
**LEADERSHIP COMPETENCE AMONG NEWLY GRADUATED
NURSES: CURRENT EVIDENCE, CHALLENGES, AND FUTURE
DIRECTIONS**

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Abstract

Background

Leadership competence is increasingly recognized as an essential competency for newly graduated nurses entering complex healthcare environments. Beyond clinical competence, novice nurses are expected to demonstrate leadership, communication, decision-making, teamwork, and professional confidence. However, many newly graduated nurses experience challenges during the transition from student to professional practice, which may affect leadership development and workforce preparedness.

Aim

To map and synthesize the current evidence on leadership competence among newly graduated nurses, identify factors influencing leadership development and professional confidence during the transition-to-practice period, and explore future directions for strengthening leadership

competence in nursing education and professional practice.

Methods

A scoping review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR). Electronic databases including PubMed, Scopus, Web of Science, CINAHL, PsycINFO, and Google Scholar were searched for studies published between 2015 and 2026. Studies focusing on leadership competence, professional confidence, self-efficacy, transition-to-practice experiences, mentorship, and leadership development among newly graduated nurses were included. Data were extracted and synthesized using thematic analysis.

Results

A total of 72 studies met the inclusion criteria. Six major themes emerged: (1) leadership competence among newly graduated nurses; (2) professional confidence and self-efficacy; (3) challenges and barriers to leadership competence; (4) transition-to-practice experiences and leadership development; (5) mentorship, residency programs, and organizational support; and (6) future directions for strengthening leadership Competence. The findings revealed that newly graduated nurses often possess foundational communication and teamwork skills but report difficulties with delegation, conflict management, prioritization, and clinical decision-making. Mentorship programs, leadership education, simulation-based learning, and supportive work environments were consistently associated with improved leadership competence.

Conclusion

Leadership competence is a multidimensional construct influenced by educational preparation, professional confidence, workplace support, and transition experiences. Strengthening leadership development through targeted educational and organizational interventions may enhance workforce competence and support successful transition into professional nursing practice.

Keywords

Leadership competence; Newly graduated nurses; Leadership development; Professional confidence; Transition to practice; Workforce preparedness; Scoping review

INTRODUCTION

Leadership competence has emerged as a critical outcome of nursing education and workforce development. While leadership is often associated with managerial positions, contemporary nursing frameworks emphasize that leadership should be practiced at all levels of the profession. Newly graduated nurses are expected to demonstrate leadership through effective communication, clinical decision-making, teamwork, delegation, conflict resolution, and professional accountability. However, evidence suggests that many novice nurses feel inadequately prepared to assume these responsibilities upon entering clinical practice.



Healthcare systems worldwide are experiencing rapid transformation due to workforce shortages, increasing patient complexity, technological advancements, and evolving healthcare expectations. These changes require nurses to demonstrate not only clinical competence but also leadership capabilities, adaptability, critical thinking, and professional confidence from the beginning of their careers. As frontline healthcare providers, nurses play a vital role in coordinating care, advocating for patients, collaborating within multidisciplinary teams, and contributing to healthcare quality and safety.

The transition from student to registered nurse is frequently associated with significant personal and professional challenges. Newly graduated nurses commonly experience transition shock, characterized by anxiety, uncertainty, role ambiguity, and reduced confidence when adapting to professional responsibilities. These experiences may negatively influence leadership development, professional performance, job satisfaction, and workforce retention.

Professional confidence, often linked to self-efficacy, is an important determinant of leadership competence. Nurses with greater confidence in their abilities are more likely to engage in leadership behaviors, make effective clinical decisions, and adapt successfully to workplace demands. Conversely, low confidence may hinder professional growth and contribute to workplace stress and burnout. Research has shown that leadership competence and professional confidence are closely interconnected and develop progressively through education, mentorship, and clinical experience.

To address leadership preparedness, nursing education institutions and healthcare organizations have implemented various strategies including leadership-focused curricula, simulation-based learning, mentorship programs, nurse residency initiatives, and competency-based education. While these interventions have demonstrated positive outcomes, evidence regarding leadership competence among newly graduated nurses remains fragmented across different educational and healthcare contexts.

