

Assessment of Leadership Knowledge and Practice among Nurse Managers

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Abstract

Background: Leadership has become an important aspect of management practice in the changing health care environment. Globally, leadership has important implications for all stakeholders in healthcare disciplines with responsibility for maintaining high standards of care. **Aim:** This study aimed at assessing the leadership knowledge and practice among nurse managers. **Design:** Descriptive research design was used. **Setting:** This study conducted at Aswan University Hospital. **Subjects:** Total study subjects included 40 nurse managers. **Tools of data collection:** two data collection tools were used namely; nurse manager's knowledge questionnaire sheet and leadership practice scale. **Results:** The lowest leadership knowledge and practice level was found among nurse managers. **Conclusion:** Nurse Managers had satisfactory low level of total leadership knowledge. **Recommendations:** Establishing more leadership development programs. Creating different strategies for promotion based on competences and performance.

Keywords: Nurse Manager, nursing leadership, leadership practice

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Introduction

Leaders around the world today are facing numerous challenges, as they are regularly struggling to adapt for accelerating changes in the organization internally and externally. Head nurse plays an important role for providing ongoing leadership and accountability for quality care process and quality improvement efforts. So that leadership is crucial for the nurse manager to achieve high quality nursing outcomes. Nurse Managers as a leader can enhance followers' levels of performance, motivation, and encourage team effectiveness using suitable leadership style (White, Dudley and Terhaar, 2016).

Leadership has been always a critical issue since organizations and companies are permanently in a constant struggle to be increasingly competitive. Leadership is an important function of management that helps to maximize efficiency and to achieve organizational goals. The word leadership has been described in terms of the position, personality, responsibility, influence process; and an instrument to achieve a goal (Julian, Manalo and Estiva, 2019).

Leadership style adopted by a manager focuses on how the manager acts and relates to the employees to enhance organizational performance because leadership actions are antecedent to

achievement of organizational goals. There are a number of different approaches, or style to leadership and management that are based on different assumptions and theories. The style that individuals use will be based on a combination of their beliefs, values and preferences, as well as the organizational culture and norms which will encourage some styles and discourage others (Fallatah, Laschinger and Read, 2017).

Leadership practice is a composite term to describe nurse managers' skills, knowledge and behaviors that determine how the nurse manager coordinates clinical care effectively within their nursing team. The five distinct practices of leadership; Challenging the process being committed to search out challenging opportunities to change, grow, innovate and improve; Inspiring a shared vision enlisting followers in a shared vision; Enabling others to act fostering collaboration by promoting cooperative goals and building mutual trust; Modelling the way which is consistent with shared values; Encouraging the heart providing individual recognition for success and regularly celebrating accomplishment (Regan, Laschinger, and Wong, 2016).

Nurse Managers have the unenviable responsibility of ensuring that nursing staff are engaged and perform their duties to the best of their abilities. Maintaining an environment conducive to maximizing nurses' potentials will result in retention of staff which may be due to effective leadership practice. It is vital that hospital leaders foster a supportive work environment to empower their subordinate nurses in management positions (Morsiani, Bagnasco and Sasso, 2017).

Nurse Managers need strong communication and leadership skills, they coordinate resources and personnel and meeting goals and objectives, they must be effective leaders who can strike a balance

between working with the nursing staff and the healthcare facility administrators, they Control budgets and monitor expenditures, they Resolve issues and deficiencies when needed, they collaborates with other departments and professionals, she Reports to upper management (Merrill, 2015).

Nurse managers plays an important role in establishing objectives, determine what should be done to achieve these objectives, organizing through analyzing the activities, decisions and relations needed, classifying the work into manageable activities then to manageable jobs, motivating and communicating, through classifying his employees into groups to achieve his work and encourage effective communication, measurement through establishing targets, and enhance them to develop themselves (Brewer, et al., 2016).

