Staff Nurses Perception Regarding Nursing Managers` Leadership Practices and It`s Relation to Their Knowledge Sharing

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Abstract

Background: Leadership practices and knowledge sharing are major factors for the success of organizations. **Aim**: The aim of the study was to assess the relationship between staff nurses perception regarding nursing managers` leadership practices and their knowledge sharing. **Subjects and Methods**: A descriptive correlational design was used in carrying out this study. The study was conducted at El Sheikh Zayed Al Nahyan Hospital. Study subjects were 129 out of 190 staff nurse. **Tools:** Data collection tools were Leadership Practices Inventory and Knowledge Sharing questionnaire**. Results**: Staff nurses' perceived their nurses managers' leadership practices were high frequency as less than three quarters of them had high perception level toward total leadership practices. Also, staff nurses had high level of knowledge sharing and they had high level of individual knowledge sharing and organizational knowledge sharing. **Conclusion**: There was positive statistical significant correlation between nurse managers' leadership practices and staff nurses knowledge sharing. **Recommendations**: Leaders need to facilitate knowledge sharing by building positive work environment and listen to the dreams of nurses for creating trust and emotional relationships with them to enhance their knowledge sharing and builds.

Introduction

The uncertainty in the health care industry, particularly in nursing, makes the next millennium an important time for nurses to develop leadership skills. One of the greatest challenges faced in the nursing profession is developing future nurse leaders. To respond to changing technological, new managerial responsibilities requiring nurse administrators who are knowledgeable in all aspects of leadership. Nursing practice and nursing leadership are not solo acts and nurses do not practice nursing in isolation from others as nursing leadership is not practiced in a vacuum (*Abd-El Rahman, 2017*).

During the last century, leadership has evolved from a practice, or something people did to a defined process of research that has produced numerous leadership theories and styles (*Dionne et al., 2014*).Leadership can be defined asa process to provide briefing and influence to the group's activities which

relate to each other through applying influential style in order to motivate individual to achieve the goal *(Paais& Sui, 2018)*.Leadership practice is specific behavior or action toward an individual or the organization *(Kouzes and Posner, 2017)*.

Five practices of exemplary leadershippractices are: Model the way,clarifies values by finding their voice, assuring shared standards. Inspire a shared vision, predicted the future by imagine an attractive future for their organizations. Challenge the process, searching for opportunities outer the box for creative thinking. Enable others to act, providing support by sharing information and resources. Encourage the heart,challenges leaders to care about followers while focusing on the team's tasks*(Northouse, 2016)*.

Leadership is an important function of management which helps to maximize efficiency and to achieve organizational goals, without leader presence or even his good skills; the organization might lose money in big amounts and might fall apart. One of leader duties is to develop an ethical culture by presenting themselves as a model, unite the body of this organization by sharing the vision, mission and purpose through a strategic business plan *(El Hajj, 2013)*.

Nurses' knowledge sharing activities can lead to developing guidelines, contributing to research boards, symposiums, conferences, academic discussions, reports, and updating expertise. Knowledge sharing is a set of specific behaviors that involves the interchanging of data or relevant knowledge in order to collaborate with others toward developing new ideas and implementing policies*(Zhang, 2017)*.

Knowledge sharing have two dimensions: individual knowledge sharing which refers to factors that related to the relationship between the individual that is sharing his knowledge and the individual who is receiving the knowledge ,and Organizational knowledge sharing refer to that factors related to working place and the organization itself*(Otra, 2014)*.

The process of knowledge sharing includes two subscales. The first phase consists of having tacit and explicit knowledge, and the second phase is participating in knowledge sharing *(Sheng et al., 2015)*.

Organizational leaders see the value of inspiring employees to innovate and share their knowledge because those ambitions generate sustainable organizational success **,**manager help nurses to think differently is increase their creativity and acquire scientific knowledge .Promoting knowledge sharing among nurses support the development of new treatment strategies, produce exciting future applications for health care, and encourage collaboration and improve the quality of patient care ,so nurses are energetic about gaining and sharing knowledge*(Asurakkody&Hee, 2020)*.

Significance of the Study:

The researcher observed that there is frequently un supportive leadership practices that effects organizational capabilities, and as a result of that employees in the organization have lack of knowledge .Besides ,some of staff nurses not willing to share their knowledge in every situation and do not know how to apply in the organization , and employees who possess knowledge have some influence towards the organization feel that they might lose their job security that they had if they share the knowledge.

