Integrating Caring and Self-Leadership to Enhance Nurses' Motivation in Hospital Settings: A Systematic Literature Review

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ABSTRACT

Nurses' motivation is a critical determinant of quality of care, professional engagement, and workforce retention. While self-leadership and caring leadership have been widely examined as separate constructs, the integration of caring values into self-leadership practices referred to here as caring-based self-leadership has not been systematically synthesized. This systematic review aims to identify, evaluate, and synthesize empirical evidence on caring-based self-leadership and its relationship with nurse motivation in hospital settings. Acomprehensive literature search was conducted in PubMed, Scopus, ScienceDirect, CINAHL, and Google Scholar for peer-reviewed articles published between 2015 and 2025 in English or Indonesian. The review followed PRISMA 2020 guidelines, and methodological quality was appraised using the Joanna Briggs Institute (JBI) critical appraisal tools. A total of 1,245 records were identified; 132 full-text articles were assessed, and 17 studies met the inclusion criteria. Three main themes emerged: (1) self-leadership enhances intrinsic motivation through self-regulation and goal setting; (2) caring or engaging leadership provides organizational support that strengthens nurses' motivation; and (3) psychological and organizational mediators/moderators (e.g., job resources, calling, affective commitment) shape these relationships. Substantial heterogeneity was observed across study design, measures and cultural contexts. Caring-based self-leadership promotes nurses' intrinsic motivation and engagement through cognitive, emotional, and organizational mechanisms, offering a humanistic foundation for leadership development and quality improvement in nursing practice.

Keyword: Self-leadership, Caring Leadership, Nurse Motivation, Intrinsic Motivation

1. Introduction

Nurse motivation is a key determinant of care quality, work engagement, and nursing staff retention in hospitals. Low levels of motivation have been consistently associated with increased burnout, turnover intention, and compromised patient outcomes, posing significant operational and financial challenges for healthcare organizations. Recent evidence suggests that leadership factors that foster meaningful work, support, and autonomy are correlated with engagement and retention intentions, thus impacting service quality and organizational performance (Abu-Qutaish, Alosta, Abu-Shosha, Oweidat, & Nashwan, 2025; Aungsuroch, Gunawan, Juanamasta, & Montayre, 2024).

Given the increasing complexity of clinical workloads and the heightened risk of burnout, leadership approaches grounded in humanistic values have gained growing attention. Caring leadership, which emphasizes empathy, presence, respect, and relational support, has been identified as an effective approach to

strengthening nurses' psychological well-being and work motivation. Empirical evidence indicates that caring leadership not only directly predicts work engagement but also exerts indirect effects through mediating variables such as calling and affective commitment, highlighting meaningful motivational pathways for intervention in inpatient and hospital settings (Duignan, Drennan, & Mc Carthy, 2024; Fengjian. Zhang et al., 2024).

Self-leadership has been conceptualized as a process of self-influence through which individuals regulate their behavior, cognition, and motivation to achieve desired outcomes. For nurses working in high-demand environments, self-leadership supports intrinsic purpose, professional accountability, and adaptive coping in challenging clinical situations. Previous studies have demonstrated that self-leadership competencies, such as goal setting, self-monitoring, and constructive self-talk are associated with improved self-motivation, clinical decision-making readiness, and professional performance (Duignan et al., 2024; S. Kim & Kim, 2024; Prinsloo, 2024). Recent reviews further confirm that self-leadership training, when supported by organizational structures, contributes to enhanced motivation and work effectiveness among nurses (Prinsloo, 2024). Moreover, nursing leadership research consistently shows that empowering and supportive leadership styles are linked to nurses' work-related well-being, which in turn strengthens intrinsic motivation as a driver of proactive work behavior (Kohnen et al., 2024).

Despite these promising findings, the conceptual integration between caring leadership values and self-leadership processes in explaining nurses' motivation has not been comprehensively synthesized. Existing studies tend to examine caring leadership primarily at the managerial or supervisory level, while self-leadership is often analyzed as an individual-level competency. Empirical investigations that integrate both perspectives to explain motivational mechanisms such as work meaning, calling, and organizational commitment within hospital contexts remain limited. This knowledge gap is particularly critical given increasing pressures on healthcare service delivery systems and the urgent need for effective, measurable, and human-centered leadership interventions that address both organizational and individual dimensions of motivation (Alluhaybi, Usher, Durkin, & Wilson, 2024; Aungsuroch et al., 2024; Solbakken, Bergdahl, Rudolfsson, & Bondas, 2018; Fengjian Zhang et al., 2022).

