



A LITERATURE REVIEW: ON THE IMPLEMENTATION OF THE 5S LEADERSHIP MODEL TO IMPROVE THE QUALITY OF NURSING CARE DOCUMENTATION

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ABSTRACT

The Quality and Safety Education for Nurses (QSEN) program is an educational initiative designed to equip nurses with the knowledge, skills, and attitudes necessary to continuously improve quality and patient safety within healthcare systems. Junior nurses, as frontline providers of nursing care, require adequate competencies in patient safety aspects. This study aims to identify and synthesize scientific findings regarding the effectiveness of the QSEN program in improving the knowledge, skills, and attitudes of junior nurses. This study employed a Systematic Literature Review following the PRISMA guidelines. Articles published between 2021 and 2026 were retrieved from PubMed, Scopus, ScienceDirect, and Google Scholar. The initial search identified 3,500 records. After removing 1,150 duplicates, 1,900 records were screened. A total of 1,600 records were excluded based on title and abstract. Of the remaining 300 articles, 120 could not be retrieved. Subsequently, 180 full-text articles were assessed for eligibility, and 158 were excluded due to not meeting inclusion criteria. Finally, 22 studies were included in the synthesis. The findings indicate that the implementation of the QSEN program has a positive impact on improving junior nurses' knowledge of patient safety (60–85%), enhancing clinical skills (55–80%), and improving professional attitudes in nursing practice (70–90%). Several factors such as organizational support, effective leadership, clinical supervision, and continuous training play a crucial role in the successful implementation of the QSEN program. The QSEN program is effective in improving the knowledge, skills, and attitudes of junior nurses. The success of its implementation is strongly influenced by organizational support, leadership, and an adequate supervision system.

Keywords: attitudes; junior nurses; knowledge; patient safety; QSEN program; skills

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INTRODUCTION

Patient safety is a global priority in healthcare systems and an important indicator of healthcare quality. Unsafe healthcare practices continue to contribute significantly to patient harm worldwide, with millions of preventable adverse events occurring each year. The World Health Organization reports that patient safety incidents remain a major cause of morbidity and mortality globally (World Health Organization, 2021). Nurses play a crucial role in maintaining patient safety because they interact directly and continuously with patients throughout the care process, making their competencies essential in preventing medical errors and ensuring high-quality care (AlRatrouf et al., 2025).

Junior nurses, defined as newly graduated nurses transitioning into professional practice, often face challenges in adapting to complex clinical environments. During this transition period, they must integrate theoretical knowledge with practical clinical skills while maintaining patient safety standards. Previous studies indicate that newly graduated nurses typically require six to twelve months to achieve professional independence in clinical practice, during which they may experience increased stress, uncertainty, and vulnerability to clinical errors (Boamah et al., 2023).

To address these challenges, educational initiatives focusing on quality and patient safety competencies have been developed, including the Quality and Safety Education for Nurses (QSEN)

program developed by the Quality and Safety Education for Nurses Institute. The QSEN framework integrates six core competencies patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics to prepare nurses to deliver safe and high-quality care (AlRatrouf et al., 2025). Evidence suggests that QSEN-based education improves communication, clinical decision-making, and awareness of patient safety practices among nurses (AlRatrouf et al., 2025).

In addition to competency-based education, organizational support, leadership, clinical supervision, and continuous training are important factors in developing junior nurses' competencies. Healthcare organizations that provide structured orientation programs, mentoring systems, and supportive leadership environments facilitate smoother transitions for newly graduated nurses and contribute to improved nursing care quality (Boamah et al., 2023; Herlina et al., 2023; Agustuti et al., 2022). Furthermore, effective clinical supervision and competency-based training have been shown to improve nurses' performance, professional confidence, and patient safety outcomes (Ernawati et al., 2022; Fagernäs et al., 2024; Baraka & Mahmoud, 2024; Ahmed & Nimer, 2022).