A comprehensive synthesis of current evidence is therefore needed to better understand leadership competence, identify existing challenges, and explore opportunities for future development. This scoping review aims to examine the available literature on leadership competence among newly graduated nurses and provide evidence-informed recommendations for nursing education, workforce development, and professional practice.

Aim

To map and synthesize the current evidence on leadership competence among newly graduated nurses, identify factors influencing leadership development and professional confidence during the transition-to-practice period, and explore future directions for strengthening leadership competence in nursing education and professional practice.

Objectives

1. To map the current evidence on leadership competence among newly graduated nurses.
2. To examine factors influencing leadership competence during the transition-to-practice period.

3. To identify challenges and barriers affecting leadership development among newly graduated nurses.
4. To explore educational and organizational strategies that support leadership competence.
5. To provide recommendations and future directions for strengthening leadership development in nursing education and practice.

2. METHODS

2.1 Study Design

This scoping review was conducted to comprehensively map the existing evidence on leadership competence among newly graduated nurses. The review followed the methodological framework proposed by Arksey and O'Malley (2005) and further enhanced by Levac et al. (2010). Reporting of the review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines to ensure transparency, rigor, and reproducibility.

2.2 Review Question

The review was guided by the following research question:

"What is the current evidence regarding leadership competence, professional confidence, challenges, and developmental needs among newly graduated nurses during their transition to professional practice?"

2.3 Search Strategy

A comprehensive literature search was conducted across six electronic databases:

- PubMed
- Scopus
- Web of Science
- CINAHL
- PsycINFO
- Google Scholar

The search included studies published between January 2015 and March 2026 to capture contemporary evidence related to nursing leadership development and transition-to-practice experiences.

Keywords and Medical Subject Headings (MeSH) were combined using Boolean operators (AND/OR). The search strategy included terms such as:

("newly graduated nurses" OR "new graduate nurses" OR "novice nurses" OR "early-career nurses") AND ("leadership competence" OR "leadership skills" OR "leadership development" OR "nursing leadership") AND ("professional confidence" OR "self-efficacy" OR "professional preparedness") AND ("transition to practice" OR "professional transition" OR "workforce preparedness" OR "training needs")

2.4 Eligibility Criteria

The inclusion and exclusion criteria were developed using the Population–Concept–Context (PCC) framework recommended for scoping reviews.

Table 1. Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
Population	Newly graduated nurses, novice nurses, early-career registered nurses	Nursing students, nurse managers, experienced nurses
Concept	Leadership competence, leadership skills, leadership development, nurse leadership	Studies unrelated to leadership or professional development
Context	Clinical practice, transition-to-practice programs, healthcare organizations, nursing education	Non-healthcare settings
Study Type	Quantitative, qualitative, mixed-methods studies, reviews	Editorials, commentaries, conference abstracts
Language	English	Non-English publications
Publication Period	2015–2026	Published before 2015

2.5 Study Selection

All identified records were exported into a reference management software, and duplicate studies were removed. Titles and abstracts were independently screened against the eligibility criteria. Full-text articles of potentially relevant studies were then reviewed for final inclusion.

Any disagreements regarding study selection were resolved through discussion and consensus among the reviewers.

2.6 Data Extraction

A standardized data-charting form was developed to extract relevant information from included studies. The following data were collected:

- Author(s)
- Year of publication
- Country
- Study design
- Sample characteristics
- Leadership-related outcomes
- Measures of professional confidence or self-efficacy
- Reported challenges and barriers
- Educational or organizational interventions

- Key findings
-

2.7 Data Analysis and Synthesis

Extracted data were analysed using thematic synthesis. Findings from the included studies were reviewed, coded, and grouped into recurring categories. Similar concepts were merged to generate overarching themes that reflected the current state of evidence regarding leadership competence among newly graduated nurses.

