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Abstract

Background, Spiritual leadership one of the most effective leadership styles to overcome work challenges and enhancing nurses' motivation. Aim of study: Was to assess spiritual leadership educational program for head nurses and its effect on staff nurses' motivation. Research Design: A quasi-experimental design was used to achieve the aim of the present study. Setting: The study was conducted at Benha Teaching Hospital in all departments and units. Sample: A convenient sample of 70 head nurses, and 200 staff nurses. **Tools of data collection:** Four different tools were used in the present study for data collection, personal data questionnaires, spiritual leadership knowledge questionnaires, spiritual leadership skills questionnaires and nurses' motivation level questionnaires. Results: Minority 5% of head nurses had good knowledge level at the preprogram phase while it increased to 85.5% & 84.8% at post program and follow up study phases, while only 16.3% of head nurses had high spiritual leadership skills level at preprogram phase it was increased to almost of them 91.4% & 91.0% at post program and follow phases respectively. Also while 10.0% of staff nurses had a high motivational level at preprogram phase it was increased to almost of them 86.5%: 85.5% at the post program phase and follow phase respectively. Conclusion: There was a highly positive statistical significant correlation between head nurses' spiritual leadership knowledge, skills and staff nurses' motivation at post and follow up program phases. Recommendation: In-service training and education programs must be conducted for refreshing and increasing knowledge and skills about spiritual leadership as well as to emphasize spiritual leadership skills of head nurses.

Keywords: Educational program - Head nurses - Nurses' motivation - Spiritual leadership

Introduction

Spiritual leadership in nursing considered as an effective approach that improve the higher level of team creativity, organizational productivity and learning capacity which motivate the nurses' growth and development. Also encourage the nurses' sense of acceptance and inner satisfaction which has the potential to reduce the challenges in the nursing profession and create differences in nursing work environment (Abdulgawaad, 2019 and Abdel Rahman et al., 2020). Spiritual

leadership designed to create an intrinsically motivated and based on the ability of nurse leader values, attitudes, and behaviors to motivate self and nurses through spiritual dimensions; vision, hope/faith, leadership altruistic meaning/calling love, and membership. Nurse leader create a culture of altruistic love. In which value nurses inner life, encourage meaningful work, calls membership and help to feel capable of making a difference and being understood (Ali et al., 2021).

Nurses' motivation seems to be one of the most important tool for nurse spiritual leader to increase effectual job management amongst nurses' in organization as well as increases nurses' performance toward accomplish the task assign. Motivation is actually inspiring and encouraging nursing staff to work more and contribute more to achieve hospital work goals (Wange et al., 2019 and Miles, 2021).

Spiritual leaders motivate the nurses not only to perform in the most effective way but also to force for constantly searching for meaning and purpose in the nurses work life (Baljoon et al., 2021). Spiritual leadership and nurses' motivation are directly related to each other. While nurses' motivation considered as a powerful tool for enhancing and directing nursing activities towards achieving work goals, spiritual leadership attract the attention to be the important and effective. Spiritual nurse leader will generally has a significant on willingness and nurses desire to work. Also nurse leader could find its true position through encourage and motivate nursing staffs to perform in the most effective way (Ribeiro et al., 2020 and Garg et al., 2022).

Significance of the study:

The spiritual leadership attract the attention of health care settings managements. This leadership style able to create a difference in the work and intrinsically inspire and motivate nurses to work through their leader values, attitude and behavior which improve productivity with great positive outcome for the nursing manager, nurses and for all the patients who affected by this outcome (Wiley and Sons, 2019).

Aim of the study:

This study aimed to assess spiritual leadership educational program for head nurses and its effect on nurses' motivation.

Research hypotheses:

There would be an improvement in the head nurse's knowledge and skills regard spiritual leadership after implementation educational program. There will be an improvement in the nurse's motivation level after implementation an educational program.

Subject and Methods

Research Design:

A quasi-experimental design was used to achieve the aim of the present study

Setting:

The present study was conducted at all departments and units at Benha Teaching Hospital

Subject:

Subjects of the study included two groups. **Head nurses group:** 70 head nurses and their assistant who was working in the study settings during the time of data collection and fulfilled the inclusion criterion of having at least two years of experience at the study setting. **Nurses group:** 200 staff nurses were chosen randomly.

