed at shaping the attitudes and behaviors of colleagues, setting the development path of the team, and engaging resources to achieve set goals. Healthcare entities providing palliative care operate in a dynamically changing reality with increasing demands, where adverse events and errors should not occur. The selection of individuals for managerial positions and their development should be an important element of professional and organizational development in the healthcare system. The development of leadership competencies in palliative care nurses should concern both human resource management and the management of individual organizational units within the healthcare entity (Szara, Ksykiewicz-Dorota, Klukow, Lamont, 2017). Leadership in palliative care involves influencing many social groups: patients, families, colleagues, decision-makers, and entire communities within the context of the principles and goals of palliative care.

Two perspectives on leadership can be utilized in palliative care: the first formulated by Sullivan and Decker in the context of leadership influencing the attitudes, beliefs, behaviors, and feelings of others, and Kruse's definition, which refers to leadership as a social influence process that maximizes others' efforts to achieve a goal (Sullivan, Decker, 2009; Kruse, 2013). Literature contains publications on the importance of innovative, effective leadership learning primarily at the mentor-mentee level. However, few works address learning leadership by nurses in practical professions. Five critical breakthrough points are mentioned:

- awareness of clinical leadership,
- integration of clinical leadership in action,
- leadership with patients, families, and colleagues,
- leadership in teams,
- leadership at the organizational level

which is important at the pre-graduate education level for students as well as in ongoing postgraduate education.

Nursing is a practical profession that prepares individuals for the role of a leader. Utilizing the potential of nurses who possess both clinical and leadership competencies can bring tangible benefits to the entire healthcare system, patients, their families, and the enhancement of professional prestige (Szara, Klukow, 2022). Nurse leaders must lead in decision-making at regional and global levels (Breitbart, 2008).

According to international organizations, including WHO and EAPC, palliative care nursing and its leadership roles should be supported and promoted (Rosa, Parekh de Campos, Abedini, Gray et al., 2022). To this end, international documents have been issued summarizing the contributions of palliative nursing to the development of palliative care, identifying the roles of nurses based on global recommendations and palliative care programs, and promoting the development of nursing leadership to increase universal access to palliative care. According to the American Academy of Nursing, recommendations for the roles and responsibilities of nurses to ensure universal access to palliative care include: policy and legislation, education and skills training, research programs, and collaboration with government and local authorities, healthcare, and social care organizations. Utilizing the role of nurses to increase universal access to palliative care aligns with global goals for the development of palliative care (Rosa, Parekh de Campos, Abedini, Gray et al., 2022; Rosa, Buck, Squires, Kozachik et al., 2021; Rosa, Buck, Squires, Kozachik et al., 2022).

3. Methods

The research employed a quantitative, diagnostic survey approach to assess leadership competencies among nurses employed in palliative and hospice care in Poland. The choice of this method was guided by the objective to quantitatively evaluate leadership competencies, leadership potential, and related variables among the target group of nurses. The survey allowed for standardized data collection from a diverse group of participants across multiple provinces.

The study involved nurses working in palliative and hospice care institutions across 12 provinces in Poland. The sample comprised 97 participants, including 94 female nurses and 3 male nurses, working in both clinical and managerial positions in these care settings.

The study employed a non-probabilistic, convenience sampling method, targeting nurses in palliative and hospice care institutions who voluntarily participated in the survey. The study was conducted electronically, allowing ease of access and participation over a broad geographical area. Participation was voluntary and anonymous, ensuring ethical standards were maintained.

The data collection was conducted using a self-administered questionnaire distributed electronically via the Google platform from April to September 2023. The questionnaire was specifically designed to evaluate leadership competencies and divided into three parts:

1. Leadership Competency Assessment: Participants rated their proficiency across 27 leadership competencies using a 5-point Likert scale ranging from (1) "no acquisition" to (5) "excellent level of acquisition".
2. Leadership Potential and Emotional Attitude: This section included 20 true/false/sometimes statements to assess perceptions of leadership potential. It also included questions regarding the nurses' emotional attitudes towards work, the overall competency level of their unit, and identification of non-medical competencies they wished to develop.
3. Managerial Staff Evaluation: For nurses in managerial roles, this section comprised 31 statements designed to assess their self-perceived leadership within the organization.

The collected data were subjected to statistical analysis. The quantitative data from the Likert-scale ratings were analyzed using descriptive statistics (e.g., means, standard deviations) to determine the overall leadership competency levels among participants. Correlation analysis was conducted to identify relationships between leadership competency levels and variables such as leadership potential and emotional attitude. The categorical data from true/false questions were analyzed to determine patterns in self-assessed leadership potential. Differences between managerial and non-managerial nurses** were also explored to assess variations in leadership perceptions and competencies.

This methodology provided a robust framework for evaluating leadership competencies among palliative care nurses and allowed for detailed insights into their perceptions of leadership potential, emotional attitudes towards their work, and areas for future competency development. Developing dynamically, palliative care nursing plays a crucial role in ensuring accessibility and the best care and support for the patients and their family. The development of leadership competencies in nurses employed in palliative and hospice care has not been fully explored in the Polish context. The presented premises inspired the research work, whose main goal was to assess the leadership competencies of Polish palliative care nurses and to attempt to understand the potential of this professional group in terms of contemporary leadership.