Aim of the Study:

This study aimed at assessingstaff nurses perception regarding nursing managers` leadership practices and it`s relation to their knowledge sharing

Research Question:

Is there a relationship between staff nurses perception regarding nursing managers` leadership practices and their knowledge sharing?

Subjects and Methods:

Technical Design

The technical design for this study includes research design, setting of this study, subjects and data collection tools.

Research design

A descriptive correlational design was used to carry out this study.

Setting

The study was conducted at El Sheikh Zayed Al Nahyan Hospital which affiliated to Specialized Medical Centers. It provides care for patients in different medical specialties with a wide range of ambulatory care services such as out-patient, pharmacy, emergency, x-ray, physiotherapy, and paramedical services as dietary, laundry and maintenance and the total capacity is 150 beds, it composed of 10 department including two intensive care units, one coronary care unit, one neonatal intensive care units, Emergency, Surgical, Medical, Renal, Operation and Pediatric department.

Subjects of the study:

The study sample estimated to be one hundred twenty nine (129) out of one hundred ninety (190) who were available at the time of data collection and participated in the study, Simple random sample technique was used for selection

$$n = \frac{N}{1+N(e)2}$$

n=sample size
N=population size
e=co-efficient factor
*95% confidence level and p = 0.5 are assumed. *(Yamane, 1967).*

Data collection tools:

Two tools were used to collect data namely; Leadership Practices Inventory (LPI)) and Knowledge Sharing questionnaire.

First tool: Leadership Practices Inventory (LPI)):

It aimedat measuring the frequency of nurse managers' leadership practices as perceived by staff nurses. It was adopted from (**Kouzes and Posner, 2012**).It consisted of two parts:

The first part:

This part aimed to collect data related to the demographic characteristics of study subjects including age, gender, and marital status, place of residence, years of experience, work unit and qualifications.

The second part:

This part consisted of 30 items divided into five dimensions; modeling the way (6 items), inspire a shared vision(6 items), challenge the process(6 items), enable others to act(6 items), and encourage the heart (6 items).

Scoring system:

Responses were rating using five points Likert Scale ranging from (1) Rarely, (2) Once in a while, (3) Sometimes, (4) often, (5) always, The scores of the statement of each component were summed-up, converted into percent score and the total divided by the number of the items giving a mean score for each component .The higher reported scores indicated the more frequent nurse managers' leadership practices. leadership practices was considered low if the total percent score was less than 60 % and considered moderate if total score was ranged from 60_70% and considered high if the total scores was more than 70% (*Kouzes and Posner, 2012)*

Second tool: Knowledge Sharing questionnaire:

It aimed at assessing level of knowledge sharing among staff nurses**,** and was adopted from(**Hassan , 2019).** And It consisted of 20 items divided into two dimensions:Individual Knowledge Sharing (13 items), Organizational Knowledge Sharing (7items)**.**

Scoring system:

Responses were measured on five points Likert scale ranging from strongly agree (5) to strongly disagree (1). The scores of the statement of each component were summed-up, converted into percent score and the total divided by the number of the items giving a

mean score for each component. Knowledge sharing was considered low if the total percent score was less than 50 % and considered moderate if total score was ranged from 50-70 % and considered high if the total score was more than 70%.

II. Operational Design:

The operational design for this study included three phases namely: preparatory phase, pilot study and field work.

Preparatory phase:

This phase started from the beginning of January 2019 and ended at the end of March. In this phase reviewed the national and international related literature included textbooks, scientific journals and magazines to be acquainted with study subjects.

Tool validity:

Arabic version of leadership practices inventory was validated by five experts specialized in Nursing Administration and Psychiatric Health Nursing , three of them are professors in nursing administration at faculty of nursing, Ain Shams University, professor in nursing administration of faculty of nursing at Cairo University, and professor in Psychiatric Health Nursing at Ain Shams University.

Jury group reviewed the tool to judge its clarity, comprehensiveness and accuracy. Their opinions were elicited regarding the tool format, layout, parts and scoring system. According to jury recommendations the researcher modified items of leadership practices inventory as translating into Arabic such as rephrasing of some statements and rearranging of some items in order to be clear, accurate and comprehensive

Tools Reliability:

Reliability of the data collection tools was ascertained, this was done through assessing its internal consistency. The level of reliability with Cronbach's Alpha Coefficient for leadership practices inventory was 0.978, and for Knowledge Sharing questionnaire was 0.992.

Pilot study: The pilot study was carried out on 13 staff nurses who represents10% of the total of the study subjects. The aim of the pilot study was to examine the applicability of the tool, clarity of language, test the feasibility and suitability of the designated tools. It also served to estimate the time needed to complete the forms by each study subject and identifying potential obstacles and problems that may be encountered during data collection.

