Effect of Educational Program about Head Nurses' Agile Leadership on Staff Nurses' Workplace Spirituality and Job Reputation

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Abstract

Background: The success of heath organizations depends on not only capacity to survive but even more so on its ability to continuously adapt and change. Agile nurse leaders require not to be afraid of change, but to renew their selves regularly to provide competitive advantage. Aim: The study aimed to determine the effect of educational program about head nurses' agile leadership on staff nurses' workplace spirituality and job reputation. Design: A quasi-experimental research design Setting: The study was conducted in all units at Benha University Hospital. Subjects: Two groups were included in this study; convenient sample (head nurses group; n=80) and purposive sample (staff nurses group; n=310). Tools: Four tools were used in this study; (1): Agile Leadership Knowledge Test, (2): Agile Leadership Practice Self-administered Questionnaire, (3): Workplace Spirituality Questionnaire and (4): Job Reputation Questionnaire. Results: The study findings revealed that there were statistical significant improvement in head nurses' agile leadership knowledge and practice, and staff nurses' perception level regarding workplace spirituality and job reputation after implementation of educational program. Conclusion: There were statistically significant positive correlation among head nurses' agile leadership knowledge and practice and staff nurses' workplace spirituality and job reputation scores. Recommendation: Supporting organizational culture that contribute to the growth of the concept and strategies of agile leadership and its effect on the workplace spirituality and job reputation.

Keywords: Agile leadership, Head nurses, workplace spirituality, Job reputation, Staff nurses. **Introduction** process but a culture which focuses on

Leadership is an ongoing process that involves achieving the goals of the health care organization by affecting the behaviour of staff in this setting. Leadership is the art of motivating a group of staff to act toward achieving a common goal. Leadership is a political-cultural concept that does not depend on formal positions, and leadership is largely composed of learned knowledge, attitudes and skills (Aithal, and Aithal, 2019; and Cleveland, 2020). Nurse leaders in the interconnected world and add cultural agility to their competencies. nurse should respond in unpredictable leaders circumstances, whether they are flexible and able to adapt to unique situations, will contribute to their effectiveness as a nurse leaders with the digital landscape and globalization of the market place. For significant relevance, culturally agile nurse leaders will be more inclusive in their hiring practices and more open to encouraging more diversity within their own leadership network (Cleveland, and Cleveland, 2018; and Joiner, 2019).

The common description of agility creates a problem with a priori definition of change, and the main reason why most proposed metrics are retrospective and cannot predict how the enterprise will react to change. Agile is not just a process but a culture which focuses on team members need to think of team performance above individual high performance, iterative delivery instead of long term planning, self-management of the work instead of external monitoring, regular communication and interaction with all the clients on a continuous basis (Ram, and Vijayakumar, 2019; Nouri, and Mousavi, 2020).

The main goal of an agile leadership is to increase teams' capabilities to attain higher levels of accomplishment and is similar to the goal of a regular team coach. In addition, the main tasks of an agile nurse leaders are to support staff nurses, stakeholders and nursing managers to understand and apply agile methods and facilitate and monitor effective implementation of agile throughout the whole organization. An agile leader takes care of a supportive work environment and holds the right types of meetings and workshops. However, many agile coaches are confused about their roles, tasks, responsibilities (Stray, et al., 2021).

Agility contains different types of flexibility and it incorporates the capability to do unintended new activities in response to unexpected shifts in market needs or incomparable patient/customer request. thus designers of organizational systems for emergency response, must ensure both discipline (structure and process) and agility (creativity, continuous improvement, humility, calmness, wisdom, objectivity, trust and adaptability). Despite the lack of a reliable roadmap, non-profit organizations responded with unaccustomed speed and agility to the urgent humanitarian needs (Khoshlahn, and Ardabili, 2016; Murphy, 2021).

An agile nurse leader has a growth mindset, a conviction that he or she can grow further because of the competencies they develop within the health care organization. This mentality is the responsibility of the individual, who must act on the basis of their motivation and not through external pressure. The focus is on each person's personal development. In fact, there is an expectation that everyone will take these leadership behaviours. That is why it is important to provide workable levels of stress, and this work is an important source of happiness. Also agile nurse leaders have the responsibility to create and sustain that environment; with the right environment, you can enable more productivity, innovation, and better workplace spirituality (Kaczor, 2019; Akkava, and Ustgorul, 2020).

Workplace spirituality is a construct widely discussed over the past few decades and it is gaining the interest of practitioners and researchers for years, as a result of the increase in challenges and threats that permeate the work environment, and the trend towards dealing with the spiritual aspect within the workplace constitutes challenges. where spiritual values

within the workplace encourage feelings of love, altruism, affection, devotion, and management and contributes to enhancing their ability to solve problems, mental health, and improvement, facing challenges, and forming constructive positive work behaviours that affect the performance of staff (Vasconcelos, 2018; Kendall, 2019; Yadav, and Maheshwari, 2019).

Workplace spirituality defined as the internal beliefs, values and feelings of an individual that influence his behaviour in the workplace (Narcıkara, 2018). Also it is aspect of the workplace, either in the individual, the group, or the organization that promote individual feelings of satisfaction, feelings of completeness and joy which contributes to improving the ability to deal creatively with situations which will impact nursing staff affective commitment where

the nurse feels the work has meaning and importance for his or her life to strive to succeed the organization by achieving the goals set by the organization (Johnson, 2019; Abdulla, and Askari 2021; Astutil, and Haryani, 2021).

Workplace spirituality focus on meaningful and purposeful work, connecting to other people, effective teamwork, openness to change, being part of a community, compatibility of professional values between the employees and their organization, belonging and commitment to the workplace, Job integration, support and motivation from supervisors (Hassan, et al., 2016; Liang, et al., 2017; and James, 2021). Also workplace spirituality is an essential ingredient in future organizational change management practices and a source of strength that can be used to harness energy within each person to produce world-class products and services (Michael, and Nandakumar, 2019). It brings many benefits at the individual level such as peace, serenity, and love, self-awareness, selfmanagement. motivation. values. leadership, work-life balance, focusing on inner life, meaningful work, or at an organizational level such as increased loyalty and improve commitment, reputation and a sense of community (Zhaleh, and Ghonsooli, 2017; and Walt, 2018).