The research problem required answers to the following questions:

1) What is the level of leadership competency acquisition among nurses employed in palliative care?
2) How do nurses assess their leadership potential?
3) Which leadership competencies would palliative care nurses like to develop in the near future?

4) How do they evaluate the overall level of competencies in the unit where they work and their emotional attitude towards their work?
5) How do palliative care nurses in managerial positions assess their leadership competencies?

The study involved nurses working in entities providing palliative and hospice care from 12 provinces. The study group consisted of 94 female nurses and 3 male nurses (97 people in total). The diagnostic survey method was used in the study, which was the criterion for choosing the technique - the questionnaire. The decision to use the questionnaire was guided by its relative ease of use, the possibility of collecting diverse information in a relatively short time, and the ability to statistically process the results. The choice of technique clearly directed the use of the research tool to a questionnaire. Participation in the study was voluntary and anonymous. The study was conducted among palliative care nurses electronically on the Google platform from April to September 2023.

For the research, publicly available survey questions and original questions were adapted to assess leadership competencies - diagnosing potential (dependent variables). For this purpose, an original questionnaire containing 3 parts was prepared.

The first part contained questions about the main professional tasks and the level of acquisition of 27 leadership competencies: where (1) indicated a lack of acquisition of a given competency (no behaviors indicating its mastery and use in undertaken actions); (2) competency acquired at a basic level (used irregularly; requiring active support and supervision from more experienced individuals); (3) competency acquired at a good level (allowing for independent, practical use during professional tasks); (4) competency acquired at a very good level (allowing for very good execution of tasks in the given area and sharing personal experiences with others); (5) competency acquired at an excellent level (ability to creatively use and develop knowledge, skills, and attitudes appropriate for the given tasks). The second part concerned the assessment of leadership potential: respondents answered 20 statements about leadership with categories of true, false, sometimes; indicated non-medical competencies they would like to develop in the near future; assessed the overall level of competencies in the unit where they work and their emotional attitude towards their work. The third part was directed to nursing staff in managerial positions and contained 31 statements about leadership in the organization.

The questionnaire also included 7 questions about sociodemographic data and 8 questions about employment and functions in the entity. The characteristics of the studied group are presented in Tables 1 and 2.

Table 1.
Social and demographic structure of the examined

Variable	Variable characteristic	N = 94	%
Gender	Female	94	96.9%
	Male	3	3.1%
Age	21-30 years old	1	1%
	31-40 years old	15	15.5%
	41-50 years old	33	34%
	51-60 years old	35	36.1%
	61-70 years old	12	12.4%
	Over 70 years old	1	1%
Marital Status	Single	26	26.8%
	Married	71	73.2%
Place of Residence	City > 150,000 inhabitants	28	28.9%
	City 50,000–150,000 inhabitants	27	27.8%
	City ≤ 50,000 inhabitants	21	21.6%
	Village	21	21.6%
Education	Registered Nurse	3	3.1%
	Registered Nurse with Specialization	8	8.2%
	Bachelor of Nursing	4	4.1%
	Bachelor of Nursing with Specialization	16	16.5%
	Master of Nursing	13	13.4%
	Master of Nursing with Specialization	47	48.5%
	Doctor of Health Sciences / Doctor of Medical Sciences / Associate Professor / Professor	6	6.1%
Postgraduate Training (highest indicated)	None	8	8.2%
	Specialist Course in the Basics of Palliative Care	12	12.4%
	Qualification Course in the Field of Palliative Care Nursing	11	11.3%
	Specialization in the Field of Palliative Care Nursing	64	66%
	Specialization in Long-Term Care and Palliative Care	1	1%
	Specialization in Surgical Nursing	1	1%
Completion of courses, trainings, specializations, and internships in management and leadership	Yes	41	42.3%
	No	57	58.8%

Source: Own elaboration based on conducted survey research.

The percentage distributions obtained in the study group reflect similar proportions to those in the general population of the professional group, except for the variable "education". In the study group, the most represented category is nurses with higher education: those with a master's degree in nursing and specialization (48.5%), indicating a high level of commitment among respondents to continuous professional development. 66% of the nurses had a specialization in the field of palliative care nursing.

The sociodemographic variable concerning gender shows a slight percentage of men among the respondents (3 individuals — 3.1%), reflecting similar proportions in the general population of the professional group.

