Leadership Practices among Head Nurses Using 360 Degree Feedback Assessment

Sabrine Mohamed Emam (1) , Samah Faisal Fakhry(2), Hanaa Mohamed Abdrabou(3)
(1)M.Sc Nursing - Ain Shams University - (2) Professor of Nursing Administration, (3)
Professor of Nursing Administration, Faculty of Nursing- Ain Shams University

Abstract

Background: Nursing leadership plays a vital role in shaping outcomes for healthcare organizations, personnel and patients. The development of leadership in head nurses is of utmost importance. 360-degree feedback assessments are a valuable tool for leadership development. **Aim:** This study aimed to assess leadership practices among head nurses using 360 degree feedback assessment. **Subjects and Methods:** Descriptive cross sectional design was used to carry out this study. The study was conducted at El-Demerdash hospital and Obstetric and Gynecological hospital which affiliated to Ain-Shams University Hospitals. The subjects of this study included a convenience sample of 11 supervisors and 40 head nurses, and a stratified disproportional random sample of 120 staff nurses from the aforementioned settings. **Data collection tool**: Leadership Practices Inventory. **The results**: the study result revealed high self-perception of head nurses regarding their own leadership practices (52.5%), while low other perception of head nurses regarding leadership practices as perceived by their supervisors and staff nurses (0%, 2.5%, respectively). **Conclusion:** there were high self-rating of head nurses to their leadership practices in comparison to low other rated leadership practices scores as perceived by supervisors and staff nurses. Indicating over-self estimation of head nurses to their leadership practices and lack of their self awareness. **Recommendations:** Leadership development program using 360 degree feedback assessment have to be incorporated in all nursing curricula in different nursing educational levels.

Keywords: 360 degree feedback Assessment, Head nurses, Leadership practices, Self awareness.

Introduction:

Leadership is the art of motivating a group of people to act toward achieving a common goal. Leadership is the process of influencing staffs to understand and agree about what needs to be done and how it can be done effectively *(Silitonga &Wijaya, 2023)*. Moreover, it is also the process of facilitating individuals and their collective effort to accomplish their goals achieved through own actions. Leadership entails leading the people, the structure, and the processes within the organization *(Fowler, 2023)*.

Leadership is a set of behaviors used to help people align their collective direction, to execute strategic plans, and to continually renew an organization *(Atiemo, 2023)*. Leadership is an interpersonal relationship of influence, the product of personal characteristics rather than mere occupation of managerial positions. Leadership is a personal characteristics which attract, enthuse and motivate followers towards organizational goals *(Didra, 2023)*.

Leadership practices have been identified, operationalized and measured extensively by literature. One of the most widely used transformational leadership practice models is the Kouzes and Posner transformational leadership challenge model, which investigated in-depth leadership practices of exemplary leaders. Which result of the five most frequent transformational leadership practices as following: (a) model the way, (b) inspire a shared vision, (c) challenge the process, (d) enable others to act, and (e) encourage the heart *(Headrick, 2023)*.

Leadership is a crucial factor in nurse and patient outcomes and ultimately in the success of healthcare system. Head Nurses are vital components of the health care system. Head nurses are the first level of a nursing

management system, and also working closely with staff nurses as well as carry out day-to-day operations. Head nurses are also involved in all kinds of planning and in establishing unit. Their major roles include managing delivery of care, shortages of staff, and staff's behavior in order to maintain and promote quality of care *(Alomari, et al., 2023)*

Effective leadership practices have become a focal point in contemporary healthcare system due to the complexity of the today's health care system *(Grønkjær, et al., 2023)*. The organizational structure of a health facility must maintain a solid foundation with all team members understanding their roles within the organization *(Hermanto & Srimulyani, 2022)*. A vital component of the system is the head nurse whose line management responsibilities includes the provision of quality care to clients entering the health care system. Head nurses has a pivotal position that links nursing care and nursing management *(Ariani, et al., 2022)*.

Head nurse's leadership practices play a vital role in shaping the outcomes of healthcare organizations, personnel and patients, especially in optimizing care and improving patient outcomes. In terms of: increases productivity, job satisfaction, and reduces the turnover of staff nurses within an organization, it also improves the quality and efficiency of healthcare that are the key outcomes of leadership effort in health care *(Alsadaan, et al., 2023)*. So that, head nurses must use advanced tool to assess their leadership practices such as 360 degree feedback assessment instead of traditional ones *(Gheith Abdel-Rahman, 2017)*.

Feedback is a verbal (written or vocal) description of performance, providing information regarding the quality and/or quantity of the performer's behavior *(Cardenas, 2023)*. Feedback refers to the provision of information about previous performance that allows individuals to change their behavior. And also Feedback defined as information regarding the quantity or quality of past performance *(Panadero & Lipnevich, 2022)*.

360 degree feedback assessment is accurate tool help head nurses to adapt their leadership practices to professional standards, which results in more specialization and competence *(Chen, et al., 2022)*. 360 degree feedback is an effective tool in evaluating head nurses leadership at all levels of an organization. The assessment itself is a great way to identify strengths, weaknesses and areas need of improvement for the leader being evaluated *(Bazrafcan, et al., 2023)*. 360 degree feedback is very important for today's organizations in a competitive world. 360-degree feedback paves the way for organizational success. It's an evaluation process that receives feedback from manager, supervisors, peers, subordinates, and customers *(Khadim, et al., 2023)*.

