

Team Cohesion Among Nursing; A Systematic Review

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Abstract: *This systematic review examines the role of team cohesion among nurses and its influence on professional, organizational, and patient-related outcomes across healthcare settings. Drawing on evidence from quantitative, qualitative, and mixed-methods studies, the review synthesizes how team cohesion is formed, the conditions that strengthen or weaken it, and the consequences it produces within nursing teams. The findings show that cohesion among nurses is shaped by a combination of interpersonal relationships, leadership practices, psychological safety, work environment, and organizational stability. High levels of cohesion are associated with improved teamwork, stronger job satisfaction, lower burnout and turnover intentions, better communication, and enhanced patient safety and care quality. Conversely, fragmented teams characterized by poor communication, weak leadership, and high staff turnover demonstrate reduced collaboration, higher levels of missed care, and lower performance. The review further indicates that cohesive teams are more resilient during periods of crisis and change, allowing nurses to adapt, support one another, and maintain effective care delivery under pressure. Overall, the evidence positions team cohesion as a central mechanism through which nursing teams achieve both workforce wellbeing and high-quality patient outcomes, highlighting the importance of organizational strategies that foster trust, collaboration, and shared purpose in healthcare environments.*

Keywords: Team cohesion; Nursing teams; Teamwork; Patient safety; Leadership.

1. Introduction

Team cohesion has emerged as a critical construct in contemporary nursing practice because nurses increasingly deliver care through interdependent, multidisciplinary teams rather than as isolated individuals. In complex healthcare environments, where patient acuity is high and clinical workflows are tightly coupled, the extent to which nurses feel psychologically and socially bonded to their teams directly shapes how effectively they coordinate care, share responsibility, and respond to clinical uncertainty. Empirical evidence from hospital settings shows that stronger team cohesion is associated with better cooperation, more consistent task execution, and improved collective performance among nurses, highlighting cohesion as a foundational mechanism through which nursing teams achieve reliability and safety in patient care (Wei et al., 2024). Beyond its functional role in coordinating tasks, team cohesion also reflects the emotional and cognitive alignment of nurses within a work group. Cohesive nursing teams are characterized by shared understanding, mutual trust,

and a sense of belonging, which support collective efficacy in demanding clinical environments. In intensive care and other high-risk settings, nurses working in cohesive teams are more likely to maintain continuity of care and sustain effective collaboration even under physical and emotional strain, whereas fragmented teams struggle to maintain communication and mutual support (Loveday et al., 2021). These relational dynamics are not incidental; rather, they represent a key component of how nursing teams transform individual competence into safe and effective team-based practice.

Leadership and managerial practices play a central role in shaping team cohesion in nursing. The ways in which nurse managers communicate, empower staff, and model collaborative behaviors influence whether nurses experience their teams as supportive and integrated or fragmented and conflictual. Qualitative evidence from nursing education and practice indicates that leadership behaviors that emphasize empowerment, inclusion, and shared responsibility contribute directly to building and strengthening cohesion within nursing teams (Aydogdu & Disbudak, 2025). Similarly, adaptive leadership styles that align with nurses' psychological resources have been shown to enhance group cohesion by fostering confidence, resilience, and collective engagement among staff nurses (Abdel-Azeem et al., 2025). Organizational context further conditions the development and sustainability of team cohesion. Work environments characterized by high turnover, staffing instability, and unequal competence levels undermine group cohesion by disrupting trust, continuity, and interpersonal relationships. Nurses working in neonatal and acute care units have described how staffing shortages, high workload, and frequent staff changes create stress and erode the social fabric of the team, making it difficult to maintain a positive and cohesive group climate (Bry & Wigert, 2022). Conversely, structural arrangements that promote stable team membership, consistent communication, and shared responsibility can strengthen cohesion and support nurses' ability to function as an integrated unit.

