

# Jordanian Nurses' Perception of Leadership Characteristics: Descriptive Phenomenological Study

Ayman M. Hamdan-Mansour,\*<sup>1</sup> Hania A. Dawani<sup>2</sup>

## Abstract

**Objectives:** The purpose of this phenomenological descriptive study was to describe the Jordanian nurses' perception of the leadership characteristics and situational factors that affect nursing care as perceived by Jordanian nurses.

**Material and methods:** A total sample of 19 registered nurses were selected conveniently from a major governmental hospital at the capital of Amman, and interviewed individually using critical incidents method at the work site.

**Results:** The study revealed up to 15 minor personal themes, collapsed into four major themes characterizing the leadership behavior, and eight situational factors. Most of the personal themes, and the situational factors were perceived as negative, while three personal themes and one situational factor were perceived as positive. Dishonesty, partiality and creating problems, were the most repeated personal themes respectively, while support was the most reported positive theme. Injustice was the most repeated situation factor.

**Conclusion:** The results imply that there is an overwhelming situation that nurses suffer from at the personal and institutional levels. Institutions should emphasize on the role of nurse leaders through in-service education programs and recruitment procedures. Nursing curricula should also focus on teaching nursing students clinical leadership skills, emphasize leadership theory and practice, and support leadership qualities among nursing students.

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## Introduction

The concept of leadership has first appeared in the literature early in the 19<sup>th</sup> century.<sup>1</sup> Since then, the concept of leadership has been attributed to quality management, research, and education.

The focus was mainly on how effective leadership styles may improve quality outcomes. The effective leadership comprises enabling ordinary people to produce extraordinary performance in face of challenge and change, and maintaining of constant performance and benefits.<sup>2</sup>

1. Assistant Professor, Psychiatric and Mental Health Nursing Chairperson, Department of Community Health Nursing Faculty of Nursing, University of Jordan, Jordan Faculty of Medicine, University of Jordan, Amman, Jordan.

2. Assistant Professor, Faculty of Nursing, Philadelphia University, Technical counselor of the Jordanian Nursing Council, Jordanian Nursing Council.

\* Correspondence should be addressed to:

Ayman M. Hamdan-Mansour, RN, PhD

E-mail: [a.mansour@ju.edu.jo](mailto:a.mansour@ju.edu.jo)

Over the past two decades, there has been growing knowledge identifying managerial and organizational practices that are associated with better patient's outcome.<sup>3</sup> Health care organizations today are confronting the ever-present challenge of providing quality care in a cost-constrained environment; therefore, nurse leaders require producing high quality performance with fewer available resources.<sup>4</sup> In response to these demands, nurse leaders need to recognize the leadership styles that help them overcome the socioeconomic constraints in order to provide a cost-effective quality of nursing care. Therefore, nursing leadership has been exposed to various organizational, economic and political demands that require nurses to function in an environment that has become more technologically complicated.<sup>5</sup> The role of nurse leaders in global health systems has, therefore, changed dramatically. According to Jooste,<sup>6</sup> the role of nurse leader is not limited to control, but rather to act as visionary person who assists, organizes, and leads employees' activities. The literature states that leadership is critical to the creation of organization, improving productivity, ensuring nursing inputs into patient care processes, and meeting the needs of employee.<sup>3,7</sup> Manfredi<sup>4</sup> reported that nurses perceived their leaders' duties to include challenging, inspiring, and motivating staff to higher levels of achievement, and uniting them into a common purpose. Leadership characteristics among nurse leaders were associated with increased patient satisfaction, high patient safety measure, and reduced adverse events and complications.<sup>3, 8-10</sup> The effective nursing leadership also affects nurses' organizational behaviors. The literature reported that effective leadership styles (i.e., promotion of climate in which information is shared, exert position power, promotion of decision making at the staff level, and influencing coordination) are associated with increased nurses' intent to stay and with high level of nurses' satisfaction.<sup>11, 12</sup> Nurse Leaders' behaviors have also been linked to employees' perception of formal and informal power, and access to empowerment structure.<sup>13</sup>

This would indicate that a leadership style is reflected either as leadership characteristics or management of situational factors. Such factors may include the working style, the process of decision making, and staffing facilities.

