Shared Leadership as Perceived by Staff Nurses and Its Relation to their Performance

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Abstract

Background: Shared leadership is a nursing management model that supports staff nurses in extending their influence about decisions that affect their work environment, professional development, and self-fulfillment that resulted in improve staff nurses′ performance. Aim: Assess shared leadership as perceived by staff nurses and its relation to their performance. Design: A descriptive correlation design was utilized to conduct this study. Setting: Conducted in all inpatients Medical and Surgical Departments/ Units at Benha University Hospital. Subjects: Consisted of simple random sample of staff nurses, included 322 of them. Tools: I: Shared Leadership Survey, П: Staff Nurses Performance Observational Checklist. Results: Showed that more than half (52.2%) of head nurses had fair level of shared leadership as perceived by staff nurses. While, more than one fifth (20.8%) of them had poor level of shared leadership as perceived by staff nurses. While more than half (50.9%) of the staff nurses had moderate level of performance While, less than one quarter (23.0%) of them had high level of performance. Conclusion: There was a highly statistically significant positive correlation between head nurses' shared leadership as perceived by staff nurses and their performance. Recommendations: Holding presentations for the nursing staff to educate them on the shared leadership system and practice and foster an inspiring work environment, create a new promotion structure that places more emphasis on skills and performance than on prior experience, and tie bonuses to accomplishments.

Keywords: Perception, Performance, Shared leadership, Staff nurses.

Introduction

Nursing is the largest employment sector in a health care facility. The nurse managers have responsibilities for staff nurse effectiveness and quality of patient care outcomes. The behavior of the nurse managers can influence staff nurses' job satisfaction and performance within the organization. Also, the effective nurse managers need to understand resources management, marketing, media skills, how to communicate effectively, negotiate, motivate and influence others [1].

Shared Leadership is considered a new group of outcomes by the appropriation of shared leadership that affects over various members of team. It speaks to a state of shared impact implanted in the organizations and organizations among colleagues of teams that can fundamentally improve team as well as organization execution. Further, it depicts the powerful intuitive impact of procedures in people in teams and groups, for which the goal is to guide each other to the accomplishment of team objectives or organization objectives or both, and it is considered to be as the quality of a group, as a lot of capacities which must be completed through group linkages [2]

Shared leadership has been defined as "an emergent team property that results from the distribution of leadership influence across multiple team members. This approach entails that leaders cannot only be formally appointed in their role, with leadership responsibilities being officially and explicitly assigned to them e.g., managers and directors. Instead, leaders can also emerge as informal leaders due to their natural interactions with their colleagues [3].

Shared leadership is expedited by overall team atmosphere that consists of three dimensions: Shared purpose, Social support, and Voice. These three main dimensions are determined to be the cornerstones of shared leadership approach. Shared purpose occurs when group members have a mutual understanding of team goals and take the required measures to focus on these common objectives [4].

Shared leadership build and maintain a healthy work environment that motivates and supports the nurses to reduce nurses turnover. The nurses prefer to work in an environment which promotes social relationship and encourages participation in decision-making, because this environment enhances their level of performance [5].

Role of nurses as care giver for patients in hospitals is vital, especially the staff nurses who work in the critical care units because they take care of patients who considered critically ill and have life risk. So they must perform procedures efficiently and accurately to help critically ill patients in their recovery. Staff nurses plan, coordinate and implement care with the health care team to meet the physical, psychosocial, cultural and spiritual needs of the patients [6].

The achievement of a certain task measured against specific known principles of accuracy, entirety, speed and cost in agreement, performance is supposed to be the fulfillment of a duty, in a way that releases the performer from all responsibilities under the agreement, but level of performance is that when nurses perform according to the goal of the organization, so nurses should be highly qualified, experiences and skillful as their performance effect

the productivity and competition in the market and patient satisfaction in the health care set up and it is affected by different factors as shared leadership, rewards, feedback and supportive communication [7].

