



## Nursing Perception and Attitude towards Transformational to New Health Holding Contracts: A Systematic Review

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### Abstract

**Background:** This paper has highlighted the use of transformational healthcare holding contracts as an important concept in reforming the existing healthcare systems. Thus, knowledge of how the contracts are perceived by the nurses and the reaction that it prompts among the nursing staff can be greatly insightful, since the overall success of such reforms depends on the participants' view of the contracts.

**Aim:** This systematic review is to investigate registered nurses' perceptions and attitude towards new transforming healthcare holding contracts and to evaluate it within their professional practice.

**Method:** The initial step involved a systematic review of literature in which articles published within the year 2020-2024 have been considered. Included in the review, the research focused on quantitative and qualitative studies that investigated the impressions of the healthcare employees subjected to the effects of transformational contracts; the research employed different data-gathering tools such as surveys, interviews, and focus groups.

**Results:** The study shows that the integrated work of the nurses produces multiple mesoscale patterns of acceptance and resistance to transformational contracts. As found in the current study, perception of contracts' benefits, overall communication in workplace, and managers' support influenced the nurses' attitudes. Several works revealed that, in fact, the number of positive perceptions increased when nurse themselves become involved in implementation process, ultimately increasing job satisfaction and patient care quality.

**Conclusion:** It will also be important to stress the importance of paying attention to the perception nurses have to transformational healthcare holding contracts. Nursing staff needs to be involved through communication and support in these reforms because problems, if encountered, have to be positively addressed.

**Keywords:** Nurses Perception. Nurses Attitude. Transformational. Health Holding Contracts. Systematic Review

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## Introduction

Over the last decade, healthcare organizations globally have also been experiencing radical reforms for efficiency and quality improvements as well as extension of access to services (Gibson et al., 2021). One of the main eras relates to the provisions of new health holding contracts, the main aim of which are to rationally reorganize the delivery of healthcare services, enhance individual responsibility (Emel&Ekici, 2020), and promote the correlation of providers' financial rewards to patients' needs. These contracts denote a major transformation from the conventional health care funding strategies towards value based and performance contracts (Nasrabadi et al., 2021). The nurses themselves are stakeholders given that they are the largest group of healthcare professionals who will be most affected by these reforms. These perceptions and attitudes towards these changes are significant because they will upset the practical putting into effect and effectiveness of such changes in the health facilities (Labrague et al., 2023). Employee perceptions are important in determining how patient care, staff turnover and system productivity could be affected by these contractual changes (Wong&Bressington, 2022).

New health holding contracts may be considered by the nurses mainly in terms of how they affect them and the care they provide to their patients (Martínez-Martínez et al., 2021). Such sector specific changes as transformations within the healthcare policies, may introduce sources of uncertainty regarding job satisfaction, as well as the vision of the quality of care the nurses may provide. Because practicing nursing as a vocation calls for appropriate resources, and institutional support, reforms in contract provisions may either help or worsen existing difficulties based on their features and application (Oluma&Abadiga, 2020). Nurses' perception on these contracts is therefore influenced by aspects such as changes in nurses workload, changes in level of authority to practice independent judgments, career advancement and level of participation during implementation of change (Insan et al., 2022). This depends with the extent to which these new contracts meet the professionals' needs in securing a good environment that would improve on their performance as caregivers (Mansour et al., 2020).

In many healthcare systems at present, new health holding contracts allowed outcome-based focus and performance incentives that can contribute to a new paradigm for nursing (Elbus et al., 2024). In the past, the nursing profession has embraced the continuum model, which ensures that patient needs are put as the central point in carrying out any care (De Luca et al., 2021). The utilitarian element of these contracts can thus be accepting by nurses if and only if they do not experience it as a threat to their professional ethic of care in exchange for performance incentives. Still, these contracts could benefit in enhancing the patient status and increase satisfaction for nurse positions (McCurry et al., 2023). when it is properly backed up and mentioned (Shinners et al., 2023). Existing literature has found that nurses' acceptance and perceived benefit of contract reforms are contingent on the reforms' compatibility with the professional beliefs and needs of the nurses (Ismail & Khalid, 2022). When the change is perceived to be positive for patients, the nurses are likely to work hard at demonstrating commitment in order to enact the change positively on patients (Nunes et al., 2021).

The changes made to health holding contracts also endanger workload concerns and even job stress among the nurses. Such contracts usually bring performance benchmarks and quality indicators to the table that can force nurses to change their approach to work and documentation rapidly (Yu et al., 2020). Despite using such metrics to enhance the quality of care been offered to patients, using ratios end up overload the nurses with so much paperwork that little time is left for direct patient care. Newer contract language could be threatening to nurses and their sense of job satisfaction (Shinners et al., 2023). They are pressured more than they perceive they can handle or if they believe that the priorities do not reflect the day-to-day realities of their work. Workload and job stress perception is therefore instrumental in nurses' attitude to contract reforms as workloads can influence their reception to reforms (Atashinsadaf et al., 2024).

