Special Article

Teamwork and Shared Vision as Drivers of Nursing Practice Empowerment: Integrating Values and Strategies in Healthcare Institutions

Valentina Ješić, MSN, PhD Candidate (3rd year)
Department of Anesthesiology, Intensive Care Medicine and Pain Therapy, Sestre Milosrdnice University Hospital Center, Vinogradska cesta 29, 10 000 Zagreb, Croatia

Sabina Babić, MSN
Faculty of Health Sciences, University of Novo mesto, Na Loko 2, 8000 Novo mesto, Slovenia

Correspondence: Valentina Ješić, MSN, PhD Candidate (3rd year), Department of Anesthesiology, Intensive Care Medicine and Pain Therapy, Sestre Milosrdnice University Hospital Center, Vinogradska cesta 29, 10 000 Zagreb, Croatia Email: valentina.matic@yahoo.com

Abstract
High quality teamwork and a clearly articulated shared vision are increasingly recognized as fundamental drivers of empowerment in contemporary nursing practice. This narrative review synthesizes evidence from 2015 to 2025, with a particular focus on post COVID literature and open access studies indexed in PubMed, to explore five interrelated domains shaping empowered nursing practice: team decision making and intra team communication, the role of shared vision in strengthening professional identity and belonging, key implementation barriers in clinical settings including hierarchy, time constraints and resistance to change, participatory leadership models and their influence on collaborative organizational culture, and the importance of psychological safety, emotional intelligence and team resilience. Across diverse healthcare environments, open communication, inclusive decision making and structured tools such as TeamSTEPPS and SBAR are consistently associated with improved coordination, reduced errors and a stronger culture of safety. A shared vision and participatory governance frameworks reinforce professional identity, engagement and retention among nurses. Implementation challenges such as hierarchical norms, excessive workload and organizational inertia can be mitigated through adequate resourcing, early staff involvement and psychologically safe work climates. Participatory, transformational and relational leadership styles correlate with higher team effectiveness and lower burnout, while psychological safety and emotional intelligence underpin learning, adaptability and resilience under pressure. Overall, aligning structural supports with a shared, values based vision provides a practical framework for empowering nurses, enhancing team performance and sustaining high quality, patient centered care.

Keywords: nursing teamwork; shared decision making; professional identity; participatory leadership; psychological safety.

Introduction

High quality teamwork and a clearly articulated shared vision are widely recognized as foundational drivers of empowerment in contemporary nursing practice. A substantial body of evidence shows that inadequate communication and poor team coordination contribute to most serious care errors. It has been estimated that teamwork breakdowns are implicated in more than seventy percent of events that seriously endanger patient safety (Baek et al., 2023). Because nurses form the backbone of health systems and deliver the majority of direct care, strengthening teamwork within nursing teams is essential for improving outcomes and cultivating a safety culture. The COVID-19 pandemic further underscored the importance of team cohesion, adaptability, and a shared purpose when facing crises. Strong and resilient healthcare teams enabled continuity

of quality care despite extreme pressures (Ambrose et al., 2024).

This narrative review synthesizes evidence from 2015 to 2025 on five interconnected domains that shape empowerment in nursing practice: (1) team decision making and intra team communication, (2) the role of shared vision in strengthening professional identity and belonging, (3) key implementation barriers in clinical settings including hierarchy, time constraints, and resistance to change, (4) participatory leadership models and their influence on collaborative organizational culture, and (5) the importance of psychological safety, emotional intelligence, and team resilience. Special emphasis is placed on studies conducted after the COVID-19 pandemic and on open access work indexed in PubMed to provide a comprehensive overview relevant to the nursing profession.

Effective Communication and Team Decision Making in Nursing Practice

Effective communication within nursing teams and the inclusion of all members in decision making processes are central to safe and high quality care (Meneses-La-Riva et al., 2025). Open information exchange and equitable opportunities for nurses to voice their professional judgments lead to more aligned care planning and more patient centered care (Truglio-Londrigan & Slyer, 2018). Conversely, poor communication and the exclusion of nurses from decisions increase the risk of care omissions. Many investigations show that weak communication and disrupted team processes often precede adverse events (Vahidi et al., 2025; Borawski et al., 2025; Umberfield et al., 2019; Wieke Noviyanti et al., 2021; Ahsan et al., 2021). Consequently, numerous tools and training programs have been developed to strengthen team communication in healthcare.

