Effect of Educational Program about Resonant Leadership on Nurse Managers' Knowledge and Practices

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ABSTRACT

Background: Resonant leadership provides the nurse managers with the opportunity to design and manage the environment. **Objective**: The current study aimed to evaluate the influence of program regarding resonant leadership on knowledge and practices of nurse managers.

Subjects and methods: *Setting:* The study was conducted at Emergency Hospital and Tanta University Main hospital. *Subjects:* Nurse Managers and charge nurses (n = 66) at Tanta Main University and Emergency Hospitals, also 322 of staff nurses. *Tool:* Three tools were used; (1) Nurse Managers' resonant leadership knowledge structured questionnaire; (2) Nurse Managers' resonant leadership practice self-report; and (3) Nurses' perception about nurse managers' resonant leadership structured questionnaire.

Results: The majority (87.9%) of nurse managers had low level of knowledge regarding resonant leadership and none of them had satisfactory level of resonant leadership practice pre-program. While all of them had high level of knowledge and practice at immediate, which slightly decreased to the majority (86.4% and 83.3%) of them after 3 months of program respectively. None of nurses described that their nurse managers practiced high resonant leadership. While all (100%) of them reported that their nurse managers had high level at immediate, which slightly decreased to 84.5% of them after 3 months of program.

Conclusion: Nurse Managers at Main Tanta University Hospital and Emergency Hospital showed low level of knowledge and practice regarding resonant leadership. While they develop their resonant leadership skills after implementation of needed programs. It is recommended to organize frequent periodic advancement program for nurse managers about resonant leadership.

Keywords: Nurse Manager, Knowledge and practice, Resonant leadership.

INTRODUCTION

For nurses at all levels, leadership is a critical ability, even though it might seem obvious to those in positions with direct administrative responsibilities [1]. Every health care organization needs effective leadership to be successful [2].

A leader is someone who exerts influence over a group of people to accomplish shared objective. Resonant leaders are capable of inspiring their subordinates to act in a way that produces the best results [3,4].

Effective resonant leadership at each level of the health care organization encourages nurses to think outside the box through practicing eight specific dimensions which include; vision, compassion, overall positive mood, communication, commitment, empowering, managing change, and coaching. Vision explains the ability of nurse managers to articulate expectations for the future of the organization; compassion refers to the sensitivity of nurse manager to understand nurses' suffering and find a solution to their situation through strive to understand nurses' emotional needs; overall positive mood is the ability of nurse managers to display a positive spirit in work environment through create atmosphere of cooperation and enthusiasm within organization [5,6].

Furthermore, communication involves mutual exchange of information, idea, and feeling between nurse managers and nurses [7]. Commitment to quality enables nurse managers to organize resources for giving the nurses what they need to do in their job [8].

The empowering means the ability of nurse managers to provide professional support of nurses by providing the necessary information, power, and resources [9].

Managing change is the ability of nurse managers to organize, start, carry out, manage, and stabilize change processes at the corporate and individual levels. Resonant nurse managers have the abilities to coordinate the process of change [10]. Finally, coaching is a process that enables nurses' learning and development to occur and thus performance to improve.

Nurse Managers are frequently in the best position in healthcare institution for improving work lives of nurses since they are familiar with unit problems and frequently contact with nurses. Therefore, the need for implementing educational program will help nurse managers to be knowledgeable about resonant leadership, as well as, use their knowledge and practice to increase staff nurses' involvement and motivation to success [11,12].

The aim of the current study was to assess the impact of educational program regarding resonant leadership on nurse managers' knowledge and practices.

SUBJECTS AND METHODS

Design: A quasi-experimental research design was conducted. Such a design is appropriate for the nature of the topic being studied.

Setting: The study setting was at Emergency Hospital and each department of Tanta University Main hospital.
Subjects: All (n = 66) nurse managers and charge nurses who are worked instead of head nurse on afternoon and night shifts at Tanta Main University and Emergency Hospitals, also 322 of staff nurses from the setting mention above.