Psychological safety has also been identified as a key antecedent of team cohesion in healthcare settings. When nurses feel safe to ask questions, admit mistakes, and contribute ideas without fear of blame or ridicule, both task-related and social cohesion are enhanced. Evidence from hospital studies demonstrates that inclusion safety, learner safety, and contributor safety are strongly and positively associated with both task cohesion and social cohesion, indicating that psychologically safe environments enable nurses to engage more openly and cooperatively with their colleagues (Uranta, 2025). This highlights the importance of interpersonal climate and communication norms in shaping the strength of nursing teams. The outcomes associated with team cohesion extend well beyond interpersonal harmony and include important indicators of workforce stability and care quality. In psychiatric and acute care settings, higher levels of group cohesion have been shown to predict better job satisfaction and more effective clinical processes such as nursing handovers, which are central to patient safety (Wang et al., 2022). At the unit level, team cohesion has also been found to buffer the negative effects of nurse turnover, partially mediating the relationship between turnover rates and nurses' job satisfaction, thereby underscoring its protective role within fragile staffing systems (Bae et al., 2023).

Despite the growing body of empirical research linking team cohesion to nursing performance, wellbeing, and care processes, the literature remains fragmented across disciplines, methodologies, and outcome domains. Studies vary widely in how cohesion is conceptualized, measured, and embedded within broader models of teamwork, leadership, and organizational functioning. While individual studies have demonstrated important associations between cohesion and outcomes such as performance, satisfaction, and resilience, there has been no comprehensive synthesis that integrates these findings specifically within the nursing profession. This gap limits the ability of nurse leaders, educators, and policymakers to draw coherent conclusions about how team cohesion develops, how it operates, and how it can be strengthened in clinical practice. Accordingly, this systematic review

aims to synthesize the existing empirical evidence on team cohesion among nurses by examining its prevalence, determinants, and outcomes across diverse healthcare settings. By integrating findings from quantitative, qualitative, and mixed-methods studies, this review seeks to provide a comprehensive understanding of how team cohesion functions within nursing teams and to identify evidence-based directions for strengthening teamwork, improving workforce stability, and enhancing patient care quality.

2. Methodology

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines to ensure methodological rigor, transparency, and reproducibility in the identification, selection, and synthesis of evidence on team cohesion among nurses. A comprehensive literature search was undertaken across major health and social science databases, including PubMed, CINAHL, Scopus, Web of Science, and ProQuest, using combinations of keywords related to team cohesion, nursing teams, teamwork, psychological safety, leadership, and nurse outcomes. These search terms were designed to capture studies examining cohesion as well as closely related constructs of team functioning and collective work processes in nursing contexts, as operationalized in empirical studies of nurse teamwork, group cohesion, and workgroup processes (Wei et al., 2024). Eligible studies were required to focus on nurses or nursing teams in clinical or educational healthcare settings and to explicitly examine team cohesion, teamwork, or closely related team processes as a primary variable or outcome. Quantitative, qualitative, and mixed-methods studies were included to reflect the multifaceted nature of cohesion in nursing practice, as demonstrated in studies ranging from large-scale surveys to in-depth qualitative investigations of team dynamics and organizational climate (Loveday et al., 2021). Systematic reviews were also eligible for inclusion when they synthesized evidence directly relevant to teamwork, cohesion, or team functioning in nursing or healthcare teams, thereby allowing higher-level integration of existing empirical findings (Kohanová et al., 2024). Studies that did not involve nurses, did not address team-level constructs, or were opinion pieces, editorials, or purely theoretical papers were excluded.

