

## Association Between Leadership Competency, Quality of Work and Readiness for Change Among Head Nurses



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### 1.ABSTRACT

**Background:** Today, all organizations are working in highly competitive atmospheres that need change in order to adapt to changing market conditions. In this atmosphere, examining the impact of numerous human elements in the successful management and implementation of change projects is more essential. As a result, effective leadership is one of the most important factors influencing organizational change. However, in order to effectively manage the change process, leaders must have a specific set of competencies and produce high-quality work. **Aim:** the study aimed to investigate the association between leadership competencies, quality of work and readiness for change among head nurses at Specialized Medical Hospital. **Method:** A descriptive correlational research design was used and the study was conducted on 90 head nurses working at Specialized Medical Hospital using three tools: Leadership Competencies Scale, Quality of Work Scale and Organizational Readiness for Change Scale. **Results:** More than two thirds of head nurses had low level of leadership competencies, more than half of them had low level of quality of work and high level of readiness for change. There was statistically significant positive correlation between leadership competencies, quality of work and readiness for change. **Recommendation:** Hospital administrator should provide applications such as weekly lectures on how to apply leadership competencies that improves head nurses' leadership skills and satisfaction in order to promote hospital changes and learning organizations.

**Keywords:** Leadership competency, Quality of work, Readiness for change, Head nurses

### 2.Introduction:

Leadership is an important professional focus in nursing and health care because it affects organizations' actions, their desired outcomes, and people's performances. With highly skilled nurse leaders, health care and nursing face a variety of changes and challenges in order to improve patient safety and quality treatment, as well as to achieve improved outcomes. Therefore, there is a critical need to identify and develop future leaders with the essential skills and competencies for organizational success (Westphal, 2012)<sup>(1)</sup>.

Leadership competencies are necessary for high performance and the success of health-care institutions such as hospitals. Because leadership is dynamic and affected everyday by the ever-changing world of health care, knowledge regarding health care leadership competencies continues to change over time (Cathcart et al., 2010)<sup>(2)</sup>.

Leadership competencies are the talents and actions of a leader that contribute to high performance (Kallas, 2014)<sup>(3)</sup>. A competency-based approach to leadership can help organizations to identify and develop their next

generation of leaders. (Brownell & Goldsmith, 2006)<sup>(4)</sup>. Organizations can also use a competency approach to determine which jobs require specific competencies at which levels. (Garonzik et al., 2006)<sup>(5)</sup>.

The American Organization of Nurse Executives (AONE) established leadership domains for the competencies required by executives at all levels which are communication and relationship building, professionalism, leadership, knowledge of the healthcare environment, and business skills. The (AONE) leadership competencies also involve fundamental thinking abilities and the capability to use systems thinking, succession planning, and change management (Anderson, 2016)<sup>(6)</sup>.

It is vital for healthcare organizations to have persuasive, decisive, and dedicated executives participating at all levels of the organization who are quality champions (Shelby et al., 2001)<sup>(7)</sup>. As a result, the head nurse should play an important role in quality improvement by providing continual leadership and accountability quality care issues (Urden & Rogers, 2000)<sup>(8)</sup>

As a result, the head nurse should play an important role in quality improvement by providing continual leadership and accountability quality care issues (Urden & Rogers ,2000) <sup>(8)</sup>.The most important predictors of quality of work (QW) of head nurse were administration support, disruption handling, job satisfaction, job stability, as well as coworker relationship and leadership competencies (Mosadeghrad, 2013) <sup>(9)</sup>. As a result, healthcare administrators should encourage a QW atmosphere for nurse directors, which will result in contented nurses who are ready to change through their loyalty to their organization (Al-Hussami et al., 2014) (10).

Organizational change is difficult and has become the only continuous in the business landscape of the twenty-first century, and the influence of a change initiative has the power to exceed every department, occupation, duty, and, most significantly individual despite of the overall strategy. While strategic or operational change is vital to organization's long-term viability and employees of the organization are the key to execution (Haudan, 2007) <sup>(11)</sup>.

