

Enhancing Situational Leadership and Emotional Intelligence among Head Nurses and its' Effect on their Managerial Competencies

Hamees El-sayed Hamed¹, Nermine Mohamed Eid² and Aya Ghoneimy Hasanin³

(1) M.Sc. in Nursing Administration 2018- Benha University, (2) Professor of Nursing Administration, Faculty of Nursing – Menoufia University and (3) Assistant professor of Nursing Administration-Faculty of Nursing-Benha University.

Abstract

Background: Situational leadership and emotional intelligence are key predictors of effective and competent head nurses; they can help leaders to improve their managerial competencies. **The study aimed to** enhance situational leadership and emotional intelligence among head nurses and its' effect on their managerial competencies. **Design:** A Quasi experimental design was utilized to meet the aim of this study. **Setting:** The study was conducted at Benha University Hospital. **Sample:** A convenience sample of (45) of head nurses and their assistance who were working at the above-mentioned setting. **Tools:** Four different tools were used namely: (1) Situational leadership and Emotional Intelligence Knowledge Questionnaire, (2) Situational Leadership Scale , (3) Standardized Emotional Intelligence Questionnaire and (4) Managerial Competencies Questionnaire. **Results:** Only 17.8% of head nurses had adequate knowledge level at pre-program and only 8.9% of head nurses had high situational leadership skill level and increased to 84.4% &73.3% at immediate post and follow up phases respectively. Also, 22.2% of head nurses had high emotional intelligence level at preprogram and increased to 84.4% &51.1% at immediately post and follow up phases respectively. Finally, 53.3% of head nurses were competent at preprogram and increased to 91.1% &80.0% at immediately post and follow up phases respectively. **Conclusion:** There was general improvement in head nurses' knowledge and skills about situational leadership and emotional intelligence and also their managerial competencies at immediate post and follow phases than preprogram. **Recommendation:** Hospital managers should involve situational leadership and emotional intelligence competencies in head nurses' performance appraisal. Head nurses should periodically assess the maturity level of staff nurses for effective using of situational leadership styles.

Keywords: Emotional intelligence, Managerial competencies, Situational leadership.

Introduction

The Head nurses have one of the most difficult and complex jobs in the workplace, as they are in charge of converting strategic aims and objectives to operational level and then into clinical practice of their subordinates. As a result, being a head nurse necessitates the capacity to interpret broad concepts and apply them to specific clinical performance, as well as deciding what has to be done and auditing the results. Competent

head nurses are those who can change their behaviors and attitudes to suit the demands of subordinates in a given situation and inspire them to work together freely and cooperatively with fervor and confidence toward a common objective (Mohamed et al., 2019).

Situational leadership style is a leadership style model that focuses on followers. The situational leadership style is applied by looking at the readiness and maturity of its staff in carrying out the work given by the

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leader. This readiness and maturity is obtained from the level of direction and guidance provided by the leadership as well as the emotional support provided by the leadership to the employees. The formation of staff readiness and maturity can lead to increased performance. Situational leadership style consisting of telling, selling, participating and delegating styles (**Vinberg and Larson, 2020**).

Emotional Intelligence provides an important assistance to efficient leadership and it has become one of essential leaders' competencies. emotional intelligence is defined as the ability to perceive, appraise, and express emotion accurately; the ability to access and/or generate feelings when they facilitate thought; the ability to comprehend emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth. And there are five dimension of emotional intelligence classified to self- awareness, self- regulation, motivation, empathy and social skills (**Freshman and Rubino, 2020**).

Management competencies are defined as the right combination of behaviors, skills, and knowledge possessed by an individual and maybe a source of sustained organizational performance. Management competencies are also said to be a set of skills, knowledge, attitude, and behavior that a person requires to be effective in a wide range of jobs and various types of organizations (**Arcand and Neumann , 2021**).

Significance of the study

Head nurses of hospital wards face many challenges in their managerial role alongside the burden of increased workloads. So, they require certain skills and competences; identifying these competences

is very important .head nurses also face many and different situations that every situation need leaders recognize and adopt different leadership style to act effectively. The leader and his situational leadership style will directly influence the suitability of the nurse and the nurse will get more responsibility when he is more suitable for a certain task. This will increase his security which in turn will have a positive influence on his qualities (**kantanen, Helminen and Suominen, 2017**).

