Head Nurses' Resonant Leadership Practices and its effect on Nurses' Interprofessional Collaborative Skills at Minia University Hospitals

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Abstract

Background: Effective leadership as resonant leadership in healthcare settings is crucial for fostering a collaborative and high-performing workforce. **The study aimed** to assess the head nurses' resonant leadership practices and its effect on nurses' interprofessional collaborative skills at Minia University Hospitals. **Research design:** Cross-sectional research design. **Setting:** The study was performed at Minia University Hospitals. **Sample:** The study subjects consisted of all head nurses (n= 124) and 30% of staff nurses (n-355) with total 379 nurse. **Tools of data collection:** Three tools were utilized, tool one: head nurses' knowledge about resonant leadership, tool (II): head nurses' practice about resonant leadership, tool (III): nurses interprofessional collaborative skills. **Results:** displays that, about two thirds percent of head nurses have adequate level of total knowledge of resonant leadership, about three quarters percent of head nurses have good total practices of resonant leadership compare with above one quarter percent of head nurses have good practice of resonant leadership from nurses' perceptions, and there are above fifty percent of nurses have good level of total interprofessional collaborative. **Conclusion:** there was a fair positive significant correlations between head nurses' knowledge and their practices about resonant leadership; a fair positive significant correlations between head nurses' knowledge about resonant leadership and nurses' interprofessional collaborative; and there was strongly positive significant correlations between head nurses' practices about resonant leadership and nurses interprofessional collaborative. **Recommendations:** Recognize and reward resonant leadership practices and effective interprofessional collaboration through hospital administrations as essential components of quality care.

Keywords: Effect, Head Nurses, Nurses' Interprofessional Collaborative Skills, Resonant Leadership Practices.

Introduction

Today's complex healthcare environment, effective leadership is increasingly recognized as a vital factor influencing teamwork, staff satisfaction, and patient care outcomes. Among the various leadership styles, resonant leadership stands out for its emphasis on emotional intelligence, empathy, and the ability to build meaningful relationships with team members. Head nurses, as frontline leaders, play a pivotal role in shaping the clinical environment, mentoring staff, and fostering a culture of collaboration **(Bao, 2025).**

Resonant leadership is a leadership approach that emphasizes emotional intelligence, relationship-building, and team engagement. It is based on the ability of leaders to connect with their team members on an emotional level, creating a positive and motivating work environment. This leadership style promotes open communication, empathy, and shared decision-making, leading to improved job satisfaction and collaboration among nurses **(Amer et al., 2024).**

This, in turn, improves interprofessional collaboration and patient care coordination. Resonant leaders inspire and motivate their teams by aligning with shared values and recognizing individual contributions. This leads to higher job satisfaction and engagement. Also, these leaders support continuous learning, mentorship, and feedback, helping nurses develop professionally and

gain confidence in their roles **(Al-Bashaireh et al., 2025).**

Therefore, head nurses' leadership practices significantly impact team performance, morale, and collaboration. When head nurses adopt resonant leadership practices, they create a work environment that encourages teamwork, reduces stress, and improves communication. Key practices of resonant leadership among head nurses include active listening, providing emotional support, fostering a culture of respect, and encouraging professional development. By demonstrating empathy and understanding, head nurses can build strong relationships with their staff, leading to increased job satisfaction and a more cohesive nursing team **(Christiansen et al., 2025).**

Furthermore, when applying resonant leadership, head nurses practice specific behaviors that build trust, emotional connection, and high-functioning teams. Some of key practices commonly observed among head nurses who adopt a resonant leadership style as; emotional intelligence, active listening and communication, inspiration and vision sharing, constructive feedback and recognition, team empowerment, creating a positive work climate, and conflict resolution **(Dirik et al., 2025).**

Moreover, head nurses act a resonant leader through inspire, motivate, and support their teams by being attuned to the emotional climate of the workplace. This approach is particularly important in nursing, where teamwork and interprofessional collaboration are essential for delivering safe and efficient care **(Acorn et al., 2023)**. Interprofessional collaborative skills among nurses—such as open communication, mutual respect, shared decision-making, and coordinated patient care—are directly influenced by the quality of leadership they experience **(Li & Li, 2025).**

