
Assessment of Authentic Leadership, Mindfulness, and Managerial Competencies among Nurse Managers in Hospital

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ABSTRACT

Background: Clinical nurse managers are leaders who serve as guides for registered nurses on their wards. To do their duties, they must promote the growth of mindset, adhere to a code of ethics, be open, transparent, and honest in their interactions, be genuine, and instill a work culture of personal growth, clarity, accountability, and innovation. Authentic leadership and mindfulness practices if combined together create nurse managers who have clearer, more focused thinking, and a growth mindset that helps subordinates improve and grow. **Aim:** The present study aims to; assess authentic leadership, mindfulness, and managerial competencies levels among nurse managers in hospital. **Subjects and Method: Design:** a descriptive design was used. **Settings:** the study conducted at Shirbeen Hospital. **Subjects:** consisted of 70 nurse managers and 226 nurses. **Tools:** The Three tools used for data collection consisted of; Authentic Leadership Questionnaire, Five Facet Mindfulness Questionnaire, and the Management Competencies Questionnaire. **The Results:** the current study revealed that 44.3% of nurse managers had low authentic leadership, 42.9% of them had low levels of mindfulness, and 74.3% of them had low managerial competencies. There was a statistically significant relation ($P=0.001$) between authentic leadership, mindfulness, and managerial competencies levels among the studied nurse managers. **Conclusion:** the studied nurse managers had low levels of authentic leadership, mindfulness, and managerial competencies. **Recommendations:** Conduct an educational program for nurse managers to improve their authentic leadership, mindfulness, and managerial competencies.

Keywords: *Authentic leadership, Managerial competencies, Mindfulness, Nurse Managers.*

INTRODUCTION

In their unique position, clinical nurse managers engage in activities across the entire clinical practice, because they are positioned between the front line and the system level (Duffield, Gardner, Doubrovsky, & Wise, 2019). In the hospital setting, authentic leadership acquires traction in terms of team members' dedication, which is based on a clear knowledge of their role within the organization, creating an environment that is favorable to both leaders and team members (Maziero, Bernardes, Righetti, Spiri, & Gabriel, 2020).

Amidst the public's growing dissatisfaction with organizational malpractice and leadership failure, researchers and practitioners have increased their focus on alternative leadership approaches that allow to operate in line with values while still meeting the prescribed performance standards. Many see authentic leadership as the prototype of such an alternative approach a kind of "root concept" that forms the basis for other positive leadership behaviors like transformational or ethical leadership (Nübold, Van Quaquebeke, Hülshager, 2020). Fry and Kriger (2009) suggest that the greatest obstacle to experiencing reality authentic leadership is over-emphasis on the thinking mind, which creates an opaque screen of concepts, labels, judgments and definitions that blocks all true relationship, and that this over-emphasis decreases when attention is focused on the present. These characteristics suggest that mindfulness which consists of putting aside personal filters to establish direct contact with experience and responding to that experience in a less-automatic, more-flexible way (Baron, 2016).

According to Nübold et al. (2020) one factor that has been theorized to show a strong conceptual link to authentic leadership is mindfulness, and treat mindfulness as a personal antecedent to and a holistic means of training authentic leadership. Mindfulness promotes authenticity by allowing self-discovery and self-awareness, leading to more self-concordant goal setting. Elmawla, Bastawesy, Shabaan, & Abo Ramdan (2020) emphasize that authentic leadership and mindfulness practices if combined together create nurse managers who have clearer, more focused thinking, and a growth mindset that help subordinates improve and grow. Furthermore, the concept of authentic leadership style and mindfulness practice has a strong impact on head nurses' self-evaluation.

Authentic leadership (AL) has become one of the most important leadership approaches in light of recent societal changes globally. Modern organizations require leaders who: Possess high ethical standards, are aware of their abilities, and are fair in their decision-making process by creating integrity in the workplace (Meerits, Kivipõld & Akuffo, 2021). In relation to the authentic leadership process, two notable aspects are observed: the essential role of the authentic leader in the coherence of one's actions; and the influence of followers on proactive, ethical and responsible behavior. Still, the importance of building an environment of trust and integrity that supports the knowledge management processes is highlighted (Maziero, Bernardes, Righetti, Spiri, and Gabriel, 2020).