Organizational readiness for change is measured on the basis of organizational members' values, behaviors, and goals, and it's a requirement for successful change implementation in healthcare organization. Organizational readiness for change is a critical aspect in achieving lengthy organizational success and ongoing quality development. The readiness for change is known as "extensive attitude that is influenced by the content, process, context, and persons involved, and reflects the extent to which a person or a group of persons is cognitively and emotionally willing to accept, adopt, and follow a new plan" (Bourne et al., 2013) <sup>(12)</sup>.

Efficient leadership is essential to perform a well-managed transition (Gill, 2002) <sup>(13)</sup>. As a result, leaders' ability to encourage, interact, and develop teams were discovered to be factors of effective change implementation. Additionally, leaders' talents had a large and positive impact on innovation tendency, which influenced change initiation procedures (Ryan &Tipu, 2013) <sup>(14)</sup>.

### **Significant of the study**

Leadership competency and QW are very important for effectiveness of organizational change processes. To encourage changes in hospitals and support learning organizations, healthcare officials, especially nursing managers and hospital administrators, should focus on

applications that improve leadership competencies and overall satisfaction of head nurses. As a result, head nurses who are more satisfied with their jobs have more readiness for change. (Christl et al., 2010) <sup>(15)</sup>. So, this study aims to investigate the association between leadership competency, quality of work and the readiness for change among head nurses.

### **Aim of the study**

The aim of the study was to investigate the association between leadership competency, quality of work and readiness for change among head nurses at specialized medical hospital, Mansoura University.

### **Research question: -**

Is there an association between leadership competency, quality of work and readiness for change among head nurses at specialized medical hospital, Mansoura University?

### **3. Method**

#### **3.1. Research design:**

Descriptive correlational research design was utilized to conduct this study. It's a scientific study method for describing the features of a population or phenomenon. It's also a quantitative research technique that can be applied in a variety of ways for a variety of purposes.

#### **3.2. The study setting :**

The study was conducted at Specialized Medical Hospital which affiliated to Mansoura University occupied with (194) beds include 11 department (Emergency department, Hepatology department, Endocrine department, Cardiology department, Outpatient Clinics, Laboratory department, Radiology department, Endoscopic department, infection control department, Quality department and Blood bank department)

#### **3.3. Participants of the study:**

A convenience sample of all head nurses who are available during the time of data collection at Specialized Medical Hospital. Their total numbers were 90 head nurses.

#### **3.4. Tools of data collection- :**

Three tools were used for data collection:

##### **Tool (1): Leadership Competencies Scale:**

It was developed by AONE Nurse Executive Competencies (2005) <sup>(16)</sup>. It is aimed to assess participants' perceptions of their leadership competencies. It consists of two parts:

**Part I:** Personal characteristics of head nurses such as gender, age, marital status, qualification, years of nursing experience, and department.

**Part II :** It consists of 34 items under 5 domains as follow: Communication and relationship building (8 items), knowledge of the health care environment (11items), leadership skills (4items), professionalism (6items), and business skills (5items) .Their response was measured by using five point likert scale from (1= Novice to 5= Expert) with scoring system, low perception (<60%), moderate perception (60-<75) and high perception ( $\geq 75\%$ ) that based on cut of point.

**Tool 2: Quality of Work (QW) Questionnaire:**

This tool was developed by Georges Steffgen et al., (2015) <sup>(17)</sup>. It aimed to measure quality of work. It consists of 21 items under 6 domains as follow: Satisfaction and respect (6 items), mobbing (5 items), mental strain at work (3 items), communication and feedback. (3 items), cooperation (2 items) and appraisal (2 items). Their response was measured by five-point likert scale ranging from (1= not at all to 5 =absolutely) with scoring system, low quality (<60%), moderate quality (60-<75) and high quality ( $\geq 75\%$ ) that based on cut of point.