Following the removal of duplicates, titles and abstracts were independently screened to identify potentially relevant studies. Full texts of eligible articles were then assessed against the inclusion criteria to ensure that each study explicitly measured or analyzed team cohesion, teamwork, or related team constructs such as leadership, climate, or psychological safety. This approach was consistent with the methodological standards applied in prior high-quality reviews of nursing teamwork and organizational processes, which emphasize the importance of rigorous and transparent study selection to minimize bias (Dias et al., 2022). Discrepancies in eligibility decisions were resolved through discussion to ensure consistency and accuracy in study inclusion. Data extraction was conducted using a structured matrix that captured key study characteristics and core variables, including team cohesion, teamwork or team functioning, team performance, psychological safety, leadership or management, work environment, staffing or workload, job satisfaction, burnout or stress, and the measurement instruments used. This matrix enabled systematic comparison across studies and provided the empirical foundation for narrative synthesis, as reflected in Table 1. The inclusion of measurement instruments was particularly important given the diversity of tools used to operationalize cohesion and teamwork in nursing and healthcare research, including validated scales of group cohesion, teamwork perception, and team effectiveness (Uysal et al., 2025).

The quality and methodological characteristics of included studies were considered during data synthesis to ensure that conclusions were grounded in robust evidence. Quantitative studies

employing validated instruments and appropriate statistical analyses, such as regression or path modeling, were evaluated for internal consistency and explanatory power, as illustrated in large-scale investigations of leadership, team climate, and nurse performance (Kuşçu Karatepe & Türkmen, 2023). Qualitative and mixed-methods studies were assessed based on the transparency of their design, data collection, and analytic procedures, which is particularly important when examining complex constructs such as cohesion, interpersonal interaction, and team resilience (Ambrose et al., 2024). A narrative synthesis approach was adopted because of the heterogeneity of study designs, settings, and outcome measures. This approach allowed the integration of quantitative associations and qualitative insights into a coherent framework describing the prevalence, determinants, and consequences of team cohesion among nurses. Narrative synthesis is especially suitable for reviews of organizational and psychosocial phenomena, where effect sizes alone cannot capture the contextual and relational dimensions of team functioning (Bae et al., 2023). The synthesis was guided by the variables coded in Table 1, ensuring that patterns across leadership, psychological safety, staffing, and nurse outcomes were systematically compared and interpreted.

Figure 1 presents the PRISMA 2020 flow diagram detailing the process of study identification, screening, eligibility assessment, and final inclusion. The diagram shows the number of records retrieved from databases, the number of duplicates removed, the studies excluded at title and abstract screening, the full-text articles assessed for eligibility, and the final set of studies included in the qualitative synthesis. This transparent documentation of the review process provides assurance that the evidence base for this review was assembled systematically and without selective inclusion.

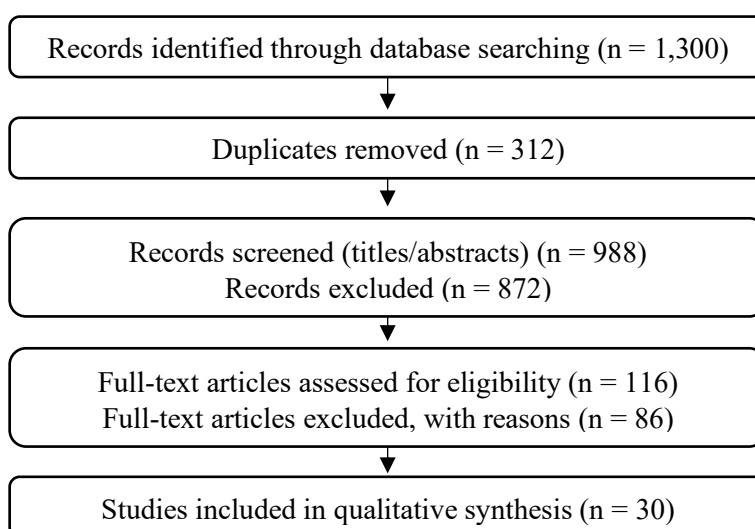


Figure 1. PRISMA 2020 Flow Diagram

3. Results

3.1 Study Selection and Characteristics

A total of 30 studies met the inclusion criteria and were included in this systematic review, reflecting a wide range of methodological approaches, clinical settings, and geographical contexts. The studies comprised cross-sectional surveys, qualitative interviews, mixed-methods investigations, validation studies, and systematic reviews, demonstrating the multidisciplinary and multilevel nature of research on team cohesion and teamwork in nursing. The included evidence covered acute care hospitals, intensive care units, psychiatric units, neonatal units, operating rooms, outpatient oncology services, educational settings, and interprofessional clinical environments, providing a comprehensive