Additionally, resonant leadership practices by head nurses are crucial not only for enhancing nurses' morale and job satisfaction, but also for strengthening interprofessional collaborative skills, which are essential for improving patient safety, treatment outcomes, and healthcare efficiency **(Özer et al., 2024).** Interprofessional collaboration is a fundamental aspect of modern healthcare, requiring nurses to work effectively with other healthcare professionals. Strong collaborative skills among improved overall healthcare outcomes. Nurses' interprofessional collaborative skills include effective communication, mutual respect, teamwork, and shared decision-making (**Bonacaro et al., 2025).**

Interprofessional collaboration skills enable nurses to coordinate patient care efficiently, ensuring that all members of the healthcare team contribute their expertise, enhances patient safety by facilitating accurate information sharing and reducing misunderstandings. When nurses feel empowered and valued by their leaders, they are more likely to engage in collaborative practices and contribute positively to patient care. Thus, fostering interprofessional collaboration is essential for improving healthcare delivery and achieving better health outcomes **(Brown & Brown, 2025).**

Nurses' interprofessional collaborative skills have significant consequences on both patient outcomes and organizational performance. These consequences can be positive when such skills are well-developed and negative when they are lacking **(Ghattas & Abdou, 2025).** So, developing strong interprofessional collaborative skills among nurses is essential to delivering safe, effective, and patient-centered care. Institutions that invest in team-based training, communication workshops, and leadership development for nurses are more likely to benefit from a collaborative, agile, and resilient workforce **(Moloro et al., 2025).**

Least and not last, at hospitals, the growing complexity of healthcare delivery necessitates strong leadership practices to ensure effective collaboration across multidisciplinary teams. Understanding the relationship between head nurses' resonant leadership and nurses' collaborative skills can provide valuable insights into improving team functioning and enhancing healthcare outcomes. Therefore, researcher introduce this topic **(Ota et al., 2022).**

Significance of the study

Nurse executives globally are expected to articulate the contribution of nursing to patient care within the boardroom. This is becoming more important as healthcare organizations are under pressure. Nursing leadership is often held to account for the quality of patient care despite an absence of research relating nursing leadership to nurse sensitive outcome indicators. There remains a lack of consensus on metrics and no single measure of ward level quality care (**Bawafaa et al., 2018).**

El-sayed et al., (2023) who conduct a study in Egypt about "Effect of Educational Program about Resonant Leadership on head nurses' Knowledge and Practices" illustrated that pre-educational program, the majority (87.9%) of head nurses had poor level of total knowledge regarding resonant leadership. While, all of them had high

level at immediate which slightly decreased to the majority (86.4%) of head nurses had high level after three months of educational program. Internationally, **Parr et al., (2021)** showed that resonant leadership was significantly and positively associated with relationships at work, perception of unit care quality, reduced falls rates and better patient satisfaction.

Moreover, it was noted from researcher observation during work that there are many conflicts between staff nurses that lead to many defaults in the delivery of care as a result of decreased level of collaboration between nurses and this may be due to poor leadership styles and practices used by head nurses. So, the aim of this study is to assess head nurses' resonant leadership practices and its effect on nurses' interprofessional collaborative skills at Minia University Hospitals.

Aim of the study:

The present study aims to assess the head nurses' resonant leadership practices and its effect on nurses' interprofessional collaborative skills at Minia University Hospitals.

Research Questions:

- What is the head nurses' knowledge level of resonant leadership practices?
- What is the head nurses' level of resonant leadership practices?
- What is the nurses' level of interprofessional collaborative skills?
- What is the relation between head nurses' resonant leadership knowledge and practices and nurses' interprofessional collaborative skills?

SUBJCT and METHODES

Research design:

Cross-sectional research design was utilized to fulfill the aim of this study .

Setting:

The study setting was performed at five Minia University Hospitals (Emergency Minia University Hospital; Minia University Hospital for Obstetric and Pediatric; Liver and GIT Minia Hospital; Nephrology and Urology Hospital; and Cardiothoracic Hospital) Minia city, Egypt.

Subjects:

The study subjects were selected as all head nurses (n= 124) and 30% of staff nurses calculated by using **the Issac& Micheal, (1995)** formula which is computed by (N= P 30/100) nurses (was selected randomly) so, the number of staff nurse who already on work (n= 1180*30/100= 355), and total number was (479)

Data Collection Tools:

To accomplish the aim of the study three tools were used :

1st tool: (1) Head nurses' knowledge about resonant leadership, involved two sections:

First: Head nurses' personal data containing; age, gender, educational qualification, previous training courses about leadership, and years of experience .