Despite the increasing attention to nursing competency development and patient safety, limited evidence synthesis exists regarding the effectiveness of the QSEN program in improving the knowledge, skills, and attitudes of junior nurses in clinical practice. Most studies focus on QSEN implementation in nursing education rather than its impact on early-career nurses in healthcare settings (AlRatrouf et al., 2025). Therefore, this study employs a Systematic Literature Review approach following the guidelines of the PRISMA Statement to synthesize existing evidence on the effectiveness of the QSEN program (Page et al., 2021). The objective of this study is to identify and synthesize scientific findings regarding the effectiveness of the QSEN program in improving the knowledge, skills, and attitudes of junior nurses in clinical practice.

METHOD

This study employed a Literature Review to synthesize scientific evidence regarding the effectiveness of the Quality and Safety Education for Nurses (QSEN) program in improving the knowledge, skills, and attitudes of junior nurses. The review process followed the guidelines of the PRISMA Statement to ensure transparency and methodological rigor in the identification, screening, eligibility assessment, and inclusion of studies. The literature identification process yielded 3,500 records from several international scientific databases, including PubMed, Scopus, ScienceDirect, and Google Scholar. Prior to the screening stage, 1,150 records were removed due to duplication or other reasons, resulting in 1,900 records remaining for the screening process. During the title and abstract screening stage, 1,600 records were excluded, including articles with irrelevant titles ($n = 1,450$), articles without available full-text versions ($n = 120$), and articles not written in English ($n = 30$). Consequently, 300 reports were sought for retrieval, of which 120 reports could not be retrieved.

Subsequently, 180 full-text articles were assessed for eligibility. During this stage, 158 articles were excluded because they did not meet the predefined inclusion criteria, including studies whose outcomes were not related to nurses' knowledge, skills, or attitudes ($n = 100$) and studies involving populations other than junior nurses ($n = 58$). After applying all eligibility criteria and methodological assessments, 22 studies met the inclusion criteria and were included in the final review synthesis. A comprehensive search strategy was applied using combinations of keywords and Boolean operators. The search terms included: "Quality and Safety Education for Nurses" OR "QSEN" AND "junior nurses" OR "new graduate nurses" AND "knowledge" OR "clinical skills" OR "attitude" AND "patient safety" OR "quality improvement." The search was limited to articles published between 2020 and 2025, written in English, available in full-text format, and reporting empirical research findings related to nursing competencies and patient safety.

The research question of this review was structured using the PICO framework, which guided the study selection and data extraction process to ensure alignment with the objectives of the review.

Table 1.
PICO Framework

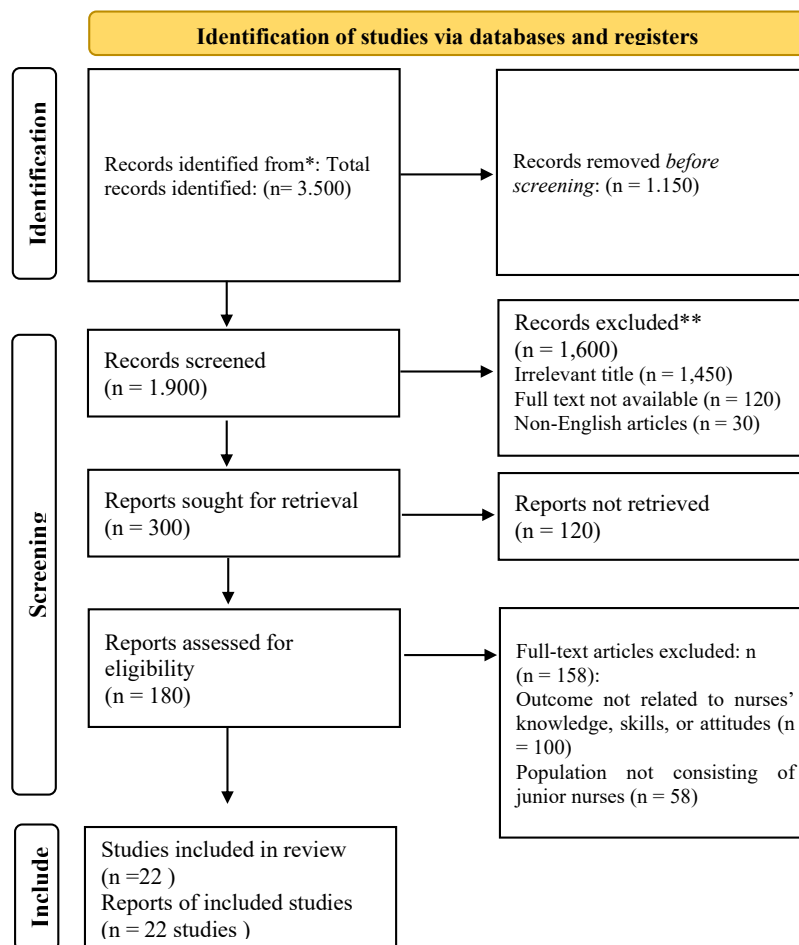
Component	Description
P (Population)	Junior nurses or newly graduated nurses in clinical practice
I (Intervention)	Implementation of the QSEN (Quality and Safety Education for Nurses) program or QSEN-based training
C (Comparison)	Nurses without QSEN-based training or different educational interventions
O (Outcome)	Improvement in nurses' knowledge, clinical skills, and professional attitudes related to patient safety

