

Assessing Head Nurses' Leadership Practices Using 360 Degree Feedback

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Abstract

Background: Leadership practices are crucial and main concern of health care organizations around the world. Assessing head nurses' leadership practices by 360-degree feedback are essential for leadership development. **Aim:** The study aimed at assessing head nurses' leadership practices using 360-degree feedback. **Subjects and Methods:** Descriptive cross sectional design was used to carry out this study. The study was conducted at Ain Shams University hospital and Ain shams pediatric hospital. The subjects of this study included a convenience sample of 4supervisors and 50 head nurses, a stratified disproportional random sample of 150 staff nurses and (150) patient from the aforementioned settings. **Data collection tool:** was Leadership Practices Inventory. **The results:** head nurses' perceived their own leadership were high (96%), while only (40%, 28%, 32%) of head nurses had high total leadership practice scores as perceived by their supervisors, staff nurses and patients. **Conclusion:** there were high self-rating of head nurses to their leadership practices and low other rated leadership practices scores as perceived by supervisors, staff nurses and patients. Indicating over-self estimation of head nurses to their leadership practices and lack of their self awareness. **Recommendations:** Conduct head nurses' leadership practices training program to improve competencies they need to face challenges. Studying the relationship between head nurses' leadership practices and staff nurses' innovative behavior.

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

Introduction:

Nurses are the largest human resource group and backbone of every health care system. They should be managed in a way that leads to high quality care (*Amrollahimishavan & Divshal, 2016*). Head nurses are the key to professional communication between the top management and staff nurses, their role is highly important in the success of healthcare organizations and they require certain skills and practices; identifying these practices are very important (*Murray, 2017*).

Head nurses are often placed in situations where they are expected to be agents for staff nurses, patients, and the organization simultaneously, all of which may have conflicting needs, wants, and goals (*Ashktorab, et al., 2017*). In addition to, they are currently faced with challenges in responding to the changing needs of the

people and the changing nature of the society. Head nurses face many challenges in their managerial role alongside the responsibility of increased workloads (*Nazari, 2018*).

Nursing leadership has particularly significant national, regional, and global implications (*Nanyonga, 2015*). Leadership is one of the most vital aspects of life, which provides a competitive advantage to the organization (*Baloyi, 2020*).

Only with strong head nurses' leadership practices they are able to grow and help shape smarter healthcare delivery of the future (*EldinFekry, et al, 2020*).

Transformational leadership practices of head nurse creating healthy work environments and have a positive impact on quality of health services and organizational performance (*Zimmerman, 2016*). The five practices of Transformational leadership: model the

way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart (*Sawie, 2015*).

Seeking feedback help leaders gain greater clarity about how things work in the organization and what others expect from them. Feedback also allows employees to make corrections in their performance over time (*Anseel et al., 2015*)

360 degree Feedback is a very powerful and sensitive process. It can increase the leader's awareness of how others perceive their performance. By which multiple sources, such as supervisors, subordinates, peers, and self, provide assessment and feedback information to an individual or an organization (*Pavlik, 2019*). The 360 degree feedback assessment is a way for leaders to gain a better understanding of how they perceive themselves compared to how they are perceived by others (supervisor, subordinate, direct reports and customer) in order to change behavior and align with organizational values (*Unruh, 2016*).

Significance of the study:

In today's ever-changing health care environment. Head nurses' leadership practices plays an important role in the successful operation of health care organization. Identification and evaluation of those practices are required for organizational and career development (*Ghamchili, et al., 2019*). As the researcher noticed that the head nurses' 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 immediately. So the present study aims to assess head nurses' leadership practices using 360-degree feedback.

Aim of the study:

This study aims to assess head nurses' leadership practices using 360-degree feedback.

Research question

- What are head nurses' leadership practices as reported by head nurses, supervisors, staff nurses, patients?
- Is there a difference between head nurses' "self-rated" and "others' rating" regarding head nurses' leadership practices?

Subjects and Methods:

Research Design:

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

Research Setting:

This study was conducted in (29) units and departments at Ain-shams University Hospital and (21) units and departments at Ain-shams pediatric Hospital, which affiliated to Ain-shams university hospitals..