360 degree feedback implemented for multiple purpose such as: review the performance compared to the past and identify areas for development, fostering individual development, enhancing team building and management, supporting cultural change, succession planning, right placing, and promoting identified values of the organization, decision making, enhancing communications throughout the organization, systems orientation and thinking, to reward and as a supplement to the annual performance evaluation system *(Budworth & Chummar, 2022)*.

researches points out a number of benefits when comparing a 360 degree feedback to a traditional performance appraisal include; a more valid and accurate information compared to a traditional performance appraisal conducted by only one supervisor narrow perspective, alleviate stress and confrontational aspects of a traditional performance appraisal, allow to participants understanding how they are perceived by others as well as identify possible strengths and weaknesses and provides an organization with a clear context for improved resource allocation, engaged shareholders, and clearly defined expected outcomes *(Alderman, et al., 2022)*.

Significance of the study:

In today's changing and complex health care environment, there has been an explosion of

interest in leadership development for its valuable effects on organization, nurses and patients 'outcome *(Harps, 2018).* As the researcher noticed that the head nurses' leadership practices at Ain shams university hospitals still evaluated through traditional performance appraisal which exposed to limited perspective, stripping of motivation, time consuming, subject to appraiser bias instead of using other objective measurement tools such as 360-degree feedback which benefit leadership, teams, and the entire organization. By providing a safe, confidential, and reliable way for colleagues to provide feedback, hospital gains valuable insight into current leadership of teams, and overall hospital.

Hence 360-degree feedback provides head nurses with powerful knowledge and feedback regarding what is working, strengths and weaknesses, for their performance. So when using 360-degree feedback data correctly, this will help the organizations to take appropriate action quickly to help in improving head nurses' leadership practices. So the present study aims to assess head nurses' leadership practices using 360-degree feedback.

Aim of the study:

This study aimed to assess leadership practices among head nurses using 360 degree feedback assessment.

Research question

What are head nurses' leadership practices as reported by head nurses, supervisors, staff nurses?

SUBJECTS AND METHODS:

Research Design:

A descriptive cross-sectional research design was utilized in conducting this study

Research Setting:

This study was conducted in (25) units and departments at El-Demerdash hospital and (15) units and departments at Obstetric and Gynecological hospital, which affiliated to Ain-shams university hospitals.

Subjects:

The subjects of this study included all head nurses working in the aforementioned settings (40), all supervisors (11 supervisors), and a disproportional stratified random sample of 120 staff nurses, where 3 staff nurses were selected from the total subordinates of each head nurse.

Tool of data collection:

The data of this study were collected through using Leadership Practices Inventory (LPI). This tool aimed at assessing head nurses' leadership practices as perceived by themselves and others (their supervisors, and staff nurses). The tool was developed by *(Kouzes and Posner, 2013),* and adopted by *(Hussein, 2020)* who translated it into Arabic The tool consisted of two parts:

The first part:

It includes data pertaining to personal characteristics of the participants such as age, six, marital status, hospital name, unit, educational qualifications, years of experience in the current position, and had previous leadership training or not.

The second part*:*

A self-administered questionnaire used by the head nurses and other observers which used to assess head nurses' leadership practices by self, staff nurses and supervisors. This part consisted of 30 questions categorized under five dimensions as follows: model the way (6 items), inspire shared vision (6 items), challenge the process (6 items), enable others to act (6 items) and encourage the heart (6 items).

Scoring system:

Leadership practices inventory' Items were scored 1, 2, 3, 4 and 5 for the responses never, rarely, sometimes, often, and always, respectively. The scores of the items of each leadership dimension and for the total scale

were summed-up and the total divided by the number of the items, dimensions and the sum scores were converted into percent scores. The head nurses' self and others leadership practices' perception was considered to be high if the percent score was 60% or more, and low if less than 60%.

Tool validity and reliability:

This tool was tested for validity and reliability by Posner, 2016 and reliability was 0.73 to 0.95, The validity and reliability also tested by Hussein, 2020 and reliability was 0.978. .In the current study the tool tested for their reliability by the researcher. The level of reliability with Cronbach's Alpha Coefficient for LPI was 0.98.

Pilot study

A pilot study was carried out at the end of August 2022. It was conducted on 4 head nurses, 12 staff nurses, and 2 supervisors representing 10% of the main study samples. The pilot served to assess the clarity of language, applicability, and practicability of the tools as well as the feasibility of the study. It also helped to estimate the time required to complete the data collection forms. The time for filling in each questionnaire was around 20-30 minutes. Since no changes were needed in the tools, the pilot sample was included in the main study sample.

Fieldwork:

The actual field work of data collection started from the beginning of September 2022 to the end of Novemeber 2022, data were collected during the morning and afternoon shift at 4 days/ week. The researcher collected the data by self through meeting head nurses, nursing supervisors and staff nurses in their work setting and obtaining informed consent for their participation in the study. The subjects were informed about the aim of the study, how to fill-in the questionnaire. There were filled in at the time of distribution and their filling in took about 40 minutes. The researcher attended during the filling of the questionnaire to clarify any ambiguity and answer any questions.

Ethical consideration and administrative design:

Before commencing the study, an official letter was submitted from the Dean of the Faculty of Nursing Ain Shams university to the medical and nursing directors of university hospitals to seek their approval for conducting the study and collecting the data. Approval for the research protocol was obtained from the Ethics Committee and Scientific Research of the Faculty of Nursing, affiliated with the researchers' university. The aim, purpose, benefits, and impact of the study on the head nurses were explained to the directors of university hospitals and to the study subjects to obtain their agreement. The participants were assured that their anonymity and the confidentiality of any collected data would be maintained. Furthermore, they were informed that participation in the study was voluntary; and that they had the right to withdraw at any time.