Performance process is an ongoing and cyclical process and it is generally used in conjunction with various theoretical nursing models of philosophies. The stages of nursing process are holistic in the sense that each stage is intimately interconnected with the other stages and is explicable only by reference to the whole. This process, similar to those used in problem-solving and scientific reasoning, and it is operating through five interrelated steps assessment, diagnosis, planning, implementation and evaluation phases and through nurses' knowledge, attitudes and skills can be improved [8].

Significance of the study

Shared leadership is one of nursing management models that supports nurses and invites them to participate in decision making process that affects their practice, environment, development and self-fulfillment. It plays an important role in sharing responsibilities and tasks, improving nurses' performance and work standards, increasing job satisfaction and commitment to organization. Moreover, shared leadership model balances the burden of day-to-day management [9]. So this study was conducted to assess shared leadership as perceived by staff nurses and its relation to their performance.

Aim of the study

The present study aimed to assess shared leadership as perceived by staff nurses and its relation to their performance.

Research questions

1- What is the level of head nurses' shared leadership as perceived by staff nurses?

2- What is the level of staff nurses' performance?

3- Is there a relation between shared leadership and staff nurses' performance as perceived by staff nurses?

Subject and Methods

Study design

Descriptive correlational design was utilized to conduct this study.

Study setting

The study was conducted in all inpatients departments at Benha University hospital in medical and surgical departments / units.

Study subject

Simple random sample of staff nurses, having at least two years of experience, accept to participate in the study and available at the time of data collection (322) distributed as the following; (79) working at Medical (6) units, (16) at Psychiatric, (28) Pediatric, (19) Chest, (17) Dermatology, (16) Rheumatology, (16) Cardio thoracic, (17) Cardiology, (18) Urology, (12) ENT, (15)

Orthopedic, (21) Female surgery, (21) Male surgery, (27) Obstetric unit..

Tools of data collection

Data of the present study was collected by using the following two tools;

Tool I: Shared Leadership Survey

It included of two parts; **Part one:** Personal and job characteristics of staff nurses. **Part two:** Shared Leadership Survey; was developed by [10] and modified by the investigator. This tool was used to assess the level of head nurses' shared leadership as perceived by staff nurses. It included four dimensions covering 19 items as follows; Collaboration (5 items), Vision (4 items), Delegation (5 items) and Culture (5 items).

Scoring system

Staff nurses' response was measured by three points Likert scale as follows; Agree= (3), Neutral = (2), Disagree = (1). The scoring of shared leadership survey ranged from 19 to 57 of total scores. The score of each dimension summed, and converted into percent score. The total level of shared leadership of head nurses was determined as the following; High level of shared leadership if the total score was > 75 % (43 - 57 points), fair level of shared leadership if the total score was 50 to 75 % (29 - 42 points) and poor level of shared leadership if the total score was < 50% (19 - 28 points) **.**

Tool II: Staff Nurses Performance Observational Checklist

This tool was developed by[11] and modified by investigator to assess staff nurses performance; it included five dimensions covering 50 items as follows; Assessment and diagnosis (10 items), Planning (8 items), Implementation (18 items), Evaluation (6 items) and Documentation (8 items).

Scoring system

The items were measured by using a three point Likert Scale as follows; 3 completely done 2 in completely done, 1 not done. The scoring of staff nurses performance observational checklist ranged from 50 to 150 of total scores. The score of each dimension summed up and coveted into percent score, the total score was determining as the following: High nursing performance if the percent score was >75% of total performance score (113 - 150 points), moderate nursing performance if the percent score was ranging from 60% to 75% of total performance score (90 - 112 points) and low nursing performance if the percent score was < 60% of total performance score (50 - 89 points).

Method

Administrative Design

An official permission was issued from Dean of the Faculty of Nursing to the Director of Benha University Hospital for taking their permission to conduct the study, and seek their support.

