Framework for the Development of Strategic Leadership in Nursing

Cadre de référence du développement du leadership stratégique infirmier

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Abstract

Introduction: Strategic leadership refers to an individual's capacity to work strategically with others to deliver quality, efficient, and effective care to the person and their loved ones, contributing to organizational performance. While numerous leadership frameworks exist, few specifically address strategic nursing leadership. **Objective**: This article proposes a framework for the development of strategic leadership in nursing. **Methods**: The first version of the framework was developed as part of a doctoral study, which aimed to provide an in-depth description of the capacities associated with strategic leadership according to nurse managers (n = 31) from nursing directorates. The initial version of the framework guided the second study conducted with nurses' members (n = 15) of the Executive Committees of the Council of Nurses. The revised reference framework guided the third study conducted with women nurses (n = 35) regarding strategic leadership in academic and clinical settings, using a gender-based approach. **Results**: The results of the first 2 studies describe 3 capacities that would be associated with strategic leadership in nursing: the capacity to integrate learning, the capacity to adapt to changes, and the capacity to manage social interactions, along with their main domains of influence. The third study explored the strategic leadership of women nurses in academic and clinical settings and made educational recommendations. **Discussion and Conclusion**: This framework offers a comprehensive strategy for fostering strategic nursing leadership. It emphasizes the importance of strengthening key domains of influence, thereby enhancing the impact of nurses in health care settings.

Résumé

Introduction : Le leadership stratégique réfère à la capacité d'un individu de travailler stratégiquement avec d'autres pour dispenser des soins de qualité, efficients et efficaces à la personne et à ses proches contribuant à la performance organisationnelle. Bien que plusieurs cadres de leadership existent, peu portent spécifiquement sur le leadership stratégique infirmier. **Objectif** : Cet article propose un cadre de référence pour le développement du leadership stratégique infirmier. **Méthodes** : Le cadre de référence a été développé lors d'une étude doctorale qui visait la description approfondie des capacités associées au leadership stratégique selon des gestionnaires infirmières (n = 31) issues de directions des soins infirmiers. La version initiale du cadre a orienté la deuxième étude menée auprès d'infirmières (n = 15) membres de comités exécutifs du conseil des infirmières et infirmiers. Le cadre de référence révisé a orienté la troisième étude réalisée auprès de femmes infirmières des milieux clinique et universitaire (n = 35) selon une perspective de genre. **Résultats** : Les résultats des 2 premières études décrivent les 3 capacités associées au leadership stratégique : la capacité d'intégration des apprentissages, la capacité d'adaptation au changement et la capacité de gestion des interactions sociales ainsi que leurs principaux axes d'influence. La troisième étude a exploré le leadership stratégique de femmes infirmières en milieux académique et clinique et formulé des recommandations de formation. **Discussion et conclusion** : Ce cadre propose une approche globale pour développer le leadership stratégique infirmier. Il met l'accent sur le renforcement des axes d'influence regroupés autour des capacités qui augmentent l'impact des infirmières au sein des organisations de santé.

INTRODUCTION

Nurse managers are at the intersection of nursing practices and the capacity of 21st century health care systems to deliver safe, high-quality care (Malak et al., 2022; Sundean et al., 2022). Within increasing complex health care systems, rising expectations regarding quality, safety and performance have intensified the demand for effective nursing leadership (Lysfjord et al., 2024). These expectations unfold in a context marked by persisting economic pressures, population aging, the growing burden of chronic diseases, increasing acuity and complexity of care, and demographic growth (Cummings et al., 2021; Riesch et al., 2023).

Concurrently, nurse managers must contend with profound cross-sectoral challenges caused by the nursing workforce crisis, including severe nursing staff shortages, unfavorable nurse-to-patient ratios, recruitment and retention difficulties, job dissatisfaction, and high levels of stress and burnout (Lavoie-Tremblay et al., 2024). These challenges have been exacerbated by the COVID-19 pandemic, the use of health care technologies, the advent of artificial intelligence, migratory movements and changes related to globalization (Lavoie-Tremblay et al.; Riesch et al., 2023).