Table 2.
Employment characteristics of respondents

Variable	Variable characteristic	N = 94	%
Workplace in a palliative care facility	Palliative Medicine Outpatient Clinic	3	3.1%
	Home Hospice / Home Palliative Care Team	51	52.6%
	Palliative Medicine Ward / Inpatient Hospice	30	30.9%
	Pediatric Palliative Care	3	3.1%
	Medical University	3	3.1%
	Managed by a Healthcare Institution	1	1%
	Home Hospice, Inpatient Hospice, and University	1	1%
	Home Hospice and University	1	1%
	Inpatient Hospice and University	1	1%
	Pediatric Palliative Care	1	1%
	Psychiatric Hospital	1	1%
Organizational form of a palliative care healthcare entity	Public	31	32%
	Private	18	18.6%
	Foundation, association, professional self-government	46	47.4%
	Association and public university	1	1%
	Psychiatric hospital	1	1%
Occupied position	District Nurse	43	44.3%
	Functional Nurse (Procedural Nurse)	8	8.2%
	Ward Nurse	12	12.4%
	Nurse Coordinating an Organizational Unit	19	19.6%
	Head Nurse / Chief Nurse	3	3.1%
	Director of Nursing	5	5.2%
	Teaching Position	2	2.1%
	Other	5	5.2%
Legal form of employment	Employment contract	80	82.5%
	Civil law contract	17	17.5%
Overall work experience	Less than 5 years	7	7.2%
	5-10 years	3	3%
	11-15 years	11	11.3%
	16-20 years	4	4.1%
	21-30 years	36	37.1%
	More than 30 years	36	37.1%
Experience in palliative care	Less than 5 years	14	14.4%
	5-10 years	15	15.5%
	11-15 years	16	16.5%
	16-20 years	13	13.4%
	21-30 years	34	35.1%
	More than 30 years	5	5.2%
Holding managerial positions	Yes	44	45.4%
	No	53	54.6%
Length of service in a managerial position	None	41	42.3%
	Up to 5 years	14	14.1%
	5-10 years	8	8.2%
	11-15 years	10	10.3%
	16-20 years	9	9.3%
	21-30 years	13	13.4%
	More than 30 years	2	2.1%

Source: Own elaboration based on conducted survey research.

The largest group of respondents were nurses employed in home palliative care - home hospice/home palliative care team (52.6%) and in stationary care - on a palliative care unit/inpatient hospice (30.9%). Nearly half of the respondents (47.4%) were employed in healthcare facilities run by non-governmental organizations, 32% worked in public institutions, and 18.6% in private entities.

Among the surveyed nurses, almost half (45.4%) declared holding managerial positions. The most common form of employment was an employment contract (82.5%). 37.1% of the respondents reported total work experience exceeding 30 years or between 21 and 30 years, with only 10.2% having less than 10 years of experience.

Statistical analysis of the collected research data was conducted using Microsoft Excel. The research data was described using frequencies and corresponding percentages (percentage distribution of responses expressed in absolute numbers "N" - sample size and percentage values).

4. Presentation of research findings aimed at identifying the leadership qualities of palliative care nurses

Based on the analysis of gathered data, palliative care nurses undertake several key professional tasks in their practice, including: patient care planning and delivery (87%); executing medical orders (74.2%); health education and promotion (70.1%); independent provision of healthcare services (51.5%); directing the work of nurses (48.5%); supervising the work of healthcare assistants (33%); teaching nursing profession (32%); conducting scientific research (7.2%); and leading a team or organization (4%).

The analysis indicates that palliative care nurses possess leadership competencies at various levels: very good (average 46.4% across all 27 listed competencies), good (26%), and excellent (15.6%). Nurses rated their leadership competencies highest in:

- commitment (39%),
- self-improvement (33%),
- patient/client focus (30%),
- technical and procedural skills (27%),
- relationship building (26%),
- quality orientation (24%),
- initiative (23%),
- creativity (21%).

Over half of the surveyed nurses have very good leadership competencies, enabling them to effectively perform their tasks and share their experiences with others in areas such as teamwork (64%); communication and problem-solving skills (59%); organizing work (58%); patient/client focus (57%); decision-making and relationship-building skills (53%); creativity (52%); and technical and procedural skills (51%).

Figure 1 presents the relative frequencies of responses to all questions regarding the perceived leadership competencies of palliative care nurses surveyed.