Subjects:

The subjects of this study included a convenience sample of 4 supervisors and 50 head nurses, and a stratified disproportional random sample of 150 staff nurses and 150 patient. There were selected 3 subordinate staff nurses, and 3 inpatients For each head nurse in the unit was involved, a disproportional random sample of at 87 from Ain shams university hospital and 63 from Ain shams pediatric hospital.

Tool of data collection:

One tool was used to collect data, namely; Leadership Practices Inventory (LPI). This tool aimed at assessing head nurses' leadership practices as perceived by themselves and others (their supervisors, staff nurses and patients). The tool was developed by (*Kouzes and Posner, 2012*), and adopted by (*Hussein, 2020*) who translated it into Arabic The tool consisted of three parts:

The first part:

This part aimed at collecting data related to the demographic characteristics

of study subjects such as hospital name, unit, age, sex, marital status, educational qualifications, and years of experience in the current position.

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).

The third part

A self-administered questionnaire used to assess head nurses' leadership practices as perceived by the patients, were asked twelve questions only out of thirty questions, and they also related to two dimensions of LPI were: model the way (6 items) and enable others to act (6 items). Those questions were patients can actually assess leadership practices.

❖ 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 perception of leadership 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 the original author and reliability was 0.73 to 0.95 by Posner, 2016, 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 investigator. The level of reliability with Cronbach's Alpha Coefficient for LPI was 0.97 for the patient scale and 0.99 for the nurses' scale

Fieldwork:

The actual field work of data collection started from the beginning of November till the end of December 2020, data were collected during the morning and afternoon shift at 4 days/ week. The investigator collected the data by self through meeting head nurses, nursing supervisors, staff nurses and patients in their work setting and obtaining verbal consent for their participation in the study. The subjects were informed about the aim of the study, how to fill-in the questionnaire and their rights to participate or refuse or withdraw from the study at any time without giving any reason and there were also reassured about anonymity and the confidentiality of any collected data that was used for research purpose only. There were filled in at the time of distribution and their filling in took about 30-40 minutes. The investigator attended during the filling of the questionnaire to clarify any ambiguity and answer any questions.

Statistical Design:

Data entry and statistical analysis from the studied sample were done using SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations and medians for quantitative variables. Quantitative continuous data were compared using the non-parametric Mann-Whitney. Qualitative categorical variables were compared using a chi-square test. Statistical significance was considered at p-value <0.05.

Results:

Table (1): shows that, Near to two thirds of head nurses age ranged from 26 to 60 years. The majority of them were females (94%) as well as three quarters of them were married (78%). Slightly, more than three quarter of head nurses had a diploma (76%). In addition, the majority of them had more than ten years' experience (86%).

Table (2): demonstrates that, model the way dimension was the highest leadership score (100%). While inspire shared vision dimension had the lowest score (92%). The total high leadership were (96%), indicating that over self-estimation of head nurses to their leadership practices.

Table (3): reveals that, model the way was the highest leadership dimension (68%). While inspire shared vision dimension had the lowest leadership score (24%).With total low leadership scores (60%). Indicating low other-rating leadership scores given by supervisors to their subordinate head nurses.

Table (4): reveals that enable others to act was the highest leadership dimension (36.7%).while inspire shared

vision was the lowest leadership dimension (28.7%).With low total leadership scores (72%). Indicating that low staff nurses perception to their head nurses' leadership practices.

Table (5): demonstrates that, the highest leadership score was challenging the process (32%). With the low total leadership score (68%), indicating low patients' perception of head nurses' leadership practices.

Table (6): 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): Demographic characteristics of studied head nurses (n=50).

	Frequency	Percent
Age:		
<40	16	32.0
40+	34	68.0
Range	26.0-60.0	
Mean±SD	43.7±9.5	
Median	45.0	
Gender:		
Male	3	6.0
Female	47	94.0
Marital status:		
Single	11	22.0
Married	39	78.0
Hospital:		
Ain-shams University	29	58.0
Ain-shams Pediatrics	21	42.0
Qualification:		
Diploma	38	76.0
Bachelor	12	24.0
Experience (years);		
<10	7	14.0
10+	43	86.0
Range	1.0-41.0	
Mean±SD	20.9±10.1	
Median	20.0	

Table (2): Head nurses' perception of their own leadership (self-rated): (N=50).