Health care institutions set basic goals for building the institution through its good performance, its fulfilment of the requirements and needs of the staff to motivate them to work hard to improve their workplace spirituality and reach to good performance. Perhaps one of its most important goals to become distinguished is to reach a good reputation is nothing but a reflection that shows the prevailing impression in the mind of the public about job, the higher the reputation of the job, this indicates its distinction. Therefore, institutions seek to improve their staff job reputation by raising the level of the quality of their services, and meeting the requirements of their audience, which has become an important factor success and competitiveness (Shakhatreh, and Tarawneh, 2019).

The job reputation is one of the modern concepts in the management of contemporary organizations, it is an perception built up over time, and based on the staff corporate identity, projected corporate images, organization performance, and how corporate actions are aligned with stakeholder concerns as it has had a

great impact in achieving the goals of the organization, especially in the work environment that is characterized by a state of uncertainty. It is in dire need of flexibility and adaptation to the surrounding environmental conditions as it plays an important role in maintaining the position of staff within organizations in the facing of risks and crises that may be exposed to in that environment (Almeida, and Coelho 2017; Huynh, 2019).

The importance of building a distinct job reputation with its various components as include (social responsibility- creativity- vision and leadership-adjusting work environment-managing reputation applied quality of service and performance quality) (Sabah., et al., 2020). A strong job reputation brings many benefits at all levels of a firm and its services, both internal and external. The main benefits are improving level of quality of services and form favourable relationships with supply chain partners, to maintain competitive product positioning, and generate greater client loyalty, improving beneficiary awareness, raise the spirituality and motivation of the staff and thus high productivity level and high performance in all different processes (Deheshti, et al., 2019).

Significance of study

Health care organizations are adopting a value approach and are learning to distinguish between what is valuable and what doesn't matter is a development that has been going on for the last decade and health care organizations have taken the first, sometimes bold, steps in a costeffective transition to becoming more adaptable the environment (Bushuyev, Molokanova, 2017; Leithwood, and Louis, **2021).** So, it needs effective an agile nurse leaders who understand the complexities of the rapidly changing global environment. Many agile leaders increased team members' internal motivation. thus influencing their efforts. One informant described that he gathered information on people's personal goals to provide them with better workplace spirituality and job reputation (Stray, et al., 2021). This is recommended to implement agile leadership in many studies as Sahin, and Alp, (2020) who concluded that it is important to apply agile management systems and be successful, health care organizations need to follow technological developments and adapt them very quickly. Therefore, agile leaders are of great importance in this process. agility

contributes to healthcare institutions such as reducing errors and wastes, increasing safety and quality, improving patient and nurses satisfaction and spirituality. Moreover when the researchers contact with head nurses at Benha University Hospital during practical training of students at last year observe that they don't use new styles of leadership effectively and ignore to applicate the of agile leadership practice sufficiently as organizing work environment and using placidness trait when dealing with their staff nurses and they not motivated enough to work hard to achieve organizational goals effectively. So this study was conducted to determine the effect of educational program about head nurses' agile leadership on staff nurses' workplace spirituality and job reputation at Benha University Hospital.

Aim of the study

The study aimed to determine the effect of educational program about head nurses' agile leadership on staff nurses' workplace spirituality and job reputation.

Research hypotheses

It was hypothesized that; there will be a general improvement in the head nurses' agile leadership knowledge and practice after implementing of the educational program, and have a positive effect on their staff nurses' perception regarding workplace spirituality and job reputation.

Subjects and method

Research design

A quasi-experimental research design was utilized to carry out the current study.

Setting

The current study was conducted in all (58) units at Benha University Hospital Qaluobia Governate, Egypt. The total beds capacity in all hospital units are 653 beds. The hospital composed of three separated buildings providing multi services; firstly, Medical building consisted of 43 units (412 beds). Second, Surgical building consisted of 13 units (231 beds). And finally, Ophthalmology building includes 2 units (10 beds).

Subjects:

The subject in this study included two groups namely; head nurses group and staff nurses group.

1- The head nurses group:

Convenient sample of the head nurses (80) who are working in the above mentioned study setting, available during the time of data collection and accept to participate in the study.

2- The staff nurses group:

A purposive sample of staff nurses who are working in the above mentioned study settings and available during the time of data collection. A sample of 310 staff nurses out of 1224 staff nurses. Having at least three years of job experiences and working fulltime and they were responsible for providing direct nursing care activities to the patients. The sample was calculated by using the following equation:

n=N/1+(Ne2) (Ellen, 2020)

n: The required sample size

N: Total number of staff nurses

E: Error tolerance (0.05)

1: A constant Value

Tools of data collection

Four tools were used to collect the study data:

1) Agile Leadership Knowledge Test:

A structured questionnaire was developed by the researchers after reviewing of the recent relevant litrature (Moslem, and Selim, 2018; Gabrielsson, and Hasan, 2019; Prommegger, et al., 2019). It was used to assess the head nurses' knowledge about agile leadership in work settings. It was consisted of two main parts. Part 1: Head nurses' personal data included (age, gender, martial status, years of experinces, educational qualification, attending training courses about agile leadership, workplace spirtiuality, and job reputation). Part 2: Agile leadership Knowledge Test: To assess head nurses' knowledge about agile leadership, it included 40 questions categorizing under five main categories as following: Concept of agile leadership (5 questions), competencies and qualification of agile nurse leader (7 questions), dimensions of agile leadership (6 questions), factors affecting on agile leadership (6 questions), barriers of agile leadership (6 questions), and tips for achieving successful agile leadership (10 questions).

The scoring system:

The questions were scored as one for correct answer, and zero for incorrect answer or don't know. The total scores were "40", and knowledge was considered correct or adequate if the percent was 60% or more and inadequate if less than 60% (Ebraheem, et al., 2017).

The total score:

- Adequate knowledge ≥ 60% that equals (≥24-40 degrees)
- In adequate knowledge <60% that equals (0-23 degrees).

2) Agile Leadership Practice Self-Administered Ouestionnaire

A structured Self- Administered questionnaire was developed by the researchers after reviewing of the related litrature (Al-Fatlwi, 2017; Moslem, and Selim, 2018; Bushuyeva, et al., 2019; and Shabat, 2020) to assess head nurses' agile leadership practice in work settings. It was consisted of 34 items classified under eight main dimensions as following: Organizing working environment (5 items), continuous improvement (5 items), humility trait (3 items), placidness trait (4 items), wiseness trait (4 items), patience trait (3 items), objectivity trait (5 items) and confidence traits (5 items).

Scoring system:

The head nurses' responses scored against three points Likert Scale. "Always" as (3), "Some times" as (2) "Rarely" as (1). Mean and standard deviation was calculated and then converted into percentage total score was 102 grades and the cut point was done at 60% (Ebraheem, et al., 2017).