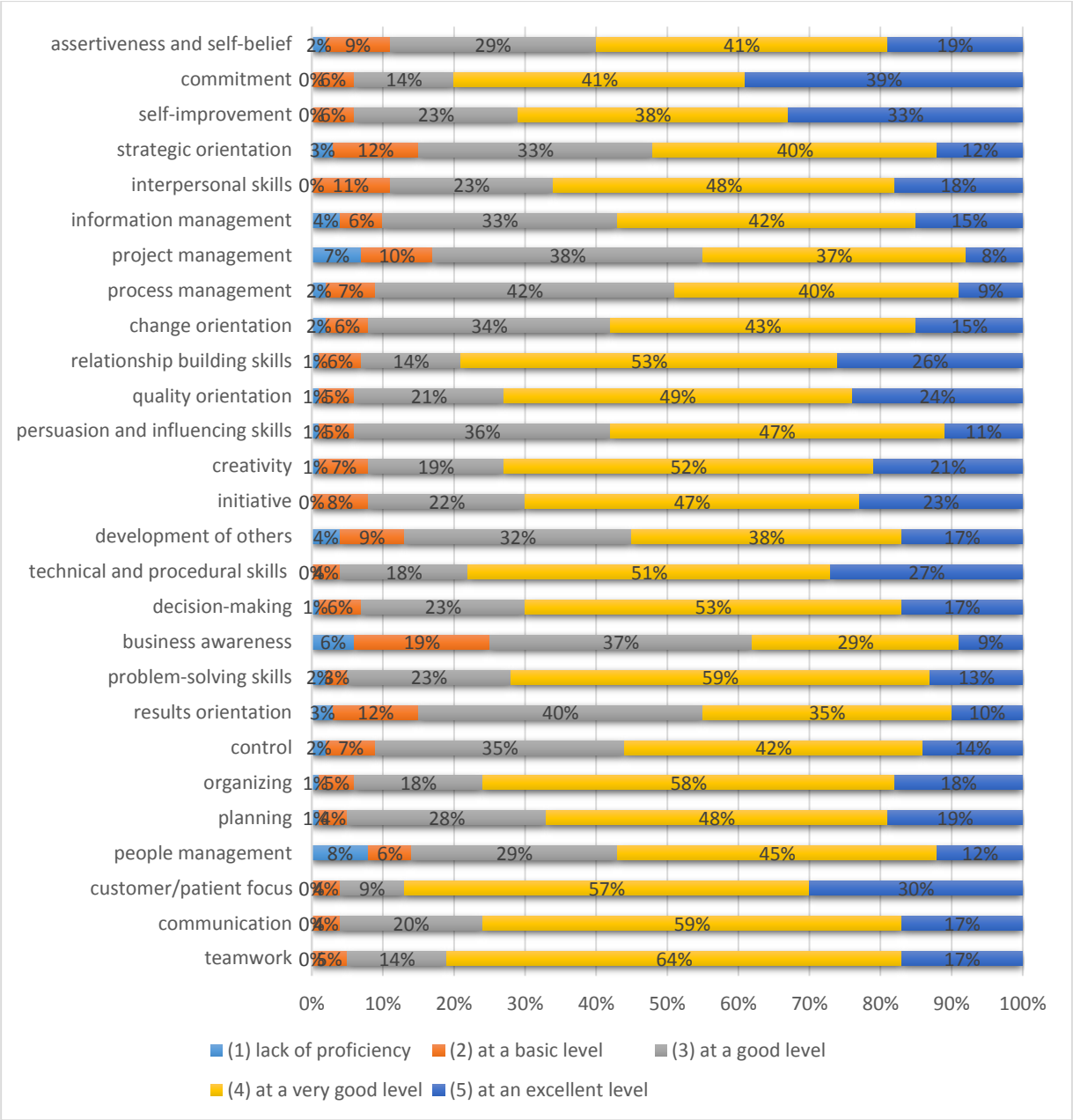

Figure 1. Level of acquisition of leadership competencies of palliative care nurses.

Source: Own elaboration based on conducted survey research.

The leadership potential of palliative care nurses primarily involves openness to new ideas to utilize them effectively (93% of responses), satisfaction with the scope of their work (91%), ability to focus on the opinions of others (89%), treating loyalty and ethical behavior as fundamental, helping others regardless of personal gain (both 87%), and acknowledging the merits of others (86%). The results are presented in Figure 2.