Moreover, head nurse who utilize emotional intelligence be able to assess and manage others emotions when making decisions, that help nurses to adapt to their environment, to feel valued, and to appreciate increased satisfaction from caring; it also enhances motivation of employees, their job satisfaction, and their job performance, all of which are essential for leadership (**Wang, 2016**).

Aim of the Study

This study aimed to enhance situational leadership and emotional intelligence among head nurses and its' effect on their managerial competencies.

Research hypothesis

An implementation of educational program will lead to significant improvement in head nurses' knowledge and skills regarding situational leadership and emotional intelligence. And it will have a positive effect on head nurses' managerial competencies.

Subjects and Methods

Research design

A quasi-experimental research design with pretest, posttest and follow up assessments was carried out in this study.

Research Setting:

The study was conducted at inpatient units of medical and surgical departments at Benha University Hospital which included 25 units .

Study Subjects:

The subjects include all available head nurses and their assistances who are working in the above mentioned study setting. The total numbers of head nurses and their assistants were 45.

Tools of data collection:

Four different tools were used to collect data for this study.

I-Situational leadership and Emotional Intelligence Knowledge Questionnaire

It was developed by the researcher after reviewing the related literature (Ahmed,2016; Powell et al., 2017; Djati, 2018). It was used to assess head nurses' knowledge regarding situational leadership and emotional intelligence It consisted of two parts:-

Part (1): Personal characteristics of head nurses as (age, marital status, gender ,years of experience, work unit, educational level, attending training program about situational leadership and emotional intelligence).

Part (2): It included different questions as (multiple choice and true or false) to assess head nurses' knowledge regarding situational leadership and emotional intelligence. It divided to two parts

Part (A): It was used to assess head nurses' knowledge regarding situational leadership. It consisted of five main dimension which included (20) items subdivided into: (1) Concept of situational leadership (3 questions). (2) styles of situational leadership (5 questions). (3) Importance of situational leadership (3 questions). (4) Features of situational leader (2 questions).(5) Skills of situational leader (7 questions)

Part (B) : It was used to assess head nurses` knowledge about emotional intelligence. It consisted of four main dimension which

included (20) items subdivided into: (1) concept of emotional intelligence (4 questions). (2) importance of emotional intelligence (8 questions). (3) skills of emotional intelligence (5 questions). (4) components of emotional intelligence (3 questions).

Scoring system:

For answer in each question, scores were allocated as follow: (1) for correct, and (zero) for incorrect so the total score was (40) which converted into percent score. The participant who had a percent more than 60% this indicated an adequate knowledge and if less than 60% this indicated an inadequate knowledge (Jessica and Crossman, 2017).

II. Situational Leadership Scale :

It was developed by Leo and Eduardo (2006) and adopted by the researcher. It was be used to assess head nurses' skills regarding situational Leadership. It included twelve situations.

Scoring system:

Leadership adaptability style were designed in a way that there is no right or wrong answers, only different ways of acting in certain situations to determine the leader leadership style. Each situation has four responses , each response correspond to specific leadership style to choose among them. The style with highest probability of success scored with (+ 2), the second best alternative was scored (+ 1), the third alternative was scored (- 1), the style with lowest probability scored (-2). Leadership effectiveness scoring was ranging as follow: High leader effectiveness (range +13_ +24), moderate leader effectiveness (range +1_+12), low leader effectiveness (range -12_0), very low leader effectiveness (range -24_-13).

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III- Standardized Emotional Intelligence Questionnaire :

It was developed by **Palmer and Jansen (2004)** and adopted by the researcher. It was used to assess the level of head nurses' emotional intelligence. It consisted of five main dimension which contained 25 items subdivided into self awareness (3 items), Self regulation (5 items), motivation (4 items), empathy (5 items) and social skills (8 items).

Scoring system:

For answers in each question, scores were allocated as follows: (2) Agree , (1) Neutral, (0) Disagree . The participant who had a percent more than 75% this indicate high emotional intelligence level, if the score was from 60-75 % this indicate moderate emotional intelligence level, if the score less than 60% this indicate low emotional intelligence level

IV- Managerial Competencies Questionnaire:

It was developed by **Moghaddam and Jam (2019)** and modified by the researcher based on literature review (**Farmer,2018; Kantanen et al.,2017; Nazari et al., 2018**).It was used to assess head nurses' managerial competencies. It consisted of eight main dimension which contained (42) items subdivided as following staff management (7 items), relationship management and teamwork(8items), Communications (4 items), leading people and teams (4 items), shared decision-making (3 items) , Personal quality items (4 items), change preparation (4 items), professionalism (8 items).