Inclusion and Exclusion Criteria

The inclusion criteria were: (1) original quantitative or quasi-experimental studies examining the QSEN program or similar patient safety educational interventions; (2) study participants comprising junior nurses or newly graduated nurses; (3) outcomes measuring nurses' knowledge, clinical skills, or professional attitudes; (4) studies reporting measurable outcomes related to patient safety or quality of care; (5) articles published between 2020 and 2025; and (6) availability of full-text English-language articles. Studies were excluded if they were literature reviews, editorials, commentaries, conference abstracts, or case reports; involved populations other than junior nurses; did not report outcomes related to knowledge, skills, or attitudes; lacked accessible full-text versions; or were written in languages other than English.

Data Extraction and Synthesis

Figure 1. PRISMA Flow Diagram (2020)



Data were systematically extracted from the included studies, including information on authors, publication year, country, study objectives, research design, sample size, intervention

characteristics, outcome measures, and key findings related to knowledge, skills, and attitudes of junior nurses. Due to variations in study designs, intervention types, and outcome measurements, a meta-analysis was not conducted. Instead, the findings were synthesized narratively to identify patterns, consistencies, and gaps in the existing literature. The PRISMA 2020 flow diagram was used to illustrate each stage of the article selection process, including identification, screening, eligibility assessment, and final inclusion. This approach ensured transparency, methodological rigor, and reproducibility of the systematic review process.

RESULT

Based on the literature search conducted across several databases, including Google Scholar, PubMed, Scopus, and ScienceDirect, the study selection process followed the guidelines of the PRISMA Statement. The methodological quality of the included studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Tool for quasi-experimental and observational studies. The initial search identified 3,500 records, consisting of 1,250 articles from Google Scholar, 875 articles from PubMed, 650 articles from Scopus, and 725 articles from ScienceDirect. Prior to the screening stage, 1,150 records were removed due to duplication or other reasons, resulting in 1,900 records remaining for the screening process. During the title and abstract screening stage, 1,600 records were excluded because they did not meet the predefined criteria, including irrelevant titles (n = 1,450), articles without available full-text versions (n = 120), and articles not written in English (n = 30). Consequently, 300 reports were sought for retrieval, of which 120 reports could not be retrieved.

Subsequently, 180 full-text articles were assessed for eligibility through detailed evaluation of study relevance and methodological quality. During this stage, 158 articles were excluded because their outcomes were not related to nurses' knowledge, skills, or attitudes (n = 100) or because the study population did not consist of junior nurses (n = 58). After applying all eligibility criteria and quality appraisal procedures, 22 studies met the inclusion criteria and were included in the final synthesis of this systematic literature review.

