The Effect of Leadership Program on Leadership Practice among Nurse Managers

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Abstract: **Leadership has become an important aspect of management practice in the changing health care environment. Globally, leadership development programs have become common in the last two decades to address the pressing need to prepare adequate numbers of leaders as well as help develop and improve leadership skills and abilities. Aim: This study aims at identifying the effect of leadership program on leadership practice among nurse managers. Design: Quasi experimental research design was used. Setting: This study conducted at Aswan University Hospital. Total study subjects included 40 nurse managers. Tools of data collection: Two tools were used to achieve the aim of this study namely; knowledge questionnaire sheet and leadership practice scale. Results: There was a highly statistically significant difference between nurse managers total leadership knowledge before, and immediately after implementing the program. While, there was a statistically significant difference between before and after three months of implementation the program. The present study finding showed that, the lowest leadership practice level was among nurse managers at pre training phase. Moreover, as observed among nurse mangers at post and follow up training phases the total leadership practice level was increased markedly. Conclusion: There were statistically significance correlations between total leadership knowledge and of total leadership practice among nurse managers. Recommendations: Establishing more leadership development programs. Creating different strategies for promotion based on competences and performance.**

Keywords: **Nurse Manager, leadership style, leadership effectiveness, leadership.**

1. 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)**.

Nursing 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)**.

Aim of the study

This study aims at identifying the effect of leadership program on leadership practice among nurse managers.

Research hypothesis:

Leadership practice of nurse manager's will be enhanced after implementing the program.

2. METHODS

Research design: A quasi-experimental design was utilized to achieve the purpose of the present study.

Setting: This study was conducted in all departments in Aswan University Hospital (22departments). It located in Aswan Governorate, Egypt.

Subjects: The subjects of this study (40) nurse managers and trainer they were identified under (4) groups namely: nursing director, nursing supervisors, head nurses and nurse leaders working as trainers

Tools of data collection:

Three tools were used to collect data for the current study namely; training needs assessment sheet, knowledge questionnaire sheet, and leadership practice scale.

I: Nurse Managers training needs assessment Opinionnaire sheet: it aimed to determine leadership training needs for the nurse mangers from their point of view. It was developed by the researcher based on review of literature **(Ebrahem, et al., 2015).** It consists of 10 items categorized under three main dimension which are : leadership practice (5items) , Directing(4 items) and problem solving and decision making process (1item) **.**

Scoring system:

Subject's response was; "needed", or "not needed". If 50%or more of nurse managers rated an item "needed", it was maintained. If more 50% of nurse managers rated an item "not needed", it has to be deleted.

II: 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 subject as gender, age, marital status, working unit and educational level, years of experience … etc.

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, ElSayed, 2005 &Abd Rabou, 2011)**. It consists of fifty closed ended questions out of them thirty multiple-choice questions, ten questions true and false, and ten questions matching questions.

Scoring system:

Each question was assigned a score of (one) if correct answer and (zero) if incorrect answer. There for the 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%. There for the maximum possible total score was fifty.

III: Leadership Practice Scale (Appendix III)

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, encouraging the heart. **Scoring system**

Nurse Manager's responses were judged according to 5-point Likert scale: 1 = "Rarely;" 2 = "Once in a while;" 3 = "Sometimes;" 4 = "Fairly often;" and 5 = "Very frequently"   .

Tools Validity:

Face and content validity of the tools was 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). 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.

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** f or the leadership practice scale.

Pilot study:

It was done to examine clarity, feasibility and applicability of the tools. Ten 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. This stage took about one month.

Field work:

Data collection of the study was started at the beginning of July 2018, and completed by the middle of August 2018. The field work of this study was carried out through assessment, planning, implementation, and evaluation stages.

Assessment stage: The researcher introduced herself to nurse managers, explained the aim of the study and its implications and how to fill in the knowledge questionnaire, and ensure their cooperation. The researcher distributed the training needs assessment Opinionnaire sheet to determine the leadership skills which needed from nurse managers point of view, the Opinionnaire distributed and collected in the same time.

Before distributing the knowledge questionnaire sheet and leadership practice scale, components of these tools were explained to the participants in the study settings, the researcher presented during the time of filling up the study tools for any clarification. The questionnaire sheet was distributed three times throughout the study phases

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Planning Stage: based on the analysis of the data obtained from the assessment phase, the program was originated and constructed after review of related literature, the researcher pointed out the required leadership practice. The schedule was set and the place to carry out the program was booked, after consultation with the nursing director, and coordination with the head of staff development department. The audio-visual aids as data show also booked.