**Tool 3: Readiness for Organizational change Scale:**

This tool was developed by **Russell, (2010)** <sup>(18)</sup>. It aimed to assess change readiness levels. It consists of 28 items under 4 domains as follow: Organizational support component (7 items), cultural component (7items), environment component (7 items) and employee attitudes and behavior component (7 items) Their response was measured by seven point likert scale ranging from ( -3= strongly disagree to+3 = strongly agree) with scoring system, low readiness (<60%), moderate readiness (60-<75) and high readiness ( $\geq 75\%$ ) that based on cut of point.

**3.5. Validity and reliability:**

Tools were tested for content validity via a panel of three experts from administration department, who revised the tools for clarity, relevance to the aim of study, applicability, comprehensiveness, understanding, and ease for implementation and according to their opinions simple modifications were applied. Reliability test of the study tools, leadership competencies, quality of work and readiness for change, were tested by Cronbach's Alpha reliability was computed and found (0.942), (0.910), (0.943) respectively.

**3.6. Pilot study:**

A pilot study was carried out on 10 head nurses (10% of total sample) from all departments at specialized medical hospital that collected randomly to evaluate the clarity and applicability of the data collection tools. Implementation of the pilot study gave the investigator experience to deal with the involved subjects and use data of collection tool. The pilot study's participants were not included in the main study. The appropriate adjustments and revisions were made, based on the findings of the pilot study.

**3.7. Ethical consideration**

Ethical approval was obtained from the Research Ethical Committee of the Faculty of Nursing, Mansoura University. An official permission was obtained from the responsible administrator of specialized medical hospital Mansoura University Hospital for conducting study. An informed consent was obtained from head nurses who accept to participate in the study after providing the explanation of nature and aim of the study. All participants were informed that the study is voluntary, and they have the right to withdraw from the study at any time. All participants were assured about the confidentiality of the collected data and the privacy of the study sample was assured at all phases of the study.

**3.8. Data Collection**

The actual field work started from the beginning of January to the end of July 2019. Through meeting the head nurses and explain the purpose of the study to them. The questionnaire sheets distributed to participants individually in their workplaces, and the time required to complete sheet from 20-30 minutes.

**3.9. Statistical analysis:**

The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 21, SPSS Inc. Chicago, IL, USA). For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, which describe a categorical set of data by frequency, percentage or proportion of each category, comparison between two groups and more was done using Chi-square test ( $\chi^2$ ). For comparison between means of two groups of parametric data of independent samples, head nurse t-test was used. For comparison between means of two groups of non-parametric data of independent samples, Z value of Mann-Whitney test was used. For comparison between

more than two means of parametric data, F value of ANOVA test was calculated. For comparison between more than two means of non-parametric data, Kruskal-Wallis (X2value) was calculated. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at  $p < 0.05$  for interpretation of results of tests of significance.

#### **4. Results:**

**Table (1)** demonstrates personal characteristic of the studied head nurses at Specialized Medical Mansoura Hospital. This table shows that most of head nurses (81.1%) were female, more than half of them (56.7%) belonged to age group from (22- < 30), (81.1%) were married and most of them (94.4%) had a Bachelor of Nursing and (36.7%) of them had from (2-5) years of experience and (28.9%) were working in liver disease and cardiology care unit.

**Table (2)** illustrates mean scores and rank of the studied head nurses at Specialized Medical Mansoura Hospital about their leadership competencies' domains. According to this table the total head nurses' leadership competencies mean score were (435.24±113.44). Leadership skills domain had the highest mean score (3.19±0.88) while the lowest domain was knowledge of health care environment with mean score (2.91±0.85).

**Table (3)** shows mean scores and rank of the studied head nurses according to quality of work domains at Specialized Medical Mansoura Hospital. According of this table the total quality of work mean scores was (67.79±11.59). Cooperation domain had the highest mean score (3.54±0.71), while satisfaction and respect domain had the lowest mean score (3.02±0.57)

**Table (4)** shows readiness for organizational change scores and rank according to opinion of the studied head nurses at Specialized Medical Mansoura Hospital. According to this table the total readiness for change was (39.94±25.90). Employee attitudes and behaviors component domain had the highest mean score (1.64±0.10), while organizational support had the lowest mean score (1.30±0.98).