Scoring system:

For answers in each question, scores were allocated as follows: (3) for always done , (2) for sometimes done, (1) for rarely done . It

was converted into percent score. The participant who had a percent more than 60% this indicated be competent and if less than 60% this indicated be incompetent

Validity of the tools:

These three tools were tested for validity (Face and Content) through distribution of the tool to a jury of three Experts on field of Nursing Administration and Education from Benha, Menoufia and Tanta. Modifications were done in the light of their valuable comments such as modify some words to give the most appropriate meaning for the phrase which were not clear

Tool Reliability:

The reliability was done by Cronbach's Alpha Coefficient test for knowledge regarding situational leadership and emotional intelligence questionnaire, it was $\alpha = (0.940)$, for situational leadership scale, it was $\alpha = (0.891)$, for emotional intelligence questionnaire, it was $\alpha = (0.882)$, and for managerial competency questionnaire, it was $\alpha = (0.908)$.

Ethical Considerations:

Prior the study conduction, ethical approval was obtained from the scientific research committee at faculty of nursing, Benha University.

▪ Informed consent

The respondent rights was protected by ensuring voluntary participation, so the informed consent will be obtained by explaining purpose, nature time of conducting the study, potential benefits of the study.

Pilot Study

Pilot study was carried out from the beginning of May, 2021 to the end of May, 2021 to assess tools clarity and applicability. It

was done on 10% form the subject:(5 head nurses) who were included in the main study subject because there no modifications were required. To evaluate the effectiveness of the proposed data collection tools, and assess the feasibility of the study. In addition to estimating the time required to fill the tools .

Field Work

The following phases were adopted to achieve the aim of the current study: assessment, planning, implementation and evaluation phases. These phases were carried out from the beginning of June, 2021 to the end of December, 2021.

A-Assessment phase:

- The process of data collection was carried out in June, 2021 to assess head nurses' knowledge regarding situational leadership and emotional intelligence, assess head nurses` situational leadership skills, assess head nurses' emotional intelligence level and assess head nurses` managerial competencies before implementation of the educational program.

- The researcher was available at the previously mentioned settings three days weekly at morning and afternoon shifts to collect baseline data.

- At the beginning, the researcher welcomed the head nurses and their assistances, gave a brief idea about the aim and activity of the program for all head nurses.

- Then, the researcher collected data by using the different tools of data collection in the available hospital classroom.

- The time required for finishing situational leadership and emotional intelligence knowledge questionnaire e was around; 20-25 minutes.

.- The time required for finishing situational leadership scale was around; 20-25 minutes.

-The time required for finishing standardized emotional intelligence questionnaire e was around; 25-30 minutes.

-The time required for finishing managerial competencies questionnaire was around; 25-30 minutes.

B- Planning phase:

Based on baseline data obtained from pre-test assessment and relevant review of literature, the program was developed by the researcher. This was taken one month July, 2021.

D- Evaluation Phase:

During this phase, the impact of the education program was evaluated. Immediate evaluation included, immediate post program implemented for all subjects using the same tools which were used before the program. Follow up after three months of program implementation. The time of the data collection lasted for three months the beginning of September, 2021 to end of December, 2021. .

Statistical analysis:

Data were verified prior to entry into the computer. The Statistical Package for Social Sciences (SPSS version 22.0) was used for that purpose, followed by data analysis and tabulation. Descriptive statistics were applied quantitative data (frequency and percentages). (χ^2) test was utilized to compare percentage between studied variable. Paired -t test was used to compare mean scores between pre and post program. Non-significant level value was considered when $p > 0.05$. A significant level value was considered when $p \leq 0.05$ and a highly significant level value was considered when $p \leq 0.001$. Arithmetic mean: as average describing the central tendency of observation. The standard deviation: as a measure of dispersion of results around the

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mean (for quantitative variable). T. test is a test of significance used for comparison between two variables for the same sample and Pearson correlation (r) test was used for association between total scores.