Second: Head nurses' knowledge level about resonant leadership

This was self-administered questionnaire and developed by **Northouse, (2018)** and it used to assess head nurses' knowledge about resonant leadership. This tool included (55) questions; the questions were informed of true and false (30 questions), matching (6 questions), and multiple choice (19 questions). It was covered knowledge regarding resonant and was classified into 5 domains. Each knowledge question scored by (zero for a «Incorrect» answer and one for a «Correct » answer. The total knowledge scores ranged from 0 to 55, inadequate knowledge level if the score was less than 60% (0-32) and adequate knowledge level if the score was ≥ 60 (33- 55).

2nd tool: Head nurses' Resonant Leadership practices :

This tool developed by **El-Sayed et al. (2023)** and was adopted by the researcher to assess head nurses' resonant leadership practices. This tool was filled by head nurses to assess their resonant leadership practices by themselves and was filled by nurses to assess their perception regarding head nurses' resonant leadership. It included 59 items categorized into eight dimensions. Responses of each item with five points Likert Scale ranged from never = (1), to always = (5). So, the scoring system was calculated by cut off points and summing scores of all categorized as follows:

- Poor level of resonant leadership practices if the score was less than 60, (59 to 176)

- Fair level of resonant leadership practices if score from ≥ 60 % to <75%, (177 to 220)
- Good level of resonant leadership practices if score was ≥ 75% (220 to 295)

3rd tool: The Interprofessional Collaborative Competency Attainment Scale (ICCAS).

This tool developed by **McDonald, et al., (2010),** and was adopted and modified by researcher to assess nurses' interprofessional collaborative skills. It consisted of 20 items and classified into 6 domains. Responses of each item with five points Likert Scale ranged from never = (1), to always = (5). The score was calculated by cutting off points and summed the scores of all categorized as follows:

- Poor level of interprofessional collaborative skills if the score was less than 60%, (20- 59)
- Fair level of interprofessional collaborative skills if score from ≥ 60 % to <75%, (60- 74)
- Good level of interprofessional collaborative skills if score was ≥ 75% (75- 100)

Nurses' personal data sheet was contained; age, gender, marital status, residence, educational qualification, years of experience, previous training courses about leadership, and salary. This sheet attached with nurses' interprofessional collaborative.

Validity and Reliability of Tools:

Validity:

The tools were tested for the content validity by a jury of five experts in the field of nursing administration in the faculty of nursing _ Minia 0University as (one professor and four assistant professors). The validity was done to know the extent to which the items of the scales evaluate what it was intended to measure, finally the necessary modifications were done.

Reliability

It was conducted to confirm the consistency of the tools. Moreover, the scales were measured for reliability using the Cronbach alpha test, the Cronbach's Alpha as following

Tools	Cronbach's test
Total **Head nurses' knowledge about resonant leadership**	0.816
Total head nurses' resonant leadership practices	for head nurses 0.945 for nurses 0.976
Interprofessional Collaborative Competency Attainment Scale	0.798

Pilot Study:

A pilot study was conducted on 10% of the total sample (49 nurse as 13 head nurses and 36 staff nurses) to assess the clarity of questions, applicability of tools, and time required for completion. The primary objectives were to: evaluate the phrasing, sequencing, and relevance of items in the data collection tools; test the clarity, comprehensiveness, and practical utility of all scales; and determine the approximate time needed to complete each tool, which ranged between 20-35 minutes for the head nurses and 15-25 minutes for the nurses.

Based on pilot findings, no modification was made to. The results confirmed that all tools were appropriate for the study context and required no significant modifications. Data from the pilot phase were included in the final analysis as the instruments demonstrated adequate reliability and validity. This preliminary testing ensured the robustness of the research methodology before full-scale implementation.

Data Collection Procedure:

The data collection process was carried out systematically in several organized steps. Initially, an official letter was obtained from the Research Ethics Committee, Faculty of Nursing to authorize the study. Prior to implementation, the research tools were reviewed and approved by an expert panel. All required materials, including printed data collection forms, were prepared in advance. Written approval was then secured from the hospitals directors, followed by additional permissions from nursing managers and head nurses.

Study subjects (head nurse+ nurses) were approached in their respective departments, and group orientation sessions were held to introduce the research team, explain the study's purpose and procedures, and demonstrate how to complete the forms properly. Self-administered questionnaires were personally distributed to the participants across all shifts (morning, evening, and night) ensuring comprehensive coverage.