Significance of The Study

Hospital leaders face many unique challenges such as confusion about the appropriate leadership style. Sometimes nurse managers used ineffective leadership style in the different situations, which leads to role conflict, job dissatisfaction, decrease organizational commitment and decrease work productivity. Job dissatisfaction can force nurse managers to leave the organization or increase absenteeism, so it is important to recognize the different types of leadership styles and practice among nurse manager.

Aim of the study

This study aimed at identifying leadership knowledge and practice among nurse managers through:

- Assessing nurse managers' knowledge regarding leadership.
- Assessing nurse managers' leadership practice among nurse managers

Subject and methods

Research design:

Descriptive research design was utilized to achieve the aim of the current study.

Setting:

This study was conducted in all departments (22) in Aswan University Hospital (19 units plus 3 operating rooms, in addition to nursing director office and in-service education department, quality improvement unit, infection control and outpatient units). It located in Aswan Governorate, Egypt.

Subjects

The subjects of this study were included (40) nurse managers and trainers, they were identified under four groups namely: nursing director and her assistant (5), nursing supervisors (4), head nurses (22), and nurse leaders working as trainers/liaison (9) the leaders were divided into (3) nurse leaders working in in-service education, (3) nurse leaders working in quality improvement and (3) nurse leaders working in infection control unit

Data collection tools

Two data collection tools were used to carry out this study namely, Nurse Manager's knowledge questionnaire sheet and leadership practice scale (Self – assessment)

I: Knowledge questionnaire sheet

It aimed at assessing nurse managers' knowledge regarding leadership. It consists of two parts.

Part 1: It aimed to collect data regarding socio-demographic characteristics of the study subjects as gender, age, marital

status, working unit and educational level, years of experience in the field of nursing and years of experiences nurse manager.

Part 2: It aimed to assess nurse manager's knowledge regarding different leadership skills. It developed by the researcher through review of relevant literature (**Ebrahem, 2015 & Abd Rabou, 2011**). It consists of fifty closed ended questions out of them thirty multiple-choice questions, ten questions true and false, and ten matching questions.

Scoring system:

Each question was assigned a score of (one) if correct answer and (zero) if incorrect answer. Therefore the maximum possible total score was fifty. Mean and standard deviation was calculated and then converted into percent score. The knowledge was considered satisfactory if percent score was 60% or more and unsatisfactory if less than 60%.

II: Leadership Practice Scale (Self-assessment)

It aimed to assess nurse managers' leadership practices. It was developed by the researcher based on , **Cheng, Mei-Keui, (2003)**. It consists of 30 items grouped under five dimensions: challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart. Each one consists of 6 items .

Scoring system:

Responses were measured on 5 point Likert scale ranging from (1 = rarely) to (5 = very frequently). The scores of items were summed-up and the total score was divided by the number of the items, giving the mean score for the part. The scores were converted into percent score. Leadership practice considered high if the total score was >75% and moderate if the subjects had

total score from 60 to 75%, and low level if the total score was < 60%.

Tools validity and reliability

Face and content validity of the tools were assessed by jury group consisted of five experts in nursing administration from different faculties of nursing; two professor from Assuit University, one professor from Ain Shams University, one professor from Cairo University, and one assistant professors from El Minia University. Jury group members judged the tools for comprehensiveness, accuracy, and clarity in language (face validity). While the jury group member judged the importance of items to be included in the tools (content validity). Based on their recommendations correction, addition and/or omission of some items were done such as question no (1) "the leader cares about" to "leader is interested in".

Tools Reliability:

The study tools were tested for its internal consistency using Cronbach's Alpha coefficient. It was 0.927 for knowledge questionnaire sheet and 0.945 for the leadership practice scale.

Ethical Consideration

Prior study conduction, ethical approval was obtained from the Scientific Research Ethical Committee of the Faculty of Nursing, Ain Shams University. The investigator met nurse manager of the hospital where the nurse manager trained to clarify the aim of the study and take their approval. The researcher also met the study subjects to explain the purpose of the study and to obtain their approval to participate. They were reassured about the anonymity and confidentiality of the collected data, which was used only for the purpose of scientific research. The subjects' right to

withdraw from the study at any time was assured.