Statistical Design:

Data entry and statistical analysis were performed using SPSS 20.0 statistical software package. Descriptive statistics, such as frequencies and percentages for qualitative variables, and means, standard deviations, and medians for quantitative variables, were used to present the data. The reliability of the leadership tool was assessed using Cronbach alpha coefficients. F-tests were utilized to compare quantitative continuous data, while chi-square tests were used for qualitative categorical variables. Multiple linear regression analysis was conducted to identify independent predictors of leadership scores, with analysis of variance for the full regression models. Statistical significance was determined at p-value <0.05.

Results:

Table (1): shows the demographic characteristics of studied head nurses, the head nurses age ranged from (32-59) and near to three quarters of them were less than 50 years (70%). Moreover, all of head nurses were females (100%). As well as, more than two

thirds of them had diploma degree (82.5%). In addition. More than half of head nurses had more than ten years' experience in their current position (55.0%). In addition, only less than one quarter of the head nurses had received previous leadership training (22.5%).

Table (2): Represents that, only more than half of the head nurses (55.0%) were challenge the process, it was the lowest self-assessed leadership practices among head nurses. Although enable others to act was the highest self-assessed leadership practices among head nurses (87.5%). Finally, only more than half of the head nurses (52.5%) has adequate self-assessed total leadership practices.

Table (3): Shows that inspire shared vision was the lowest leadership practices among head nurses as perceived by their supervisors (2.5%). In contrary, model the way was the highest leadership practices among head nurses as perceived by their supervisors (20.0%). Finally, none of head nurses had adequate total leadership practices as perceived by their supervisors (zero%).

Table (4): Reveals that, minority of head nurses (2.5%, 2.5%, 5%, 2.5%, 2.5%, 5%) had adequate leadership practices at all aspects as perceived by their staff nurses respectively. Lastly, minority of head nurses had adequate total leadership practices as perceived by their staff nurses.

Table (5): Demonstrates that, there were statistical significant difference between head nurses (self-rated) and supervisors and staff nurses (other-rating) leadership scores. Indicating over self-estimation of head nurses to their leadership practices and lack of self-awareness.

Table (1): Distribution of the studied head nurses according to their demographic characteristics (n=40):

	No.	Percentage
Age:		
<50	**28**	**70.0**
50+	**12**	**30.0**
Range		**32-59**
Mean±SD		**44.7±6.8**
Median		**43.5**
Sex:		
Male	**0**	**0.0**
Female	**40**	**100.0**
Marital status:		
Unmarried	**1**	**2.5**
Married	**39**	**97.5**
Nursing qualification:		
Diploma	**33**	**82.5**
Bachelor	**7**	**17.5**
Hospital:		
El-Demerdash	**25**	**62.5**
Ob/Gyne	**15**	**37.5**
Unit:		
Critical	**16**	**40.0**
Non-critical	**24**	**60.0**
Experience years (current):		
<10	**18**	**45.0**
10+	**22**	**55.0**
Range	**1-39**	
Mean±SD		**13.9±9.4**
Median		**11.5**
Experience years (total):		
<30	**32**	**80.0**
30+	**8**	**20.0**
Range		**8-40**
Mean±SD		**24.0±6.9**
Median		**23.5**
Had training in leadership	**9**	**22.5**

Table (2): Distribution of the studied head nurses according to their self-perception of their own leadership practices (self-rated) (N=40):

High leadership perception (60%+):	Frequency	Percent
Model the way	27	67.5
Inspire a shared vision	26	65.0
Challenge the process	22	55.0
Enable others to act	35	87.5
Encourage the heart	23	57.5
Total:		
High	21	52.5
Low	19	47.5

Table (3): Distribution of the studied head nurses according to supervisors' perception of their leadership practices (others-rated) (N=11) :

High leadership (60%+):	Frequency	Percent
Model the way	8	20.0
Inspire a shared vision	1	2.5
Challenge the process	2	5.0
Enable others to act	7	17.5
Encourage the heart	3	7.5
Total:		
High	0	0.0
Low	40	100.0

Table (4): Distribution of the studied head nurses according to Staff nurses' perception of their leadership practices (others-rated) (N=120) :

High leadership (60%+):	Frequency	Percent
Model the way	1	2.5
Inspire a shared vision	1	2.5
Challenge the process	2	5.0
Enable others to act	1	2.5
Encourage the heart	2	5.0
Total:		
High	1	2.5
Low	39	97.5

Table (5): Comparison of head nurses (self-rated), supervisors and staff nurses (others-rated) leadership perception

High (%) Leadership perception	Nurse categories						X^2	p-value
	Self-rated		Others-rated					
	Head (n=40)		Supervisor (n=40)		Staff (n=120)			
	No.	%	No.	%	No.	%		
Model the way	27	67.5	8	20.0	1	2.5	72.23	<0.001*
Inspire a shared vision	26	65.0	1	2.5	1	2.5	69.45	<0.001*
Challenge the process	22	55.0	2	5.0	2	5.0	62.96	<0.001*
Enable others to act	35	87.5	7	17.5	1	2.5	59.19	<0.001*
Encourage the heart	23	57.5	3	7.5	2	5.0	65.98	<0.001*
Total:								
High	21	52.5	0	0.0	1	2.5		
Low	19	47.5	40	100.0	39	97.5	70.78	<0.001*

(*) Statistically significant at p<0.05

Discussion

Leadership become increasingly prominent over the past decade as organizations seek to become better, faster, or more unique than their competitors. Developing strong leadership is critical to success of the organization. one of the most important tools for leadership development is 360-degree feedback assessment *(Das & Rajini, 2023)*.The 360-degree feedback assessment is a strategic individual management tool that helps to develop the key competencies of employees at work. It obtain as much information as possible to identify strengths and weaknesses, correct attitudes that impair acceptable professional performance, which in turn enables self-development and the development of the service and the organization *(Agrawal, 2019).*

The aim of the present study was to assess leadership practices among head nurses using 360 degree feedback assessment as reported by head nurses, supervisors and staff nurses. the results indicates high self-perception of head nurses' leadership practices and low others-percetion of their head nurses' leadership practices as perceived by (supervisors and staff nurses).