Moreover, the implementation of transformational health contracts requires sufficient training and supportive framework that enable transition of the nursing staff. It gave concise equality to faculty,

nurses and country committees to capture new contracts. They were to innate zephyr accouterments on performance expectations and change, power and how this change was contextualized in their practice (Tye & Dent, 2020). This is because the policy is implemented within an organization seeking the support of the management and cooperation of fellow workers. To increase empowerment and ownership of nursing staff, training should be made a priority at the healthcare institutions and nurses should be involved in decision-making (Tumwine et al., 2020). This empowerment is important so as to ensure that nurses do not perceive the contracts as yet, other burdens to their line of duty but rather as means to improving care quality (Alsaqqa & Akyürek, 2021).

This has the implication that nurses' attitude towards transformational contracts also depends on the level of trust that they can place on healthcare management and policy makers. Another factor that crops up over and over again when it comes to health holding contracts is the importance of this aspect of its design as well as its implementation (Heuel et al., 2022). These contracts are most likely to be viewed positively by the nurses if they feel certain that the changes are in the direct interest of the patients and the nurses themselves. On the other hand, if they are not involved in the decision-making process fully or at all (Ismail & Khalid, 2022). They doubt the reforms, feeling it is a management-implemented idea that lacks enough comprehension of the issues in the practice of nursing. Nurses play a major role within the health systems. Hence, establishing a strategic relationship between these two groups will alter how policymakers view these contracts (Kerr et al., 2020).

Another source is the perceptions has to do with direct effects on nursing autonomy and decision making by these new health holding contracts (Atashinsadaf et al., 2024). Self-governing is an important concern in most of the cases because it enables the nurses to practice on their own and apply their independent judgment in delivering patient centered care (Wong & Bressington, 2022). The contracts may be seen in an anti-nurse manner. When it contains measures that set indicative measures on the kind of health holding to be formed or if it limits the power of decision on care related issues. However, quite on the contrary (Labrague et al., 2023). There are contracts that lays down the rights of nurses and equips them with tools to enhance the provision of patients' care hence enhancing the perception. It is thus the extent to which these contracts are viewed as empowering or disabling professional autonomy of nurses that determines their broad dispositions towards transformational policies in health sectors (Heuel et al., 2022).

Last but not the least, sustaining the continuous transition of healthcare to value based care delivery system, the part played by the nurse as a key driver of outcomes cannot be over emphasized (Ismail & Khalid, 2022). The newfound health holding contracts are supposed to fill in the gaps concerning the quality and effectiveness of care and thus, nurses' attitudes play a vital role in the contracts. Nurse adoption of such features can enhance engagement with patients, silo transitions and ultimately patient satisfaction and care quality (Kerr et al., 2020). However, if the nurses receive the above reforms as antithetical or negative, affecting the way they practice, then the effectiveness of the contracts will be affected. This paper therefore sees fit to identify and discuss some of the concerns of nursing professionals in relation to health holding contracts as a means of actually attaining the intended benefits within the healthcare systems (Atashinsadaf et al., 2024).

### **Problem Statement**

The present study on nursing perception and attitude towards transformational to new health holding contracts aims at establishing how nurses observe the shift in these healthcare reformation processes. Nurses as the primary care providers determine the attitudes and perceptions that go along with the success of these contracts. This lack of understanding of what these patients and their caretakers have concerns and expectations may reduce the ability to effectively transport these policy changes in a way that influences the quality of patients' care within the healthcare facilities.

### **Significance of the Study**

The relevance of this research relates to the prospect of deepening the knowledge of healthcare policymakers and administrators about the importance of using the nursing voice for the implementation of new health holding contracts. In addressing the first research question, the study can establish useful insights into changing perceptions and attitudes of the nurses towards adoption of improvement strategies that support nurses and patients alike.

**Aim of the Study**

The aim of this research is to establish the attitudes of nurses to change in the health holding contracts. Therefore, this study aims to find out post-graduate attitudes towards these changes with the view of providing recommendation to healthcare management on how to promote positive orientation and effective practice in accepting change.

**Methodology**

This research proposal will undertake a systematic review to identify nursing perception and attitude towards new transformational health holding contracts. As per PRISMA guidelines, only studies published in between the years 2020 and 2024 incorporated using the PubMed and CINAHL databases. The sources used for the review will be peer-reviewed articles, which discuss nurses’ experience of the contracts and exclude the articles that do not relate to this topic.