Results

Table (1): Shows that, personal characteristic of head nurses and their assistances; where more than of head nurses working at medical department. More than one third (40.0%) of head nurses had age of 35<45 years old with mean score 38.31 ± 9.05 . Regarding to gender and marital status, the majority of head nurses were female and were married (88.9% and 95.6%) respectively . regarding to educational level the most of head nurses (80.0%) had bachelor degree in nursing. Regarding to years of experience, less than half of head nurses (46.7%) had <10 years of experience with mean score 13.80 ± 8.02 . No one of head nurses attended training programs about situational leadership and emotional intelligence.

Figure (1): Clarifies that, the program had a greater effect on improving total head nurses` knowledge regarding situational leadership and emotional intelligence throughout immediate post and follow-up phases (after three months) of the program compared with the preprogram phase, less than one fifth of head nurses(17.8%) had adequate knowledge regarding situational leadership and emotional intelligence through pre-program phase and increased to (88.9%) at immediately post program phase and decreased to (80.0%) through follow up phase (after three months) but still more than preprogram.

Table (2): Clarifies that, the program had a greater effect on improving head nurses` skills regarding situational leadership throughout post and follow-up phases (after

three months) of the program compared with the preprogram phase, less than one fifth of head nurses (8.9%) had high effectiveness regarding situational leadership skill and increased to (84.4%) at immediate post program phase while decreased to (73.3%) through follow up phase.

Figure (2): Clarifies that, the program had a greater effect on improving head nurses` emotional intelligence level at immediate post and follow-up phases (after three months) of the program compared with the preprogram phase, more than half of head nurses(60.0%) had low emotional intelligence level through preprogram phase, but the majority of them (84.4%) had high emotional intelligence level at immediately post program phase while it decreased to (51.1%) through follow up phase (after three months) but still more than preprogram phase.

Figure (3): Reveals that, Indicates that, the program had a greater effect on improving head nurses` managerial competency throughout post and follow-up phases (after three months) of the program compared with the pre-program phase, more than half of head nurses(53.3%) were competent through preprogram phase, and they increased to (91.1%) at immediately post programe phase while they decreased to (80.0%) through follow up phase (after three months) but still more than pre-program phase

Table (3): Reveals that there was highly statistical significant correlation among studied head nurses` total knowledge of situational leadership and emotional intelligence, , total situational leadership skills, total emotional intelligence and their total managerial competences at immediate post program phase.

Table (1): Distribution of the studied head nurses according to their personal characteristics (n =45)

Personal Characteristics	No	%
Department		
Medical	24	53.3
Surgical	21	46.7
Age (years)		
< 35	17	37.8
35 <45	18	40.0
≥ 45	10	22.2
X̄±SD	38.31±9.05	
Gender		
Male	5	11.1
Female	40	88.9
Marital status		
Single	2	95.6
Married	43	4.4
Educational level		
Nursing diploma	6	13.3
Associated degree in nursing	0	0.0
Bachelor degree in nursing	39	86.7
Others		
Years of experience		
< 10	21	46.7
10 < 15	13	28.9
≥ 15	11	24.4
X̄±SD	13.80±8.02	
Attending training program about situational leadership		
No	100	100.0
Attending training program about emotional intelligence		
No	100	100.0

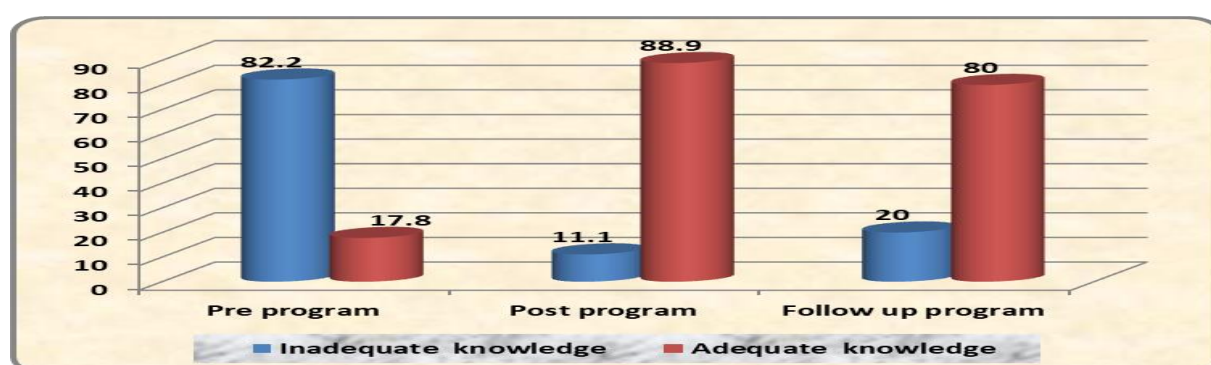


Figure (1): Distribution of total head nurses' knowledge regarding situational leadership and emotional intelligence

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Table (2) : Percentage distribution of head nurses` skills about total situational leadership skill through program phase (n=45).