Caring leadership, characterized by support, engagement, and humanistic values, plays a vital role in enhancing nurses' well-being and motivation. By fostering a supportive and ethically grounded work environment while addressing systemic and relational challenges, healthcare organizations may improve nurse retention, strengthen motivation, and ultimately enhance the overall quality of patient care (Candrawati et al., 2024; Kohnen et al., 2024; Wati, Lestari, Ayuningtyas, Ardi, & Juanamasta, 2021).

Therefore, this systematic literature review aims to address the identified gap by identifying, evaluating, and synthesizing empirical evidence related to caring-based self-leadership and its relationship with nurses' motivation in hospital settings. In addition, this review examines psychological and organizational factors that mediate or moderate this relationship, with the goal of generating conceptual clarification and practical implications for nursing leadership development and organizational policy.

2. Methods

This study employed a Systematic Literature Review (SLR) approach guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines to ensure transparency, accountability, and traceability throughout the research process. The use of the PRISMA framework strengthens methodological rigor and enhances the reproducibility of the review. This approach was selected to systematically identify, evaluate, and synthesize empirical evidence related to the role of caring-based self-leadership in enhancing nurses' motivation in hospital settings.

A comprehensive literature search was conducted across five major electronic databases: PubMed, Scopus, ScienceDirect, CINAHL, and Google Scholar. Articles were limited to peer-reviewed publications published between January 2021 and October 2025, in English or Indonesian, to ensure relevance and methodological quality. The search strategy employed combinations of keywords and Boolean operators: ("self-leadership" OR "personal leadership" OR "self-management") AND ("caring" OR "caring leadership" OR "caring behavior") AND ("nurse motivation" OR "work motivation" OR "intrinsic motivation") AND ("hospital" OR "healthcare setting"). This strategy was designed to capture both individual level and leadership-related constructs relevant to nurse motivation within hospital contexts.

Inclusion criteria comprised empirical studies with quantitative, qualitative, or mixed-methods designs involving professional nurses in hospital settings and examining the relationship between self-leadership and/or caring leadership and work motivation. Eligibility criteria were guided by the PICo framework (Participants: professional nurses; Interest: self-leadership, caring leadership, and work motivation; Context:

hospital settings). Editorials, opinion papers, conference abstracts without full text, and studies focusing on nursing students were excluded.

The article selection process followed four stages in accordance with the PRISMA 2020 flowchart: identification, screening, eligibility assessment, and inclusion. During the identification stage, all retrieved records were compiled and duplicates were removed using a reference management tool (Zotero). Screening was then conducted based on titles and abstracts, followed by full-text assessment against predefined inclusion and exclusion criteria. Two independent reviewers performed the screening process, and any disagreements were resolved through discussion or consultation with a third reviewer, ensuring objectivity and consistency.

The methodological quality of the selected studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Tools, tailored to each study design. Studies scoring below the acceptable methodological quality threshold were excluded from the final synthesis. Relevant data including author, year, country, study design, population, intervention or exposure, and primary outcomes were systematically extracted using a standardized data extraction form. Data were analyzed using a narrative thematic synthesis approach, allowing the identification of patterns, similarities, and differences across studies. The synthesized findings were organized into key themes that explain motivational mechanisms linking caring-based self-leadership and nurses' motivation, resulting in a comprehensive and conceptually grounded synthesis.