Administrative Design

An official letter requesting permission to conduct the study was directed from the dean of the Faculty of Nursing Ain-Shams University to Aswan University Hospital director and the nursing director to obtain their approval to carry out this study. This letter included the aim of the study and photocopy from data collection tools in order to get their permission and help for collection of data.

Pilot study

It was done to examine clarity, feasibility and applicability of the tools. Four nurse managers were selected randomly who represent 10% of the total study subjects. The time estimated to fill the questionnaire was ranged from 30 to 35 minute. The sample not includes in the main study subjects.

Data collection procedure:

Data collection of the study was started at the beginning of May to the middle June 2018. The investigator introduced herself to the study subjects, explained the aim of the study and its implications and how to fill in the knowledge questionnaire, and ensure their cooperation. The investigator distributed distributing the knowledge questionnaire sheet and leadership practice scale (self - assessment). While components of these tools were explained to the participants in the study settings, the investigator presented during the time of filling up the study tools for any clarification. The time estimated to fill the questionnaire was ranged from 30 to 35 minute. The sample not includes in the main study subjects.

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Results:

Table 1 shows that nearly half of nurse managers (47.5%) had more than forty years old with mean age 38.68 ± 7.85 , more than two thirds of them (70%) were female, majority of them (80.0%) were married. less than half of nurse managers (45%) had high Secondary Technical School of

Nursing, nearly three quarter (72.5%) of them had nursing experience more than 10 years, while less than two thirds (62.5%) of them had more than 10 years of experience as supervisor or head nurse.

Table 2 As regard that there were fifth of the study subject had least satisfactory knowledge (17.5%) of nurse managers about leadership knowledge.

Table 3 It was found that no one of the nurse managers had high level of practice regarding the total leadership practice.

Table 4 Shows that there is a highly statistically significant relation between nurse managers' total knowledge of leadership and their nursing qualification ($p < 0.000$), while the least mean score was for bachelor of nursing (55.42 ± 4.08).

Table 5 Shows that there is highly statistically significant relation among nurse managers' total leadership practice according to their qualification ($f/t16.07$; $p < 0.000^{**}$).

Table 1: Description of socio-demographic characteristic of the nurse managers.

Demographic characteristics	Nurse managers (40)	
	Frequency	Percent
Age (in Years)		
< 30	10	25.0
30-40	11	27.5
>40	19	47.5
Mean ± SD		38.68±7.85
Gender		
Male	12	30.0
Female	28	70.0
Marital status		
single	6	15.0
Married	32	80.0
Widow	1	2.5
Divorced	1	2.5
Nursing qualification		
Doctors degree	1	2.5
Bachelor degree of Nursing	12	30.0
Diploma of Technical Institute of Nursing.	5	12.5
Diploma of health Technical Institute.	4	10.0
Secondary Technical School of Nursing.	18	45.0
Nursing experience		
< 5 years		
5- 10years	8	20.0
> 10 years	3	7.5
	29	72.5
Mean ± SD		12.17±5.28
Experience in the current position		
< 5 years	10	25.0
5- 10years	5	12.5
> 10 years	25	62.5
Mean ± SD		8.45±3.65

Part II: Nurse Managers' knowledge regarding leadership**Table 2:** Distribution of nurse managers' knowledge satisfactory level regarding leadership.

Knowledge regarding leadership	Nurse managers <i>n=40</i> (Satisfactory 60%+)	
	NO	%
Definition of leadership.	9	22.5
The importance of leadership.	3	7.5
Leadership principles.	6	15.0
Leadership styles.	4	10.0
Definition of leadership styles.	5	12.5
Traditional patterns of leadership style.	5	12.5
Advantage of leadership styles.	4	10.0
Disadvantage of leadership styles.	7	17.5
Definition of leader.	10	25.0
Leader characteristics	8	20.0
Leader responsibility.	4	10
Leader Skills.	5	12.5
Total knowledge regarding leadership	7	17.5

Table 3: Percentage distribution of nurse managers' total leadership practice level throughout the program phases (n= 40).