Tools for data collection:

Data of the present study was collected by using four tools (all tools were used throughout the three phases of the program implementation; pre, post and follow up three months after the program)

- **1- Personal data questionnaire:** It included data about study subjects as (age, gender, marital status, level of education, and years of experience).
- 2- Spiritual leadership knowledge questionnaires: Structure questionnaire was developed by investigator based on literature review (Jahandar et al., 2017) to assess head nurses knowledge about spiritual leadership at

work. It consisted of 23 questions in the form of multiple questions, arrange and discuss.

3- Spritual leadership skills questionnaires: It was developed by the investigator based on literature review (Jahandar et al., 2018) to assess the head nurses' spiritual leadership skills levels from assess head nurses and staff nurses. It consisted of 41 items divided into five main dimensions (vision, hope, altruistic love, meaning, and membership). Responses were scored based on three point Likert Scale as follows (3) degree for "Always", (2) degree for "Sometimes" and (1) for "Never".

4- Nurses motivation questionaires: It was developed by investigator based on literature review (Malik et al. 2018) to assess nurses' motivational level, It consisted of 47 items divided into 7main categories; (hospital policy, supervision policy, relationship within work, Job characteristics, career development, thanks and appreciation and feedback). Nurses' responses were scored on three point Likert scale as follows (3) degree for "Always" (2) degree for "sometimes" and (1) for "Rare".

Validity of the tools:

Once the data collection tool was prepared in its preliminary form. Revising and judging the tools of data collection and spiritual leadership educational program by five experts of nursing professor from different Faculties of Nursing (two professors of Nursing Administration from Cairo University and two assistant professors of Nursing Administration from Tanta University and one Professors Assistant of Nursing Administration from Banha University). The modification concern some items language construction and arrangement.

Reliability of tools:

The reliability of the questionnaires was tested for the internal consistency using alpha coefficient as follow; spiritual leadership knowledge questionnaires (0.77), spiritual

leadership skill questionnaires (0.84) and motivation questionnaires (0.85).

Pilot study:

Pilot study was conducted in February2021to assess tools validity and reliability. It has also served for estimating the time needed for filling the questionnaires. It was done on 10% of the subject: (7) head nurses and (20) nurses. There was no modification required and the time needed was ranged from 20-30 minutes

Ethical consideration:

At the interview with head nurses, their assistants and nurses to collect data, they were informed about the purpose and benefits of the study and their participation is voluntary and they have the right to refuse to participate in the study without giving any reason. In addition, confidentiality and anonymity of the subjects were assured through coding of all data.

Field work:

Includes the assessment phase, planning phase, implementation phase and evaluation phase. Data of the current study were collected from March 2021 to May 2021. The program was consisted of (15) hours distributed as theoretical session 11 hours and practical session 4 hours. The teaching sessions were achieved by using available resources, relevant contents and instructional strategies for each session. Different methods of teaching were used such as lecture, group discussion, and brain storming. Instructional media included, handout prepared by the investigator and distributed to all head nurses in the first day of the education program. The impact of the educational program was evaluated. Post program for all subjects using the same tools which were used before the program. Follow up after three months of program implementation.

Statistical analysis:

Data were verified prior to computerized entry. (SPSS version 25.0) was

used for that purpose followed by data analysis and tabulation. Descriptive statistics were applied (e.g., mean, standard deviation, frequency and percentages, Chi-square (X^2) . Test of significance (paired (t) test, Pearson correlation coefficients were used investigation of the relationships among scores). The P- value is the probability of error that indicate significance of results through observed difference. A significant level value was considered when p <0.05. And a highly significant level value was considered when p < 0.01.

Results:

Table (1) shows that, the total studied number of head nurses was (70) regarding to age the mean age of the studied nurses was 41.08±647years old, 32.9% were aged 40-<45years. As regarding to sex, 97.1 of them were females, As it show 97.1% were married, as for their educational qualification, 81.4% of them had Bachelor of nursing, as regarding years of experience 50.0% of them had more than 15 years of experience with Mean ± SD 14.47±7.67.

As shown in figure (1), minority (5%) of head nurses had good knowledge level at preprogram phase while it increased to (85.5% & 84.8%) at post program and follow up study phases respectively

Table (2) shows that, there was a highly statistical significant difference in the improvement of the total head nurses knowledge about spiritual leadership between preprogram and post program phase and between preprogram and follow up phase.