Tools: To accomplish the aim of the study three tools were used:
Tool I: (1) Structured questionnaire involved two sections:
<u>Section (1)</u> Nurse managers' personal data containing; age, gender, educational qualification, previous training courses about leadership and years of experience.
<u>Section (2):</u> Nurse Managers' knowledge about resonant leadership: It classified into 5 domains: Items related to definition, skills and different styles of leadership Items related to definition, types, and importance of resonant leadership. Items related to traits of effective resonant leadership and challenges, Items related to dimensions of practice about resonant leadership containing; vision, compassion, overall positive mood, and communicating and items related to dimensions of practice about resonant leadership containing; commitment to quality, empowering, managing change, and coaching.

Responses from nurse managers were in two points ranged from (0-1), where (one) as correct and (zero) as incorrect responses. The total score was calculated by cut off points and summing scores of all categories. According to the following scale: ≥75% is high knowledge, 60 - <75% is moderate knowledge level, and less than 60% is low knowledge level.

Tool II: Nurse Managers' Resonant Leadership Practice Self-Report: It included 60 items categorized into eight dimensions namely; vision (8 items), compassion (8 items), overall positive mood (7 items), communicating (7 items), commitment to quality (7 items), empowering (7 items), managing change included (8 items), and coaching (8 items).
Responses of nurse managers were in three points Likert Scale ranged (0-2) where never done was scored as (0), sometimes done was (1), always done was (2). The score was calculated by cut off points and summing scores of all categories. According to the following scale ≥75% is satisfactory practice and <75% is unsatisfactory practice.

Tool III: Nurses' Perception about Nurse Managers' Resonant Leadership, Structured Questionnaire. It contained two sections: <u>Section (1):</u> Nurses' personal data age, gender, educational qualification, previous training courses about leadership and years of experience. <u>Section (2):</u> Nurses' Perception about Nurse Managers' Resonant Leadership It including the same eight dimensions as mentioned above in tool (II).

Responses of nurses were in a five points Likert Scale ranging from (1-5) where 1=strongly disagree, 2= disagree, 3=little agree, 4= agree and 5= strongly agree, and, which concluded to three points. The total score was calculated by cut off points and summing scores of categories. The total score was calculated and classified into; high nurse managers' resonant leadership ≥75%, moderate nurse managers' resonant leadership 60-75%, and low nurse managers' resonant leadership <60%.

Methods:
A formal approval from the Dean of the Nursing Faculty to provide clarifications about the aim of the study to the authoritative personnel of the chosen setting included Emergency Hospital and all the Departments of Tanta University Main Hospital to implement the study.

The study's tools were developed by an investigator and translated into Arabic language. Tools were presented to 7 experts in the area of specialty to check its' content validity, based on the experts' responses the tools were adjusted and finalized.

To assess the tools' clarity and applicability, a pilot study including 10% (7) of nurse managers and 33 of staff nurses was conducted. Then any necessary corrections were made. Small adjustments were made. Minor modifications were done. The time required to fulfill the items of questionnaire from nurse managers was for tool (I) = 20 minutes, tool (II) =15 minutes, and tool (III) =15 minutes. Tools (I and II) were collected from nurse managers and used pre and immediately after carrying out of the program and three months later. Tool (III) was collected from staff nurses.

The investigator met each nurse individualized in nursing room to fill sheet and clarification provided.

The tool was used before and after implementation of the program immediately and three months later. Educational program about nurse managers' resonant leadership was designed and implemented by the investigator as follow:

The educational program: The instructional program was carried out over the course of four phases; assessment, planning, implementation and evaluation as follow:
Phase I. Assessment Phase: A) The nurse managers were assessed by using: Tool (I) to assess nurse managers' knowledge regarding to resonant leadership. Tool (II) was used to assess nurse managers' practice of using resonant leadership before implementation of the educational program. B) The staff nurses were assessed using: Tool (III) was used to assess staff nurses' perception regarding nurse managers' resonant leadership pre carrying out the program.x
Phase II. Planning Phase: A statement of instructional objectives, based on the subjects' needs and a literature review, was the first step in the development of the educational program. After deciding on the program's objectives, the second step was explicitly designing the

instructional materials. The language was straightforward scientific. The material was intended to provide knowledge about resonant leadership.

The educational program content included 5 sessions.

Phase III. Implementation Phase: The investigator informed nurse managers of the educational program's goals and encouraged them to share in the program. The investigator developed strong relationship with nurse managers to increase their interest and commitment in the program.