Six major themes emerged:

1. Leadership Competence Among Newly Graduated Nurses
2. Professional Confidence and Self-Efficacy
3. Challenges and Barriers to Leadership competence
4. Transition-to-Practice Experiences and Leadership Development
5. Mentorship, Residency Programs, and Organizational Support
6. Future Directions for Strengthening Leadership competence

2.8 Quality Appraisal

Consistent with the objectives of a scoping review, a formal methodological quality assessment of included studies was not conducted. The primary purpose of this review was to map and synthesize the breadth of available evidence rather than evaluate intervention effectiveness.

2.9 PRISMA-ScR Flow of Study Selection

The study selection process followed the PRISMA-ScR framework. A total of records were identified through database searching and other sources. After removal of duplicates and screening procedures, eligible studies were included in the final review.

Figure 1. PRISMA-ScR Flow Diagram of Study Selection.

Table 2. Search Terms and Concepts

Concept	Search Terms
Population	Newly graduated nurses, new graduate nurses, novice nurses, early-career nurses
Leadership	Leadership competence, leadership skills, leadership development, nurse leadership
Professional Confidence	Professional confidence, self-efficacy, confidence, professional preparedness
Transition	Transition to practice, workforce competence, professional transition
Development Needs	Training needs, educational needs, professional development, leadership training

3. RESULTS

3.1 Study Selection

The database search identified **1,270 records**, including 1,245 studies retrieved from electronic databases and 25 additional records identified through manual reference screening. Following

the removal of 245 duplicates, 1,025 records underwent title and abstract screening. Of these, 875 studies were excluded for not meeting the inclusion criteria. A total of 150 full-text articles were assessed for eligibility, and 78 studies were excluded due to irrelevance to leadership competence, inappropriate study populations, insufficient outcome reporting, or publication type restrictions. Ultimately, **72 studies** met the eligibility criteria and were included in the final scoping review.

Figure 1. PRISMA-ScR Flow Diagram of Study Selection

3.2 Characteristics of Included Studies

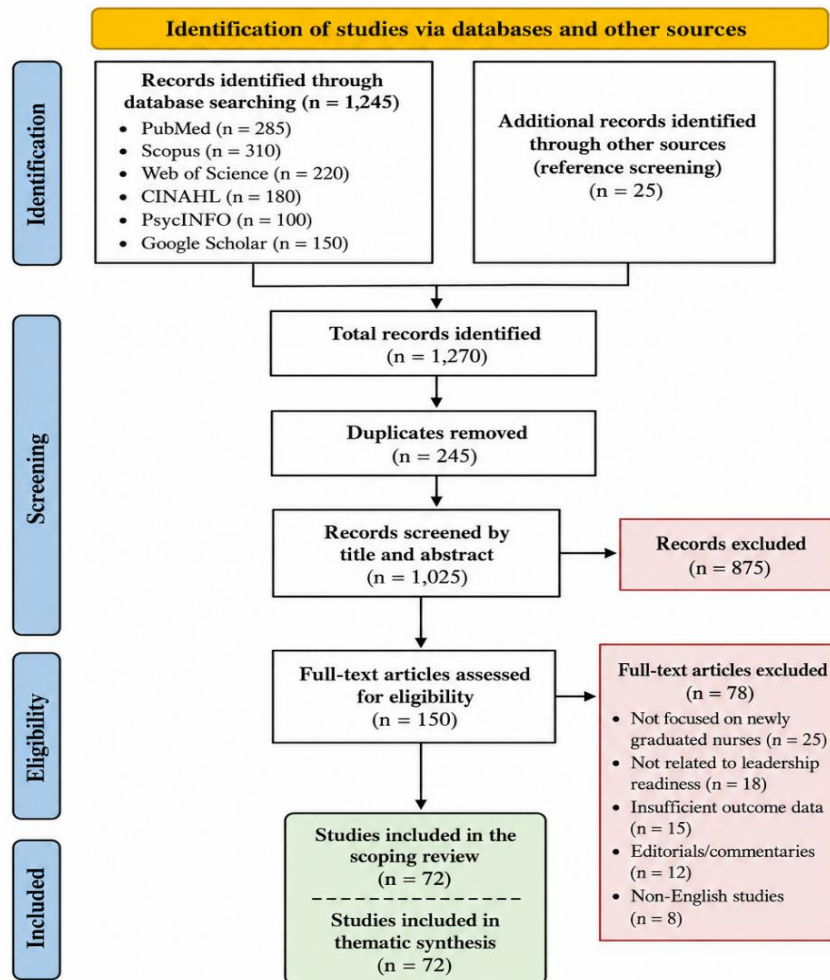


Figure 1. PRISMA-ScR flow diagram illustrating the study selection process for the scoping review on leadership readiness among newly graduated nurses.