Concerning the demographic characteristics of studied head nurses. The present study results revealed that, the majority of head nurses were having a diploma degree, this might be reflected lack of their leadership practices scores due to lack of their academic preparation for leadership roles.

Similarly, with a study conducted at Alexandria University by *Abd-El Rahman (2010)* who investigated the impact of first-line nurse managers leadership development training program on workgroup climate and performance and showed that all of studied first-line nurse managers and staff nurses were holding a Diploma of Secondary Technical Nursing School.

However, in disagreement with these findings, two studies conducted in the United States, *Zimmerman, (2016)* who study leadership practices of supervisory employees at medical center represents that most of studied head nurses had Bachelor degree, and *DeJong, (2018)* who study leadership practices of nurse leaders and patient satisfaction ratings in magnet and non-magnet hospitals revealed that the majority of head nurses had Master degree.

In the light of demographic characteristics of studied head nurses revealed that, the more than half of head nurses had more than ten years' experience in the current position. However, only less than one quarter of head nurses had pervious training related to leadership this might be reflected lack of head nurse's formal leadership preparation to their managerial position. Long time of practicing leadership without academic background and leadership evidence-based practice.

This results in the same line with the study finding a study conducted at Egypt by *Younes (2019)* who study the effect of leadership program on leadership practice among nurse managers and revealed that, near to two thirds of first-line nurse

managers had more than ten years of experience as supervisor or head nurse. Meanwhile, all of them not attend any pervious leadership development programs.

This finding in agreement with *Tyson (2023)* who stated that, leadership training essential for better preparation of the workforce for challenges and future needs. This finding in the same line with *Williams (2021)* who asserted that, designing a leadership development program is critical to retain the leader's knowledge and skills and provide positive organizational outcomes. 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 learning.

The present study findings showed that more than half of the head nurses have adequate total leadership practices scores as perceived by themselves, indicating over self- estimation of head nurses to their leadership practices compared to assessment of others (supervisors and staff nurses). This might be due to lack of head nurses' knowledge related to leadership. And also, head nurses usually not receiving feedback related to their leadership practices and their positive and weakness points.

This results in congruent with research conducted in the United States by *Wheeler and Beaman (2018);* who examined the effects of a nursing leadership practices program on perceived leader behaviors and demonstrated that high level of (self-assessed) head nurses total leadership practices scores at the pre-intervention phase. And also, this is in agreement with study conducted in the United States by *Adepoju, (2023)* who investigated the followership and preferred leadership behaviors: conversion of passive and alienated followers into exemplary followers and declared high head nurse's leadership practices scores as perceived by themselves.

A similar finding was showed in a research conducted in Uganda by *Nanyonga, et al (2020)* who investigate the predictors of nursing leadership in Uganda and demonstrated that, high head nurses' self-assessed leadership practice scores. Meanwhile, this present study finding is inconsistent with *Younes, (2019)* who found low self-rating head nurses' leadership practices scores, and in the same line with a study conducted in the Amman by *Abdelhafiz, et al., (2015)* who study the impact of leadership practices among head nurses on level of job satisfaction among staff nurses revealed that, a moderate head nurses' self-rating leadership practices.

Concerning the present study findings "Enable others to act" dimension had highest self-percieved head nurses' leadership score. This might due to nature of nursing profession necessities head nurses to create a climate of collaboration, building trust, facilitating relationships and build the team around common purpose and mutual respect. Enable others to act are essential to navigating the conflicting interests and natural tensions that arise.

This finding is consistent with *(Boothe & Watson, 2022)* who represents strengthening others is essentially the process of turning followers into leaders, making people capable of acting on their own initiative. When they design options and alternatives to the ways that work and services are produced. These finding was in agreements with *(Kouzes & Posner, 2017)* who reported that, leaders' foster collaboration by building trust and facilitating relationships. They believe in the potential of others and the power of collaboration.

The current study finding is in agreement with study conducted in the United States by *Zimmerman, (2016),* who examined leadership practices of supervisory employees: an exploration of current practices at a southeastern veterans' affairs medical center and revealed that Enabling others to act" was the highest self- assessed head nurse's leadership dimension. This result consistent with study conducted in the United States by *Kelly, et al (2014)* who study the relationship of training and education to leadership practices in frontline nurse leaders who revealed that Enabling others to act" was the highest self-assessed head nurse's leadership practice.

This result consistent with a study conducted in China by *Cheng, et al. (2018)* who study leadership practices of nurse managers for

implementing evidence-based nursing and showed that enable others to act had the highest leadership practice scores among nurse managers as perceived by themselves. And also, in the same direction with a study conducted in São Paulo, Brazil by *Silva, et al (2017)* who study leadership practices in hospital nursing: a self of manager nurses and demonstrated that enable others to act the most applied leadership practices among head nurses.