**Table(5)** describes correlation between total leadership competencies, total quality of work scores and total readiness scores for organizational change among the studied head nurses at Specialized Medical Mansoura Hospital. According to this table, there was statistically significant positive correlation between total perception scores about leadership competencies, total quality of work scores and total readiness scores for organizational change ( $p < 0.0001$ )

**Figure (1)** demonstrates levels of total perception scores of the studied head nurses at Specialized Medical Mansoura Hospital about their leadership competencies. This figure shows that more than two thirds of them (72.2%) were in low perception, while (13.3%) were in high perception.

**Figure (2)** demonstrates levels of total quality of work scores according to opinion of the studied head nurses at Specialized Medical Mansoura Hospital. This figure showed that more than half of them (54.4 %) were in low level, while (4.4 %) were in high level.

**Figure (3)** demonstrates levels of total readiness for organizational change among the studied head nurses at Specialized Medical Mansoura Hospital. This figure showed that more than half of them (53.3 %) were in high level while (14.4 %) were in low level.

**Figure (4)** demonstrates correlation between total leadership competencies and total readiness for organizational change scores among the studied head nurses at Specialized Medical Mansoura Hospital. This figure shows that there was statistically significant positive correlation between total leadership competencies scores and total readiness for organizational change scores among the studied head nurses at Specialized Medical Mansoura Hospital.

**Figure (5)** demonstrates correlation between total quality of work scores and total readiness for organizational change scores at Specialized Medical Mansoura Hospital. This figure shows that there was statistically significant positive correlation between total quality of work scores and total readiness for organizational change scores among the studied head nurses at Specialized Medical Mansoura Hospital.

**Table (1): Personal characteristics of the studied head nurses at Specialized Medical Mansoura Hospital (n=90).**

Personal characteristic	The studied head nurses (n=90)	
	N	%
<b>Gender:</b>		
Male	17	18.9
Female	73	81.1
<b>Age years:</b>		
22-<30	51	56.7
30-45	39	43.3
Range	22-45	
Mean±SD	29.82±4.99	
<b>Marital status:</b>		
Single	17	18.9
Married	73	81.1
<b>Qualification:</b>		
Bachelor of nursing	85	94.4
Master degree of nursing	5	5.6
<b>Experience years:</b>		
2-5	33	36.7
>5-10	30	33.3
>10-19	7	30.0
Range	2-19	
Mean±SD	8.28±5.05	
<b>Department:</b>		
1-Diabetes Mellitus care units	24	26.7
2-Cardiology units	26	28.9
3- Liver diseases care units	26	28.9
4-Infection control unit	2	2.2
5-Quality control unit	4	4.4
6-Outclinics	2	2.2
7-Reception	2	2.2
8-Endoscopies	3	3.3
9-Blood bank	1	1.1

**Table (2): Mean scores and rank of the studied head nurses at Specialized Medical Mansoura Hospital about their leadership competencies' domains (n=90).**

Leadership competencies domains	Mean scores and rank of the studied head nurses about their leadership competencies (n=90)		
	Range Mean±SD	Range Mean±SD/ No. of items	Rank
Communication and relationship building	53-177 105.73±31.42	1-5 2.94±0.87	3
Knowledge of the health care environment	65-216 127.88±37.30	1-5 2.91±0.85	5
Leadership skills	24-99 67.01±18.49	1-5 3.19±0.88	1
Professionalism	17-72 47.13±12.92	1-5 3.14±0.86	2
Business skills	42-140 87.49±23.12	1-5 2.92±0.77	4
<b>Total mean scores</b>	<b>247-702 435.24±113.44</b>		

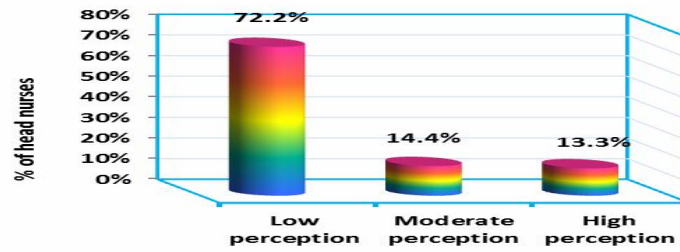


Figure (1): Levels of total perception scores of the studied head nurses at Specialized Medical Mansoura Hospital about their leadership competencies (n=90).