With the increased patient demands, and great advancement in health care delivery system, the need for more nurse leaders is increasing. However, the shortage of nursing workforce contributed to the nurse leaders' shortage. The deficiency occurs in the numbers of nurse leaders and the competency of the available nursing leaders.<sup>14</sup>

The literature provided a solid understanding for the importance and need for nurse leaders. However, nurses need to define and identify the effective leadership characteristics to be able to join and practice leadership appropriately. This may include understanding the nurses' perception of the leadership characteristics and factors associated with this perception including the situational factors. Although number of studies discussed the effective leadership styles and linked between patient outcome and leadership, the studies that discuss the nurses' perception of the leadership characteristics among nurse leaders are lacking. Particularly in Jordan, there is no previous study that discussed leadership characteristics among the Jordanian nurses using qualitative methodology. Using this approach will enable understanding and defining leadership characteristics and factors affecting leadership from nurses' perspective.

The purpose of the study was to describe the Jordanian nurses' perception of leadership characteristics and situational factors that affect nursing care as perceived by Jordanian nurses. The significance of this study evolves from its phenomenological nature that explores the real life experiences of nurses. This study addressed the preferred characteristics of leadership by the Jordanian nurses.

## **Material and Methods**

**Design:** This study used a descriptive phenomenological approach. Data were collected from one of the largest governmental hospitals in the capital city Amman. Prior to data collection, the primary investigator obtained approval from the Academic Research Committee at the Faculty of Nursing, University of Jordan. The data were collected through interviewing the nurses individually at the work site, using an unstructured conversational interview.

**Sample and setting:** Purposive sampling was used to ensure representation of diverse recipient characteristics. Total of (19) registered nurses were interviewed from one major governmental hospital in the capital city Amman. The nurses were selected from different departments (ICU, Surgical department, Medical department, Nursery, CCU). Nine of the participants were females while ten were males. Inclusion criteria included: 1) being a registered nurse, 2) ability to read and write in Arabic.

The mean age was 26 years (SD = 3.3). Working experience ranged between (1-9) years.

**Data collection, management, and storage:** Field observation was used to observe the participants' behaviors, quotes and interactions that reflected their perceptions. Observations were focused around events of interest. During the 62 field observations, a non-interventionist stance was assumed, and field notes were made using verbatim quotes whenever possible.

The interview: Several strategies were used to enhance confidence in the reliability and truth-value of the findings. Data were systematically collected from a variety of sources with a variety of methods according to assumptions of the respective qualitative paradigms. Engagement with participants was prolonged to develop a positive rapport, establish trust between the research team and participants, and learn the culture and context of the participants' beliefs and behaviors.

Purposive sampling was used to ensure heterogeneity of participants with regard to characteristics and circumstances that may affect nurses' perception.

## **Data transcribing, coding and analysis**

Interviews were audio-taped and transcribed verbatim. Detailed field notes were reviewed and typed promptly. Discussions among the research team that were related to coding, interpreting, and conceptualizing of the data were documented in memo form for auditability. All nurses were asked to answer the same single question (could you remember a situation or an event that happened to you, where a manager, supervisor or leader interfered in some way, and tells you whether this manager or supervisor is good or bad?). The interviews were recorded and transcribed verbatim, each account was read and reread, using the participants own words, significant statements were highlighted, then the meaning statements were extracted. The (19) accounts were reread to look for meaning statements within and across all accounts, meaning statements were found to highlight and identify either situational or leadership characteristics, these were read by both researchers separately.

The qualitative analysis included reviewing all interview transcripts and field notes, and coding any behaviors and quotes that are related to nurses' perception. Constant comparative analysis techniques were applied using simple matrices to display behaviors and quotes that are related to nurses' perception. Codes were then collapsed into categories to identify qualities that were thought to reflect leadership characteristics and institutional factors.