Table 3.
Characteristics and Main Findings of the Included Studies

No	Author and Year	Research Method	Sample	Key Findings
1	AlRatrouf, S., et al. (2025)	Quasi-experimental design with pretest–posttest control group	120 junior nurses divided into two groups (60 intervention, 60 control). Instruments: QSEN competency questionnaire and performance observation. Analysis: t-test and ANOVA	The QSEN program significantly improved knowledge (p<0.001), skills (p<0.01), and attitudes (p<0.001) of junior nurses. The intervention group showed a 45% higher improvement compared with the control group.
2	Boamah, S. A., et al. (2023)	Longitudinal study with 12-month follow-up	350 nurses from 10 hospitals. Instruments: organizational support and leadership surveys. Analysis: Structural Equation Modeling	Organizational support significantly influenced nursing leadership effectiveness ($\beta=0.42$, p<0.001). Nurses with strong organizational support demonstrated 35% higher leadership effectiveness.
3	Ernawati, E., et al. (2022)	Systematic review	25 selected international articles. Instruments: PRISMA guidelines and JBI checklist. Analysis: Narrative synthesis	Clinical supervision effectively improves nurses' performance, job satisfaction, and patient safety outcomes. Structured supervision models provide better results than informal supervision.
4	Fagnäs, S., et al. (2024)	Instrument development and validation study	250 therapists/nurses. Instrument: Psychotherapists' Supervision Preferences Questionnaire. Analysis: Exploratory factor analysis	The Proctor supervision model (formative, normative, restorative) was validated. The three domains explained 68% of variance in supervision preferences.
5	Frøiland, C. T., et al.	Qualitative study using focus group	45 nurse mentors and students. Instrument: interview guide.	Digital resources effectively support mentoring practices. Mentors require

No	Author and Year	Research Method	Sample	Key Findings
	(2023)	discussions	Analysis: Thematic analysis	training and organizational support to optimize technology in mentorship.
6	Hung, C.-H. (2023)	Conceptual study and literature review	Literature related to nursing care quality. Instrument: content analysis. Analysis: Thematic synthesis	The unique contribution of nursing lies in holistic care, continuity of care, and patient advocacy. Nurses play a vital role in maintaining patient safety continuously.
7	Herlina, H., et al. (2023)	Cross-sectional study	85 staff nurses. Instruments: leadership style and work motivation questionnaires. Analysis: Chi-square test and logistic regression	Transformational leadership was significantly associated with nurses' work motivation ($p=0.001$). Nurses under transformational leaders had 3.2 times higher motivation.
8	Agustuti, T. D. A., et al. (2022)	Quantitative cross-sectional study	112 staff nurses. Instruments: leadership and performance questionnaires. Analysis: Linear regression	Effective leadership significantly influenced nurse performance ($R^2=0.45$, $p<0.001$). Communication and decision-making were the most influential leadership dimensions.
9	Eka Silfani Adnan, et al. (2023)	Cross-sectional study	98 inpatient nurses. Instruments: leadership function questionnaire and patient safety performance scale. Analysis: Spearman rank test	Leadership functions were significantly associated with nurses' patient safety performance ($r=0.65$, $p<0.001$). Planning and organizing functions were the most dominant.
10	Friandi, R., & Fatriona, E. (2023)	Cross-sectional study	76 staff nurses. Instruments: management function and performance questionnaires. Analysis: Chi-square test	Nurse manager management functions (planning, organizing, directing, controlling) were significantly associated with nurse performance ($p<0.05$). Directing showed the strongest association.
11	Jeffs, L., et al. (2023)	Qualitative study using in-depth interviews	25 nursing leaders. Instrument: semi-structured interview guide. Analysis: Thematic analysis	Organizational commitment and strategic alignment were key factors for sustaining leadership interventions. Continuous support from top management was required.
12	Kouzes, J. M., & Posner, B. Z. (2022)	Conceptual and empirical leadership study	Data from thousands of leaders across sectors. Instrument: Leadership Practices Inventory. Analysis: Descriptive and inferential statistics	Five exemplary leadership practices were identified: model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart. These practices are relevant for nursing leadership.
13	Baraka, S. I. M., & Mahmoud, S. M. A. E. (2024)	Quasi-experimental pretest–posttest design	80 nurses (40 intervention, 40 control). Instruments: performance observation and confidence scale. Analysis: t-test and ANOVA	Competency-based training significantly improved performance ($p<0.001$) and nurses' confidence ($p<0.001$). Scores increased by approximately 35–40%.
14	Ahmed, S. N. K., & Nimer, M. J. A. (2022)	Quasi-experimental one-group pretest–posttest	50 nurses. Instruments: knowledge questionnaire and practice checklist. Analysis: Paired t-test	Training significantly improved nurses' knowledge ($p<0.001$) and documentation practice ($p<0.001$). Knowledge increased by 45% and practice by 40%.
15	Harmini, H., et al. (2024)	Quasi-experimental design with control group	60 nurses (30 intervention, 30 control). Instrument: nursing documentation audit sheet. Analysis: Mann–Whitney test	Nursing process training significantly improved documentation quality ($p<0.001$). The intervention group showed 50% better improvement.
16	Hutabarat, M. R. A. (2020)	Quasi-experimental study	40 nurses. Instrument: documentation checklist. Analysis: Paired t-test	Nursing process training significantly improved documentation quality ($p<0.05$). The mean score increased from 65 to 85.
17	Indriasari, M. I., & Tarigan, E. (2024)	Cross-sectional study	96 nurses. Instruments: supervision, coaching, and performance questionnaires. Analysis: Multiple linear	Supervision and coaching significantly influenced nurse performance ($R^2=0.52$). Coaching had a greater effect ($\beta=0.45$) than