3. Results

Figure 1 presents the PRISMA diagram. During the initial process, 1.245 articles were found from 5 databases. After selection based on the inclusion and exclusion criteria, 17 articles were assessed.
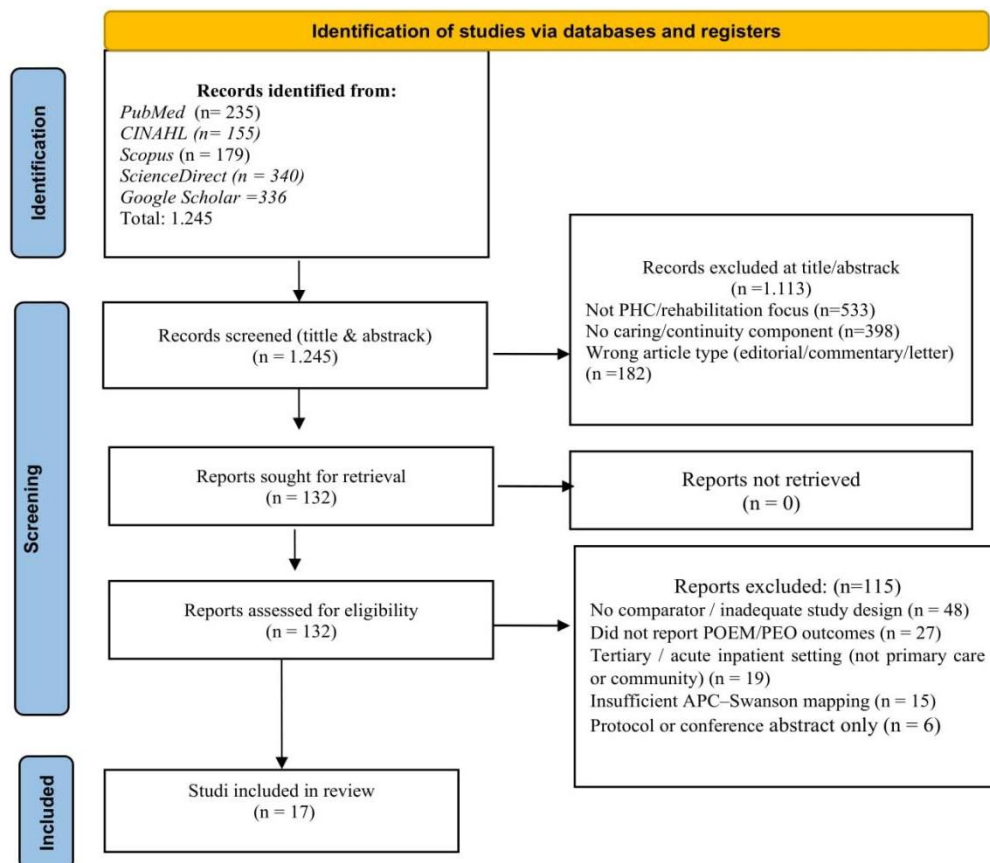
Figure 1 Preferred reporting items for systematic reviews and meta-analyses (PRISMA) flow diagram

Table 1 Summary of Included Studies on Caring-Based Self-Leadership and Nurses' Motivation in Hospital Settings

Author (Year)	Country	Design	Variable/Keyword	Result
Fengjian. Zhang et al. (2024)	China	Cross-sectional	Caring leadership; calling; affective commitment; work engagement	Caring leadership engagement via chain mediation of calling and affective commitment.
Kohnen et al. (2024)	Belgium	Cross-sectional	Engaging leadership; job resources; intrinsic motivation; well-being	Engaging leadership increases job resources, which in turn enhances intrinsic motivation and well-being/engagement.
Duignan et al. (2024)	Ireland	Cross-sectional	Self-leadership; work engagement; commitment	Higher self-leadership is associated with greater engagement and work commitment.
S. Kim and Kim (2024)	South Korea	Survey	Self-leadership; communication competence; professionalism	Communication and professionalism are key predictors of increased self-leadership (implications for intrinsic motivation).
Al Sabei et al. (2024)	Oman	Cross-sectional	Supportive leadership environment; motivation to lead	A supportive leadership environment enhances nurses' motivation to lead.
Prinsloo (2024)	South Africa	Qualitative (FGD)	Self-leadership during patient deterioration	Self-leadership sustains initiative and motivation during challenging clinical situations.
Lavoie-Tremblay et al. (2024)	Canada	Program evaluation (6 months)	Strengths-Based Nursing & Healthcare Leadership (SBNH-L); leadership capacity	The SBNH-L program improved leadership capacity and psychological outcomes implications for a motivational team climate.
Morvati, Solbakken, Vaag, and Hilli (2024)	Iran/ Sweden	Qualitative	Motivational forces of nurse leaders	Health-promoting leadership style enhances leaders' motivation and fosters a supportive work environment.
Aungsuroch et al. (2024)	Multinational	Systematic review	Factors influencing nurses' work engagement in hospitals	Individual, organizational, job, and environmental factors act as levers for engagement and motivation.
Alluhaybi et al. (2024)	Saudi Arabia	Cross-sectional	Clinical leadership styles (transformational/transactional/passive); work engagement	Transformational and transactional leadership styles yield higher nurse engagement than passive-avoidant style.
Labrague (2024)	Philippines	Cross-sectional	Transformational leadership; adverse events; job satisfaction	Transformational leadership affects outcomes through job satisfaction, with implications for motivation and engagement.