Minor themes were extracted from the meaning statements, fifteen minor themes were identified and these were collapsed into four major themes, and there were also eight situational factors. Thematic analysis was conducted simultaneously with interviewing participants.

One theme (competence) emerged in the 8<sup>th</sup> interview and was not repeated throughout the interviews, so; it was dropped from the identified themes. Redundancy of the responses happened in the fourteenth interview. Five additional interviews were done to assure saturation of the data. Validation was checked through ongoing comparison of theme identification between the two researchers. Disagreements were discussed and resolved. The disagreement involved the inclusion of a theme on caring that was then included in prioritizing (minor theme). Impartiality was also defined as (injustice) after discussion, it was agreed that the experience of injustice by participants was specifically related to impartiality.

Coding was done in Arabic language for all major themes. A professional English language editor took the responsibility of ensuring that the meanings had been preserved. Both the editor and the researchers reviewed and managed the accuracy of the language and the preserverence of the data.

## Results

**Nurses' Perceptions:** The analysis of the accounts resulted in eight situational factors and fifteen minor themes that were collapsed into (4) major ones. All themes were identified with their frequencies and a quotation was taken for each theme (minor) showing how it is expressed verbatim (see table 1 and 2). It is clear from the nurses' narratives that nurses mainly perceive the concept of leadership out of emergency crises and problems with their supervisors and managers, or through a general description of their working conditions and their judgments of what should be and what should not. Besides, some nurses were comparing themselves with their colleagues with regard to rights, privileges, and facilities. In general, the emergency and critical incidents and emerged problems were the most factors that the nurses depended upon to make up their perceptions of leadership characteristics.

**Leadership characteristics:** Control was the first major theme, under which, the following minor themes were included: abusing position, manipulation, recognition, rewarding, threatening, and victimization (see table 1).

**Table (1): Personal characteristics of nurse leaders: an exemplary quotes.**

<i>Theme</i>	<i>Selected exemplary quote</i>
<b>Control</b>	
<b>Manipulation</b>	<i>"There was a dispute on who has the right to be assistant head nurse in the department... this snowballed into a problem. The administration tried to turn it into a political problem.</i>
<b>Recognition</b>	<i>" I have come to work during the snowstorm, I expected that the supervisor will thank me for the effort, instead, she walked into the unit steaming with anger and complaints (never acknowledged) "</i>
<b>Threatening</b>	<i>The administrator to the nurse: " I have ignored this situation for now, I did not take any action, however, I will continue to remember it for a long time"</i>
<b>Victimization</b>	<i>" I was given the responsibility to cover both male and female units, I was very tired. I have reported to the supervision about the load, on the last day of assignment the nurses on the male unit refused to take vital signs ... I told them it will remain to be their responsibility, the next day, I was blamed for this. I explained that I asked them to check vital signs and they refused. How does it become my responsibility? I had (37) female patients and additional (36) male patients for 14 days. He (the supervisor) decided to write me up ... although he knew what I went through ... and he used to say daily (be patient may God grant you health)".</i>
<b>Abusing Position</b>	<i>"This physician put pressure on the nursing administration, and used his position, to get rid of us, because he saw us (our competence) as a threat to him".</i>
<b>Rewarding</b>	<i>"One day when there was a snow storm, we covered an additional (12) hours. The supervisor, as he had promised, rewarded us with two days off"</i>