Leadership effectiveness levels	Pre program		Post program		Follow up program	
	No	%	No	%	No	%
High Leader Effectiveness	4	8.9	38	84.4	33	73.3
Moderate Leader Effectiveness	4	8.9	7	15.6	9	20.0
Low Leader Effectiveness	10	22.2	0	0.0	3	6.7
Very Low Leader Effectiveness	27	60.0	0	0.0	0	0.0

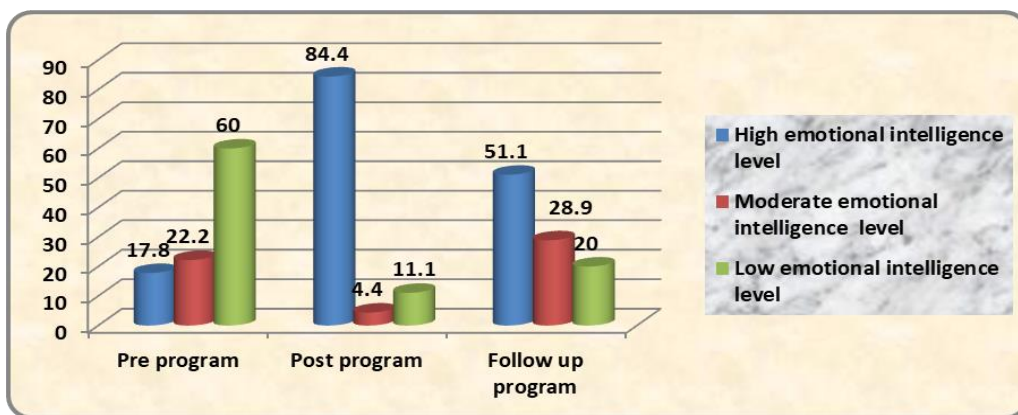


Figure (2): Distribution of head nurses` total emotional intelligence through program phase (45)

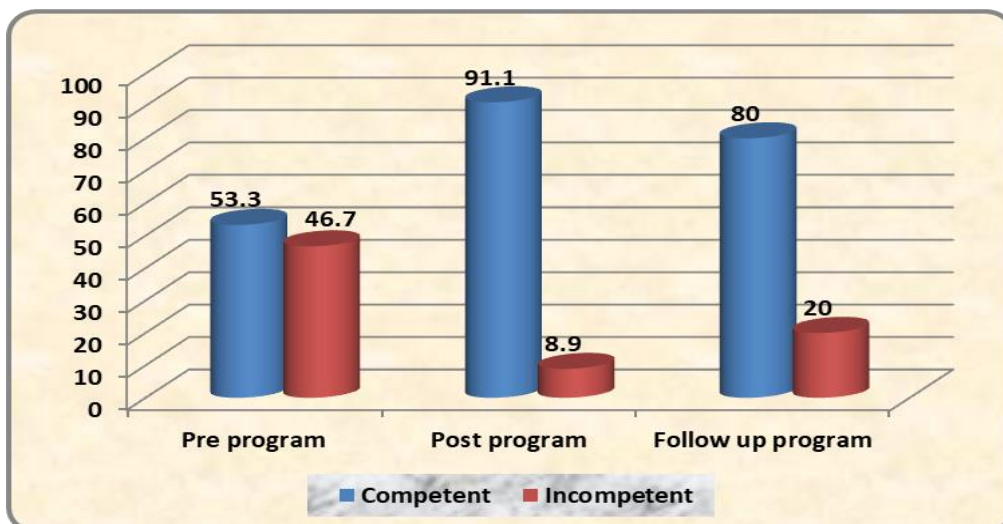


Figure (3) : Percentage distribution of head nurses` total managerial competencies (through program phase) (n=45).