High leadership (60%+):	Frequency	Percent
Model the way	50	100.0
Inspire a shared vision	46	92.0
Challenge the process	48	96.0
Enable others to act	49	98.0
Encourage the heart	48	96.0
Total:		
High	48	96.0
Low	2	4.0

Table (3): 4 supervisors' perception of their 50 subordinate head nurses' leadership (others-rated): (N=50).

High leadership (60%+):	Frequency	Percent
Model the way	34	68.0
Inspire a shared vision	12	24.0
Challenge the process	23	46.0
Enable others to act	32	64.0
Encourage the heart	26	52.0
Total:		
High	20	40.0
Low	30	60.0

Table (4): Subordinate staff nurses' perception of their head nurses' leadership (others-rated): (N=150).

High leadership (60%+):	Frequency	Percent
Model the way	50	33.3
Inspire a shared vision	43	28.7
Challenge the process	47	31.3
Enable others to act	55	36.7
Encourage the heart	45	30.0
Total:		
High	42	28.0
Low	108	72.0

Table (5): Patients and pediatric hospital mothers' perception of head nurses' leadership (others-rated): (N=150).

High leadership (60%+):	Frequency	Percent
Inspire a shared vision	47	31.3
Challenge the process	48	32.0
Total:		
High	48	32.0
Low	102	68.0

Table (6): Comparison of head (self-rated), supervisors and staff nurses (others-rated) leadership perception.

High (%) Leadership	Nurse categories						X ²	p-value
	Self-rated Head (n=50)		Others-rated Supervisor (n=50)		Others-rated Staff (n=150)			
	No.	%	No.	%	No.	%		
1. Model the way	50	100.0	34	68.0	50	33.3	72.23	<0.001*
2. Inspire a shared vision	46	92.0	12	24.0	43	28.7	69.45	<0.001*
3. Challenge the process	48	96.0	23	46.0	47	31.3	62.96	<0.001*
4. Enable others to act	49	98.0	32	64.0	55	36.7	59.19	<0.001*
5. Encourage the heart	48	96.0	26	52.0	45	30.0	65.98	<0.001*
Total:								
High	48	96.0	20	40.0	42	28.0		
Low	2	4.0	30	60.0	108	72.0	70.78	<0.001*

(*) Statistically significant at p<0.05

Discussion

Effective leadership practices have become a focal point in contemporary health care services. Transformational leadership has the ability to increase job satisfaction, promote positive patient outcomes, and support organizational development (**Boamah, et al., 2018**). 360-degree feedback is a powerful multi-dimensional leadership development technique and advanced method of performance appraisal, that provides more comprehensive and accurate information about individual leadership practices, through gathering feedback from multiple sources, such as supervisors, subordinates, customer, and self. Also, it is considered the most widely used tool for development (**Anand et al., 2018**).

The aim of the present study was to assess head nurses' leadership practices using 360-degree feedback as reported by head nurses, supervisors, staff nurses, and patients and examine is there a difference between head nurses' self-rated and "others' rating" regarding head nurses' leadership practices, the results indicates high head nurses' (self-rated) leadership practices and low head nurses' leadership practices as perceived by others (supervisors, staff nurses and patients).

The present study results concerning demographic characteristics of studied head nurses revealed that, the majority of head nurses were having a diploma degree, which might be reflected lack of their leadership practices due to lack of their academic preparation for leadership roles. As a consequence, the educational needs of head nurses are changing according to changing of their role and responsibilities.

However, in disagreement with these findings, two studies conducted in the United States, **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 and **Zimmerman, (2016)** who study Leadership practices of supervisory employees at medical center represents that most of studied head nurses had Bachelor degree.

The present study findings demonstrated the majority of head nurses self-rated leadership practices were high, indicating over self-estimation of head nurses to their leadership practices. This might be due to lack of self-awareness. This finding is consistent with a research conducted in Uganda by **Nanyonga, (2015)** who study the transformational leadership practices of healthcare providers in sub-Saharan Africa showed that, high head nurses' self-rating leadership practices.

However, this current study finding is inconsistent with another study conducted in Egypt by **Younes, (2019)** who study the effect of leadership program on leadership practice among nurse managers found that, low head nurses' self-rating leadership 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 "Model the way" dimension; the present study findings demonstrated that, head nurses had the highest leadership score as perceived by themselves and supervisors, while had low leadership score as perceived by staff nurses. Both head nurses and their supervisors believe that head nurses must act as a role model by their managerial position, gaining clarity on their own values, goals and motives and confidence of leadership philosophy. On the other hand staff nurses were perceived head nurses not behaving as a role model.

