

Innovative Leadership and Clinical Governance Climate as Perceived by Nurses

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Abstract

Background: In light of an innovative leadership and clinical governance climate, nurses can face everything that hinders them and turn these obstacles into the means to facilitate their performance. **Aim:** to assess innovative leadership and clinical governance climate as perceived by nurses. **Research design:** A descriptive correlational design was used. **Setting:** The study was done in El Mogamma El Tabie Hospital which is affiliated to the health insurance hospitals in El Gharbia Governorate. **Subjects:** All (N=260) nurses were included. **Tools:** Two tools were utilized to collect the data, Innovative Leadership and Clinical Governance Climate Structured Questionnaire. **Results:** More than half (57.7 % & 53.9 %) of nurses had a moderate perception level regarding innovative leadership and clinical governance climate. **Conclusion:** There was a highly positive statistically significant correlation between innovative leadership and clinical governance climate. **Recommendations:** Head nurse creates a learning environment where every nurse can contribute and grow through conduct workshops and training programs, support innovation as a job requirement, and spreading justice culture among nurses and health care team.

Keywords: Clinical Governance Climate, Head Nurses, Innovative Leadership, Nurses

Introduction

Nurses are essential to healthcare systems, providing critical hands-on care, advocating for patients, educating them about health, coordinating care, and contributing to improved health outcomes. Their importance extends beyond clinical duties to encompass broader impacts on public health and

healthcare accessibility (Botezat, Incaltarau, & Nijkamp, 2024).

Many challenges are facing health care organizations, so, for nurses at all levels, nursing leadership is an essential skill, and there is an increasing need for leadership that motivates nurses to strive for a shared greater good in a supportive environment.

Innovative leadership is the most prevalent factor that influences nurses' attitudes, behaviors and provide direction to foster innovation among nurses (**Afsar, & Umrani, 2020**).

Innovative leadership is a crucial aspect for driving healthcare organizational success in a daily rapidly changes. It helps healthcare organizations stay ahead of the competition, creates a culture of continuous improvement and adaptability, and improves nurses' engagement and morale by promoting innovative thinking (**Ye, et al., 2022**).

Head nurses need an effective leadership style to be able for improving the performance of nurses to achieve healthcare organizational goals. Innovative leadership easing innovations and bringing change to all healthcare organizations. Innovative head nurses play a critical role for managing nursing departments, setting standards, leading nurses, and ensuring a high-quality patient care (**Miller, & Miller, 2020**).

Innovative leadership includes ten domains namely; support, intellectual stimulation, knowledge diffusion, vision, consulting, delegation and task assignment, organizing feedback, reward, providing the resources, and monitoring (**De Jong, 2007**). Support means innovative head nurses stand by their nurses to push them forward and pass any difficult situation related to their work. Intellectual stimulation means head nurses engage the nurse's thoughts and imagination, as well as nurses' ability to creatively identify

and solve problems. Stimulating knowledge diffusion means head nurses create an environment that encourages nurses to explore new ideas, take risks, and think critically (**Leary, Villarruel, & Richmond, 2022**).

Visionary innovative head nurses guide and inspire nurses toward future vision and find potential and opportunity in a time of change. Also, the innovative head nurses consulted through offering advice and expertise to nurses to help them improve their performance. Delegation and task assignment is distribution a workload among nurses to enhance their professional development, build trust and empowerment (**Barr, & Nathenson, 2022**).

Innovative head nurses organize feedback in order to discuss possible ways to effectively work together to achieve organizational goals and improve preference (**Thøgersen, 2022**). Innovative head nurses reward the nurses by providing monetary rewards as financial incentives and non-monetary rewards as benefits that can improve nurse's work live balance and personal wellbeing. The innovative head nurses contribute to provide the resources, effective management of resources and budgets to ensure the smooth operation of the department. Head nurses are responsible for allocating staffing, scheduling shifts, resources, and managing workloads to ensure sufficient coverage and balance patient needs with staff availability (**Hoang,**

Wilson-Evered, & Lockstone-Binney, 2021).