A well studied approach is TeamSTEPPS, a comprehensive team skills program for health professionals (Shi et al., 2024). Its implementation significantly improves nurses' perceptions of teamwork and reinforces patient safety culture. Studies report statistically significant increases in teamwork and safety culture ratings after training, confirming that targeted interventions in communication and shared decision making can empower nursing practice, reduce errors, and improve outcomes (Wolk et al., 2019; Hassan et al., 2024). Alongside formal training, day to day practices matter, such as shift briefings and debriefings, standardized tools like SBAR, and a culture that encourages questions and timely escalation of concerns (Müller et al., 2018).

Even with available tools, teamwork cannot thrive without a supportive work environment. Workload and time pressure can severely disrupt information flow (Vermeir et al., 2018). Nurses working under chronic understaffing and long hours often lack the time and energy for cross checks, peer support, or complete handovers, which undermines team cohesion and care quality (Griffiths et al., 2018; Brooks Carthon et al., 2019). Such conditions indicate that staffing shortfalls and excessive workload pose significant risks for communication failures. In practice, crucial patient information may go unspoken or decisions may be made without input from all relevant members. Healthcare organizations therefore need to ensure adequate staffing and protected time for team coordination, so the team can fully leverage collective knowledge, prevent errors, and deliver continuous, high quality care.

The Role of Shared Vision in Strengthening Professional Identity and Belonging

A shared vision encompasses the aligned values, goals, and mission that team members hold in common. In nursing, a clearly articulated unit or organizational vision can strongly influence nurses' professional identity and sense of belonging (Wei et al., 2018; Fallatah et al., 2017). When a team cultivates a shared purpose, nurses more readily identify with their role and team, which strengthens motivation and commitment. Involving nurses in shaping and maintaining that vision fosters cohesion by creating a common mental model and a sense that everyone is working toward the same goal (Asif et al., 2019). In this way, vision acts like a binding agent that connects team members, gives clarity of purpose, and builds mutual trust.

Empirical findings support these propositions. In intensive care improvement projects, participatory leadership strengthened nurses' shared sense of purpose (Boamah et al., 2018; Lavoie-Tremblay et al., 2016; Gularte-Rinaldo et al., 2023), which in turn facilitated onboarding and team connectedness. Success hinged on integrating diverse perspectives, for example through mentorship by experienced nurses, managers who invited broad participation, and clearly defined shared goals. Such collaborative climates rooted in a vision of better care enhanced nurses' professional pride and identity.

Belonging is closely linked to nurse well being, job satisfaction, and long term retention. Work environments that value respect, team spirit, and shared values reduce burnout risk and raise satisfaction (Adriaenssens et al., 2015). In critical care, cultures that promote collaboration and support are associated with lower stress and better retention (McEvoy et al., 2025). In contrast, fragmented teams without a clear shared goal often report isolation and an eroded professional identity. Nurse managers should therefore pair operational responsibilities with a visionary role by articulating and communicating a shared mission and by including nurses in setting unit goals.

Shared governance models in nursing illustrate how vision and staff participation strengthen identity and belonging (Farghaly Abdelaliem et al., 2025). Through councils and committees, nurses help shape clinical practice and policies, which increases engagement and empowerment (Goyal & Kaur, 2023; Barden et al., 2011). When nurses see their voice matter and co create the unit vision with leadership, their confidence and loyalty grow. Longitudinal evidence shows that interprofessional shared governance combined with strong professional values builds greater caring, belonging, and engagement over time.