Table (3): Mean scores and rank of the studied head nurses according to quality of work domains at Specialized Medical Mansoura Hospital (n=90).

Quality of work domains	Quality of work mean scores and rank as opinion of the studied head nurses (n=90)		
	Range Mean±SD	Range Mean±SD/ No. of items	Rank
Satisfaction and respect	11-29 18.15±3.41	2-5 3.02±0.57	6
Mobbing	7-25 16.87±5.03	1-5 3.37±1.01	2
Mental strain at work	6-13 9.67±1.93	2-4 3.22±0.64	4
Communication and feedback	5-15 9.28±2.11	2-5 3.09±0.70	5
Cooperation	4-10 7.09±1.43	2-5 3.54±0.71	1
Appraisal	4-10 6.73±1.46	2-5 3.36±0.73	3
<b>Total quality of work scores</b>	<b>42-91 67.79±11.59</b>		

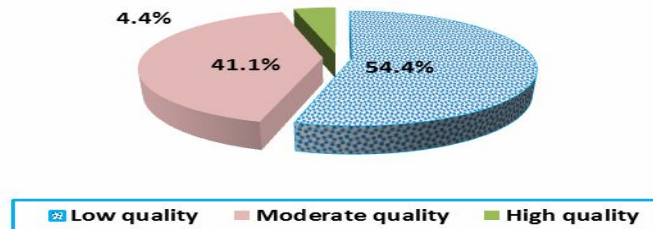


Figure (2): Levels of total quality of work scores according to opinion of the studied head nurses at Specialized Medical Mansoura Hospital (n=90).

Table (4): Readiness for organizational change mean scores and rank according to opinion of the studied head nurses at Specialized Medical Mansoura Hospital (n=90).

Readiness for organizational change domains	Readiness for organizational change mean scores and rank among the studied head nurses (n=90)		
	Range Mean±SD	Range Mean±SD/ No. of items	Rank
Organizational support Component	-19 : 21 9.12±6.87	-3 : 3 1.30±0.98	4
Cultural component	-21 : 21 9.34±7.70	-3 : 3 1.33±1.1	3
The change environment component	-14 : 21 10.00±6.41	-2 : 3 1.43±0.91	2
Employee attitudes and behaviors component	-9 : 21 11.48±6.99	-1 : 3 1.64±0.10	1
<b>Total readiness for organizational change scores</b>	<b>-63 : 84 39.94±25.90</b>		

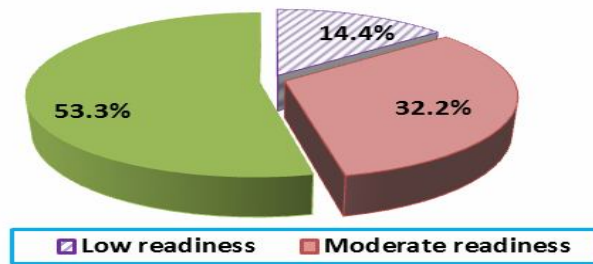


Figure (3): Levels of total readiness for organizational change among the studied head nurses at Specialized Medical Mansoura Hospital (n=90).

Table (5): Correlation between total leadership competencies, total quality of work scores and total readiness scores for organizational change among the studied head nurses at Specialized Medical Mansoura Hospital (n=90).