Table (3): Correlation matrix among study variables of head nurses (post program)

Variables		Total situational Leadership knowledge	Total Emotional intelligence knowledge	Total knowledge	Total Emotional intelligence skills	Total competences	Total situation leadership effectiveness
Total situational Leadership knowledge	Pearson Correlation -r	.....	.784**	.846**	.865**	.491**	.817**
	Sig. (2-tailed) -p	.....	.000	.000	.000	.000	.000
Total Emotional intelligence knowledge	Pearson Correlation -r	.784**	.....	.907**	.846**	.582**	.859**
	Sig. (2-tailed) -p	.000	.....	.000	.000	.000	.000
Total knowledge	Pearson Correlation -r	.846**	.907**	.....	.827**	.498**	.876**
	Sig. (2-tailed) -p	.000	.000	.....	.000	.000	.000
Total Emotional intelligence skills	Pearson Correlation -r	.865**	.846**	.827**	.....	.642**	.836**
	Sig. (2-tailed) -p	.000	.000	.000	.....	.000	.000
Total competences	Pearson Correlation -r	.491**	.582**	.498**	.642**	.....	.638**
	Sig. (2-tailed) -p	.000	.000	.000	.000	.....	.000
Total situational leadership effectiveness	Pearson Correlation -r	.817**	.859**	.876**	.836**	.638**	.....
	Sig. (2-tailed) -p	.000	.000	.000	.000	.000	.....

Discussion

The goal of every head nurses should be to boost the advancement, development, and motivation of the nurses, and situational leadership helps simplify that process. In addition, there is a need to develop and acquire skills for managing people and the emotional intelligence provide a critical role in the creation of effective leadership (Alsaqa, 2020).

The present study illustrated that, the program had a greater effect on improving total head nurses` knowledge regarding situational leadership and emotional intelligence throughout immediate post and follow-up phases (after three months) of the program compared with the preprogram phase, less than one fifth of head nurses had adequate knowledge regarding situational leadership and emotional intelligence through pre-program phase and increased at immediately post program phase and decreased to through follow up phase (after three months) but still more than preprogram.

From researcher point of view inadequate head nurses' knowledge related to situational leadership and emotional intelligence may be due to they didn't receive any educational program about situational leadership and emotional intelligence before at preprogram phase. However, increasing knowledge acquired by head nurses at immediate post and follow up phase could be explained by the fact the program was successful and included simple, clear and concise way of presentation and lectures and the availability of relevant media that gave more illustration for understanding the text and frequent repetition and motivating them to share in the program. In addition to, during sessions the head nurses showed an interest to the program content revealed by the positive interaction during program sessions. And with passage of times it is expected that their knowledge decreases

This result was supported by Ahmed (2016) who conducted study about "Situational leadership and emotional intelligence contribution to promote nursing leaders effectiveness" and reported that,

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there was statistical significant improvement in the nursing leaders level of knowledge about situational leadership and emotional intelligence post program. Also, this finding was consistent with **Underhill (2015)** who conducted study about "The relation among situational leadership and emotional intelligence" and reported that, head nurses had no knowledge of situational leadership and emotional intelligence but the training program had positive effect in improving their knowledge. Also, **Alsaqa (2020)** who conducted study about "The situational leadership for the three realities of healthcare organizations" and reported that, head nurses have good knowledge of situational leadership post the training program.

On the other hand, the present study was in disagreement with **Farmer (2018)** who conducted study about "Situational leadership: a model for leading telecommuters" and reported that, after received training about situational leadership, it was founded that, a lot of head nurses had low level of situational leadership knowledge. Also, **Papworth and Boak (2019)** who conducted study about "An exploratory content analysis of situational leadership" and reported that, the mean score of head nurses` knowledge was low post the educational program. Moreover, **Caruso et al.(2016)** who conducted study on "Emotional intelligence in the workplace", didn't support present study results and they were not convinced that emotional intelligence actually can be taught, and training did not increase the emotional intelligence knowledge.

The present study illustrated that, the program had a greater effect on

improving head nurses` skills regarding situational leadership throughout post and follow-up phases (after three months) of the program compared with the preprogram phase, less than one fifth of head nurses had high effectiveness regarding situational leadership skill which increased at immediate post program phase while decreased to through follow up phase. But still more than preprogram.