As shown from figure (2), while only (16.3%) of head nurses had high spiritual leadership skills level at preprogram phase, it was increased to almost of them (91.4%: 91.0%)) at post program phase and the follow phase respectively.

Table (4) shows that, there was highly statistical significant difference between preprogram and post program phase and also between preprogram and follow up phase related to total head nurses spiritual leadership skill.

Table (5) shows that there was highly statistical significant difference between preprogram and post program phase and also between preprogram and follow up phase related to dimensions of spiritual leadership. Also the highest mean score of spiritual leadership skills dimensions was at the post program phases and the score little decrease at the follow up phase but still more higher than the preprogram phase score.

As shown in figure (3) staff nurses reporting regarding head nurses spiritual

leadership skills through the program phases; while 2% of staff nurses had reported high level at preprogram phase, it was increased to (82.5 % & 81.0%) at post program and follow up study phases respectively.

As shown from figure (4) 10.0% of staff nurses had a high motivational level at preprogram phase, it was increased to almost of them (86.5%: 85.5%) at the post program phase and follow phase respectively.

Table (6) shows that, there was highly positive statistical significant correlation between head nurses spiritual leadership skills and knowledge at post program phase, and positive statistical significant correlation between head nurses spiritual leadership skills and knowledge at the follow up phase.

Table (7) Shows that, there was a positive highly statistically significant correlation between head nurses' spiritual leadership skills score and their staff nurses' motivation score at post program and follow up program phases respectively.

Table (8) shows that, there was positive statistical significant correlation between head nurses' spiritual leadership knowledge and

nurses' motivation at post program and follow up phases.

Table (1): Frequency distribution of head nurses regarding their personal characteristics (n=70)

	Head nurse (n=70)					
Personal characteristics items	No	%				
Age						
<30	2	2.9				
30-<35	8	11.4				
35-<40	18	25.7				
40-<45	23	32.9				
45+	19	27.1				
$\bar{\mathbf{x}}\pm\mathbf{S}\mathbf{D}$	41.	08±647				
Gender						
Female	68	97.1				
Male	2	2.9				
Marital status						
Married	68	97.1				
un married	2	2.9				
Qualification						
Nursing diploma	7	10.0				
Associated degree in nursing	6	8.6				
Bachelor of nursing	57	81.4				
Years of experience						
2 < 5	2	2.9				
5 -10	18	25.7				
10-15	15	21.4				
15+	35	50.0				
Min –Max		3-39				
<u>x</u> ±SD	14.4	47±7.67				

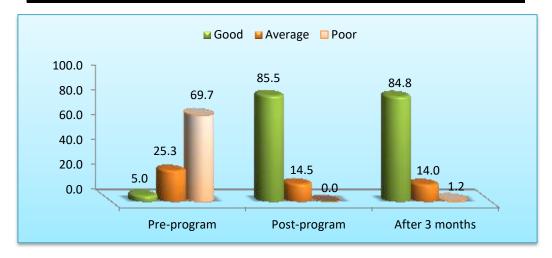


Figure (1): Head nurses' knowledge levels regarding spiritual leadership thorough program phases

Table (2): Mean and standard deviation of total head nurses spiritual leadership knowledge through the program phases (n=70).

Head nurses	Tot	Pre Program	Post Program	Follow up		P		P		D
spiritual leadership total	al scor e	x̄ ±SD	x̄ ±SD	x̄ ±SD	t(1)	value	t (2)	value	t (3)	value
knowledge	23	4.14 ±3.08	22.21±0.81	20.38±1.43	46.6 5	.000*	0.130	.282	38.12	.000**

Table (3): Mean and standard deviation of head nurses spiritual leadership knowledge dimensions through the program phases (n=70).