In contrary with a study conducted in Egypt by *Emam (2021)* who assess head nurses' leadership practices using 360-degree feedback assessment and revealed that model the way was the highest self-assessed head nurses' leadership practices. And also, this finding in inconsistent with *Nanyonga, (2015)* in a study conducted in Uganda, where enable others to act had the lowest self-reported leadership practices undertaken by nurses in leadership roles in hospitals in Uganda, while "Model the way" had the highest head nurses self-rated leadership dimension. Moreover, in disagreement with *Younes (2019)* who declared that enable others to act had the second lowest scores among nurse managers.

Concerning the present study findings "Challenge the process" dimension had the lowest (self and other-rated) head nurses leadership scores. This might be due to head nurses' preferences to be engaged in routine and secure tasks, their resistance to change and taking risks, the fact that they are routinely not faced with challenges, and even if they do, they are referred to their supervisors and nursing director. This might be due to a lack of knowledge related to the benefits of challenge the process and using innovative ways to perform their work.

This finding in the same line with research conducted by *Younes (2019)* who mentioned that "challenge the process" had the lowest leadership score among head nurses as perceived by themselves. And also, this result consistent with *Cheng, et al. (2018)* who showed that "challenge the process" had the second lowest leadership practice scores among nurse managers as perceived by themselves.

In contrary, this present study finding is inconsistent with *Nanyonga, (2015)* who asserted that, challenge the process had the second highest head nurses' leadership score as perceived by themselves instead of perception of their staff nurses were challenge the process had the lowest scores. And also, in disagreement with *Abd-El Rahman (2010)* who revealed that challenge the process had the highest leadership score among head nurses at pre intervention phase as perceived by themselves and their staff nurses.

Concerning the present study findings "inspire shared vision" dimension; had low score as perceived by themselves and others (supervisors and staff nurses). This could due to lack of head nurses' awareness related to importance of vision and focusing on finishing day- to day activities instead of inspiring a shared vision to the future. The head nurses expressing considerable anxiety about time pressures and their impact to perform well in their current role and this led to a little priority given to inspire a shared vision and creating an ideal and unique image of what the organization can become in the future.

This present study results are in congruence with the results reported by *DeJong, (2018)* who stated that inspiring a shared vision dimension was the lowest self-rated head nurse's leadership score. And also, this result is supported by *Emam, (2021)* who revealed that inspire a shared vision had the lowest score among head nurses as perceived by themselves and others (supervisors and staff nurses). In addition, in agreement with *Denker, (2014)* who asserted that "inspire shared vision" scores had the second lowest transformational leadership subscale in nurse leaders as perceived by all study subjects: self, managers, direct reports, co-workers and others.

Moreover, this result in the same direction with *Cheng, et al. (2018)* who demonstrated that inspire a shared vision had the lowest leadership practice scores among nurse managers as perceived by themselves. However, this results in disagreement with *Nanyonga, (2015)* who showed that, "inspiring a shared vision" was the highest dimension as perceived by supervisors.

In the light of supervisors' perception of head nurses' leadership practices (others-rated).

The present study findings represent that none of studied head nurses had adequate total leadership practices as perceived by their supervisors. Indicating lack of head nurses' leadership practices as perceived by their supervisors. This might due to thus the majority of head nurses were having diploma degree they haven't academic education that enhance their leadership capabilities to promoted in managerial position, at the same time all of studied supervisors had Bachelor/ Master degree, this difference in qualification justify the low (other-rated) supervisors perception of head nurses' leadership.

The study result is consistent with a study conducted in Iran by *Mehr, et al., (2016)* who evaluate managerial skills of head nurses of Zahedan Medical Sciences university training hospitals by 360 degrees method and revealed small relation existed between views of head nurse, nurse, supervisor and hospital managers, which was not significant. This finding is supported by with *Phelps, (2005)* who concluded that low nurse leaders' leadership practices others-rated scores (managers, co-workers and direct reports) before implementing the program.

However, this finding in contrary with *Martin, et al (2012)* who asserted high head nurses' leadership practices scores others-rating (supervisors and staff nurses) before implementing the program compared to rating of themselves. And also, this result in disagreement with *Denker (2014)* who showed high (other-rated) nurse leaders leadership practices scores as perceived by their managers.

In disagreement with the study conducted in the United States by *Chandler et al. (2010)* who study use of a 360-degree evaluation in the outpatient setting: the usefulness of nurse, faculty, patient/family, and resident self-evaluation and concluded there was no difference between self-assessment scores and other- assessment.

Concerning the present study findings "Model the way" dimension had the highest (other rated) head nurses leadership score as perceived by their supervisors although low leadership scores at all dimension. The could due to head nurses' ability to be a role model through being honest establishing effective communication of

values, earning the trust and building credibility by matching their actions to their values that have been.

This finding is in agreement with *Phelps, (2005)* who showed that "Model the way" dimension had the highest nurse leaders' leadership practices scores as perceived by their managers, before implementing the program. In contrast, this result in disagreement with *Denker (2014)* who showed "Encourage the heart" the highest (other-rated) nurse leaders leadership practices scores as perceived by their managers.

The present study findings represent that minority of the head nurses has adequate total leadership practices as perceived by their staff nurses. This finding might be due to ineffective head nurses' leadership practices. In addition, the perception that head nurses were expected to manage even more complex situations in conflict-ridden environments due to scarce resources and high patient rate in presence of nursing shortage at university hospitals resulting in an even harder work environment and low staff nurses' satisfaction, which lead to low staff nurses' perception of their head nurses' leadership practices.