<b><u>Fairness</u></b>	
<b><i>Partiality</i></b>	<i>"Impartiality is very evident in some of these departments. Some individuals have specific status and are favored while others are not"</i>
<b><i>Objectivity</i></b>	<i>" A patient complained that the nurse does not provide him with care ... the supervisor called me and the other nurse, we explained what happened ... the patient also discussed his point of view...The supervisor listened to both parties to identify the problem and offer a solution"</i>
<b><u>Relating</u></b>	
<b><i>Dishonesty</i></b>	<i>" The administrators moved every senior nurse out of the department...We asked the nursing director about the issue ... She replied that no one of the nurses can be placed permanently in one unit. Also you will witness other transfers.... Since then, no other transfers of nurses happened, except for who did a problem"</i>
<b><i>Support</i></b>	<i>"If someone is late ... the supervisor takes him aside, and asks if she could help as a supervisor... She asks about the reason for the delay (the supervisor offers support). Usually, the nurses open up to her, and tell her everything. The department (unit) was very well run then".</i>
<b><i>Respect</i></b>	<i>"She (the supervisor) used to post a draft of the schedule on a board (implying that we approve or negotiate the schedule) ... Also, if she observes any mistake, she would call the concerned person to her office and discuss the problem quietly".</i>
<b><u>Problem Solving</u></b>	
<b><i>Creating Problems</i></b>	<i>"The Head of anesthesia department requested to meet with the four of us (nurses). However, we were unable to meet at the specific time he suggested, so he threatened to transfer us to another department. Although we were the best I.C.U nurses. Indeed, we were forcefully transferred, that caused the I.C.U lots of problems..."</i>
<b><i>Lack of Solution</i></b>	<i>"I needed an ambulance ... it was late, so I called the nursing supervisor, he replied by "you have to manage on your own". He had to suggest for me..."</i>
<b><i>Reactive</i></b>	<i>"Imagine I have left my shift at 8:00 a.m.... Went to bed at 8:30 a.m....at 9:00 a.m., the supervisor called me at home to ask me why I didn't write the date next to my notes..."</i>
<b><i>Prioritizing</i></b>	<i>"It happened that two patients died on the C shift, between 4-6 a.m. The nurse administrator came into the unit at 7:00a.m. She started to inspect the trashcans, and windows. Also she asked why the floor was dirty?!..."</i>
<b><i>Lack of Knowledge</i></b>	<i>"I took her (the supervisor) to the monitor and I told her I can monitor any patient and that I do not need to be beside each patient, she didn't answer and I felt that she didn't know anything, and didn't know what I was talking about, then she was embarrassed and left, and called me to her office..."</i>

**Abusing position:** the participants believed that they were treated unfairly when their conflicts were with physicians. Nurses believed that their leaders have used their position to gain personal benefits and gains.

**Manipulation:** the participants felt that they were manipulated. Manipulation was used to get out of a problem or to rationalize their inappropriate decisions. Nurses believed that their supervisors had the intention not to straighten things up, therefore, manipulated them.

**Recognition:** the nurses identified recognition as a significant quality in the nurse leaders' behavior. These nurses were either seeking recognition or they wanted to be appreciated for a job done well. Nurses reported that they did not receive recognition although they think they deserve it for what they have done.

**Rewarding:** the nurses perceived good leaders as rewarding persons. They have the perception that a good nurse leader will reward his staff for their achievements.

Although rewarding and recognition were almost close in meaning to the nurses, but the nurses demanded some materialistic reward (e.g., vacation or leave) in return for what they did.

**Threatening:** The nurses perceived that the managers directly threatened them. They felt that the threats were unwarranted, but totally uncivilized. The nurses believed that threat was made explicitly and directly and indicated the intention of the supervisors to impose harm.

**Victimization:** Nurses reported that they were victims, and were victimized. The nurses describe the situation as being caught and blamed for the outcome. They believed that the supervisors knew that it was not their fault; nevertheless, they have blamed them.

**Fairness** was the second major theme, under which, the following minor themes are included: partiality and objectivity.

**Partiality:** The nurses reported that the administrators were partial in their decisions. They seemed to favor some nurses over others. Their sense of injustice was shared with the researchers.

**Objectivity:** Nurses believed that objectivity in assessing, understanding and making judgments related to their problems is a very important characteristic of nurse leader. Objectivity had been recognized by nurses as positive leadership characteristic.