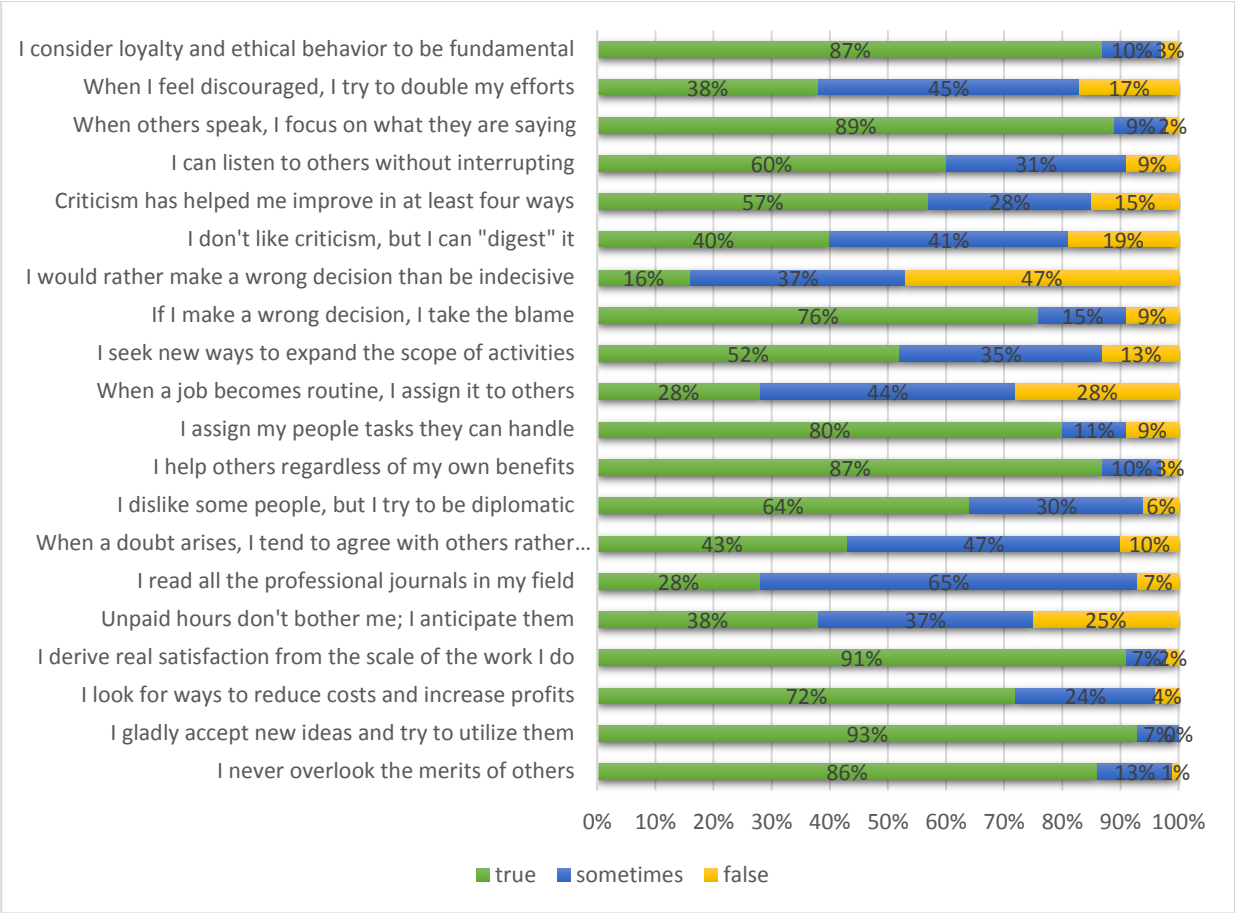

Figure 2. Assessment of the Leadership Potential of Palliative Care Nurses.

Source: Own elaboration based on conducted survey research.

In the survey, nurses were also asked about the desired competencies of nursing management staff. According to the respondents, nursing managers should possess a wide range of skills. Most frequently cited were competencies related to organizing and managing human resources (93%); teamwork, planning, decision-making, and problem-solving skills (91%); communication skills (90%); and commitment (87%). Detailed results are presented in Figure 3.

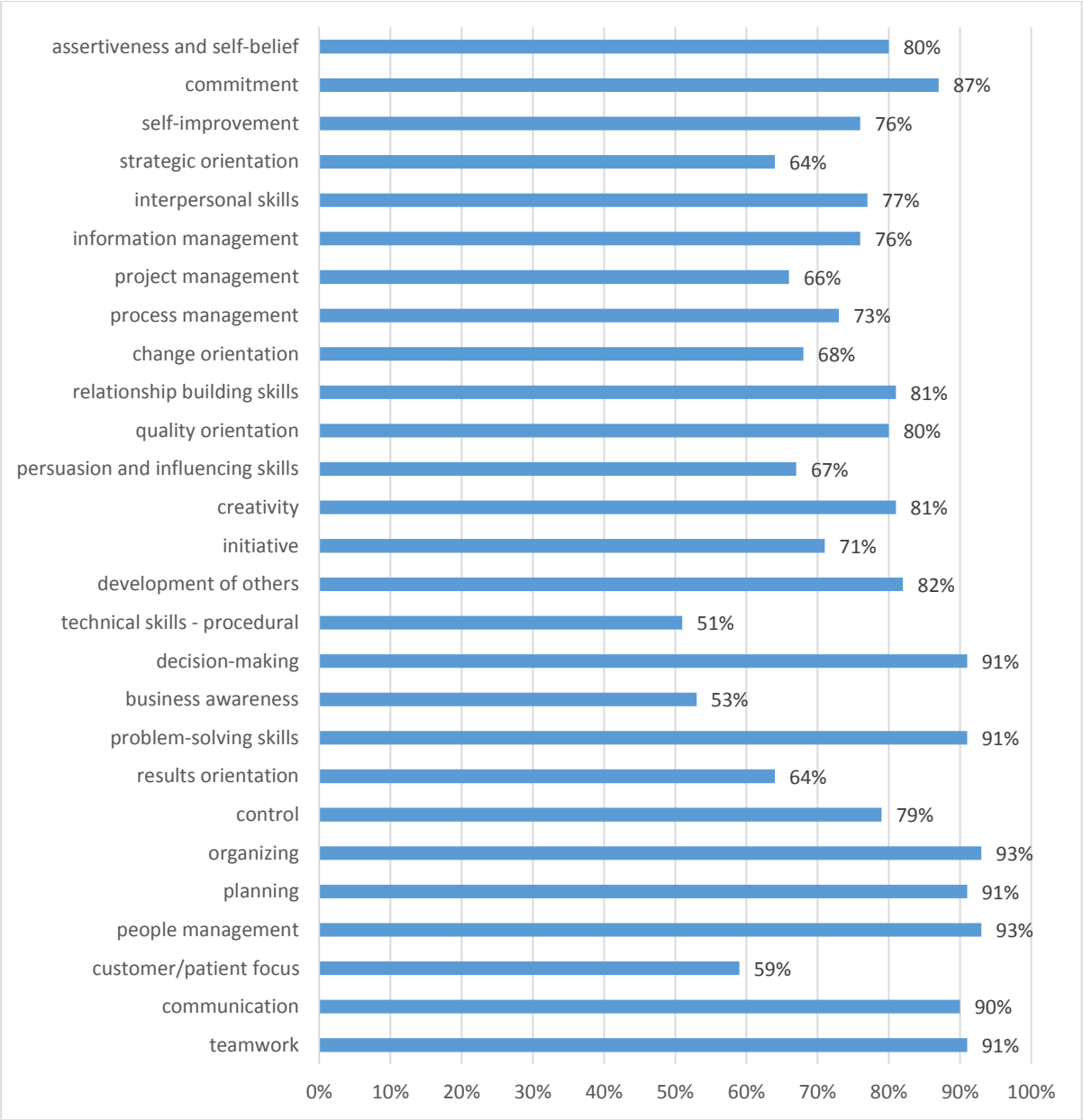

Figure 3. Desired competencies of nursing management cadre.