Implementation Barriers in Clinical Organizations

Introducing innovations or changing clinical processes often encounters organizational barriers. Three broad categories are particularly relevant for empowering nursing practice: hierarchical relationships, lack of time and resources, and resistance to change (Wang et al., 2018; Zareivenovel et al., 2024). Traditional hierarchies can constrain open communication and participation. In highly hierarchical settings, nurses may feel discouraged from voicing concerns or challenging decisions, which weakens team dynamics and can compromise safety (Brady et al., 2017). Flattening communication channels, holding inclusive team meetings, and creating psychologically safe opportunities to speak up are essential, alongside leadership approaches that dismantle rigid patterns (see Leadership section; Vermeir et al., 2018).

Chronic understaffing and overload leave little room for improvement initiatives. Nurses burdened with essentials often cannot join working groups, training, or pilots that would enhance practice (Van Bogaert et al., 2015). Prerequisites for implementation include adequate staffing, sensible scheduling, and administrative support. Without these, even excellent ideas remain unimplemented due to lack of time. Planning should secure resources up front, temporarily offload staff, involve nurse educators, and use supportive technologies so changes can be integrated without undue strain (Kiptulon et al., 2024).

Resistance to change is common and stems from individual, interpersonal, and organizational factors. Individually, fear of the unknown or the perception that change implies criticism of past work may arise. Interpersonally, there may be mistrust of change agents and unclear rationales and benefits. Organizationally, cultures that do not support learning, open dialogue, and shared decision making are vulnerable (Ayoubian et al., 2020). Managed well, some resistance can be useful, signaling gaps and opportunities to refine plans. Rather than suppressing it, leaders should engage concerns early, include nurses from the outset, and adapt implementation together. Broad involvement is among the most effective ways to overcome initial resistance (Alsadaan et al., 2023).

Participatory Leadership and Its Effects on Collaborative Culture

Leadership style strongly shapes team culture. Participatory leadership characterized by shared decision making, delegated authority,

and bottom up initiative has proven well suited to building collaborative and productive climates in nursing (Boamah et al., 2018). Unlike authoritarian approaches, participatory models assume that every member brings competencies and perspectives that can advance the shared vision and outcomes. In practice, head nurses and formal leaders systematically gather input, convene problem solving meetings, and share responsibility for outcomes (Ibrahim et al., 2024).

Evidence consistently links participatory leadership to better team processes, efficiency, and performance, higher satisfaction, and lower burnout (Boamah et al., 2018; Ma et al., 2021; Alruwaili, 2025). In interprofessional teams, shared leadership enhances adaptability and faster resolution of complex problems. In nursing teams, participatory practice often manifests through transformational and relational leadership (Abu-Qutaish et al., 2025). Transformational leaders inspire through vision, individualized motivation, and intellectual stimulation, while relational leaders build trust, open communication, and strong day to day relationships (Chao et al., 2024). Both approaches empower nurses to take initiative, develop professional identity, and contribute to a learning culture. When coupled with structured team skills training, participatory leadership further improves team climate and perceptions of patient safety.

Psychological Safety, Emotional Intelligence, and Team Resilience

Advanced nursing practice is grounded not only in clinical expertise but also in the psychological climate of the team. Psychological safety, emotional intelligence, and resilience are crucial for learning from error, coping with stress, and maintaining care quality under pressure. Psychological safety reflects a shared belief that members can ask questions, raise concerns, or admit mistakes without fear of blame or sanction. In such teams, nurses request cross checks and seek help, which supports learning and performance. When psychological safety is high, needs for competence, autonomy, and relatedness are met, proactivity increases, risks are noticed earlier, and decisions are made through constructive respectful discussion. A strong psychosocial safety climate is also critical for engaging patients in decisions and for systematic learning from feedback (Galanti et al., 2024).

Emotional intelligence is the capacity to recognize, understand, and regulate one's own and others' emotions. In clinical work, higher emotional intelligence supports calm under stress, empathic communication, and effective conflict resolution (Hashmi et al., 2024). At the team level, it enables shared regulation of relationships, mutual support, and a positive affective climate. Nurses with higher emotional intelligence are less likely to experience burnout and more likely to communicate collaboratively; emotionally intelligent leaders further strengthen trust and motivation (Aljarboa et al., 2022).