Data collection phase:

For nurse managers: The investigator met the nurse managers at conference room at Tanta Main University and Emergency Hospitals. The educational program was included 5 sessions. The total number of nurse managers is 66. They were classified to 11 groups. Each one included 6 nurse managers. Content of the program was presented at 5 days per each group, 3 day per week. The duration of each session ranged from 30-45 minutes. For nurses: Investigator met each nurse individualized to fill sheet tool (III) to assess nurses' perception about nurse managers' resonant leadership and clarification provided.

Contents:

The nursing intervention program was included 5 sessions (3 sessions for theoretical parts and 2 sessions for practical parts) for nurse managers:
Session (1): Definition, skills and different styles of leadership. **Session (2):** Definition, types, and importance of resonant leadership. **Session (3):** Traits of effective resonant leadership and challenges. **Session (4):** Dimensions of practice about resonant leadership included; vision, compassion, overall positive mood and communicating. **Session (5):** Dimensions of practice about resonant leadership included; commitment to quality, empowering, managing change, and coaching.

Ethical Approval:

The study was approved by the Ethics Board of Tanta University and the patients were given all the information they need about the study.

All participants were interviewed to explain the goals and methods of the study, and they were informed that they had the option to withdraw at any time. It was presumed that all participants had given their verbal agreement before filling out the questionnaire and privacy and confidentiality were considered when collecting the data. This work has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for studies involving humans.

Statistical Analysis: The collected data were introduced and statistically analyzed by utilizing the Statistical Package for Social Sciences (SPSS) version 20 for windows. Qualitative data were defined as numbers and percentages. Quantitative data were tested for normality by Kolmogorov-Smirnov test. Normal distribution of variables was described as means and standard deviation (SD).

RESULTS
Table 1 summarizes the sociodemographic data of Nurse Managers.

Table (1): Nurse Managers' personal data (n = 66).

Nurse managers' personal data	No.	%
Age (years)		
<30	14	21.2
30 – <40	45	68.2
≥40	7	10.6
Min. – Max.	26.0 – 42.0	
Mean ± SD	33.77 ± 4.33	
Gender (Female)	66	100.0
Educational qualification		
Bachelor	50	75.7
Master	12	18.2
Doctoral	4	6.1
Previous training courses about leadership		
No	54	81.8
Yes	12	18.2
Years of experience		
<5	24	36.4
5 – <10	38	57.6
≥10	4	6.1
Min. – Max.	2.0 – 12.0	
Mean ± SD	5.48 ± 2.41	

Table 1 summarizes the sociodemographic data of Staff Nurses.

Table (2): Staff nurses' personal data (n = 322).

Nurses' personal data	No.	%
Age (years)		
<30	129	40.1
30 – <40	165	51.2
≥40	28	8.7
Min. – Max.	20.0 – 43.0	
Mean ± SD	31.24 ± 5.20	
Gender (Female)	322	100
Educational qualification		
Diploma	240	74.5
Technician	82	25.5
Others	0	0.0
Previous training courses about leadership		
No	322	100.0
Yes	0	0.0
Years of experience		
<5	115	35.7
5 – <10	160	49.7
≥10	47	14.6
Min. – Max.	1.0 – 23.0	
Mean ± SD	6.25 ± 3.93	