Source: Own elaboration based on conducted survey research.

To meet the demands and growing needs in delivering palliative care services, surveyed nurses expressed a strong desire to develop leadership competencies across various areas. More than half of the respondents indicated they would like to improve their skills in stress management (54.9%); management psychology (44.3%); negotiation (39.2%); decision-making (36.1%); innovation (35.1%); and emotional intelligence (30.9%). The results are presented in Figure 4.

These statements highlight a significant educational demand in leadership and problem-solving skills related to the challenging working conditions of nurses. Furthermore, the surveyed nurses expressed readiness to dedicate time to further education in these areas. 25.5% of respondents indicated they would allocate 8 hours per month (average of 4.5 hours per month).

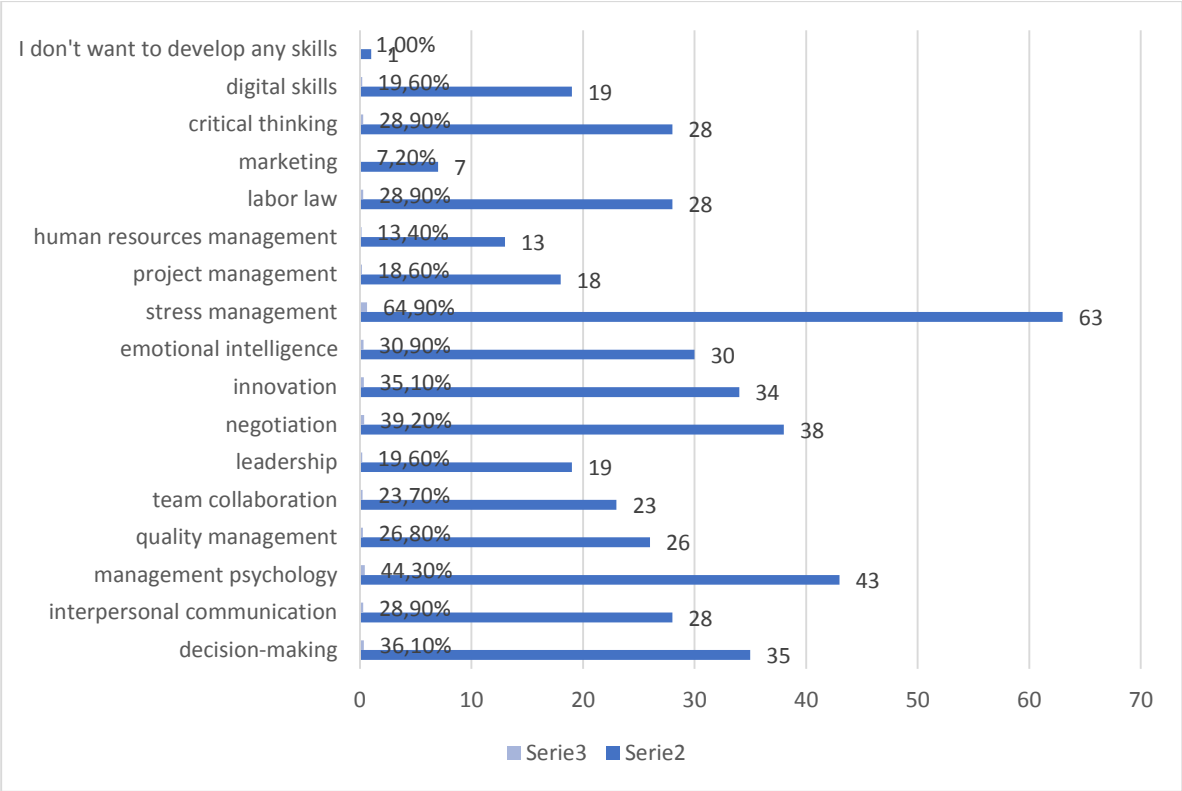

Figure 4. Non-medical competencies that the respondents would like to develop in the near future.

Source: Own elaboration based on conducted survey research.

Nurses assessed the overall competency level of the team in their palliative care unit as good (51.5%) or very good (27.8%). Dissatisfaction was minimal, with only 7.2% expressing dissatisfaction, and 13.4% having no opinion. A decisive majority (84.5%) enjoy their work.

In the third part of the study, 38 nurses participated, which constitutes 39.2% of all participants in the study. Respondents could disagree with statements and choose not to answer the first 4 questions regarding lack of leadership competencies. Responses were provided by 27 respondents. The most frequent statements concerned workload overload and duties, organizational difficulties in task delegation (40.7%), and lack of strength to motivate others (33.3%). The results are presented in Table 3.

Table 3.