- Good agile leadership practice level when total percentage was ≥75% that equals between ≥ 77-102 scores
- Average agile leadership practice level when percentage ranged from 60 %-< 75% that equals between 62- 76 scores.
- Poor agile leadership practice level when percentage was < 60% that equals 1-< 61 scores.

3) Workplace Spirituality Questionnaire

A structured questionnaire developed by the researchers after reviewing of the recent related litrature (Abdel-Shakoor, 2020; Ashry, 2020; and Abdulla, and Askari, 2021) to assess staff nurses' perception regarding workplace spirituality. It was consisted of two main parts. Part 1: Staff nurses' personal data including (age, gender, martial status, years of experinces, educational qualification, attending training courses about workplace spirtiuality, and job reputation). Part 2: It was consisted of 40 items classified under seven main dimensions; as following: Purposeful work (5 items), effective teamwork (5 items), compatibility between personal and organizational values (6 items), sense of belonging to workplace (5 items), job

integration (5 items), supervisors encouragement and motivation (6 items) and supervisors support (8 items).

Scoring system:

The staff nurses' responses scored against three points Likert Scale. "Often" as (3), "Sometimes" as (2) "Rarely" as (1). Mean and standard deviation was calculated and then converted into percentage the total score was 90 scores and the cut point was done at 60% (Mohamed, et al., 2019).

- High level of workplace spirituality when total percentage was ≥75% that equals (90-120 scores)
- Moderate level of workplace spirituality when ranged from 60 %-< 75% that equals (72-89 scores).
- Low level of workplace spirituality when percentage was <60% that equals (1-71 scores).

4) Job Reputation Questionnaire

A structured questionnaire developed by the researchers after reviewing of recent relevant litrature (Alkarawi, 2016; Al-Fatlwi, 2017; Shakhatreh, and Tarawneh, 2019; Sabah, et al., 2020) to assess staff nurses' perception regarding job reputation. It was consisted of 30 items classified under six main Categories as following: Creativity (5 items), social responsibility (4 items), service quality (7 items), working environment (5 items), vision and leadership (5 items), and reputation management (4 items).

Scoring system:

The staff nurses responses scored against three points Likert Scale. "Often" as (3), "Some times" as (2) "Rarely" as (1). Mean and standard deviation was calculated and then converted into percentage total scores were 87 scores and the cut point was done at 60% (Mohamed, et al., 2019).

- High level of job reputation when total percentage was ≥75% that equals (68-90 scores)
- Moderate level of job reputation when ranged from 60%-<75% that equals (54-67 scores).
- Low level of job reputation when percentage was <60% that equals (1-53 scores).

Tool validity and reliability

Validity: All tools of the current study were reviewed by Jury group 7 Experts in the field of Nursing Administration from different Faculty of Nursing in different Universities; two Professors from Ain Shams University, one Professor from Cairo University, two Professors from Tanta University, two Professor from Menoufia University to ensure its clarity, feasibility and applicability. Finally, modifications were done in the light of the experts' valuable comments as modifying some words to give the most appropriate meaning for the phrase which were not clear

Reliability: The reliability was done by Cronbach's Alpha Coefficient test which revealed high reliability of each tool. The internal consistency of the first tool was 0.892, the second tool was 0.887, the third tool was 0.879 and finally the fourth tool was 0.867.

The pilot study:

A pilot study was carried out on 10% from the total number of study sample (8 head nurses and 31 staff nurses) to assess the tools clarity, objectivity, feasibility and practicability, as well as to estimate the time needed for filling the tools that approximately ranged from 40-60. It was done in the end of April 2021. The pilot study was included in the main study sample because no modification was done.

Field work:

- A written official letter was obtained from the Dean of the Faculty of Nursing, Benha University and delivered to the Directors of Benha University Hospital in order to obtain their approval for conducting the study after explaining the purpose of the study.
- The study took approximately 11 months; the study was carried out from at the beginning of February 2021 to the end of December 2021.

The preparation phase:

- The researchers reviewed current related literature and theoretical knowledge of the various aspects that concerning topic of the study to develop and construct the study tools of data collection; and planning agile leadership program. Translating tools into Arabic format to facilitate better understanding and introduced to head nurses and staff nurses.
- Development of the educational program was based on context of the needs which identified through baseline data from final designed tools. Additionally, the development of the educational program based on assessment of head nurses agile leadership knowledge and practice that was done directly before starting the program. In addition to reviewing of recent related literature. Then with this information and the detected needs were translated for

developing the agile leadership educational program.

The agile leadership program covers the following items:

- Concepts of leadership, agile leadership, and organizational agility.
- Relation between Individual and organizational agility.
- Importance of agile leadership in nursing practice
- Competencies, qualification, characteristics and capabilities of agile leader.
- Dimensions of agile leadership.
- Factors affecting on agile leadership.
- Barriers of agile leadership.
- Tips for achieving successful agile leadership
- Staring in preparing and designing of head nurses' agile leadership educational program to provide head nurses an opportunity to develop their knowledge and practice regarding agile leadership, it was done through assessment, implementation, and evaluation phase.

Assessment Phase:

- The researchers met head nurses and staff nurses and explained the aim and nature of the study and method of filling the questionnaires. This was done individually or through small group meetings. Also, the head nurses were grouped according to their department location into 8 groups; each group contains 10 head nurses.
- The agile leadership knowledge test and agile leadership practice questionnaire distributed by the researchers to the participated head nurses. The workplace spirituality and job reputation questionnaires were distributed to the participated staff nurses at beginning of May 2021 to fill it during their working hours and afternoon shifts) (morning determined before with the head of each department according to type of work and their workload to gain their support and ensure the continuity of patient care.

The Implementation Phase

- The program was implemented in previous mentioned study setting. It was implemented at the end of May to June 2021. The time needed for achieving the educational program objectives was 30 hours. The educational program lasted for 15 days with 30 hours distributed as the following; 15 sessions, 2 hour/session, 2 days/week.

- Each researcher implemented the agile leadership educational program with one group separately in the day by using available resources, relevant contents and instructional strategies for each session. Different methods of teaching were used such as lectures, small group discussion, brainstorming, group activity. Instructional media/teaching aids used were included power point presentation, handout prepared by the researchers and distributed to all head nurses in the first day.
- Feedback was given at the beginning of each session about the previous one and at the end of each session about the current sessions, and different methods of evaluation were selected to suit the head nurses' needs and achieve objectives and contents of the agile leadership educational program.