The researcher remained available throughout for any needed clarification, and completed forms were collected immediately after completion. The data collection period spanned four months, from beginning of July to end of October 2024 for all the study settings. On average, each questionnaire took 15 to 20 minutes to complete. To maintain data integrity, daily verification of collected forms was performed, and secure document storage procedures were implemented. A

dedicated contact was assigned for participant inquiries, with flexible scheduling options offered to accommodate nurses' workloads. Throughout the process, strict confidentiality was maintained to protect participant privacy and data security.

Ethical Considerations :

- An official approval letter was obtained from the Research Ethics Committee of the Faculty of Nursing at Minia University prior to study commencement.
- Formal authorization was secured from the Dean of the Faculty of Nursing, Minia University to conduct the research.
- Written permissions were acquired from the directors of each study settings hospital, nursing managers, and head nurses of selected units.
- Prior to both the pilot and main study, informed oral agreements was obtained from all participants after comprehensive explanation of the study's nature, objectives, and procedures.
- Participants retained the unconditional right to refuse participation or withdraw from the study at any point without justification.
- Strict confidentiality measures were maintained throughout data collection, with particular attention to protecting participants' privacy.
- Anonymity was ensured through the use of numerical codes instead of personal identifiers in all research documentation.
- All collected data were stored securely with access restricted to the research team only.

Data statistical analysis

The sheets were collected from the study subject and used to process and evaluate the data of this study. Cleanse data by running a number of thorough checks and, when necessary, making adjustments. A coding instruction manual was created once the raw data that had been collected were coded and scored. Data were entered into the computer, and the Statistical Package for Social Sciences was used to do statistical analysis (SPSS version 22).

Numerical data were expressed as mean and SD. Quantitative data were expressed as frequency and percentage. For comparison between two percentages were done using Chi-square test. Also, relations between different numerical variables were tested using Pearson correlation. Probability (p-value) less than 0.05 was considered significant and less than 0.001 was considered highly significant.

Results

Table (1): Distribution of staff nurses' (head nurses+ nurses) personal data (no.=479)

Personal data	Head nurses (No.=124)		Nurses (No.=355)	
	no.	%	no.	%
Age				
•20-<30 years	0	0.0	5	1.4
•30-<40 years	72	**58.1**	284	**80.0**
•40-<50 years	42	33.8	57	16.1
•>50 years	10	8.1	9	2.5
Mean ± SD	36.232±3.219		32.342±2.219	
Gender				
• Male	40	32.3	165	46.5
•Female	84	**67.7**	190	**53.5**
Marital status				
•Single	24	19.4	168	47.3
•Married	97	**78.2**	178	**50.1**
•Divorced	3	2.4	8	2.3
•Widow	0	0.0	1	0.3
Residence				
•Rural	59	47.6	229	**64.5**
•Urban	65	**52.4**	126	35.5
Educational qualification				
•Nursing Diploma	1	0.8	14	3.9
•Technical institute of Nursing	5	4.0	256	**72.2**
•Bachelor degree of nursing	106	**85.5**	85	23.9
•Master degree	11	8.9	0	0.0

Personal data	Head nurses (No.=124)		Nurses (No.=355)	
	no.	%	no.	%
•Doctoral	1	0.8	0	0.0
Years of experience				
• < 2	7	5.6	10	2.8
• 2: 5	24	19.5	63	17.7
•6: 10	65	**52.4**	128	36.1
•11: 15	17	13.7	142	**40.0**
•16: 20	7	5.6	7	2.0
•> 20	4	3.2	5	1.4
Mean ± SD	6.222±3.219		12.322±2.119	
Salary				
•Not enough	69	**55.6**	294	**82.8**
•Enough	36	29.1	52	14.7
•Enough and excessed	19	15.3	9	2.5

Table (1) presents that, regard to the head nurses 58.1% of head nurses are aged from 30 to less 40 years old with mean age 36.232±3.219, also 67.7% of them are females and 78.2% are married. Moreover, in relation to residence 52.4% of them from urban area, and 85.5%of them have bachelor degree of nursing. Concerning years of experience in nursing, there are 52.4% of head nurses have six to ten years in the nursing experiences. Finally, 55.6% of them haven't enough salary.

Regard to the nurses 80.0% of head nurses are aged from 30 to less 40 years old with mean age 32.342±2.219, also 53.5% of them are females and 50.1% are married. Moreover, in relation to residence 64.5% of them from rural area, and 72.2%of them have technical institute of nursing. Furthermore, concerning years of experience in nursing, there are 40.0% of nurses have eleven to fifteen years in the nursing experiences. Finally, 82.8% of them haven't enough salary.