Spiritual leadership	Sc	Pre Program	Post Program	Follow up	+ (1)	P	t (2)	P	t (3)	P
knowledge dimensions	ore	x ±SD	x ±SD	x ±SD	t (1)	value	ι (2)	value	1 (3)	value
Concept	2	0.25±0.55	1.94±0.23	1.80±.40	22.51	.000**	0.039	.750	19.14	.000* *
Importance	4	0.64±0.83	3.91±0.28	3.71±.48	32.20	.000**	0.148	.221	25.04	.000* *
Principles	2	0.28±0.54	2.88±0.32	2.50±.60	34.90	.000**	0.088	.469	21.81	.000* *
Characteristics	2	0.44±0.52	2.00±0.00	1.81±.42	24.65	.000**	0.051	.676	24.65	.000* *
Dimension	4	0.80±0.91	3.75±0.43	3.30±.80	23.14	.000**	0.233	.052	15.50	.000* *
Effective environment	2	0.48±0.65	1.97±0.16	1.80±.43	19.01	.000**	0.091	.453	14.61	.000* *
Obstacles	2	0.45±0.62	2.00±0.00	1.81±.42	20.49	.000**	0.051	.676	15.28	.000* *
Role of head nurse	3	0.77±0.87	3.74±0.44	3.45±.69	26.67	.000**	0.088	.468	19.34	.000* *
Total	23	4.14 ±3.08	22.21±0.8 1	20.38±1.4 3	46.65	.000**	0.130	.282	38.12	.000*

t1 between pre and post program t2 between post and follow up t3 between pre and follow up

t1 between pre and post program t2 between post and follow up t3 between pre and follow up

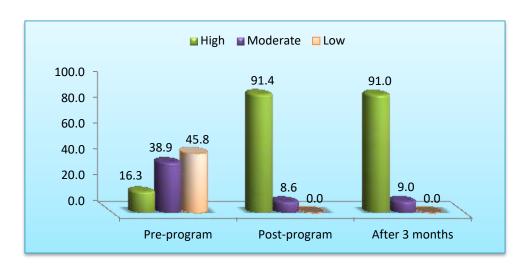


Figure (2): Percentage distribution of head nurses' skills levels regarding spiritual leadership through the program phases

Table (4): Mean and standard deviation of head nurses skills regarding spiritual leadership through the program phases (n=70).

Total head	Max score	Pre program	Post program	Follow up	t1	-		p-	t3 test	р-
nurses spiritual		x ±SD	$\overline{\mathbf{x}} \pm \mathbf{S} \mathbf{D}$	$\overline{\mathbf{x}} \pm \mathbf{S} \mathbf{D}$	test	value		value		value
leadership	123	83.65±17.04	119.81±6.48	118.01±7.97	15.77	.000**	1.996-	.081	13.742	.000**
skills										

t1 between pre and post program t2 between post and follow up t3 between pre and follow up

Table (5): Mean and standard deviation of head nurses skills regarding spiritual leadership dimensions through the program phases (n=70)

spiritual leadership		Pre program	Post program	Follow up	t1	p-	t2 test	p-	t3 test	p-
skills dimensions	Max	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	test	value	tz test	value	to test	value
Vision	27	18.91±4.20	26.21±1.56	25.84±2.35	13.07	.000**	1.812	.061	10.562	.000**
Hope / faith	21	14.14±2.33	20.41±1.22	19.95±1.87	19.26	.000**	1.441-	.17	15.245	.000**
Altruistic love	24	16.64±3.65	23.52±1.24	22.94±2.15	14.10	.000**	1.972-	.074	11.688	.000**
Meaning / Calling	24	15.72±3.78	23.44±1.51	23.00±2.11	15.27	.000**	1.312-	.242	13.595	.000**
Membership	27	18.22±4.30	26.21±1.93	25.67±2.38	13.43	.000**	1.699-	.095	11.668	.000**

t1 between pre and post program t2 between post and follow up t3 between pre and follow up

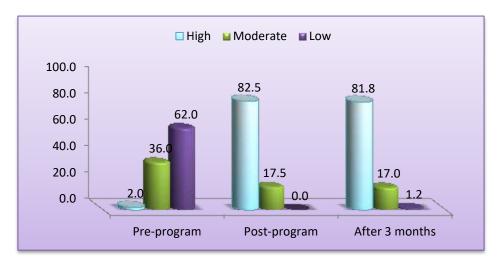


Figure (3): Percent distribution of head nurses' spiritual leadership skills as reported by staff nurses through the program phases