Variables	Total leadership competencies scores		Total quality of work scores	
	R	P	r	P
Total quality of work scores	0.500	0.0001*	-	-
Total readiness scores for organizational change	0.451	0.0001*	0.445	0.0001*

\*Statistically significant (P<0.05)

r=Correlation Coefficient

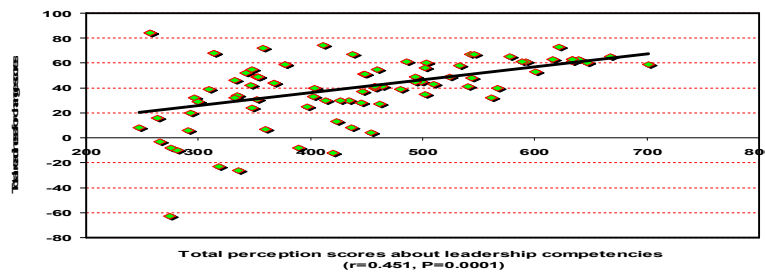


Figure (4): Correlation between total leadership competencies and total readiness for organizational change scores among the studied head nurses at Specialized Medical Mansoura Hospital (n=90).

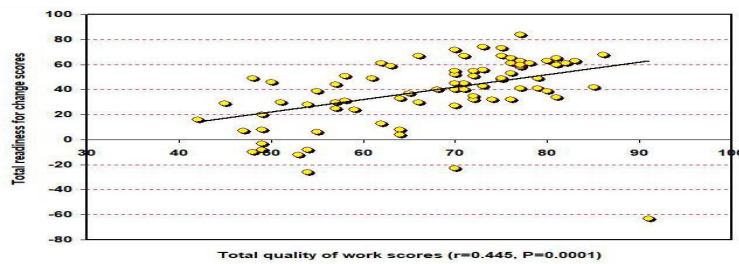


Figure (5): Correlation between total quality of work scores and total readiness for organizational change scores among the studied head nurses at Specialized Medical Mansoura Hospital (n=90).

### 5. Discussion

Unexpected changes in technology and societal demands are leading to a new age for healthcare organizations. Furthermore, healthcare administration is difficult since many parts of its services are subject to rapid and competitive change. These organizations are under pressure to use evidence-based data to stay a head of the competition and maximize their success.

Organizational readiness for change is a critical aspect in achieving long-term organizational performance and consistent work quality. Furthermore, a strong leadership competency is essential to carry out a well-managed change. As a result, the ability of leaders to motivate, communicate, and develop teams was discovered to be a predictor of effective change implementation (Tidd& Bessant, 2020)<sup>(19)</sup>.

Regarding leadership competencies domains the study results revealed that leadership skills is ranked as the first most important domain. This may be due to that head nurses have ability to lead, organize work, recognize their own method of decision making and they considered effective leadership skills very important for achieving organizational change. These results are in agreement with Bakari et al., (2017)<sup>(20)</sup> who found that effective leadership skills are seen as a critical component in achieving organizational change success. This was supported by Titzer et al., (2014)<sup>(21)</sup> who stated that there was a considerable increase in leadership skills, and it has highest score. This finding agrees also with Gotsis & Grimani, (2016)<sup>(22)</sup> who found that Leaders at the top of organizations have the greatest chance, as well as the greatest duty, to create an environment that encourages leadership practice and development., confirming that participants ranked leadership skills as necessary competencies and understanding the leadership role is fundamental to the practice of leadership. On the contrast, these results disagree with, Day et al., (2014)<sup>(23)</sup> who found that leaders perceived that effective communication and relationship building was the most important competency for effective leadership.

The results of present study also revealed that the lowest ranked competencies domain is knowledge of health care environment and business skills. This may be due to that head nurses, in day-to-day operations rarely have direct responsibilities for allocating finances or budgets. Although clinical practice knowledge, patient safety, and quality control are currently top priorities of head nurses in hospital, they have difficulty to create a good environment for staff nurses because of suffering from a shortage of nurses most of time. The study result agrees with Friedman & Frogner, (2010)<sup>(24)</sup> who showed that existing nurse leaders felt that they were weak in business skills. Business skills were listed as a lower priority competency across all healthcare settings. Healthcare organizations may be more comfortable with providing on-the-job financial skills training to complement the strategic, communicative skills gained in an academic setting. Additionally, result of Chase, (2010)<sup>(25)</sup> showed that business skills and knowledge of the health care environment were rated as less important and were the lowest ranked skills.