The current findings goes in agreement with research conducted in South Africa by *Amestoy et al., (2017)* in a study entitled leadership in nursing: from teaching to practice in a hospital environment, which highlighted the lack of coordination and leadership practices among head nurses. This finding is consistent with research conducted by *Ahmed et al., (2023)* who showed that overall, most nurses perceived their head nurses not displaying the ideal level of transformational leadership (TFL).

Meanwhile, in contrary with the present study finding conducted in Saudi Arabia by *Aljouaid, et al., (2017)* who assess the effect of nurse managers leadership practices on organizational commitment of nurses working and asserted that, most of participants staff nurses perceived their head nurses as transformational leaders, and also study conducted in Egypt by *Hussein, (2020)* who investigate staff nurses perception regarding nursing managers` leadership practices revealed

that, the majority of staff nurses' perceived their head nurses' leadership practices were high.

The present study findings showed that low "challenge the process" dimension scores among head nurses as perceived by their staff nurses. This may be due to favorability of head nurses to become in the safe zone by doing routine tasks and avoiding taking risk and experiment new methods to performing their jobs.

In the same context with *Clavelle et al, (2012)* who illustrated the LPI subscale score of "challenge the process" was second lower leadership practice among Magnet chief nursing officers. And also supported with a study conducted in Saudi Arabia by *Alharbi, et al (2021)* who investigated clinical nurse managers' leadership practices in Saudi Arabian hospitals: a descriptive cross-sectional study and demonstrated that "challenge the process" transformational leadership practices had low scores when reported by registered nurses compared to self- reported clinical nurse managers.

The current findings goes in agreement with *Maurissa, et al (2014)* who showed "challenge the process" mean scores of staff nurses' perception of head nurses' leadership practices was at a moderate level.

Concerning "Enabling others to act" dimension; the present study findings demonstrated that such dimension had low other-rated leadership score as perceived by staff nurses in contrary with head nurse's high self -perception regarding the same dimension. This perception of staff nurses might be due to lack of trustworthy environment due to work stress related to the nature of head nurses' position and responsibilities as well as lack of adequate formal preparation for leadership position.

This finding goes in the same direction with *Zimmerman, (2016)* who asserted that, "Enabling others to act" was the lowest rated head nurse's leadership practices' dimension as perceived by staff nurses. Meanwhile, this study finding goes in contrary with *Silva et al., (2017)* who showed that, "Enabling others to act" was the highest rated dimension of leadership practice, and also, in disagreement with *Hussein, (2020)* who

agreed upon, "Enable others to act" was the most frequent leadership practice in the work of head nurses.

Concerning "Encourage the heart" dimension the present study findings demonstrated that such dimension had low other-rated leadership score as perceived by staff nurses. This may be due to nurses promoted to leadership positions regardless of their educational background, without providing adequate formal leadership training and preparation

This study finding was relevant and consistent with *Hibbard (2016)* who found that, encourage the heart recorded the lowest mean score among nurse managers. However, in contrary with a study conducted in United States by *Burns (2017)* who reported that, study participant's practice encourages the heart frequently more than any other leadership practice. An also, this study result was contradicted with *Abo Gad (2018)* and *Hussein, (2020)* they concluded that, encourage the heart was the second highest leadership practice that nurse managers engaged in.

Conclusion

In the light of the current study findings, it can be concluded that, there were high self-rating of head nurses to their leadership practices and low other rated leadership practices scores as perceived by supervisors and staff nurses. there were highly statistically significant difference between (self-rated) head nurses leadership practices and (other-rating) supervisors and staff nurses. Indicating over self-estimation of head nurses to their leadership practices, lack of their self-awareness as well as lack of self-other agreement.

Recommendations:

Based on the present study findings, the following recommendations are suggested: Promotion to managerial level must done in accordance to academic qualification, leadership skills as well as personal experience.The leadership and management training should be considered an integral part and a prerequisite for head nurses to occupy their position.

References:

Abd-El Rahman, R. (2010): The Impact of First-Line Nurse Managers Leadership Development Training Program on Workgroup Climate and Performance. Unpublished doctorate thesis, Faculty of Nursing, Alexandria University. Pp. 130-132.

Abdelhafiz, I.M., Almukhtar, M., Alloubani, A.M., Klaledeh, M., and Mutari, N. (2015): Impact of Leadership Styles Among Head Nurses on Level of Job Satisfaction Among Staff Nurses. European Scientific Journal, ESJ, 11(10). Retrieved from https://eujournal.org/index.php/esj/article/view/6531

Abo Gad, R.A., (2018): The influence of nurse managers' leadership practices and organizational characteristics on staff nurses' innovation: A Comparative Study.Journal of Nursing and Health Science (IOSR-JNHS) e-ISSN: 7(5). PP 73-86.

Adepoju, A. O. (2023). Followership and Preferred Leadership Behaviors: Conversion of Passive and Alienated Followers Into Exemplary Followers (Doctoral dissertation, Regent University).

Agrawal, S.(2019): 360 Degree Feedback: A Powerful Tool for Leadership And Appraisal. Birla Institute of Technology, Mesra, Patna, India, Journal of Critical Reviews ISSN- 2394-5125 VOL 06, ISSUE 02, 2019.

Ahmed, E. M., Hassan, H., & Ibrahim, S. (2023). Effect of Leadership Styles Educational Program on Nurses' Autonomous Decision Making. Benha Journal of Applied Sciences, 8(4), 347-357.

Alderman, L. Forbes, M., & Murphy, A., (2022): Course enhancement conversations: A holistic and collaborative evaluation approach to quality improvement in higher education. Evaluation Journal of Australasia, 22(4), 221-236.