Preparatory phase

This phase started from beginning of January 2022 to end of March 2022. It included the

following; reviewing the national and international related literature using journal, text books and theoretical knowledge of the various aspects concerning the topic of the study.

Pilot study

A pilot study was carried out in April 2022 took one month to ascertain the clarity and applicability of the study tools. The pilot study included 32 staff nurses representing 10% of total study subjects. It has also served in estimating the time needed for filling the tools. The final form was developed and made ready for use. Two questionnaires ranged between (15 -20) minutes. First tool took 7 minutes, second tool took 13 minutes. No modifications were needed. So, the pilot study subjects were included in the final study subjects.

Field work

Data collection took about month and half, started from beginning of May 2022 to the mid of June 2022.The investigator met staff nurses and explained the aim, the nature of the study, the method of filling questionnaires and this was done individually or through groups meetings. The investigator distributed the questionnaire sheets to the participated staff nurses to fill it at their suitable times in morning and afternoon shifts hours. The number of collected questionnaires from staff nurses per day ranged from 17 to 18 sheets. All questionnaires took from 15 to 20 minutes to complete the questionnaires sheet. Data collected three days/ per week in (Saturday, Monday and Thursday) it was in the middle of the shift according to type of work and work load of each department in the presence of the investigator to clarify any ambiguity.

Tools reliability

Face and content validity were tested by a panel of five experts on field of nursing administration at faculty of nursing. The period taken by the jury group lasted from March 2022 to April 2022. Necessary modifications were done according to Jury comments modification were related to grammatical language and rephrasing of some sentences.

Tools reliability

Also, Reliability of tools tested by cronbach's Alpha. Shared leadership of head nurses was 0.864 and Staff nurses′ performance was 0.851.

Ethical considerations

The study was conducted with careful consideration of ethical standards of research and rights of the participants. The respondent rights was protected by ensuring voluntary participation, so the oral consent was obtained by explaining purpose, nature and the time of conducting the study, potential benefits of the study, how data was collected, expected out comes and the respondent right to withdrawing from the study at any time.

Statistical design

Data were collected, tabulated, statistically using analyzed using an IBM personal computer with statistical package of social science (SPSS) version 22.

- Descriptive statistics: in which quantitative data were present in the form of mean, standard deviation (SD), frequency, and percentage distribution.

- Analytical statistics: used to find out possible association between studied variables. The used tests of significance included; Chi-square (x^2) test was used to detect the relation between two qualitative variables. In addition, correlation coefficient (r) test was used to estimate the closeness association between variables.

- A significance level value was considered when p-value ≤ 0.05 and a highly significance level was considered when p-value ≤ 0.001, while p-value > 0.05 indicated non-significance results.

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Results

Table (1) Shows that, (45.0%) of the studied staff nurses were aged between 30-< 40 years, with Mean ± SD (36.92 ±10.25). Also, (52.5%) of staff nurses working at medical departments/units. Moreover, the (88.8%) of them were female. Regarding years of working experience, (44.1%) of staff nurses had 5-<10 years, with Mean ± SD (8.92 ± 3.74).

Table (2) Reveals that, total mean score and standard deviation of perception regarding head nurses' shared leadership was (36.88± 7.85) which represent (61.5%). Also, the first ranking with total mean scores and standard deviation of head nurses' shared leadership was related to " collaboration" dimension which represent (70.1%), while the last ranking with total mean scores and standard deviation of head nurses' shared leadership was related to "delegation" dimension which represent (54.1%).

Figure (1) Shows that, (52.2%) of the head nurses had fair level of shared leadership as perceived by staff nurses. **Figure (2)** Shows that, (50.9%) of the staff nurses had moderate level of performance. **Table (3)** Displays that, the mean score and standard deviation of total performance was (77.93 ± 14.70) which represent (52.0%) of total scores. Also, the first ranking of total performance dimensions was related to "implementation" dimension which represent (54.0%), while the last ranking was related to "planning" dimension which represent (49.7%).