On the other hand, increased awareness of the present moment can result in clearer and more accurate perception, reduced negative effect, and increased energy and coping abilities (Sulosaari, Unal, & Cinar, 2022). Indeed, mindfulness-based interventions can help healthcare professionals to improve interpersonal relationships with patients and colleagues, to take better care of themselves and others, to pay more attention to the present moment, and developing concentration and focus (Marotta, Gorini, Parlanti, Berti, & Vassalle, 2022). The advantages achieved by practicing mindfulness leadership are self-awareness: knowing internal status, preferences, resources, and intuitions; self-management: turning compulsion into choice, managing impulses, resources, and intuitions; motivation: knowing what is important to self, aligning with leader values, cultivating resilience; empathy: awareness of the feelings of others, cultivating connection and trust; social skills: cultivating communication skills especially listening, engaging skillfully with conflict, and leading with compassion (Lesser, 2019).

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 (Hamed, Mohamed Eid, Ghoneimy & Hasanin, 2023). On the other hand, Gunawan, Aunguroch, Fisher, Marzilli, and Liu, (2020) asserted that factors affect nurse manager competencies can be grouped into: (a) individual-related factors including age, marital status, educational level, continuing education, current workplace, clinical experience, position, employment status, and salary; (b) job satisfaction; (c) bullying; (d) burnout; and (e) specific knowledge.

Significance of the study

Authentic leadership offers help for organizational problems, such as leader's selfishness and short-sightedness. It provides a new normative ideal that emphasizes values, ethics, the common good and consistency between words and actions (Malila, Lunkka, & Suhonen, 2018). Hence, the nurses should be led by authentic leaders who are ethical and transparent in their actions for effective and sustainable patient care quality (Puni, & Hilton, 2020).

On the other hand, mindfulness training may be beneficial for the development of leaders' resilience and their effectiveness in enabling collaboration and lead in complexity (Reitz, Waller, Chaskalson, Olivier, & Rupprecht, 2020). Authentic leadership and their mindfulness if combined together create head nurses that have clearer, extra focused thinking, and growth mindset that help subordinates improve and (Abd Elmawla, Shabaan, & Abo Ramdan, 2020). Therefore, this study aims to assess authentic leadership, mindfulness, and managerial competencies levels among nurse managers.

AIM OF THE STUDY

The study aim was to assess authentic leadership, mindfulness, and managerial competencies among nurse managers in hospitals.

Objectives

1. Assess levels of authentic leadership among nurse managers at Shirbeen Hospital.
2. Assess levels of mindfulness among nurse managers at Shirbeen Hospital.
3. Determine levels of managerial competencies among nursing managers at Shirbeen Hospital as perceived by their subordinates (staff nurses).

SUBJECTS AND METHOD

A. Technical design

This design includes a description of the research design, setting, subjects, and tools of data collection.

Study design

A descriptive design was utilized in this study.

Study setting

The present study was conducted at Shirbeen General Hospital which is affiliated to the Egyptian Ministry of Health - Dakahlia Governorate, Egypt. The hospital specializes in providing tertiary medical services for cases in Shirbeen City. The hospital's capacity is 184 beds. The hospital includes 27 departments. The total nurse force is 714 nurses (204 B.Cs., 265 nursing technical institute, and 245 technical deplume 3 years).

SUBJECTS

Sample

A purposive sample technique was used in the current study to select the study subjects. The current study consists of two sample groups, the first group consists of nurse managers who working morning and afternoon shifts with number of 70 from the total of (81 nurse managers). The study sample includes the nurse manager's office, head nurses, assistant head nurse, charge nurse (alternative head nurse in only afternoon shifts), nurses' supervisors, and hospital supervision teams (infection control team, quality team, training team, occupational health and safety team, and surveillance team) all are nurse specialists.

- **Inclusion criteria of nurse managers:** Had at least one year of experience in their current position.
- **Exclusion criteria of nurse managers:** who worked only in the night shift.