overview of how team cohesion is conceptualized and examined across the nursing profession. As summarized in Table 1, team cohesion was explicitly measured or analyzed in a substantial proportion of the included studies, most commonly through validated group cohesion scales, team cohesion inventories, or related workgroup process measures. Large-scale quantitative investigations using standardized instruments were prominent, including the network analysis of team cohesion and performance among nurses by Wei et al. (2024) and the path analysis linking leadership, psychological capital, and group cohesion among staff nurses by Abdel-Azeem et al. (2025). Several studies also focused on the psychometric validation of cohesion-related instruments, such as the Turkish adaptation of the Erlangen Team Cohesion at Work Scale, which demonstrated strong reliability and construct validity for use in healthcare professionals (Uysal et al., 2025).

Qualitative and mixed-methods studies enriched the evidence base by providing insight into how cohesion is experienced in real clinical environments. Nurses working in decentralized intensive care units described how physical layout, team continuity, and interaction patterns shaped social cohesion and teamwork in daily practice (Loveday et al., 2021). Similarly, nurses in neonatal intensive care units highlighted how organizational climate, staff turnover, and interpersonal interactions influenced the strength and stability of group cohesion (Bry & Wigert, 2022). Systematic reviews were also included when they synthesized relevant evidence on teamwork and team-level processes, such as the mixed-methods review of teamwork and missed nursing care in acute care settings (Kohanová et al., 2024). Across the included studies, a diverse set of measurement instruments was employed, including group cohesion scales, teamwork surveys, team effectiveness and relational coordination scales, and validated organizational and psychosocial measures. These tools allowed researchers to examine cohesion both as a relational construct and as a functional component of team performance and workgroup processes, thereby supporting a multidimensional understanding of team cohesion in nursing practice. Table 1 presents a structured literature review matrix summarizing the key characteristics and findings of the studies included in this systematic review. The matrix provides an overview of each study's author and year, country or context, research design, sample, and the core concepts examined, including team cohesion, teamwork, leadership, psychological safety, and nurse and patient outcomes. By systematically mapping how these concepts are addressed across the included studies, the table allows for transparent comparison and supports the synthesis of evidence on the determinants and outcomes of team cohesion among nurses.

Table 1. Literature Review Matrix

No	Author(s) & Year	Team Cohesion	Teamwork / Team Functioning	Team Performance	Psychological Safety	Leadership / Management	Work Environment / Climate	Staffing / Workload	Job Satisfaction	Burnout / Stress	Measurement Instrument
1	Wei et al. (2024)	✓		✓							✓
2	Aydogdu & Disbudak (2025)	✓				✓					
3	Loveday et al. (2021)	✓	✓				✓		✓		✓
4	Uranta (n.d.)	✓			✓						✓
5	Bry & Wigert (2022)	✓					✓	✓			
6	Kuşçu Karatepe & Türkmen (2023)			✓		✓					✓
7	Attieh et al. (2024)		✓	✓						✓	✓

