بسم الله الرحمن الرحيم

" نَرْفَعُ دَرَجَاتٍ مَّن نَّشَاء وَفَوْقَ كُلِّ ذِي عِلْمٍ عَلِيمٌ "

صدق الله العظيم

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THE IMPACT OF FIRST-LINE NURSE MANAGERS LEADERSHIP DEVELOPMENT TRAINING PROGRAM ON WORKGROUP CLIMATE AND PERFORMANCE

Thesis

Presented to the Faculty of Nursing,
Alexandria University,
In Partial Fulfillment of the
Requirements for the Degree
Of

Doctoral of Nurisng Science
In
Nursing Administration

By

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2009

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ACKNOWLEDGMENTS

FAITHFULLY DEDICATED
To

My dear father and soul of my mother for their love, affection and support. I am grateful to both of them. You are always in my heart and I know that you are watching over me, guiding my steps.

I will never forget all that you did for me and all that you taught me.

You are my rock and my best friend. Without you, I would not be where I am today. I admire and adore your strength, courage, and perseverance. I thank God everyday that I have the privilege of having you as my parents. Thank you for your constant support, encouragement, and inspiration with this project and in life. I will always be here for you.

Their love, tolerant understanding and encouragement in all steps regarding this work, were the best motive I have ever needed in the accomplishment of my work.

Additionally, to all who supported and bearded me during my work, especially my family, Dr. Joan Galer, my close friends and colleagues.

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INTRODUCTION

The uncertainty in the health care industry, particularly in nursing, makes the next millennium an important time for nurses to develop leadership skills. One of the greatest challenges faced in the nursing profession is developing future nurse leaders [1]. A better understanding of what transformational leadership is, can improve our ability to provide effective leadership training programs and interventions [2]. To respond to changing technological and social forces, new managerial responsibilities are placed on the nursing services requiring nurse administrators who are knowledgeable, skilled and competent in all aspects of leadership [3]. To confront these expanding responsibilities and demands, the leader's role must take on new dimensions to facilitate quality outcomes in patient care and meet other strategic organizational goals and objectives (Porter-O'Grady, 2000) [4]. Nursing practice and nursing leadership are not solo acts. Nurses do not practice nursing in isolation from others, and nursing leadership is not practiced in a vacuum (Reid-Ponte, 2006) [5]. Therefore, nursing leadership plays a pivotal role in determining the future direction of the nursing profession and in preparing nurses to ensure quality health care for the future and to meet the inevitable challenges of the new millennium [1, 3].

Kouzes and Posner (2005) defined leadership as: "the art of mobilizing others to want to struggle for shared aspirations" [6]. Leadership has four principles. First, leadership is everyone's business, as the concept of leadership is broad to include those on the front lines as well as those in the executive suites. Second, leadership is a relationship between those who aspire to lead and those who chose to follow. Third, leadership is learned either through trial and error, or observation of others, or education. Finally, leaders make a difference by being a positive force in the world and demonstrating the five practices of exemplary leadership [7].

In healthcare research, leadership has been measured by a variety of tools [8]. However, previously used practices of nursing leaders are no longer sufficient for managing the health care environment. Nursing leaders will need to develop extraordinary leadership practices and behaviors through observing, role modeling and participating in formal education (Kouzes and Posner, 1987) [9]. Identification of leadership practices and behaviors provide an opportunity to evaluate current practices and behaviors of nursing leaders and suggest guidelines for future education for first-line nurse managers (Horvath et al., 1994) [10]. Therefore, the leadership behavior measurement instrument that has been used extensively across organizational sectors and whose use is increasingly more frequent in nursing research is the Leadership Practices Inventory (LPI), developed by Kouzes and Posner (2005) [11]. It is a realistic framework for leadership practices backed by a reliable and valid instrument for informant and self-report measurement of the practices [3].

Kouzes and Posner (2005) developed a leadership model which purportedly measures five key leadership practices consistent with transformational leadership style, including behaviors associated with: *(1) modeling the way*, which involves two strategies: setting the example by behaving in ways that are consistent with shared values; achieving small "wins" that promote consistent progress and build commitment. *(2) Inspiring a shared vision*, which involves two strategies: envisioning an uplifting and ennobling future; enlisting others in a common vision by appealing to their values, interests, hopes

and dreams. *(3) Challenging the process*, which involves two strategies: searching out challenging opportunities to change, grow, innovate, and improve; experimenting taking risks, and learning from the accompanying mistakes. *(4) Enabling others to act*, which involves two strategies: fostering collaboration by promoting cooperative goals and building trust; strengthening people by giving power away, providing choice, and developing competence, assigning critical tasks, and offering visible support. *(5) Encouraging the heart*, which involves two strategies: recognizing individual contributions to the success of every project; celebrating team accomplishments regularly [6].

Transformational leadership seems particularly suited to the nursing environment and profession [12, 13]. That is characterized by being an empowering leadership style, and by being caring and highly ethical (Biordi, 1993) [14]. The transformational leader is the catalyst for creating new innovative organizational paradigms, which manoeuvre between the system, the staff and patient care [15].

The process of development should never be intrusive. Education should always be about releasing what is already inside. The quest for leadership is first of all an inner quest of self-discovery. Leadership development is self-development, and leadership developers are the creators of the climate in which self-development flourishes, in order to help people discover what they care about and value, what inspires them, what challenges them, what gives them power and competence, and what encourages them [7].

In nursing, the first-line management positions are filled by head nurses [16]. The first-line nurse manager has been described as "vital to quality patient care" [17], and was labeled as the "fulcrum of managerial influence in the hospital" [18]. The leader must have a relationship with a group. This type of group is a workgroup. A workgroup may consist of two members – the leader and the follower; or many members – head nurses and staff. The most important factor in effective group functioning is the climate of the group [19]. Climate is defined by Management Sciences for Health (MSH) (2005), as: "the environment in which people work that affects how people behave at work". The practices and behaviors of the workgroup manager and staff influence their climate [20].

The Workgroup Climate Assessment (WCA) is designed to measure climate among workgroups in the health sector. It is measured according to employees' perceptions, in relation to: *(1) climate perceptions*, and *(2) perceptions of productivity and quality*. Understanding these dimensions of workgroup climate can help in thinking about interventions that can be used to improve climate and performance. Consequently, a positive workgroup climate is a primary outcome of a leadership development process aimed at improving the performance of leaders and their work groups [21].

Performance is defined by Meretoja, and Leino-Kilpi (2001) as: "the formal exhibition of a skill, ability, or aptitude of a professional nurse" [22]. Performance-related behaviors are directly associated with job tasks and need to be accomplished to achieve a job's objectives [23]. Nurse leaders' performance provides an objective summary of leaders' strengths and areas of development along seven critical leadership performance factors, namely: *(1) problem solving*, *(2) Planning*, *(3) Controlling*, *(4) Managing self*, *(5) Managing relationships*, *(6) Leading*, *(7) Communicating* [24].