Sample size

The second group consists of (226) staff nurses from a total of (644 staff nurses) who work as subordinates for the studied nurse managers. The sample size of staff nurses was calculated according to the following equation.

$$n = \frac{N \times P (1 - P)}{N - 1 \times (d^2 \div z^2) + P (1 - P)}$$

Where, n=sample size; N, studied total population; d = error percentage (=0.05); P= prevalence or proportion of event of interest for the study; $Z_{\alpha/2} = 1.96$ (for 5% level of significance). Therefore,

$$n = \frac{644 \times 0.343 (1 - 0.343)}{(644 - 1) \times (0.05^2 \div 1.96) + 0.343 (1 - 0.343)} = 225.3$$

Accordingly, the sample size required is 226.

Tools for data collection

Three tools were used for data collection:

Tool 1: Self-reported practice questionnaire about authentic leadership

This tool was adopted by Walumbwa, Avolio, Gardner, Wernsing, and Peterson (2008) in the English language and translated by the researcher into the Arabic language to assess nurse managers' authentic leadership practice, it consists of a 16-items that measured four factors of authentic leadership: self-awareness four items, internalized moral perspective four items, balanced processing three items, and relational transparency five items. Items were rated on a five-point Likert scale (1- almost never, 2- never, 3- Sometimes, 4- always, 5- almost always). **Levels of authentic leadership were presented as** High level of authentic leadership > 64 - 80% = 52 - 64 scores, Moderate level of authentic leadership > 48 - 64% = 39 - 51 scores, Low level of authentic leadership > 32 - 48 % = 26 - 38 scores (Walumbwa et al., 2008).

Tool 2: Five Facet Mindfulness Questionnaire (FFMQ)

The Questionnaire was developed by Baer, Smith, Hopkins, Krietemeyer, and Toney (2006) in the English language, modified and translated into the Arabic language by the researcher to assess nurse managers' mindfulness practice. The questionnaire consists of 39 items and composed of five dimensions: Observing (8 items), describing (8 items), acting with awareness (8 items), non-judging of inner experience (8 items), and non-reactivity to inner experience (7 items). Items were rated on a five-point metric of frequency (1- almost never, 2- never, 3- Sometimes, 4- always, 5- almost always). **Levels**

of mindfulness were presented as High level of mindfulness > 64 - 80% = 125 - 156 scores, Moderate level of mindfulness > 48 - 64% = 94 - 124 scores, Low level of mindfulness > 32 - 48 % = 62 - 93 scores (Baer et al., 2006).

| Facet | Scoring pattern |
|--|---|
| 1. Observation | • 1,2,3,4,5,6,7and8 directly scored items |
| 2. Description | • 11, 12, and 13 reverse scored items. • 14,15 and 16 directly scored items. |
| 3. acting with awareness | • 17,19, 20, 21, 22, 23and 24 reversed scored items. • 18 directly scored items. |
| 4. Non-Judging of inner experience | • 27, and 30 reverse scored items. • 25,26,28,29,31, and32 directly scored items |
| 5. Non-reactivity to inner experience | • 34, 36 and 39 reversed scored items. • 33,35,37 and 38 directly scored items |

Tool 3: The management competencies of Nurse Managers:

The questionnaire was adapted by Ofei, Paarima, and Barnes (2020) in the English language and was translated into the Arabic language by the researcher. This tool consists of 27 items to assess nurse managers' competencies by their subordinates (staff nurses). Items were grouped according to the management competencies proposed by the Katz model (technical items, human relationship items, and conceptual items). Items were on a five-point Likert scale (1- not at all, 2- to a small extent, 3- to some extent, 4- to a large extent, and 5- to a very large extent). **Levels of managerial competencies represented as** High level of managerial competencies > 64 - 80% = 100 - 125 scores, Moderate level of managerial competencies > 48 - 64% = 70 - 99 scores, Low level of managerial competencies > 32 - 48 % = 48 - 69 scores (Ofei, et al., 2020).