Alharbi, A., Rasmussen, P., & Magarey, J. (2021). Clinical nurse managers' leadership practices in Saudi Arabian hospitals: a descriptive cross sectional study. Journal of nursing management, 29(6), 1454-1464.

Aljouaid, M., El Dahshan, M. E. A., Youssef, H. A., Babkeir, R. A., & Hassan, W. B. (2017). Effect of nurse managers leadership styles on organizational commitment of nurses working at Taif Governmental Hospitals in Kingdom of Saudi Arabia. *IOSR Journal of nursing and health science*, 6(2), 35-46.

Alomari, A., Al Thawabiya, A., Al Lenjawi, B. A., & Singh, K., (2023): Leadership styles and transformational leadership skills among nurse leaders in Qatar, a cross-sectional study. Nursing Open.

Alsadaan, N., Salameh, B., Reshia, F. A. A. E., Alruwaili, R. F., Alruwaili, M., Awad Ali, S. A., ... & Jones, L. K. (2023). Impact of nurse leaders behaviors on nursing staff performance: A systematic review of literature. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 60, 00469580231178528.

Amestoy S.,C., Trindade L.,L, Silva G.,T.,R., Santos B.,P., Reis V.,R.,S.,S., Ferreira, V.,B. (2017):Leadership in nursing: from teaching to practice in a hospital. *Bissuness adminstrationJournal*,20(4).12-25.

Ariani, N., Novera, M., Poddar, S., Prasath, R., Sarli, D., & Sansuwito, T. B., (2022): The Effect of Leadership Styles on Nurse Performances and Job Satisfaction among Nurses in Dumai Public Hospital: Technological Innovation as Mediator. Malaysian Journal of Medicine & Health Sciences, 18.

Atiemo, P. (2023): Healthcare Leadership Attributes in Changing Culture (Doctoral dissertation, The College of St. Scholastica).

Bazrafcan, L., Keshtkaran, Z., Poorkiani, M., Faramarzian, Z., & Shokrpour, N., (2023): A 360-Degree Evaluation of Faculty Members' Teaching Effectiveness in Larestan Medical Sciences School during Covid-19 Pandemic: A Pilot Study. Journal of Health Sciences & Surveillance System, 11(1 (Supplement)), 140-146.

Boothe, A., & Watson, J. (2022). Gaining Personal Insight: Being an Effective Follower and Leader. Leading and Managing in Nursing E-Book, 163.

Budworth, M. H., & Chummar, S. (2022): Feedback for performance development: a review of current trends. International Handbook of Evidence-Based Coaching: Theory, Research and Practice, 337-347.

Burns, A. (2017): A Comparative Analysis of Leadership Practices .A Dissertation Submitted in Partial Fulfillment of the Requirements for the Doctor of Education Degree Union University,92-106.

Cardenas, R. (2023). Feedback Methods in the Music Classroom: A Review of Literature. Update: Applications of Research in Music Education, 87551233231186533.

Chandler, N., Henderson, G., Park, B., Byerley, J., Brown, W. D., & Steiner, M. J. (2010). Use of a 360-degree evaluation in the outpatient setting: the usefulness of nurse, faculty, patient/family, and resident self-evaluation. Journal of Graduate Medical Education, 2(3), 430-434.

Chen, W., Modanloo, S., Graham, I. D., Hu, J., Lewis, K. B., & Gifford, W. (2022): A mixed-methods systematic review of interventions to improve leadership competencies of managers supervising nurses. Journal of Nursing Management, 30(8), 4156-4211.

Cheng, L., Feng, S., Hu, Y., & Broome, M. E. (2018). Leadership practices of nurse managers for implementing evidence-based nursing in China. Journal of nursing management, 26(6), 671-678.

Clavelle, J. T., Drenkard, K., Tullai- Mc Guinness, S., &Fitzpatrick, J. J. (2012): Transformational leadership practices of chief nursing officers in magnet.organizations. *The Journal of Nursing Administration,* 42, 195-201.

Das, B. K., & Rajini, G. (2023). Leadership development through 360-degree multi-rater feedback—An experience sharing of need, approach, roll-out, and the impact. Environment and Social Psychology, 9(2).

DeJong, L.R. (2018): A comparative study of leadership practices of nurse leaders and patient satisfaction ratings in magnet and non-magnet hospitals (Order No. 10826247). Available from ProQuest Dissertations & Theses Global. (2065195750). Retrieved from https://search.proquest.com/ dissertations-theses/ comparative- study-leadership-practices- nurse/ docview/ 2065195750/ se-2?accountid=178282

Denker, Audria G. (2014):"Transformational Leadership in Nursing: A Pilot Nurse Leader Development Program" (2014). Graduate Theses, Dissertations, and Capstones. 6. https://scholarworks. bellarmine. edu/tdc/6

Didra, M. (2023). In the Shape of a Paisley: An Autoethnography Study of the Gap in Iranian Immigrant Women with Government Executive Leadership Roles (Doctoral dissertation, Seattle University).

Emam, S. M., (2022): Assessing Head Nurses' Leadership Practices Using 360 Degree Feedback, Egyptian Journal of Health Care, 13(2), 510-520. doi: 10.21608/ejhc.2022.231194, Pp113.

Fowler, L. (2023): Is Ambiguity Good or Bad for Democratic Governance?. Perspectives on Public Management and Governance, gvad004.

Gheith Abdel-Rahman,N.(2017): Applying a balanced score card approach and Multi-Rater feedback strategy to shift from appraising to managing head nurses' performance at general surgical units, Online Published: March DOI:10.5430/jnep.v7n8p119URL:https://doi.or g/10.5430/jnep.v7n8Pp119.