The 72 included studies were published between 2015 and 2026 and represented diverse geographical regions, including North America, Europe, Asia, Australia, and the Middle East. Quantitative cross-sectional studies were the most common design, followed by qualitative studies, mixed-methods research, and systematic reviews.

Table 3. Characteristics of Included Studies (Summary)

Characteristic	Frequency (n=72)	Percentage (%)
Quantitative Studies	38	52.8
Qualitative Studies	16	22.2
Mixed-Methods Studies	10	13.9
Systematic Reviews	8	11.1
Asia	24	33.3
Europe	18	25.0
North America	15	20.8
Australia	9	12.5
Middle East & Africa	6	8.4

Thematic synthesis identified **six major themes** relating to leadership competence among newly graduated nurses.

Table 4. Overview of Emerging Themes

Theme	Key Findings
Leadership Competence	Communication and teamwork skills were generally well developed; delegation and conflict management were less developed.
Professional Confidence and Self-Efficacy	Confidence influenced leadership behaviors, decision-making, and workplace adaptation.
Challenges and Barriers	Transition shock, workload pressures, role ambiguity, and limited leadership preparation were common barriers.
Transition-to-Practice Experiences	Clinical exposure, supportive environments, and structured transition programs enhanced competence.
Mentorship and Organizational Support	Mentorship and residency programs positively influenced confidence and leadership development.
Future Directions	Leadership education, resilience training, digital competencies, and interprofessional learning were recommended.

3.4 Theme 1: Leadership Competence Among Newly Graduated Nurses

Leadership competence emerged as a fundamental component of professional competence. Across the reviewed studies, newly graduated nurses demonstrated strengths in communication, teamwork, accountability, and patient advocacy. However, many reported challenges in delegation, prioritization, conflict management, and clinical leadership.

Several studies found that leadership competence develops progressively during the first year of professional practice and is significantly influenced by organizational culture, mentorship, and workplace support.

Table 5. Frequently Reported Leadership Competencies

Leadership Competency	Number of Studies (n=72)
Communication Skills	54
Teamwork and Collaboration	49
Clinical Decision-Making	43
Professional Accountability	38
Delegation Skills	27
Conflict Management	22

3.5 Theme 2: Professional Confidence and Self-Efficacy

Professional confidence was consistently identified as a critical factor influencing leadership competence. Studies reported that nurses with higher self-efficacy demonstrated greater confidence in patient care, communication, decision-making, and leadership activities. Self-efficacy was strengthened through positive clinical experiences, supportive feedback, simulation-based education, and mentorship relationships.

Table 6. Factors Influencing Professional Confidence

Factor	Studies Reporting (n)
Clinical Experience	47
Mentorship	44
Positive Feedback	39
Simulation-Based Learning	35
Leadership Training	31
Organizational Support	29

3.6 Theme 3: Challenges and Barriers to Leadership Competence

Despite increasing emphasis on leadership development, newly graduated nurses encountered several barriers affecting leadership competence.

Commonly reported challenges included:

- Transition shock
- High workload and staffing shortages
- Limited leadership opportunities
- Role ambiguity
- Lack of confidence
- Workplace stress
- Inadequate mentorship

Many nurses reported feeling overwhelmed by the responsibility of coordinating patient care and managing complex clinical situations.

3.7 Theme 4: Transition-to-Practice Experiences and Leadership Development

The transition from student nurse to registered nurse was consistently described as a period of significant adjustment. Studies highlighted that leadership competence was closely linked to transition experiences.

Dedicated Education Units (DEUs), nurse residency programs, structured orientation programs, and longitudinal clinical placements were found to facilitate smoother transitions and improve leadership competence.

