

Span of Control Indicators and Leadership Styles among Head Nurses

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Abstract

Background: Span of control plays an important role in health organizations and has implications for organizational structure. In addition leadership styles are sets or clusters of behaviors used in the process of effecting leadership. **Aim:** This study aimed to assess span of control indicators and leadership styles among head nurses. **Design:** A descriptive correlational design was used. **Settings:** The study conducted at Ain-Shams University Hospitals where the study subjects worked. **Subjects** included (98) head nurses and (210) staff nurses. **Tools of data collection:** Data were collected by using two tools Span of Control Indicators Questionnaire and Multifactor Leadership Questionnaire. **Results:** the majority of head nurses uses individual consideration dimension of transformational leadership style while, the majority of staff nurses asserted that head nurses uses management by exception (active) dimension of transactional leadership style. **Conclusion:** There was statistically significant relation between head nurses' span of control and the item of extra effort outcomes of leadership. **Recommendations:** providing continuing education through attending conferences and workshops to head nurses about leadership and span of control and how to deal with problems according to organizational hierarchy and conducting further study to discuss the factors that affecting leadership styles and span of control.

Key words: span of control - leadership styles- head nurses.

Introduction

Span of Control: Number of people supervised by one person/position. Span of Control answers the question of how many staff report to one manager. This is a critical concern in the classical theory of organizations which emphasizes that there are limits to the number of staff a supervisor can effectively direct issues that affect the number of staff are (a) similarity and complexity of the jobs and functions, (b) geographic factors, (c) amount of direction and coordination required, (d) amount of planning and time required to provide management. More

efficient organizations usually have a shorter span of control for their managers. span of control indicators tool is designed to assist in weighing of the span of control (Finkelmann, 2012).

Leadership plays an important role in improving organizational citizenship behavior, job satisfaction, organizational commitment, innovation, and organizational loyalty. Tsai and Su, (2011); Yammario (2013) and Gentry and Sparks (2012) agreed that leadership stimulates the motivation of cohorts to implement change toward an organization's desired future. The success

of any organization in any domain or field depends on the effectiveness of the leader of that organization (**Parris and Peachey, 2013**).

Leadership is an interpersonal skill applied by a leader in the style which is best suited to the situation and ensures the attainment of desired goals by effective and continuous communication. Leadership is the process of impacting people through continuous and useful communication between leader and follower to achieve the goal. Leadership is challenge to the behavior of subordinates through the communication process and toward the attainment the goal or goals. Leadership is about vision, ideas, direction, and has most important inspiring people to bring the trust between them and a team effort to work together to attain the goal (**John, 2015**).

A leader is someone who has commanding authority influence over individuals whereas; leadership describes the ability to lead a group or organization toward a goal. An effective leader must demonstrate character and build that character among the public or within the organization to be led (**Forman, 2011**).

Leadership style is the manner and approach of motivating people, providing direction and achieving goals (**Amirul and Daud, 2012**). Style can either encourage or discourage employees which can in turn lead to increasing performance levels (**Beloni, 2012**). There are several leadership style such as autocratic, democratic, bureaucratic, charismatic, participative, situational, transformational, transactional and laissez-faire leadership. They all influence employee's commitment (**Javaid and Mirza, 2012**).

Transactional leadership, the leader-follower relationship as a process of exchange. They tend to gain compliance or by offering rewards for performance and compliance or by offering threatening punishment for non performance and non compliance. In transformational leadership, in contrast, the leaders are move visionary and inspirational in approach. They tend to communicate a clear and acceptable vision and goals, with which employees can identify and tend to engender intense emotion in their followers. Rather than exchanging rewards for performance, transformational leader attempt to build ownership on the part of group member, by involving the group in the decision process (**Vati, 2013**).

Head nurses are responsible for supervising the work of non managerial personnel and the day to day activities of specific work unit. Head nurses are responsible for clinical nursing practice, patient care delivery, utilization of human, fiscal and other resources, personnel development, compliance with regulatory and professional standards, fostering interdisciplinary, collaborative relationships and strategic planning (**Rashed et al., 2015**).