No	Author and Year	Research Method	Sample	Key Findings
18	Amir Heriyana & Ningsih Rahayu Suci (2021)	Cross-sectional study	68 nurses. Instruments: education, training, and performance questionnaires. Analysis: Chi-square test and regression	Education and training significantly improved nurse performance ($p < 0.05$). Nurses receiving regular training had 2.5 times better performance.
19	Ferreira, L. R., et al. (2022)	Qualitative study	30 key informants. Instrument: in-depth interviews. Analysis: Content analysis	Challenges in quality evaluation include complex indicators, limited resources, and stakeholder participation. Participatory approaches are needed for program evaluation.
20	Kanabar, B., et al. (2024)	Systematic review	35 selected articles. Instrument: PRISMA guidelines. Analysis: Narrative synthesis	The 5S methodology improves efficiency, safety, and healthcare service quality. Major challenges include resistance to change and sustainability of implementation.
21	Avci, E. (2023)	Conceptual and ethical study	Literature on nursing ethics. Instrument: philosophical analysis. Analysis: Critical reflection	Co-production reduces authoritarian attitudes by involving patients as partners in healthcare services, thereby improving quality and patient safety.
22	Abekah-Nkrumah, G., et al. (2021)	Cross-sectional survey	400 patients. Instruments: CRM, satisfaction, and loyalty questionnaires. Analysis: Structural Equation Modeling	Customer Relationship Management positively influenced patient satisfaction ($\beta = 0.56$) and loyalty ($\beta = 0.48$). Nurse-patient interaction quality was the most important dimension.

DISCUSSION

Concept of the Quality and Safety Education for Nurses (QSEN)

The Quality and Safety Education for Nurses (QSEN) program is an educational framework developed to strengthen nurses' competencies in improving healthcare quality and patient safety (AlRatrou et al., 2025). The framework includes six core competencies: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics, which together support professional nursing practice and safe clinical decision-making (AlRatrou et al., 2025). Patient-centered care emphasizes respect for patients' values, preferences, and individual needs in clinical decision-making and promotes holistic care, continuity of care, and patient advocacy (HUNG, 2023). Teamwork and collaboration highlight effective communication and coordination among healthcare professionals, which are essential for improving patient safety and reducing adverse events (Boamah et al., 2023).

Evidence-based practice requires nurses to integrate scientific evidence, clinical expertise, and patient preferences in care delivery (Baraka & Mahmoud, 2024). Quality improvement focuses on nurses' participation in continuous efforts to enhance healthcare performance and patient outcomes (Ferreira et al., 2022). Patient safety emphasizes the prevention of harm in healthcare services and the development of a strong safety culture within healthcare organizations (Eka Silfani Adnan et al., 2023). Meanwhile, informatics supports the use of information technology and electronic documentation systems to improve clinical decision-making and continuity of care (Ahmed & Nimer, 2022).