Within this context, nurse managers must have advanced knowledge and expertise related to organizational structures, care delivery models, the scope of the nursing practice, and integration of evidence-based practices to ensure safe, high-quality care and services (Silva et al., 2021; Sritoomma & Wongkhomthong, 2021). They are responsible for directing nursing care and services from a nursing perspective that considers professional, clinical, organizational and population complexities (Busnel et al., 2020; Sritoomma & Wongkhomthong; Wilmoth & Shapiro, 2014). These advanced competencies position nurse managers as key actors in health care governance with the potential to influence organizational performance and system-level outcomes (Sundean et al., 2022).

Despite the strategic importance of their role, nurse managers frequently report limited authority, restrict influence, and insufficient professional leadership support, constraining their capacity to address complex problems within health care organizations and fully contribute to patient health outcomes (Lysfjord et al., 2024; Persolja et al., 2020). At the same time, a decline in nurses' interest in leadership roles has been documented (Al Sabei et al., 2019). This trend is often attributed to insufficient preparation for strategic responsibilities and limited opportunities to develop essential leadership and managerial competencies, including financial, technological and strategic skills.

Newly appointed nurse managers face major challenges, such as role ambiguity, professional isolation, and lack of self-confidence, further underscoring the need for structured, sustained and competency-based leadership development and support. Such preparation is essential to enable nursing leaders to navigate complex environments, lead organizational change, and achieve strategical goals effectively (Alshamlani et al., 2024; Lysfjord et al., 2024; Skarstein et al., 2024; Sritoomma & Wongkhomthong, 2021).

Several authors (Alshamlani et al., 2024; Everett & Fitzpatrick, 2022) emphasize that graduate level education at the master's or doctoral level is essential to adequately prepare nurses for strategic leadership roles. Strengthening this preparation may enhance nurse managers' participation in strategic decision-making processes related to system orientation, planning, transformation, prioritization and evaluation of services, thereby reinforcing contributions to health care governance (Rosser et al., 2023; Sritoomma & Wongkhomthong, 2021; World Health Organization [WHO], 2021).

A literature review revealed a substantial body of empirical and theoretical scientific productions on strategic leadership, primarily situated in the fields of strategic management and education (Carvalho et al., 2021; Cortes & Herrmann, 2021; Samimi et al., 2022). In the field of strategic management, recent studies highlight the central role of leaders in strategic decision-making, innovation opportunities, and organization transformation; key drivers of high performance (Cortes & Herrmann; Hambrick & Wowak, 2021; Vera et al., 2022). In the field of education, Carvalho et al. underscore the growing

importance of strategic leadership reform-oriented contexts aimed at strengthening organizational accountability and effectiveness.

In contrast, until recently, strategic leadership in nursing—particularly among nurse managers and senior nursing leaders—has received limited scholarly attention (Sritoomma & Wongkhomthong, 2021; Wilmoth & Shapiro, 2014). Although some conceptual frameworks have outlined the characteristics of strategic nursing leadership, empirical work remains fragmented and offers limited guidance on how such leadership can be intentionally developed and sustained within complex health care systems.

A small number of studies have begun to document key dimensions of strategic leadership among senior nurse leaders, highlighting competencies related to vision, decision-making, innovation, political capacity, and interorganizational collaboration (Lysfjord et al., 2024; Sritoomma & Wongkhomthong, 2021). Within this emerging body of work, research conducted in the Quebec context (Ferrada-Videla, 2019) has contributed to the identification of relational, professional, and organizational conditions that shape the exercise of strategic leadership in nursing. Collectively, these studies underscore the multidimensional and context-dependent nature of strategic nursing leadership, while also revealing a persistent gap in integrative frameworks capable of linking empirical insights to leadership development and graduate education in nursing.