Figure 1 illustrates that pre- educational program, the majority (87.9%) of nurse managers had poor level of total knowledge regarding resonant leadership. while, all of them had high level at immediate which slightly decreased to the majority (86.4%) of nurse managers had high level after 3 months of educational program.
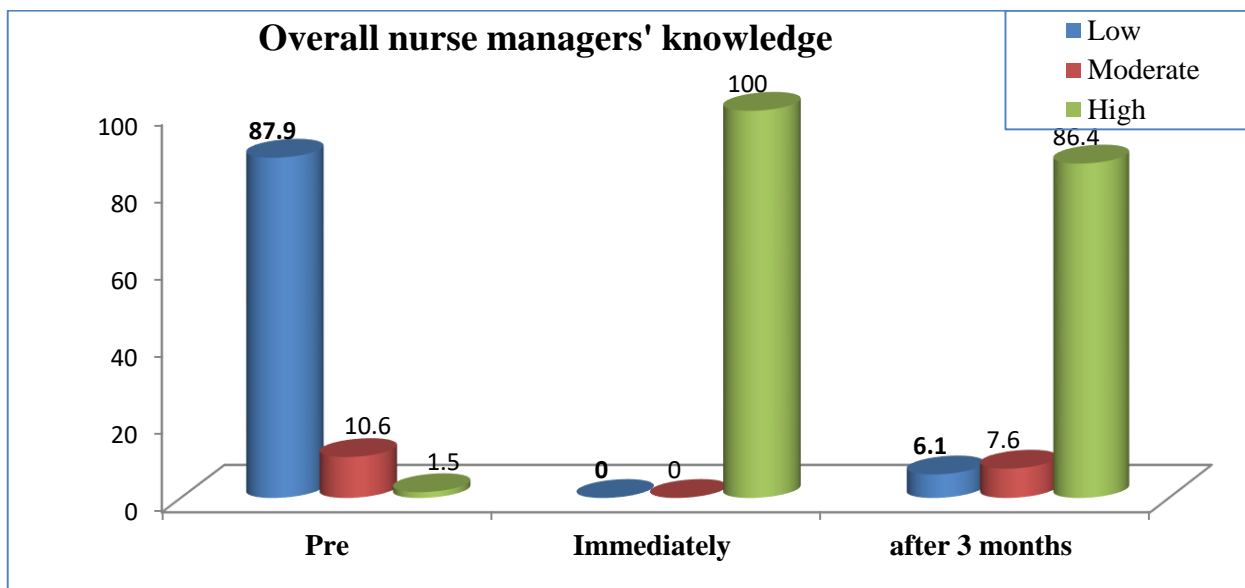

Figure (1): Nurse Managers' overall knowledge levels regarding resonant leadership before, immediate and post 3months of the program (n = 66).

Figure 2 illustrates that preprogram, none of nurse managers expressed satisfactory level of resonant leadership practice. While, all (100%) of them had satisfactory level at immediate and slightly decreased to 83.3% of them after 3 months of educational program.
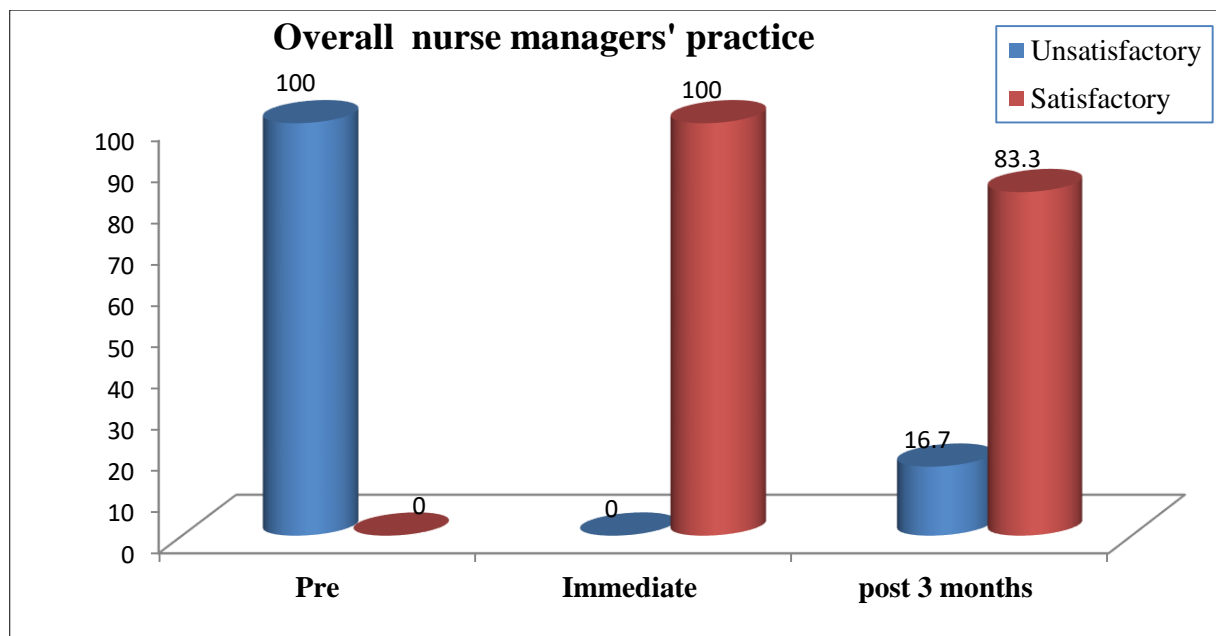

Figure (2): Levels of nurse managers' overall practice regarding resonant leadership pre, immediate and after 3months of educational program (n = 66).