The innovative head nurse monitoring is a process to periodically collect, analyze, and use information to actively manage nurses' performance. Innovation leadership can create climate in which the clinical governance can be implemented in nursing units **(Alblooshi, Shamsuzzaman, & Haridy, 2021).** Clinical governance climate is an approach that aims to support communication and interaction, minimize faults, and improve and upgrade service process in healthcare organization **(Kaba, & Öztürk, 2022).** The accomplishment of clinical governance needs establishing of a culture which pushes nurses to improve their performance and such culture enhances continuous learning and success of quality improvement. Clinical governance climate includes six domains including; planned and integrated quality improvement, proactive risk management, climate of blame and punishment, working with colleagues, training and development opportunities, and organizational learning **(Freeman, 2003).**

Planned and integrated quality improvement is a continuous and systematic action that leads to noticeable enhancement in health care services and the health status of patients, clients, residents, staff, and community. Proactive risk management intends to prevent predict risk and avoid the destruction by analyzing past, current, and future to recognize risks before they occur,

define root causes and develop plans **(Gottwald, & Lansdown, 2021).** Clinical governance requires cultural adjustments away from climate of punishment and blame to enhance learning from mistakes. Working with colleagues enhances sharing resources and experience's team work so, good communication is vital for productive and positive work environment **(Tolba, 2020).**

Training and development opportunities are educational activities offered by the health care organization to improve the job performance, skills and knowledge of nurses **(Kumar, Satheesan, & Ramachandran, 2022).** Organizational learning is the process of transferring knowledge among nurses based on information gained from work experience. Through healthcare organizational learning nurses gain new skills, knowledge, and abilities that empower them to adjust with their changing environment, share practice concerns with others, work together across teams to improve quality and improve their performance **(Michael, & Loh, 2023).**

Clinical governance climate perception by nurses contributes to develop new knowledge and skills for highlighting to the necessity of teamwork, and improve nurses' job satisfaction and motivation. It promotes performance and efficiency of health institutions by raising patient and nurses' satisfaction **(Kaba, & Öztürk, 2022).**

Significance of the study

Nurses are the backbone of the healthcare organization. Considering an innovative leadership and clinical

governance climate, nurses can face everything that hinders them in the performance of their work and turn these obstacles into the means to facilitate their work. As a result of various adjustments of healthcare organizations, the careful implementation of innovative leadership and clinical governance is worthy (Afsar, & Umrani, 2020).

Also, innovative leadership in a clinical setting can be associated with a range of positive consequences including, fewer errors, better patient outcomes, more innovation, and lower stress among team members, as well as creating climate for clinical governance (Ye, Liu, & Tan, 2022). Additionally, innovative leadership and clinical governance are key components that link to all other elements of the healthcare system, such as infrastructure, supply chains, information systems, health workforce, financing, and stakeholder engagement (Ahmed, Awad, & Sayed, 2023). So, this study conducted to assess innovative leadership and clinical governance climate as perceived by nurses

Aim of the study

The present research aims to assess innovative leadership and clinical governance climate as perceived by nurses.

Research questions

- 1- What are the innovative leadership and clinical governance climate levels as perceived by nurses?
- 2- What is the relation between nurses' perception of innovative leadership and clinical governance climate?

Research design

A descriptive correlational study design was utilized in the present study.

Setting

The present study was done in El Mogamma El Tabie Hospital which is affiliated to the health insurance hospitals in El Gharbia Governorate with bed number (165), ICUs bed n (14), CCUs bed n (5), Cardiac catheterization Unit bed n (8), Chemotherapy Department bed n (45), Operation Departments room n (5), Kidney Dialysis Unit bed n (15), Emergency Unit bed n (14), and Inpatient Departments bed n (64).

Subject

The study subjects were consisted of all nurses (N =260) who were available at the previously mentioned setting, health insurance hospital. They were classified as follows: from medical care units (n = 25), surgical care units (n =60), intensive care units (n=25), cardiac care unit and cardiac catheterization unit (n=30), emergency department (n=50), operation department (n=35), dialysis unit (n=20) and from chemotherapy unit (n=15).

Data collection tools

Two tools were utilized:

Tool (I): Innovative Leadership Structured Questionnaire. This tool was developed by the investigator guided by De Jong, (2007) and related literatures (Ahmed et al., 2019; Afsar, & Umrani, 2020). It was used to assess level of innovative leadership as perceived by nurses. It consisted of two parts as follow:

Part I: Nurses' personal characteristics included age, sex, marital status, educational level, years of experience, working shift, and working unit.