Table (2): Distribution of staff nurses' (head nurses+ nurses) regarding attendance of training about leadership data (no.=479)

Personal data	Head nurses (No.=124)		Nurses (No.=355)	
	no.	%	no.	%
Previous training courses about leadership				
•Yes	76	**61.3**	125	**35.2**
•No	48	38.7	230	**64.8**
If you have previous training, how many times did you have?	**(no.=76)**		**(no.=125)**	
•Only one	43	**56.6**	68	**54.4**
•Two to four	30	39.5	50	40.0
•Five or more	3	3.9	7	5.6
Where did you have the training?	**(no.=76)**		**(no.=125)**	
•Nursing Syndicate	28	36.8	38	30.4
•Minia University hospital	10	13.2	43	**34.4**
•Minia University	30	**39.5**	33	26.4
•Einshimas University hospital	8	10.5	11	8.8

Table (2) shows regard previous attendance of training that 61.3% of head nurse attend the training course about leadership as well as 56.6% of them attended the training once time and 39.5 % of them attend the training at Minia University. Regard to the nurses 35.2%of them are attend the training course about leadership as well as 54.4% of them are attended the training once time and 34.4% of them attend the training at Minia University hospital. Finally, 82.8% of them haven't enough salary.

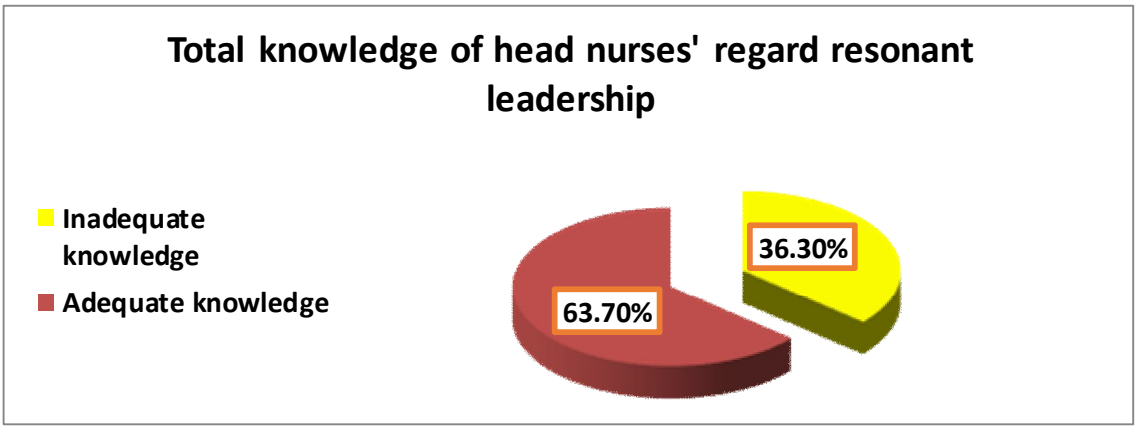

Figure (1): Distribution of head nurses' total knowledge regard resonant leadership (no.=124)

Figure (1) displays that, there are 63.7% of head nurses have adequate level of total knowledge of resonant leadership, while there are 36.3% of them have inadequate level of total knowledge of resonant leadership.