Leadership Competencies of Palliative Care Nurses in Managerial Roles

The content of the question/statement	N = 27	%
I'm overworked, often correcting or doing tasks for others, falling behind on my own tasks - I feel like I have too much on my plate.	11	40.7%
I don't have time for casual conversations with employees or to build relationships with them – I'm too busy.	5	18.5%
I feel like I don't have authority in the eyes of the team; I'm on the other side of the field.	4	14.8%
First, I need to get a handle on the chaos so that I have the strength and desire to motivate people.	9	33.3%

Source: Own elaboration based on conducted survey research.

In response to the next 12 questions regarding leadership within the organization, 38 respondents provided answers, who proceeded to the third part of the survey. They provided responses only if they had no doubts and fully agreed with the statements describing them. Most commonly, participants stated that they understand their team, have time to communicate with employees because the team is effective, yet they are unsure how to extract more from them (34.2%). Equally often mentioned was the acknowledgment that coworkers know they can achieve goals and success together because they have already made such efforts (34.2%).

Table 4.
Leadership in the organization of palliative care nurses serving in managerial roles

Statements regarding leadership in the organization	N = 38	%
I know what tasks are worth delegating to employees and where to focus, yet I have reservations about their effectiveness; employees make mistakes, which lowers their motivation.	4	10.5%
When I delegate tasks to employees or provide feedback after a task is completed or during a periodic review, I speak briefly and specifically. However, I often see from their reactions or the outcomes that I am not fully understood.	6	15.8%
Sometimes, there are situations where an employee questions my opinion or directive, or fails to do what I ask for. Each team member tends to focus on their own work, avoids getting involved in others' matters, and generally lacks motivation to assist others.	5	13.2%
When I provide corrective feedback or communicate a performance review lower than the "norm" during periodic discussions, I observe that employees become demotivated, their engagement drops, and sometimes they openly discuss/disagree with me.	2	5.3%
As long as I clearly tell employees what to do and supervise them, they are generally effective, although mistakes occur. However, when I stop actively participating in operations and communication with them, their effectiveness and engagement decrease. They also do not take initiative in proposing solutions, changes, or optimizations themselves.	6	15.8%
I get along great with the team and have time to talk to employees because the team is efficient. However, I'm not sure how to draw more out of them through conversation, such as information, motivation, initiative, independence, or business thinking.	13	34.2%
People know that they can achieve their goals and success with me because we've proven ourselves in battle before, but they won't jump into the fire for me.	13	34.2%
I am looking for ways to motivate non-financially because I sometimes face the challenge of unrealistic expectations regarding bonuses, raises, and promotions as the primary expectations of employees. I acknowledge that using non-financial motivators is more time-consuming than giving bonuses, so it requires a time commitment from me. At the same time, I see that financial motivators work in the short term. Therefore, I want to invest my time in long-term employee motivation strategies.	13	34.2%
I have independent people who perform their tasks excellently. However, when conflicts arise, differences in opinions and interests emerge, even during meetings, I feel that I don't handle it optimally when someone disagrees with me.	12	31.6%
I have time to focus on strategy, creation, development, but I'm not sure if I will inspire others with my vision or speech.	4	10.5%
People have a fondness for me, they open up to me, and I can ask them bold and personal questions and always get a response. If they don't understand a goal and I don't have time to explain it, I know I'll hear "okay, I'll do it for you/ because of you". In the most difficult situations where I need to change someone's perspective, I feel like I lack the means of influence, that I'm losing points I could potentially gain. And sometimes, I even lose points because I get caught up in unnecessary "back-and-forth".	11	28.9%
I know how to - and can - motivate people non-financially. However, I don't know how to motivate an employee in conflict or when encountering strong beliefs or resistance stemming from life values. I also want something more - to be able to inspire.	12	31.6%

Source: Own elaboration based on conducted survey researchDiscussion.

Additionally, respondents indicated they are seeking non-financial motivation methods because they sometimes face challenges that are difficult to implement. They recognize that applying non-financial motivators is more time-consuming than giving bonuses and requires time commitment, while acknowledging that financial motivators have short-term effects. Therefore, they want to invest time in long-term employee motivation (34.2%). The results are presented in Table 4.

5. Discussion

Leadership plays a crucial role in healthcare, affecting professionals, patients, and the work environment (Specchia, Cozzolino, Carini, Di Pilla, Galletti, Ricciardi, Damiani, 2021). Baka et al. found that healthcare workers report the poorest health, lowest levels of justice and respect, and the least satisfaction with leadership quality, while experiencing the highest sense of job meaning compared to education, science, and service workers (Baka, Kapica, Najmiec, 2022). Nurse leaders are the main determinant in team dynamics aimed at achieving shared, predefined goals, with a primary focus on meeting the healthcare needs of patients and their families. Numerous studies argue that leadership significantly influences the efficiency of nurses, crucial for achieving organizational goals (Szara, Ksykiewicz-Dorota, Klukow, Lamont, 2017). Kunecka's study indicated that nurses' leadership potential remains at an adequate level, which may contribute to challenges in fulfilling their professional roles effectively (Kunnecka, 2010). Recent research by a Polish team confirms that novice nurses demonstrate average levels of authentic leadership competencies, emphasizing the need for development during undergraduate education and continuous reinforcement throughout professional practice. Educating future leaders and managers correlates with increased job engagement, greater job satisfaction, and enhanced patient care (Kalbarczyk, Serafin, Czarkowska-Pączek, 2022). Studies have shown that palliative care nursing possesses potential in both clinical and organizational leadership skills. Leadership potential encompasses openness to new ideas, job satisfaction skills, focus on others, loyalty, ethical conduct, altruism, and recognition of others' merits. Nurses' awareness that further development in palliative care for seriously ill patients hinges on enhancing leadership competencies underscores the critical role of nurses in this domain.