Figure 3 illustrates that pre- educational program, none of staff nurses described that their nurse managers had high resonant leadership level. While, all (100%) of them reported that their nurse managers had high level at immediate, which slightly decreased to 84.5% of them reported that their nurse managers had high level after 3 months of educational program.
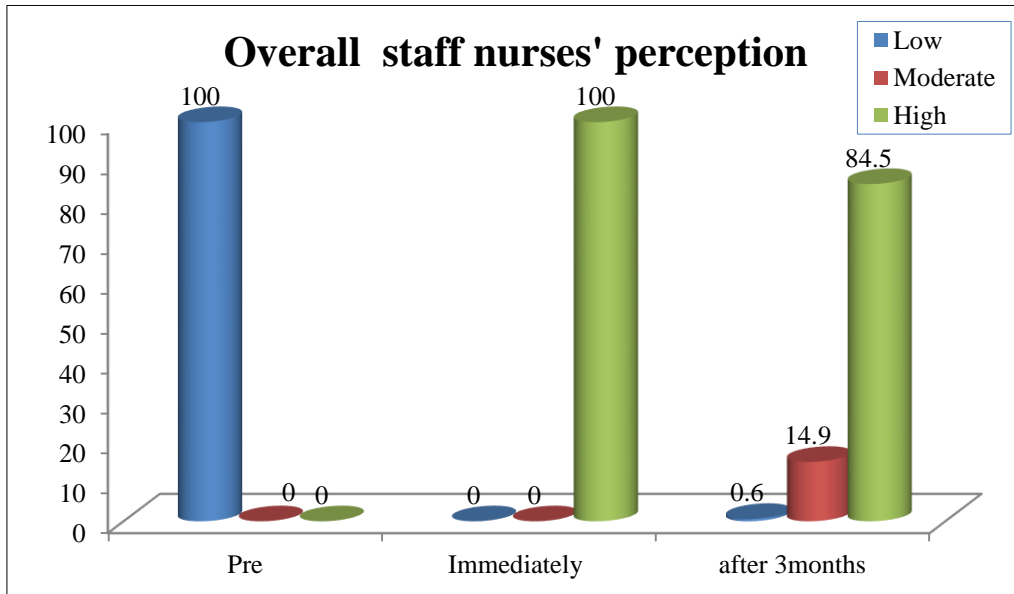
Figure (3): Nurse managers' overall resonant leadership practice as perceived by staff nurses before, immediately and after 3 months of the program (n = 322).