The objective of this article is to present a framework for the development of strategic leadership in nursing, derived from the empirical findings of Ferrada-Videla's doctoral study (2019) and informed by relevant theoretical contributions from the strategic leadership literature.

The proposed framework is intended to serve as a reflective and developmental tool for nurses occupying strategic leadership positions, by supporting collective and critical reflection on their roles, influence, and contribution within health and social service organizations. In addition, it may inform the design and refinement of graduate-level educational programs aimed at preparing nurses for strategic leadership roles in highly complex, politically sensitive, and continuously evolving health care systems. By articulating key dimensions and conditions of strategic nursing leadership, the framework offers a structured reference to support leadership development initiatives, educational innovation, and future research in nursing leadership.

DEFINITION OF STRATEGIC LEADERSHIP IN NURSING

Strategic leadership is a form of leadership exercised in complex and dynamic organizational environments, characterized by the need to align organizational actions with internal and external contexts, mobilize diverse forms of capital, and navigate high levels of uncertainty and ambiguity. Distinct from operational or clinical leadership, it involves long-term orientation, systems thinking, and the capacity to influence organizational direction through collaboration and strategic decision-making (Cortes & Herrmann, 2021; Samimi et al., 2022).

In this article, strategic leadership in nursing is defined as the capacity of nurses in strategic positions to work collectively with others to influence organizational direction and to support the delivery of efficient, effective, safe and high-quality nursing care and services while contributing to organizational performance and population health (Ferrada-Videla, 2019; Ferrada-Videla et al., 2021; Samimi et al., 2022). This definition recognizes strategic leadership as a *sine qua non* competency exercised by nurses occupying senior roles within organizations, whose expertise and actions shape priorities, structures and processes of care (Skarstein et al., 2024; Sritoomma & Wongkhomthong, 2021; Wilmoth & Shapiro, 2014).

Importantly, strategic leadership in nursing is not confined to a single individual or role. As emphasized in strategic leadership theory, it may be enacted by a collective of nurse leaders, advisory teams, or governance bodies, depending on organizational structures and decision-making arrangements (Hambrick 1989). This collective and relational understanding of strategic leadership is consistent with contemporary perspectives in nursing science, which increasingly recognize strategic leadership as a key competency for nurses in senior positions and as a lever for strengthening health system performance (Pepin

et al., 2024; Persolja et al., 2020; Skarstein et al.; WHO, 2021).

METHODS

The proposed framework was developed through an iterative, multi-study process. An initial version of the framework emerged from a doctoral study (Study 1) (Ferrada-Videla, 2019). This first study was based on (n = 31) individual semi-structured interviews as well as three focus groups conducted with nurse managers and aimed to provide an in-depth descriptive understanding of the core capacities associated with strategic leadership consistent with qualitative descriptive methodology (Sandelowski, 2010). The preliminary version of the framework informed the development of the interview and focus group guides used in this study.

The initial framework was subsequently refined through Study 2 (Ferrada-Videla, 2022a), which involved members of the Executive Committees of the Council of Nurses (n = 15). This study enabled a deeper exploration of the identified capacities, supported their conceptual clarification, and led to the renaming of certain capacities to enhance conceptual precision, as well as the enrichment of the capacity related to managing social interactions. Studies 1 and 2 were conducted with nurses exercising strategic leadership within professional governance bodies holding a legal mandate related to the quality of care in Quebec, namely nursing directorates and the Executive Committees of the Council of Nurses, thereby ensuring the relevance and credibility of participants' perspectives.

The revised framework then guided Study 3 (Ferrada-Videla, 2022b), which explored, from a gender perspective, perceptions of strategic leadership among women nurses (n = 35) occupying academic and clinical roles (professors, students, and managers - from Canada, Chile, Colombia, Costa Rica, and Uruguay). This study aimed to further expand the framework by examining how strategic leadership is experienced across contexts and to generate recommendations for leadership education. The three studies were conducted independently and sequentially, with each contributing distinct empirical insights to the progressive refinement of the framework. All studies received ethics approval from the home institution of the first author at the time they were conducted.