The evaluation phase

- Evaluation was implemented three times, the first; at beginning of the program as pretest, second immediately after implementation of the educational program posttest, and finally the third evaluation was done after three months later of the educational program follow-up.
- At the same time, the workplace spirituality and job reputation questionnaires were distributed by the researchers to the participated staff nurses before implementing the educational program also both immediately post and followup program.
- The evaluation phase emphasis on estimating the effect of the educational program on head nurses' agile leadership knowledge and practice, also levels of staff nurses' perception regarding workplace spirituality and job reputation.

Ethical considerations:

Each head nurse and staff nurse was informed about the nature, purpose and benefits of the study, then oral consent was obtained before starting the data collection. Confidentiality was ensured throughout the study. The head nurses and staff nurses were assured that all data was used only for research purpose and each head nurse and staff nurses were informed of the rights to refuse or withdraw of the study at any time without giving any reasons.

Statistical analysis

Data were verified prior to computerized entry. The Statistical Package for Social Sciences (SPSS) version 20 was used for that purpose, followed by data analysis and tabulation. Descriptive statistics were applied (e.g.,

frequency, percentages, mean, and standard deviation). Test of significance (Chi-square and independent t test) were used to test the homogeneity of the outcome variables between the groups and to test the study hypothesis. Pearson correlation coefficients were used. A statistically significant difference was considered at P-value P≤0.05, and a highly statistically significant difference was considered at P-value P<0.001.

Results

Table (1): This table shows that (40%) of the head nurses their age was ranged from 40-< 50 years old with mean age 31.71±7.36. The majority of them (92.5% & 82.5%) were female and married respectively. The highest percentage (72.5%) of head nurses had Bachelor degree, and (62.5%) of them had years of experience ranged from 10 to less than 20 years with mean years of experience 13.58±6.47. Moreover, (88.75%) of them reported that not attending training courses in their work setting.

Table (2): Shows that (74.2%) of the studied staff nurses their age was ranged from 20 to <30 years old with mean age 28.19±6.49. The majority of them (87.7% & 83.9%) were female and married respectively. Regarding years of experience (46.8%) of staff nurses having years of experience ranged from 5 to less than 10 years with mean years of experience 9.527±5.64. And (67.4%) of them had Technical Nursing Institute. Moreover, (85.48%) of them reported that not attending training courses in their work setting.

Figure (1): Illustrates that, there was statistical general improvement in total level of head nurses' agile leadership knowledge after intervention of the program both immediately post and follow-up after three months of the program. In the pre-program, (81.25%) of head nurses had in adequate total level of agile leadership knowledge; while in the immediate post and follow-up it was improved and became adequate and increased to (82.5% & 77.5%), respectively.

Table (3): Shows that, there was statistical significant general improvement in head nurses' knowledge after intervention of the program both immediately post and follow-up after three months of the program. The least mean scores (1.21±0.89) of head nurses was related to competencies and qualification of agile nurse leader before intervention and it was increased to (5.84±3.61) that represent in the immediate post

program and its slightly decreased to (5.47±2.76) in the follow-up after three months but still more than pre-program.

Figure (2): Clarifies that, there was statistical general improvement in total level of head nurses' agile leadership practice after intervention of the program both immediately post and follow-up after three months of the program. In the pre-program, (63.75%) of head nurses' had poor level of agile leadership practice; while in the immediate post and follow-up it was improved and became good and increased to (73.75% & 69%), respectively.

Table (4): Reveals that, there was statistical significant general improvement in head nurses' agile leadership practice after intervention of the program both immediately post and follow-up after three months of the program. The least mean scores (2.14±0.89) of head nurses was related to dimension of placidness trait before intervention and it was developed and increased to (8.47±3.02) in the immediate post program and its slightly decreased to (8.39±2.21) in the follow-up, but still more than pre-program intervention.

Figure (3): Shows that, there was general improvement in total level of staff nurses' perception regarding workplace spirituality after intervention of the program at both immediately post and follow-up as compared to pre-program. The highest percentages (68.39% & 66.45%) of staff nurses had high perception levels of workplace spirituality at immediate post and follow-up program, respectively. However at pre-program, (57.74%) of staff nurses had low perception level of workplace spirituality.

Table (5): Displays that, there was statistical significant general improvement in staff nurses' perception regarding workplace spirituality after intervention of the program both immediately post and follow-up after three months of the program. The least mean scores (3.13±2.14) of staff nurses was related to effective teamwork before intervention and it was enhanced and increased to (10.58±3.28 & 10.15±3.12) in the immediate post and follow-up program after three months of the program, respectively.

Figure (4): Indicates that, there was general improvement in total level of staff nurses' perception regarding job reputation after intervention of the program at both immediately post and follow-up program as compared to preprogram. Around (67.42% & 62.9%) of staff

nurses had high perception levels of job reputation at immediate post and follow-up program, respectively. However at pre-program, (58.39%) of staff nurses had low perception level of job reputation.

Table (6): Shows that, there were statistical significant general improvement in staff nurses' perception regarding job reputation after intervention of the program both immediately post and follow-up after three months of the program. The least mean scores (4.57±3.28) of

staff nurses were related to service quality before intervention of the program and it was increased to (14.43±3.17) that represent in the immediate post program and its slightly decreased to (13.45±2.64) in the follow-up after three months, but still more than pre-program.

Table (7): Shows that, there were statistically significant positive correlation among head nurses' agile leadership knowledge and practice scores with their staff nurses' workplace spirituality and job reputation scores.