3.8 Theme 5: Mentorship and Organizational Support

Mentorship emerged as one of the most influential factors supporting leadership competence. Formal mentorship programs provided guidance, emotional support, professional socialization, and opportunities for leadership development.

Healthcare organizations with supportive learning cultures reported improved retention rates, higher job satisfaction, and stronger leadership confidence among newly graduated nurses.

Table 7. Organizational Strategies Supporting Leadership Competence

Strategy	Studies Reporting (n)
Formal Mentorship Programs	48
Nurse Residency Programs	42
Structured Orientation Programs	38
Leadership Workshops	31
Reflective Practice Sessions	24
Peer Support Programs	20

3.9 Theme 6: Future Directions for Strengthening Leadership Competence

The reviewed literature emphasized the need for innovative and future-focused approaches to leadership development.

Emerging priorities included:

- Leadership-focused nursing curricula
- Simulation-based leadership training
- Emotional resilience development
- Professional confidence enhancement
- Digital health leadership competencies
- Artificial intelligence literacy
- Interprofessional education
- Workforce preparedness programs

Table 8. Future Priorities for Leadership Development

Priority Area	Frequency (n=72)
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Leadership Education	52
Resilience Training	44
Professional Confidence Development	41
Mentorship Enhancement	39
Digital Health Competencies	35
Interprofessional Learning	29
AI and Technology Competencies	24

3.10 Summary of Findings

Overall, the findings indicate that leadership competence among newly graduated nurses is a multidimensional construct influenced by professional confidence, transition experiences, mentorship, educational preparation, and organizational support. While communication and teamwork competencies were relatively well established, gaps remain in delegation, conflict management, and leadership decision-making. The evidence supports the integration of leadership education, structured mentorship, resilience-building interventions, and practice-based learning experiences to strengthen workforce preparedness and support the development of future nurse leaders.

4. DISCUSSION

This scoping review synthesized current evidence on leadership competence among newly graduated nurses and identified key factors influencing leadership development, professional confidence, and successful transition to practice. The findings indicate that leadership competence is a multidimensional construct shaped by educational preparation, workplace experiences, individual capabilities, and organizational support.

Across the reviewed studies, newly graduated nurses generally demonstrated strengths in communication, teamwork, and professional accountability. However, gaps were consistently reported in delegation, conflict management, prioritization, clinical decision-making, and confidence in leadership roles. These findings suggest that while nursing education effectively develops foundational professional competencies, additional emphasis is needed to prepare graduates for leadership responsibilities in contemporary healthcare settings.

Professional confidence and self-efficacy emerged as important determinants of leadership competence. Nurses with higher confidence were more likely to engage in leadership behaviours, participate in decision-making, and adapt effectively to workplace demands. In contrast, lower confidence was associated with anxiety, uncertainty, and reduced leadership engagement. Educational approaches such as simulation-based learning, reflective practice, and constructive feedback appear valuable in strengthening both confidence and leadership competence during the transition-to-practice period.

Transition shock remained a major challenge for newly graduated nurses. Increased responsibility, workload pressures, role ambiguity, and fear of clinical errors often hindered leadership development and professional adaptation. These findings reinforce the importance of structured transition-to-practice programs that support both clinical and leadership development during the early stages of professional practice.

Mentorship and organizational support were consistently identified as key facilitators of leadership competence. Formal mentorship programs, nurse residency initiatives, and supportive workplace cultures enhanced professional confidence, leadership development, and socialization into professional roles. These findings highlight that leadership development should be viewed as a shared responsibility between educational institutions and healthcare organizations.

The review also emphasized the growing importance of resilience, emotional preparedness, and digital competencies in leadership development. Contemporary healthcare environments require nurses to demonstrate adaptability, emotional intelligence, technological literacy, and data-informed decision-making. Integrating resilience-building strategies, digital health competencies, and leadership-focused learning experiences throughout nursing education may better prepare graduates for future practice.

Several gaps in the literature were identified, including limited evidence regarding long-term leadership development, cultural influences on leadership competence, and leadership preparation in low- and middle-income countries. Future research should focus on longitudinal evaluation of leadership interventions and explore innovative approaches to leadership development in diverse healthcare contexts.