Table (4) Shows that, there was a highly statistically significant positive correlation between head nurses′ shared leadership as perceived by staff nurses and their performance at (0.000).

Table (1) Frequency distribution of studied staff nurses regarding personal characteristics at study setting (n=322).

Personal characteristics	No.	%
Age (years)		
< 30	92	28.6
30-< 40	**145**	**45.0**
≥ 40	85	26.4
Mean ± SD 36.92 ±10.25		
Departments/ units		
Medical	**169**	**52.5**
Surgical	153	47.5
Gender		
Male	36	11.2
Female	**286**	**88.8**
Years of experience		
2<5	45	14.0
5< 10	**142**	**44.1**
10< 15	73	22.7
≥ 15	62	19.2
Mean ±SD 8.92 ± 3.74		
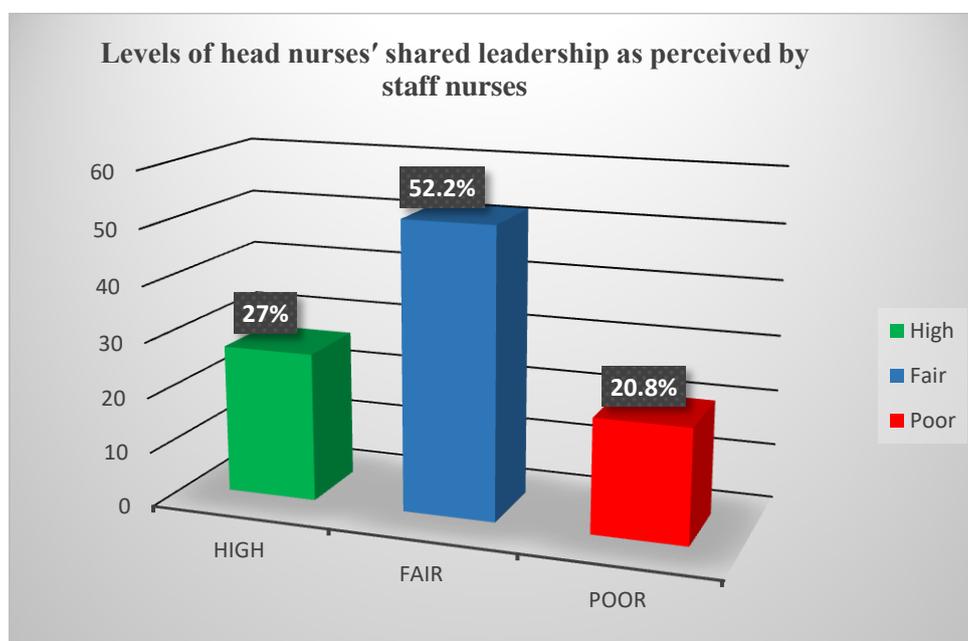
Fig. (1) Head nurses' shared leadership levels as perceived by staff nurses

Table (2) Ranking with total mean scores and standard deviation of head nurses' shared leadership dimensions as perceived by staff nurses

Dimensions of shared leadership	Items	Min	Max	Mean ± S D	M%	Ranking
Collaboration	**5**	7	15	10.52 ± 2.75	70.1	**1**
Vision	**4**	6	12	7.78 ± 2.11	64.8	**2**
Delegation	**6**	6	18	9.73 ± 3.15	54.1	**4**
Culture	**5**	5	15	8.85 ± 1.98	59.0%	**3**
Total dimensions of shared leadership	**20**	**24**	**60**	**36.88± 7.85**	**61.5%**	