The time for filling the questionnaires took around 20-25minutes. A pilot study was conducted in June 2019. Data obtained from the pilot study was analyzed and no modifications were done. Study sample included in the pilot were not included in the main study sample as no changes done in the questionnaires.

Field work:

After securing the official approvals for conducting the study, the researcher met the director of the hospital to determine the suitable time to collect data. The researcher met staff nurses and distributed the sheet and asked them to fill it. Then the completed forms was checked for completeness .The field work of the study took two months started in the beginning of August 2019 and completed at the end of September 2019.The researcher met the nurse manager of each unit for determining the suitable time to collect the data.

Ethical consideration:

Prior to the actual work of research study, ethical approval was obtained from the Scientific Research Ethical Committee of the Faculty of Nursing at Ain Shams University. In addition, oral consent was obtained from each staff nurse to participate in the study. The subjects were informed about the study aim and their rights to participate or refuse or withdraw from at any time without giving any reason and the collected data kept confidential and used for research only.

III. Administrative Design:

Before starting on the study, an official letter was submitted from the Dean of the Faculty of Nursing, at Ain Shams University to the medical and nursing

directors of El Sheikh Zayed Al Nahyan Hospital to take their approval to conduct the study and collect data. The letter contained the aim of the study and forms of data collection tools. Then the researcher met the nurse manager of each unit to explain the aim of the study, to obtain their approval and cooperation for data collection.

IV. Statistical Design:

Data collected from the studied sample was coded and entered into statistical package for social sciences (SPSS version 20.0). Statistical presentation and analysis of the present study was done using the frequencies and percentages for non-numerical data, means and standard deviations and range for numerical data. Cronbach's Alpha coefficient was calculated to assess the reliability of the tools through their internal consistency. Quantitative numerical data were compared using the non-parametric Mann Whitney test, and kruskal Wallis test. Pearson correlation coefficient test (r) was used to conduct correlation matrix. In order to identify the independent predictors of the leadership practices and knowledge sharing scores,simple linear regression was used and statistical significance was considered at P- value <0.05 and high Statistical significance was considered at P- value <0.001.using analytical statistics in the form of chi square test to examine the relationship between two qualitative variables but when the expected count is less than 5 in more than 20 % of cells; Fisher's Exact Test was used. Pearson correlation coefficient test (r) was used to conduct correlation matrix. Statistical significance was considered at P- value <0.05 and high Statistical significance was considered at P- value <0.001.

Results:

Table (1): Demographic characteristic of study sample(n = 129).

Items		*Staff nurses (n=129)*	
		Frequency	**Percent**
Age in years	<30	85	65.8
	30-40	26	20.2
	>40	18	14
Mean ± SD /Rang		34.90 ± 7.39 /23-54	
Gender Male		54	41.8
	Female	75	58
Marital status Married		90	69.7
	Single	39	30.2
Qualification :Nursing diploma		29	22.4
	Above average diploma	89	68.9
	Bachelor of nursing	11	8.5
Department			
Inpatient	Renal	14	10.8
	Medical	20	15.5
	Pediatric	6	4.6
	Surgical	8	6.2
Critical unites NICU		16	12.4
	ICU	27	20.9
	Operation	21	16.2
	Emergency	17	13.2
Experience < 10 years		91	70.5
	10- 20 years	20	15.5
>20years		18	14
Mean ± SD /Rang		17.25 ± 3.70 /3-30	

Table (1): Indicates that slightly two thirds (65.8%) of staff nurses were less than 30 years old, while (14%) of them were more than 40 years old, more than half (58%) of staff nurses were females, and (69.7%) of them were married. Also (68.9%) of staff nurses had above average diploma. In addition (20.9%) of staff nurses were working in Intensive Care Unit ,and less than three quarters (70.5%) of them had less than 10 years of experience, while (13.9%) of them had more than 20 years of experience.

Table (2): Mean and standard deviation values of Staff nurses' perception regarding leadership practices dimensions (n=129).

Leadership practices	Minimum	Maximum	Mean	Mean %	SD	Median
Enable others to act	6.00	30.00	24.14	80.5	6.5	27
Encourage the heart	6.00	30.00	23.20	77.33	7.3	25.5
Inspire a shared vision	6.00	30.00	22.2	74	7.21	23.5
Model the way	6.00	30.00	22.7	75.5	8.3	25
Challenge the process	6.00	30.00	22.5	75	7.13	24.5
Total leadership practices	30.00	150.00	114.7	76.44	32.5	127

Table (2) describes that, regarding nursing managers' Leadership practices dimensions the most frequent practice, enable others to act that had the highest mean percent (80.5%), followed by encourage the heart (77.33%), and model the way (75.5%). While, Challenge the process (75%) and inspire a shared vision (74%) were the lowest mean percent. In addition that the mean percent of total leadership practices was (76.44 %).