Significance of the study:

Changes to health service management structures have created an urgent need to increase the knowledge of effective leadership in health care. It plays an important role in nursing and it is essential element for quality of professional practice environment where, nurses can provide high quality of nursing care. In addition, nursing requires practical, realistic, and knowledgeable leaders who are visible, inspired others and supported professional nursing practice. On the other hand, the span of

control is an important concept to achieve care and it should be kept in mind when interacting with others. Moreover, when faced with the need to tighten budgets, hospitals have eliminated managerial positions despite little knowledge of the impact of organizational factors, such as span of control, particularly to determine its effect on leadership styles of the head nurses. So, this study has contributed to the growing body of research on antecedents to leadership styles and span of control by examining the important leadership styles and its impact on the span of control. It is believed that this study would have added value to the literatures on supervisors' leadership styles, especially in the Ain Shams University Hospitals since there were limited literatures on similar setting.

Aim of the Study

The present study was aimed to assess span of control indicators and leadership styles among head nurses through:

- 1- Assessing span of control indicators among head nurses.
- 2- Assessing leadership styles among head nurses.
- 3- Finding out the relationship between span of control indicators and leadership styles among head nurses.

Research question:

Is there a relationship between span of control indicators and leadership styles among head nurses?

Research design:

A descriptive, correlational design was followed in carrying out this study.

Setting:

This study was conducted at four Ain-Shams University Hospitals namely (A) Ain-Shams University Hospital, (B) El-Demerdash Hospital, (C) Pediatrics Hospital, and (D) Obstetrics and Gynecology Hospital.

Subjects of the study:

The subjects of this study consisted of two groups of nurses. Head nurses and staff nurses working in the aforementioned setting during the data collection period were eligible to participate in the study.

Group (I): A convenient sample of all head nurses (98) working in the previously mentioned settings were eligible to participate in the study.

Group (II): A representative sample of 210 out of 970 staff nurses who were working in all departments in the studied hospitals. A simple random sampling was used in recruiting staff nurses. The sample size of staff nurses was calculated according to the following equation:

$$n = \frac{N \times z \times p(1-p)}{d^2}$$

N: population

Z: class standard corresponding to the level significance equal to 0.95 and 1.96

d: the error rate is equal to 0.05

p: ratio provides a natural property=0.50

Tools of data collection:

Two tools were used in data collection of this study namely; Span of Control Indicators Questionnaire and Multifactor Leadership Questionnaire.

First tool: Span of Control Indicators Questionnaire sheet: it consisted of two parts:

Part one: Demographic data: It was intended to collect data about the study subjects' characteristics as age, hospital, nursing qualification, experience years (total), experience years (current), and attending training courses.

Part two: Span of Control Indicators Questionnaire: it aimed to assess the span of control indicators for head nurses. It was developed by **Morash et al., (2005)** and adapted by **Merrill, (2011)**. It consists of 11 questions based on the number, skills, stability, diversity of the staff, the complexity of the unit, and the diversity of the program for which the head nurses is responsible.

Scoring system:

Responses were measured on 3 or 4 point Likert scale depending on the number of options for that question. The initial score for each question was multiplied by a predetermined weight based on the study by **Morash et al., (2005)**. The scores of the three categories and their areas are summed-up so that a higher score indicates more span of control. The total is categorized according to tool instructions into low (0-60) and appropriate (61+) **Morash et al., (2005)**.

Second tool: Multifactor Leadership Questionnaire (MLQ) sheet: It aimed to assess leadership styles among head nurses and staff nurses' perception,

the version of self-rating was used by head nurses themselves and the rater was used by staff nurses. It was developed by **Bass and Avolio, (2004)**. It consists of 45 items divided into five subscales (20 questions), used for the measurement of the transformational leadership while the transactional leadership was measured by three subscales (12 questions) and one scale (4 questions) for measure the laissez-faire leadership and finally three subscales (9 questions) used to measure outcome factors.

Scoring system:

Multifactor Leadership Questionnaire (MLQ). This is the Bass and Avolio Multifactor Leadership Questionnaire (MLQ from 5x) for leadership style assessment, a standard tool with known validity and reliability. The tool consists of 45 statements on a 5-point likert scale ranging from "Not at all" to Frequently, if not always." These are categorized into three leadership styles: transformational, transactional, and passive/avoidant with their respective scales, and three leadership outcomes: extra effort, effectiveness, and satisfaction. All of the leadership style scales have four items, Extra Effort has three items, Effectiveness has four items, and Satisfaction has two items. The scoring is done according to the instructions in the original tool manual **Avolio and Bass, (1995)**.