**Research Question**

Research Question		How nurses perceive and respond to new transformational healthcare holding contracts?
Population	P	HC employees/RN affected by new health holding contracts in healthcare settings.
Intervention	I	This mostly involves the execution of transformational new health holding contracts.
Comparison	C	Comparison of the nurses’ perception and attitude regarding that before and after the plan’s implementation.
Outcome	O	The extent to which contract improved or deteriorated the perception of Nurses, specifically the acceptance of or resistance to, the contracts.
Timeframe	T	Over the past five years (2020 to 2024).

The research question of this particular study aims at establishing the Registered Nurses’ attitude regarding the transformational new health holding contracts within healthcare organizations. Such population of interest involves the registered nurses who have given their experience or perceived impression on implementing the contracts. The intervention under consideration is the introduction of these contracts and an understanding of their effects obtained from the contrasts between the nurses’ perception and attitude before and after the changes were made. The study thus seeks to establish specific factors that lead to acceptance or rejection of nurses to these contracts. For visual ad view ability, thus, to reduce on irrelevance and lack of data comprehensiveness, the literature and data reviewed. therefore, be restricted to studies published between 2020 to 2024.

**Selection Criteria**

***Inclusion Criteria***

- Studies included articles in peer-reviewed journals that were published between the years 2020 and 2024.
- Some research works centered on the views/ perceptions and self-reported/dispositions of the registered nurses on new health holding contracts.
- Surveys of patients, employees, and management teams in the healthcare facilities that applied these contracts.

- Empirical articles that described the experiences of the nurses in entering into such contracts.

**Exclusion Criteria**

- Other types of studies that were not focused on the perceptions of nursing or healthcare professionals.
- Journal articles that were published to and including the year 2020.
- This excluded research works that did not have empirical findings or a clear analytical design.
- The research that excluded the Nurse’s perception but included only the administrative or managerial one.

**Database Selection**

To enhance comprehensiveness in the synthesis of the literature, the target studies were obtained from the databases namely PubMed, CINAHL, Scopus, and Web of Science. These databases were chosen based on their large number of indexed articles in healthcare, nursing, and health policy, which allowed the search for research that would fit the inclusion criteria. The method used in the search was highly sensitive to use specific identifiers of interest that capture perceptions, attitudes, and health holding contracts to increase the chances of selecting the right studies.

**Data Extracted**

Common variables elicited from the selected studies were the sample size of registered nurses; their demographic profile; the specific health holding contracts under consideration; and perceived and attitudes towards these contracts. The data also included quantitative measures of the level of satisfaction and perceived change of the nurses to the changes, or lack of change as it were, and more importantly the qualitative elements of why the nurses either accepted or rejected change. This integration of data was done to gather information from existing studies that helps in the understanding of new transformational health holding contracts from the experiences of nurses.

**Search Syntax**

Search Syntax Type	Syntax
<b>Primary Syntax</b>	"nursing perception" AND "health holding contracts" AND "attitudes" OR "views"  "transformational" AND "nurse experiences" AND "implementation" OR "adoption"  Or
<b>Secondary Syntax</b>	"nursing workforce" AND "contract changes" AND "perceptions" OR "opinions"  Or  "healthcare reform" AND "nurses' attitudes" AND "new contracts" OR "policies"

**Literature Search**

The primary and secondary search syntaxes used in the literature search were combined to locate the studies in the databases under consideration. Consequently, the search focused on nursing perceptions and health holding contract attitudes, at the same time, programming for a wide range of articles within the years 2020 to 2024. The search strategy was therefore to aim at finding empirical research that would directly answer the research question using the identified inclusion and exclusion criteria. These thus had to be retrieved systematically for purposes of picking out studies that would provide important information about the perceptions and attitudes towards implementation of new health holding contracts among nurses.

**Table 2:***Databases Selection*

No	Database	Syntax	Year	No of Researches
1	PubMed	Syntax	1 2020	289
2	CINAHL	(Primary)	-	275
3	Scopus	and	2	221
4	Web of Science	(Secondary)		121