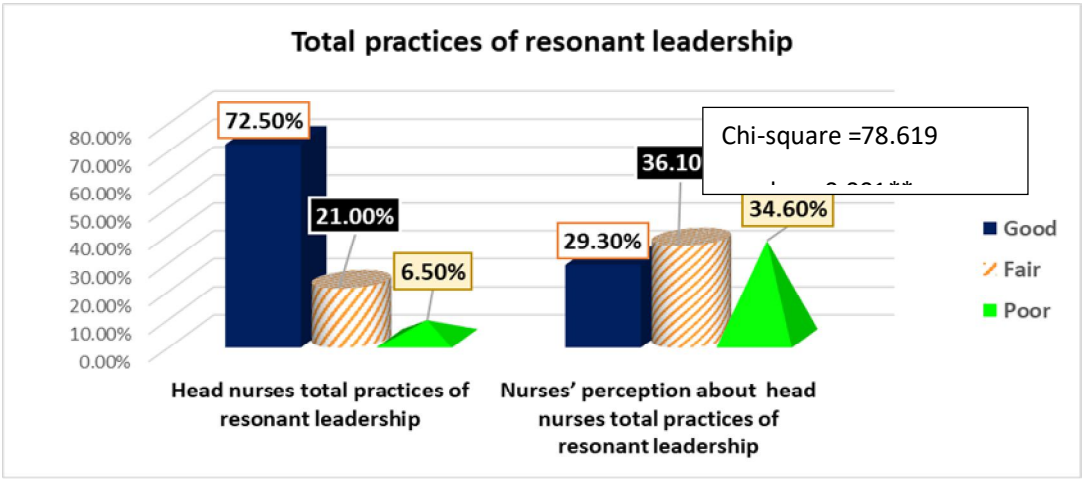

Figure (2): Distribution of total practices of resonant leadership (no.= 479)

Figure (2) illustrates that,72.5% the head nurses have good total practices of resonant leadership compare with 29.3% of head nurses have good practice of resonant leadership from nurses' perceptions. While 6.5% the head nurses have poor total practices of resonant leadership compare with 29.3% of head nurses have good practice of resonant leadership from nurses' perceptions. Finally, there is highly statically significance relations between nurses' perceptions for practices of head nurse resonant leadership and head nurses' responses for resonant leadership (p-value=0.001**).

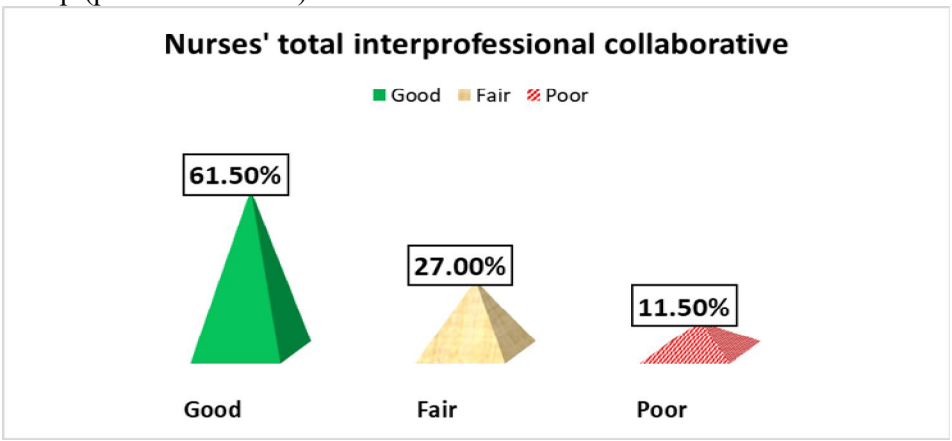

Figure (3): Distribution of nurses' total interprofessional collaborative (no.=355)

Figure (3) displays that, there are 61.5% of nurses have good level of total interprofessional collaborative, while there are 11.5% of them have poor level of total interprofessional collaborative.

Table (3): Correlation between head nurses' resonant leadership (knowledge as well as practices) and nurses' interprofessional collaborative.

Items		Head nurse's knowledge of resonant leadership	Head nurse's practices of resonant leadership	Head nurse's practices of resonant leadership From nurses' perception	Nurse's interprofessional collaborative
Head nurse's knowledge of resonant leadership	r P-value		0.628* 0.001	0.089 0.326	0.515* 0.006
Head nurse's practices of resonant leadership	r P-value	0.628** 0.003		0.056 0.535	.856** .001
Head nurse's practices of resonant leadership from nurses' perception		0.089 0.326	0.056 0.535		0.389** 0.001
Nurse's interprofessional collaborative	r P-value	0.515* 0.006	.856** .001	0.389** 0.001	

*significant is considered at (p-value <0.05).

Table (3) justifies that there are fair positive significant correlations between head nurses' knowledge as well as their practices about resonant leadership (r=0.628, p=0.003**); while there are fair positive significant correlations between head nurses' knowledge about resonant leadership and nurses interprofessional collaborative. (r=0.515, p=0.006*). Moreover, there is strongly positive significant correlations between head nurses' practices about resonant leadership and nurses' interprofessional collaborative. (r=0.856, p=0.001**).