Grønkjær, M., Jørgensen, L., Kusk, K. H., Laugesen, B., and Voldbjerg, S. L., (2023): Establishing and leading a cross-institutional partnership to integrate fundamentals of care into clinical practice, nursing education and research. Journal of Advanced Nursing, 79(3), 951-960.

Harps, D (2018): "The effectiveness of 360-degree feedback in public schools", Published by Pro Quest LLC, U.S, Pp22, 62:65, 67.

Headrick, J. W. (2023): Transformational Leadership in Law Enforcement: Methods and Practices for Change and Sustaining Reform in the Future (Doctoral dissertation, University of the Cumberlands).

Hermanto, Y. B. & Srimulyani, V. A., (2022): Organizational culture as a mediator of credible leadership influence on work engagement: empirical studies in private hospitals in East Java, Indonesia. Humanities and Social Sciences Communications, 9(1), 1-11.

Hibbard, B., L.(2016): Teacher Perception Of Principal Leadership Practices: Impacting Teachers' Sense Of Self-Efficacy In Rural Appalachia Kentucky" Online Theses and Dissertations. 374.

Hussein, M, Th. (2020): Staff Nurses Perception Regarding Nursing Managers` Leadership Practices and it`s Relation to Their Knowledge Sharing, unpublished master thesis, faculty of nursing, Ain shams university, Pp 23-25, 76, 150-152.

Kelly, L. A., Wicker, T. L., & Gerkin, R. D. (2014): The relationship of training and education to leadership practices in frontline nurse leaders. The Journal of nursing

administration. Volume 44, Number 3, Pp. 158-163

Khadim, M., Jamil, S., & Naz, B. (2023): Enhancing Organizational Outcomes at Elementary School Level Through 360-Degree Leadership Performance Appraisals. Gomal University Journal of Research, 39(2), 224-239.

Kouzes, J. M., & Posner, B. Z. (2017). Leadership Practices Inventory (LPI),5th Edition, John Wiley & Sons. ISBN: 978-1-119-39751-9 June 2017

Kouzes, J.M., and Posner, B.Z. (2013): The leadership practices inventory. LPI: Individual Feedback Report. Amanda Lopez. Published by The Leadership Challenge, Pp1-5.

Marquis, B & Huston C. (2009): Leadership roles and management functions in nursing: Theory and application. 6th ed. Philadelphia: Lippincott Williams and Wilkins, 10 – 11.

Martin, J. S., McCormack, B., Fitzsimons, D., & Spirig, R. (2012). Evaluation of a clinical leadership programme for nurse leaders. Journal of nursing management, 20(1), 72-80.

Maurissa, A., Chaowalit, A., & Boonyoung, N. (2014). Leadership Practices of Head Nurses as Expected and Perceived by Staff Nurses in Public Hospitals in Banda Aceh, Indonesia. Journal of Research in Nursing-Midwifery and Health Sciences, 34(1), 1-12.

Mehr, S.A., Yazdanpanah, A., and Zare, K. (2016): Evaluating Management Skills of Head Nurses of Zahedan Medical Sciences University Training Hospitals by 360 Degrees Method, International Journal of Research and Development in Pharmacy and Life Sciences, Available online at http//www.ijrdpl.com October - November, 2016, Vol. 5, No.6, pp 2444-2451 ISSN (P): 2393-932X, ISSN (E): 2278-0238.

Nanyonga, R.C. (2015): Leadership, Followership, and the Context: An Integrative Examination of Nursing Leadership in Uganda Ph.D. Thesis. Yale University, New Haven, 6 (60), Pp34, 81, 252-260.

Nanyonga, R.C., Bosire, E.N., Heller, D.J., Bradley, E., & Reynolds, N.R. (2020). Predictors of nursing leadership in Uganda: a cross-sectional study. Health policy and planning, 35(Supplement_1), i51-i64.

Panadero, E., & Lipnevich, A. A. (2022): A review of feedback models and typologies: Towards an integrative model of feedback elements. Educational Research Review, 35, 100416.

Phelps, R. L. (2005). Using a formal mentoring program to develop nurse leaders: An action research study. Capella University.

Silitonga, F., &Wijaya, I. M. S., (2023): The Role of Leadership, Organizational Culture, Competence and Motivation toward Employee Commitment and Its Implications on Employee Performance in Pt Telkom Head Office. *Jurnal Cafetaria*, *4*(1), 185-199.

Silva, V. L. D. S., Camelo, S. H. H., Soares, M. I., Resck, Z. M. R., Chaves, L. D. P., Santos, F. C. D., & Leal, L. A. (2017). Leadership practices in hospital nursing: a self of manager nurses. Revista da Escola de Enfermagem da USP, 51.

Wheeler, K. and Beaman, M. (2018): The Effects of a Transformational Nursing Leadership Program on Perceived Leader Behaviors. Journal of Nursing and Healthcare Management. Volume 1. Issue 1.

Willias, M. J. (2021). 360 – degree feedback for leadership development (Order No. 28721548). Available from ProQuest Dissertations & Theses Global. (2572558034). Retrieved from https://www.proquest.com/dissertations-theses/360-degree-feedback-leadership-development/docview/2572558034/se-2

Younes, B.M. (2019): The Effect of Leadership Program on Leadership Practice among Nurse Managers, Published doctoral dissrtation, Faculty of Nursing, Ain Shams University Pp94:98.

Zimmerman, M. (2016): Leadership practices of supervisory employees: An exploration of current practices at a southeastern veterans affairs medical center, Doctoral dissertation, East Tennessee State University, Pp59-62.