A similar finding was reported by **Nanyonga, (2015)** in a study conducted in Uganda, where "Model the way" had the highest head nurses self-rated leadership dimension. Meanwhile the current study findings were in disagreement with **Abdelhafiz, et al., (2015)** and **Zimmerman, (2016)**. They found that, "Enabling others to act" was the highest head nurses leadership dimension as perceived by themselves. Also, this finding is in disagreement with **Denker, (2014)**, who showed, "Encouraging the heart" was the highest dimension as perceived by supervisors.

Concerning "Inspiring a shared vision" dimension; the present study findings demonstrated that such dimension was the lowest self and other rating leadership score among head nurses, supervisors, staff nurses and patients. This might be due to dramatically increasing workload across the nursing sector. 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 nurses leadership score, and also in disagreement with **Denker (2014), Nanyonga, (2015)** They showed that, "inspiring a shared vision" was the highest dimension as perceived by supervisors.

The present study finding revealed that supervisors perceived their head nurses' leadership practices were low. This finding may be due to the head nurses might focus on finishing main departmental managerial tasks and duties rather than practicing various elements of leadership. The finding is in the same line with **Denker, (2014)** results who found low leadership practices of head nurses. However, this finding is in consistence with **Mehr, et al., (2016)** who study using of 360 degrees in measuring leadership capabilities found that, high leadership practices of head nurses as perceived by their supervisors.

Regarding to the staff nurses' perception of their head nurses' leadership practices. The present study finding revealed that staff nurses' perceived their head nurses' five leadership practices were low. This finding might be due to ineffective head nurses' leadership skills and 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.

This finding is consistent with research conducted in South Africa by **Amestoy et al., (2017)** in a study entitled leadership in nursing: from teaching a to practice in a hospital environment, which highlighted the lack of coordination and leadership practices among head nurses. The current findings goes in agreement with research conducted by **Ahmed et al., (2016)** who showed that overall, most nurses perceived their head nurses not displaying the ideal level of transformational leadership (TFL). However, this finding supported by a research conducted in Brazil by **Camelo et al., (2017)** who study Leadership practices in hospital nursing: a self of manager nurses revealed that, head nurses had a moderate level of leadership practices.

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

Concerning "Enabling others to act" dimension; the present study findings demonstrated that such dimension had the highest other-rated leadership score as perceived by staff nurses. Head nurses have to engage in enabling others to act by which facilitate to their subordinate staff nurses to provide quality of patient care, and also having enough time to focus on their leadership role and managerial responsibilities this point of view supported by (**Nanyonga, 2015**).

This study finding was consistent with **Camelo et al., (2017)** who found that, "Enabling others to act" was the highest rated dimension of leadership practice, in the same

line with this result **Hussein, (2020)** who agreed upon, "Enable others to act" was the most frequent leadership practice in the work of head nurses. Meanwhile, this finding was inconsistent with **Zimmerman, (2016)** who asserted that, "Enabling others to act" was the lowest rated head nurses leadership practices' dimension as perceived by staff nurses.

In the light of patients' perception of head nurses' leadership practices (others-rated). The present study results showed low patients other-rating total leadership score, indicating low patients' perception of head nurses' leadership practices which might due to the patient misconception that managing of some factors such as increasing patient waiting time to receiving health services, nursing shortage as well as scares resources are the responsibility of head nurses. Meanwhile, in fact, it is not.

This present study findings supported by a study conducted in Iran by **Ashghali-Farahani et al. (2018)** who study the relationship between nursing leadership and patient satisfaction asserted that, low head nurses transformational leadership practices as perceived by patients.

Regarding correlation matrix between head nurses' self-rated leadership dimensions scores. The present study findings reveal that there was weak to moderate positive statistical significant correlations between leadership dimensions. On the other hand the present study findings reveal that, there was a strong positive correlation between all leadership dimensions as perceived by others. This might indicate (other rating) the nurse supervisors, staff nurse and patient rating to their head nurses were more valid than head nurses rating to themselves (self-rated).