In addition to: Personal and work-related data:

It was developed by the researcher in Arabic language and included personnel and work characteristics of nurse managers such as age, gender, level of education, job title, years of experience, and previous attendance of an educational program in the scope of the study.

B- Operational design:

The study field of work was carried out through the following phases:

Tools validity

Content Validity was ascertained by a panel of experts consisting of seven experts from the nursing Administration department and seven experts from the psychiatric nursing department. Professors reviewed the four instruments for Arabic language translation, clarity, relevance, comprehensiveness, and understanding applicability. The average proportion of Content Validity Index (CVI) for items judged relevant across the fourteen experts = 0.80. Comments and suggestions of the jury were considered and necessary modifications, corrections, and clarifying of the items were done accordingly.

Tool reliability

The reliability of tools used in this study by the Cronbach's alpha coefficient test to assess the internal consistency of the study tools. The internal consistency reliability for the authentic leadership questionnaire was (0.732). The internal consistency reliability for the five-facet mindfulness questionnaire was (0.958). While, the overall Cronbach's alpha of the management competencies questionnaire was (0.845).

Field work

An official written permission to conduct the study was obtained from the director of the study setting (Shirbeen Hospital) and verbal consent was obtained from each participant (nurse managers and staff nurses) to be included in the study and then wrote her name on the questionnaire after the researcher introduced himself and explaining clarification of the nature and purpose of the study. Field of the present study was conducted for five months from the beginning of January 2023 to the end of May 2023.

Pilot study

Before entering the actual study, the pilot study was conducted on 10% (7 nurse managers and 23 nurses) of the sample to assess the clarity, practicability, and feasibility of the tool and to estimate the proper time required for the interview. Appropriate modifications were made according to the results of the pilot study. Nurse managers and staff nurses who participated in the pilot study were excluded from the study subjects.

Ethical considerations

The study protocol was approved by the Research Ethics Committee of the Faculty of Nursing Port Said University NUR (5/11/2023) (31). An approval had been obtained from hospital administrators or directors to conduct the study after illustrating the purpose and process of the study. Further, oral consent for participations in the study was obtained from nurse managers and staff nurses after clearing out all about the study. The researcher informed the studied nurse managers and staff nurses that they could withdraw from the study at any time they wished to do so without any problem. The researcher has ensured the maintenance of the anonymity and confidentiality of participants. Moreover, the nurse managers and staff nurses have been assured about the discretion regarding the collected information, which will be used only for study purposes.

C- Administrative design

An official letter containing the title and the aim of the study was sent from the Dean of the Faculty of Nursing - Port Said University to the director of each setting to obtain their approval for data collection at the study setting (Shirbeen Hospital).

D. Statistical design

Data were sorted, organized, coded, and transferred into specially designed formats to be suitable for the computer entry process. All statistical analyses were performed using SPSS for Windows version 20.0 (SPSS, Chicago, IL). Continuous data were normally distributed and were expressed in mean \pm standard deviation (SD). Categorical data were expressed in numbers and percentages. Chi-squares test was used for comparisons of variables with categorical data (χ^2) and for comparison between two means, the t-paired test (t) test was calculated. Correlation co-efficient test (r) to test correlations between two variables with continuous.

RESULTS

Table (1) illustrates the demographic characteristics of the studied nurse managers. As shown in the table, 68.6% of the studied nurse managers' age ranged from 35 to 40 years old. While 44.3% of them were single. Also, 41.4% of them had a diploma

degree, and 61.4% of them had 10 to 15 years of experience. Furthermore, 52.9% of the studied nurse managers worked as nurse managers for less than 5 years.

Table (2) illustrates the demographic characteristics of the studied nurse staff. The table indicated that 40.7% of the studied nurses their age less than 35 years old with mean 38.32 ± 4.89 , and 66.4% of them were single. Regarding their qualifications, 50.4% of them had technical nursing institutes diploma. Furthermore, 46.9% had from 5 to 10 years of experience with a mean of 9.45 ± 2.07 .

Table (3) describes nurse managers' authentic leadership domains. The table revealed that the lowest level was regarding the balanced treatment domain (47.1%) followed by the relationship transparency domain (45.7%).