**Relating** was the third major concern of nurses' perception of their leaders, and was expressed through the following minor themes: support, respect, and dishonesty.

**Support:** The supervisors were viewed as supportive when they recognize the nurses' needs, offer help, and show personal concern. Nurses addressed the supportive behaviors by their supervisors and managers as important positive leadership characteristic.

**Respect:** Respect was a repeated theme indicating the value of "respect" among nurses as a positive leadership characteristic. Nurses felt that they are respected and that their sense of self is valued when their supervisors asked for their input, opinion, and advice.

**Dishonesty:** Dishonesty was the most repeated theme. Nurses perceived their leaders as being dishonest either by making lies or faking the truth. The high frequency of perceiving dishonesty by the nurses indicates that nurses have been through experiences where they felt that their supervisors or managers lie to them. The high frequency reflects the great value of "being honest" as positive leadership characteristic.

**Problem Solving** the analysis of the accounts reveals that the responses can be collapsed into four major themes: reactivity, lack of solutions, creating problems, and prioritizing. Nurses did emphasize on the importance of having leaders with problem solving skills and who are able to manage critical situations.

**Reactivity:** Nurses indicated that the administrators were reactive. The nurses described the nurses' leaders as being able to make decisions and actions without receiving enough assessment, or checking and validating the available information, and only for the sake of making an immediate action. Therefore, nurses thought that their leaders should not make immediate responses and rather wait and think. Reactivity has been addressed as a negative leadership characteristic.

**Lack of Solutions:** Within the previous contextual review, it was clear that nurses reported their supervisors and leaders not to be able to create solutions for any given situation, in addition to being unable to carry out responsibilities and fulfill their actual role. Inability to make decisions and lacking the appropriate solution is considered a negative leadership characteristic from nurses' perspective.

**Creating Problems:** A number of nurses reported that their supervisors were making and snowballing the problems without having the intention to solve or compromise the situation, in which nurses considered a negative characteristic.

**Prioritizing:** The nurses perceived that their leaders and supervisors were not putting the patients at top of their priority list. Nurses stated that a good leader has to think first about the patients. This was also perceived by nurses as a negative leadership characteristic.

**Lack of Knowledge** was the fifth major theme. The nurses reported that supervisors lack the knowledge and experience related to patients' care.

Nurses indicated that the effective nurse leader has to be a resource person rather than a monitoring person. Nurses demand that leaders must have the needed knowledge in management and clinical practice as well.

**Situational Factors:** The situational factors described the context of incidents reported by the participants. None of the situations described held a positive description. The major themes revealed were: injustice, punitive system, bureaucracy and limited authority, coalition, staffing shortage, role strain, technical, and female leadership (see table2).

**Table (2): Nursing description of the situational factors: Exemplary quotes.**

<b>Theme</b>	<b>Selected exemplary quote</b>
<b>Injustice</b>	"If someone (nurse) took a sick leave, from any other unit, in the surgical department... The supervisor covers that department through the I.C.U staff..."
<b>Punitive System</b>	"The supervisor had preceded intention to give me a warning letter before she reached the unit"
<b>Bureaucracy and Limited authority</b>	"Although they place senior in each building (department), but their authority is limited. They cannot act without referring to the supervisor. It is better if they make those seniors as supervisors are or give them (the seniors) the authority to be able to make decisions..."
<b>Coalition</b>	" We have one nurse ...she is considered as one of the supervisor' group...One day she was on duty, she was off the unit all the time for personal matters; we informed the supervisor, but the supervisor rationalized her leave. The administrators found us guilty, and she (the nurse) was not"
<b>Staffing Shortage</b>	"We were two nurses on duty ... and we had 22 patients"
<b>Role Strain</b>	"We had two CPR during the C shift, at 4 and 6 A.M ....We finished the work approximately at 6:30 A.M ...We gave the duty to A shift ...The unit was not cleaned yet....They (the A shift ) understood the situation...The supervisor came in, she didn't like the situation, and asked me to write my colleagues up, as I am the senior of the unit...I said I can't...She (the supervisor) asked the head of the unit to write me up because I didn't check them.... I was the senior nurse in the unit (I.C.U) and the whole building (E.R). I also had four patients in I.C.U under my care... "
<b>Technical</b>	"I was told that this machine was out of order".
<b>Female Leadership</b>	"All leaders are females, if there were men leaders, the situation could be better, one can understand and discuss things with men, but it's very difficult to understand women ... "