RESULTS

FRAMEWORK FOR THE DEVELOPMENT OF STRATEGIC LEADERSHIP IN NURSING

The Framework for the development of strategic leadership in nursing (Figure 1) delineates three interrelated capacities central to strategic leadership (Boal & Hooijberg, 2001) from a nursing perspective: capacity to integrate learning, capacity to adapt to changes, capacity to manage social interactions. The framework also identifies professional and organizational components that modulate the exercise of these capacities. Consistent with strategic leadership theory (Boal & Hooijberg), the three capacities are dynamically interrelated and are operationalized through seven domains of influence; 1) developing a strategic vision, 2) holding a strategic position, 3) making strategic choices, 4) participating in strategic decision-making processes, 5) developing political skills, 6) acting with emotional intelligence, and 7) building strategic and collaborative alliances to effectively exercise strategic leadership in nursing. Collectively, these domains enable the effective exercise of strategic leadership in nursing, strengthening nurses' influence on the quality of nursing care and contributing to organizational performance (Ferrada-Videla, 2019; Ferrada-Videla et al., 2021).

1) CAPACITY TO INTEGRATE LEARNING

The capacity to integrate learning is closed linked to learning agility and refers to the ability to recognize the value of new information in its various forms (e.g., knowledge, technologies, techniques, evidence), to assimilate it, and to apply it in novel ways, such as by adjusting, modifying or restructuring existing practices (Boal & Hooijberg, 2001). This capacity supports change and innovation in health care practices and services. From a nursing perspective, developing

this capacity involves strengthening three domains of influence: developing a strategic vision, holding a strategic position, and making strategic choices. Learning agility is influenced, among other factors, by the diversity and distribution of nursing expertise and by the mobilization of individual and collective knowledge within organizations (Ferrada-Videla, 2019; Ferrada-Videla et al., 2021).

Developing a strategic vision. The strategic vision of nursing care and services requires a macro-level, transversal understanding of the clinical, organizational and policy-level priorities that shape the delivery of high-quality, efficient and effective care for individuals and their loved ones. This vision extends beyond the quality of direct clinical care, often focused on technical and procedural dimensions, to encompass an integrated understanding of care pathways, service organization, and system-level performance, aligned with high standards of quality and safety. The development of such a vision relies on the complementary and coherent perspectives of nurses occupying clinical, organizational and strategic leadership roles, which together form a cornerstone of nursing governance in the management of health care and services.

Holding a strategic position. Strategic positioning refers to the ability to ensure that nurses in strategic positions are meaningfully represented within decision-making structures (e.g., board of directors, advisory committees, nurses in advanced practice) that determine the orientations of care and services. This capacity involves assuming strategic functions, roles, and responsibilities that enable nurses to influence the quality and safety of nursing care and services. Strategic positioning within an organization encompasses multiple interrelated factors: one's location in the organizational structure, the nature of the relationship with senior management, active participation in strategic deliberations and decision-making processes, recognition of nurses' legal and professional mandates related to care quality, and the extent to which nurses are perceived as legitimate strategic leaders within the organization.