Table (1): Personnel characteristics of the studied head nurses. (N=80)

| | Tota | l (N=80) | | | |
|---------------------------------|------|------------|--|--|--|
| Personnel Characteristics | N | % | | | |
| Age | | | | | |
| 30-<40 | 25 | 31.25 | | | |
| 40- < 50 | 32 | 40 | | | |
| ≥ 50 | 23 | 28.75 | | | |
| Mean and ±S.D | 31. | 71±7.36 | | | |
| Gender | | | | | |
| Male | 6 | 7.5 | | | |
| Female | 74 | 92.5 | | | |
| Marital status | | | | | |
| Single | 9 | 11.25 | | | |
| Married | 66 | 82.5 | | | |
| Divorced | 3 | 3.75 | | | |
| Widow | 2 | 2.5 | | | |
| Education qualification | | | | | |
| Secondary nursing education | 2 | 2.5 | | | |
| Associated degree in nursing | 3 | 3.75 | | | |
| Bachelor of nursing | 58 | 72.5 | | | |
| Post graduate nursing education | 17 | 21.25 | | | |
| Years of experience | | | | | |
| < 5 | 4 | 5 | | | |
| 5 < 10 | 19 | 23.75 | | | |
| 10 < 20 | 50 | 62.5 | | | |
| ≥ 20 | 7 | 8.75 | | | |
| Mean ±S.D. | 13.5 | 13.58±6.47 | | | |
| Attending Training courses | | | | | |
| Yes | 9 | 11.25 | | | |
| No | 71 | 88.75 | | | |

Table (2): Personnel characteristics of the studied staff nurses. (N=310)

| | Total (N=310) | | | | |
|-----------------------------|---------------|--------|--|--|--|
| Personnel characteristics | N | % | | | |
| Age | | | | | |
| 20- < 30 | 230 | 74.2 | | | |
| 30- < 40 | 61 | 19.7 | | | |
| ≥ 40 | 19 | 6.1 | | | |
| Mean and ±S.D | 28.1 | 9±6.49 | | | |
| Gender | | | | | |
| Male | 38 | 12.3 | | | |
| Female | 272 | 87.7 | | | |
| Marital status | | | | | |
| Single | 24 | 7.7 | | | |
| Married | 260 | 83.9 | | | |
| Divorced | 8 | 2.6 | | | |
| Widow | 18 | 5.8 | | | |
| Years of experience | | | | | |
| 3 - < 5 | 66 | 21.3 | | | |
| 5 - < 10 | 145 | 46.8 | | | |
| 10 - < 15 | 75 | 24.2 | | | |
| ≥ 15 | 24 | 7.7 | | | |
| Mean ±S.D. | 9.527±5.64 | | | | |
| Education qualification | | | | | |
| Diploma In Nursing | 63 | 20.3 | | | |
| Technical Nursing Institute | 209 | 67.4 | | | |
| Bachelor of Nursing | 38 | 12.3 | | | |
| Attending Training courses | | | | | |
| Yes | 45 | 14.52 | | | |
| No | 265 | 85.48 | | | |

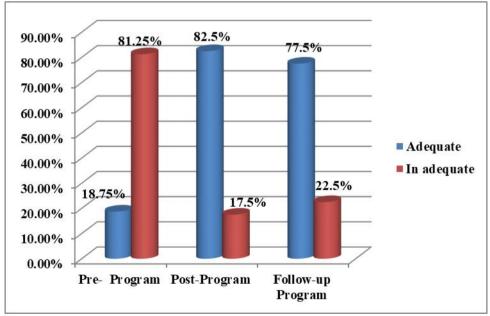


Figure (1): The studied head nurses' total knowledge levels about agile leadership through program phases.

Table (3): Mean scores and Mean percent of the studied head nurses' knowledge about agile leadership through program phases (N=80).

| The | | Pre-Pr | | Post-Pro | ogram | | | Follov | v-up | | |
|--|---------------------------|---------------|-----------|----------------|-----------|-----------|----------------|----------------|-----------|-----------|----------------|
| Categories of agile leadership knowledge | Maxi - mum Score | X±S.D. | Mean % | X±S.D. | Mean % | (t)1 | P valu e | X±S.D. | Mean % | (t)2 | P valu e |
| Concept of agile leadership | 5 | 1.08±0.9 9 | 21.6% | 4.14±4.83 | 82.8% | 44.1 1 | 0.00 1 | 3.87±2.18 | 77.4% | 30.7 6 | 0.00 1 |
| Competencie s and qualification, of agile nurse leader | 7 | 1.21±0.8 9 | 17.29% | 5.84±3.61 | 83.43% | 28.1 5 | 0.00 1 | 5.47±2.76 | 78.14% | 21.8 9 | 0.00 |
| Dimensions of agile leadership | 6 | 1.25±0.9 8 | 20.83% | 5.08±2.43 | 84.67% | 32.5 4 | 0.00 1 | 4.63±3.87 | 77.17% | 23.4 5 | 0.00 1 |
| Factors affecting on agile leadership | 6 | 1.18±0.9 5 | 19.67% | 4.61±1.09 | 76.83% | 35.6 2 | 0.00 | 4.58±2.76 | 76.33% | 19.8 5 | 0.00 |
| barriers of agile leadership | 6 | 1.04±0.9 7 | 17.33% | 5.01±1.87 | 83.5% | 29.8 3 | 0.00 1 | 4.78±2.69 | 79.67% | 21.6 5 | 0.00 1 |
| Tips for achieving successful agile leadership | 10 | 1.98±0.9 6 | 19.8% | 8.23±3.66 | 82.3% | 32.4 | 0.00 1 | 7.69±3.79 | 76.9% | 21.2 | 0.00 |
| Total | 40 | 7.74±5.7 9 | 19.35% | 32.91±8.7 9 | 82.28% | 43.3 2 | 0.00 1 | 31.02±7.6 8 | 77.55% | 35.6 4 | 0.00 1 |

- (A statistical significant difference $P \le 0.05$ and A highly statistical significant difference $P \le 0.001$)
- (t) 1: Paired t test between pre and immediate post program
- (t) 2: Paired t test between pre and follow up program

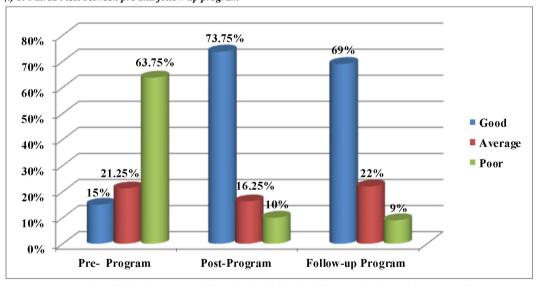


Figure (2): The head nurses' total levels of agile leadership practice through program phases.