Figure 4 reveals that no statistically significant correlation was detected between knowledge of nurse managers about resonant leadership and their practice before, immediately, and after 3months of program.
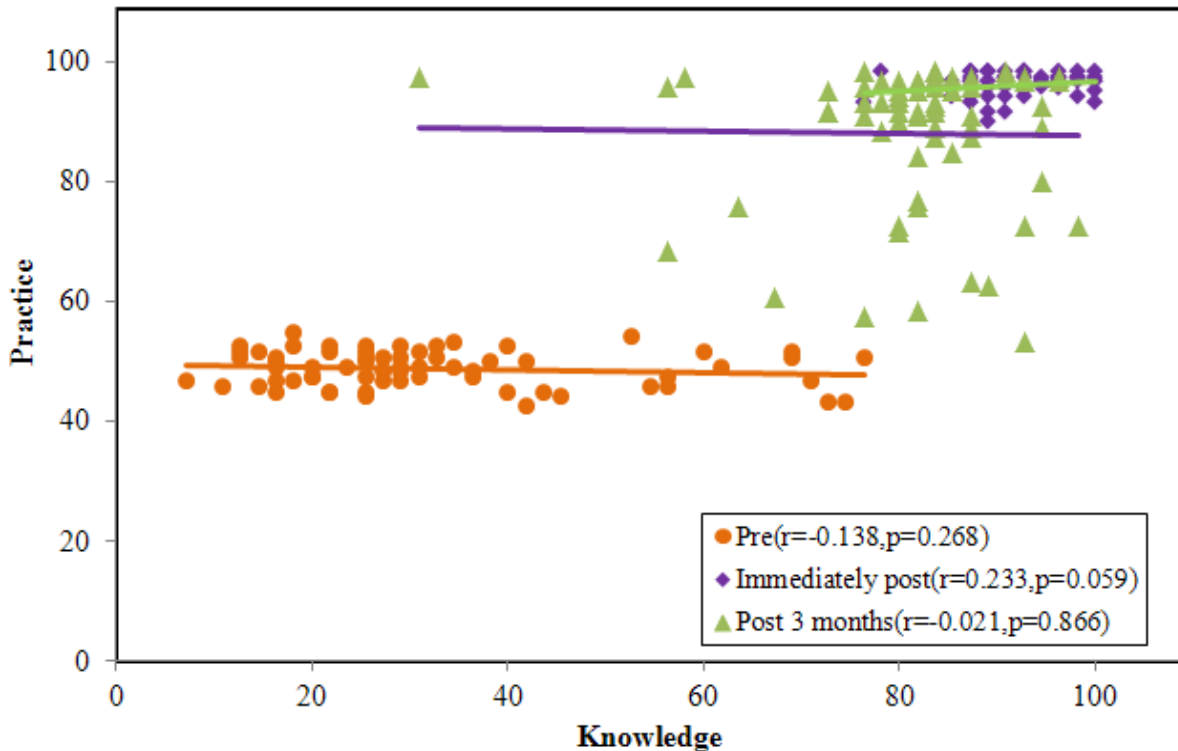

Figure (4): Correlation between nurse managers' knowledge about resonant leadership and their practice before, immediately, and after 3 months of the program (n = 66).

DISCUSSION

The current study results revealed that preprogram, the majority of nurse managers had low knowledge level regarding resonant leadership. Also, revealed that pre- educational low mean score of nurse managers' knowledge about resonant leadership. This may be because inadequate nurse managers' understanding about leadership aspects, basic concepts, traits, challenges and dimensions of resonant leadership. Also, most of nurse managers not attend previous training and workshops about resonant leadership.

Along with the present study, **Blake beard et al.** [13] reported that resonant leadership not easy to applied, but it requires knowledgeable and dedicated nurse managers. Also, **Alhilawy et al.** [14] found that resonant leadership is a relatively recent concept, and it is still in the process of analysis and interpretation, and it has emerged clearly at the beginning of the third millennium, in the field of management. In addition to, **Clarke and Sandy** [15] revealed that lack of knowledge and unfamiliarity among health managers regarding resonant leadership in Iran.

On the other hand, **Ferreira** [16] revealed that high percent of nurse managers had high resonant leadership level. **Kawatra and Bharti** [17] found that nurse managers possess and demonstrated resonant leadership at high level. Also, **Hameed et al.** [18] did not support the current study result and focused on the benefits of an instructional program for nurse managers to help them to give nurses an opportunity to enhance their practice.

The present study results showed that nurse managers had high knowledge level at immediate and post three months of the program. And a statistically significant improvement of mean score for nurse managers' knowledge on all items of resonant leadership was detected at immediate and post three months of the program. This demonstrated that the current educational program had good impact on nurse managers' comprehension and knowledge, which helped them to carry out their duties successfully. This may be due to time factor and decrease of knowledge retention of nurse managers.

Along with the present study, **Blake beard et al.** [13] who discussed how resonant leadership training assists in identity development on a larger scale and revealed that improvement in nurse managers' knowledge and understanding regarding resonant leadership post program compared to preprogram. In addition to, **Squires** [19] who discovered improving in resonant leadership mean score on Ontario acute care nurse managers' survey after program implementation. Contradictory, **Hussein et al.** [20] found some of nurse managers unmotivated to utilize resonant leadership and

not interested to attend any workshops related to workload demands and meeting their role expectation prior experiencing resonant leadership program.