Due to the lack of specific leadership development programs in palliative care, the challenge lies in finding institutions where these skills can be learned. Executive leadership training offered within business programs and paid studies for both doctors and nurses is quite expensive and still difficult to access. It is often observed that individuals are appointed to managerial positions without developed leadership skills or theoretical and practical preparation in this area. Moreover, reluctance to delegate authority or diminish the prestige of the nursing

profession, along with a low assessment of nurses' managerial and leadership capabilities, may unnecessarily hinder organizational functioning (Kornacki, 2017).

Nurses also experience a lack of professional support and collaboration from other medical professions, including doctors. There is a shortage of specialized education focused on clinical leadership and managing medical teams. In Dwyer's study, it was found that nurses identify with their leadership role in stationary care for elderly individuals and experience a paradoxical sense of being valued by clients while being devalued by the healthcare system (Dwyer, 2011).

Optimal working conditions and wages contribute to the attractiveness of the profession, while respect-based and competency-focused work in interdisciplinary teams improves the quality of care provided. Underutilized nursing competencies and the burden of non-meritorious tasks lead to frustration, discouragement, and hinder the development of the field. Redirecting decision-making tasks to nurses requires an understanding and knowledge of how to utilize their competencies. It is necessary to enhance their prestige, which has been established among the public but is often disregarded within therapeutic teams. An investment in developing social and leadership competencies may serve as a remedy for systemic issues and staffing shortages. Identifying and supporting leadership competencies in palliative care nursing, and fostering an understanding of this developmental direction among other professional groups, especially physicians, can mitigate deficiencies and imperfections in the healthcare system. Healthcare facility directors should oversee the education and exchange of medical staff, ensure protection and improved working conditions, establish work standards, align work organization with expectations and competencies of medical staff, and build the prestige of collaborators (Rostkowski, Strzemiński, 2019). Responding to the rapid growth of palliative care in recent years and the necessity to provide this form of care to all who need it, interdisciplinary leadership is essential. Effective leadership in palliative care requires team members, including nurses, to develop competencies that facilitate policy changes and further development in this field globally and in Poland (Kouzes, Posner, 2007). Reforming healthcare and improving its functioning requires valuing leadership through collaboration among all stakeholders in defining goals, roles, tasks, responsibilities, and addressing problems and threats collectively (Frączkiewicz- Wronka, Austen, 2011). All these actions must be carried out with full awareness that the financial outcome of the organization is significant. However, the primary challenge facing palliative care currently is improving the accessibility and quality of services to meet the dramatically increasing demand. To ensure patients receive necessary, professional, and reasonably accessible healthcare services in palliative care under safe and relatively low-cost conditions, it is essential to harness the potential and resources of nurses, which may otherwise be lost in the current situation of low funding. The results of the conducted study confirm the readiness of palliative care nurses to further develop their leadership competencies.

When analyzing the study results, it is important to consider its limited scope due to the relatively small number of nurses involved, nearly half of whom held managerial positions. Additionally, the study focused on specific and selected leadership competencies, thus general conclusions regarding nursing leadership in Poland cannot be drawn from it. The findings from the conducted analyses suggest a justified need for further research into assessing the leadership competencies of palliative care nurses in Poland and may serve as a preliminary step towards conducting broader-scale studies in the future.

6. Summary

Assessment of leadership competence potential in palliative care nursing is a relatively underexplored aspect. The results presented in the paper demonstrate the difficulty yet significance of addressing this issue for palliative care organizations and the healthcare system as a whole. Leadership competencies among palliative care nurses need continuous development, particularly in the context of evolving healthcare demands and challenges. Actions aimed at strengthening these competencies are crucial for the professional development of nurses. In palliative care, prepared interdisciplinary teams that understand their roles and competencies, and collaborate effectively, will play a pivotal role, aware of the necessity for ongoing development and improvement. Leadership, as a dynamic and continuous process, is observed among the nursing profession, presenting both challenges and the necessity for support and further development to enhance palliative care delivery.

1) Nurses employed in palliative care rate their leadership competencies very highly.
2) The leadership potential of palliative care nurses primarily involves openness to new ideas, job satisfaction, ability to focus on others' input, loyalty, ethical conduct, altruism, and recognition of others' contributions.
3) In the near future, nurses would like to develop leadership competencies in stress management, management psychology, negotiation, decision-making, innovation, and emotional intelligence.
4) Nurses rate the overall level of competencies within their unit as good to very good. The majority of nurses enjoy their work.
5) Leadership competencies of palliative care nurses in managerial roles require further development through tailored training and workshops dedicated to this professional group.

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