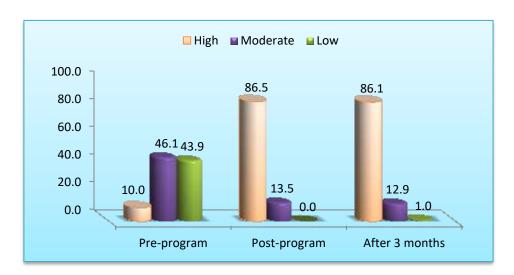


Figure (4): Distribution of staff nurses motivational level through the program phases

Table (6): Correlation between total head nurses' spiritual leadership knowledge and skills through program phases

Head nurges enimitual leadership	Head nurses' spiritual leadership skills								
Head nurses spiritual leadership knowledge score	Pre prog	gram	Post pro	gram	Follow up				
	r	p-	r	p-value	r	p-value			
		value							
	0.366	0.110	0.835	0.000**	0.695	0.025*			

^{*} Statistically significance p<0.05 ** highly statistically significance p<0.001

Table (7): Correlation between head nurses' spiritual leadership skills and staff nurses' motivation through program phases

	Nurses' motivation n=200								
Head nurses spiritual leadership skills n=	Pre p	rogram	Post p	rogram	Follow up				
70	r	p-value	r	p-value	r	p-value			
	0.106	0.381	0.807	0.000**	0.793	0.010**			

Table (8): Correlation between total head nurses' spiritual leadership knowledge and staff nurses' motivation level through program phases

Head nurses spiritual leadership	Nurses' motivation score								
	Pre prog	Post p	rogram	Follow up					
knowledge score	r	p-value	r	p-value	r	p-value			
	0.110	0.363	0.641	0.017*	0.593	0.019*			

^{*} Statistically significance p<0.05

Discussion

Spiritual leadership is one of the most effective leadership styles. Spiritual leaders have vital role to overcome challenges in the work, create a culture of altruistic love that values nurses' inner life, creates meaningful work and satisfy moral and spiritual needs of both leaders and nurses for spiritual wellbeing and nurses' motivation to improve productivity and positive patient outcome (**Pio and Lengkong, 2020**).

In relation to head nurses knowledge regard spiritual leadership, the finding of the present study showed that, the minority of head nurses had good knowledge level at preprogram phase and it was increased to most of them at post program and follow up study phases as compared to the preprogram. From investigator point of view improvement increasing in the knowledge of the head nurses could have resulted from utilizing of teaching approaches that can facilitate the interactions and collaboration in the learning process. Finding of the present study was

Agreed with Wang et al., (2019) who conducted study about "The Effect of **Spiritual** Leadership **Employee** on Effectiveness: An Intrinsic Motivation Perspective" they reported that the majority of employee had good knowledge regard spiritual leadership. Also with Memaryan et al., (2015) who conducted study about" Integration of Spirituality in Medical Education in Iran: A Qualitative Exploration of Requirements" they reported that all staff acknowledged the need for addressing spiritual leadership in formal medical education.

Concerning head nurses spiritual leadership skills thorough program phases; Results of the present study concluded that, the minority of head nurses had high level of spiritual leadership skills at preprogram phase and it was increased to most of them at post program and follow up study phases as compared to preprogram. From investigator point of view nurses require strong leadership. The tenets of hope/faith, altruistic love, and vision within leadership style comprise the

values, attitudes, behaviors and skills required for the leaders to intrinsically motivate oneself and nurses toward goal attainment.

Result of the present study in the same line with **Birnie**, (2019) who conducted a study about "Spiritual leaders can retain nurses" he reported that, implementation of spiritual program help nurse leaders to become highly satisfied in their role and motivated towards spiritual leadership.

Also result was similar to **Saleh et al.**, (2018) they revealed that, nursing leaders had motivated towards spiritual leadership as a strategy that can retain highly skills. Moreover result in respect to **Jahandar et al**, (2017) who reported that, the majority of studied nurse managers had high level of spiritual leadership.

Also the result of present study showed there was highly statistical that. a improvement in the level of head nurses skills regarding spiritual leadership throughout program phases and there was highly statistical significant difference between preprogram and post program phases and between preprogram and follow up phases related to spiritual leadership dimensions; vision, hope/faith, altruistic love, meaning/ calling and membership.