Table 1 Continued

Author (Year)	Country	Design	Variabel/Keyword	Result
Alsadaan, Ramadan, Alqahtani, and Farghaly (2025)	Saudi Arabia	Cross-sectional	Laissez-faire leadership; intrinsic motivation; task performance	Intrinsic motivation partially mediates the relationship between laissez-faire leadership and task performance; mixed effects on outcomes.
L. Zhang et al. (2025)	China	Cross-sectional (SEM)	Transformational leadership; organizational climate; work engagement	Organizational climate mediates the effect of transformational leadership on ICU nurses' engagement.
Huang et al. (2025)	China	Cross-sectional (SEM)	Transformational leadership; psychological empowerment; work engagement; performance	Transformational leadership influences performance through empowerment and engagement.
Xue et al. (2025)	China	Cross-sectional	Clinical leadership; work engagement; quality of care	Clinical leadership practices increase engagement and improve quality of care.
Abu-Qutaish et al. (2025)	Jordan	Cross-sectional	Transformational leadership; work motivation; work engagement	Transformational leadership is positively correlated with nurses' motivation and engagement.
Nurmeksela, Schavoronkoff, and Jokiniemi (2025)	Finland	Cross-sectional	Nurse managers' transformational leadership; work engagement	Nurses' perception of managers' transformational leadership is positively associated with work engagement.

4. Discussion

A systematic review of 17 studies indicates that leadership-related factors play an important role in shaping nurses' motivation in hospital settings. However, it is essential to interpret these findings cautiously, as most included studies examined self-leadership or caring leadership as separate constructs, rather than explicitly testing caring-based self-leadership as an integrated concept. Accordingly, this review does not claim direct causal evidence for caring-based self-leadership, but rather synthesizes convergent empirical patterns that inform the development of this integrative framework. Recent studies consistently demonstrate that empowering, supportive, and value-oriented leadership is positively associated with nurses' intrinsic motivation, work engagement, and professional performance (Kohnen et al., 2024; Fengjian. Zhang et al., 2024). These findings suggest that leadership practices fostering autonomy, meaning, and support are key mechanisms for sustaining nurses' motivation in demanding healthcare environments.

Self-leadership, as conceptualized by Manz (1986), refers to a process of self-influence through which individuals regulate their behavior, cognition, and motivation to achieve optimal performance. Within the scope of this review, self-leadership is interpreted specifically as an individual-level mechanism that primarily contributes to intrinsic motivation, rather than a broad determinant of all work outcomes (Dent, Sieg, Munn, Rose, & Swick, 2025; Matahela & van Rensburg, 2024; Nurmeksela et al., 2025). Empirical evidence shows that nurses with high levels of self-leadership are better able to cope with work demands, adapt to clinical pressure, and demonstrate a stronger sense of professional responsibility (Duignan et al., 2024; Kim & Kim, 2024). Self-regulation strategies such as goal setting, positive self-reinforcement, and self-observation have been shown to correlate with increased intrinsic motivation and commitment to the nursing profession. Thus, self-leadership is not only a personal managerial skill but also a source of ongoing motivation to achieve excellence in nursing practice.

At the same time, caring leadership provides an essential relational and ethical dimension that extends beyond individual self-regulation. Drawing on Swanson (1991) theory of caring, which encompasses knowing, being with, doing for, enabling, and maintaining belief, caring leadership emphasizes empathy, presence, and the affirmation of professional meaning. When considered in isolation, caring leadership influences motivation primarily through relational and affective mechanisms, such as perceived support, calling, and affective commitment. (H. Y. Kim & Jun, 2024; Prinsloo, 2024; Seo & Ko, 2024; Xue et al., 2025). Several studies included in this review demonstrate that caring-oriented leadership behaviors enhance nurses' sense of work meaningfulness and emotional attachment to their profession, which in turn strengthens intrinsic motivation

(Abu-Qutaish et al., 2025; Morvati et al., 2024; Fengjian. Zhang et al., 2024).