Figure (1) shows the total authentic levels of the studied nurse managers. It was observed that 44.3% of the studied nurse managers had low level of authentic leadership, 35.7% of them had a moderate level, and 20% of them had a high level.

Table (4) illustrates nurse managers' mindfulness domains; the lowest level was related to the observation domain (44.3%) followed by the action awareness domain (41.4%).

Figure (2) shows total mindfulness levels of the studied nurse managers. The table elaborated that, 40% of the studied nurse managers had a low level of mindfulness, 42.9% of them had a moderate level, and only 17.1% of them had a high mindfulness level.

Table (5) clarifies the levels of managerial competencies of the studied nurse managers as perceived by their staff nurses, shown that 75.2% of the studied nurse managers had low technical skills, 73% had low human relationship skills, and 73.9% of them had low conceptual skills.

Figure (3) shows that 74.3% of the studied nurse managers had low managerial competencies, while 20.4% of them had moderate managerial competencies, and only 5.3% of them had high managerial competencies.

Table (1): Personal and job characteristics of studied nurse managers (n=70).

| Demographic characteristics | | N | % |
|-----------------------------|------------------|--------------------|------|
| Age | < 35 | 18 | 25.7 |
| | 35 – 40 | 48 | 68.6 |
| | > 40 | 4 | 5.7 |
| | Mean ± SD | 36.31 ±2.61 | |
| Marital status | Single | 31 | 44.3 |
| | Married | 17 | 24.3 |
| | Divorced | 10 | 14.3 |
| | Widow | 12 | 17.1 |
| Educational level | Diploma | 29 | 41.4 |
| | BSc | 15 | 21.4 |
| | Masters | 10 | 14.3 |
| | PhD | 16 | 22.9 |
| Years of experiences | < 10 | 11 | 15.7 |
| | 10 – 15 | 43 | 61.4 |
| | > 15 | 16 | 22.9 |
| | Mean ±SD | 13.10 ±3.26 | |
| Experience as head nurse | < 5 | 37 | 52.9 |
| | 5 – 10 | 27 | 38.6 |
| | > 10 | 6 | 8.6 |
| | Mean ±SD | 5.34 ±2.31 | |

Table (2): Personal and job characteristics of studied nurse staff (n=226).

| Demographic characteristics | | N | % |
|-----------------------------|------------------|--------------------|------|
| Age | < 35 | 92 | 40.7 |
| | 35 – 40 | 30 | 13.3 |
| | 40 – 45 | 75 | 33.2 |
| | > 45 | 29 | 12.8 |
| | Mean ± SD | 38.32 ±4.89 | |
| Marital status | Single | 17 | 7.5 |
| | Married | 150 | 66.4 |
| | Divorced | 29 | 12.8 |
| | Widow | 30 | 13.3 |
| Educational level | 36 | 15.9 | 36 |
| | 114 | 50.4 | 114 |
| | 73 | 32.3 | 73 |
| | 3 | 1.3 | 3 |
| Years of experiences | < 5 | 30 | 13.3 |
| | 5 – 10 | 106 | 46.9 |
| | 10 – 15 | 60 | 26.5 |
| | > 15 | 30 | 13.3 |
| | Mean ±SD | 9.45 ±2.07 | |

Table (3): Distribution of authentic leadership domains of the studied nurse managers (n=70).

| Domains | Low authentic Leadership | | Moderate authentic Leadership | | High authentic Leadership | |
|--------------------------------|--------------------------|------|-------------------------------|------|---------------------------|------|
| | N | % | n | n | % | N |
| Self-awareness | 30 | 42.9 | 22 | 31.4 | 18 | 25.7 |
| Internalized moral perspective | 31 | 44.3 | 22 | 31.4 | 17 | 24.3 |
| Balanced processing | 33 | 47.1 | 27 | 38.6 | 10 | 14.3 |
| Relationship transparency | 32 | 45.7 | 21 | 30.0 | 17 | 24.3 |

**Figure (1):** Total authentic leadership levels of the studied nurse managers (n=70).

Table (4): Distribution of mindfulness domains of the studied nurse managers (n=70).