From the researcher point of view this might be due to the educational program was successful and using different teaching methods and practical situations improved head nurses skills regarding situational leadership and they acquired necessary skills concerning how to determine the appropriate situational leadership style, appropriate maturity level of nurses and appropriate corresponding of situational leadership style to 'each nurses` maturity level . The decline that occurred in skills scores at the follow-up phase could be explained by a gradual decrease in the head nurses skills over time due to many causes such as; there is no continuing training and education programs and could be also related to workload .

This finding was in the same line with **Vinberg and Larson (2020)** who conducted study about " A study on situational leadership" and reported that, managers liked the situational leadership model because it is friendly and easy to understand and to be applicable and situational leadership applied by the majority of leaders was considered good. Moreover, this result was supported by **Furtado (2015)** who conducted study about "Situational leadership and professional nurses satisfaction" and reported that, leaders should be permanent learners, subjected to

continuing education programs that develop their potential and continuously improve their situational leadership skills

On the other hand, this study disagreed with **Karndumri (2016)** who conducted study about "Motivation and leadership effectiveness among head nurses working in the over 90-beds hospital in Chinghai" and reported that, a lot of head nurses had leadership effectiveness in a low level. Also **Furtado (2015)** who conducted study about "Situational leadership and professional nurse satisfaction: The example of hospitals" reported that, the staff nurses disagreed that their head nurses` leadership adaptability was effective

The present study illustrated that, the program had a greater effect on improving head nurses` emotional intelligence level at immediate post and follow-up phases (after three months) of the program compared with the preprogram phase, more than half of head nurses had low emotional intelligence level through preprogram phase, but the majority of them had high emotional intelligence level at immediately post program phase while it decreased at follow up phase (after three months) but still more than preprogram phase. From the researcher point of view this improvement in the head nurses` emotional level could have resulted from utilizing creative teaching approaches that can facilitate the interactions and collaboration in the learning process, and this might have finally increased the effective learning performance for the head nurses and their readiness to learning new skills to manage emotion of self, others, different situations at the work field effectively. This study finding was consistent with **Gabra et al. (2018)** who conducted study about "Emotional intelligence educational program for first line managers on the nurses'

motivation and empowerment at Minia university hospital" and reported that, the emotional intelligence level increased from a low level before the program implementation to a high level immediately after implementation unexpectedly. There was a slight gradual decrease in the level of emotional intelligence after three months after of the program implementation

In addition, this result was at the same line with **Hussien (2019); Zaki et al. (2018); Dolev and Leshem (2016)** who found that, there was improvement in head nurses` total emotional intelligence score among experimental group than control group at post, and follow up training program.

On the other hand, this finding was in disagreement with **Benson et al., (2017)** who used another inventory to test emotional intelligence and found that emotional intelligence scores were higher among senior nurses than junior. In the same line, **Mohamed and Yousef (2014)** who conducted a study entitled "Emotional intelligence and conflict management styles among nurse managers at Assiut university hospitals" and reported that, emotional intelligence level was mild among studied nurse managers.

The present study indicated that, the program had a greater effect on improving head nurses` managerial competency throughout post and follow-up phases (after three months) of the program compared with the pre-program phase, more than half of head nurses were competent through preprogram phase, and they increased at immediately post program phase while they decreased through follow up phase

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(after three months) but still more than pre-program phase.

From researcher point of view, the educational program improved head nurses' knowledge and skills regarding situational leadership and emotional intelligence which were vital for managing and leading nurses and reflected on head nurses' competences which helped in building positive relationships with staff nurses, effective decisions making, enhancing self-control and improve the ability to manage one's emotions and others.

This finding agreed with **Goktepe (2018)** who conducted a study about "Development of managerial competencies for first-level nurse managers in Turkey" revealed that, the program led to a significant increase in nurse managers' managerial competency. In the same line **Titzer et al. (2018)** who conducted a study about "A nurse manager succession planning model with associated empirical outcomes" and reported that, there was a significant increase in the leadership and management competencies of nurse managers after the training program.

On the other hand, the study finding was disagreed with **Papworth and Boak (2019)** who conducted a study about "An exploratory content analysis of situational leadership" revealed that, situational leadership can also be confusing to team members. Since the manager uses a different leadership style with different team members, the message they try to convey may be confusing and cause a manager to focus on today's issues. Consequently, this also causes managers to neglect long-term planning and strategies.