Operational Design:

The operational design for this study involved, preparatory phase, pilot study and fieldwork.

A- Preparatory phase:

It included reviewing of the recent national and international literature related to various aspects of the study using textbooks, articles, internet search, periodicals and journals. This is helped in acquisition of in depth knowledge about the study subjects.

Validity of the tool: by using face and content validity to determine appropriateness of each item included in the questionnaire, the tools were judged by a jury group consisted of five experts in the field. Four of them are professors of Nursing Administration Faculty of Nursing Ain Shams University. The fifth is Assistant Professor of Nursing Administration Faculty of Nursing Ain Shams University. Their opinions were elicited regarding face and content of the study tools' to assess the tool format, layout, parts, and the clarity of the words of the statements. The necessary modifications were done which included rephrasing of some words, and excluded some items; this phase took nearly two weeks from 1 to 15 April 2017.

Tools reliability: Testing reliability of proposed tools was done by Cronbach's Alpha test. The result was (0.813) for leadership scale (head nurses), (0.806) for leadership scale (staff nurses) and (0.723) for span of control scale.

B- Pilot study:

A pilot study was conducted on (9) head nurses and (21) staff nurses they represented 10% of total subjects. The aim of the pilot study was to determine the feasibility and applicability of the designated tools and determining the time needed filling in the questionnaire was found to range between 15- 30 minutes.

The subjects of the pilot study were excluded from the study sample.

C. Field work:

Data collection phase was carried out in the period from the beginning of May to the end of July 2017. The researcher met with the study subjects in the four hospitals, according to their time schedule and rotation. The researcher introduced herself to the study subjects. The researcher collected the data three days per week; from 11.00am to 1.00pm for the morning shift and from 3.00pm to 5.00pm for the afternoon shift. The researchers distributed the tools to the subjects and asked them to fill it after explaining the aims of the study and its implication. The researcher was available all the time of data collection for any clarification. The researcher collected data from two work shifts (morning and afternoon) by herself through meeting the study subjects of each unit at working hours in groups to fill the sheet. Every hospital took about two to three weeks. The questionnaire sheets were completed by study subjects then collected by the researcher to check each filling questionnaire and ensuring its completeness.

Ethical consideration:

The study proposal was approved by Ethical committee in Faculty of Nursing, Ain Shams University, and approval was taken from the directors of Ain Shams University Hospitals. In addition, oral approval was obtained from each participant. They were informed about the study aim and about their rights to refuse or participate or withdraw from the study at any time without giving reasons. The confidentiality of the obtained information was ascertained.

Administrative design:

An official letter requesting permission to conduct the study was submitted from the dean of the Faculty of Nursing, Ain Shams University, to obtain the permission from each hospital director to collect data for the study. Then, the researcher met each hospital director to explain the aim of the study and to obtain their approval and seek their support. Then, the researcher met the study subjects to explain the purpose of the study and obtain their approval to participate in the study.

Statistical design:

Data were analyzed using statistical package for social sciences (SPSS) Version 20. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, means, and standard deviation (\pm SD), medians and percentiles for quantitative variables. Cronbach's alpha coefficient was calculated to assess the reliability of the scales through their internal consistency. Qualitative categorical variables were compared using chi-square test. Whenever the expected values in one or more of the cells in a 2×2 tables was less than 5, Fisher exact test was used instead. Spearman rank correlation was used for assessment of inter-relationships among quantitative variables and ranked ones. In order to identify the independent predictors of leadership and span of control scores, multiple linear regression analysis was used after testing for normality, and homoscedasticity and analysis of variance for the full regression models were done. Statistical significance was considered at p -value < 0.05

Results

Table (1) describes the socio demographic characteristics of the staff nurses. Their age ranged from 20 to 57 years with a mean \pm SD age 32.6 ± 6.3 . Slight more than one third of them (35.2%) worked at Ain Shams University Hospital. As regards job position the majority of them (85.2%) were nurses. Concerning qualification the majority of them (85.7%) had diploma in nursing. Their total years of experience ranged between 1 to 30 years with mean \pm SD 13.3 ± 6.8 . Concerning the current years of experience it ranged between 0 to 30 years with mean \pm SD 9.4 ± 6.1 . The majority of them (99.0%) attended training courses.