Making strategic choices. The capacity to make strategic choices rests on timely access to relevant information and deliberate use of diverse data sources to orient nursing care and services in response to the acuity and complexity of the population's needs. To initiate and sustain adjustments, restructuring and innovation, nurses must make evidence-based strategic decisions regarding the allocation and mobilization of nursing expertise. This capacity also requires ongoing evaluation of the strategies implemented, which can be measured using nursing-sensitive indicators. This allows leaders to evaluate the impact on care quality, service effectiveness, and population health.
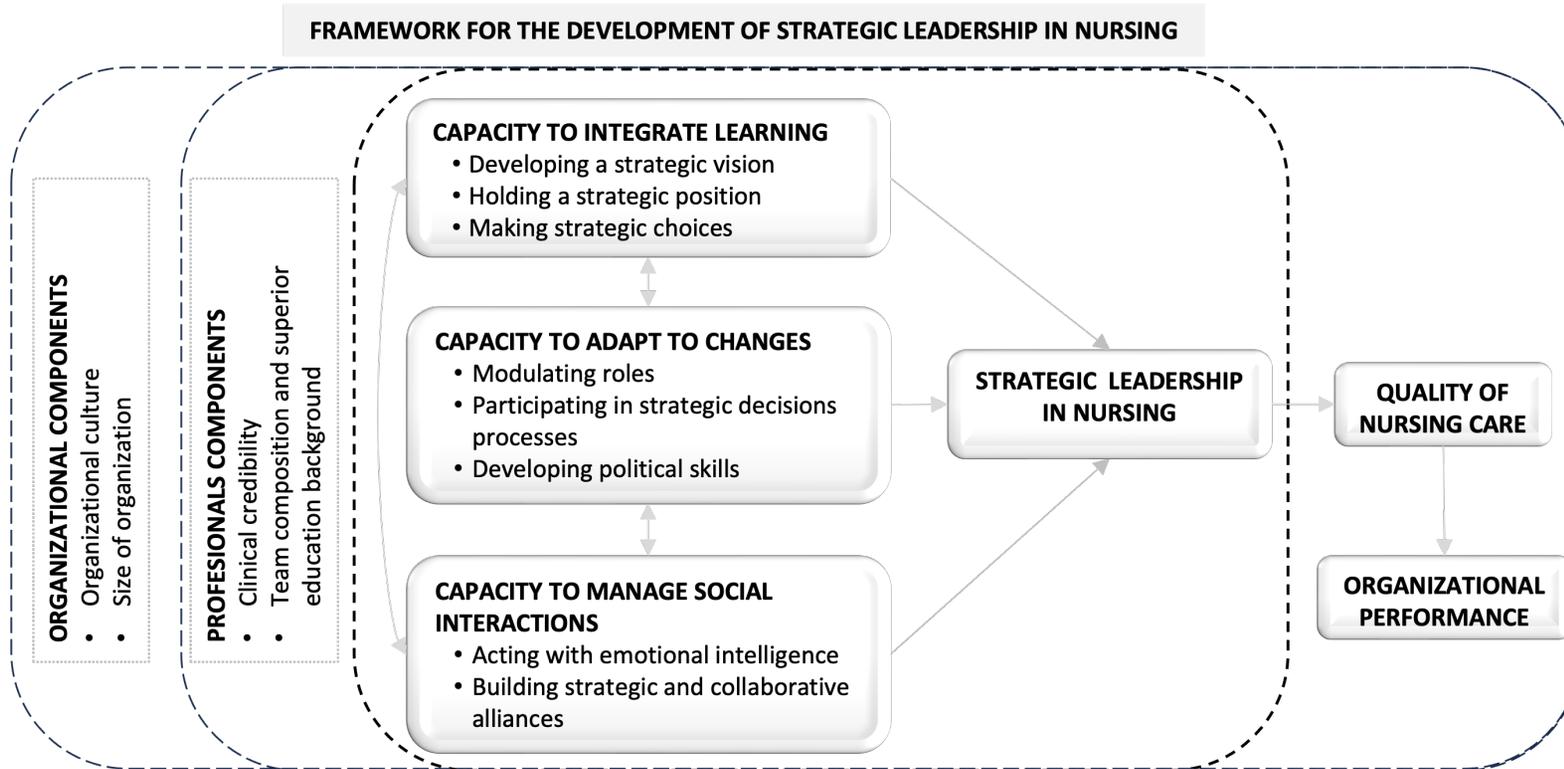
2) CAPACITY TO ADAPT TO CHANGES

This capacity to adapt to change refers to the ability to engage effectively in organizational change processes while assuming multiple roles and adopting appropriate behaviors that are responsive to individuals, situations, and contextual demands (Boal & Hooijberg, 2001). This capacity entails recognizing paradoxes, contradictions, organizational complexity and opportunities for innovation, as well as responding effectively to evolving internal and external environments (Boal & Hooijberg). From a nursing perspective, developing this capacity involves strengthening three interrelated domains of influence: modulating roles, participating in strategic decision-making processes, and developing political skills to enhance influence over the quality of nursing care and services (Ferrada-Videla, 2019; Ferrada-Videla et al., 2021).