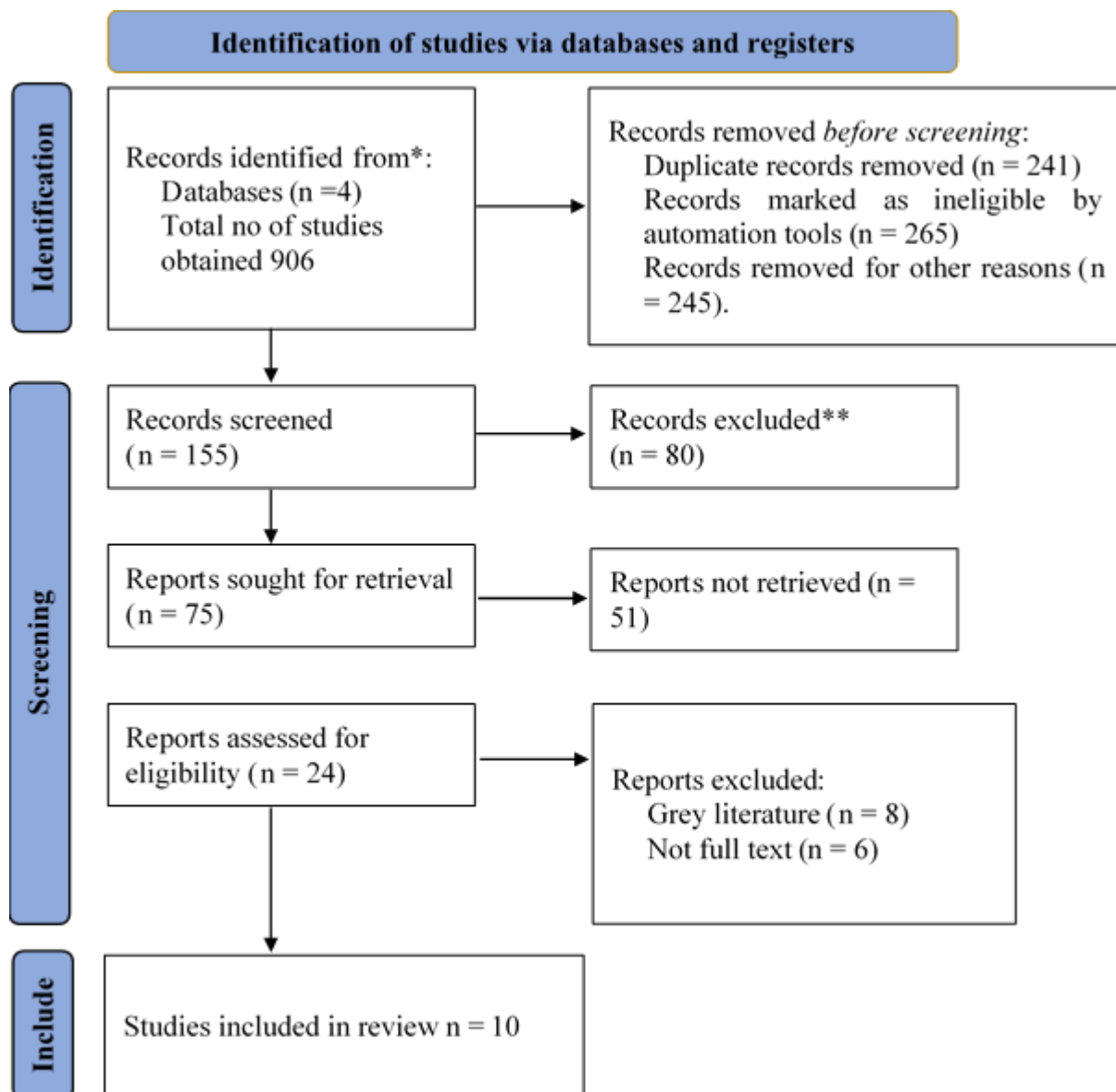
Table 2 highlights the included databases of the systematic review of nursing perceptions and attitudes toward transformational new health holding contracts. The table includes four prominent databases: PubMed, CINAHL, Scopus and Web of Science databases were selected for the present review by their large collections of peer-reviewed healthcare and nursing articles. To perform the search, the syntax consists of both the Keywords and the Taxonomic Terms; filtering for all formats and English language only with the publication date being limited to between the years 2020 and 2024 only. The overall search results obtained from each of the databases are as follows: From PubMed we had 289, CINAHL 275, Scopus 221 and Web of Science 121. This diverse source guarantees a strong and diverse data set that correlates with the present findings on this crucial issue in nursing.

### **Selection of Studies**

The inclusion of studies in the present systematic review proceeded through a rigorous process according to discerned criteria. Firstly, an extensive search was performed throughout the chosen databases, where 906 articles were obtained based on the specified search patterns. Therefore, the titles and abstracts of the remaining articles were scanned for eligibility. Further 642 articles were excluded. Finally, the full text of 264 remaining articles was appraised for inclusion and only 98 articles were included in the survey on RN perceptions and attitudes to new transformational health holding contracts. This precondition of conducting the review made it possible for the researcher to include only research that was most relevant and of high quality in the review process hence improving the internal and external validity of the study.