Table (3): Total level of leadership practices as perceived by staff nurses (n=129)).

Variables	Low (60%)		Moderate (60%-70%)		High >70%	
	No.	%	No.	%	No.	%
Total leadership practice	18	13.9	20	15.5	91	70.5

Table (3): Describes that less than three quarters (70.5%) of staff nurses had high perception level toward total leadership practices.

Table (4): Mean and standard deviation of level of knowledge sharing dimensions among staff nurses (n=129)

Knowledge sharing	Minimum	Maximum	Mean	Mean %	SD.	Median
Individual knowledge sharing	26.00	65.00	54.23	83.4	8.5	55.5
Organizational knowledge sharing	10.00	35.00	28.05	80.2	5.9	28
Total knowledge sharing	36.00	100.00	82.3	82.3	13.7	84

Table (4): Describes that staff nurses hah high level of individual knowledge sharing with mean percent (83.4%) and they had high level of organizational knowledge sharing with mean percent (80.2%).In addition, staff nurses had high level of total knowledge sharing with mean percent (82.3%) .

Table (5): Correlation between Staff nurses' perception regarding nurse managers` leadership practices and their knowledge sharing dimensions (n=129)

Dimensions	Pearson correlation	Model the way	Inspire a shared vision	Challenge the process	Enable others to act	Encourage the heart	Total leadership practices
Individual knowledge sharing	R	.241**	.229**	.205*	.210*	.276**	.261**
	P	.006	.009	.020	.016	.001	.003
organizational knowledge sharing	R	.203*	.267**	.224*	.218*	.263**	.263**
	P	.021	.002	.010	.013	.003	.003
Total knowledge sharing	R	.244**	.263**	.229**	.230**	.292**	.283**
	P	.005	.002	.009	.008	.001	.001

Correlation was significant at p<0.05.

Table (5): Shows that there was significant positive correlation between total nurse managers' leadership practices dimensions and total knowledge sharing dimensions.

Discussion

Today, organizational leaders see the value of inspiring employees to innovate and share their knowledge with co-workers because those ambitions generate sustainable organizational success *(Asurakkod&Hee, 2020).* So nurse managers require a range of diverse behaviors and leadership practices to make sure both individual and organizational success in the future *(Abo Gad, 2018)*. Managers should find a way to enhance knowledge sharing between employees as knowledge sharing can be an effective knowledge management tool influencing team creativity *(Men et al., 2019).*

Regarding to the first issue investigated in the present study was leadership practices. The present study finding revealed that staff nurses' perceived their nurse managers' five leadership practices were high frequency as less than three quarters of staff nurses had high perception level toward total leadership practices. This finding may be due to staff nurses perceived that their nurse managers engaged them in practice more than others and they have the ability to encourage the collaboration and reinforcing them. This finding consistent with research conducted at EL-Mogama EL-Tepee Hospital by *Abo Gad, (2018)* who revealed that, nurses' perceived their nurse managers' five leadership practices were high frequency. In contrary with the study finding a study conducted in South Africa by *Amestoy et al., (2017)* which highlighted the lack of coordination and leadership practices among professional nurses

Furthermore, the current study findings showed that staff nurses perceived nurse managers to be engaged in enabling others to act practice which had the highest mean percent. This may be due to trustworthy environment including collaboration, communication and teamwork and the nature of nursing profession as caring and giving and the need for these leaders to provide a

milieu that will enable their staff to deliver nursing care to patients.

The study finding was supported by *Silva et al., (2017)* who agreed upon, the leadership practice enable others to act was the most frequent practice in the work of manager nurses.However, *Nanyonga, (2015)* was in disagreement with these findings,and agreed upon the least practice was to enable others to act.

On other hand, the current study demonstrated that inspired a shared vision was the lowest nurse managers' leadership practice as perceived by staff nurses which had the lowest mean percent ,which reflects that those nurse managers have lack of the ability to be looking ahead to create innovative chances for themselves and their staff. This may be due to it was probably most difficult practice to master, also it was difficult for nurse leaders to create an ideal image of what the organization can become after the change provided by hospital.

