University of Southern Queensland

Exploring Nurses' Views on Effective Leadership in Iraq: Developing a Framework for Professional Nursing Leadership Education

A Dissertation submitted by

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ABSTRACT

The healthcare services in Iraq currently face many challenges. The most noted is the lack of effective nursing leaders to meet the growing needs of the healthcare services. Effective nursing leadership is critical to the healthcare system, affecting work performance, quality of care and staff satisfaction. The literature suggests that nursing leaders in Iraq are not adequately trained to provide leadership to improve the nursing profession and have limited involvement in decision-making.

The main aim of this study is to explore the views of nurses on what they believe constitutes effective leadership in Iraq. These views are used to inform the development of an effective framework for nursing leadership education. A mixed methods approach is employed involving a qualitative Phase (20 semi-structured interviews of senior nurses) followed by a quantitative Phase (survey to 210 ward nurses). The sample of nurses came from two large general hospitals in Iraq.

The study results indicated that effective nurse leaders need to have a set of characteristics and high personal qualities. Moreover, the results indicated that there were factors that influence the performance, effective leadership behaviour, and professional learning of nurse leader. Test results show that there were significant differences in views of the nurses toward effective leadership behaviour and professional learning of the nurse leader when level of education, gender, and work experience were considered. The qualitative data was thematically analysed and used to develop questions for the survey. Descriptive statistics were used to analyse and interpret the quantitative data.

This research concludes that there are three considerations that need to be taken into account for effective nursing leadership. First, key characteristics and a set of essential personal qualities are required for an effective nurse leader. Second, nurse leader performance is affected by professional development and the recognition of nursing as a well-respected profession. Third, personal and motivational behaviours of nurse leaders influence other nurses to become leaders'.

The findings from this study have particular significance for the Iraqi context. Lack of previous research and knowledge of nursing leadership education in Iraq makes this study significant as it provides empirical evidence regarding effective leadership styles suggests new strategies to improve healthcare policy and provides a framework for professional nursing leadership education.

CERTIFICATION OF DISSERTATION

I certify that the ideas, findings, analyses, and conclusions reported in this dissertation are entirely my own effort, except where otherwise acknowledged. I also certify that the work is original and has not been previously submitted for any other award, except where otherwise acknowledged.

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LIST OF ACRONYMS

HN -	Head Nurse
IENLF -	Iraq Effective Nursing Leadership Framework
IMOH -	Iraq Ministry of Health
INS -	Interview Nursing Staff
NUM -	Nursing Unit Manager
SWN -	Survey of Ward Nurses
WHO -	World Health Organisation
WN -	Ward Nurse

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CHAPTER 1 INTRODUCTION

1.1 Background to the Study

The healthcare services in Iraq have faced many challenges throughout history. The most noted is a lack of effective nursing leaders to meet the growing needs of the healthcare services and the requirements of academia in the country (Huston, 2008; Mintz-Binder & Fitzpatrick, 2009; Woodring, 2004). Effective nursing leadership must have a well-planned vision for satisfying nursing needs, the capacity to communicate effectively and the ability to motivate the nursing team. In order to attain this required level of leadership and success, several important characteristics come into play including: academic background, managerial skills, clinical nursing knowledge, communication skills and personal qualities. Appreciating these characteristics and knowing how to apply them within the context of healthcare services has a considerable impact on the effectiveness and success of a nursing leader (Al-Haddad, 2003).

Al-Da'mi and Boyle (2011) reported that nursing leaders in Iraq are not adequately trained and not professional enough to provide leadership to improve the nursing profession and they have limited involvement in decision-making even though many of them have acquired management knowledge. The absence of a national accreditation agency and accepted professional standards adds to the challenge of improving the status of nursing and the potential to improve effectiveness of nursing leaders. Furthermore, existing structures of the health services in Iraq do not allow for full advantage to be taken of the high-level educational knowledge that some nurses possess. Significantly, no studies have been conducted on the effectiveness of the nursing leadership roles in Iraq and this lack of available knowledge indicates the need for research to be conducted on nursing leadership.

1.2 Historical perspective of Nursing in Iraq

Little documentation exists about nursing in the Gulf region prior to the emergence of Islam (El-Haddad, 2006), and many Islamic scholars consider the first practising nurse in Islam to be Rufaidah Al-Islamiah. El-Haddad (2006) explains how Rufaidah acquired this title, beginning on the 17th of Ramadan (March 13, 664 AD) when the Prophet Mohammad (PBUH) went with his followers to fight the first battle against their enemies. Rufaidah and a group of Muslim women participated in this battle by providing moral support to soldiers and by looking after the wounded. After they won the battle and went back to Medina, Rufaidah decided to continue to provide her services to sick people in her community and erected her tent near the Prophet's Mosque. El-Haddad (2006) also notes that after her death, many more Muslim women decided to continue her role by nursing the sick during peacetime as well as caring for the wounded during wars. Kasule (1998) states that Rufaidah believed that nursing was an art needed by people during the days of both peace and war.

Garfield and Martone (2003) reported that formal nursing programs were established in Baghdad, Iraq, since 1933 yet they have always had difficulty in recruiting well qualified men and women. They also note that nursing in Iraq was limited by cultural norms that restrict employment options for women and their ability to serve the community, such as the practice of female nurses are only allowed to work with

female patients (Garfield, Dresden, & Boyle, 2003). During the 1960s and 1970s, nursing college graduates started going abroad to the United States and United Kingdom to obtain higher nursing degrees and returned to take positions in education and administration. However, in the 1980s Iraq was ravaged by wars that spread across three decades. The consequences of these wars were severe, particularly in the field of nursing education, and progress that was being made earlier was halted completely. The country's nursing education programs which were once thriving before the wars and international conflicts (Akunjee & Ali, 2002), were now ruined.

Further, the decade of the 1990s saw the highest number of nurses migrating out of Iraq (Taylor, 2012). Many of them migrated abroad for better job prospects, while those who remained in Iraq now serve in distributed leadership positions throughout the country. In addition to the shortage of nursing leaders, the number of nurses in general has sharply declined since 1990 (Garfield & McCarthy, 2005) even though nursing education in Iraq is free and some female nursing students are even paid a small stipend to encourage them to study nursing (World Health Organisation, 2011). Garfield and McCarthy (2005, p. 180) suggest that "a renewed appreciation of nursing now exists" indicating that improvement of the status of nursing has begun and that the future of nursing in Iraq is once again promising.

1.3 Nursing Issues in Iraq

Nurses face many challenging issues in Iraq and these are mostly related to their education, cultural norms, gender issues, and the general shortage of nurses. Studies have been conducted by nurse-scholars, primarily Americans, who observed and documented the problems faced by the nursing profession as a whole (Boyle, 1989; Garfield & McCarthy, 2005). These studies describe the poor image that nurses have in the community, their low salaries, poor working conditions, and the absence of accreditation and standards for clinical practice. In addition, they have noted that educational programs have obsolete materials textbooks are out-of-date in their approach to learning and that nursing colleges suffer an acute shortage of lecturers. Although the premises and equipment for most colleges and schools have improved significantly worldwide in the past five years, many students continue to train in old techniques which inevitably affects standards of care in the long term (World Health Organisation, 2011). However, in recent decades, nursing education in Iraq has improved and the country now offers some nursing education at both school and university levels (Shukri, 2005).

Estimates are that up to 75% of nurses worldwide have left their jobs since 2003 (Central Organisation for Statistics, 2011). The Central Organisation for Statistics (COSIT, 2011) indicates that in 2010 Iraq had 39,138 nurses, in a population of about 33 million, which equates to 1.17 nurses per 1000 people (compared with 2.95 in Canada, which has a similar population). Perhaps half of those nurses who quit nursing have gone abroad, further compounding the problems related to the shortage of nurses (International Committee of the Red Cross, 2007). The Iraq Ministry of Health reported that the number of nurses in Iraq, per head of population, has declined significantly given the departure of foreign aid workers and nurses who were present during wartime. For example, the report shows one province of over 900,000 people has fewer than 30 nurses. Currently, the number of nurses in Iraq stands at a staggeringly low point, with less than one nurse for each physician in the

country, across all specialisations (Iraq Ministry of Health, 2004). To manage this problem the Iraqi Government has started hiring many Indian nurses (France-Press, 2012), which, although useful, may only act as a temporary solution while the real problems remain unattended.

Gender issues within Iraqi society and the nursing profession have been described as one of the perpetuating barriers for females (Boyle, 1989; Garfield & McCarthy, 2005). Cultural and religious beliefs and traditions inhibit females from working at the hospitals to serve patients, especially male patients. There are also particular challenges for female nurses that impact the extent of their contribution in the nursing profession. In 1997 the World Health Organisation commented that Iraqi women were prevented from being viewed as potential leaders because of sexual stereotyping and that few opportunities were made available that prepared women for managerial and/or leadership roles. Few nurses have skills that let them do more than hand out drugs and those that do possess expertise are often prevented from using their knowledge because the job descriptions for nurses are limiting their ability to provide higher medical care to the patients, even though they may have the experience and training to do so (International Council of Nurses, 2004). The overall shortage of female nurses, with the proportion of one female to two male nurses, extends beyond sexual stereotyping (World Health Organisation, 2008). As nursing has a poor social status and even poorer pay level in Iraq, some families have little desire to let their daughters enter such a low prestige job, particularly when this would also go against social norms (World Health Organisation, 2011).

Another issue facing the nursing profession is the lack of nurse leaders to fill vacant roles in both practice and academia and this need to be addressed (Huston, 2008; Mintz-Binder & Fitzpatrick, 2009; Woodring, 2004). It is essential that leaders and researchers in nursing education understand that the nursing profession faces not only a nursing and nurse faculty shortage but also a shortage of academic leaders (Adams, 2007; Glasgow, Weinstock, Lachman, Suplee, & Dreher, 2009; Green & Ridenour, 2004).

There are also problems in the guidance of nurses through appropriate policies and standards. The Iraqi Nursing Association, the government organisation that supposedly represents and advocates for nursing, has not been playing an active role (Salvage, 2004). This organisation needs to be revitalised to become stronger and more independent so that it can advocate more effectively for the nursing profession (Garfield & Martone, 2003). There is general agreement among scholars that nurses must also become proactive and play a major role in addressing the problems in their profession. Garfield and McCarthy (2005) mentioned that nurses could participate in regular meetings with hospital committees and be given formal responsibility and leadership within hospitals. Through the Nursing Association nurses in Iraq can work to improve the status of their profession and the standard of healthcare provided which will in turn improve the Iraqi healthcare system (Garfield & Martone, 2003).