In the same direction with a study conducted by **Nanyonga, (2015)**. The study revealed that, moderate positive statistical significant correlations between head nurses' self-rated leadership dimensions scores. Also in agreement with **Hussein, (2020)** who presented that, strong positive statistical significant correlations of staff nurses' perception of their head nurses' leadership dimension scores.

The results of the present study showed that, there were statistical significant difference between head nurses (self-rated) and supervisors, staff nurses and patients (other-rating) leadership scores. Indicating over-self estimation of head nurses to their leadership practices, lack of their self awareness, lack of self-other agreement (SOA), and also head nurses need to personal and leadership development. This might be due to workload that act as a hinder factor toward attending staff development activities. In addition, evaluate leadership practices at study setting through traditional performance appraisal which exposed to limited perspective, erosion of motivation instead of using 360 degree feedback.

360 degree feedback facilitates providing a safe, confidential, and reliable way for colleagues to provide feedback, hospital gains valuable insight into current leadership, teams, and overall health of the organization. 360 degree feedback provides head nurses with powerful knowledge and feedback regarding their strength and weakness. When using this feedback data correctly, organizations can quickly take action, by helping head nurses improve and become better leaders and contributors in the organization (**Aijaz, 2019**).

The present study findings were consistent with research conducted in the United States by **Carpenter & Lee, (2018)** who study self-other agreement of leadership: the agreement between a leader's self-rating of leadership and ratings from the leader's subordinates, peers, and superiors found that, there is a significant difference between head nurses (self-rating) and their subordinate staff nurses (other-rating). However, the present study findings were in disagreement with **Denker, (2014)** who found there is no significant difference between head nurses (self-rating) and their managers, direct reports, coworkers and others (other-rating), indicating high leadership practices of head nurses and self-other agreement.

Regarding the correlation of head nurses (self-rated) and supervisors, staff nurses and patients (others-rated) leadership dimensions perception scores. The present

study findings indicate only a positive significant relation between head nurses (self-rated) and staff nurses (other-rated) in relation to the dimension "Inspire a shared vision" leadership dimension scores. This might be due to head nurses and staff nurses awareness that hospital culture doesn't support paints the big picture of what nursing staff aspire to accomplish in the future. Although inspire shared vision is a mutual responsibility of both head nurses and the hospital.

This study findings inconsistent with **Denker, (2014)** who showed there were significant relation a between head nurses (self-rated) and their manager (other-rated) in relation to "Challenging the process" leadership dimension scores. Meanwhile, in disagreement with **Nanyonga, (2015)** who asserted that there was a highly statistically significant relation between head nurses (self-rated) and staff nurses (other-rated) in relation to the dimension "Enable others to act" leadership dimension scores.

The findings of the present study concluded that, there were positive significant correlations between head nurses (self-rated) and subordinate staff nurses (other-rated) regarding total leadership perception scores. This finding might be due to staff nurses has more interaction with their head nurses which allow for more valid and reliable evaluation.

Finally, the present study assessed head nurses' leadership practices using 360-degree feedback as reported by head nurses, supervisors, staff nurses, and patients. The study revealed that, there were high self-rating of head nurses to their leadership practices and low other rated leadership practices scores as perceived by supervisors, staff nurses and patients. In addition, there were high statistical significant difference between head nurses (self-rated) and (other-rater). That reflecting over self-estimation of head nurses to their leadership practices and lack of their self-awareness. This finding supported by **Nanyonga, (2015)** research who revealed a high level of disagreement and statistical significant difference between head nurses (self-rating) and staff nurses (other-rating).

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, staff nurses and patients. Also, there were highly statistically significant difference between head nurses (self-rated) and (other-rating) supervisors, staff nurses and patients regarding head nurses' leadership practices. Indicating over self-estimation of head nurses to their leadership practices, lack of their self-awareness and lack of self-other agreement.

Recommendations:

Based on the present study findings, the following recommendations are suggested: Conduct head nurses' leadership practices, training program to improve competencies they need to face challenges, Provide head nurses 360 degree feedback training program to ensure successful application and benefits to individual and organization, Apply 360 degree feedback assessment of the head nurses' performance appraisal, which facilitates head nurses professional development, Studying the relationship between head nurses' leadership practices and staff nurses organizational citizenship behavior.

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