Implementation stage: the program was implemented to the nurse managers who working at Aswan University Hospital. The program took about (12) days. The total program was 48hours (six weeks, four hours/day) offered in two sessions weekly. The program was extended for 1.5 month months; started from the beginning of July 2018 to the middle of August 2019. Each session lasted for four hours; two hours for theory and two hours for practice, from 10.00A.M. To2.P.M.

The program classes were conducted in the classroom of Aswan University Hospital. In the first session the investigator explained, program aim, objectives, plan, content outlines and method of program evaluation. At the beginning of each session an orientation to the training and its aims took place. Daily verbal informal feedback was done at the beginning of each session regarding the contents presented methods of instruction used, level of understanding, and time of the program.

The teaching methods used during the implementation of the program were; lecture, discussion, roleplaying and practice session such as setting objective individually and problem solving using real clinical problems, real simulation of nursing leadership and role play to apply communication skills . Teaching aids used were data show, handouts were distributed as appropriate to the nurse managers, pre-test and post-test was done before and after the program for all the subjects, using the two assessment tools; knowledge questionnaire sheet and leadership practice .

In the first session the researcher explains the aim of the study, objectives, plan, and content of the leadership program. At the beginning of each session the objectives of the session was explained. The teaching methods used during the implementation of the training program were; lectures, discussions, demonstration, and re-demonstration. Audio-visual media were used such as data show, white board, and video films.

Follow-up Stage: After three months using the same data collection tools used in the assessment phase for measuring knowledge and practice of nurse managers.

Ethical Consideration

Prior study conduction, ethical approval was obtained from the Scientific Research Ethical Committee of the Faculty of Nursing, Ain Shams University. The researcher 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.

IV- Statistical Design:

The collected data were coded and entered into the statistical package for the social science (SPSS). Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means ± standard deviations for quantitative variables. Qualitative variables were compared using chi-square test. Paired t-test was used to compare between two means in the same studied group pre and post intervention & between two means post intervention and during follow up phase. T-test and ANOVA test was used to identify significant differences perception between nurses' mangers and their demographic characteristic.

Pearson correlation co-efficient (r) was used for assessment of the inter-relationship among quantitative variables. In order to identify the independent predictor of leadership practice scores, multiple linear regression analysis was used. The confidence level chosen for the study was 95%. Statistical significance was considered at p value <0.05.
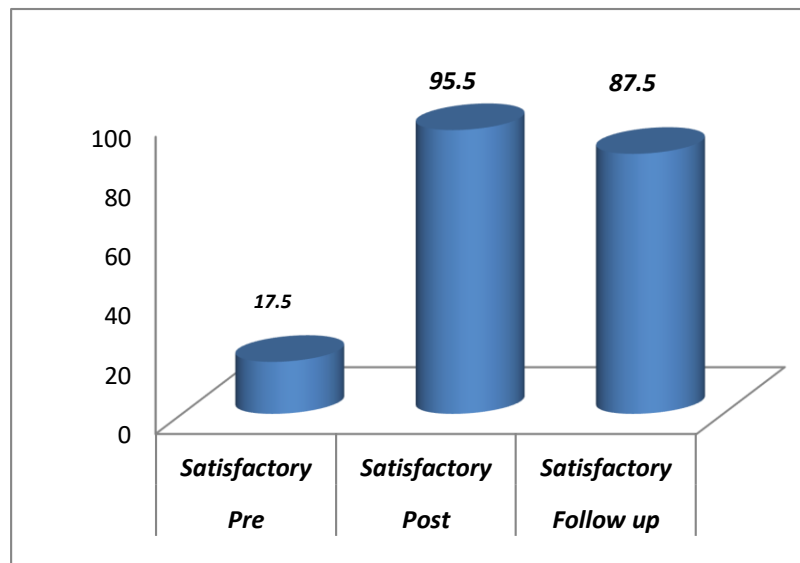
3. RESULTS

Figure (1): Distribution of nurse managers' total knowledge regarding leadership throughout program phases (n= 40).

Figure (1) shows significant improvement in total nurse managers' knowledge regarding leadership, 17.5% of the nurse managers had satisfactory knowledge in the pre-intervention phase while improved in the post intervention phase 95.5% and slightly decline in the follow up phase 87.5%.

Table (1): Shows statistically significant improvement in nurse managers' total leadership practice; no one of the nurse managers had high level of practice regarding the total leadership practice in the pre-intervention phase while improved in the post intervention phase (100%) and slightly decline in the follow up phase (92.5%).