1.4 Current Status of Nursing Education in Iraq

There are three educational pathways to obtaining a nursing degree in Iraq. These are:

1. The first pathway is via Nursing High School where students attend for three years before graduating as Skilled Nurses who provide basic nursing care in hospital wards. These nurses can upgrade their qualifications by undertaking a further two years of study for a Diploma in Nursing obtained from a Government Technical Nursing Educational Institute (Garfield & McCarthy, 2005; Shukri, 2005).
2. The second pathway is after high school, which requires students to apply to a Technical Nursing Educational Institute to study for two years in a Diploma in nursing program. They are then designated as Technical Nurses and can provide basic nursing care in the wards or as a theatre nurse in an operating theatre (Shukri, 2005).
3. The third pathway is also after high school to gain a Bachelor of Nursing from a University Nursing College. This enables graduate nurses to be employed in hospitals in acute areas, such as High Intensive Care Units and Operating Theatres, as well as regular hospital wards. These graduates are qualified to work in either the colleges for teaching nursing or to remain in hospitals as Graduate Nurses. They can upgrade their degrees with further studies and gain a Master in Nursing Sciences or a Doctor of Philosophy in Nursing. They would then be designated as a High Qualified Nurse or a Specialist Nurse (Shukri, 2005).

As part of this study, this researcher studied the curriculum of these pathways particularly the nursing leadership and management courses. Table 1.1 shows that there are no leadership or management courses being taught in either the first or second pathways, however, many of these nurses can become nursing leaders without any educational leadership training. These nurses may not be able to fulfil this position unless they have effective leadership skills developed in leadership training courses. The only pathway that offers a nursing leadership and management course is the third pathway (Nursing College). However, the nurses with a bachelor degree have the leadership knowledge but they do not receive any practical clinical training in the hospitals as part of their course. A balance is required between knowledge and experience so that the educational and health systems can facilitate the training of well-educated and experienced nursing leaders.

Table 1.1 Nursing leadership and management course in nursing educational curriculum in Iraq 2013

Educational pathways	Basic Nursing Educational Curricula	Nursing Leadership & Management Course
Nursing High School	• Fundamentals of Nursing • Paediatric Nursing • Gynaecological Nursing	No
Nursing Institute	• Fundamentals of Nursing • Adult Nursing • Obstetric Nursing • Paediatric Nursing • Psycho-mental Health Nursing	No
Nursing College	• Fundamentals of Nursing • Adult Nursing • Obstetric Nursing • Paediatric Nursing • Psycho-mental Health Nursing • Community Health Nursing	• Hospital management • Hospital functions • The main tasks of hospitals • Planning in hospitals • Organization in hospitals • Directive in hospitals • Control in hospitals • The environment (such as external and internal organizational structure and resources) to hospitals • Decisions (decision-making)

Adapted from nursing educational curriculum in Iraq 2013

While there are three nursing education pathways in Iraq, nursing education in each of these pathways is affected by several significant issues. For instance, these nursing education programs in Iraq have a limited choice of good students, and in the past accepted students with low passing grades in general schooling (Iraq Ministry of Health, 2004). Additionally, curriculum and teaching methods have been strictly controlled by the Ministry of Higher Education. Opportunities for self-directed or participatory learning are very limited, although they have expanded recently with the assistance of the WHO (Garfield & McCarthy, 2005). Moreover, Garfield and McCarthy (2005) noted that the curriculum only focuses on theory that access to information technologies and audio-visual materials were very limited, and laboratory facilities and classrooms are poorly equipped and outmoded.

National leaders, non-governmental organisations such as the Red Crescent Society and the WHO are interested in upgrading nursing education and the professional status of nursing in Iraq (Al-Da'mi & Boyle, 2011). The WHO has been assisting Iraq to develop a national strategy to advance nursing and this effort has resulted in a five-year strategy based on priorities in education, regulation, policy and leadership development (International Council of Nurses, 2003).

1.5 Nursing Leadership in Iraq

While effective nurse leaders could make an important contribution to improving the status and performance of the nursing profession, a shortage of nurses, healthcare system issues and the outdated content of educational programs in nursing courses are currently impacting nursing leadership development in Iraq (Al-Da'mi & Boyle, 2011; Garfield & Martone, 2003; Garfield & McCarthy, 2005). An even more critical problem is that current nursing education programs in Iraq do not pay adequate attention to nursing leadership. The programs focus heavily on clinical aspects of the health system and pay less attention to the administration, leadership and management aspects of nursing (Garfield & McCarthy, 2005). This results in students' having limited knowledge of nursing leadership when they complete their education program, with the assumption that they would learn how to lead and manage when facing real life problems and issues in the workplace. However, formal leadership and management training has not been considered of acute necessity in the hospital system. This lack of leadership and management training for nurses impacts their ability to perform effectively in dealing with staff, patients and in implementing successful health care programs. Hence, addressing the significant range of issues impacting nursing leadership in Iraq needs urgent attention and a coordinated effort.

1.6 Statement of the Research Problem

There is a paucity of existing research that examines the situation and status of nurse leaders and leadership practices in Iraq. To fill this gap, this study attempts to explore Iraqi nurses' views of the current development process of effective nursing leadership and professional learning in Iraq. This research is expected to define what Iraqi nurses at all levels (namely ward nurses, head nurses and nursing unit managers) describe as effective nursing leadership and identify the characteristics of effective nursing leaders. The findings of this study are expected to develop a professional learning framework for effective nursing leadership in Iraq. This framework could be used to contribute to an improvement in the quality of nursing care, as well as providing better professional development opportunities to the nurses who are seeking to further their careers in nursing.

1.7 Aim and Objectives of the Study

The main aim of this study is to explore the views of nurses regarding effective nursing leadership in Iraq. These views will be used to inform the development of an effective framework for nursing leadership education. In order to achieve this aim, this researcher has developed specific objectives. These are:

1. To determine the nurses' views on the characteristics of an effective nurse leader

2. To explore the nurses' views on the factors influencing the performance of nurse leaders

3. To explore the nurses' views on the factors influencing leadership behaviour of the nurse leader

4. To explore the nurses' views on the factors influencing nurse leader professional learning

5. To determine the differences in nurses' views toward leadership behaviour of the nurse leader based on their demographic profiles

6. To determine the differences in nurses' views toward nurse leader professional learning based on their demographic profiles

7. To develop a framework for professional nursing leadership education in Iraq.

1.8 Research Questions

In order to attain the research objectives, the following research questions were developed.

1. What do nurses in Iraq identify as effective characteristics of a nurse leader?

2. What are the factors influencing the performance of nurse leaders?

3. What are the factors influencing the leadership behaviour of nurse leader?

4. What are the factors influencing nurse leaders during their professional learning?

5. Are there any significant differences in the ward nurses views toward leadership behaviour of nurse leaders?

6. Are there any significant differences in the ward nurses views toward professional learning of nurse leaders?

7. What emerges as a framework for professional nursing leadership education in Iraq?

1.9 Research Hypotheses

A hypothesis is a proposition which can be put to test its validity. It may prove to be correct or incorrect. Borbasi and Jackson (2012, p. 255) defined hypothesis as:

> It is a statement of predicted relationship or difference between two or more variables within a specified population. A hypothesis contains at least one independent and one dependent variable. The goal of any statistical test is to determine whether or not the null hypothesis should be rejected, or not rejected.

Borbasi & Jackson (2012) defined the null hypothesis as "a statement that predicts no relationship between the independent and dependent variables" (p. 256). In studying the relationship between variables, the researcher first formulates a research hypothesis that states the anticipated relationship between the variables. However, for statistical testing, it is necessary to formulate a null hypothesis, which states that there is no relationship between the variables under consideration. If the null hypothesis is rejected on the basis of a statistical test, the researcher can conclude that there is a relationship between the variables being examined. The following null hypotheses were formulated for this study (Table 1.2).

Table 1.2 Research questions and hypothesis

Questions	Hypothesis
Question 1: Are there any significant differences in the views of ward nurses toward leadership behaviour of the leader?	**1:** There is no statistically significant difference in the ward nurses views toward leaders' leadership behaviour based on their education. **2:** There is no statistically significant difference in the ward nurses views toward leadership behaviour, based on their gender. **3:** There is no statistically significant difference in the ward nurses views toward leadership behaviour, based on their years of experience.
Question 2: Are there any significant differences in the views of ward nurses toward leader's professional learning?	**4:** There is no statistically significant difference in the ward nurses views toward leader's professional learning, based on their level of education. **5:** There is no statistically significant difference in the ward nurses views toward leader's professional learning, based on their gender. **6:** There is no statistically significant difference in the ward nurses views toward leader's professional learning, based on their years of experience.

1.10 Context of the Study

Mosul Health Directorate is one of the divisions of the Iraq Ministry of Health (IMOH) (see Figure 1.1). It is headed by one General Manager who directs nine units such as Administration, Planning, Inspection, Public Health, Medical Supplies, Operation Division, Maintenance and Engineering, Audit and the Technical Unit. The Division of Nursing belongs to the Technical Unit. The Division of Nursing has one manager who works with four sub-managers who direct four units. These four units are: (i) Educational Development; (ii) Health Education; (iii) Midwifery; and

(iv) Nursing. The nursing unit is headed by an associate manager, who in turn is responsible for leading all the nursing managers in Mosul Hospitals.

