



XLV

Jornadas de Economía de la Salud

Datos, evidencia, decisiones:
generando valor para la gestión
y las políticas sanitarias

Sevilla, 17 al 19 de junio de 2026

EFFICIENCY AND VALUE OF NURSING LEADERSHIP INTERVENTIONS IN HEALTHCARE ORGANIZATIONS: A SYSTEMATIC REVIEW

Título

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Demonstrating clinical efficacy is no longer enough

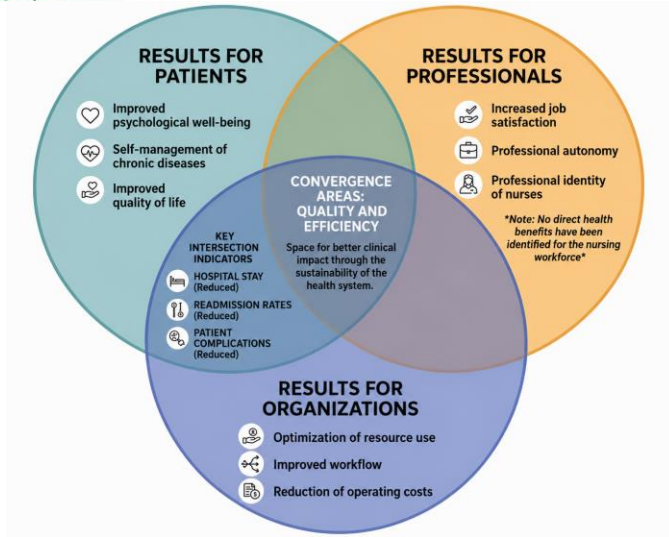


Figure 1. The Multi-Level Impact of Nurse-Led Care

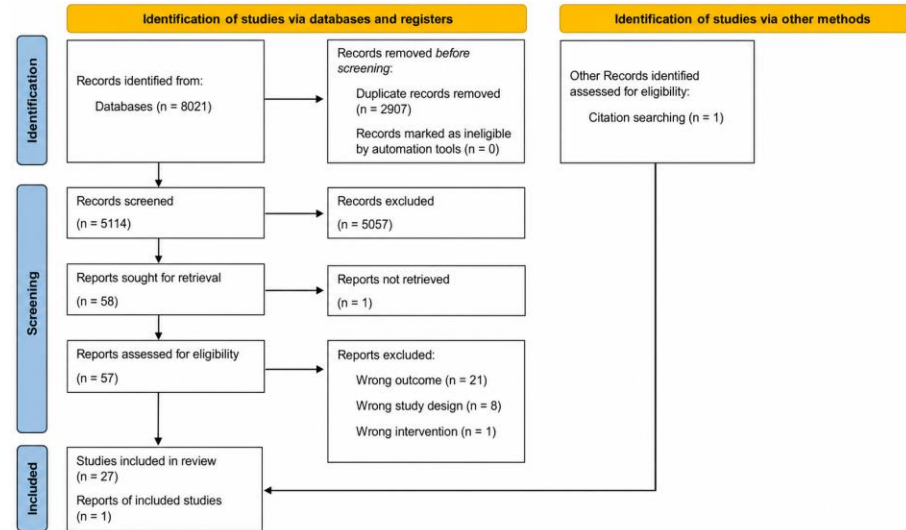


Figure 2. PRISMA 2020 flow diagram for databases, registers and other sources.

1. PRISMA STATEMENT Guidelines
2. BBDD (9) + Grey Literature
3. PROSPERO (CRD420251003780)/OSF ([10.17605/OSF.IO/CZKA7](https://doi.org/10.17605/OSF.IO/CZKA7))



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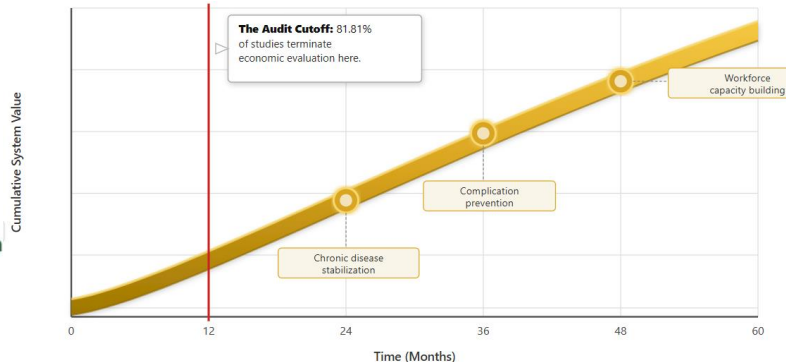