The present study findings was supported by other previous studies as the results carried out by *Burns, (2017); Silva et al., (2017); Ab Gad, (2018);O'dell, (2014),*who clarified that, the weakest leadership practice among the observed was inspire a shared vision.Meanwhile, the present study findings was in congruent with *Al- Aaraj, (2012)* who reported that, head nurses engaged in inspiring a shared vision practice frequently.

In conclusion, the present study finding revealed that, Staff nurses perceived their nurses managers' five leadership practices as ideal high frequency with the emphasis on enable others to act practice followed by encourage the heart, the surprise was that those staff nurses' perceived their nurse managers had lowest mean percent regarding inspire a shared vision even though its importance as a key factor for the sharing and change process.

This finding was supported by other previous study by *Silva et al., (2017),*who agreed upon, on enable others to act practice

was the highest followed by encourage the heart, while inspire a shared vision had the lowest mean percent .

Meanwhile, the present study findings was in disagreement with *Al- Aaraj, (2012)*who found that enabling others to act was the lowest frequently used leadership practice, while head nurses engaged in the practice inspiring a shared vision frequently.

Furthermore, the present study finding showed that less than three quarters of studied staff nurses had high perception level towards manager's leadership practices. This result may be explained by low levels of power distance and individualism in the hospital.

In agreements with the study finding the study conducted in Israel and USA by *Shapira-Lishchinsk&Litchka, (2018)* who concluded that American and Israeli teachers had high perception level towards the transformational practices.However, the current finding was contradiction with a study conducted in Iran by *Aliakbari&Sadeghi, (2014)*who agreed upon, teachers' perceptions of leadership practices in schools was at a moderate level.

Moreover, regarding to the second variable investigated in the present study was knowledge sharing, the present study finding displayed thatstaff nurses had high level of total knowledge sharing.This may be due to that staff nurses showed a willing to share knowledge with their colleagues from their own and not afraid or threaten by sharing knowledge with their colleagues because of their desire to have good reputation, also their search for a better communication skill and definitely loyalty to the organization they work in.

Similarly**,** study in Addis Ababa hospitals by *Asemahagn, (2014)* who concluded that majority of staff nurses actually showed a willingness to share their knowledge.Meanwhile, in contrary with the present findingsstudy done in Oxford by

Tsoukas, (2013),also the result by *Hassan, (2019)* whose studies showed that staff nurses had moderate level of knowledge sharing

Regarding to individual knowledge sharing, the present study findings showed that staff nurses had a high level of individual knowledge sharingand the great majority of them had high agreement regarding the sub item Knowledge sharing helps other workers in solving hospital problems which may lead to minimized mistakes, level of caring will be increased and they perform task diligently and effectively.In the same context, the study findings were supported byprevious studies (*Hassan, 2019 &Zakaria, 2019*) that showed that majority of staff nurses had a high level of individual knowledge sharing

Moreover, the present study finding displayed that staff nurses had a high level of organizational knowledge sharing and more than three quarters of them had a high agreement regarding the sub items knowledge sharing helps organizational performance and knowledge sharing strengthens relationships between workers.The study result was supported by study carried out in Ethiopia by *Asemahagn, (2014)* who displayed that the majority of health professionals acknowledged the importance of the presence of knowledge sharing practices in their hospitals.

The central aim of the present study was to find out the relationship between staff nurses perception regarding nursing manager's leadership practices and knowledge sharing , our findings illustrated that there was a highly significant positive correlation between total managers' leadership practices and total staff nurses' knowledge sharing.In agreement with study finding conducted in Virginia by *Nandy, (2015)*who found that leadership practices positively correlated with knowledge sharing

Conclusion:

In the light of the current study findings, it can be concluded that, less than three quarters of staff nurses had high perception level toward total leadership practices as they perceived their nurses managers' leadership practices were high frequency. Also, staff nurses had high level of knowledge sharing. Moreover, there was significant positive correlation between total nurse managers' leadership practices and total knowledge sharing.

Recommendations:

Based on the current study findings, the following recommendations are suggested:
A- Nurse Managers
Engage staff nurses in creating a shared future, listening to their goals and objectives, through asking them about their aspirations and goals for the future and finding the shared goals need to achieve.
B-Healthcare organizations:
- ❖ Provide workshop and programs include the importance of leadership practices to provide the hospital with effective leaders.
- ❖ Encourage knowledge sharing as a job requirement and make good use of their information.

Further researches can be conducted:
- ❖ Studying the relationship between leadership practices and, motivation, innovation and patient outcomes.
- ❖ Investigating the relationship between knowledge sharing and trust, productivity among nurses.

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