No	Author(s) & Year	Team Cohesion	Teamwork / Team Functioning	Team Performance	Psychological Safety	Leadership / Management	Work Environment / Climate	Staffing / Workload	Job Satisfaction	Burnout / Stress	Measurement Instrument
8	Uysal et al. (2025)	✓									✓
9	Etherington et al. (2021)		✓	✓							✓
10	Zhang et al. (2023)	✓		✓		✓					
11	Ouwens et al. (n.d.)						✓				✓
12	Lakhmani et al. (2022)	✓									
13	Kiefer et al. (2025)									✓	✓
14	Abdel-Azeem et al. (2025)	✓				✓					✓
15	Liu et al. (2025)										✓
16	Daniels et al. (2021)				✓						
17	Tabikh & Sharba (2022)		✓	✓							
18	Porcel-Gálvez et al. (2021)							✓			
19	Cho et al. (2022)		✓					✓		✓	✓
20	Alabdouli et al. (2023)		✓								✓
21	Wang et al. (2022)	✓							✓		✓
22	Nobahar et al. (2023)		✓								✓
23	Salem et al. (n.d.)			✓		✓	✓	✓	✓		
24	Kim & Lee (2022)		✓							✓	✓
25	Dias et al. (2022)					✓			✓		
26	Bae et al. (2023)	✓							✓		✓
27	Kohanová et al. (2024)		✓								
28	Ambrose et al. (2024)	✓	✓	✓						✓	
29	Al Sabei et al. (2022)		✓						✓	✓	✓
30	Kongkar et al. (2025)		✓	✓							

3.2 Prevalence and Determinants of Team Cohesion Among Nurses

The evidence consistently indicates that team cohesion is a prevalent and meaningful characteristic of nursing teams, although its level varies considerably across organizational contexts. Quantitative analysis of 118 nursing teams showed that cohesion is strongly embedded within everyday nursing practice and is closely interwoven with cooperative satisfaction and shared affective alignment among team members (Wei et al., 2024). High levels of cohesion were also reported among paramedics in prehospital emergency services, where validated cohesion scores demonstrated strong collaborative dynamics in multidisciplinary healthcare teams (Uysal et al., 2025). In contrast, nurses working in high-turnover neonatal units described how instability and uneven competence among staff weakened group cohesion and disrupted the social fabric of the team (Bry & Wigert, 2022). Leadership emerged as a central determinant of team cohesion. Adaptive and emotionally responsive leadership styles were found to directly and indirectly influence group cohesion through their impact on nurses' psychological resources and engagement. In hospital settings, chameleon leadership was positively

associated with group cohesion, with psychological capital particularly resilience and self-efficacy acting as a key mediating mechanism (Abdel-Azeem et al., 2025).

Similarly, students and novice nurses identified leadership behaviors that foster empowerment, inclusion, and shared responsibility as fundamental to building and sustaining cohesive nursing teams (Aydogdu & Disbudak, 2025). Psychological safety was another critical determinant of cohesion in healthcare organizations. When nurses experienced inclusion, learner safety, and contributor safety, both task cohesion and social cohesion were significantly stronger, indicating that the ability to speak up, learn, and contribute without fear is essential for cohesive teamwork (Uranta, 2025). In crisis situations such as the COVID-19 pandemic, team cohesion was closely linked to collective resilience, enabling healthcare teams to adapt, transfer skills, and maintain coordinated performance under extreme uncertainty (Ambrose et al., 2024). Structural and organizational conditions also shaped the prevalence of cohesion. Stable staffing, continuity of team membership, and supportive work environments facilitated stronger interpersonal bonds and task coordination, whereas high workload and staff shortages undermined cohesion by increasing stress and limiting opportunities for interaction and mutual support (Porcel-Gálvez et al., 2021). Workgroup processes such as nurse–nurse collaboration and shared team identity were also sensitive to turnover dynamics, with higher turnover rates associated with reduced levels of both task and social cohesion (Bae et al., 2023).