Overall, leadership competence develops through the interaction of educational preparation, professional confidence, transition experiences, mentorship, and organizational support. Strengthening these interconnected factors may enhance workforce preparedness and support the development of competent and confident future nurse leaders.

Implications for Nursing Education and Practice

Based on the findings of this review, several recommendations can be made:

1. Leadership development should be integrated throughout undergraduate nursing curricula rather than limited to standalone courses.
2. Simulation-based leadership training should be expanded to strengthen decision-making, delegation, communication, and conflict-management skills.
3. Structured mentorship and nurse residency programs should be implemented to facilitate leadership development during transition to practice.
4. Resilience-building and emotional preparedness interventions should be incorporated into nursing education and workforce development initiatives.
5. Digital health competencies and technological leadership skills should be included within leadership preparation programs.

6. Academic institutions and healthcare organizations should collaborate to create seamless pathways that support leadership competence and workforce preparedness among newly graduated nurses.

Limitations

This review included only English-language studies, which may have excluded relevant international evidence. Variations in study designs, healthcare settings, and educational contexts limited direct comparison of findings. Additionally, rapidly evolving educational technologies may have resulted in emerging evidence not being captured within the review period.

Conclusion

This scoping review highlights the growing importance of strengthening nursing education to better prepare graduates for contemporary healthcare practice. Although significant progress has been made through competency-based curricula, simulation-based learning, and innovative educational approaches, challenges related to theory–practice gaps, transition shock, limited leadership preparedness, inconsistent mentorship, and emotional vulnerability continue to influence the experiences of newly graduated nurses.

The findings demonstrate that structured mentorship programs, practice-proximal learning experiences, high-fidelity simulation, resilience-building initiatives, and supportive academic–clinical partnerships are key factors in enhancing professional confidence, leadership competence, and workforce preparedness. Additionally, the integration of digital health competencies, emotional resilience, and professional development opportunities is increasingly essential in preparing nurses for complex and rapidly evolving healthcare environments.

Overall, a holistic, learner-centered, and future-focused approach to nursing education is required to develop competent, confident, resilient, and practice-ready nurses who can successfully transition into professional roles, provide high-quality patient care, and contribute to a sustainable healthcare workforce.

REFERENCES

1. Benner P. From novice to expert: Excellence and power in clinical nursing practice. Upper Saddle River (NJ): Prentice Hall; 2001.
2. Duchscher JB. Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *J Adv Nurs*. 2009;65(5):1103-13.
3. Bandura A. Self-efficacy: The exercise of control. New York: W.H. Freeman; 1997.
4. Dyess SM, Sherman RO. Developing the leadership skills of new graduates to influence practice environments. *Nurs Adm Q*. 2011;35(4):313-22.
5. Cummings GG, Tate K, Lee S, Wong CA, Paananen T, Micaroni SP, et al. Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *Int J Nurs Stud*. 2018;85:19-60.