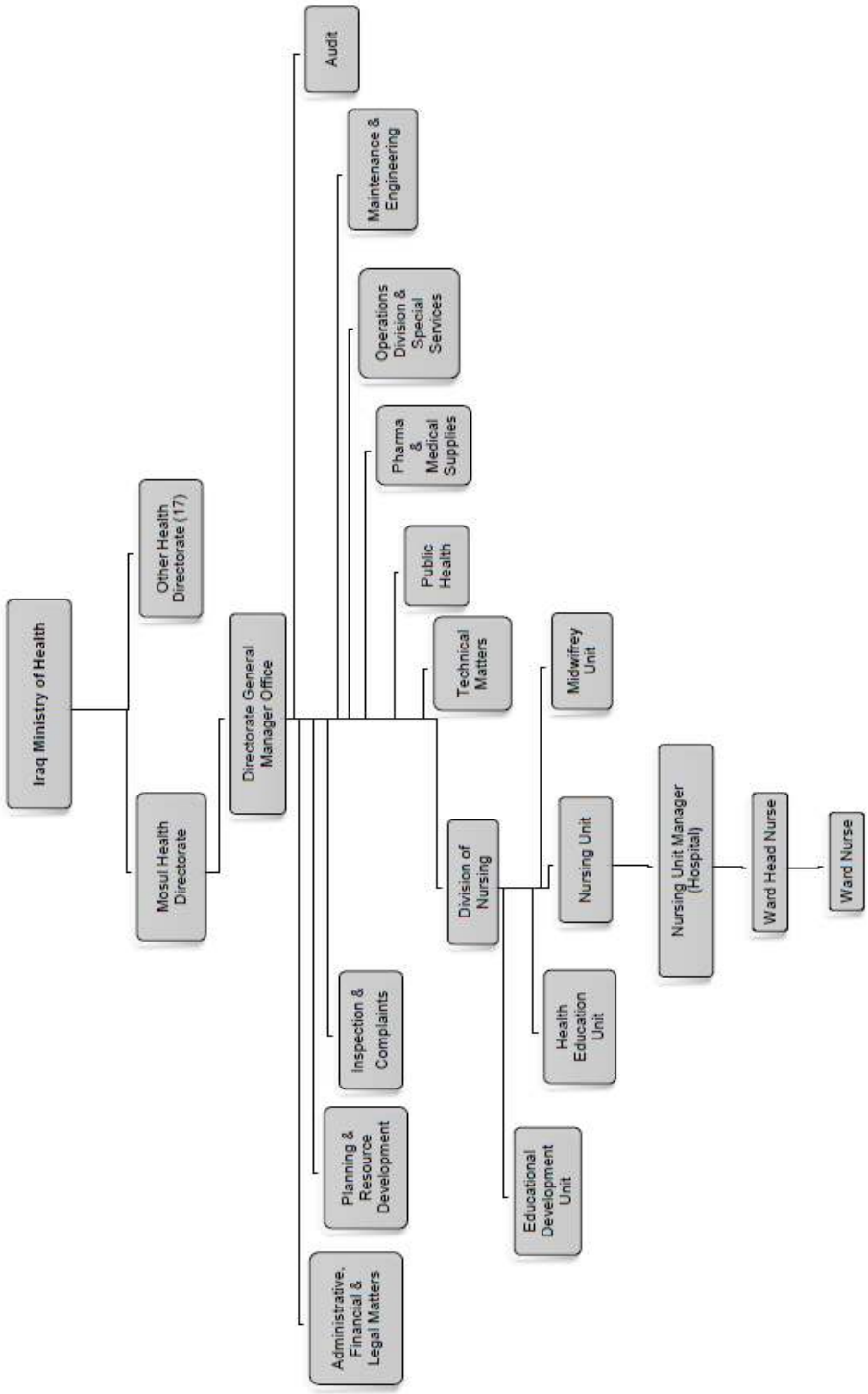

Figure 1.1 The organisational structure of nursing staff in the Iraq health system, translated and adapted from www.nineveh-health.gov.iq

The new generation of nurses in Iraq require development in aspects of public health education and primary care activities. By introducing nursing leadership programs, the health education system can focus on the development of nursing care and nursing leadership. The World Health Organisation (WHO) strongly supports the development of training centres for nurses, which would provide courses in nursing leadership (Melvan & Vines, 2010).

Considering the present situation of nursing leadership in Iraq, there is a need to explore how nursing education can be improved and how nursing leaders can be better developed. This requires an examination of the factors required to provide effective education and training programs for leaders. This study will attempt to explore these factors and identify aspects which can help develop nursing leadership in Iraq.

1.11 Significance of the Study

This study explores the views of ward nurses, head nurses, and nursing unit managers regarding effective nursing leadership. The Iraqi health system appoints nursing leaders based on just their working experience and ignoring their formal qualifications and professional leadership skills. Fundamental to this study is the premise that nursing leadership needs to be improved by increasing the opportunities for professional development programs on nursing leadership. This research attempts to explore the key issues that obstruct the development of effective nurse leaders in the healthcare system in Iraq. There are four implications in this study that need to be viewed while developing professional nursing leaders:

1. The personal characteristics which distinguish nurse leaders from other nurses. These characteristics are: academic background, managerial skills, clinical nursing knowledge, and communication skills. Academic background is directly related with achieving managerial and leadership positions. Without experience in nursing and clinical nursing, knowledge cannot readily be converted into skills such as managerial and communication skills. Theories that investigate the personal characteristics of successful leaders have been described as trait theories; these look at the innate qualities that characterise effective leaders. While the emphasis on individual personality and talent is no longer viewed as the sole determinant of an effective leader, an appropriate combination of personal characteristics is seen as an important contribution to effective leadership.

2. Factors influencing nurse leader performance. These factors are professional development and the policies of the healthcare system. Professional development is affected by the relationship between nurse leader and the nursing staff. Without leader support and encouragement by the employer, nurses will experience difficulties in their professional development. Nurses need support and advice from leaders for their professional development. Teamwork and team spirit, attitudes of the nurses themselves, opportunities to participate in training programs, and effective communication all stimulate the professional development process. Excessive workload and inefficient communication of leaders with the nurses the result of policies inherent in the healthcare system, are the obstructing factors for nurses' professional development in Iraq. Furthermore, there are professional nursing associations

in Iraq that can support nurses and healthcare organizations by giving them information about how professional development can be stimulated. These associations have the mandate to organise professional development programs for nursing staff either inside the country or abroad.

3. The leadership behaviour of the nurse leader. This is affected by the personal, mentoring and motivational behaviour of the nurse leader. The literature indicates that these three factors are strongly related to leadership behaviour of the nurse leader.

4. The professional learning of the nurse leader is dependent on the training of nurses in becoming leaders. Training and professional learning has three main components: basic nursing knowledge, communication, and the leadership skills of a nurse leader. These three factors are strongly influential in becoming an effective nurse leader. The nursing profession has been recognized as a profession of commitment and compassion focused on transforming the lives of others. The importance of strong leadership that positively impacts the direction of professional nursing and patient outcomes is clearly necessary for the ongoing welfare of all concerned. Therefore, professional training and learning is a vital component in developing nurse leaders in Iraq.

1.12 Structure of the Thesis

This thesis has been structured into six chapters. Chapter 1 provides an overview of the research and associated thesis. It includes the background to the study, historical perspectives of nursing and nursing education in Iraq, the overarching research problem, the associated research questions, and the context and significance of the study.

Chapter 2 contains the literature review from which the study is derived. The review is categorised into four main parts of literature: leadership styles, elements and characteristics for effective nursing leadership, professional learning and conceptual framework of the study.

Chapter 3 outlines the mixed methodology used with a focus on the exploratory design of the study. Selection criteria of participants, data collection instruments, thematic analysis for the qualitative data, analysis of the quantitative data, and the ethics details are included.

Chapter 4 contains the analysis and interpretation of interviews and survey data. It is divided into two parts. Phase one analyses qualitative finding and illustrates the demographic profiles of the INS. It also provides the analyses of the characteristics of an effective nurse leader, factors affecting nurse leader performance and factors affecting professional learning of the nurse leader. Phase two analyses quantitative findings and reports the demographic profiles of SWN, characteristic of an effective nurse leader, leadership behaviour and the professional learning of the nurse leader. Phase two also includes T-tests and F-test analyses of the research hypotheses which determined the differences in views of nurses toward the effective leadership in nursing based on their demographical profiles.

Chapter 5 discusses the data generated and analysed in this study in the context of the research conceptual framework presented in the literature review (chapter 2). Six of the research questions are fully addressed and the findings of this research are presented within the domains of the characteristics of an effective nurse leader, nurse leader performance, leadership behaviour, professional learning and demographic differences.

Finally, Chapter 6 addresses the final research question by presenting the emerging frameworks for professional leadership education in Iraq. Implications for effective nursing leadership are integrated components of the emergent frameworks and their implications are fully explored in this chapter. Based on the implications of this initial framework, two further frameworks emerged specifically designed for the Iraqi healthcare context and provide a vision for a changed future for Iraq's nursing profession. This chapter also includes a set of recommendations, research limitations and considerations for future research.

CHAPTER 2 LITERATURE REVIEW

Introduction

This chapter contains a review and synthesis of selected research and literature obtained from books, journals, theses, dissertations, reports, and other relevant documents. This review and synthesis focuses on the development of an effective nursing leadership framework that can be used for professional development of nurses in a non-western context. The review is presented in three main interrelated parts: (i) leadership styles; (ii) elements and characteristics for effective nursing leadership; and (iii) professional learning. Each part is further divided into sections and sub sections which are explained in the introduction of each part. A summary is given at the end of each part which explains the relevance of the information to this research. The chapter ends with a conclusion that highlights the conceptual framework for this research.

2.1 Part I: Leadership Styles

Introduction

There is a wide collection of literature on leadership theory often articulated as models or styles of leadership. These suggest there is no one particular model or style of leadership accepted universally or that has been proven to be successfully applied in a broad range of different contemporary contexts. However, it is clear that whatever the model selected, it must reflect the organisation's requirements, individual conditions and current needs, that is context and situation, to be successful (Blanchard, 2007; Grossman & Valiga, 2009; Milburn, 2010; Northouse, 2010). This first part of the literature review chapter discusses leadership styles and related leadership models and their significance to the field of nursing leadership. Leadership styles are discussed in Section 2.1.1. Section 2.1.2 reviews the differences between leadership and management. Section 2.1.3 analyses the nursing leadership in the Middle East and in Iraq specifically. Finally a brief summary of Part One is provided.

2.1.1 Leadership Styles

In the literature on leadership there is a long list of typologies of leadership (Avolio & Yammarino, 2002; Bass, 1985; Heuston & Wolf, 2011; Hutchinson & Jackson, 2013; Judge & Piccolo, 2004; Mohamad, 2012; Northouse, 2010; Randeree & Chaudhry, 2012; Vesterinen, Isola, & Paasivaara, 2009; Walumbwa, Avolio, & Zhu, 2008). This list continues to grow. Dubrin, Dalglish, & Miller (2006) define leadership style as "a relatively consistent pattern of behaviour that characterises a leader" (p.74); whereas Owens (2004) defines leadership as the capacity to influence others to achieve a desired goal.

Drawing on the personal experience of this researcher as a nurse in Iraq, the challenges and needs outlined in section 2.2 below, and given that effective leaders need to be able to demonstrate relational behaviour and actions suited to the needs of the context and situation, this researcher has selected two leadership styles that are

most relevant to this study. These are outlined in figure 2.1 and followed by a discussion on these leadership styles and their relevance to the context in Iraq.