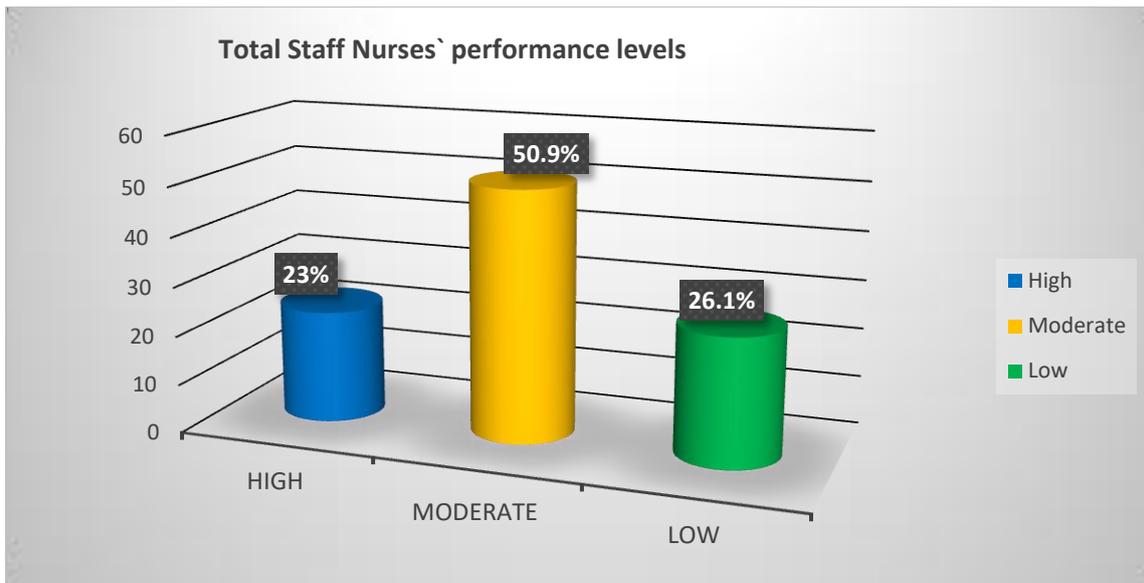**Total Staff Nurses` performance levels**

Fig. (2) Staff nurses' performance levels

Table (3) Ranking with total mean scores and standard deviation of staff nurses' performance dimensions

Dimensions of nurses' performance	Items	Min	Max	Mean ± S D	*M%*	Ranking
Assessment and diagnosis	**10**	12	30	15.6 ± 4.80	52.0%	**2**
Planning	**8**	8	22	11.92 ± 3.71	49.7%	**5**
Implementation	**18**	18	50	29.16 ± 8.05	54.0%	**1**
Evaluation	**6**	6	16	9.01 ± 2.86	50.1%	**4**
Documentation	**8**	8	22	12.24 ± 3.75	51.0%	**3**
Total nurses' performance dimensions	**50**	**52**	**140**	**77.93 ± 14.70**	**52.0%**	

Table (4) Correlation between head nurses' shared leadership as perceived by staff nurses and their performance.

Total head nurses' shared leadership as perceived by staff nurses	Total staff nurses' performance	
	R	p-value
	0.559	0.000**

r= correlation coefficient test.　P= p-value　**highly statistically significant at $p < 0.01$.

Discussion

Shared leadership has been proposed as a means of fostering effective team performance in situations of such high complexity as can be found in acute care. Shared leadership is defined as a distribution of leadership working relationships, where each member has a unique role that is firmly embedded within the context of the group. Capable members of the team are able to take on the accountability for leadership when required [12].

Performance is defined as the accomplishment of the organization in proportion to its established goals. The nurse genuinely succeeds in performance. The degree to which a nurse accomplishes the goal for which the function was intended is referred to as performance in the role. Performance is the effective and efficient completion of tasks in order to achieve employment objectives [13]

Regarding personal characteristics of the studied staff nurses the current study, shows that, more than two fifth of the studied staff nurses were

aged between 30-< 40 years. Also, more than half of staff nurses working at medical departments/units. Moreover, the majority of them were female. Regarding years of working experience, more than two fifth of staff nurses had 5-<10 years. Concerning their educational qualifications, about half of the staff nurses had technical institute. Also, the minority of them had other post-graduate studies.