Part II: Innovative Leadership Structured Questionnaire: It included (66 items) divided into ten domains as follows; Support for innovation, (9 items), Intellectual stimulation, included (4 items), Stimulating knowledge diffusion, included (8 items), Vision, included (12 items), Consulting, included (5 items), Delegation and task assignment, included (5 items), Organizing feedback, included (6 items), Rewarding, included (5 items), Providing the resources, included (5 items), and Monitoring, included (6 items).

Scoring system

Nurses' responses were measured on a five points Likert Scale ranging from (1 to 5) while strongly agree =5, agree =4, little agree =3, disagree =2, strongly disagree =1. The total scores were summed up and categorized into levels according to cut off points where:

-High perception level of innovative leadership $\geq 75\%$.

-Moderate perception level of innovative leadership 60 - <75%.

-Low perception level of innovative leadership < 60%.

Tool II: Clinical Governance Climate Questionnaire
This tool was developed by the investigator guided by, (freeman 2003) and related literature (Azilaku, Abor, Abuosi, Anaba,& Titivate 2021; Ghavamabad, Vosogh-

Moghaddam, Zaboli, &Aarabi, 2021). It was used to assess level of clinical governance climate as perceived by nurses. It included 55 items divided into six domains as follows: Planned and integrated quality improvement, (21 items), Proactive risk management, included (10 items), Climate of blame and punishment, included (7 items), Working with colleagues, included (6 items), Training and development opportunities, included (7 items), and Organizational learning, included (4 items).

Scoring system: Nurses' responses were measured on five points Likert Scale ranging from (1 to 5); where strongly agree =5, agree =4, little agree =3, disagree =2, strongly disagree =1. The total scores were summed up and classified into levels according to cut off points where:

- High perception level of clinical governance climate $\geq 75\%$
- Moderate perception level of clinical governance climate 60 - <75%
- Low perception level of clinical governance climate < 60%.

Method

- An official permission was obtained from the Dean of Faculty of Nursing submitted to the previously mentioned setting to obtain their permission and assistance to conduct the study.

-Ethical consideration

- a. An approval was obtained from the nursing Scientific Research Ethical committee before conducting the study, code no. (237/4/2023).

- b. Nature of the study didn't cause harm to the entire participants.
- c. An informed consent was obtained from nurses after explanation of the study's aim.
- d. Confidentiality and privacy had been maintained regarding data collection and the participants had right to withdrawal from the study at any time.
 - Tools I and II was translated into Arabic and revised with the supervisors and offered to five experts in the area of specialty to examine the content validity and clarity of the questionnaire. The experts were three professors and two assistant professors of nursing administration, in Faculty of Nursing, Tanta University.
 - The jury expert's response was reported in four points Rating Scale ranging from (1 – 4); 1=strongly irrelevant, 2= irrelevant, 3= relevant, 4= strongly relevant. Essential modification was done including; illustration, avoiding certain items and adding others, and easing certain work-related words. The content validity of tool I was 92.1% and tool II was 92.3%.
 - The study tool was tested for its reliability using Cronbach Alpha coefficient test. The reliability of the tool I was 0.972 and tool II was 0.975.
 - A Pilot study was carried out on a sample of nurses 26 (10% of total numbers of nurses). This sample not included in the main study sample during the actual collection of data at El Mogamma El Tabie Hospital after the expert's opinions and before starting the actual data collection. The pilot study was conducted to test the

sequence of items, clarity, applicability, and relevance of the questions.

-Data collection phase: the data was collected from all nurses. The investigator met the respondents in small group consisted of one to four nurses during their work shifts to distribute the questionnaires. The subjects recorded the answer in the presence of the investigator to ascertain all questions were answered.

-The data were collected over period of four months, from July to October 2023.

-Statistical analysis: The collected data were inserted to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk,NY;IBM Corp) Qualitative data were described using number and percent. The Kolmogorov-Smirnov test was used to verify the normality of distribution. Quantitative data were described using range (minimum and maximum), mean, standard deviation and median. Significance of the obtained results was judged at the 5% level. The correlation between two normally distributed quantitative variables was calculated using Pearson's correlation coefficient.