Modulating roles. Nurses in strategic positions are required to continuously adjust their roles according to shifting organizational priorities and levels of influence (e.g., strategic, transversal, hierarchical, functional, operational) (Ferrada-Videla, 2019). This modulation involves clearly delineating individual and collective accountability for clinical, professional, organizational and legal responsibilities related to the quality and safety of care within health care organizations. By clarifying and adapting roles in response to change, nurse leaders are better positioned to navigate complexity, align actions across organizational levels, and support coherent and sustainable change initiatives.

Figure 1

Framework for the Development of Strategic Leadership in Nursing

FRAMEWORK FOR THE DEVELOPMENT OF STRATEGIC LEADERSHIP IN NURSING

ORGANIZATIONAL COMPONENTS
- Organizational culture
- Size of organization

PROFESIONALS COMPONENTS
- Clinical credibility
- Team composition and superior education background

CAPACITY TO INTEGRATE LEARNING
- Developing a strategic vision
- Holding a strategic position
- Making strategic choices

CAPACITY TO ADAPT TO CHANGES
- Modulating roles
- Participating in strategic decisions processes
- Developing political skills

CAPACITY TO MANAGE SOCIAL INTERACTIONS
- Acting with emotional intelligence
- Building strategic and collaborative alliances

STRATEGIC LEADERSHIP IN NURSING

QUALITY OF NURSING CARE

ORGANIZATIONAL PERFORMANCE

Translated from Ferrada-Videla, 2019, p.81

Participating in strategic decision-making processes. Effective participation of nurses in strategic decision-making requires the integration of multiple roles (e.g., strategic, transversal, hierarchical, functional, operational), along with the deliberate distribution and the mobilization of nursing expertise across organizational levels concerned with the orientation, quality, and organization of nursing care and services. Such engagement enables nurses to contribute substantively to strategic deliberations and to align nursing priorities with broader organizational objectives.

Developing political skills. Political skill development requires acquisition of knowledge (e.g., roles, environment, communication), cultivation of aptitudes (e.g., developing a strategic argument based on evidence), and enactment of behaviors (e.g., strategic positioning and adaptability) tailored to specific organizational situations. Nurses in strategic positions must also develop a nuanced understanding of power relations within and across internal and external networks, enabling them to navigate organizational structures, professional cultures, and decision-making processes, and to effectively engage allies, collaborators, partners, and service users (Ferrada-Videla, 2019; Ferrada-Videla et al., 2021).

3) CAPACITY TO MANAGE SOCIAL INTERACTIONS

The capacity to manage social interactions is grounded in an understanding of social relationships and their influence on leadership processes (Boal & Hooijberg, 2001). Strategic leaders base their decisions and actions on the knowledge generated through ongoing, dynamic interactions within their network across multiple organizational and professional environments (Sanders, 2023). Emotions are integral to decision-making, the implementation of solutions, organizational change, and the emergence of social issues, underscoring the relational and affective dimensions of the leadership (Al-Oweidat et al., 2023).

As the scope and diversity of social interactions increase, leaders gain a more nuanced understanding of variations in power relations, organizational cultures, group dynamics, and convergent and divergent perspectives. This understanding enables leaders to act with discernment, selecting appropriate actions and timing in response to specific individuals, situations, and contexts. The capacity to manage social interactions encompasses a set of skills associated with "managerial wisdom", including the ability to recognize *Kairos* – the opportune moment to act – by integrating contextual cues and relational knowledge to guide action within the organization (Boal & Hooijberg, 2001). From a nursing perspective, developing this capacity involves strengthening two key domains of influence: acting with emotional intelligence and building strategic and collaborative alliances (Ferrada-Videla, 2019; Ferrada-Videla et al., 2021).