From the investigator point of view, leader skills very importance in development of nursing profession, promote satisfaction and motivate the nursing personnel. In addition spiritual leaders can change nurses" action by improving practicing care and concern which intrinsically motivate nurses to perform willingly for the good of the organization. In the same line Nguyen et al., (2018) they conducted study about "The role of leaders' spiritual leadership organization on outcomes" they reported that, there was positive statistically significant relationship with meaning, calling, membership and

empowerment as dimension of spiritual leadership and the quality of leaders' skills. Also in congruent with Putra, (2018) who conducted a study about "effect of educational program about spiritual leaders' principles and roles for the teachers leaders at Iran schools" and he revealed that there was positive statistically improvement in the spiritual leaders' characteristics behavior. and Moreover result was similar to Smith et al., (2018) they studied "spiritual leadership: a guide to a leadership style embraces multiple perspectives" they reported that, leaders have positive statistically improvement in their skills regard spiritual leadership skills.

Result of the present study indicated that there was a highly statistical improvement in level of staff nurses motivation throughout the program phases. From the investigator point of view, the head nurses can achieve the goal of hospital through providing opportunities to understand the actual result of their work, solve work problems with effort appreciation and establish work environment which motivate nurses to work.

This result was agreed with Negarandeh et al (2019) they conducted study about "Motivating factors among Iranian nurses" the findings showed that, there was highly improvement in the nurses level motivation. And Bake. (2019)who recognized that, using appropriate leadership styles to build positive environments that can improved nurses' motivation. Also the result was in the same line with Elsayed, (2019) who studied "Effect of educational program about motivation for head nurses on staff nurses performance" concluded that there was a highly statistically significant improvement in head nurses skills about motivation throughout post and follow up phases.

Finding of the present study concluded that, there was positive statistical significant

correlation between head nurses' spiritual leadership knowledge and nurses' motivation level. From the investigator point of view, the spiritual leadership is promising approach to create a positive work environment, inspiring, motivating and engaging nurses for attaining work goals and increase the chance of success. Leaders' knowledge has significant importance on the motivation of their nurses toward achieving the goals of patient care.

Finding was similar to Wanger, (2021) who reported that, there was highly improvement in the knowledge of nurses' managers regard spiritual leadership which had significant effect on improvement job satisfaction, decrease burnout and enhancing nurses' motivation toward the work goals achievement. Also consistent with Bahmani and Davoudi, (2019),they studied "Correlation between Spiritual Leadership, Job Motivation and Organizational Trust of Nurses and Employees in Rasht" they indicated that, spiritual leadership had strong positive correlation with staff nurses motivation. In the same line Hussein and Gad, (2019) concluded that, spiritual head nurse can motivate and inspire their nurses to have a high willingness to work, enabling the organization to achieve organizational goals. Also was agreed with **Jahandar et al.**, (2018) they confirmed that spiritual leadership one of the most effective leadership styles for nurses motivation.

Regarding correlation between the head nurses' spiritual leadership skills and nurses' motivation; the present study illustrated that, there was a highly positive statistical significant correlation between head nurses' spiritual leadership skills and nurses' motivation through the program phases. From the researcher point of view. Spiritual leadership inspiring the willingness of the nurses, create positive work environment and it is a helpful instrument in the hands of management in exciting the workforce. Head

nurses who taking into account spiritual leader characteristics and practices highly increase their nurses' quality of care, and motivation to work effectively for the good of the organization.

Finding was similar to Pio and Lengkong, (2021), they conducted study about "The relationship between spiritual leadership to quality of work life and ethical behavior and its implication to increasing the organizational citizenship behavior" they reported that, spiritual leadership had direct significant positive effect the quality of work life which was the mediated to employees motivation to perform effectively. In respect with **Durmaz** and Demir, (2021), they studied "Leadership Styles and their effects on Organizational Effectiveness" Study had showed that, there was positive correlation between spiritual leadership and task performance which was effective in motivating employees.

Also finding was supported by Oh and Wang, (2020), they conducted the study about "Spiritual leadership: current status and Agenda for future research and practice" they confirmed that the development of spiritual leadership style had the positive significance effect on promoting the vision with inspiring and motivated employees. the finding was agreed with Ribeiro et al., (2020), they studied commentary spiritual "A on leadership and workplace spirituality in nursing management" they reported that, workplace spirituality promoted by spiritual nurse leader who had spiritual competences and influences nurses' satisfaction, motivation and well-being and the quality of care.