Results

Table (1): Illustrates frequency of the nurses regarding their personal characteristics. It showed that, the age of nurses ranged from 24-51 years old with mean age 35.01 ± 8.429 . The majority (91.2%) of the nurses were females. Nearly three quarters (74.2%) of them were married. More than one third (37.7%) of them had a Technical

Nursing Institute. Less than half (45.0%) of them had more than ten years of experience with mean 13.40 ± 8.898 years. More than two fifths (41.5%) of them took morning shift. Less than one quarter (23.1%) of them were working at surgical unite.

Figure (1): Showed head nurses' innovative leadership levels as perceived by nurses. It reveals that more than half (57.7 %) of the nurses had a moderate level of perception regarding innovative leadership. While, (15.4%) of the nurses had a low perception levels regarding innovative leadership.

Table (2): Demonstrates nurses' responses levels regarding head nurse's innovative leadership domains as perceived by nurses. It shows that more than half (53.8%) of the nurses had a high level of perception regarding support for innovation and rewarding. While, more than half (57.3 %, 53.8 % & 53.5%) of the nurses had a moderate level of perception regarding organizing feedback, providing the resources, and stimulating knowledge diffusion; respectively.

Figure (2): Demonstrated levels of clinical governance as perceived by nurses. It reveals that more than half (53.9 %) of the nurses had a moderate perception level regarding clinical governance climate. While, less than one quarter (19.2%) of them had a low perception levels regarding clinical governance climate.

Table (3): Points out level of nurses' perception regarding their clinical

governance climate domains. It shows that more than half (53.5% & 50.4%) of the nurses had a high level of perception regarding planned & integrated quality improvement and proactive risk management; respectively. Additionally, that more than half (61.5 %, 57.3%, 50.4%) & half (50.0 %) of the nurses had a moderate perception levels regarding training and development opportunity; working with colleagues; organizational learning; and climate of blame and punishment, respectively.

Table (4): Clarified correlation between innovative leadership and clinical governance climate as perceived by nurses. It displays that there was a highly positive statistically significant correlation between innovative leadership and clinical governance climate, where $r = 0.781$, $p\text{-value} < 0.001$.

Table (1): Frequency of the nurses according to their personal characteristics (n=260)

Personal characteristics	No.	%
Age/ years		
< 25	39	15.0
25- <35	132	50.8
35- <45	48	18.5
≥ 45	41	15.8
Min. – Max	24-51	
Mean ±SD	35.01±8.429	
Sex		
Male	23	8.8
Female	237	91.2
Marital status		
Married	193	74.2
Unmarried	67	25.8
Educational level		
Secondary Nursing Diploma	70	26.9
Technical Nursing Institute	98	37.7
Bachelor of Science in Nursing	80	30.8
Post-graduate studies	12	4.6
Years of experience		
>5	40	15.4
5-10	103	39.6
>10	117	45
Mean ±SD	13.40±8.898	
Working shift		
Morning shift	108	41.5
Evening shift	12	4.6
Night shift	19	7.3
Rotation includes 3 previous shift	92	35.4
Rotation includes 2 from previous shift	29	11.2
Working unit		
Medical Unit	25	9.6
Surgical Unit	60	23.1
Intensive Care Unit	25	9.6
Cardiac Care and Catheterization Unit	30	11.5
Emergency Department	50	19.2
Operation Department	35	13.5
Dialysis unit	20	7.7
Chemotherapy unit	15	5.8