Table (4): Mean scores and mean percent of the head nurses' agile leadership practice through program phases. (N=80).

| The Categories of agile leadership practice | Maxi- mum Score | Pre-Program | | Post-Program | | | | Follow-up | | | |
|---|-----------------------|-------------|--------|--------------|--------|-------|---------|------------|--------|-------|---------|
| | | X±S.D. | Mean % | X±S.D. | Mean % | (t)1 | P value | X±S.D. | Mean % | (t)2 | P value |
| Organizing work enviroment | 15 | 2.78±1.79 | 18.53% | 11.29±2.19 | 75.27% | 18.92 | 0.001 | 10.46±2.47 | 69.73% | 16.96 | 0.001 |
| Continuous improvement | 15 | 3.14±0.99 | 20.93% | 11.17±2.87 | 74.47% | 21.12 | 0.001 | 10.36±2.19 | 69.07% | 17.21 | 0.001 |
| Humility trait | 9 | 1.86±0.78 | 20.67% | 6.36±2.67 | 70.67% | 22.35 | 0.001 | 6.19±2.18 | 68.78% | 17.89 | 0.001 |
| Placidness trait | 12 | 2.14±0.89 | 17.83% | 8.47±3.02 | 70.58% | 23.32 | 0.001 | 8.39±2.21 | 69.92% | 19.34 | 0.001 |
| Wiseness trait | 12 | 2.17±1.87 | 18.08% | 9.15±3.11 | 76.25% | 18.78 | 0.001 | 8.17±2.14 | 68.08% | 21.14 | 0.001 |
| Patience trait | 9 | 1.67±1.76 | 18.56% | 6.35±2.98 | 70.56% | 19.87 | 0.001 | 6.18±2.13 | 68.67% | 19.04 | 0.001 |
| Objectivity trait | 15 | 3.04±1.82 | 20.27% | 11.18±2.89 | 74.53% | 18.93 | 0.001 | 10.28±2.31 | 68.53% | 18.47 | 0.001 |
| Confidence trait | 15 | 3.14±1.93 | 20.93% | 11.35±2.91 | 75.67% | 19.89 | 0.001 | 10.39±2.43 | 69.27% | 17.65 | 0.001 |
| Total | 102 | 19.94±9.78 | 19.55% | 75.32±12.72 | 73.84% | 43.76 | 0.001 | 70.42±8.78 | 69.04% | 38.42 | 0.001 |

(A statistical significant difference $P \le 0.05$ and A highly statistical significant difference $P \le 0.001$)

(t) 1: Paired t test between pre and immediate post program

(t) 2: Paired t test between pre and follow up program

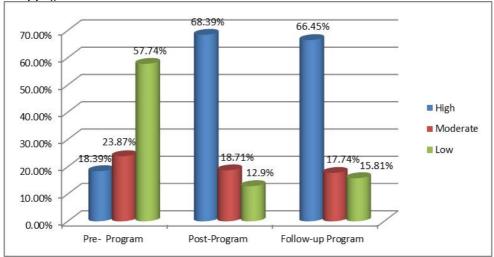


Figure (3): The staff nurses' perception regarding total levels of workplace spirituality through program phases.

Table (5): Mean scores and mean percent of the staff nurses' perception regarding workplace spirituality through program phases (N=310).

| The categories of workplace spirituality | Maximum Score | Pre-Program | | Post-Program | | (0.4 | ъ . | Follow-up | | (4)2 | D . |
|--|------------------|-------------|--------|--------------|--------|-------|---------|------------|--------|-------|---------|
| | | X±S.D. | Mean % | X±S.D. | Mean % | (t)1 | P value | X±S.D. | Mean % | (t)2 | P value |
| Purposeful work | 15 | 3.23±2.81 | 21.53% | 10.31±3.27 | 68.73% | 23.67 | 0.001 | 10.07±3.14 | 67.13% | 19.86 | 0.001 |
| Effective teamwork | 15 | 3.13±2.14 | 20.87% | 10.58±3.28 | 70.53% | 22.98 | 0.001 | 10.15±3.12 | 67.67% | 18.97 | 0.001 |
| Compatibility between personal & organizational values | 18 | 4.26±2.97 | 23.67% | 12.39±4.12 | 68.83% | 21.89 | 0.001 | 11.85±3.21 | 65.83% | 17.98 | 0.001 |
| Sense of belonging to workplace | 15 | 3.26±3.46 | 21.73% | 10.48±3.84 | 69.87% | 24.21 | 0.001 | 10.07±2.98 | 67.13% | 19.46 | 0.001 |
| Job integration | 15 | 3.28±2.96 | 21.87% | 10.37±2.98 | 69.13% | 25.13 | 0.001 | 10.03±3.21 | 66.87% | 18.96 | 0.001 |
| Superisors encouragement and motivation | 18 | 4.24±2.98 | 23.56% | 12.46±3.14 | 69.22% | 24.12 | 0.001 | 11.67±3.14 | 64.83% | 19.38 | 0.001 |
| Supervisors support | 24 | 5.18±3.12 | 21.58% | 16.46±3.43 | 68.58% | 23.45 | 0.001 | 15.58±3.45 | 64.92% | 18.68 | 0.001 |
| Total | 120 | 26.58±4.18 | 22.15% | 83.05±4.67 | 69.21% | 25.67 | 0.001 | 79.42±3.87 | 66.18% | 20.32 | 0.001 |

(A statistical significant difference $P \le 0.05$ and A highly statistical significant difference $P \le 0.001$)

(t)1: Paired t test between pre and immediate post program

(t)2: Paired t test between pre and follow up program

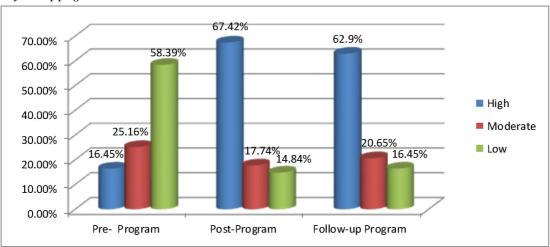


Figure (4): The staff nurses' perception regarding total levels of job reputation through program phases

Table (6): Mean scores and mean percent of the staff nurses' perception regarding job reputation through program phases (N=310).