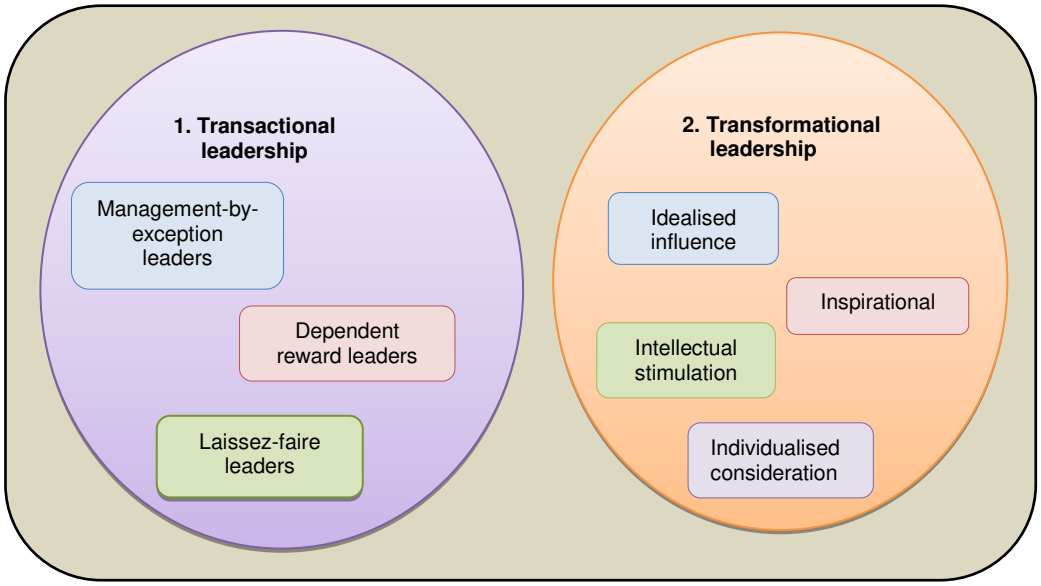

Figure 2.1: Leadership styles

Transactional leadership style

Transactional leadership is task based, short-lived and episodic and used for a particular short term piece of work or directed project. Dubrin, Dalglish, and Miller (2006) demonstrate that the two most important aspects of transactional leadership are that they tend to be temporary and task based. Other studies (such as Avolio & Yammarino, 2002; and Bass, 1998) have been conducted which conclude that transformational leadership can assist in shaping and altering the values of staff members so that they can achieve a common purpose and benefit for the nursing profession. It is extremely desirable to use a leadership model which offers longevity in the relationship between junior and senior colleagues. The transactional leadership style consists of three major types of leaders. These styles are management-by-exception leaders, dependent reward leaders, and Laissez-faire style leaders (Avolio & Yammarino, 2002; Bass, 1998).

a. Management-by-exception leaders

This style is divided into two types - active and passive. The active management-by-exception style is characterized by observing and fixing the employee's errors before they occur and by emphasizing the following of rules in order to avoid mistakes (Bass & Riggio, 2006). Passive management-by-exception leaders are characterized by negative transactions as the leaders wait until their followers' wrong actions or mistakes come to their attention, at which point a corrective action will be undertaken (Avolio & Yammarino, 2002).

b. Dependent reward leaders

This type is characterized by arranging satisfactory agreements or promises for the support of the leader in performing what is required. It also provides an exchange of reward for effort and in rewarding successful follower performance (Bass & Riggio

2006). Bass (1998) added that in the contingent reward style, followers are motivated by their leaders by promises, compliments and rewards and corrected by negative feedback such as threats or corrective action.

c. Laissez-faire leaders

This is also called non-directive and free-rein leadership. However, this type of leader is known to be frequently absent when they are needed, as they tend to avoid leading (Avolio & Yammarino, 2002; Bass & Riggio, 2006). This style gives workers full responsibilities in decision-making and avoids problem-solving. In the laissez-faire style, leaders should be competent, methodical and knowledgeable in order to manage any difficult situation (Daly, Speedy, & Jackson, 2004). However, Cole (2005) argues that leaders with the laissez-faire style appear to not lead at all as they give their employees general directions and enough information to direct and provide effective job performance.

Transformational leadership style

Of the numerous leadership styles and approaches explored, one in particular has been found to show great promise for nursing, that of transformational leadership (Heuston & Wolf, 2011). An empowered theory with visions for practice in nursing, transformational leadership may act as a catalyst for successful and helpful changes (Trofino, 1993). Transformational leaders inspire and motivate their followers and stimulate them to be creative and innovative and involved in the process of solving problems (Abualrub & Alghamdi, 2012). The assessment of leadership styles in a hospital setting in Saudi Arabia found that transformational leaders increased the level of satisfaction among their followers (Abualrub & Alghamdi, 2012).

Transformational leadership provides access to effective role models, career pathways, clinical supervision, creates succession planning and values clinical competence (Borbasi & Gaston, 2002). Studies showed remarkable, long-term improvement in the practices in relational and transformational leadership by the participants engaged in a 12 month leadership development intervention program (Cummings, Lee, & MacGregor, 2008).

The model of transformation is particularly more complex but it has positive effects on team building and communication as compared to the transactional model (Thyer, 2003). Bass (1985) mentioned that the factors of transformational leadership are very much correlated with the effectiveness of the group members and employees' job satisfaction. Moreover, transformational leadership also contributes to individual performance and motivation.

Transformational leaders are characterised by understanding first, then realigning the organisational culture with new visions (Bass, 1985). Bass and Riggio (2006) provide a further definition of transformational style as: "inspiring followers to commit to a shared vision and goals for an organisation or unit, changing them to be innovative problem solvers and developing followers' leadership capacity via coaching, mentoring and provision of both challenge and support" (p.4). However, other studies have suggested support for the relationship between transformational

leadership and performance (Kark, Shair, & Nahrgang, 2005; Walumbwa et al., 2008). These studies also identified self-efficacy as a mediating factor.
Transformational leaders have four characteristics:

a. Idealised influence leaders

This is defined by Maxwell (2008) as: "The ability to inspire enthusiasm, interest, or affection in others by means of personal charm or influence" (para 6). Bass and Riggio (2006) explain that a transformational leader influences and encourages their employees to be role models. Leaders with these characteristics are appreciated, trusted and respected by their employees. According to Bass and Riggio (2006) idealised influence contains two aspects: "Leader's behaviours and elements that are attributed to the leader by the followers and other associates" (p. 6). These two aspects of the idealised influence can be further described as the "leader emphasizes the importance of having a collective sense of mission" and the leader "reassures others that obstacles will be overcome" (p. 6). Leaders with idealised influence take a stand on difficult issues, show obligation and take into consideration the ethical aspects in decision-making (Bass, 1997).

b. Inspirational leaders

These leaders influence and inspire employees and are characterised by Bass and Riggio (2006, p.180) as providing meaning and challenge to their followers. This style allows the followers to engage with leaders and share the goals that need to be achieved. Leaders are characterised by their passionate encouragement, optimism in their speech and their vision for the future (Bass, 1997; Bass & Steidlmeier, 1999).

c. Intellectual stimulation leaders

Intellectual stimulation leaders are inventive and imaginative (Bass & Riggio, 2006). Bass and Steidlmeier (1999) state that: "The intellectual stimulation of transformational leadership incorporates an open architecture dynamic into processes of situation evaluation, vision formulation and patterns of implementation" (p. 187).

This style avoids blaming followers for their mistakes and seeks new solutions with creativity and with the incorporation of the follower's participation. Followers are encouraged to be ideas inventive in problem-solving and are not criticised by their leader, even if their ideas might differ from the leader (Bass & Riggio, 2006).

d. Individualised consideration leaders

Individualised consideration leaders treat every employee individually and provide education, instruction and extension of opportunity. The leader's behaviour is based on individual needs and some employees receive encouragement while others independence. In this style, it is important to accept individual differences (Bass, 1997; Bass & Riggio, 2006; Bass & Steidlmeier, 1999). Bass and Reggio establish the importance of individual consideration to support and assess individual progress without giving the feeling of being a threat or being checked on.
After exploring the various styles of leaders that focus on task or relational styles, the one that is most useful for nurse educators and deemed as the most suitable style to guide this research, keeping in mind the focus and objectives of this research, is the transformational style.

2.1.2 Nursing Leadership and Management

Undoubtedly, effective management and good leadership are often critical factors in the failure or success of any institution (Krishnan, 2004; Robbins, Bergman, Stagg, & Coulter, 2009). Management and leadership are closely linked, and each complements the other. Importantly, these two functions make unique contributions to an institution's operations and therefore require different skills and attributes (Abualrub & Alghamdi, 2012; Cherie & Gebrekidan, 2005; Frankel, 2008; Robbins et al., 2009). A summary of the views and opinions of different authors about management and leadership has been captured in Table 2.1.

As indicated in Table 2.1, different authors conceptualise management in terms of organising work, efficiency and effectiveness, controlling how activities and tasks are completed, with an emphasis on outcomes and getting things right (Cherie & Gebrekidan, 2005; Frankel, 2008; Robbins et al., 2009). For example, Cherie and Gebrekidan (2005) explain that managers have the formal authority for directing others in completing work tasks, making effective use of resources, and enabling others to work effectively.

While management encompasses some leadership competencies, the literature generally recognises that specific kinds of attributes and capacities in management are synonymous with leadership. In particular, they include articulating clear goals and a vision, inspiring and motivating workers, challenging processes, modelling, and enabling others to act as well as being concerned with the deeper emotional issues or matters of the heart (Abualrub & Alghamdi, 2012; Cherie & Gebrekidan, 2005; Frankel, 2008; Robbins et al., 2009).

Table 2.1 Differences between leadership and management

Reference	Leadership	Management
Frankel (2008)	• An element of management • Articulating clear goals and visions and modelling proper procedures • Viewed as a process to motivate an individual group for achieving the goal	• Involved with ensuring that staff do things right and includes organising
Robbins et al. (2009)	• A process to motivate an individual group for achieving the goal	• Organising and controlling the work of others so that their activities are completed efficiently and effectively •
Cherie and Gebrekidan (2005)	• Exists in formal capacity as a part of a role description that requires the person to undertake specific management duties • Exists in informal capacity by demonstrating experience, influencing others through their insights, skills, behaviours and values	• Demonstrate technical and leadership competencies in their position • Given the formal power to reward and punish staff • Often expected to demonstrate technical and leadership competencies • Exists at the top, middle, and frontline levels of the organisation • The formal authority to direct and enable others to work effectively • Responsible for the utilisation of resources and accountable to others for their results
Abualrub and Alghamdi (2012)	• Concerned with deeper emotional issues and concerns • More challenging than nursing management • Create motivated and satisfied workers	• A task focus through people • Create motivated and satisfied workers

The role of the nurse manager as explained by McEachen and Keogh (2006) is to plan for the efficient and effective healthcare of the patient and to organise the staff so that appropriate healthcare is provided. The nurse manager seeks to monitor the actions of the staff in order to ensure that policies and procedures are followed. In order to perform these tasks, the nurse manager must know what needs to be done, how it needs to be done and when it needs to be done. The nurse manager must also provide leadership, by setting the direction for the team and motivating staff to achieve this vision. This involves the nurse manager in planning (McEachen & Keogh 2006). Thus, as Bateman (2012) suggested, the nurse manager in the contemporary healthcare setting requires an extensive set of skills and abilities, including the capacity for leadership.