3.3 Outcomes of Team Cohesion

Team cohesion was consistently associated with a broad range of positive outcomes for nurses and healthcare organizations. At the team level, stronger cohesion was directly linked to higher performance and greater cooperation, with network analysis demonstrating that affective alignment and cooperative satisfaction act as core nodes connecting cohesion and team effectiveness (Wei et al., 2024). In interdisciplinary and crisis-driven environments, cohesion enhanced the ability of teams to maintain performance, adapt to change, and support each other under pressure (Ambrose et al., 2024). At the individual level, cohesive teams were associated with greater job satisfaction and improved work processes. Among psychiatric nurses, higher group cohesion predicted better job satisfaction and more effective nursing handovers, which are critical for patient safety and continuity of care (Wang et al., 2022). Similarly, in hospital units with lower turnover, higher levels of team cohesion partially mediated the relationship between staffing stability and nurses' job satisfaction, indicating that cohesion acts as a protective mechanism within workgroups (Bae et al., 2023). Cohesion also showed important links with nurse wellbeing and care quality. Strong teamwork and cohesive interaction patterns were associated with lower levels of missed nursing care and greater moral sensitivity among intensive care nurses, supporting safer and more ethically grounded practice (Nobahar et al., 2023). In operating room settings, stronger teamwork was related to lower fatigue and more effective safety-related behaviors, highlighting the role of team processes in buffering workload-related strain (Cho et al., 2022).

4. Discussion

4.1 Interplay of Behavioral, Organizational, and Contextual Determinants

The findings of this systematic review demonstrate that team cohesion among nurses is shaped by a dynamic interaction between behavioral, organizational, and contextual determinants rather than by any single factor operating in isolation. At the behavioral level, interpersonal trust, emotional alignment, and supportive interaction patterns consistently emerged as core drivers of cohesion within

nursing teams. Network analysis of large nurse samples showed that affective consistency and cooperative satisfaction function as central nodes linking cohesion with team performance, indicating that how nurses feel about one another and how they experience collaboration directly determines the strength of team cohesion (Wei et al., 2024). Psychological safety further strengthens this behavioral foundation by allowing nurses to speak openly, learn from mistakes, and engage without fear, thereby reinforcing both task and social cohesion (Uranta, 2025). Organizational determinants amplify or suppress these behavioral dynamics. Leadership style plays a particularly influential role by shaping the emotional climate and psychological resources of nurses. Flexible and adaptive leadership approaches were found to enhance group cohesion through their positive impact on nurses' psychological capital, including resilience and self-efficacy, which are essential for sustaining collaborative behavior in demanding clinical environments (Abdel-Azeem et al., 2025).

Educational and managerial leadership were also identified as mechanisms through which empowerment, role clarity, and shared responsibility are cultivated, all of which strengthen cohesion across nursing teams (Aydogdu & Disbudak, 2025). Structural features such as staffing stability, workload distribution, and continuity of team membership further determine whether cohesive relationships can develop and be maintained over time (Bae et al., 2023). Contextual factors create the conditions under which behavioral and organizational forces operate. High-acuity settings, such as intensive care units and emergency services, require rapid coordination, mutual reliance, and emotional support, making cohesion particularly critical for maintaining performance under pressure (Ambrose et al., 2024). Physical environments also matter, as decentralized care models can either facilitate or hinder interaction and social cohesion depending on how they influence nurses' ability to communicate and work together (Loveday et al., 2021). Taken together, these findings indicate that team cohesion among nurses is a multilevel construct that emerges from the continuous interaction of individual behaviors, organizational systems, and situational demands.

4.2 Policy, Practical, and Theoretical Implications

From a policy perspective, the strong links between cohesion, performance, and wellbeing suggest that workforce strategies should prioritize the social and relational infrastructure of nursing teams. Staffing policies that minimize turnover and promote continuity are likely to protect both task and social cohesion, which in turn supports job satisfaction and care quality (Bae et al., 2023). Policies that embed psychological safety into organizational standards, such as encouraging speaking up and learning from errors, are also essential for sustaining cohesive and resilient nursing teams (Uranta, 2025). In practice, nurse managers and healthcare leaders should focus on leadership development that emphasizes emotional intelligence, adaptability, and empowerment. Evidence shows that leadership styles that enhance psychological capital and foster trust directly strengthen group cohesion, making leadership training a powerful lever for improving teamwork and patient outcomes (Abdel-Azeem et al., 2025). Team-based interventions, such as structured handovers, team-building activities, and collaborative care models, can further enhance cohesion and operational effectiveness, as demonstrated in psychiatric and acute care settings (Wang et al., 2022). Theoretically, the findings reinforce team cohesion as a central mechanism linking organizational inputs to performance outcomes in nursing. Models that integrate leadership, psychological safety, and workgroup processes provide a more accurate explanation of how cohesion emerges and operates within healthcare teams (Wei et al., 2024). These results also extend resilience and team performance theories by showing that cohesion acts as a key mediator between stressful environments and adaptive team functioning (Ambrose et al., 2024).