Table 2 clarifies that there was highly statistically significant correlation between total leadership practice score and score of total knowledge of leadership among nurse managers throughout the program phases.

Table (1): Percentage distribution of nurse managers' total leadership practice level throughout the program phases (n= 40).

Dimensions of leadership practice	Levels of leadership practice	Program phases						X2	P-value
		Pre		Post		Follow up			
		No	%	No	%	No	%		
Challenging the process.	Low	39	97.5	0	0.0	0	0.0	117.7	0.000**
	Moderate	1	2.5	1	2.5	3	7.5		
	High	0	0.0	39	97.5	37	92.5		
Inspiring a shared vision.	Low	39	97.5	0	0.0	0	0.0	128.0	0.000**
	Moderate	1	2.5	0	0.0	8	20.0		
	High	0	0.0	40	100	32	80.0		
Enabling other to act.	Low	39	97.5	0	0.0	0	0.0	120.2	0.000**
	Moderate	1	2.5	3	7.5	0	0.0		
	High	0	0.0	37	92.5	40	100.0		
Modeling the way.	Low	39	97.5	0	0.0	0	0.0	118.7	0.000**
	Moderate	1	2.5	1	2.5	4	10.0		
	High	0	0.0	39	97.5	36	90.0		

Encourages the Heart.	Low	38	95.0	0	0.0	0	0.0	115.7	0.000**
	Moderate	1	2.5	0	0.0	3	7.5		
	High	1	2.5	40	100	37	92.5		
Total leadership practice	Low	39	97.5	0	0.0	0	0.0	120.2	0.000**
	Moderate	1	2.5	0	0.0	3	7.5		
	High	0	0.0	40	100	37	92.5		

(**) Highly statistically significant at P<0.01

Table (2): Correlations between total leadership practice score and total knowledge score among nurse managers (n=40).

Parameter	Total knowledge of leadership score					
	Pre		Post		Follow up	
	r	P–value	r	P–value	R	P–value
Total leadership practice score	**0.560**	**<0.000****	**0.452**	**<0.000****	**0.441**	**<0.000****

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

4. DISCUSSIONS

The present study findings showed that, less than one fifth of nurse managers had satisfactory level of total leadership knowledge before implementing the program. 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.

In agreements with the study finding *Management Sciences for Health (MSH) (2015)* stated that, the leading practices contribute to the creation of a positive work climate, and organization support network, education and training program of senior managers. This is also supported by *Manion (2015)* who stated that, an organization's success is directly correlated to its leaders' strengths, and that the failure of an organization to develop leaders at all levels.

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.

In addition, the result showed that, nurse managers total satisfactory level of leadership knowledge increased markedly in both post implementing the program and follow up phases. This finding may be due to nurse mangers gained new skills by completing the leadership training course and became more effective in areas of communication skills, performance and vision; as well as the nursing team.

This study finding is relevant and consistence with a study done by *Dierckx De Casterle et al., (2012)* who concluded that, not only there is a positive impact of leadership development on the leader and team members, but also that the first-line nurse managers became more effective in areas of communication skills, performance and vision; as well as the nursing team who benefited because more effective leadership promoted effective communication, greater responsibility, empowerment and job clarity

This finding goes in the same line with *Wilson et al., (2013)* who concluded that, the program had a positive impact on the practice, and it provided an understanding of person-centered leadership for the participants. Similarly, *Cummingset al., (2011)* a recent systematic review of nursing leadership found that, all of the studies examining the leadership developing program reported significantly positive outcomes on leadership.

Also, *Duffield (2015)* reported that leadership skills, knowledge, and insights were successfully developed through sharing, together with challenging everyday practices, assumptions, and routine "ways of knowing. Also, nursing unit

managers learned from and through each other to achieve change and improved leadership performance. In contrary with the study finding *Wicker (2013)* who asserted that, feedback from study participants does support that nurse leaders gained new skills by completing the leadership training course.

While there was slightly decline in follow up phase as compared with post phase. This finding may be due to nurse mangers must be provided with opportunities to reflect and apply new knowledge to practice, as this is essential for reinforcing theoretical learning. This finding consistent withresearch conducted by *Paterson et al., (2010)* who reported that, a major consideration in developing leadership programs is that of application to practice.

 In addition, the result showed that, there was a highly statistically significant difference between nurse managers' total leadership knowledge before, and post program. While, there was a statistically significant differences between before, and after three months of implementing the program. This finding may be due to leadership, whether through inherited characteristics or learned experiences, can be enhanced through continuing education and training that enrich nursing leaders' skills and competencies.