2.1.3 Nursing Leadership in the Middle East and Iraq

In Iraq, the impact of two decades of war and 13 years of economic sanctions has resulted in a decline in nursing numbers and a lack of nurse leaders (Garfield & McCarthy, 2005). The treatment of nurses, especially female nurses, and the low esteem in which the nursing profession is held in Iraq, restricts the development of nurse leadership (Al-Da'mi & Boyle, 2011). There are a number of challenges that obstruct the development of effective nursing leadership, for instance, technical and skilled nurses are paid the same salary. Professional standards for Iraqi nursing profession are in existence and evident in government policy documents and professional organizations such as Iraq Ministry of Health but they are not adhered to in practice (Garfield et al., 2003).

Nurses who have a graduate degree in nursing are nominated by the Iraqi Ministry of Health as ward nurses to cover the nursing shortage without consideration of job descriptions, personal interests, experiences, skills and abilities. Graduates in nursing are prepared in their educational courses to assume leadership responsibilities, but are often assigned staff duties under the direction of less qualified diploma graduates with leadership positions (Garfield et al., 2003). To address these issues Alwan (2004) focused on (i) identifying new leadership and increasing the proportions of females in senior positions, (ii) institutionalising the values of integrity, (iii) enhancing patient care quality and participation, (iv) strengthening capacity in planning and management, and (v) promoting leadership development.

The strategic policy document on tasks, duties and the criteria for nomination of the nurse leader by the Iraq Ministry of Health (2012) do not provide detail information about the nomination criteria and no alternative solutions. For instance, the criterion of nominating the nursing leaders is that they have to hold bachelor or higher qualifications in nursing with at least five years of experience in nursing administration. The policy also states that the duties and tasks of the nursing staff will be based on their position description (nurse leader, head nurse, ward nurse and clinical nurse). However, in reality the criteria for selection of these positions are missing. The policy ignores qualifications such as graduate, technical and skilled nurses in the selection process.

Another issue concerns the status of the nursing profession. For instance, the findings of the *Regional Strategy for Nursing and Midwifery in the Eastern Mediterranean Region* (World Health Organisation, 2012) indicate that nursing has a low status in Iraq. Nursing is not considered to be as prestigious as other professions for women (such as teachers, dentists, and doctors); consequently, the nursing workforce in Iraq is overwhelmingly comprised of 70% male nurses. There are significant numbers of high school nursing graduates and practical nurses in the workforce but few with a bachelor degree in nursing. It is evident that most of the nurses are not qualified enough to become nurse leaders. The strategic policy further states that involvement of nurses in decision making at all levels is low. An analysis of the strategy reveals that there is no career structure or progression with distinct pathways such as clinical, administration and general education in Iraq.

The disparity between supply of nurses and demand for nurses in Iraq remains wide. The WHO report suggests that this gap may be characterised by an imbalance of different categories between professionals (e.g. doctors/nurses) and uneven distribution of the nurses in urban and rural area (World Health Organisation, 2012). The *Iraq Health System Strengthening Survey* (Alwan, 2004) shows that health professionals are unevenly distributed. For example, it indicated that in Baghdad there were 925 physicians in 142 public healthcare centres compared to an actual need of 656. In contrast, there were only 74 physicians assigned to public healthcare centres in the Nasiriya Governorate where the real need standards were 147. Similarly in the rural areas of Iraq, the number of doctors and nurses was reported to be 0.16 and 0.6 per 1000 people respectively (Alwan, 2004).

Another issue encountered in the healthcare system is the limited number of nursing professionals. This shortage of nurses in the healthcare environment restricts the opportunities for nurses to become effective nurse leaders (Hassan, Hassan, & King, 2012). One reason for this is that the nurses are constantly faced with an excessive workload and do not get the time to enhance their skills and obtain the educational qualifications that are required to become a nurse leader. Often there is a perception that nursing is a job with a low socio-economic status that is considered menial (Hassan et al., 2012). This negative perception towards nursing restricts recruitment and leadership opportunities (Abualrub, 2007; Almalki, FitzGerald, & Clark, 2011) and it is encouraging to see that this perception is currently being challenged. To overcome this shortage of nurses the government of Iraq is focusing on supporting the education of nurses in foreign institutions as an incentive to encourage more students to enrol in nursing courses (Al-Da'mi & Boyle, 2011).

Nursing leadership education remains very important in nursing literature. For example Woodring (2004) proposes that developing leaders and leadership potential in both clinical and academic fields is vital to the profession and demands urgent attention. The Deputy Director of the World Health Organisation Collaborating Centre for International Nursing Education, stated that "a problem equally critical, although not yet receiving as much press, relates to the looming shortage of nurses prepared to assume leadership roles within clinical agencies, professional organisations and healthcare in general" (Woodring, 2004, p. 39).

The International Council of Nurses (ICN) (2004), also describes the current shortage of nurses throughout the world. However, Oulton (2006) suggests that the situation is not the same in all countries nor with all aspects of nursing. Nevertheless, a common recommendation in the literature to addressing the shortage where this exists is that the challenges of clinical care, nursing leadership and management duties should be met through education and training (Kleinman, 2003).

The situation of the nursing profession in some countries of the Middle East is similar to that of Iraq. For instance, a study on the status of nurses in the Arab world shows that one of the critical problems is the shortage of nurses (Shukri, 2005). Another study on the nursing profession in the Middle East indicates a similar situation with a very low ratio of nurses to patients (Shuriquie, While, & Fitzpatrick, 2008). However, the common issue prevalent in the Middle East is the self-image and prestige of nurses. In their study on the factors influencing Iranian nurses self-perception, Varaei, Vaismoradi, Jasper, and Faghihzadeh (2012) state that nurses in Iran are striving to gain respect from the public; they are fighting to move forward from a subordinate position inherited over the years (Varaei et al., 2012). Additionally, Iranian studies have identified that nursing in Iran has a poor public image and a low social status, which contribute to nurses perceptions that their work is not appreciated or respected (Farsi, Dehghan-Nayeri, Negarandeh, & Broomand, 2010; A.N. Nasrabadi, Emami, & Parsa Yekta, 2003).

Nurses' attitudes towards their role can be influenced by how they perceive their role and how they consider the community perceives their role. A leader could perform an effective role in promoting the image of the nurses and their profession (Brown, 2005). Furthermore, according to Cheek and Jones (2003) the impact of leadership is influenced by the culture of the work environment, the nature of the workforce and

the educational background or level of workers. These factors make nurse leadership complex. This is especially relevant to Iraq, given the difficult situation that nurses work in which has been compounded by decades of turmoil. Hence, there is no easy short term treatment that can address the multiplicity of factors impacting nursing leadership in Iraq.

There are a number of areas that could be the focus of attention in exploring approaches to enhancing nursing leadership in Iraq. For instance, consideration could be given to a number of concurrent strategies to address the status of nursing and nurse leaders. To lift the professional status of nursing, attention needs to be paid to the way in which it is being perceived currently. Research recognises that the traditional public image of nursing needs to be replaced with a more realistic one that reflects the actual value and contribution that nursing makes to individuals and to society (Varaei et al., 2012). In this regard, Varaei and associates (2012) stated that improving the prestige and social position of the nursing profession can help change the self-image of nurses.

In order for leadership qualities to thrive in the healthcare environment in the Middle East, nurses must lobby and assert themselves in order to establish their legitimacy (Morris-Thompson, Shepherd, Plata, & Marks-Maran, 2011). Across the Middle East there is a push for the standardisation of the policies and procedures for the registration, self-regulation and development of nurse professionals similar to that in the UK (Morris-Thompson et al., 2011). Addressing these areas should help improve consistency in the level of healthcare provided and raise the esteem in which the profession is held. The lack of qualified staff impacts on the human resources available for leadership positions and the low status of the nursing profession limits opportunities for nurses to demonstrate leadership (Al Hosis, Plummer, & O'Connor, 2012).

The current focus in Iraq is on training and development of nurses in order to improve their clinical skill level in the nursing profession (World Health Organisation, 2011). Given the importance of empowering nurses and developing their leadership ability, education beyond clinical skills must be a cornerstone in any action plan to enhance nursing leadership in Iraq. However, the literature indicates that effective leadership development, particularly in Iraq, has not been widely operative (Al-Da'mi & Boyle, 2011; Garfield et al., 2003; Garfield & McCarthy, 2005).

Summary of part I

This section has been devoted to discussing the importance of leadership in nursing and leadership styles that may suit the needs of nursing leaders in Iraq. This analysis of the literature indicates that transformational leadership theory provides the most effective leadership style.

The final section of this part of the literature review focused on nursing leadership in the context of the Middle East and Iraq. This overview provides background knowledge about the nursing situation in Iraq and will assist in comparing and validating the findings of the research. The next section reviews the elements of effective nursing leadership and characteristics of effective nurse leaders.

2.2 Part II: Elements and Characteristics for Effective Nursing Leadership

Introduction

Part II of this literature review discusses the elements and characteristics for effective nursing leadership. Section 2.2.1 is devoted to effective leadership in nursing. This section further explains requirements for effective leadership including skills, traits, and working environment as the three major elements which are considered essential for an effective nurse leader. Section 2.2.2 is devoted to a discussion on the characteristics of nurse leaders in general and is further divided into sub-sections giving details of specific nursing leader characteristics. Finally a brief summary of the relevance to this research is given in the concluding paragraphs.

2.2.1 Effective Nursing Leadership

Effective nursing leadership is defined as the process through which desirable outcomes such as quality, productivity and satisfaction are achieved (Sullivan & Decker, 2005). However, a diverse range of leadership skills, traits, or attributes are emphasised in the literature (Contino, 2004; Heffernan, Quinn, McNulty, & Fitzpatrick, 2010; Heuston & Wolf, 2011) as important for achieving effective nursing leadership. An important issue in approaches to education and training is whether nursing leadership should be considered a quality of character, or a skill-set that can be acquired through experience or education. Research shows that both personality traits and skills are required for acquiring effective nursing leadership quality (Contino, 2004). These are important elements and particularly relevant to a profession which has a poor public image and low status as a profession in some countries (Almalki et al., 2011; Alwan, 2004). An exploration of these essential elements (skills, traits and working environment) is necessary to understanding successful nursing leadership.

Leadership skills

Curtis, de Vries, and Sheerin (2011) suggest that undergraduate degrees in nursing do not prepare nurses proficiently for leadership and that professional leadership training programs are required to supplement the degree programs. Well educated leaders can create more effective plans and approaches to recruiting more nurses and subsequently improve the current level of clinical service in hospitals (Glasman, Cibulka, & Ashby, 2002). Force (2005) argues that a skilful leader will recognise every individual, acknowledging their skills and job requirements and responses to the stresses of the workplace. It is important that the leaders gain the skills to support their staff in every way possible and build productive relationships so the individuals are comfortable to continue their learning and seek assistance when it is needed (Force, 2005).