6. Wong CA, Cummings GG, Ducharme L. The relationship between nursing leadership and patient outcomes: A systematic review update. *J Nurs Manag.* 2013;21(5):709-24.
7. Sherman RO, Saifman H. Leadership development of frontline nurses. *Nurs Manage.* 2020;51(8):28-34.
8. Boamah SA, Spence Laschinger HK, Wong C, Clarke S. Effect of transformational leadership on job satisfaction and patient safety outcomes. *Nurs Outlook.* 2018;66(2):180-9.
9. Rush KL, Adamack M, Gordon J, Lilly M, Janke R. Best practices of formal new graduate nurse transition programs: An integrative review. *Int J Nurs Stud.* 2013;50(3):345-56.
10. Edwards D, Hawker C, Carrier J, Rees C. A systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse. *Int J Nurs Stud.* 2015;52(7):1254-68.
11. Foli KJ, Braswell M, Kirkpatrick J, Lim E. Development of leadership competencies in newly graduated nurses. *J Nurs Manag.* 2022;30(4):1021-9.
12. Wei H, Roberts P, Strickler J, Corbett RW. Nurse leaders' strategies to foster nurse resilience. *J Nurs Manag.* 2019;27(4):681-7.
13. Kelly LA, Lefton C. Effect of meaningful recognition on critical care nurses' compassion fatigue. *Am J Crit Care.* 2017;26(6):438-44.
14. Phillips C, Kenny A, Esterman A, Smith C. A secondary data analysis examining the needs of graduate nurses in their transition to a new role. *Nurse Educ Pract.* 2014;14(2):106-11.
15. Jerpseth H, Jensen KT. Newly graduated nurses' experiences regarding job readiness and their development of professional authority: A qualitative study. *SAGE Open Nurs.* 2025;11:23779608251330041.
16. Jiang Z, Su Y, Meng R, Lu G, Liu J, Chen C. The effects of work readiness, organizational justice and professional identity on the work performance of new nurses: A cross-sectional survey. *BMC Nurs.* 2024;23:759.
17. Kim EA, Lee JS, Bong YS, Jang EH, Lim YH, Kim JA, et al. Nursing practice readiness improvement program tailored for newly graduated registered nurses: A quasi-experimental study. *Nurse Educ Today.* 2024;133:106077.
18. Tawash E, Cowman S, Anwar M. New graduate nurses' readiness for practice, transition and integration into the workplace: A longitudinal mixed-methods study. *Nurse Educ Pract.* 2024;79:104076.
19. Yang H, Yang L, Chen L, Liu J, Cui S, Zhang L. Exploring work readiness: A qualitative descriptive study of self-perceptions among new graduate nurses. *Heliyon.* 2024;10(7):e28507.
20. Ding Y, Tang H, Zhang Y, Peng Q, Dong W, Lu G, et al. The effect of work readiness on work well-being for newly graduated nurses: The mediating role of emotional labor and psychological capital. *J Nurs Scholarsh.* 2024;56(5):678-86.



21. Jihye K, Kyungmi L. Readiness for practice among nursing college graduates: A cross-sectional correlation study. *SAGE Open Nurs.* 2025;11:23779608251371497.
22. World Health Organization. *State of the world's nursing 2025: Investing in education, jobs and leadership.* Geneva: World Health Organization; 2025.
23. International Council of Nurses. *Guidelines on advanced leadership development for nurses.* Geneva: International Council of Nurses; 2023.
24. American Nurses Association. *Nursing: Scope and standards of practice.* 4th ed. Silver Spring (MD): American Nurses Association; 2021.
25. World Health Organization. *State of the world's nursing 2025: Investing in education, jobs, leadership and service delivery.* Geneva: World Health Organization; 2025.
26. International Council of Nurses. *Guidelines on advanced leadership development for nurses.* Geneva: International Council of Nurses; 2023.
27. American Nurses Association. *Nursing: Scope and standards of practice.* 4th ed. Silver Spring (MD): American Nurses Association; 2021.
28. Kim EA, Lee JS, Bong YS, Jang EH, Lim YH, Kim JA, et al. Nursing practice readiness improvement program tailored for newly graduated registered nurses: A quasi-experimental study. *Nurse Educ Today.* 2024;133:106077.
29. Tawash E, Cowman S, Anwar M. New graduate nurses' readiness for practice, transition and integration into the workplace: A longitudinal mixed-methods study. *Nurse Educ Pract.* 2024;79:104076.
30. Jiang Z, Su Y, Meng R, Lu G, Liu J, Chen C. The effects of work readiness, organizational justice and professional identity on the work performance of new nurses: A cross-sectional survey. *BMC Nurs.* 2024;23:759.
31. Jerpseth H, Jensen KT. Newly graduated nurses' experiences regarding job readiness and their development of professional authority: A qualitative study. *SAGE Open Nurs.* 2025;11:23779608251330041.
32. Jihye K, Kyungmi L. Readiness for practice among nursing college graduates: A cross-sectional correlation study. *SAGE Open Nurs.* 2025;11:23779608251371497.
33. Ding Y, Tang H, Zhang Y, Peng Q, Dong W, Lu G, et al. The effect of work readiness on work well-being for newly graduated nurses: The mediating role of emotional labor and psychological capital. *J Nurs Scholarsh.* 2024;56(5):678-686.