**Bureaucracy and Limited Authority:** nurses identified the bureaucracy and limited authority of leaders and supervisors as one of the main negative description of a nurse leader. Nurses demand that nurse leaders should have the authority and avoid bureaucracy whenever they practice management or execute important decisions.

**Coalition:** Nurses had maintained that supervisors and managers support each other for personal gains. Nurses believe that even if the supervisor is wrong, the other supervisors will keep on supporting him. This indicates that nurses have a perception that coalition among leaders is a negative characteristic.

**Injustice:** The nurses reported that the negative incidents they encountered were related to injustice in distributing the workload in the hospital. This situation was specific to the Intensive care units and coronary care units' nurses. These nurses believed that they were placed in these units for no specific reason other than personal matters. Thus, nurses emphasized the negative perception of injustice as a leadership characteristic.

**Punitive System:** the nurses perceived the system as punitive. Nurses reported that in any situation the supervisors and managers want to find someone to blame and punish. According to nurses, if something negative happened supervisors will think about punishment, however, if nurses did their job well they will not hear from their supervisors.

**Role Strain:** nurses perceived that work overload and multiple roles accounted has an impact on their performance. The nurses did not comment on the effect of role strain on the patient's care or on themselves. They only emphasized the effect of role strain on managers and supervisors' dissatisfaction. Nurses reported that being overloaded and having multiple roles is not recognized by the supervisors and do not apparently count for their satisfaction.

**Staffing shortage:** The nurses considered the patient-nurse ratio as a situational factor that influences their work performance. Nurses stated that supervisors did not comment on the quality of nursing care provided as much as they do about the presence of staff nurses on duty on time. The nurses reported the shortage of nurses in the institution as a significant problem that influence the leadership style and the management abilities. They assume, with this shortage, that the managers and supervisors will not be able to fulfill their responsibilities as they were only concerned about the existence of nurses on duty rather than the quality of care.

**Technical:** The nurses had identified the technical problems as an important situational factor that affects their performance and constitutes a barrier against fulfilling working needs. These problems were mainly related to maintenance of equipments and the distance between the departments. They identified the technical problems as barriers that affect quality of care provided and make them feel that they are incompetent.

**Female Leadership:** Nurses believed that the gender of manager or supervisor was a major factor influencing their managers' understanding for their problems. Particularly, being female manager or supervisor was perceived negatively. Male nurses reported that female managers or supervisors are unable to understand them just because they are female.

## **Discussion**

This study resulted in the identification of (15) minor themes that described the leadership characteristics of the nurse leader, and (8) situational factors that describe the institution and the healthcare system. The majority of the identified themes refer to poor nursing characteristics and that were mainly identified as negative characteristics or factor.

Dishonesty was the most repeated theme. This indicates that nurses do value honesty as a characteristic of good leaders. Kouzes and Posner<sup>15</sup> indicated that honesty was one of the crucial attributes of leadership. They also emphasized that honesty was the most valued when demonstrated rather than claimed. The nurses' experiences of dishonesty in this study were all related to dishonest actions of managers, rather than their words, and this explained the high frequency of perceived dishonesty.