Team resilience is the collective ability to adapt to stressors and crises and emerge intact or strengthened. During COVID-19, cohesion, shared learning, and altruistic behaviors supported resilience (Fashafsheh et al., 2025). Resilience is closely tied to psychological safety and emotional intelligence because psychologically safe teams learn and adapt faster, and emotionally intelligent teams recognize early signs of collective strain and organize mutual support such as rotating the most demanding tasks. Practical steps include staff well being programs, peer support after difficult events, regular reflective sessions, and leadership development in emotional intelligence and team support. The synergy of structural elements such as protocols with softer elements such as psychological safety, emotional intelligence, and resilience makes teams more effective than the sum of individuals.

Practice Guidelines: Drawing on this review, we propose actionable guidelines to strengthen nursing practice. These are organized around organizational support, education, leadership, psychological safety, and well being and resilience. Implementation can create more supportive workplaces, increase professional identity and satisfaction, and improve safety and quality of care.

Conclusion: Evidence from the past decade shows that teamwork and shared vision are key levers for empowering nursing practice. Shared decision making supported by open

communication improves coordination, reduces error, and strengthens nurse autonomy and expertise. At the same time, a shared vision and team values build a strong professional identity and a sense of belonging, which increases satisfaction and reduces attrition. Achieving these gains requires overcoming organizational barriers by softening rigid hierarchies, alleviating workload pressures, and actively including nurses in change processes to prevent counterproductive resistance. Participatory leadership emerges as an effective model that fosters a collaborative culture, raises engagement and trust, and reduces burnout. When combined with psychological safety, emotional intelligence, and resilience, teams learn, adapt, and perform under pressure while sustaining high quality care.

References

Abu-Qutaish, R., Alosta, M. R., Abu-Shosha, G., Oweidat, I. A., & Nashwan, A. J. (2025). The relationship between transformational leadership, work motivation, and engagement among nurses in Jordanian governmental hospitals. *BMC Nursing, 24*(1), 842.

Adriaenssens, J., De Gucht, V., & Maes, S. (2015). Determinants and prevalence of burnout in emergency nurses: A systematic review of 25 years of research. *International Journal of Nursing Studies, 52*(2), 649–661.

Ahsan, A., Setiowati, L., Wieke Noviyanti, L., Rahmawati, I. N., Ningrum, E. H., & Putra, K. R. (2021). Nurses' team communication in hospitals: A quasi experimental study using a modified TeamSTEPPS. *Journal of Public Health Research, 10*(2), e2157.

Aljarboa, B. E., Pasay An, E., Dator, W. L. T., Alshammari, S. A., Mostoles, R., Jr., Uy, M. M., … & others. (2022). Resilience and emotional intelligence of staff nurses during the COVID-19 pandemic. *Healthcare, 10*(11), 2120.

Alruwaili, A. N. (2025). Transformational nurse leaders and nurse well being: Examining mediating influences of organizational justice and quality of work life mixed methods study. *Journal of Nursing Management*, Article 4577350.

Alsadaan, N., Salameh, B., Reshia, F. A. A. E., Alruwaili, R. F., Alruwaili, M., Awad Ali, S. A., … & others. (2023). Impact of nurse leaders' behaviors on nursing staff performance: A systematic review of literature. *Inquiry: The Journal of Health Care Organization, Provision, and Financing, 60*, 00469580231178528.

Ambrose, J. W., Catchpole, K., Evans, H. L., Nemeth, L. S., Layne, D. M., & Nichols, M. (2024). Healthcare team resilience during COVID-19: A qualitative study. *BMC Health Services Research, 24*(1), 459.

Asif, M., Jameel, A., Hussain, A., Hwang, J., & Sahito, N. (2019). Linking transformational leadership with nurse assessed adverse patient outcomes and quality of care: The roles of job satisfaction and structural empowerment. *International Journal of Environmental Research and Public Health, 16*(13), 2381.

Baek, H., Han, K., Cho, H., & Ju, J. (2023). Nursing teamwork is essential in promoting patient centered care: A cross sectional study. *BMC Nursing, 22*(1), 433.