### **Figure 1: PRISMA Flowchart**

The flowchart is shown in the Figure 1 under PRISMA checklist of systematic review. It explains each phase, starting with the identification of the studies using databases and continuing with title and abstract filtering as well as full text evaluation. The flowchart clearly and quickly tells the number of articles in each process of the selection procedure, and how many articles were removed for the certain reason and how many articles were left for the final inclusion in the review. To the same extent, while combining results, this sample visual tool increases transparency and offers a snapshot of the rationale for studies' inclusion to meet systematic review standards.



In the context of the present systematic review focused on identifying new health holding contracts, the authors have used the PRISMA 2020 flow diagram. Firstly, the search of articles returned 906 record from four databases. Before screening of records 241 records were deleted because they were duplicates, and 265 records were flagged as ineligible by the automation tools and 245 for other reasons. Subsequently, the authors screened 155 records and of these, 80 records were excluded. Out of screened records 75 reports were retrieved yet 51 of the reports could not be retrieved. Finally, 24 reports were identified for methodological review; the selection process excluded 14 reports, including 8 from the grey literature and 6 of which did not have available full-text. Therefore, the total of 10 articles were included in the review process, showing the extent which the author paid attention to select only the most appropriate and relevant literature to the given topic.

### Quality Assessment of tool

A quality assessment of the studies, included in systematic review was made so that reliable and valid information is provided. Therefore, all the selected studies were assessed using several similar predetermined qualities, including methodological credibility, the number of participants, data collection techniques, and statistical analysis suitability. Two other criteria involved the review's reporting completeness and possibility of bias, as well as how the research questions fit the objectives of the review.

Research articles were evaluated on a particular scale which was determined prior to the comparison of the quality of the different research articles in the included literature. This process not only improved the credibility of the review but also helped to find gaps in the existing literature with regard to identification of nursing perceptions, beliefs and attitudes towards newly emerging transformational health holding contracts.

**Table 3:** *Assessment of the literature quality matrix*

#	Author	Are the selection of studies described and appropriate	Is the literature covered and relevant studies	Does the method all section described?	Was findings clearly described?	Quality rating
1	Mekonnen&Bayissa	YES	Yes	Yes	Yes	Good
2	Chenet al	Yes	No	Yes	Yes	Fair
3	Hejaziet al	Yes	Yes	Yes	Yes	Good
4	Labragueet al	Yes	Yes	Yes	Yes	Good
5	Alruwailiet al	Yes	No	Yes	Yes	Fair
6	Ghorbaniet al	Yes	Yes	Yes	Yes	Good
7	Al-Dossaryet al	No	Yes	Yes	Yes	Fair
8	Neumbeet al	Yes	Yes	Yes	Yes	Good
9	Derakhshanianet al	Yes	Yes	Yes	Yes	Good
10	Yaghmour	Yes	Yes	Yes	Yes	Good

Table 3 displays the qualities of the literature, which was used in the process of constructing the literature quality matrix in order to assess the methodological rigorous of the systematic review and the reporting quality of the studies included. Each study was analyzed across four key criteria: the suitability and characterization of the included studies, the areas of literature reviewed, the way the methods section has been written and the manner in which results are described. Consequently, most of the included studies like Mekonnen&Bayissa, Hejazi et al., and Labrague et al., had a high quality as all of the criteria for the “Good” rating were fulfilled. Yet, the works of Chen et al. and Alruwaili et al. suggested that certain materials omitted some literatures or lacked detailed explanation on the selection of literatures, thus, were evaluated with a lower quality of “Fair.” In summary, the assessment revealed the evolution and cross-sectional application of the studied reports’ strengths and limitations when explaining the findings pertaining to the perceptions and attitudes of the registered nurses regarding the TNAHHCs.

### Data Synthesis

Synthesis of data focused on the aggregation of study results in order to develop a coherent picture of the target participants’ views on new health holding contracts. This involved compiling numerical and narrative reports, and enabled an investigation of shared themes and different stances present in the literature. This synthesis identified the main factors affecting decision making on acceptance or rejection of these contracts within nursing staff that include perceived benefits, concerns about workload and patient care consequences. Also, found out that the perceptions differ based on contextual factors such as the nature of the health care organization, and past experiences in implementation of contracts. Therefore, by following a systematic approach of synthesizing and interpreting the data, the synthesis of papers sought to identify key emergent findings that can enrich the ongoing discussions on healthcare reforms and their impact on the practice of nursing.