SD: Standard deviation

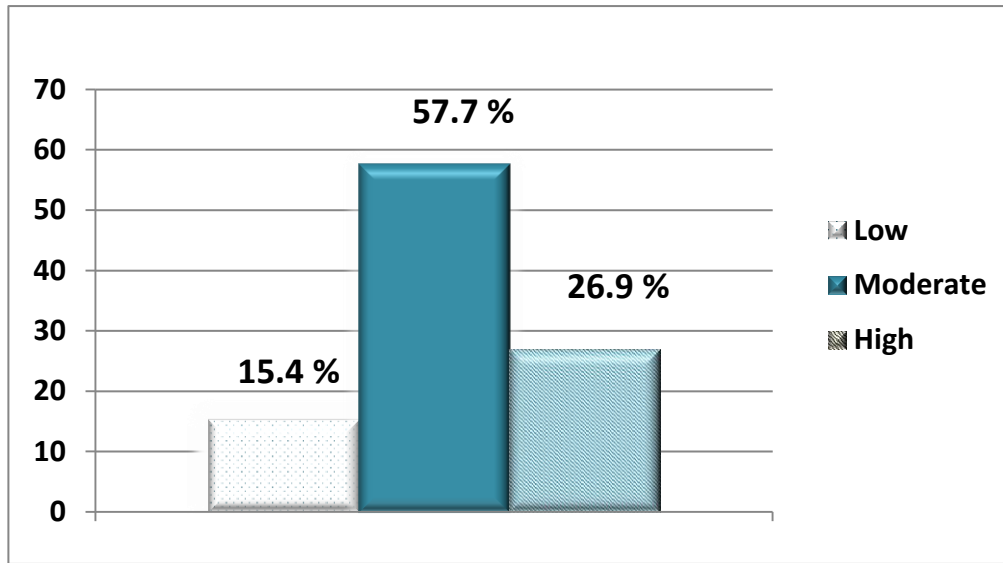


Figure (1): Levels of head nurses' innovative leadership as perceived by nurses

Table (2): Nurses' perception levels regarding head nurse's innovative leadership domains as perceived by nurses (n=260)

Innovative leadership domains	High		Moderate		Low	
	No.	%	No.	%	No.	%
Support for innovation	140	53.8	79	30.4	40	15.4
Intellectual stimulation	109	41.9	120	46.2	31	11.9
Stimulating knowledge diffusion	100	38.5	139	53.5	21	8.1
Vision	111	42.7	109	41.9	40	15.4
Consulting	101	38.8	129	49.6	30	11.5
Delegation and task assignment	121	46.5	99	38.1	40	15.4
Organizing feedback	81	31.2	149	57.3	30	11.5
Rewarding	140	53.8	80	30.8	40	15.4
Providing the resources	80	30.8	140	53.8	40	15.4
Monitoring	129	49.6	119	45.8	12	4.6

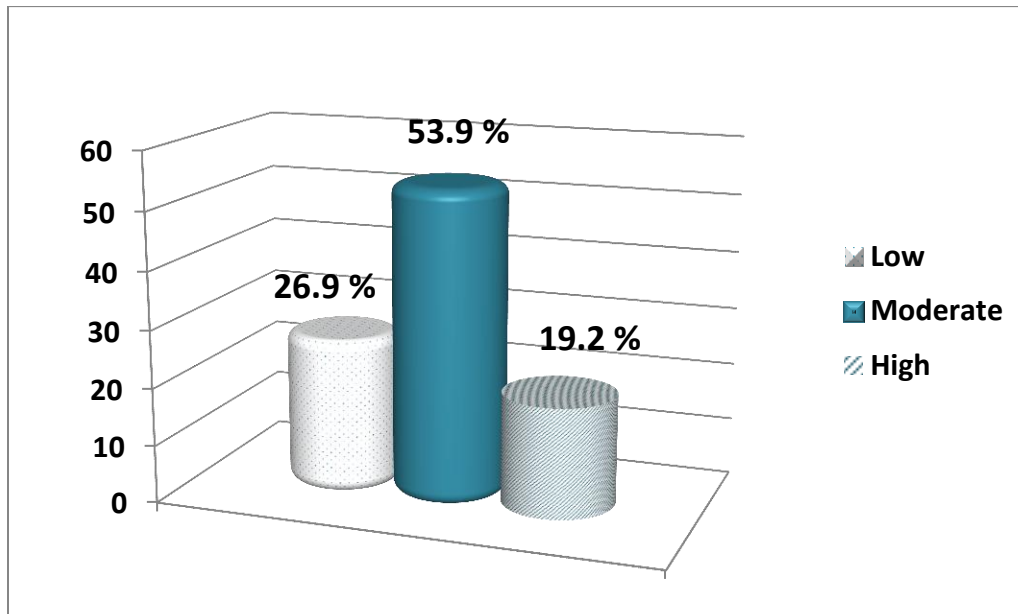


Figure (2): Levels of clinical governance as perceived by nurses

Table (3): Level of nurses' perception regarding their clinical governance climate domains (n=260)

Clinical governance climate domains	High		Moderate		Low	
	No.	%	No.	%	No.	%
Planned and integrated quality improvement	139	53.5	81	31.2	40	15.4
Proactive risk management	131	50.4	99	38.1	30	11.5
Climate of blame and punishment	80	30.8	130	50.0	50	19.2
Working with colleagues	70	26.9	149	57.3	41	15.8
Training and development opportunity	40	15.4	160	61.5	60	23.1
Organizational learning	59	22.7	131	50.4	70	26.9