The current study findings showed that pre-program none of nurse managers had satisfactory resonant leadership level of practice. This may be due to lack of theoretical knowledge of nurse managers. These findings supported by **Rashad** [21], who found that nurse managers stated that insufficient experience and felt that resonant leadership is challenge to introduce within clinical organization. Also, **Ahmed et al.** [22] found that non- implementing nurse managers of resonant style of leadership were reported time constraints as barriers and they need more time to implement it successfully. On the other hand, **Faraz** [23] found that most of nurse managers expressed high resonant leadership practice. In addition to, **Laschinger** [24] found successful resonant leadership implementation among nurse managers in Jamaica Health Institution.

The present study findings a statistically significant improvement of nurse managers' practice about resonant leadership was detected at immediate and after three months of educational program. Also, all of them had satisfactory level of resonant leadership practice at immediately post program and majority of them at 3 months post program. This indicated that they are willing to take responsibility for good relationship and communication with nurses

On the same line, **Thalheimer and Cook** [25] discovered significant differences in nurse managers' practice about resonant leadership, as the highest proportion of them were enrolled immediately and after three months. Also, **Clarke and Sandy** [15] found that emotionally intelligent nurse managers appear to be in tune with others' feelings, practice compassion, and effectively communicate their own emotions in order to build stronger, more reliable connections and promote enthusiasm in their workplace. **Holstius and Malaska** [26] found that all of nurse managers had high skills level of resonant leadership immediately after program implementation

The present study results showed that pre-program none of nurses described that their nurse managers expressed low resonant leadership level. This may be due to lack in nurse managers' ability to know nurses' need, provide support, give attentions and interests for their personal goals. This findings supported by **Zohar** [27] stated most nurses become stressed and dissatisfied from their managers attitude toward them. Also, **Brett** [28] found that most of nurses reported that their nurse managers had insufficient practice of resonant leadership. On the other hand, **Dorris** [29] found that the majority of nurses attained

motivation, guidance, training and support from their nurse managers in the clinical setting after program.

The current study results showed that all of staff nurses described that their nurse managers had high level of practices regarding resonant leadership at immediate, and the majority of them reported that their nurse managers had high level after 3 months of educational program. This can be justified by this program supporting nurse managers to communicate with nurses in safe manner and build positive relationship with them.

Along with the current study findings, **Huffman and Tracy [30]** found that significant improvement was detected in nurse managers' resonant leadership practice after program implementation there with their nurses. Also, **Brouer and Harris [31]** stated that resonant leaders are aware of the power of using emotional intelligence to persuade staff members to be more dedicated to their work and the organization's objectives. Contradictory, **Van Kleef [32]** reported that nurse managers had lowest mean scores of resonant leadership skills. **Bamberger and Bacharach [33]** found that most of nurse managers poorly knew strategies to develop positive relationships with nurses.

The findings of the current study showed that no statistically significant correlation was detected among the knowledge of nurse managers about resonant leadership and their preprogram practice. This may be justified by insufficient training regarding resonant leadership due to lack of interest and limited time for nurse managers. So, on this scarce training had deceived effect on nurse managers' practice.

Along with the current study findings, **Brunetto et al. [34]** revealed that a positive significant correlation was existed between nurse managers' knowledge and practice regarding resonant leadership. **Goleman et al. [35]** also supported the present study findings; they discovered that nurse managers received training program before had high resonant leadership level. This indicated that the constant interest in resonant leadership and preparing the necessary requirements to develop it mentally, intellectually, socially and functionally would achieve success.

CONCLUSIONS

Nurse Managers at Main Tanta University Hospital and Emergency Hospital showed low level of knowledge and practice regarding resonant leadership. While, nurses described that their nurse managers expressed low resonant leadership level. Nurse Managers were lacking skills of resonant leadership, but carrying out a well-planned program on resonant leadership dramatically increased their understanding and application of resonant leadership. So this study recommended with Organize workshops and frequent periodic advancement program for nurse managers

about resonant leadership. Also, establish program for orientation of newly appointed nurse managers about strategies for implementing resonant leadership.

DECLARATIONS
- **Consent for publication:** I attest that all authors have agreed to submit the work.
- **Availability of data and material:** Available
- **Competing interests:** None.
- **Funding:** No fund.
- **Conflicts of interest:** No conflicts of interest.

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