Heuston and Wolf (2011) provide a model that measures a leader's skills in the following five practices: (i) inspire a shared vision; (ii) challenge the process; (iii) model the way; (iv) enable others to act; and (v) encourage the staff. 'Inspire a shared vision' requires effective leadership behaviours of enthusiastic communication skills, empowering staff to lead change, demonstrating the value of future changes, and engaging other leaders in spreading the vision. 'Challenge the

process' in a way that allows staff to try new ways and make mistakes, learning from sentinel events, and proactive communications. 'Model the way' involves modelling professional communications and behaviours consistently, providing follow-up, and making interactions meaningful. 'Enable others to act' means cultivating approachability and giving staff the tools necessary to solve problems; and 'Encouraging the staff' requires giving individualized recognition, allowing staff to get to know the nurse manager, communicating a positive attitude, and developing personal connections with the staff. As healthcare undergoes reformation in many places around the world, the value of leaders who are able to transform the workforce becomes increasingly apparent (Heuston & Wolf, 2011).

Leadership traits

In addition to leadership skills, the literature mentions the importance of traits in nurse leaders. Various authors have researched and written on the various aspects of leadership, including different traits of leadership, the abilities and characteristics of an effective leader, how to prepare individuals to become leaders, and whether a leadership role is a requirement within an organisation (Cummings et al., 2008; Elliott, 2012).

Al-Haddad (2003) suggests that understanding what traits contribute to effective nursing leadership can lead to improved healthcare. He proposes that for leaders to achieve a higher level of leadership, numerous traits are essential. These include i) strong vision, ii) motivation, and iii) effective communication. Cummings et al. (2008) acknowledged these three factors and reported that effective nursing leaders have personality traits with essential components such as honesty, self-confidence and motivation. With these traits in action, effective leaders can accomplish their goals while conducting the main tasks of leadership. Additionally, ethical characteristics are often composed of honesty, loving kindness/compassion, discipline, responsibility, gentleness, respect for human beings, unanimity, devotion and sacrifice. Jormsri, Kunaviktikul, Ketefian, and Chaowalit (2005) studied these important characteristics that nurses have to show in their practice. These characteristics have also been studied in western nursing ethics. Research also suggests charisma, personal sense of power, extroversion, confidence, and friendliness with staff ~~as~~ are some other effective positive characteristics of a nurse leader (Force, 2005). Dietze and Orb (2000) identify compassion as one of the central characteristics that a nurse is expected to possess. Compassion is often considered as an essential component of nursing care; it is not simply a natural response to suffering, but more of a moral choice.

Similarly, Tuckett (1998) stated that compassion is a moral virtue that gives context and direction to nurses' decisions and actions and, as such, promotes excellence in nursing practice. Compassion has also been defined as "not only a feeling but also a moral virtue that requires nurses to take action in the presence of suffering" (Jormsri et al., 2005, p. 588). Consequently, it is reasonable to include compassion as a source of the moral competence that nurses are expected to possess and exhibit in their practice (Jormsri et al., 2005).

Nurse leaders model flexibility and autonomy through their own behaviours, beliefs and values. Gelinas and Manthey (1997) state that this self-awareness assists the nurse leaders to be comfortable with staff who may question their behaviour, belief and values. Additionally, such an approach will enable the leader to transform the team and organisation to meet current demands and develop into the future (Gelinas & Manthey, 1997).

Studies have also found that effective leaders require personal qualities which include integrity, honesty, courage and the ability to control stress (Heffernan et al., 2010; Jormsri et al., 2005). Such individuals are admired and inspire others to think about their efforts critically and set goals to achieve higher productivity. Furthermore, Brown (2005) stated in his study that effective nursing leadership depends on positive self-image and a prevailing pride in the profession of nursing. In addition to the personality traits and skills, another important element of effective nursing leadership is the work place environment.

Working environment

Nursing leadership plays a key role in creating the infrastructure to support positive professional nursing work environments (S. Matthews, Laschinger, & Johnstone, 2006). The senior nurse leader in the organization can set the tone by ensuring that policies are in place to create a culture of empowerment that supports professional nursing practice (S. Matthews et al., 2006). Considerable empirical evidence exists to suggest that workplace empowerment is an effective retention strategy for nurse leaders (Laschinger & Finegan, 2005). Kanter (1979) maintains that nurse leaders play an important role for facilitating supportive policies that enable organizational members to be empowered and accomplish their work in meaningful ways.

Aiken, Smith, and Lake (1994) in their study on nursing care indicated that hospitals with strong supportive nursing work environments had significantly lower mortality rates than those that did not. Similarly, Kanter (1993) in a study on men and women in corporations found that work environments that provide access to information, resources, support, and the opportunity to learn and develop are empowering. If nurse leaders have access to information, support and resources, and are given opportunities to grow and learn from new experiences and challenges, they are empowered to be highly effectual in their positions. These nurse leaders, in turn, empower staff nurses by sharing their power and providing opportunities (S. Matthews et al., 2006).

In a supportive working environment, the management encourages the employees to take decisions based on their expertise and judgment and this enables them to accomplish their work successfully (Laschinger, Finegan, Shamian, & Wilk, 2001). This way such an environment empowers its employees and assists them in responding to the challenges in their organization (Laschinger et al., 2001). Likewise, Kanter (1993) is of the view that having access to structural conditions such as information, receiving support, having access to resources necessary to do the job, and having the opportunity to learn and grow helps in the empowerment of the nursing staff. These structural conditions lead to empowerment which is described as structural empowerment. In other words, structural empowerment simply describes the conditions of the work environment, where leaders are positioned to

create structural conditions for work effectiveness (Laschinger, Wong, McMahon, & Kaufmann, 1999). Laschinger et al. (2001) add informal job characteristics such as creating alliances with superiors, peers, and subordinates in the working environment can further influence empowerment and creates opportunities for employees development.

The literature suggests that structural empowerment can lead to psychological empowerment (Laschinger et al., 2001), where psychological empowerment is defined as a process that occurs when one has a sense of motivation in relation to the workplace environment (Manojlovich, 2007). The main components of psychological empowerment are: (i) meaning which includes similarity between job requirement and employees beliefs, values and behaviour; (ii) competence refers to confidence in job performance ability; (iii) self-determination implies sense of control over work; and (iv) impact refers to influencing important outcomes within the organisation (Spreitzer, 1995, p. 1443). All these components indicate that psychological empowerment is a consequence of structural empowerment. Thus, psychological empowerment is a logical outcome of managerial efforts to create structural conditions of empowerment (Laschinger et al., 2001). Other research shows that psychological empowerment and a work environment where flexibility and creative and critical thinking skills are available results in effective outcomes (Stewart, McNulty, Griffin, & Fitzpatrick, 2010). In addition to the skills mentioned so far, there are behavioural characteristics that need to be reflected in a nursing leader personality. The following section discusses some of these characteristics.

2.2.2 Characteristics of an Effective Nursing Leader

Understanding the nature and characteristics of effective nursing leadership is essential in the preparation of nurse leaders. Nursing leaders develop other nurses by applying practice and theory, and encouraging them to develop fresh skills in supportive and safe surroundings (Kelly, 2012). This pattern of leadership combines the development of competent practitioners with practice-based learning (Meyer, 2002). It is the duty of a nurse leader to adopt a style of supportive leadership with supervision, coaching and mentorship as underpinning principles (Hernez-Broome & Hughes, 2004).

High support levels from nursing leaders are necessary to reduce the negative effects and emotional exhaustion in the work environment (Constable & Russell, 1986). Notably, it is specifically advantageous for nursing leaders to offer emotional support and mentoring to nurses, providing them with sufficient feedback to increase confidence and self-esteem (Bakker, 2000). Leaders also need to foster capabilities such as i) ability to communicate; ii) coaching and mentoring; iii) creativity; iv) emotional intelligence; and v) ability to empower (Contino, 2004; Meyer, 2002); and support nurses to deal with the diverse range of disciplines working at any one time in a healthcare organisation.

i. Ability to communicate

The influence that a leader has is also impacted by communicating a vision and inspiring others to act in accordance with that vision. Leaders are often described as being equipped with strategies, plans and the vision to direct their team to achieve future goals (Mahoney, 2001). Research shows that effective leaders use problem solving technique, develop group identification and maintain effectiveness of the group. Such leaders inspire others, are solution-focused, passionate, and dynamic and motivate other individuals (Stanley, 2011). When nurse leaders apply these processes they win the trust and respect from the members of the team and this leads to clinical practice development (Cummings et al., 2010). By applying effective leadership, nurses will be in a position to achieve development of nurses and clinical work and make certain that professional standards are maintained (Cummings et al., 2008).

Bondas (2006) described that leadership is about acting with integrity, resolving conflict, delegating appropriately, and making decisions. Additionally, this author states that the nurse leader's role also includes nurturing others and being aware of how the individuals in a team feel by being tuned-in emotionally with the staff. All these functions are the major elements through which leadership is connected with effective development of other team members (Laschinger et al., 1999).

ii. Coaching and mentoring

Effective tools that leaders can use in inspiring and nurturing others are coaching and mentoring. Laschinger and Finegan (2005) suggest that mentorship makes possible opportunities of learning through individual support which helps the staff in practice settings and provides assistance for supervision. This can ensure ongoing development occurs well after entering the health organisation. A continuous learning culture is developed through best practice and methods which motivate and empower staff sustainably (Laschinger & Finegan, 2005). Hence, to move towards achieving excellence this literature suggests that the leader must move from having a focus on just the functions of traditional management to also take on roles of a facilitator, coach, mentor, creative thinker, and motivator who create optimum conditions for continuous learning.

iii. Creativity

Figure 2.2 below explains how creativity operates in effective leadership.

1. Effective leadership is viewed as a process in which the individual is influenced positively towards outcomes through a purposeful creative approach which is applied to ambiguous, novel, and open-ended predicaments and opportunities. The influence of a leader can be enhanced using 11 core competencies for creativity (Puccio, Murdock, & Mance, 2007). In the current complex workplace, there is a need for understanding creative thinking and therefore, creativity is sought with an objective.
2. The performance of a group can be improved though creative processes to promote imaginative thought and diminish friction.
3. The capability of an individual to generate original ideas can be developed and balanced with a capability of implementing, refining and identifying these promising ideas.
4. Practicing and living principles of creative thinking can enable an individual to respond creatively and flexibly to change.
5. Designing a plan to diagnose complex situations and use to effectively respond to diverse scenarios.
6. Creating a compelling vision with a focus on attaining a productive opportunity and using foresight can identify current challenges and address and ways to achieve the vision.
7. Genuine ideas can be produced which can then transform affirmative evaluations into workable solutions.
8. After creating plans, the resistance to implementation can be triumphed over by recruiting support and addressing barriers proactively.
9. Understanding varied ways in which an individual expresses their talents and using the knowledge which draws out subsequent knowledge efficiently can draw on the creativity of others.
10. A creative work climate is fostered so that it draws and stimulates maximum potential from the workers.
11. Creative thinking is useful in a wide range of professional activities and responsibilities.