| Domains | Low mindfulness | | Moderate mindfulness | | High mindfulness | |
|------------------------------------|-----------------|------|----------------------|------|------------------|------|
| | n | % | n | n | % | n |
| Observation | 31 | 44.3 | 32 | 45.7 | 7 | 10.0 |
| Description | 26 | 37.1 | 29 | 41.4 | 15 | 21.4 |
| Acting with awareness | 29 | 41.4 | 28 | 40.0 | 13 | 18.6 |
| Non-judging of inner experience | 27 | 38.6 | 31 | 44.3 | 12 | 17.1 |
| Non-reactivity to inner experience | 27 | 38.6 | 29 | 41.4 | 14 | 20.0 |

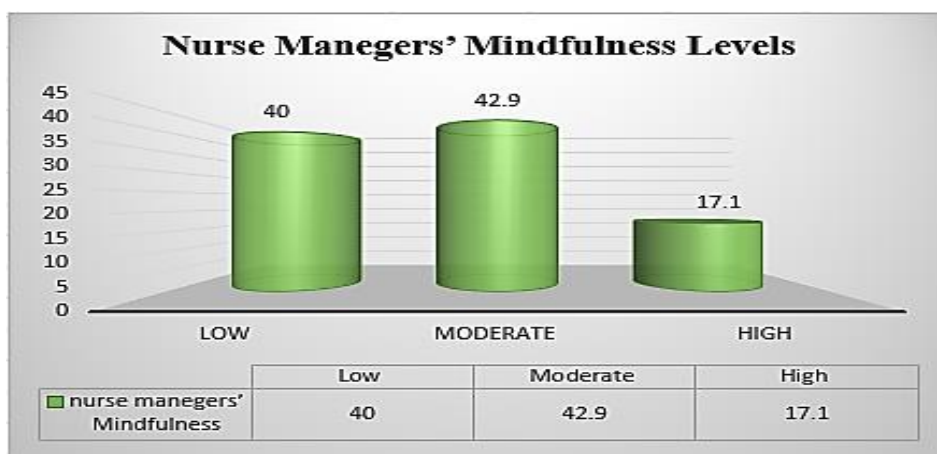
**Figure (2):** Total mindfulness levels of the studied nurse managers (n=70).

Table (5): Distribution of managerial competencies of the studied nurse managers as perceived by their nurse staff (n=226).

| Domains | Low managerial Competencies. | | Moderate managerial Competencies. | | High managerial Competencies. | |
|---------------------------|------------------------------|------|-----------------------------------|------|-------------------------------|-----|
| | n | % | n | n | % | N |
| Technical skills | 170 | 75.2 | 48 | 21.2 | 8 | 3.5 |
| Human relationship skills | 165 | 73.0 | 42 | 18.6 | 19 | 8.4 |
| Conceptual skills | 167 | 73.9 | 45 | 19.9 | 14 | 6.2 |

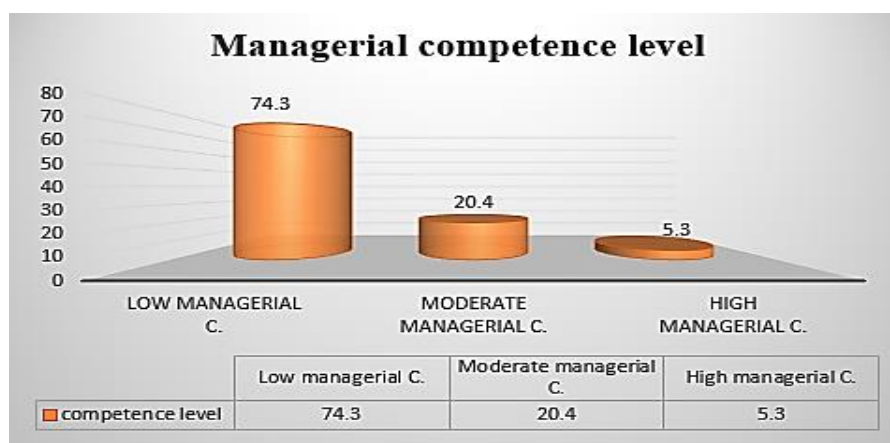


Figure (3): Total managerial competencies of the studied nurse managers as perceived by their nurse staff (n=226).