Discussion

Today's complex healthcare systems, effective teamwork and collaboration among healthcare professionals are essential for delivering high-quality, patient-centered care. Nurses, as integral members of the interprofessional team, must possess strong collaborative skills to communicate, coordinate, and make decisions alongside physicians, therapists, pharmacists, and other healthcare providers. One influential factor that significantly shapes these collaborative behaviors is resonant leadership **(Christiansen et al., 2025).**

Resonant leadership, a concept rooted in emotional intelligence and relational leadership theory, emphasizes empathy, inspiration, and supportive communication. Leaders who practice resonant leadership create emotionally intelligent environments that foster trust, respect, and engagement among their teams. This leadership style helps build positive relationships, reduces workplace stress, and promotes psychological safety—all of which are critical for successful interprofessional collaboration **(Awad et al., 2024).**

Despite its recognized value, there remains a need for empirical exploration into how resonant leadership specifically influences nurses' interprofessional collaborative skills. Understanding this relation is vital for healthcare institutions aiming to improve teamwork dynamics, enhance patient safety, and build resilient healthcare teams **(Moloro et al., 2025)**. So, this study stressed on to assess the head nurses' resonant leadership practices and its effect on nurses' interprofessional collaborative skills at Minia University Hospitals**.**

Concerning the head nurses' personal data, the present study illustrated that more than half of the head nurses age were between 30-<40yrs. Regarding their gender, the study results noted that more than two-thirds of them were female. Also, more than three-quarters of them were married. For their residence, more than half of them from urban areas. Concerning their educational qualification, the majority of them had bachelor's degree of nursing. Moreover, for their years of experience, more than half of the head nurses ranged between 6-10yrs.

Furthermore, the present study explained that more than sixty percent of the head nurses responded "yes" for previous training courses about leadership. Regarding number of previous trainings, did they had, the highest percentage of them had responded to "only one". About forty percent of them had their training in Minia University, Finally, regarding their salary more than half of them were in favor to "not enough".

Concerning the nurses' personal data, the present study showed that more than three-quarters

of the nurses' age were between 30-<40yrs, and the highest percentage of them were female. For their marital status, more than half of them were married. In relation to their residence, nearly to two-thirds of them from urban areas. Concerning their educational qualification, the highest percentage of them had technical institute of Nursing. Moreover, regard their years of experience, about forty percent of the nurses ranged between 11-15yrs.

Furthermore, the present study explained that more than one-third of the nurses were attended training course about leadership as well as more than half of them were attended the training once time. Furthermore, the highest percentage of them were attended the training at Minia University hospital. Finally, most of them hadn't enough salary.

Concerning the head nurses' total knowledge of resonant leadership, the present study revealed that the highest percentage of the head nurses had adequate level of total knowledge of resonant leadership. This could be related to their leadership roles, which require emotional intelligence, effective communication, and team motivation key components of resonant leadership essential for fostering a positive and productive work environment.

This finding is aligned with **El-Sayed et al. (2023)** quasi-experimental study who found that after an educational program, the highest percentage of nurse managers had adequate knowledge of resonant leadership. Also, **Amer et al. (2024)** who reported that the highest percentage of the head nurses had a high level of resonant leadership and structural empowerment among head nurses, with a positive correlation between leadership and nursing performance.

However, **Qtait (2023**) review of leadership styles and nurse performance found variability in leadership knowledge across settings. It noted that many head nurses lacked formal leadership training, which could limit their knowledge and application of resonant leadership principles.

For the staff nurses' total practices of resonant leadership, the current study noted that more than seventy percent of the head nurses had good total practices of resonant leadership compare with only more than one-quarter of them had good practice of resonant leadership from nurses' perceptions. This discrepancy between head nurses' self-reported practices and staff nurses' perceptions suggests a gap between intention and impact. While over the highest percentage of head nurses believe they demonstrate good resonant leadership, only a quarter of staff nurses agree, indicating possible issues in communication, visibility of leadership behaviors, or consistency in applying resonant leadership practices in daily interactions.

This is supported by **Reynolds et al. (2022)** who summarized that the nurse managers self-rated their resonant leadership significantly higher than nurses rated them. Also, **Mohamed Emam et al. (2024)** the highest percentage of the head nurses rated themselves highly on leadership practices. In contrast, only the staff nurses rated them similarly. This stark contrast suggests overestimation by head nurses and low perceived resonance by others. In the other hand, **El-Sayed et al. (2024)** found that only more than half of the nurses perceived their supervisors as practicing high-level resonant leadership.

Concerning the nurses' total interprofessional collaborative, the current study highlighted that more than sixty percent of nurses showed good level of total interprofessional collaborative. This could be related to strong team-based culture within healthcare settings, and likely results from increased training, communication strategies, and emphasis on patient-centered care, all of which promote effective collaboration among healthcare professionals.