Table (2) describes the socio demographic characteristics of the head nurses. Their age ranged from 32 to 59 years with a mean \pm SD age 45.7 ± 6.6 . Slight more than one third of them (39.8%) worked at Ain Shams University Hospital. As regards qualification more than half of them (60.2%) had diploma in nursing. Their years of experience (total) ranged from 9 to 39 with mean \pm SD 25 ± 7.4 . Concerning years of experience (current) ranged from 20 to 35 with mean \pm SD 19.9 ± 6.8 . All of them (100.0%) attended training courses.

Table (3): Clarifies that the majority (93.3%) of head nurse as perceived by their staff nurses always used Management- by-Exception (Active) when using transactional leadership style; while the majority (81.0%) of head nurse as perceived by their subordinate's staff nurses low used Management-by-Exception passive when using passive Avoidant leadership styles.

Table (4) Clarifies that majority of self perceived head nurses (99.0%)

always use individual consideration when using transformational leadership style while the majority of head nurses (92.9) low use Management- by-Exception (passive) when using passive / Avoidant leadership styles.

Table (5) Shows that there was statistical significant relations between head nurses span of control and the item of “Extra Effort outcomes of leadership” ($p<0.04$).

Table (1): Demographic characteristics of studied staff nurses (n=210)

Demographic characteristics	No.	%
Age by years:		
<30	71	33.8
30	63	30.0
40+	76	36.2
Range		20-57
Mean + SD		32.6+6.3
Median		32
Hospital:		
Pediatrics	32	15.25
Ob/Gyne	32	15.25
Demerdash	72	34.3
Ain-Shams.	74	35.2
Job position:		
Nurse	179	85.2
Specialist	31	14.8
Nursing qualification:		
Diploma	180	85.7
Bachelor or higher	30	14.3
Experience years (total):		
<10	72	34.3
10+	97	46.2
20+	41	19.5
Range		1-30
Mean±SD		13.3±6.8
Median		13
Experience years (current):		
<5	56	26.7
5+	63	30.0
10+	41	43.3
Range		0-30
Mean±SD		13.3±6.1
Median		13
Attended:		
Conferences	93	44.3
Workshops	57	27.1
Training Courses	208	99.0

Table (2): Demographic characteristics of studied head nurses (n=98)

Demographic characteristics	No.	%
Age by years:		
<40 years	25	25.5
40+	73	74.5
Mean + SD	45.7+6.6	
Range	32-59	
Median	47	
Hospital:		
Pediatrics	14	14.3
Ob/Gyne	15	15.3
Demerdash	30	30.6
Ain-Shams.	39	39.8
Nursing qualification:		
Diploma	59	60.2
Bachelor or higher	39	39.8
Experience years (total):		
<20	29	29.6
20+	69	70.4
Range	9-39	
Mean±SD	25.0±7.4	
Median	25.5	
Experience years (current):		
<20	48	49.0
20+	50	51.0
Range	20-35	
Mean±SD	19.9±6.8	
Median	20	
Attended:		
Conferences	78	79.6
Workshops	46	46.9
Training Courses	98	100.0

Table (3): Head nurses' leadership style as perceived by their subordinate staff nurses (n=210)

Leadership	Percentile			
	<95 th		95 th	
	No.	%	No.	%
Transformational:				
Idealized influence (Attributed)	41	19.5	169	80.5
Idealized influence (Behavior)	41	19.5	169	80.5
Inspirational Motivation	113	53	97	46.2
Intellectual Stimulation	88	41.9	122	58.1
Individual Consideration	33	15.7	177	84.3
Transactional:				
Contingent Reward	127	60.5	83	39.5
Management- by- Exception (Active)	14	6.7	196	93.3
Passive /Avoidant:				
Management- by- Exception (passive)	170	81.0	40	19.0
Laissez-faire Leadership				
Outcomes of leadership:	134	63.8	76	36.2
Extra Effort				
Effectiveness	57	27.1	153	72.9
Satisfaction	41	19.5	169	80.5
	47	22.4	163	77.6

Table (4):Self-perceived head nurses' leadership styles (n=98)