The study result implicate that total leadership competencies was at low level. This may be due to that head nurses do not have sufficient

experience about leadership competencies and how to apply them due to the lack of cooperation among nursing director and hospital management with them, and there is no preparation for programs to develop leadership knowledge and measure leadership competencies of the head nurse to establish their proficiency. These results agree with Shin et al, (2012)<sup>(26)</sup> who stated that head nurses' level of leadership competencies was low, confirming that low level of knowledge regarding leadership competencies does not assist head nurses in their duty as nurse leaders which may have a negative impact on the quality of leadership competencies in their organizations.

Regarding quality of work domains, the study results revealed that cooperation domain had the highest mean score among head nurses. This result may be due to that head nurses collaborate with and receive support from others at work and they are being able to cooperate with their colleagues. They also believe that cooperation among their colleagues can provide emotional support, assist in completing tasks on time, increase productivity, and reduce work overload. The study result agrees with, Crawford et al., (2010)<sup>(27)</sup> who found that cooperation domain can reduce mental stress by allowing coworkers to share the workload and provide emotional support.

The study results revealed that satisfaction and respect domain was the lowest mean score of quality of work domains. It may be due to head nurses are not satisfied with and not feel respected at work. They are also not respected by their superior so there is bad relationship between them and their superior that leads to their dissatisfaction with the work climate.

This was consistent with Devi & Hajamohideen, (2018)<sup>(28)</sup> who clarified that most of head nurses reported that they are unable to acquire adequate supporting supervision. This was supported by Thakre et al., (2017)<sup>(29)</sup> who illustrated that most of head nurses had dissatisfaction with direct supervisor and higher nursing director and had low perception of supervisor relationships. On the contrast, these results disagree with Ibrahim et al., (2018)<sup>(30)</sup> who found that head nurses had moderate level of satisfaction at their work and respected by their supervisors.

As regard to head nurses' total quality of work, the results of present study revealed that it was at low level. This may be due to that head nurses' lack of sufficient supervisor's support and opportunity for active involvement in decision making. In addition, they may be due to lack of



good communication, which is an important aspect in supervisor-worker relationships. They must also be able to focus on a variety of tasks at the same time while working under stress. so, they suffered from high burnout and dissatisfied with their work at hospital.

These results agree with Bakker & Demerouti, (2017)<sup>(31)</sup> who stated that the quality of work is low; this can have a negative impact on motivational processes including engagement, satisfaction, and commitment. Conversely, Smith & Shields, (2013)<sup>(32)</sup> found that high-quality work exists, which has a strong positive impact on workers' work engagement, job satisfaction, and organizational commitment. Quality of work reflects the extent to which workers believe it is possible to provide services that are consistent with their own personal motives and beliefs for the job.

Regarding readiness for organizational change components, the study results revealed that employee attitudes and behavior was the highest component among head nurses. This result may be due to the urgency that head nurses feel about the need for change, their high degree of job engagement and their overall openness to an organizational change.

These results agree with Russell, (2010)<sup>(33)</sup> found that a high level of agreement among change leaders in employee attitudes and behavior component. Employee attitudes and behavior is a critical component of organizational change because employees' desire for change enhances change implementation or early progress. On the contrast these results disagree with, Welbourne, (2014)<sup>(34)</sup> who found that the cultural component scoring has a slightly higher median score than all other components.

The study results revealed that organizational support was the lowest component of readiness for change among head nurses. This result may be due to head nurses have not actively involved in organizational decision making, goal setting, and organization change activities in the past and now. Also head nurse's ideas and suggestions are rarely listened to and the hospital rarely communicates well with head nurses.

In agreement of the present study, Nayir, (2012)<sup>(35)</sup> State that an employee who feels a low level of organizational support does not accept the organization's benefits because he believes that his social and emotional needs are not being met and therefore does not anticipate the organization to provide actual help when needed. Furthermore, in intuitions where organizational support is viewed

as low level, the nursing head decisions and relationships are affected.

As regard to total readiness for organizational change, the results of present study showed that more than half of head nurses scored in a high level. This may be due to that head nurses are aware of the difficulties that all change processes can present, and they have agreed that the hospital for which they work are willing to work as a team to achieve goals, tasks, duties, or other instructions., as a result, there's a significantly better chance of success.