Additionally finding was in respect with Wang et al., (2019), they conducted study about "The Effect of Spiritual Leadership on Employee Effectiveness: An Intrinsic Motivation Perspective" they showed that spiritual leadership had highly positive significance correlation with employees

'motivation. Also in respect with Zhang and Yang, (2019), they studied "How and when leadership enhances employee spiritual innovative behavior" they concluded that, there was positive significant relationship between spiritual leadership and employees' motivation. Also Hussein and Gad, (2019), who studied "head nurses' spiritual leadership and staff nurses autonomy: A comparative study" they reported that that there was statistically significant correlation between overall domains of spiritual leadership of head nurses and overall domains of staff nurses' autonomy which was motivating factors for nurses' work.

In the same line finding was agreed with Jahanda et al., (2017), they conducted study "Spiritual Leadership Model as a Paradigm for Nursing Leadership" they concluded that spiritual leadership one of the most effective leadership styles for nurses motivation. Also similar with Smith et al., (2018), they studied Leadership: "Spiritual A guide to A leadership Style **Embraces** Multiple Perspectives" they reported that, spiritual leaders have high skill levels to influence others for positive inspiration and nurses motivation.

Conclusion:

There was a highly statistically significant improvement in the knowledge, skills levels of the head nurses about spiritual leadership and a highly statistically significant improvement in staff nurses' motivation level throughout post and follow up program compared to preprogram phase. There was a highly positive statistical significant correlation between head nurses' spiritual leadership knowledge, skills score and staff nurses' motivation score at post program and follow up program phases.

Recommendation:

- ➤ Promotion program for head nurses and for staff nurses have to include spiritual leadership characteristics and behavior.
- ➤ Holding training program for the nursing managers to acknowledge the philosophy of spiritual leadership determination of preemployment criteria for selection of the head nurses.

Further studies are suggested:

- ➤ Reapplication of the study on a larger probability sample and different settings is highly recommended to achieve generalizable results.
- ➤ Conduct study to determine the impact of spiritual leadership practices for staff nurses on quality of patient care.

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برنامج تعليمي عن القيادة الروحية لرؤساء الوحدات وتأثيره على تحفيز الممرضين ماجدة عبدالمنعم شهاب - نرمين مجد عيد - فوزية فاروق كامل

القيادة الروحية هي اسلوب القيادة الفعال والضروري لتحفيز الذات والأخرين للشعور بقيمه ومعنى العمل. تهدف القيادة الروحية لتأسيس بيئة العمل على قيم القائد ، صفاتة ومهاراته لتحفيز الممرضين على الإنجاز وكفاءه الأداء نحو تحقيق أهداف العمل ويعد تحفيز الممرضين جانبًا مهمًا في مكان العمل لتعزيز الإلتزام ورالرضا الوظيفي وتحسين كفاءة العمل والتطوير المستمر تجاه أهداف رعاية المرضى ونتائجها. لذلك هدفت هذه الدراسة إلى تقييم برنامج تعليمي عن القيادة الروحية لرؤساء الوحدات وتأثيره على تحفيز الممرضين وقد أجريت الدراسه بجميع الاقسام والوحدات بمستشفى بنها التعليمي على عدد ٧٠ من رؤساء الوحدات و ٢٠٠٠ من الممرضين. وأسفرت النتائج أن هناك تحسن في مستوى معلومات رؤساء الوحدات عن القيادة الروحية في العمل بنسبة (٥٠٥٠٪). ومستوى مهارات رؤساء الوحدات عن القيادة الروحية ارتباط ذات دلالة إحصائية بين مستوى في مستوى تحفيز الممرضين بنسبة (٥٠٥٠٪). ووجود علاقة ارتباط ذات دلالة إحصائية بين مستوى التعليمي. كما أوصت الدراسه بضرورة ترسيخ القيادة الروحيه انها افضل انواع القيادة لتيسير العمل وتحفيز الممرضين على الانجاز ويجب أن يشتمل برنامج تقييم رؤساء الوحدات على خصائص وسلوكيات القيادة الروحية ودراسة أثر مبادئ وأبعاد القيادة الروحيه على جودة رعاية المرضى.