Figure 2.2 Core competencies for creativity, adapted from Puccio et al. (2007).

iv. Emotional intelligence

The study of emotional intelligence along with its usefulness in the workplace is an emerging and growing area of any behavioural research (G. Matthews, Zeidner, & Roberts, 2002; Rosete & Ciarrochi, 2005). The emotional intelligence concept, as developed by Goleman, Welch, and Welch (2012), has resonated well within organisations and businesses, particularly where the issues of importance include maintaining and developing relationships, understanding others and self-awareness. Given the importance of the leader inspiring and empowering others to act, leadership necessarily involves building personal relationships and the effective use of emotional intelligence (Goleman et al., 2012).

Goleman (2005) presented the concept of emotional intelligence as being encapsulated by four elements: (i) self-awareness, (ii) self-management, (iii) social-awareness, and (iv) social skills. Figure 2.3 below explains the emotional intelligent concepts.

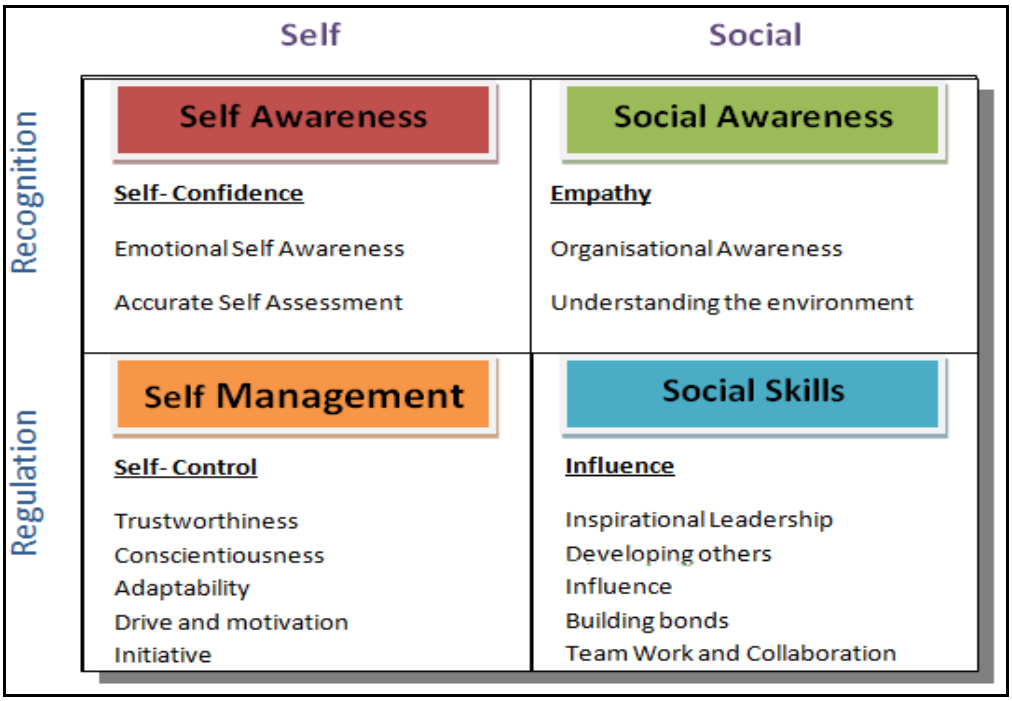

Figure 2.3 Emotional intelligence concepts, Goleman (2005).

Rosete & Ciarrochi (2005) posit that these attributes are all essential for performing successfully in leadership roles. Emotional intelligence is particularly linked with studies of leadership suggesting that emotional responses are evoked in the workplace, so leaders who manage their own emotions well will be more effective in the leadership role (Duckett & Macfarlane, 2008). This builds hope, trust, and positive emotions that engender an attitude of commitment, job satisfaction, meaningfulness and engagement amongst the followers, resulting in an improved level of performance and effort (Wong & Cummings, 2009). Therefore, Wong and Cummings (2009) claim that regardless of what other traits leaders possess, emotional intelligence will be required if they are to influence advancement of leadership in nursing.

Furthermore, research in emotional intelligence is often viewed in terms of aptitude which determines the capability of an individual for managing the emotions of other individuals (Palmer, Walls, Burgess, & Stough, 2001). Leadership requires leaders to exhibit a level of emotional intelligence in order to be effective (Palmer et al., 2001). Leaders with emotional intelligence have an improved level of social interaction and can motivate their followers more effectively than leaders with lower levels of emotional intelligence (Kerr, Garvin, Heaton, & Boyle, 2006). Palmer et al. (2001) found that studies of emotional intelligence indicate a high level of correlation between emotional intelligence and a leader's ability to motivate their followers. Although many perceive emotional intelligence to be an important aptitude, Duckett and Macfarlane (2008) suggest that it is extremely difficult to separate the variable of emotional intelligence from other influences in the workplace in order to verify the impact that leadership has on other outcomes.

v. Ability to empower

Laschinger (1996, 2003) researched extensively how to encourage leadership and empowerment in nurses. Similarly, Laschinger et al. (1999) conducted a study in an acute care setting, which demonstrated that effective leadership led to empowerment of staff. They propose that increasing empowerment of hospital nurses may even help address the emerging nurse shortage (Laschinger & Finegan, 2005) as greater job satisfaction and reduced stress levels could lead to greater staff retention.

Nurse leaders can enhance teamwork, empowerment and workgroup collaboration between the nurses and physicians, which are known to be essential features of a quality nursing environment (MacPhee, Skelton-Green, Bouthillette, & Suryaprakash, 2012). Nurses who expressed confidence when they felt empowered became successful nurse managers who could then empower their staff to play the essential role of generating a safe and healthy work environment (Feltner, Mitchell, Norris, & Wolfle, 2008).

Summary of part II

This second part of the literature review indicates that an employee's work behaviours and attitudes are shaped in response to both an individual's position and the situations that arise in an organisation (Brown & Kanter, 1991; Kanter, 1979, 1993). Considering the limitations regarding the development of effective nursing practice, Contino (2004), Meyer (2002) and O'Brien et al., (2006) suggest a more holistic approach that takes account of a range of elements and characteristics. These are identified as leadership skills, leadership traits, working environment, ability to communicate, creativity and ability to empower. The literature review presented here strongly indicates that all these elements and characteristics need to be present in a nurse leader, as these are interrelated and are closely linked to the structural empowerment and psychological empowerment required to improve nursing practice.

The information contained in this part of the literature review is directly linked to the characteristics of an effective nurse leader and factors influencing the performance of nurse leaders. The insights gained from this literature review will help to guide the research analysis to document the opinion of nurses in Iraq about effective nursing leadership. The next section examines the nursing leadership education curriculum and the gaps in Iraq.

2.3 Part III: Professional Learning

Introduction

Part III of this literature review discusses nursing education in general and reviews the current situation of leadership education in the Middle East and Iraq specifically. Section 2.3.1 examines four key issues related to nursing leadership education as discussed by different researchers. The nursing leadership education situation in Iraq is discussed in section 2.3.2, followed by Section 2.3.3 which is devoted to professional learning programs in the Middle East and Iraq. Finally, a brief summary of the principles of professional learning of effective nursing leadership programs is given in the concluding section.

2.3.1 Nursing Leadership Education

There is a need for leadership skills in nursing as Heller et al. (2004) describes because nurses are responsible for leading and managing the care environment of a health facility and must exercise leadership during their interactions with patients, their families and colleagues. Hughes, Ginnett, and Curphy (1999) also believe that experience makes a valuable contribution to leadership but that formal education makes a significant contribution as well. Cummings et al. (2008) concluded that leadership can be developed by practicing competency in leadership, by modelling and through specific educational activities such as introducing transformational approaches, healthy work environments, ethics and quality care for patients in the nursing educating curriculum. Results from a study conducted by Cummings et al. (2008) on factors contributing to nursing leadership also indicated that age was positively correlated with leadership skills. Senior, more experienced nurses were found to be more effective leaders as previous clinical experience had a positive effect on leadership skills (Cummings et al., 2008; Hughes et al., 1999).

Paterson, Henderson, and Trivella (2010) explained the importance of nursing leadership education and how it can have a positive impact on employee satisfaction and patient care. They further stated that leadership education needs to engage staff at the commencement of employment and should support them through their career trajectory, so that a systematic pathway of professional development is fostered.

Other researchers (Huston, 2008; Scoble & Russell, 2003) have described the need to promote leadership in the care environment, with an increased demand for knowledgeable and skilled nurse leaders within healthcare organisations across the globe. Studies conducted by Adair (2006) have stated that knowledge is not enough for leadership, however, without knowledge, leadership is also not possible. Leaders should be fully aware of the group and individual needs and try to synchronise these needs in order to support their common goals and objectives (p.19). If nurses want their views and opinions to make a contribution to the future of healthcare, they must develop leadership knowledge and skills in order to take leadership positions (Mahoney, 2001).

Nursing leadership can be seen within all aspects of nursing, in the practice/clinical setting, as well as within higher education institutions (Morin, 2004). The importance of leadership in nursing has never been more prominent than it is now, whether in practice or education (Adams, 2007; Redman, 2006; Sherman, 2005). Research in the field indicates that "the success of nursing as a profession in facing the challenges ahead will depend on our ability to proactively recruit, develop, and mentor future nurse leaders" (Sherman & Bishop, 2007, p. 295). Woodring (2004) proposes that developing leaders and leadership potential in both clinical and academic fields is vital to the profession and demands urgent attention. It is generally recognised that the challenges of clinical care, nursing leadership and management duties should be met through education and training (Kleinman, 2003). In addition to the importance of nursing in practical and educational aspects, the number of nurse leaders required is also an important factor in sustaining professional nursing leadership. In other words, there is a shortage of nurses and nurse leaders in all nursing fields. Nevertheless, important contributions can be made by existing nurses that can assist in improving nursing leaders with unique characters to improve outcomes for clients, hospital administrators, the public and the medical profession.

These calls for leadership education programs highlight two fundamental issues for consideration. First, there is the issue of whether primary degrees in nursing prepare nurses sufficiently enough for applying what they have learned in their professional practice or whether additional leadership training is necessary. Secondly, the healthcare organisations could make up for this by promoting and developing leadership programs that include core competencies such as communication, critical thinking ethics, and healthcare system and policy (Curtis, Vries, & Sheerin, 2011).