The present study, revealed that there was highly statistical significant correlation among studied head nurses' total knowledge of situational leadership and emotional intelligence, total leadership situational skills, total emotional intelligence and their total managerial competences at immediate post program phase

The study result was consistent with **Ghazzawi et al. (2017)** who revealed that, knowing the basics of situational leadership and situational leadership theory can go a long way towards making you a more effective business manager or team leader. Moreover, being aware of the different leadership styles and when to use each can help leader adapt more easily and effectively to new challenges, new personalities, and new projects. In addition, **Hussien (2019); Mohamed et al. (2016)** agreed with study finding and stated that, there was a statistically significant correlation between emotional intelligence knowledge score and emotional intelligence score among first-line nurse managers in intervention group throughout training strategy phases

On the other hand, this finding was incongruent with **Polychroniou (2019)** found that a directive leadership style had no significant correlation to emotional intelligence. Also, **Rehman et al. (2018)** revealed that, in many cases competences due to emotional intelligence are either neglected or simply not used. Emotional intelligence doesn't always have significant or positive influence on each different leadership style.

Conclusion:

The educational program was effective for enhancing situational leadership

and emotional intelligence for head nurses throughout the program phases. The majority of head nurses had adequate knowledge about situational leadership and emotional intelligence at immediate post program phase. Also, the majority of head nurses had high effectiveness regarding situational leadership skills at immediately post program phase. Majority of them had high emotional intelligence level at immediately post program phase. In addition, there was a statistical significant improvement in head nurses' managerial competencies at immediately post program phase. And finally there was a positive correlation between head nurses' total knowledge about situational leadership and emotional intelligence, total situational leadership skills, total emotional intelligence level and their total managerial competences at immediately post and follow up phase (after three months) of the program

Recommendations

Recommendation at Hospital administration level:

- Involve situational leadership and emotional intelligence competencies in head nurses' performance appraisal.
- Hospital managers should periodically assessment of head nurses' emotional intelligence

Recommendation at educational level:

- Integrating situational leadership theory and emotional intelligence into nursing administration curriculum to adequately prepare nursing students for professional practice.

Opportunities for further research:

Conducting a study to investigate effect of situational leadership on nurses' job satisfaction.

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تعزيز القيادة الموقفية والذكاء الوجداني بين رؤساء التمريض وتأثيره علي كفاءتهم الإدارية

هاميس السيد حامد - نرمين محمد عيد - آية غنيمي حسنين

يحتاج رؤساء التمريض إلى فهم كيف يكون للقيادة الموقفية والذكاء الوجداني تأثير إيجابي على تعزيز دورهم الإداري وكفاءاتهم. لذا هدفت الدراسة إلى تعزيز القيادة الموقفية والذكاء الوجداني بين رؤساء التمريض وتأثيره علي كفاءتهم الإدارية . وقد أجريت الدراسة بمستشفى جامعة بنها. وتم استخدام عينة ملائمة عددهم (45) من رؤساء التمريض ومساعدتهم الذين يعملوا في المكان المذكور أعلاه. وظهرت النتائج بأن 17.8 % فقط من رؤساء التمريض كان لديهم مستوى معرفة كافٍ في مرحلة ما قبل البرنامج و فقط 8.9% من رؤساء التمريض لديهم مستوى عالٍ من مهارات القيادة الموقفية وارتفعوا إلى 84.4% و 73.3% في مراحل ما بعد البرنامج والمتابعة على التوالي. كما أن 22.2% من رؤساء التمريض كان لديهم مستوى عالي من ذكاء وجداني في مرحلة ما قبل البرنامج وارتفعوا إلى 84.4% و 51.1% في مرحلة ما بعد البرنامج الفوري والمتابعة على التوالي. أخيرًا ، كان 53.3% من رؤساء التمريض كانوا كفاء في مرحلة ما قبل البرمجة وارتفعوا إلى 91.1% و 80.0% في مرحلة ما بعد البرنامج الفوري والمتابعة على التوالي. كما اوصت الدراسة بأنه يجب على مديري المستشفى ضم كفاءات القيادة الموقفية والذكاء الوجداني في تقييم أداء رؤساء التمريض. يجب على رئيسي التمريض تقييم مستوى نضج أعضاء التمريض بشكل دوري من أجل الاستخدام الفعال لأساليب القيادة الموقفية .