The central contribution of this review lies in conceptually integrating these two streams of evidence. Rather than treating self-leadership and caring leadership as interchangeable constructs, this synthesis positions caring-based self-leadership as a theoretical intersection in which self-regulatory processes are guided and energized by caring values. In this model, self-leadership provides the cognitive behavioral capacity for self-motivation, while caring values supply ethical grounding and professional meaning, thereby narrowing the analytical focus to intrinsic motivation as the primary outcome of interest. Other variables identified in the reviewed studies (e.g., work engagement, commitment, calling) are therefore interpreted as mediators or explanatory mechanisms, not as primary outcomes, addressing previous concerns regarding unclear scope boundaries.

The integration of self-leadership and caring theories is further supported by recurring mediation pathways identified across studies, including job resources, psychological empowerment, calling, and affective commitment. These mechanisms explain how caring-based self-leadership may operate in practice: self-leadership enhances nurses' capacity for self-regulation, while caring values transform this capacity into sustained intrinsic motivation by reinforcing professional identity and relational meaning. This conceptual synthesis aligns with findings showing that motivational effects are strongest when individual autonomy is supported within a caring and empowering organizational climate (Kohnen et al., 2024; Zeng et al., 2022). In the hospital context, this model has the potential to be the basis for effective managerial interventions to improve nursing staff retention, quality of care, and a caring organizational culture (Brewer, Nguyen, Ziegler, Dodson, & Kurdian, 2023; Xue et al., 2025).

Overall, this systematic review does not claim definitive empirical validation of caring-based self-leadership, but rather offers a conceptually grounded framework derived from existing empirical evidence. By clarifying construct boundaries, aligning data extraction with intrinsic motivation as the focal outcome, and explicitly articulating the relationship between caring-based self-leadership and nurse motivation, this review contributes to theoretical refinement in nursing leadership research. The findings support the view that caring-based self-leadership has potential as a human-centered leadership approach capable of sustaining nurses' intrinsic motivation, strengthening professional identity, and informing future intervention-based research in hospital settings.

5. Implication and Recommendation

5.1. Implications for Nursing Practice

This review highlights that the application of *caring-based self-leadership* serves as an effective strategy to enhance nurses' intrinsic motivation, work engagement, and professionalism. Nurses who are capable of leading themselves demonstrate greater adaptability, empowerment, and commitment to humanistic values in clinical practice. Therefore, nursing organizations should foster work environments that promote autonomy, recognition, and self-reflection, while integrating *caring* principles into supervision and performance management to cultivate sustained motivation and engagement.

5.2. Implications for Nursing Education

Nursing education institutions should instill *self-leadership* competencies and *caring* values from the early stages of professional training. Reinforcement should occur through reflective learning, mentoring, and experiential approaches that foster empathy, professional responsibility, and autonomous decision-making. Integrating *Self-Leadership Theory* (Manz, 1986) and Swanson's *Caring Theory* (1991) provides an essential foundation for balancing self-management with interpersonal compassion in nursing students' development.

5.3. Implications for Nursing Research

Future studies should employ experimental and *mixed-methods* designs to empirically test the effectiveness of *caring-based self-leadership* interventions on nurses' motivation and engagement across diverse hospital settings. Further research is also needed to explore mediating and moderating factors such as *psychological empowerment*, *job resources*, and *caring organizational culture* and to conduct cross-cultural investigations that expand the generalizability and theoretical robustness of the model within global healthcare systems.

6. Conclusion

This systematic literature review synthesizes evidence on self-leadership and caring leadership to clarify their relationship with nurses' intrinsic motivation in hospital settings. The findings indicate that self-leadership supports intrinsic motivation through self-regulation and goal setting, while caring values provide ethical and relational meaning that sustains motivation. Intrinsic motivation was treated as the primary outcome, whereas work engagement, calling, affective commitment, and job resources were considered

mediating mechanisms. Rather than asserting causal effects, this review proposes caring-based self-leadership as an integrative conceptual framework. Future experimental and longitudinal studies are required to empirically test this framework and its applicability in hospital practice.

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