Regarding the studied staff nurses' level of perception regarding head nurses' shared leadership, the current study illustrated that more than half of the head nurses had fair level of shared leadership as perceived by staff nurses. From the investigator perspective, this could be related to staff nurses' participation in some decisions. Also, it might be attributed to head nurses hadn't sufficient knowledge and information about shared leadership and they did not receive enough training in this aspect. .

Supporting the study findings, [14] they illustrated that slightly more than one half of the

studied nurses practiced fair level of shared leadership.

In opposite with the findings of this study, [15] found poor levels of shared leadership in his study group that related mainly to managers of the study group when measured at the group level. As well, in opposite with the findings of this study [16] mentioned that slightly less than two thirds of nurses had high levels of shared leadership.

The current study revealed that the current study revealed that the first ranking with total mean scores and standard deviation of head nurses' shared leadership was related to collaboration of studied staff nurses. From the investigator perspective, this might be attributed to staff nurses' inner professionalism, collaborative approach, being involved in task completion and share responsibility. They focused on achieving team goals, which corresponded to their beliefs and values.

Supporting the study findings [17] they illustrated that the highest mean score of shared leadership was related to collaboration dimension in their study. In the opposite to the current study results, [18] stated that the highest mean score of shared leadership was related to culture dimension.

In addition, the last ranking with total mean scores and standard deviation of head nurses' shared leadership was related to delegation dimension. This could be attributed to head nurses' fear of loss of power or control and lack of the ability to direct well. This also, could be related to increase workload on staff nurses and staff nurses' fear of taking responsibility of the task that has been delegated to them and lack of training program and workshops about shared leadership style.

This result was in line with [19] stated that the lowest mean score of shared leadership was related to delegation dimension.

Regarding the studied staff nurses' total level of performance, the present study declared that about half of the staff nurses had moderate level of performance. From the investigator perspective, this may be related to staff nurses shortage, difficult work environments hinder the implementation of the nursing process, skill deficit, equipment shortage and lack of motivation.

This result is in agreement with the study that done by [20] revealed that the nearly two thirds of staff nurses had moderate performance.

This result is in disagreement with the study done by [21] who found that majority of nurses had high performance.

Concerning ranking with total mean scores and standard deviation of staff nurses' performance dimensions, the current study illustrated the first ranking of total performance dimensions was related to "implementation" dimension. From the investigator perspective, this may be due to high percent of staff nurses completely done all steps of

implementation and they are motivated when they do implementation in a correct manner.

These findings were in agreement with a study carried out by [22] they informed that highest mean score of total performance dimensions was for "implementation".

These results disagreed with [23] they clarified that assessment and diagnosis were carried out by more than half of nurses, planning by less than half of nurses, implementation and evaluation by more than one third of nurses.

The current study illustrated that, there was a highly statistically significant positive correlation between head nurses' shared leadership as perceived by staff nurses and their performance.

From the investigator perspective, this can be explained as shared leadership provides staff nurses with an interactive process with nurse leaders and managers. Also, shared leadership is necessary for respecting staff nurses' skills, as well as listening, encouragement, the sharing of knowledge, rewards, and influence in decision-making process. Thus, incorporation of sharing leadership activities help to ensure sustainability of collaborative and empowering environment within healthcare organizations.

This result was congruent with a study conducted by [24] who reported that there was statistically significant positive correlation between shared leadership and their nurses' performance.

Conclusion

There was a highly statistically significant positive correlation between head nurses' shared leadership as perceived by staff nurses and their performance.

Recommendations

- Conducting organizational workshops to train head nurses and staff nurses about shared leadership activity.
- Conduct a study about developing strategies for improving shared leadership behaviors and developing strategies about shared leadership behaviors in improving performance competency among skills health care team.
- Design training program about how the nurses applying nursing process well especially planning and evaluation to reach the highest level of professionalism.
- In the future, Replication of the study on large sample size and different setting.

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