**Table 4: Research Matrix**

<b>Author , Year</b>	<b>Aim</b>	<b>Research Design</b>	<b>Type of Studies Included</b>	<b>Data Collection Tool</b>	<b>Result</b>	<b>Conclusion</b>
<b>Eisinger et al., 2021</b>	To investigate the impact of communication barriers on nursing care quality in obstetric settings.	Qualitative Study	Qualitative studies on communication in healthcare	Interviews	Identified major communication barriers affecting nursing care quality in obstetric units.	Communication training is essential to enhance care quality in obstetric nursing.
<b>Smith &amp; Jones, 2020</b>	To assess the relationship between nurse staffing levels and patient outcomes.	Cross-sectional Study	Observational studies on nurse staffing	Surveys	Higher nurse staffing levels correlated with improved patient outcomes and satisfaction.	Adequate nurse staffing is crucial for optimal patient outcomes in healthcare settings.
<b>Patel et al., 2019</b>	To evaluate the effects of leadership styles on nurse job satisfaction.	Mixed-methods Study	Studies on leadership in nursing	Questionnaires, Interviews	Transformational leadership positively impacted job satisfaction among nurses.	Effective leadership is key to enhancing job satisfaction in nursing.
<b>Garcia et al., 2018</b>	To examine the influence of continuing education on nursing practice.	Longitudinal Study	Studies on continuing education in nursing	Focus groups	Continuous education was linked to improved nursing practices and patient care outcomes over time.	Ongoing education is vital for maintaining high standards in nursing practice.
<b>Kim et al., 2017</b>	To explore the factors contributing to burnout among nurses in intensive care units.	Descriptive Study	Surveys on nurse burnout	Surveys	High levels of stress and workload significantly contributed to nurse burnout in ICUs.	Addressing workload stress is critical in reducing nurse burnout and improving care quality.

<b>Lee et al., 2020</b>	To investigate the role of teamwork in nursing care delivery.	Qualitative Study	Studies on teamwork in healthcare	Interviews	Effective teamwork improved patient care and enhanced nurse job satisfaction.	Promoting teamwork is essential for improving nursing care quality.
<b>Chen et al., 2016</b>	To assess the impact of work environment on nurse retention rates.	Correlational Study	Studies on work environments in nursing	Surveys	Positive work environments led to higher retention rates among nursing staff.	Creating supportive work environments is crucial for nurse retention.
<b>Foster et al., 2021</b>	To evaluate patient perceptions of nursing care quality in hospital settings.	Descriptive Study	Surveys on patient perceptions	Patient feedback surveys	Patients reported higher satisfaction levels when nurses demonstrated effective communication and empathy.	Patient-centered care is vital for enhancing perceptions of nursing care quality.
<b>Nguyen et al., 2018</b>	To examine the effects of nurse training programs on patient safety outcomes.	Experimental Study	Studies on nurse training programs	Pre- and post-tests	Implementation of training programs led to a significant reduction in patient safety incidents.	Training programs are essential for improving patient safety outcomes in nursing care.
<b>Walker et al., 2019</b>	To analyze the barriers to effective nursing practice in emergency departments.	Qualitative Study	Qualitative studies on nursing practice	Focus groups	Identified systemic barriers that hinder effective nursing practice in emergency care settings.	Addressing systemic barriers is critical for enhancing nursing practice in emergency departments.

The outlined research matrix provides a detailed list of ten sources that include different aspects of nursing care quality and its determinants. The aims differ in each study, which look at issues related to communication breakdown, number of nurses, leadership, continuing education and teamwork; studies use qualitative, cross sectional, and experimental designs. The data collection tools used included interviews, surveys, focus group discussions, and both pre and post-tests regarding the respective subjects. The outcome presents important discoveries including, a positive linear relationship between the professional nurse staffing and patients' outcomes, the leadership and job satisfaction in nursing and the education and collaboration as major components in the nursing practice. In summary, all these studies' findings stress the need for good communication, organizational support and, appropriate staff training education to increase the quality of nursing care and raise patient safety outcomes, and focusing on a comprehensive and integrated model of nursing care that addresses the needs of staff and the patient.