This finding is supported by **Chou et al. (2024)** who reported that more than sixty percentage of the nurses had demonstrated good level interprofessional collaboration. Also, **Moloro et al. (2025)** pooled analysis of five regional studies reported more than half of the nurses reported a good level of overall interprofessional collaboration. However, **Ghattas and Abdou, (2025)** illustrated that the minority of the nurses had achieved a good interprofessional collaboration level in high-stress environments. Also, showed significant obstacles, such as role ambiguity and poor communication, hindering IPC.

Regarding the correlation between head nurses' resonant leadership (knowledge as well as practices) and nurses' interprofessional collaborative, the current study reported that, there was a fair positive significant correlation between head nurses' knowledge as well as practices about resonant leadership. This indicates that as head nurses' knowledge about resonant leadership increased, their practices aligned with it also improved, and suggests that better understanding of resonant leadership principles directly enhances their application in practice, emphasizing the value of education and awareness in leadership development.

This is supported by **Reynolds et al. (2022)** who conducted a cross-sectional study in Guyana using the Resonant Leadership Scale and found that nurse managers self-rated significantly higher than staff, indicating aligned leadership perceptions—suggesting moderate-to-strong correlations between leadership knowledge and practices.

Also, there was a fair positive significant correlation between head nurses' knowledge about resonant leadership and nurses' interprofessional collaborative. Form the researchers' point of view as head nurses' knowledge of resonant leadership increases, their ability to foster interprofessional collaboration among nurses also improves. This implies that understanding resonant leadership principles may enhance communication, empathy, and teamwork within healthcare teams.

This is supported by **Varghese and Rao, (2025**) who have a comprehensive review of 129 studies and confirmed resonant leadership knowledge is more frequently associated with higher teamwork and collaboration outcomes than non-relational styles. Also, **Raso and Hemway, (2022)** showed that resonant leadership combined with empowerment, and interprofessional collaboration explained a variance in job satisfaction, supporting a strong relational link.

Moreover, this study findings highlighted that there were strongly positive significant correlations between head nurses' practices about resonant leadership and nurses' interprofessional collaborative. This may reflect how emotionally intelligent leadership acts like a ripple in water when leaders lead with empathy, vision, and harmony, it naturally spreads throughout the team. Such leadership creates a culture of trust and open communication, where collaboration isn't just expected it becomes the norm. In essence, resonant leadership doesn't just guide nurses; it inspires them to work together seamlessly across disciplines.

This is supported by **Labrague et al. (2022)** research on authentic leadership and structural empowerment showed these factors explained 45% of the variance in nurses' perception of interprofessional collaboration. This demonstrates how certain leadership styles strongly correlate with collaborative outcomes.

Conversely, **Andresen (2023)** indicating that not all leadership styles support staff collaboration or positive outcomes**.** Also, **Parr et al. (2021)** New Zealand study examined resonant leadership's effects on work dynamics. While most relationships were positive, one was unexpectedly negative: a small but significant negative direct effect of resonant leadership on work engagement.

Conclusion

It can be concluded that less than two thirds of head nurses had adequate level of total knowledge of resonant leadership as well as less than three quarters of them had good total practices of resonant leadership compare with more than one quarter of head nurses from the nurse's perception had good practice of resonant leadership, with highly statically significance relations. Also, there above sixty percent of nurses had good level of total interprofessional collaborative.

Moreover, there was a fair positive significant correlation between head nurses' knowledge and their practices about resonant leadership. And there was a fair positive significant correlations between head nurses' knowledge about resonant leadership and nurses' interprofessional collaborative. Moreover, there were strongly positive significant correlations between head nurses' practices about resonant leadership and nurses' interprofessional collaborative.

Recommendations

For head nurses

- Offer continuous professional development programs for head nurses focused on emotional intelligence, self-awareness, empathy, and effective communication to strengthen resonant leadership capabilities.
- Encourage head nurses to engage in reflective practices to continuously evaluate and improve their leadership impact on team dynamics and patient care outcomes.
- Recognize and reward resonant leadership practices and effective interprofessional collaboration through hospital administrations.

For nurses

- Regularly assess nurses' interprofessional collaboration skills through feedback tools, peer reviews, and performance appraisals, using the data to improve leadership strategies.
- Create a supportive environment where nurses feel safe to express opinions, share ideas, and raise concerns without fear of judgment.
- Facilitate interprofessional team-building workshops and simulations to strengthen communication, trust, and cooperation among healthcare team members.

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