Barden, A. M., Griffin, M. T. Q., Donahue, M., & Fitzpatrick, J. J. (2011). Shared governance and empowerment in registered nurses working in a hospital setting. *Nursing Administration Quarterly, 35*(3), 212–218.

Borawski, S., Ralph, J., & Mulcaster, A. (2025). Barriers and facilitators to nurse provider communication in the emergency department: A scoping review. *Canadian Journal of Nursing Research, 57*(2), 267–283.

Brady, A. M., Byrne, G., Quirke, M. B., Lynch, A., Ennis, S., Bhangu, J., … & others. (2017). Barriers to effective, safe communication and workflow between nurses and non consultant hospital doctors during out of hours. *International Journal for Quality in Health Care, 29*(7), 929–934.

Brooks Carthon, J. M., Hatfield, L., Plover, C., Dierkes, A., Davis, L., Hedgeland, T., … & others. (2019). Association of nurse engagement and nurse staffing on patient safety. *Journal of Nursing Care Quality, 34*(1), 40–46.

Chao, K. I., Cheng, J. W., Yen, H. C., & Lu, S. H. (2024). Should I speak up? How trust in leaders and leader leader exchanges influence nurses' voice behaviour. *Nursing Open, 11*(2), e2101.

Farghaly Abdelaliem, S. M., Al-Mugheed, K., Alzoubi, M. M., Al-Oweidat, I., & Hamouda, G. M. (2025). The effect of a nursing shared governance educational program on nurse managers' knowledge for sustainable excellence and empowerment. *PLOS ONE, 20*(2), e0307798.

Fashafsheh, I. H., Eqtait, F. A., Hammad, B. M., Ayed, A. J., & Salameh, B. S. (2025). The impact of emotional intelligence on work performance among ICU nurses in Palestine: A cross sectional study. *BMC Nursing, 24*(1), 413.

Fallatah, F., Laschinger, H. K. S., & Read, E. A. (2017). The effects of authentic leadership, organizational identification, and occupational

coping self efficacy on new graduate nurses' turnover intentions. *Nursing Outlook, 65*(2), 172–183.

Galanti, T., Cortini, M., Giudice, G. F., Zappalà, S., & Toscano, F. (2024). Safeguarding nurses' mental health: The critical role of psychosocial safety climate. *AIMS Public Health, 11*(3), 904–916.

Goyal, R., & Kaur, G. (2023). The role of employee engagement in nurse retention with the mediation of organizational culture. *Healthcare, 11*(5), 760.

Griffiths, P., Ball, J., Bloor, K., Böhning, D., Briggs, J., Dall'Ora, C., … & others. (2018). Nurse staffing levels, missed vital signs and mortality in hospitals. *Health Services and Delivery Research, 6*(38), 1–120.

Gularte Rinaldo, J., Baumgardner, R., Tilton, T., & Brailoff, V. (2023). Mentorship ReSPeCT study: A nurse mentorship program's impact on transition to practice and decision to remain in nursing. *Nurse Leader, 21*(2), 262–267.

Hassan, A. E., Mohammed, F. A., Zakaria, A. M., & Ibrahim, I. A. (2024). TeamSTEPPS and perceptions of teamwork and safety culture among newly graduated nurses. *BMC Nursing, 23*(1), 170.

Hashmi, S., Tahir, O., Nasir, Z., Hasnain, H., Ullah Riaz, R. S., Ali Khan, H. M., … & others. (2024, November 20). Impact of emotional intelligence on professional performance and stress resilience among healthcare practitioners. *Cureus*. https://www.cureus.com/articles/312447 impact of emotional intelligence on professional performance and stress resilience among healthcare practitioners

Ibrahim, I. A., El Monshed, A. H., Altheeb, M., & El Sehrawy, M. G. (2024). Transformational leadership, psychological empowerment, and organizational citizenship behaviors among nursing workforce. *Journal of Nursing Management*, 1–11.

Kiptulon, E. K., Elmadani, M., Limungi, G. M., Simon, K., Tóth, L., Horvath, E., … & others. (2024). Transforming nursing work environments: The impact of organizational culture on work related stress. *BMC Health Services Research, 24*(1), 1526.