These results agree with Russell, (2010)<sup>(36)</sup> who showed that half of leaders scored in the high level of change readiness. A high change readiness score indicates that a change project with careful planning and implementation has a better probability of success. A high level of readiness also shows that if leaders and employees are aware of and open to the future challenges, there is a better chance for successful change. These results agree also with Wilson, (2016)<sup>(37)</sup> More than half of the change leaders scored high on the agreeable side of teamwork and readiness to actively participate in change. These findings show how much change leaders believe that change participants will stay together and work as a team during challenging times, as well as actively participate in change, so these findings should encourage leaders to take action.

These findings were not correspondent to Hilde, (2011)<sup>(38)</sup> who found that more than half of participant was at low level and are not ready for change. This presents significant challenges to a successful change initiative. and most likely not implements successful change.

The study results revealed that there was statistically significant positive correlation between leadership competency, quality of work and organizational readiness for change. When the head nurses had good leadership competencies and quality of work, they were high readiness for change

Regarding correlation between total perception score about leadership competencies and total readiness for organizational change. The study results revealed that there was statistically significant positive correlation between leadership competencies and readiness for organizational change. This could be because head nurses with effective leadership competencies are highly motivated, have greater confidence, fully understand their duties and responsibilities, and accept and strive for successful implementation of

relevant changes. They also have ability to develop their leadership competencies through education and experience that enable them to achieve high level of readiness for change.

In agreement of the present study Al-Hussami et al., (2018) <sup>(39)</sup> found that the nurse leader who demonstrated more leadership competencies had more readiness to change. Additionally, Gilley et al., (2009) <sup>(40)</sup> stated that successful organizational change requires leaders who can motivate, communicate, and build teams. Furthermore, Talim, (2012) <sup>(41)</sup> proposed that leaders can promote their leadership competencies by continuing education programs to produce institutions that are open to change in order to improve patient care quality.

As regard to correlation between total quality of work and total readiness for organizational change. The study results revealed that there was statistically significant positive correlation between quality of work and readiness for organizational change. This may be due to that quality of work encourages employee engagement, job satisfaction, organizational commitment, and team spirit and these predictors important to enhance readiness for change

The study results agree with Christl et al., (2010) <sup>(42)</sup> who found that head nurse who reported more job satisfaction, had more readiness for change. Similarly, Helfrich et al., (2011) <sup>(43)</sup> proposed that a high correlation was found between quality of work and readiness for change among healthcare providers working both in medical centers and outpatient departments in the USA. Furthermore, Saleh et al., (2014) <sup>(44)</sup> stated that inviting healthcare administrators to improve the quality of work environment for nurse leader will produce satisfied nurses who are receptive to change through their commitment to their organization.

## **6. Conclusion**

Based on the study findings, more than two third of head nurses showed low level of leadership competencies, more than half of them presented low level of quality of work and high level of readiness for change. There was statistically significant positive correlation between leadership competencies and both quality of work and readiness for organizational change among head nurses at Specialized Medical Hospital.

## **7. Recommendations**

**Based on the findings of this study, the following recommendations are suggested:**

### **Recommendation to hospital administrator:**

- Provide applications such as weekly lectures on how to apply leadership competencies to improve leadership competencies and satisfaction among head nurses in order to support hospital changes and learning organizations.
- Provide support to head nurses by rewarding them for innovative jobs, job flexibility, and opportunity to engage in problem-solving and decision-making, all of which make them feel ready for change.
- Create a pleasant work environment by removing sources of job stress among head nurses, such as insufficient resources, work overload, and low pay, and thus promote positive, high emotional environment rather than a negative one.

### **Recommendation to head nurses:**

- Head nurses should be competent to increase nurses' satisfaction to deal with change. As a result, improving their competencies could aid in improving readiness for change.
- Develop good relationships with all stakeholders, including administrators, directors, clinicians, and patients to construct and support a collaborative, team approach to change and lead clinical practice.

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