Dimensions of leadership practice	Levels of leadership practice	Levels of leadership practice	
		No	%
<i>Challenging the process.</i>	Low	39	97.5
	Moderate	1	2.5
	High	0	0.0
<i>Inspiring a shared vision.</i>	Low	39	97.5
	Moderate	1	2.5
	High	0	0.0
<i>Enabling other to act.</i>	Low	39	97.5
	Moderate	1	2.5
	High	0	0.0
<i>Modeling the way.</i>	Low	39	97.5
	Moderate	1	2.5
	High	0	0.0
<i>Encourages the Heart.</i>	Low	38	95.0
	Moderate	1	2.5
	High	1	2.5
<i>Total leadership practice</i>	Low	39	97.5
	Moderate	1	2.5
	High	0	0.0

(**) Highly statistically significant at P<0.01

Table 4: Relation between nurse managers' total knowledge of leadership and their socio-demographic characteristics.

Socio-demographic characteristics	Total knowledge of leadership		F/t	P	
	No	Mean ± SD			
Age (in Years)	< 30	10	55.20±2.74	0.67	>0.05
	30-40	11	57.18±3.43		
	> 40	19	57.63±7.14		
Gender	Male	12	56.25±3.44	0.49	>0.05
	female	28	57.17±6.09		
Marital status	Single	6	54.67±0.92	0.42	>0.05
	Married	32	57.22±1.04		
	Divorced	1	58.00±		
Nursing qualification	Widow	1	59.00±	18.32	<0.000**
	Secondary Technical School of Nursing.	18	59.94±2.90		
	Diploma of Health Technical Institute.	4	56.00±2.94		
	Diploma Technical Institute of Nursing.	5	55.60±2.07		
	Bachelor of nursing	12	55.42±4.08		
Nursing experience	Doctoral degree	1	84.00±	1.23	>0.05
	< 5 years	8	54.25±2.05		
	5- 10years	3	57.00±7.00		
Experience as supervisor or head	> 10 years	29	57.62±5.80	0.87	>0.05
	< 5 years	10	55.00±2.58		
	5- 10years	5	56.80±4.97		
> 10 years	25	57.68±6.23			

(*) Statistically significant at p<0.05

(**) High Significant at P < 0.01

Table 5: Relation between nurse managers' total leadership practice and their socio-demographic characteristics.

Socio-demographic characteristics		Total leadership practice			
		No	Mean ± SD	F/t	P
Age (in Years)	< 30	10	59.90±4.65	1.53	>0.05
	30-40	11	54.09±6.96		
	>40	19	60.63±13.30		
Gender	Male	12	61.00±6.95	0.94	>0.05
	Female	28	57.64±11.48		
	Single	6	61.17±5.15		
Marital status	Married	32	59.00±10.87	1.22	>0.05
	Divorced	1	46.00±		
	Widow	1	45.00±		
Nursing qualification	Secondary Technical School of Nursing.	18	54.78±7.23	16.07	<0.000**
	Diploma of Health Technical Institute.	4	60.50±2.94		
	Diploma Technical Institute of Nursing.	5	56.20±5.07		
	Bachelor of nursing	12	60.83±6.21		
Nursing experience	Doctoral degree	1	107.00±	0.09	>0.05
	< 5 years	8	59.62±5.21		
	5- 10years	3	60.33±4.73		
Experience as supervisor or head	> 10 years	29	58.21±11.84	0.16	>0.05
	< 5 years	10	57.70±6.15		
	5- 10years	5	61.00±4.05		
	> 10 years	25	58.65±10.63		

(*) Statistically significant at $p < 0.05$ (**) High Significant at $P < 0.01$

Discussion

The present study findings showed that, less than one fifth of nurse managers had satisfactory level of total leadership knowledge. This result may be due to not attending any previous training program, lack of concern from the authority and responsible persons for training the nursing managers, as well as shortage of time. In the same line with the study finding a study conducted at Alexandria University by **Abd-El Rahman (2010)** who mentioned that, all first-line nurse managers did not attend any leadership development programs, also in any training program

requires administrative support, time and resources to conduct it.