4.3 Comparison with Existing Reviews, Limitations, and Future Research

The results of this review are consistent with previous systematic reviews that have emphasized the importance of teamwork and communication for patient safety and care quality. The mixed-methods synthesis of teamwork and missed nursing care demonstrated that poor communication, low trust, and weak cooperation are major contributors to care omissions in acute care hospitals (Kohanová et al., 2024). This aligns closely with the present findings that cohesive teams experience fewer breakdowns in coordination and higher levels of mutual support. However, this review extends existing literature by placing team cohesion at the center of analysis rather than treating it as a secondary aspect of teamwork. Studies that explicitly measured cohesion showed that it mediates key relationships between turnover and job satisfaction, leadership and performance, and psychological capital and teamwork, highlighting its role as a pivotal organizational resource (Bae et al., 2023). Several limitations should be acknowledged. Many of the included studies used cross-sectional designs, limiting causal inference and making it difficult to establish the directionality of relationships between cohesion and outcomes (Wei et al., 2024). Variation in measurement instruments and conceptual definitions of cohesion also introduced heterogeneity across studies, despite the availability of validated scales such as the Erlangen Team Cohesion at Work Scale (Uysal et al., 2025). Future research should prioritize longitudinal and intervention-based designs to examine how cohesion evolves over time and how targeted leadership or organizational changes can strengthen it. Greater use of multilevel modeling would also help clarify how individual, team, and organizational factors jointly shape cohesion and its consequences for nurses and patients (Abdel-Azeem et al., 2025).

5. Conclusion

This systematic review demonstrates that team cohesion is a core element of effective nursing practice and a critical contributor to the quality and safety of patient care. Across diverse clinical environments, cohesive nursing teams are characterized by strong interpersonal relationships, shared goals, mutual trust, and coordinated work processes, all of which support nurses in managing complex clinical demands. When cohesion is present, nurses are better able to collaborate, communicate, and respond collectively to challenges, creating more stable and supportive work environments. These conditions not only enhance daily work performance but also strengthen the overall resilience of nursing teams in the face of high workloads, staffing pressures, and rapidly changing healthcare contexts. The evidence synthesized in this review further shows that team cohesion is closely linked to important workforce and organizational outcomes. Cohesive teams experience higher levels of job satisfaction, lower levels of burnout, and stronger professional commitment, which are essential for retaining nurses and sustaining high-quality care. At the same time, strong cohesion improves continuity of care, reduces errors and missed nursing activities, and supports more effective patient handovers and teamwork. In demanding settings such as intensive care units and emergency departments, cohesion plays a particularly vital role by enabling nurses to rely on one another, share responsibility, and adapt quickly to clinical uncertainty. Overall, team cohesion emerges as a strategic resource for healthcare organizations seeking to improve both nurse wellbeing and patient outcomes. By investing in leadership practices, organizational cultures, and work environments that promote trust, psychological safety, and collaboration, healthcare systems can build stronger nursing teams that are capable of delivering safe, efficient, and compassionate care. Strengthening team cohesion should therefore be viewed not as an optional aspect of management, but as a central component of sustainable and high-performing nursing services.

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Conflict of Interest Statement

The authors declare that there is no conflict of interest regarding the publication of this study. The research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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