DISCUSSION

Authentic leadership is a new perspective that focuses on a leader's values and beliefs, nurse managers must incorporate authentic leadership into clinical nursing practice to foster a culture of trust and loyalty that encourages creative thinking and resilience. As a result, it's not surprising that organizations devote a significant amount of time and money to improving the skills of their leaders. In essence, an organization's success or failure is determined by the performance and efficacy of its personnel, as well as the direction received from leadership (Aboelenein, and Mostafa, 2023). Therefore, this study was directed to assess authentic leadership, mindfulness, and managerial competencies levels among nurse managers in hospital.

The findings of the current study demonstrated that less than half of the studied nurse managers had a poor level of authentic leadership. This may be due to most of the nurse managers having attended previous training programs in authentic leadership style and not recognizing the importance of authentic leadership. This result agreed with Mrayyan, Al-Atiyyat, Al-Rawashdeh, Algunmeeyn, and Abunab (2022) who studied Nurses' authentic leadership and their perceptions of safety climate among 314 Jordanians, and found that nurse managers at governmental hospitals had low authentic leadership. Contrary to Al-Hassan, Rayan, Baqeas, Hamaideh, & Khrais (2023) who studied had on authentic and its role in registered nurses' mental health among 170 nurses in Jordan and reported that the scores of authentic leadership were relatively high.

Regarding authentic leadership domains, the current study results revealed that the lowest level was regarding balanced treatment followed by relationship transparency. As mentioned in the study by Ellis (2019) these two domains are predictors to job satisfaction. Therefore, the decrease in these two domains may be due to the decrease in their job satisfaction and the increased pressure from workloads. These findings in line with Elmawla et al. (2020) who reported that less than three quarters of the studied sample were had low levels regarding relational transparency and internalized moral.

Regarding mindfulness, the present results showed that about two fifth of the studied nurse managers had low and moderate levels of mindfulness. From the researchers' point of view, nursing is one of the most stressful professions. The findings of the present study are consistent with results reported by Saeed, Ghoneimy, and

Ibrahem (2023) who indicated that more than two thirds of nurse managers had moderate levels of mindfulness. Also, Wadeaa (2021) found that nearly half of the studied subjects had a moderate level of mindfulness.

Also, the present results revealed that the lowest levels of mindfulness domains among the studied nurse managers were observation, non-judgmental, and action awareness. This might be due to handling many tasks and exposing them to stressful situations during work. Mohamed, Zaki, and Kotb (2021) revealed that the highest percent of head nurses rated low regarding mindfulness dimensions and the highest dimension was observing but the lowest dimension was describing.

Regarding managerial competencies, the present findings indicated that nearly three quarters of the studied nurse managers had low managerial competencies in all tested skills as perceived by their staff nurses. The lowest percentage was regarding technical skills followed by conceptual skills. This finding further strengthens the fact that nurse managers in Egypt are not appointed based on clinical proficiencies of each specialty but based on educational certificates only, without testing the technical skills of each department. This would increase conflict and emotional stress during work, which negatively affects nurse managers' mindfulness. According to Ofei, Paarima, and Barnes (2020), technical skills are needed by nurse managers for supportive supervision to ensure that things are done right, and the right thing is done through the transfer of adequate knowledge, skills, and attitude or competencies. Another rationale for these findings may be because they had a higher responsibility and were loaded during the morning shift. However, it might be lack of confidence in their ability and lack self-belief.

These results were supported by Abd-Elmoghith, and Abd-Elhady (2021) who conducted a study entitled assess nurse managers' competencies and its relation to their leadership styles among 65 nurse managers at the Oncology Center -Mansoura University, and revealed that slightly fewer than half of nursing managers had a low level of competency. While, these results are in contrast with Ofei, et al. (2020) who reported that the studied nurse managers were in the moderate range of technical and conceptual competencies.