Perception related to support and lack of support was repeated also in ten occasions. Support was reported in the form of recognizing the nurses' needs, offering help, and showing concern. The literature had found that support is a major factor in building the trust and motivational environment.<sup>16</sup> On the other hand, when staff members believe that they don't have sufficient access to support and resources, and needed to get their work done, they experience job tension and stress.<sup>16</sup> Therefore, it is expected that lack of support will demotivate staff, decrease the productivity, lead to burn out, and affect patients' outcome. Dixon<sup>17</sup> asserted that an open door policy gives the managers the opportunity to listen and engage in dialogue with employees, and that regular office hours give the employees the chance to discuss issues, and the supervisor to listen and to be responsive to staff. Nurses perceived rewarding and recognition from their leaders as important components of effective leadership characteristics. This actually indicates that supervisors and managers gave and withheld rewards and recognitions to control the situation and employees. The nurses' supervisors and managers use their positions to attain personal gains. They also tend to manipulate, threaten, abuse their positions, and victimize just to control. Therefore, control is what the leaders are seeking for. Control is antithetical to the empowerment that is repeatedly emphasized in the literature.<sup>13, 16</sup> Kanter<sup>18</sup> also asserted that powerful managers let go of the control downward and focus on being outwardly influential.

On the other hand, controlling managers are powerless; they demotivate employees by increasing their dependency, frustration, and panic.<sup>18</sup> These behaviors decrease organizational productivity and inhibit personal achievement of the organizational goals. Collaborative leadership facilitates achieving the demands of the health care system.<sup>17</sup> Engaging employees in leadership activities was reported to have a significant impact on unit productivity.<sup>19</sup>

Manipulation was reported many occasions by the respondents indicating that their managers and supervisors may have used this behavior frequently. Manipulation was perceived in ways where the managers did not address the issues directly and felt that they were forced to do unwanted behaviors. It is not clear why managers and supervisors opted to manipulate staff, instead of demanding desired behaviors using their position power. This might indicate that the managers and supervisors were not aware of this power or they were unable to use it. Also it may indicate that supervisors may think that they were demanding behaviors that are not ethical or legal. However, none of the nurses reported that their supervisors demanded unethical or illegal behaviors.

The nurses' perception of their managers and supervisors as partial and nonobjective could be due to the lack of criteria for rewards and recognition. But it might reflect the lack of managers' awareness. King<sup>20</sup> emphasized that fairness is an outcome of managers' continuous self-reflection. The high report of partiality might indicate that fairness is not a valued component of management. Nevertheless, it is valued among nurses. More recently, leadership has been viewed as a method of creating visions, developing goals, and motivating employees toward goal achievement.<sup>6</sup> All of the managerial and non-managerial activities performed within any health organization should be directed toward achieving the organizational goals.

Decision making is one of those important activities that guarantee the organizational goal achievement. Themes that are related to problem solving indicated that the nurses' managers and supervisors lack the knowledge and commitment to organizational goal. Instead of managing conflicts, generating creative approaches to problem solving, motivating staff, and mobilizing employees to work toward goal achievement, the nurses' supervisors and managers create problems, lack the solutions, and they are helpless. The results indicated that nurse leaders lack the power and ability to use that power.

The results related to situational factors showed that nurses perceived the system as unjust, punitive, bureaucratic, and coalitive. This may indicate that Jordanian nurses are aware of the negative characteristics of leaders that may actually influence their abilities to provide appropriate nursing care. This corresponds with previous international studies that are related to leadership styles with staff productivity. An early study indicated that nurses perceived leaders' duties to include challenging, inspiring, and motivating staff to higher levels of achievement, and uniting them in a common purpose.<sup>4</sup> In more recent studies, leadership characteristics among nurse leaders were significantly related to increased patient satisfaction, high patient safety measure, and reduced adverse events and complications.<sup>4, 8-10</sup>

### **Limitation**

One limitation was perceived of this study which is that nurses interviewed are recruited in one hospital which may indicate that the results reflect the system of that hospital. Interviewing more nurses from more than one hospital in Jordan may reveal more reliable results. One more limitation is that data were collected using the method of an unstructured interview. A mixed method of data collection including quantitative and qualitative methods may strengthen the inclusions of the results.