| | Maxi- | Pre-Pro | gram | Post-Pro | gram | | (t)1 P value | Follov | v-up | | |
|-------------------------------|--------------|------------|--------|------------|--------|-------|--------------|------------|--------|-------|---------|
| The Dimensions job reputation | mum Score | X±S.D. | Mean % | X±S.D. | Mean % | (t)1 | | X±S.D. | Mean % | (t)2 | P value |
| Creativity | 15 | 3.28±1.23 | 21.87% | 10.12±3.93 | 67.47% | 12.2 | 0.001 | 9.37±2.53 | 62.47% | 9.32 | 0.001 |
| Social responsibility | 12 | 3.02±2.04 | 25.17% | 8.07±3.08 | 67.25% | 12.7 | 0.001 | 7.48±2.65 | 62.33% | 8.43 | 0.001 |
| Service quality | 21 | 4.57±3.28 | 21.76% | 14.43±3.17 | 68.71% | 18.1 | 0.001 | 13.45±2.64 | 64.05% | 9.46 | 0.001 |
| Working environment | 15 | 3.46±1.93 | 23.07% | 9.97±2.98 | 66,47% | 14.05 | 0.001 | 9.37±2.27 | 62.47% | 10.11 | 0.001 |
| Vision and leadership | 15 | 3.38±1.28 | 22.53% | 9.86±3.07 | 65.73% | 12.6 | 0.001 | 9.47±2.16 | 63.13% | 9/87 | 0.001 |
| Reputation management | 12 | 2.98±1.89 | 24.83% | 8.23±2.16 | 68.58% | 11.98 | 0.001 | 7.48±1.98 | 62.33% | 8.79 | 0.001 |
| Total | 90 | 20.69±5.46 | 22.99% | 60.68±7.83 | 67.42% | 26.3 | 0.001 | 56.62±6.47 | 62.91% | 21.34 | 0.001 |

(A statistical significant difference $P \le 0.05$ and A highly statistical significant difference $P \le 0.001$)

⁽t) 1: Paired t test between pre and immediate post program

⁽t) 2: Paired t test between pre and follow up program

Table (7): Correlation matrix among head nurses' agile leadership knowledge & practice, and staff nurses' workplace spirituality and job reputation through program phases.

Head nurses' agile leadership Head nurses' agile leadership Staff nurses' workplace Staff nurses' job Program knowledge practice spirituality reputation Variable phases P value P value P value P value r Head nurses' agile leadership 1 0.178 0.466 0.017 0.944 0.072 0.872 knowledge Pre-program Head nurses' agile leadership 0.178 0.466 1 0.081 0.485 0.263 0.341 practice Staff nurses' workplace 0.017 0.944 0.081 0.485 1 0.123 0.246 spirituality Staff nurses' job reputation 0.072 0.872 0.263 0.341 0.123 0.246 Head nurses' agile leadership 1 0.627 0.004 0.625 0.001 0.724 0.003 knowledge Post- program Head nurses' agile leadership 0.627 0.004 1 0.732 0.001 0.253 0.001 practice Staff nurses' workplace 0.625 0.001 0.732 0.001 1 0.473 0.002 spirituality Staff nurses' job reputation 0.724 0.003 0.253 0.001 0.473 0.002 Head nurses' agile leadership 1 0.843 0.001 0.712 0.001 0.491 0.033 knowledge Follow-up Head nurses' agile leadership 0.843 0.001 1 0.642 0.001 0.673 0.002 practice Staff nurses' workplace 0.712 0.001 0.632 0.001 0.642 0.001 1 spirituality Staff nurses' job reputation 0.491 0.033 0.673 0.002 0.632 0.001

(A statistical significant difference $P \le 0.05$ and A highly statistical significant difference $P \le 0.001$)

Discussion

The present study showed that there were statistical general improvement in head nurses' total knowledge levels after intervention of the program both immediately post and follow-up after three months of the program. The least was related to competencies and qualification of agile leader before intervention and it was increased that represent in the immediate post program and its slightly decreased in the follow-up after three months but still more than pre-program.

From researchers' points of view this could be due to head nurses able to listen effectively and acquire the skill in debate and dialogue, the ability to quick thinking and enjoy to acquire new knowledge and advanced qualification about agile leadership. In addition to, data and information is decreased by passing time and increasing workload so they need for refreshing and updating periodically. Moreover, agile leadership is an essential trait of a good leader to inspire staff to come to the supportive work environment in their best form. Head nurses with high agile leadership skills were expected to have a high job performance, qualification, competencies make substantial outcomes.

In the same line with the study finding is **Bogosian**, (2018), who concluded that the agile organization should start with a current state workforce assessment to determine the employee and management readiness. Also managers must be equipped with the behavioural competencies, knowledge and skill level and managerial support to make appropriate decisions autonomously. They must (consistently) see that there is no consequence for taking initiative, speaking up or sharing different views and opinions with management.

Additionally, in the same context, Moslem, and Selim, (2018), who emphasized on their study on employees working in Jawwal Company in Gaza Governorate that employees had high desire and willingness to identify and enhance the agile management methodology through work site organization, continuous improvement, standard work and multi-functional workers.

The present study clarified that, there were general improvement in total levels of head nurses' agile leadership practice after intervention of the program both immediately post and follow-up after three months of the program. The least mean scores of head nurses was related to

dimension of placidness trait before intervention and it was developed and increased in the immediate post program and in the follow-up program. This finding could be due to the educational program was effective which enhance head nurses' leadership competencies about agile leadership practice to adapt and respond to rapid change, in addition to the nature of agile leadership practice improve job performance, increase patients' satisfaction, enhance active communication, interpersonal relationships and interactions, support effective teamwork, and staff commitment to organization.

This finding was consistence with **Bushuyeva**, et al., (2019), who revealed on his study on leaders of International Project Management Association that the agile leadership and leadership behaviour patterns are formed good by the leaders . Also, **Moslem**, and **Selim**, (2018), who emphasized in their study on employees of Jawwal Company in Gaza Governorates that all agile management dimensions have improved but received the least attention from employees related to six sigma, multi-factor dimensions.

In the same line **Abdullahm**, (2020), who mentioned on his study on faculty staffs at New Valley University that the degree of practices of university leaders in agile management came with a moderate degree. While disagree that the first dimension, "workplace organization" ranked first with a high arithmetic mean, The second dimension is continuous improvement with a average arithmetic mean.

The present study showed that there was general improvement in total levels of staff perception regarding workplace spirituality after intervention of the program at both immediately post and follow-up as compared to pre-program. More than two thirds of staff nurses' had high perception level of workplace spirituality after implementation of the program. While at pre-program more than half of staff nurses' had low level of workplace spirituality. The least mean scores of staff nurses was related to effective teamwork before intervention and it was enhanced and increased in the immediate post and follow-up program.

From researchers' points of view this could be due to head nurses try positively and able to apply agile leadership practice as much as possible by ensuring that staff nurses find meaning in their work by creating a more pleasant

working environment that built positive relationships with working by team spirit with staff and coordinate development teams, to develop a common purpose by creating a meaningful vision for the institution and by connecting with the mission. Thus, they address their staff brains and hearts and creating positive emotions as the basis of creativity, initiations and innovations they create an atmosphere of trust so that positive emotions reflect human potential.