CONCLUSION

Based on the findings of the present study, it can be concluded that:

The studied nurse managers had low levels of authentic leadership, mindfulness, and managerial competencies. The lowest authentic leadership domain was balanced treatment followed by relationship transparency which considered as predictors for low job satisfaction. Also, the present study concluded that the lowest mindfulness domains were observation followed by action awareness. While the lowest managerial competencies were regarding technical skills.

RECOMMENDATIONS

Based on the results of the present study, the following recommendations were suggested:

Recommendations at the hospital administration level:

- Nurse managers should conduct regular meetings with staff nurses to allow them to express their feelings, opinions, and needs to improve their professional autonomy so that their authentic leadership and social skills can be improved.
- Offering continuous development activities and workshops about leadership for nurse managers to enforce their leadership skills and to equip them to handle adverse working conditions.
- Assess the effect of authentic leadership on staff nurses` job satisfaction, motivation, turnover, and competencies.
- Developing and implementing a training program to enhance the nurse managers` authentic leadership and mindfulness practices which in turn has a positive effect on their managerial competencies.

Limitations of the study

There are certain limitations to this study. First, the rating of knowledge and attitude toward authentic leadership were measured by nurse managers themselves; hence the responses of nurse managers can be overvalued as a result of a tendency of them to report what a researcher expects to hear, and/or what may reflect positively on them. Second, it was not possible to use randomization or a control group in this study, and this

issue can be affected by personal bias. To address this issue, several procedural remedies were applied by improving the scale items' clarity by pilot testing with nurses who had the same inclusion criteria. Also, the participation of the staff nurses in the observation of the effect of the educational program on nurse managers' competencies was to overcome the concern of bias.

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تقييم مستوى القيادة الأصيلة واليقظة الذهنية و كفاءات القيادة لدى مديري التمريض بالمستشفى

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الخلاصة

تتطلب المنظمات الحديثة قادة يمتلكون معايير أخلاقية عالية ، ويدركون قدراتهم ، ويتسمون بالعدل في عملية اتخاذ القرار من خلال خلق النزاهة في مكان العمل. لذلك أصبحت القيادة الأصيلة من أهم مناهج القيادة في ظل التغيرات المجتمعية الأخيرة على مستوى العالم. كما تمكّن اليقظة الذهنية مديري التمريض من التراجع والتفكير في المواقف بموضوعية قبل اتخاذ إجراء أو قرار بدون حكم. وبالتالي تؤثر اليقظة الذهنية على القيادة لأن القادة الواعين ينخرطون في سلوكيات تدعم إنشاء علاقات إجتماعيه قائمه على الثقة. ولذلك ، تهدف هذه الدراسة إلى تقييم مستوى القيادة الأصيلة و اليقظة الذهنية و كفاءات القيادة لدى مديري التمريض. تم استخدام تصميم وصفي لإجراء الدراسة بمستشفى شربين التابعة لوزارة الصحة و السكان بمحافظة الدقهلية؛ شملت الدراسة جميع مديري التمريض بالمستشفى وعددهم 70 و 226 من التمريض الخاضعين لإشرافهم. وقد اظهرت نتائج الدراسة أن 44.3% من مديري التمريض الخاضعين للدراسة لديهم مستوى منخفض من القيادة الاصيلية، كما أظهرت الدراسة أن 40% من مديري التمريض لديهم مستوى منخفض من اليقظة الذهنية، كما أوضحت أن 74.3% منهم لديهم مستوى منخفض من كفاءات القيادة. وقد تخلصت الدراسة بوجود مستوى منخفض من كلا من القيادة الاصيلية، اليقظة الذهنية، وكفاءات القيادة لدى مديري التمريض الخاضعين للدراسة. وأوصت الدراسة بتطبيق برنامج تدريبي عن القيادة الاصيلية و اليقظة الذهنية لرفع كفاءات القيادة لدى مديري التمريض بالمستشفى.

الكلمات المرشدة: القيادة الاصيلية، اليقظة الذهنية، كفاءات القيادة، مديري التمريض