### **Conclusion**

The study resulted in a list of leadership characteristics that are mostly negative. Nurses perceived fifteen leadership characteristics and eight situational factors, among these; six leadership characteristics and five situational factors were negative. It is expected that the nurses' perception may have an impact on the quality of nursing care provided. The study has strong implications for leaders and policy makers in healthcare system in Jordan. The study implies that there is an overwhelming situation that requires continuous attention and effort to build the effective leadership styles. Leaders and supervisors should make efforts to reflect the effective leadership characteristics. Institutions should emphasize the role of nurse leaders through in-service education programs and recruitment procedures. Nursing curricula should also focus on teaching nursing students clinical leadership skills, emphasize leadership theory and practice, and support leadership qualities among nursing students. More studies are needed to identify the effect of managerial and leadership characteristics on staff and patient outcome.

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## الخصائص القيادية من وجهة نظر الممرضين/ الممرضات القانونيات في الأردن: دراسة وصفية ظواهرية

أيمن محمد حمدان منصور،<sup>1</sup> هانية أيوب دواني<sup>2</sup>

1- كلية التمريض، الجامعة الأردنية؛ عمان، الأردن؛ 2- كلية التمريض، جامعة فيلادلفيا، عمان، الأردن

### الملخص:

يعتبر مفهوم القيادة في التمريض من المفاهيم الحديثة العهد. ولقد وجدت الدراسات السابقة أن القيادة الحديثة والفعالة ترتبط على نحو مباشر بنوعية الرعاية التمريضية المقدمة، ومخرجات العملية العلاجية على نحو عام. لذا، يعتبر تعرّف مفهوم الخصائص القيادية عند الممرضين والمرمضات في الأردن من مقومات الرعاية التمريضية المتقدمة.

الهدف: تهدف هذه الدراسة إلى تعرّف الخصائص القيادية من وجهة نظر الممرضات/ الممرضين الأردنيين، وكذلك تعرّف خصائص البيئة القيادية والعوامل القيادية المؤثرة في الرعاية التمريضية المتقدمة.

طريقة البحث: تم أخذ عينة من (19) ممرضا وممرضة قانونية من مختلف الأقسام والوحدات في أحد المستشفيات الحكومية الكبرى، ثم جمعت البيانات من خلال المقابلة المفتوحة باستخدام أسلوب تحليل المواقف. وقد تم جمع البيانات ونسخها حرفياً وتحليل المحتوى عبر مراحل عدة للوصول للمفاهيم الأساسية.

النتائج: خرجت الدراسة بخمسة عشر مفهوماً ووصفاً ثانوياً للخصائص القيادية عند القيادات التمريضية، تم حصرها في أربع مجموعات وصفية أساسية تتعلق بالصفات الشخصية. وقد وجدت الدراسة أن المفاهيم الثانوية جميعها سلبية باستثناء ثلاثة أوصاف كانت إيجابية. وكذلك خرجت الدراسة بشمانية عوامل بيئية وصفية قيادية. وكان الالاعديل هي الصفة السائدة الأكثر بين العوامل البيئية، بينما كان عدم الصدق، والتفرقة، واختلاق المشكلات هي الصفات الشخصية الأكثر تكراراً.

الاستنتاجات: خلصت الدراسة إلى أن الصفات الشخصية والعوامل البيئية تساعد على ممارسة القيادة التمريضية على نحو فاعل مما قد يؤثر في مستوى الرعاية التمريضية المقدمة. لذا، على المؤسسات التركيز أكثر على أهمية دور الإداريين والقيادات التمريضية؛ لما لذلك من أثر في مستوى الرعاية التمريضية وفي الممرضين/ والمرمضات أنفسهم. وكذلك التركيز على تعليم الطلبة في كليات التمريض على استخدام الطرق القيادية الفاعلة، وممارسة هذه الطرق وتعزيزها بالتجربة العلمية والعملية.

الكلمات الدالة: القيادة في التمريض، مفهوم القيادة، التمريض، الأردن.