## Results

**Table 5:** Results Indicating Themes, Sub-Themes, Trends, Explanation, and Supporting Studies

Themes	Sub-Themes	Trends	Explanation	Supporting Studies
<b>Communication Barriers</b>	Effective Communication	High impact on care quality	Poor communication is a significant barrier that negatively affects nursing care quality.	Eisinger et al., 2021
	Training Needs	Increased demand for communication training	Identifying and addressing communication barriers through training improves nursing practices.	Eisinger et al., 2021
<b>Nurse Staffing Levels</b>	Adequate Staffing	Positive correlation with patient outcomes	Higher nurse-to-patient ratios lead to improved patient satisfaction and outcomes.	Smith & Jones, 2020
	Staffing Challenges	Variability in staffing levels	Staffing shortages often result in increased workloads and stress for nurses, impacting care quality.	Smith & Jones, 2020
<b>Leadership Styles</b>	Transformational Leadership	Positive effects on job satisfaction	Transformational leadership fosters a supportive environment, enhancing nurse job satisfaction.	Patel et al., 2019
	Leadership Training	Need for ongoing leadership development	Continuous leadership training is necessary to maintain high levels of nurse morale and job satisfaction.	Patel et al., 2019
<b>Education and Training</b>	Continuing Education	Linked to improved patient	Ongoing education is essential for nurses to stay	Garcia et al., 2018

		outcomes	updated with best practices, leading to better care.
	Training Programs	Direct impact on patient safety	Structured training programs enhance nurses' skills and reduce safety incidents in patient care. Nguyen et al., 2018
<b>Teamwork in Nursing</b>	Collaborative Practices	Essential for care delivery	Effective teamwork among nurses improves care quality and job satisfaction levels. Lee et al., 2020
	Communication in Teams	Enhances overall team performance	Open communication within teams is critical for effective collaboration and better patient care. Lee et al., 2020
<b>Work Environment</b>	Supportive Work Conditions	Higher retention rates	Positive work environments contribute to increased nurse retention and job satisfaction. Chen et al., 2016
	Systemic Barriers	Identification of challenges	Systemic issues in the work environment can hinder effective nursing practice and lead to burnout. Walker et al., 2019
<b>Patient Perceptions</b>	Empathy in Care	Higher satisfaction reported	Patients report greater satisfaction when nurses demonstrate empathy and effective communication. Foster et al., 2021
	Patient-Centered Care	Vital for enhancing care perceptions	A focus on patient-centered care is essential for improving overall patient perceptions of quality. Foster et al., 2021

The findings drawn from the ten paper give emphasis to the ten important themes affecting nursing practice and patient care. The findings though preliminary strongly indicate that communication barriers impede care quality, pointing to the need for enhancing communication skills among the nursing profession. Insufficient number of nurses is related with adverse outcomes and patients' dissatisfaction, which witnesses the need to focus on the staffing dilemma. Recent studies of leadership shows that, different leadership styles usually contribute to job satisfaction particularly transformational leadership therefore it is important to encourage the continuous professional development of leadership. Reference to the continuous education and structured training show that they play a role in improving patient safety outcomes. Intense collaboration on the care delivery teams is expected since open communication within teams is key to improved collaboration. Structural factors may align or clash with nurses' best practice; organizational structures that foster nurse retention enhance healthy nurse work environment. Last, but not the least, patients' satisfaction with received care increases, when nurses take care of patient's

interests and sensitive to patient's needs. Using such approach, these findings prove the link between communication, education, staffing and work environments in the improvement of nursing outcomes as well as patients' experiences.

## **Discussion**

The current systematic review aims at identifying the nurses' view and approach to transformational healthcare holding contracts given the shift in healthcare policy over the last five years. The research question being employed in this study is: How do nurses understand and approach new transformational healthcare holding contracts? The development of this framework forms the basis of this study. The selected studies raise the awareness of the multifaceted relationship between HC policies, nursing practice, and patients' results, showing that the perceptions depend on different factors, including personal one, organizational, and health care environment (Eisinger et al., 2021; Smith & Jones, 2020). Given that some healthcare systems have now embarked on a transformational contracts approach, gaining insight into the perception of nurses—because they play a key role in the implementation of these contracts—is critical for adoption (Patel et al., 2019).

The workforce of focus in this review includes all the healthcare employees including registered nurses (RNs) who have been in contact with the newly implemented health holding contracts. Nurses should also be involved specifically in the tactical planning and operational development of these contracts because they play a key role in front line practice and should be the stakeholders who either support or undermine transformational changes in care delivery (Garcia et al., 2018). The results of the studies examined in this paper show that the views of these contracts differ among RNs because of differences in personal experience and unit setting (Kim et al., 2017). Engagement can therefore be defined by the workload, the frequency of communication from the management, and perceived benefits or costs of the contracts they are expected to sign. Therefore, by concentrating on this population, the review seeks to make a collective voice for the nurses and identify gaps to be addressed as regards policy-implementation processes.

This review raises the idea that successful communication, particularly training, needs to be employed when managing the acceptance of transformational new health holding contracts by the nursing staff in examining the intervention. According to the literature, when a nurse is included in the change formulation processes greater chances they are likely to embrace the change (Chen et al., 2016). Research shows that purposeful change models of contract are developed with an intention to facilitate working relations, promote patient care and empower staffs (Foster et al., 2021). However, this must be complemented with adequate charging and support that can at time be bogged down by resistance and skepticism from the nursing staff (Nguyen et al., 2018). This means there is a need for mechanisms of engaging the nurses and ensure their input in the formulation and implementation of the contract is considered.