These findings are supported by **Jeon**, and Choi, (2021), who mentioned in their study on employees of South Korean that with awareness of the importance of workplace spirituality, organizations need to endeavour to help employees find meaningfulness in their work, experience a climate of mutual understanding and feel a sense of trust and respect within organizations by providing opportunities or resources to fulfil their needs to spiritual self. In addition, organizations need to consider implementing policies to support employees to pursue their inner spirit not only within the workplace but also in the areas of personal life.

Additionally the finding of the present study was consistent with Rathee, and Rajain, (2020), who conducted on their study and mentioned that spirituality at workplace is as simple as having a sense of connection between own self and the workplace. In a fast-moving world, employees often face anxiety, fear, and depression. Working in an environment that supports the employees' right to openly express their beliefs helps them to have better working relationships with colleagues, feel safer, and be more engaged in their work.

While, the finding of the current study was contradicted with Abu Lifa. (2019), who stated in his study on workers at Telecom Egypt that decreased awareness of workers about workplace spirituality specially the variable of purposeful work, from which the low degree of employee immersion in their work daily, and that work and activities that give it value and meaning in their lives and the lives of others are low. Also Abdulla, and Askari, (2021), who indicated on their study on teaching staff at Knowledge University that when arranging the dimensions of the spirituality of the workplace according to respondents view that purposeful work came first. which represents the main pillar of spirituality in the workplace, and it is a product of the movement of human relations in managerial thought, which centred on achieving job satisfaction and achieving employee happiness in the workplace.

The present study indicated that there was general improvement in total levels of staff nurses' perception regarding job reputation after intervention of the program at both immediately post and follow-up program as compared to preprogram. In the pre-program more than half of staff nurses had low perception level of job reputation. While more than two thirds of staff nurses had high perception level of job reputation at immediate post and follow-up program. The least mean scores of staff nurses were related to service quality before intervention of the program and it was increased after implementation of the program.

From researchers' points of view this this finding could be due to the success of nurse leaders in the hospital is directly linked to the ability of the organization to provide its services and manage its operations successfully. Where the organization is building a clear and visible future line for all members, which gave staff a future vision to put their job in good reputation level. In addition of changing competition conditions and rapidly differentiating patients demands reveal the necessity of agile leaders in workplace, because agile leaders work hard to gain and build a strong bond with patient beyond patient satisfaction that reach to highly reputation.

These findings are supported by Sabah, et al., (2020), who conducted his study on leaders in private Palestinian Universities and mentioned that the high degree to build organizational reputation in the Palestinian private Universities reported by study sample. In addition to Shakhatreh, and Tarawneh, (2019), who conducted their study on academic administrator of Jordanian public Universities and reported that the reality of the administrative procedures used to raise the institutional reputation came to a medium level in four areas: the emotional attachment to the institution, the services provided by the institution, the vision and leadership of the institution, and the working environment. Moreover, this finding was consistent with Elnagar, (2018), who conducted his study on employees working on Jordanian commercial banks in the city of Amman and revealed that a high level of organizational reputation in its three dimensions (creativity, social responsibility, quality of service).

The present study showed that there was statistically significant positive correlation among head nurses' agile leadership knowledge and practice scores with their staff nurses' workplace spirituality and job reputation scores. This mean when head nurses' agile leadership knowledge increased their practice toward agile leadership is improved and staff nurses' workplace spirituality and job reputation will be improved.

From researches point of view this could be due to if head nurses aware with importance of agile leadership and applied it effectively, this support staff nurses to enhance and show their best performances with high energy when they come to work and dedicate in their job. Empowering employees to solve the problems and meet needs and relieve tensions that arise within the workplace is an important and necessary for nursing practice, the staff nurses have feelings of affective commitment also become reinforced and relieve feelings of disassociation drive. mistrust. less work engagement and a high intention to leave work but improve their spirituality and can play a powerful role in promoting job reputation.

These findings are supported Bahweres, (2020), Fanggidae. and conducted their study on organizational members of Syariah, Kupang and showed that the application of spirituality in the environment improved employee performance, where employees who have a high spiritual environment and are supported by positive work are more creative, have high job satisfaction, so they can work well in teams, and have a high commitment to the organization. Also Agilat, (2019), who conducted his study on faculty members in privet Jordanian Universities and indicated that there was an impact of the agility in the reputation of the university.

In addition to Abdulla, and Askari, (2021), who mentioned that the existence of a correlation and effect between the variables and dimensions of agile leadership and workplace spirituality. And Al-Fatlwi, (2017), conducted his study on employees in the General Company for the automotive industry and the result indicated that the positive relationship between agile leadership and organizational reputation. It is directly reflected on the increase in the level of commitment and thus the achievement of a good reputation for the organization. Moreover, Shakhatreh,

Tarawneh, (2019), who mentioned in their study that the availability of agile leadership is reflected in a change in reputational levels.

Conclusion

In the light of the current study findings, it was concluded that there were high statistical significant improvement in the head nurses' level of agile leadership knowledge and practice both immediately post and follow up implementing educational program. Additionally, the most improved items were related to competencies and characteristics of agile leader regarding agile leadership knowledge, and placidness trait regarding agile leadership practice. Furthermore, in relation to staff nurses' perception level regarding workplace spirituality and reputation, there were a highly statistical significant improvement and difference between mean scores recorded by staff nurses throughout the three phases of the educational program. The most improved items were related to effective teamwork of workplace spirituality and service quality of job reputation. Moreover there were statistically significant positive correlation among head nurses' agile leadership knowledge and practice scores with their staff nurses' workplace spirituality and job reputation scores.

Recommendations

The following recommendations are made based on the findings of this study:

- Implementing agile leadership, workplace spiritualty and job reputation workshops periodically for all nursing staff at all levels based on their job description as a refreshment course.
- Supporting organizational culture that contribute to the growth of the concept and strategies of agile leadership and its effect on the workplace spirituality and job reputation.
- Implementing agile leadership principals, mechanisms and applications for enhancing standard work and capacities.
- Creating synergies with the ability to collaborate and coordinate development teams to improve workplace spirituality.
- Enhancing workplace spirituality through establishing a communication-based, periodical workshops emotionally flexible secure and empathic working environment.
- Strengthening workplace spirituality by providing professional organizational climate in which all factors of physical and moral integrity are available.

 Further study to investigate the factors and challenges affecting agile leadership to improve workplace spirituality and job reputation in nursing practices.

Conflict of interest

There were no conflicts of interest.

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