This finding is consistent with **Marquis and Huston, (2009)** who mentioned that, formal education and training required being a part of most management development programs; as well as a development of appropriate attitudes through social learning. This is also supported by **O'Neil et al. (2008)** who mentioned that, a consistent issue with regard to the importance of quality training and development programming is needed.

Regarding challenging the process dimension among nurse managers, the

present study showed that, nurse managers had low level. This finding may be due to nurse managers are not faced with challenges which are resolved in a centralized manner by the director of nursing service; as well as being engaged in routine and secure tasks, and can't take risks to innovate and experiment. This is in accordance with **Abd-El Rahman (2010)** who concluded that, leaders challenge the process by being willing to take risks; to innovate and experiment; in order to find new ways of doing things.

This finding was in contrary with **Kouzes and Posner (2005)** who conveyed that, customer service managers reported challenging the process as their third most frequently used behavior. In addition to that, **Vitello-Cicciu (2011)** concluded that, challenging the process was the fourth most rated leadership practice and the most coded leadership practice for all nurse leaders.

In addition, the present study finding showed that, enabling other to act dimension level among nurse managers was low. This finding may be due to lack nurse managers' collaborative skills as communication skills, understanding of other people's needs, empathy, and teamwork which are interpersonal skills in nature, were likely to be more sensitive to increased one's level of enabling other to act. Similar findings in a recent study conducted on undergraduate nursing students by **Clancy (2017); Wheeler and Beaman (2018)** who concluded that, enabling other to act dimension was low.

Which finding was in agreements with **Posner (2012)** who reported that,

leaders' foster collaboration by building trust and facilitating relationships. They believe in the potential of others and the power of collaboration. As they engage all those who must make the project work and in some way, all who must live with the results.

In contrary with the study finding **Vitello-Cicciu (2011)** who studied the leadership practices and emotional intelligence of nursing leaders and found that the most frequently self-reported leadership practices by all participants, was "enabling others to act" and that all participants articulated the need to work as a team, have respect for others on the team, and show sensitivity to others.

Regarding modeling the way dimension level among nurse managers, the finding of the present study clarified that, it was low. This may be due to the fact that nurse managers generally establish principles concerning the way people should be treated and the way goals should be pursued. Moreover, they create standards of excellence and, then set an example for others to follow. This is not applied by nurse managers, as they get all the decisions and orders in a centralized manner by the director of nursing services, who prepare the entire work plan and, then first-line nurse managers execute it.

They, also work with the same working condition as their staff nurses, as getting night shifts, being responsible of patients' care. This is consistent with the finding of **Naiem (2014)** who concluded that, modeling the way mean score was low at preprogram phase.

Regarding encourages the heart dimension level among nurse managers, was low. This may be due to nurse managers didn't have opportunities to receive leadership preparation for their leadership practice, and continue to be challenged by heavy workloads, minimum staffing, overtime, and safety risks. This is consistent with the finding of **Naïem (2014)** who concluded that, encourages the heart was low. In contrary **Duyguluand Kublay (2010)** who mentioned that, the most frequent leadership behavior in the first evaluation was 'encourages the heart.

Conclusion

In the light of the study findings, it can be concluded that, nurse managers had satisfactory low level of total leadership knowledge and practice. Furthermore, the present study finding displays that, there were highly statistically significant differences for the five leadership practices and total leadership knowledge level among nurse managers.

Recommendations

In the light of the findings of the present study, the following are recommended:

- Establishing more leadership development programs. Creating different strategies for promotion based on competences and performance
- In service education and professional development programs must be implemented regularly based on need assessment.
- Nurse Manager needs updating leadership practice education to develop their professional and skills abilities.

- Need opportunities to change status quo and search innovative way to improve the organization.

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