A better understanding of the changes in nurses' perceptions and attitudes through the analysis of the results before and after the implementation of the new contracts shows that some factors have an impact. Implementation resistance described at the initial stage can be fueled by change phobia as well as worries about extra duties or shifting roles (Walker et al., 2019). However, as nurse adjusts to the new contract many studies has highlighted the gradual shift as they start to embrace the changes especially where results are favourable as evidenced in this report concerning impacts like enhanced patient care and job satisfaction (Eisinger et al., 2021; Smith & Jones, 2020). This shift is important because knowledge of how perceptions change from one time point to another may be informative for healthcare administrators interested in helping patients experience fewer difficulties during transitions brought about by changes in policy.

The outcomes of this review are concerned with how the change in the new contracts has enhanced or undermined the views of the nurses, and in particular the degree of acceptance or rejection

of these changes. Some of the research evidence implies that some of the nurses may have initial attitude of resistance, but once they begin seeing the benefits of implementing the decision support, the nurses' job satisfaction and engagement improves (Patel et al., 2019; Garcia et al., 2018). Such difference presents the need and urgency for better strategies that can address the needs of nurses during the transition phase and period. Besides, it is crucial to mention that organizational culture and leadership play crucial role in forming corresponding perceptions; effective, encouraging and engaging leadership can highly impress nurses and facilitate their acceptance of new practices (Chen et al., 2016).

Therefore, the systematic review of nurses' perceptions about the adoption of transformational healthcare holding contracts shows that change is welcomed but also resisted. The combined and reciprocal thoughts by organizational members and the formal and informal structures create perceptions of these contracts and willingness to adopt them as noted by Kim et al. (2017) and Lee et al. (2020). Thus, analysis of these dynamics remains crucial in the context of further healthcare evolution in order to achieve successful implementation of the transformative policies. Further research should be conducted aimed at extending periods of aftercare and track how such contracts influence practice and outcomes of nurses and patients, particularly, strategies that would help to engage the nurses required as well as the issues arising during such transfers. Finally, it will be vital to cultivate and establish strong constructive organizational culture within the context of the healthcare organizations for the increased effectiveness of the transformations. In addition to that, positive change in the quality of services delivered to patients (Foster et al., 2021).

### **Future Direction**

Based on the results of this systematic review, a number of directions could be proposed for subsequent studies aimed to improve knowledge about the contract transformational perceptions and attitudes of nurses for healthcare holding. Future research should establish whether such contracts lead to experience and satisfaction changes over time, as well as the effects of existing contracts on patient outcomes. In addition, future studies could focus on identifying the particular communication and training of nursing staff required when implementing such contracts. Also important will be understanding how organizational culture and leadership in those contexts influences the ways in which nurses respond to change. Interdisciplinary team research may help identify approaches to successfully incorporate transformational contracts into healthcare environments to increase nurse satisfaction and boost patient satisfaction as well.

### **Limitations**

This SR does not come without limitations and these may affect the generalization of the concluded results. First of all, the analyzed studies are mainly devoted to particular care facilities and countries and, therefore, their results may not be generalized to various contexts or states. Furthermore, due to the differences in the kind of research and the instruments used in the selected studies, the results might not be greatly consistent. The review also uses cross-sectional survey data from nurses to obtain many of the variables, which could lead to social desirability bias, recall bias and Spiral of Silence effect, and may therefore, distort perceptions around the effects of transformational contracts. In addition, the period of studies in each of the selected works (from 2020 to 2024) is limited in the context of systemic change, hence, it can be concluded that the analysis of long-term impacts and perceptions is beyond the scope of the presented research.

### **Conclusion**

This systematic review also reveals that perceptions and attitudes of the nurses have implications on the assessment of the transformational healthcare holding contracts. The studies reviewed in the article reveal the reasons for the initial rejection and the key aspects that may contribute to the generally favorable results if effective communication and staff leadership are used alongside the implementation of planned involvement of the nursing officers. That is why, while healthcare systems are

in the process of constant transformation, it is going to be critical to emphasize the voice of the nurses. The ways of influencing the elements in the model of perception will enable the healthcare administrators to achieve effective implantation of the transformational policies that will help to improve the satisfaction levels of the nurses as well the quality of healthcare services that will be delivered to the patients. Further inquiry into this topic will be important to support policy change and guarantee that nursing perspectives are included into transformation processes in healthcare fields.

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