This finding is agreements with the study finding a study by *Abd-El Rahman (2010)* who concluded that, there were a high significant difference between total leadership before, and post program. Moreover, there was a statistically significant difference between before, and after three months of implementing the program. Also, this finding goes in the same line with *Wicker (2013)* who support that, nurse leaders gained new skills by completing the first-line nurse managers' knowledge

The present study finding displays that, there were highly statistically significant differences in encouraging the heart dimension among nurse mangers throughout the program phases. This may be due to the provision of this kind of training program for current nurse managers could be very fruitful in terms of generating a positive difference in their work environments.

In congruent with the study finding *Duyguluand Kublay (2010)* who mentioned that, encouraging the heart' was positive and highly statistically significant throughout the program phases. This finding was inconsistent with *Wheeler and Beaman (2018); Lee* et al*., (2011)* who found that, there was no statistically significant difference in encouraging the heart dimension throughout the program phases.

In addition, the present study finding showed that, the lowest leadership practice level was among nurse managers at pre training phase. This may be due to nurses could be in leadership positions regardless of their educational background, leadership training issues, and nurse managers didn't attend any leadership development programs.

Also, hospital created leadership training programs to teach tasks to nurse mangers rather than building leadership training programs centred on improving leadership practice outcomes. This is congruent with the finding by *Abd-El Rahman (2010)* who mentioned that, nurse managers didn't attend any leadership development programs. Also, in agreements with the study finding by*Naiem (2014)* who mentioned that, highest percentage of study sample in experimental and control groups had unsatisfactory scores of leadership practice.

In contrary *Wheeler and Beaman (2018)* who mentioned that, before they attended the Leadership Program, the current sample of nurse leaders, from charge nurses to directors, reported high perceptions of their Leadership practices. Also incongruent with the study finding *Foli, et al., (2014)* who mentioned that, leadership practices self-assessment scores were high in the first evaluation.

Moreover, as observed among nurse mangers at post and follow up training phases the total leadership practice level was increased markedly. This finding may be due to leadership development program, improve leadership practice and skills. This study finding is relevant and consistence with *Aitken, (2015)* who mentioned that, the training evaluation of nurses' leader in the study group benefited from has taken the courses. Nurse leaders reported their competency level in leadership behaviours.

In same line with the study finding *Abd-El Rahman (2010)* who mentioned that, the leadership practices mean scores for the first-line nurse managers group reflected that the managers perceived a high level of leadership practice for the five practices, and total leadership practice level at immediately after and after three months of program implementation. Similarly, *Duygulu and Kublay (2010)* who mentioned that, unit charge nurse' leadership practices self-assessment showed leadership practices sub-dimensions and total leadership practices point averages showed a significant increase after the training program.

In the same line, *Rehman et al., (2015)* concluded that, training programs have a positive impact on leaders and leadership performance. In contrary with the study finding *Rose (2016)* who mentioned that, the lack of change in charge nurse LPI self-reported ratings after program attendance relative to those given prior to the intervention was an unexpected result.

Moreover, the present study finding displays that, there were highly statistically significant differences for the five leadership practices and total leadership practice level among nurse mangers throughout the program phases. This finding may be due to training programs could have a positive impact on leaders and leadership performance. This study finding consistent with a study has done at Australian tertiary pediatric hospital by *Wilson et al., (2013)* who concluded that, details the qualitative results of an evaluation study of the nursing unit mangers LDP within the program had a statistically significant positive impact on the practice, and it provided an understanding of person-centred leadership for the participants.

Similarly, *Foli, et al., (2014)* who mentioned that, overall the students rated themselves as gaining in leadership behaviours and the overall scores were significantly correlated throughout the program phases. In contrast, *Tourangeau, et al., (2014)*a Canadian study, where a five -day residential leadership development was evaluated with a sample of sixty seven nurse leaders before the intervention and three months later, reported mixed results. There was no significant increase in self-reports.

5. CONCLUSIONS

Nurse Managers had unsatisfactory level of total leadership knowledge before implementing the program. In addition, the result showed that nurse managers' total satisfactory level of leadership knowledge increased markedly in both post and follow up phases of the program. While, there was slightly decline in follow up phase as compared with post intervention phase. Furthermore, the present study finding displays that, there were highly statistically significant differences for the five leadership practices and total leadership practice level among nurse mangers throughout the program phases.

6. RECOMMENDATIONS

In the light of the results of this study, the following recommendations were suggested:-

- Hospital create leadership training programs to teach tasks to nurse manager rather building leadership training programs centred on improving leadership practice.

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

- Training program to give nurses confidence and competencies they need to face challenge.

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