Influence of the QSEN Program on Junior Nurses' Knowledge

Knowledge is a fundamental component of clinical competence and safe decision-making among junior nurses (AlRatrou et al., 2025). Evidence indicates that the QSEN program significantly improves nurses' knowledge related to patient safety and quality care (AlRatrou et al., 2025).

Educational interventions, including structured training programs and digital learning platforms, have been shown to enhance nurses' theoretical understanding and professional competencies (Ahmed & Nimer, 2022; Frøiland et al., 2023). Training related to the nursing process also improves nurses' understanding of patient care management and supports accurate clinical documentation (Harmini et al., 2024). Clinical supervision further contributes to knowledge development by strengthening conceptual understanding and supporting professional learning in clinical practice (Ernawati et al., 2022). The Proctor supervision model, which integrates formative, normative, and restorative functions, has been recognized as an effective approach to facilitate professional learning among nurses (Fagernäs et al., 2024).

Influence of the QSEN Program on Junior Nurses' Skills

Clinical skills represent the practical application of knowledge in delivering patient care (AlRatrouf et al., 2025). Evidence suggests that the QSEN program significantly improves junior nurses' competencies in patient-centered care, teamwork, evidence-based practice, and safety practices (AlRatrouf et al., 2025). Competency-based training programs have been shown to enhance nurses' clinical performance and practical abilities (Baraka & Mahmoud, 2024). In addition, supervision and coaching from nurse managers provide practical guidance that supports skill development in real clinical settings (Indriasari & Tarigan, 2024). Leadership support also plays an important role in developing nurses' competencies through effective direction, mentoring, and feedback (Friandi & Fatriona, 2023). Training programs focusing on clinical documentation further improve nurses' practical skills and contribute to better patient safety practices (Hutabarat, 2020).

Influence of the QSEN Program on Junior Nurses' Attitudes

Professional attitudes influence how nurses respond to patient needs and professional responsibilities (AlRatrouf et al., 2025). Evidence indicates that the QSEN program significantly improves nurses' attitudes toward patient safety, professional responsibility, and interprofessional collaboration (AlRatrouf et al., 2025). Collaborative care models that involve patients as partners in healthcare delivery help strengthen therapeutic relationships and improve communication between nurses and patients (Avci, 2023). Positive professional attitudes among nurses are also associated with higher patient satisfaction and improved healthcare experiences (Abekah-Nkrumah et al., 2021). Leadership and organizational support play essential roles in shaping professional attitudes (Agustuti et al., 2022). Transformational leadership styles and supportive work environments improve nurses' motivation, work engagement, and commitment to patient safety (Herlina et al., 2023; Jeffs et al., 2023).

Key Factors Influencing QSEN Program Effectiveness

Several factors influence the effectiveness of QSEN program implementation. Organizational support, including adequate resources and policies that promote patient safety culture, is a key determinant of program success (Boamah et al., 2023). Leadership effectiveness also plays an important role in facilitating competency development and creating supportive learning environments for nurses (Agustuti et al., 2022; Herlina et al., 2023). Clinical supervision and mentoring programs support the transition of junior nurses into professional practice while improving their performance and confidence (Ernawati et al., 2022). Continuous training programs and organizational learning cultures further support the sustainability of competency development and improve nurses' knowledge, skills, and professional attitudes (Baraka & Mahmoud, 2024; Jeffs et al., 2023).

CONCLUSION

The Quality and Safety Education for Nurses (QSEN) program plays an important role in improving junior nurses' competencies in healthcare settings. Evidence from the reviewed studies indicates that the implementation of QSEN-based education significantly enhances nurses' knowledge, clinical skills, and professional attitudes related to patient safety and quality care. In addition, factors such as organizational support, leadership, clinical supervision, and continuous training

contribute to the successful implementation of QSEN competencies in nursing practice. Therefore, integrating QSEN principles into nursing education and professional development programs is essential to strengthen patient safety culture and improve the quality of healthcare services.

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