Figure 3. Cumulative Time Horizon Graph Representation

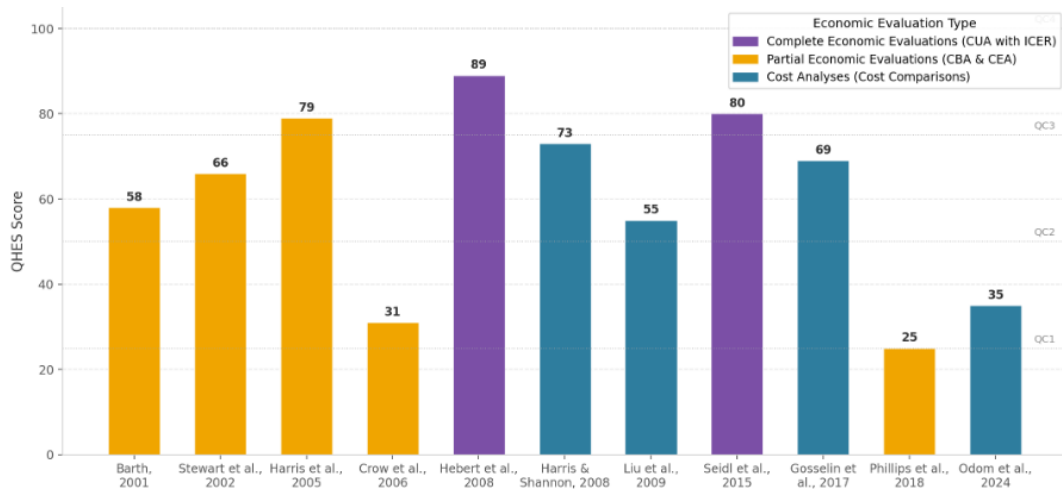


Figure 4. QHES Economic Studies Punctuations Results Bar Graph Representation

1. Short Time Horizon (82% ≤ 12 months)
2. Absence of standardized frameworks such as CHEERS
3. Decision-analytic modelling was used in just one (9.1%) study, and sensitivity analyses were performed in only 5 (45.5%) of the evaluations
4. Provider Perspective in 9 studies (81.81%) and Provider and Social Perspective in the other 2 (19.19%)
5. Most studies (60.71%) focused on evaluating effectiveness of nurse-led interventions primarily in terms of health outcomes and quality of life. All scores exceeded the high risk of bias threshold except one study.



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THE THREE-LEVEL IMPACT FRAMEWORK



Patient Outcomes: Improved Clinical Results

Nurse-led care leads to reduced hospital readmissions, shorter lengths of stay, and improved chronic disease management for conditions like heart failure and diabetes.



Professional Outcomes: Boosting Workforce Stability

Previous Turnover: 85.8%
Retention: 10.9%
Turnover reduced (25% Overall Reduction)
Increased Stability: 89.1%



Strategic staffing models led by nurses reduced nursing turnover from 14.2% to 10.9%, a 30% overall reduction that enhances institutional stability.



Organizational Outcomes: Economic Efficiency



Efficient resource use, optimized = efficiency

Nurse-managed protocols for telemetry and wound care demonstrate significant cost savings through reduced resource use and faster recovery times.

Complete Economic Evaluations (Cost-Utility Analyses):

1. Hebert et al., 2008: At less than \$25 000 per QALY saved, this nurse-led disease management program was cost-effective over 12 months
2. Seidl et al., 2015: Could not provide evidence due to short horizon (€1,080/QALY lost*)

Partial Economic Evaluations (Cost-Benefit & Cost-Effectiveness):

Positive economic signals across diverse clinical and management contexts (Crow et al., 2006: 2.9:1 BCR (diabetes educational program); Philips et al., 2018: 2.5:1 BCR (succession leadership planning))

Cost-Comparison Analyses:

1. Consistent cost savings across wound care, surgical, and leadership interventions (Odom et al., 2024: \$178,669 annual savings in surgery; Harris & Shannon, 2008: \$5,297 specialist wound nurse; Gosselin et al., 2017: -71% cost/catheter over 6-y programme)
2. When **nurse executives hold direct line authority** over staffing budgets, **nursing costs** per admission **drop** significantly (\$9,001 vs \$9,496 (Liu et al., 2009))

THE PARADOX OF LEADERSHIP

100% IMPLEMENTATION



While nurses implemented every intervention studied, only 25% of these programs were actually designed by nursing teams, with the rest led by non-clinical researchers or executive boards.

25% DESIGN



Subordinate Professionalism: This gap positions nurses as "Implementers" or offers prosities rather than automatics desiders, nurses, reinforcing menead and merenamal Nwarchies.
Strategic Marginalization: Even when nursing leadership is recognized. It is often limited to operational tasks rather than strategic governance over budgets and organizational policy.

True efficiency requires moving from residual jurisdiction to institutionalized authority. Clinical expertise must be coupled with structural financial control.