Acting with emotional intelligence. Acting with emotional intelligence requires sensitivity to the converging or diverging interests, motivations, concerns, emotions, and lived realities of the diverse individuals and groups with whom nurses in strategic positions interact (e.g., peers, patients, collaborators, partners, professional bodies). This domain entails the development of reflective and introspective capacities that foster self-awareness regarding one's roles, behavior and influence. Such self-awareness is essential, as the intensity and nature of social interactions (e.g., collaboration, cooperation, co-management) fluctuate according to clinical, organizational and systemic challenges affecting care quality and performance.

Building strategic and collaborative alliances. Building strategic and collaborative alliances involves the ability to mobilize allies and to recognize divergent interests to advance clinical, professional, and organizational initiatives. Nurses in strategic positions play a critical role in positioning quality of care as a strategic priority alongside financial considerations within organizational agendas. Strong alliances with senior management (e.g., the chief executive officer, the director of professional services) can substantially influence the development of professional practices such as the deployment of advanced nursing roles and the strategic orientation of nursing services. Furthermore, sustained collaboration with other directors, managers, and physicians is essential to mobilize nursing expertise across the organization and to

uphold high standards of quality in health care and services.

PROFESSIONAL AND ORGANIZATIONAL COMPONENTS

Certain professional and organizational components (Ferrada-Videla, 2019; Ferrada-Videla et al., 2021) modulate the extent to which nurses in strategic positions are able to strengthen the domains of influence required for the effective exercise of strategic leadership. Among professional components, clinical credibility and advanced educational preparation enhance nurses' capacity to exercise strategic leadership, particularly with respect to influencing the quality and safety of care. Conversely, insufficient training may constrain the ability to assume the exercise of strategic functions and responsibilities within highly complex and uncertain organizational environments.

Organizational components also play a critical moderating role. Organizational culture influences the exercise of strategic leadership, with cultures oriented toward innovation, quality, and excellence in care and services facilitating leadership development and influence. Conversely, hierarchical or predominantly top-down cultures may hinder creativity, limit professional autonomy, and constrain nursing-led innovation (Ferrada-Videla, 2019; Ferrada-Videla et al., 2021). In addition, organization size further modulates the exercise of strategic leadership, as larger organizations tend to exhibit greater complexity in social interactions, decentralized management structures, and reliance on technological and communication systems, all of which increase the challenges associated with aligning nursing care and services with population needs.

DISCUSSION

To the best of our knowledge, this is the first framework to describe the capacities associated with strategic leadership (Boal & Hooijberg, 2001) from a nursing perspective. Such leadership is essential for nurses in strategic leadership positions (e.g., nurse directors, nurses on advisory boards, advanced practice nurses), who play a decisive role in ensuring quality care and influencing organizational and population health outcomes (Lysfjord et al., 2024; Richter et al., 2019; Skarstein et al., 2024).

However, recent literature has highlighted that these nurses often face challenges in defining their roles and developing leadership competences required to fulfill them effectively (Lysfjord et al., 2024; Skarstein et al., 2024).

Existing discussions of strategic leadership in nursing tend to be fragmented and rarely offer a comprehensive articulation of the domains of influence that sustain this form of leadership. The framework presented here seeks to fill this gap and serves two main purposes: a) to help nurses in strategic positions to identify the domains of influence and the competencies they need to develop for effective strategic leadership in quality of care; and b) to provide a structure for coaching and professional support aimed at strengthening these domains and related competencies; to inform the design of graduate programs that prepare future nurse leaders to assume strategic roles in complex organizational contexts for the greater benefit of population health.