Lavoie Tremblay, M., Fernet, C., Lavigne, G. L., & Austin, S. (2016). Transformational and abusive leadership practices: Impacts on novice nurses, quality of care and intention to leave. *Journal of Advanced Nursing, 72*(3), 582–592.

Ma, Y., Faraz, N. A., Ahmed, F., Iqbal, M. K., Saeed, U., Mughal, M. F., … & others. (2021). Curbing nurses' burnout during COVID 19: The roles of servant leadership and psychological safety. *Journal of Nursing Management, 29*(8), 2383–2391.

McEvoy, N. L., Credland, N., Cribbin, D., Curley, G. F., & Humphries, N. (2025). Critical care nursing workforce retention from an Irish perspective: A national survey. *Nursing in Critical Care, 30*(4), e70094.

Meneses-La-Riva, M. E., Fernández-Bedoya, V. H., Suyo-Vega, J. A., Ocupa-Cabrera, H. G., Grijalva-Salazar, R. V., & Ocupa-Meneses, G. di D. (2025). Effective communication and teamwork among nurses in Peru. *Nursing Reports, 15*(2), 59.

Müller, M., Jürgens, J., Redaèlli, M., Klingberg, K., Hautz, W. E., & Stock, S. (2018). Impact of SBAR on patient safety: A systematic review. *BMJ Open, 8*(8), e022202.

Shi, Y., Miao, S., Fu, Y., Sun, C., Wang, H., & Zhai, X. (2024). TeamSTEPPS improves patient safety. *BMJ Open Quality, 13*(2), e002669.

Truglio-Londrigan, M., & Slyer, J. T. (2018). Shared decision making for nursing practice: An integrative review. *The Open Nursing Journal, 12*, 1–14.

Umberfield, E., Ghaferi, A. A., Krein, S. L., & Manojlovich, M. (2019). Using incident reports to assess communication failures and patient outcomes. *The Joint Commission Journal on Quality and Patient Safety, 45*(6), 406–413.

Van Bogaert, P., Peremans, L., De Wit, M., Van Heusden, D., Franck, E., Timmermans, O., … & others. (2015). Nurse managers' perceptions of staff nurse empowerment: A qualitative study. *Frontiers in Psychology, 6*, Article 1585.

Vahidi, M., Rahmani, F., Areshtanab, H. N., & Allahyari, Z. (2025). Barriers to nursing students' speaking up for patient safety in Iran. *BMC Nursing, 24*(1), 513.

Vermeir, P., Blot, S., Degroote, S., Vandijck, D., Mariman, A., Vanacker, T., … & others. (2018). Communication satisfaction and job satisfaction among critical care nurses. *Intensive and Critical Care Nursing, 48*, 21–27.

Wei, H., Sewell, K. A., Woody, G., & Rose, M. A. (2018). The state of the science of nurse work environments in the United States. *International Journal of Nursing Sciences, 5*(3), 287–300.

Wieke Noviyanti, L., Ahsan, A., & Sudartya, T. S. (2021). Nurses' communication satisfaction and patient safety culture. *Journal of Public Health Research, 10*(2), 2225.

Wolk, C. B., Stewart, R. E., Cronholm, P., Eiraldi, R., Salas, E., & Mandell, D. S. (2019). Adapting TeamSTEPPS for school mental health teams. *Pilot and Feasibility Studies, 5*(1), 148.

Wang, Y. Y., Wan, Q. Q., Lin, F., Zhou, W. J., & Shang, S. M. (2018). Improving nurse physician communication in the ICU: An integrative review. *International Journal of Nursing Sciences, 5*(1), 81–88.

Zareivenovel, M., Nemati-Anaraki, L., & Asadzandi, S. (2024). Barriers and facilitators of research finding utilization in healthcare: A scoping review. *Iranian Journal of Public Health, 53*(12), 2646–2658.

Zhang, Y., Zhang, L., Luo, L., Li, Y., Sun, Y., Dai, Z., … & others. (2025). Work engagement and associated factors among Chinese nurses: A multi centre cross sectional study. *BMC Nursing, 24*(1), 840.