Leadership	Percentile			
	<95 th		95 th	
	No.	%	No.	%
Transformational:				
Idealized influence (Attributed)	6	6.1	92	93.9
Idealized influence (Behavior)	7	7.1	91	92.9
Inspirational Motivation	49	50.0	49	50.0
Intellectual Stimulation	25	25.5	73	74.5
Individual Consideration	1	1.0	97	99.0
Transactional:				
Contingent Reward	50	51.0	48	49.0
Management- by- Exception (Active)	4	4.1	94	95.9
Passive /Avoidant:				
Management- by- Exception (passive)	91	92.9	7	7.1
Laissez-faire Leadership				
Outcomes of leadership:	89	90.8	9	9.2
Extra Effort				
Effectiveness	9	9.2	89	90.8
Satisfaction	7	7.1	91	92.9
	11	11.2	87	88.8

Table (5): Relations between head nurses span of control and their self-perceived leadership styles

	Span of control				x ² test	p-value
	Low		Moderate			
	No.	%	No.	%		
Transformational						
Idealized Influence (Attributed)						
Low (<95 th)	1	16.7	5	83.3	Fisher	0.22
High (95 th +)	43	46.7	49	53.3		
Idealized Influence(Behavior)						
Low (<95 th)	5	71.4	2	28.6	Fisher	0.24
High (95 th +)	39	42.9	52	57.1		
Inspirational Motivation						
Low (<95 th)	22	44.9	27	55.1	0.00	1.00
High (95 th +)	22	44.9	27	55.1		
Intellectual Stimulation						
Low (<95 th)	12	48.0	13	52.0	0.13	0.72
High (95 th +)	32	43.8	41	56.2		
Individual Consideration						
Low (<95 th)	1	100.0	0	0.0	Fisher	0.45
High (95 th +)	43	44.3	54	55.7		
Transactional:						
Contingent Reward						
Low (<95 th)	19	38.0	31	62.0	1.96	0.16
High (95 th +)	25	52.1	23	47.9		
Management-by-Exception (Active)						
Low (<95 th)	1	25.0	3	75.0	Fisher	0.63
High (95 th +)	34	45.7	51	54.3		
Passive/ Avoidant						
Management-by-Exception (Passive)						
Low (<95 th)	40	44.0	51	56.0	Fisher	0.70
High (95 th +)	4	57.1	3	42.9		
Laissez-faire leadership						
Low (<95 th)	41	46.1	48	53.9	Fisher	0.51
High (95 th +)	3	33.3	6	66.7		
Outcomes						
Extra Effort						
Low (<95 th)	1	11.1	8	88.9	Fisher	0.04*
High (95 th +)	43	48.3	46	51.7		
Effectiveness						
Low (<95 th)	2	28.6	5	71.4	Fisher	0.45
High (95 th +)	42	46.2	49	53.8		
Satisfaction						
Low (<95 th)	3	27.3	8	72.7	Fisher	0.34
High (95 th +)	41	47.1	46	52.9		

Discussion

Organizations require the constant application of effective and relevant leadership to maintain regulatory compliance, enhance customers' satisfaction and financial performance and optimize people management (**Indrianawati, 2010**). Leadership styles has proved to be one of the key components of an effective organization (**Cetin et al., 2012**). Leaders in organizations are responsible for providing the direction and support employees need to create the environmental conditions that promote high levels of work engagement especially during necessary changes and transformations (**Wang, and Hsieh, 2013**). Leaders in the current healthcare environment however are experiencing expanded job responsibility and span of control which affects the leader-nurse relationship (**Squires et al., 2010**).

The present study revealed that, there was statistically significant relationship between head nurses' span of control and the item of extra effort outcomes of leadership which it showed significant relation. This means that leadership styles used by head nurses may not be affected by a wide or narrow span of control. This might be attributed to that the head nurses didn't understand the concept of leadership and so, they were not aware of leadership styles and techniques that could help them to become more competent leaders and/or this might be due to that they were not aware about the managerial roles in their units.

In this respect **McCutcheon et al., (2009)** found that whereby even highly transformational leaders could not overcome spans that were too wide

Regarding leadership styles as reported by the study subject, the finding of the present study revealed that there was a significant difference between head nurses and staff nurses' answers as regards the leadership style most commonly used. The majority of the head nurses rated themselves as transformational leader and the least frequently rated style was management by exception passive leadership style. However the majority of the staff nurses described their head nurses as transactional leaders and the least frequently used style was management by exception passive. This can be explained by the head nurses in the present study believed in the importance of demonstrating behaviors of transformational leadership style which include pure vision, commitment to excellence, ability to motivate collaborate and lead others to higher achievement and engagement their staff nurses. Regarding staff nurses opinions, this might reflect that head nurses focused on the role of supervision, organization and group performance which translated into transactional leadership style.