The framework is grounded in three core capacities - capacity to integrate learning, capacity to adapt to changes and capacity to manage social interactions - each of which can influence quality of care and organizational performance, while being shaped by contextual components that modulate the exercise of this leadership within organizations (Ferrada-Videla, 2019; Ferrada-Videla et al., 2021). Although previous authors have discussed certain elements, such as strategic vision, strategic position, and decision-making processes, to the best of our knowledge, no study has provided a detailed nursing-specific description of the domains of influence organized around these three capacities.

The capacity to integrate learning fosters individual and collective learning on how to optimize nursing care and services with a view to clinical, professional and organizational performance. Elements associated with this capacity encompass the strategic vision (Persolja et al., 2020; Sritoomma & Wongkhomthong, 2021), the strategic positioning of nurses (Lysfjord et al., 2024; Richter et al., 2019; Sritoomma &

Wongkhomthong; Sundean et al., 2022), and the goals of clinical, professional and organizational projects (Persolja et al.; Sritoomma & Wongkhomthong).

The capacity to adapt to changes enables nurse leaders to critically examine their roles and to identify systemic approaches to strengthen them, thereby enhancing nurses' contribution to optimal health care and services. Components of this capacity have been explored in nursing studies focusing on the roles of nurse executives (Burke et al., 2018; Persolja et al., 2020; Sritoomma & Wongkhomthong, 2021), the limited participation in strategic decision-making processes (Al-Oweidat et al., 2023; Persolja et al.), and the political competencies required to navigate in highly complex and politicized environments (Persolja et al.).

Finally, the capacity to manage social interactions adds a crucial dimension to the emotional intelligence required of nurses in strategic positions (Al-Oweidat et al., 2023). This capacity involves the ability to build effective relationships and engage in meaningful interactions in multiple contexts that can modulate the exercise of strategic leadership. Adding this dimension may strengthen awareness of introspection, emotional intelligence and the quality of professional interactions necessary to effectively mobilize their social capital to maintain the quality of nursing care for the population (Richter et al., 2019).

Strength and Limitations

The main strength of this strategic leadership framework lies in its grounding on two professional governance bodies that play a central role in Quebec's health care system reform: the nursing directorates and the Executive Committee of the Council of Nurses. These entities hold a legal mandate related to the quality of care in health care institutions, which places them in an optimal position to exercise and model strategic nursing leadership.

Two limitations should nevertheless be acknowledged. First, it would have been relevant to include a greater number of nurses occupying non-formal strategic roles to identify potential convergences or divergences in how strategic leadership is exercised in relation to quality of care. Second, it would have been useful to provide a more detailed description of the professional and organizational components that influence the exercise of strategic leadership by nurses in various professional and cultural contexts. But the ultimate objective was not explicitly to validate the framework, but rather to use it with women nurses in other professional and cultural contexts.

Conclusion

This article proposes a reference framework for the development of strategic nursing leadership. The framework is intended to support nurses in strategic positions in identifying the core capacities and domains of influence that must be strengthened to increase their impact on the quality of care. It provides a conceptual foundation for the design of innovative graduate-level programs - particularly in nursing services administration - and for the implementation of targeted professional development strategies to better prepare and equip nurse leaders to assume strategic responsibilities within increasingly complex health care organizations.

Future research should aim to advance the culture of measurement to assess the effectiveness of strategic nursing leadership, with the goal of continuously improving the quality of care and the contribution of nurses to population health. It is equally essential to examine how societal factors, along with issues related to equity, diversity, and inclusion, may either facilitate or hinder the exercise of strategic leadership within organizations.

The successful implementation of strategic nursing leadership also depends on a strong political commitment from decision-makers to enhance the participation and influence of nurses at all organizational levels. Meanwhile, academic institutions must intensify their efforts to prepare future nurses with competencies and skills required to act at the micro, meso and macro levels. Such leadership is pivotal to ensure humanized, efficient and sustainable health care systems that meet the evolving needs of populations.

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