Table (4): Correlation between total innovative leadership and clinical governance climate among the studied nurses

Total innovative leadership	Total clinical governance climate	
	R	p- value
	0.781	0.000**

Pearson Correlation Coefficient, * statistically significance $p \leq 0.05$

Discussion

Innovative leadership works to provide a suitable climate that enables nurses to demonstrate their innovative abilities and invest in an effective manner, which reflects positively on nurses' clinical governance climate. So, this study conducted to assess innovative leadership and clinical governance climate as perceived by nurses

Head nurses' innovative leadership as perceived by nurses

According to the existing study, more than half of nurses had a moderate perception level regarding innovative leadership. This study's results may be interpreted by that more than half of nurses had a moderate perception level regarding organizing feedback, providing the resources, and stimulating knowledge diffusion domains. Also head nurses encourage nurses to change to be better in delivering nursing care through continuous on job training, acts as a role model for innovative thinking and pays attention to recognize innovative nurses.

Along with the present study findings, **Asurakkody & Kim, (2020)** demonstrated that nurses had a moderate perception level regarding innovative leadership while, **Abdel Azem & Hassan, (2021)** found that nearly three quarters of nurses had a high perception levels regarding innovative leadership. Contradictory to these results, **Abd El Muksoud, Metwally, & Ata, (2022), and Mohamed, (2019)** showed that nurses had a low level of perception regarding innovative leadership.

Clinical governance as perceived by nurses

According to the study's findings, more than half of nurses had a moderate level of perception regarding clinical governance climate. The explanation of these results could be that around half of them had a moderate perception level regarding training and development opportunity, working with colleagues, organizational learning, and climate of blame and punishment domains. Add to that, it may be due to many nurses continue their education as technical and specialty nursing, which in turn increases their experience and improves their performance.

Moreover, this may be due to the hospital is being accredited from general authority for health care accreditation and regulation. This played a role in minimizing errors, supporting communication and interaction, and continually improving and developing service processes in the health care organizations. In this regard, **Kaba & Öztürk (2022)** emphasized nurses' perception regarding the clinical governance climate was found to be moderate level. Additionally, **Mohamed & Saad (2019)** claimed that, nearly half of nurses had a positive perception regarding clinical governance. On the other scene, the present study finding is incongruent with **Atalla, et al., (2023)**, who affirmed that nurses perceived a low level of shared clinical governance.

Correlation between innovative leadership and clinical governance climate among nurses

The existing study's results displayed a highly positive statistically significant correlation between innovative leadership and clinical governance climate. This study result may be interpreted by innovative leadership and clinical governance climate is necessary for preserving quality health care, health care organizational success, nurses' satisfaction, create a culture of continuous improvement, innovation and sustainable growth. Effective innovative leadership and clinical governance also has a positive impact for healthcare professionals and patients because there is constant reexamination of competing clinical techniques and practices. It also promotes a learning environment.

On agreement with this finding **Atalla, et. al., (2023)** were evident that there was a significant correlation between innovative leadership and clinical governance climate as perceived by nurses. **Mohammed & Mostafa (2023)** found that the innovative leadership of study sample and innovative work behavior were positively correlated in a way that is highly statistically significant. This finding matches with, **Asurakkody, (2020)** who revealed that innovative leadership and clinical governance climate were significantly correlated.

Conclusion

Based on the findings of the present study it was concluded that:

More than half of nurses had a moderate perception level regarding innovative leadership and clinical governance climate while, minor percent of them had a low perception level regarding

innovative leadership and clinical governance climate. Moreover, there was a highly positive statistically significant correlation between innovative leadership and clinical governance climate.

Recommendations

The investigator provided the following recommendations guided by the results of the current study.

Hospital management

- Support quality team members in applying improvement activities by providing necessary supplies.
- Spread justice culture among nurses and health care team.
- Retrain nurses who make unintended mistakes.

Head nurse

- Providing updates scientific reference to encourage nurses to read and critique scientific research about nursing to improve nursing care.
- Create a learning environment where every nurse can contribute and grow through conduct workshops and training programs.

For the nurses

- Follow their head nurse order and hospital policy to improve their performance.
- Working as a team member to know skills and experiences of each other's.

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