As for the head nurses answers, this finding is matching with **Moussa et al., (2016)** who found that supervisors/head of departments perceived that they used transformational leadership as a whole. Also, **Alshammari, (2014)** and **Suliman, (2009)** found that nurse managers considered themselves to be more transformational. Further **Abd el hafiz et al., (2015)** found that the highest score was seen to be with the head nurses who followed the transformational style of leadership. On the other side the study results reported by **Tessema, (2015)** indicated that the majority of the North Gondare Zone public preparatory school teachers' level of overall transformational leadership style is low.

Regarding staff nurses' answers this finding was in agreement with **Belal, (2008)** who mentioned that staff nurses asserted that their head nurses tend to use transactional leadership styles as well, in disagreement with this finding, **Mostafa, (2005)** who found that slightly less than three fourth of staff nurses perceived the head nurses' leadership style as transformational leaders, while the rest of them perceived their head nurses' leadership style as transactional.

Current study result revealed that the majority of head nurses perceived their selves high in individualized consideration domain, this mean that their head nurses lead staff nurses through training, coaching and serving as a role model to them. Individualized influence occurs when leader gain the trust and respect of their followers by doing the right thing similarly. **Dionne et al., (2004)** posited that by means of individualized consideration, a leader addresses issues of competence, meaning fullness and impact with each team member and encourages continued individual development. This finding is in agreement with **Moussa, (2016)** who found that supervisors/heads of departments perceived that they used individualized consideration domain. In addition, **Al Shammari, (2014)** clarified that nurse managers were highly considerate of every individual staff member.

Concerning, transactional leadership style according to staff nurses perception; the majority of head nurses were highly used the management by exception active domain. This means that the head nurses lead their staff nurses through watching for deviations from rules and standards and taking corrective action. Similarly, **Raup, (2008)** found that transactional leadership is categorized by behavior as rewarding

followers for compliance contingent reward and involving active discipline for failure to comply with rules active management by exception active; this finding also consistent with the findings of **McGuire and Kennerly, (2006)** in their study.

On the other hand the majority of the head nurses rated themselves low use of management by exception passive and the majority of the staff nurses asserted that head nurses' low use of management by exception passive, this means that head nurses solved their unit problems before they become serious. This might be due to that head nurses arranged to actively monitor deviances from standards, mistakes and errors in the follower's assignments and took corrective action as necessary.

In congruence with this finding; **Jodar et al., (2016)** mentioned that most managers give themselves high scores in the desirable styles of leadership and low scores on the least valued ones. On the other hand this finding contraindicated with that of **Bass and Riggio, (2006)** who asserted that leaders sometimes must practice management by exception passive when required to supervise a large number of subordinates who report directly to them.

Conclusion

In the light of the study findings, it is concluded that, there was statistically significant relationship between head nurses' span of control and the item of extra effort outcomes of leadership. There were statistically significant differences between head nurses and staff nurses' opinions regarding leadership style most commonly used where the majority of the head nurses rated themselves as

transformational leaders. However, the majority of the staff nurses asserted that their head nurses tend to use the transactional leadership styles. There were significant correlations between head nurses' age, years of experience and idealized influence behavior, extra effort, and effectiveness of leadership styles. In addition, there were significant relations between head nurses' age, hospital, nurses' qualification and span of control.

Recommendations

In the light of study findings, it is recommended that:

- Leader support and trust need to be fostered among head nurses through frequent meetings between staff nurses and their head nurses to discuss nurses work problems and recovered their problems for better relationships and enhance support at work.

- Providing continuing education through attending conferences and workshops to head nurses about leadership and span of control and how to deal with problems according to organizational hierarchy.

- Head nurses should motivate their staff nurses to express their opinion and to enhance their leadership skills through training programs, so that staff nurses might apply this when they become leaders.

- Promotion in nurses' position to be head nurses should not only depend on their educational qualification and experience but also on their knowledge and practices as well as their ability to be a leader.

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