The healthcare system and policies that are embedded within it are seen to be influenced by the strength of nursing leadership. The benefits of this can be seen in research by Glasman et al. (2002) where leadership development programs were shown to have both a positive impact on new leaders and that leadership training has a positive impact on institutions. Well educated leaders can create plans to recruit more nurses and improve the current level of clinical service in hospitals. Leadership also requires creating a vision, communicating the vision, and empowering other individuals to act on the vision, establishing a sense of urgency and forming a powerful guiding coalition, institutionalizing new approaches, producing still more change, consolidating improvements, creating and planning for temporary wins to transform an organisation (Kotter, 1996). Research also gives substantial emphasis to the quality of personal character that can be acquired through experience and/or education (Cummings et al., 2008). Effective nursing leaders have personal qualities with essential components such as 'honesty, respect for human dignity and rights, compassion, and responsibility (Jormsri et al., 2005).

Due to the increased demand for knowledgeable and professional nurse leaders within healthcare organisations across the globe, there is general agreement that there is a need for leadership skills in nursing (Huston, 2008; Scoble & Russell, 2003). If nurses are to respond to this demand and want their views and opinions to make a contribution to the future of healthcare, they must develop leadership skills and take on leadership positions (Mahoney, 2001).

While different authors contribute to differing perspectives on leadership in nursing, all agree that leaders are required within healthcare organisations. Several studies of nursing leadership suggest the need for the nursing profession to more fully explore the theory and practice of what is meant by effective nursing leadership (Cummings et al., 2008; Glasgow et al., 2009; Grossman & Valiga, 2009; Huber, 2010; Mintz-Binder & Fitzpatrick, 2009; Sherman & Bishop, 2007; Stanley, 2006; Vance & Larson, 2002).

Many leadership theories can be adopted by the 21st century healthcare sector that could assist in guiding managers. Leadership theories can also be used to help and support the senior nurses in order to put the function of leadership and its activities into perspective. Nurses may develop an eclectic strategy with different theories as a framework which helps them build effective leadership styles. This will ultimately help the individual leader and the team.

Educating nurses to enable them to be effective leaders could go a long way to addressing some key challenges for the nursing profession. Literature shows that to be an effective nurse leader requires both knowledge based and skills based learning (Fairchild et al., 2013). In order to enhance the knowledge and skills of nurse leaders in effective leadership and management, it is important to provide them with educational opportunities, resources and information that can help them reach their desired personal and professional goals in a healthy, cooperative environment (Contino, 2004; Fairchild et al., 2013). Duncan, Thorne, Van Neste-Kenny, and Tate (2012) found that nursing education challenges are poorly represented and understood. There is a disconnection between increasing nursing education, capacity and diminishing practice placement opportunities, faculty shortages, and the infrastructure needed to educate more nurses.

The issues mentioned above are reviewed in the following four sub sections: educational preparation for leaders, nursing profession and leadership education, the role of nursing leaders, and the shortage of nursing leadership. The latter focuses on the gaps in nursing leadership and education that requires further research.

Educational preparation for leaders

Educational programs for nurse leaders need to respond to the multifaceted challenges that arise every day in the workplace. For this reason leadership skills have been categorised as organisational management, communication, analysis/strategy, and creation/vision (Contino, 2004). Recent research suggests that a great need exists for leadership educational programs for experienced nurses to prepare these nurses to be nurse leaders and to work competently alongside their business colleagues (Matsuo, 2012). Nursing schools are required to expand their core and continuing education programs to address these needs. Another factor that constrains educational development is the shortage of nurse education leaders (Heller, Oros, & Durney-Crowley, 2000).

Furthermore, accreditation standards of nursing education programs require them to be administered by a qualified nurse who at least holds a master's degree in nursing, or in the case of bachelor programs, a doctoral degree (Callister, 2012). To build the discipline and meet the changing needs both from within healthcare and in education,

now and into the future, more attention needs to be focused on the development of capable leaders, within academia and the nursing profession (Carroll, 2005; Porter-O'Grady, 1992). Nursing education is pivotal to meeting the challenge of developing a workforce that is knowledgeable and skilled to meet future needs, guided by nursing education leaders who are effective in their role (Hill, 2002). Nursing education leaders are now faced with more responsibilities and accountability than ever before when providing an educational environment that produces competent nurses within the constraints of higher education as well as the healthcare industry (Flesner, Scott-Cawiezell, & Rantz, 2005).

Further understanding of the role of nursing education leaders and their challenges is required to know how to encourage more interest in the role. Leadership within nursing education needs a much broader but clearer role description, its importance valued, and adequate preparation given to candidates if it is to be appealing to potential leaders (Adams, 2007; Redman, 2001). Nursing education leaders also need to know how to prepare candidates for nurse leader roles, including how to prepare them to be ready to accept the responsibilities and challenges of the role. The challenge in nursing education leadership is that the clinical nurses have few opportunities for education to assume nursing leadership roles. This is because the hospital administration may not enhance the skills and capacity of the nursing staff through in-service training provided by nurse educators (Green & Ridenour, 2004; Saunders, Lewis, & Thornhill, 2009).

Hughes et al. (1999) believe that experience makes a valuable contribution to leadership, but that formal education makes a significant contribution as well. Cummings et al. (2008) concluded in their studies that leadership can be developed by practicing competency in leadership, by modelling and through specific educational activities. Hence, both experience and formal education are important in equipping nurses for their leadership roles. Notably, formal education programs could introduce students to various styles of leadership and management theories to enable them to explore how well the various approaches to these suit the context in which they function and their vision of nursing. Research also suggests that there is a need to ensure that curricula are contemporary, relevant and responsive to practice realities and will provide the skills to assist graduates to manage and lead optimally in what are continually changing, highly pressured and, at times, chaotic environments (Dignam et al., 2012).

Nursing profession and leadership education

In a review of nursing leadership literature, Cummings et al. (2008) found that the more knowledge the profession has regarding leadership, and the factors that impact the development of leaders, the more viable the future of the profession will be. Morin and Kirschling (2004) concur with this and further state that a systematic approach to developing nursing leadership within academia is critical to the future of nursing and the healthcare system.

Currently, within the healthcare sector the role of the nurse leader requires long hours and carries many responsibilities, yet to date leaders have been willing to prepare junior nursing staff for future nurse leader roles (Sherman, 2005). However, as these current leaders prepare for retirement, the question is whether or not future nursing leaders will be willing to follow the footsteps of their predecessors without having full knowledge of the practices and opportunity to gain the expertise needed to fulfil the role.

The challenge for nursing leadership is to be forward thinking and proactive in identifying educational strategies that will be instrumental in shaping future leaders and the profession of nursing. Huston (2008) concurs with this, suggesting that now more than ever the development of strategies for identifying the knowledge and skills of effective leadership in nursing is critical. To support this, he identified leadership competencies that nursing leaders should have. These competencies were based on the fact that current leadership is facing critical challenges in meeting the changes being encountered in the nursing profession. Identifying strategies both for supporting and promoting leadership development can guide current and future nursing education leaders in meeting the needs of the profession (DeGroot, 2005; Moody, Horton-Deutsch, & Pesut, 2007). It will be important that included in these strategies is the need to ensure that nursing leaders understand what practices are required for them to be effective in transforming the profession (Sullivan & Decker, 2005).

This review of the literature indicates that the road to nursing leadership in both practice and in academia has not been adequately addressed either from the perspective of initial education or planned professional development (Bondas, 2006; Christensen, 2004; Danna, Schaubhut, & Jones, 2010; Glasgow et al., 2009; Gregory & Russell, 2002; Heller et al., 2004; Kirby & DeCampli, 2008; Mintz-Binder & Fitzpatrick, 2009; Porter-O'Grady, 1992; Saunders et al., 2009; Sherman & Bishop, 2007). It is observed that, too often, nurses have just fallen into the nurse leader position rather than being fully informed and intentionally choosing a particular role as a career path. Furthermore, with increased accountability in higher education and healthcare, nursing education leaders face greater challenges in both academic institutions and the nursing profession (Flesner et al., 2005; Milone-Nuzzo & Lancaster, 2004).

Role of nursing leaders

The nursing leader is responsible for providing the necessary leadership to ensure nursing programs meet the requirements of governing organisations. The nursing education leader also deals with the culture of academia beyond the practice setting, suggesting the importance of leadership skills beyond what is basic for the preparation of nurses (Danna et al., 2010). Notably, thriving as a leader in nursing education requires an awareness of effective leadership practices. Adequate preparation and an understanding of the leadership role and associated practices can foster success among those interested in nurse education leadership and this will positively impact the future of nursing (Adams, 2007).
It has become important for nursing, and in particular, nursing education, to identify the leadership needs so new approaches can be initiated to foster nurse leadership education for nurses. However, few studies have been conducted that address this

limitation by exploring these new approaches to nurse leadership education (Dunham & Klafehn, 1990; Gevedon, 1992; Goldenberg, 1990). The literature in this field suggests that nursing education leaders (current or future) who are prepared to take on the challenges of advanced education will benefit from current healthcare knowledge that can improve their leadership ability (Cummings et al., 2008; Mundt, 2004; Starck, Warner, & Kotarba, 1999).

Shortage of nursing leaders

Gregory and Russell (2003) reported that nursing education is experiencing a leadership shortage crisis, noting the most seasoned colleagues are retiring in greater numbers. This situation is further impacted as the nursing shortage expands within all levels of the profession, making it more difficult to recruit and retain education leaders of nursing programs (Callister, 2012; Littlejohn, Campbell, & Collins-McNeil, 2012). The issue of a shortage in nursing leadership is frequently mentioned in nursing research (Mahoney, 2001; Wolfe, Bradle, & Nelson, 2005), and this shortage is expected to continue and become critical by the year 2020 (Olshansky, 2010; Rosseter, 2012).

In addition, as the career opportunities and attractive experiences offered outside of the academic setting broaden for nurses with advanced degrees, the demand and availability of nursing education leaders will also be impacted (Wolf, Dunbar-Jacob, & Greenhouse, 2006). Nursing education is, therefore, in a difficult situation as it tries to meet the challenges of recruiting and educating the next generation of nurses for ever-changing healthcare systems, with dwindling numbers of nursing leaders prepared to take on the challenges that lie ahead (Green & Ridenour, 2004).

The above issues are related to a shortage of nursing staff, the challenges of the role, and uncertainty of sustained interest in nurse leadership. All these factors can have implications for the education and preparation of the next generation of nurse leaders who have to take over the roles of current leaders (Milone-Nuzzo & Lancaster, 2004). Studies of nursing education leadership are somewhat dated and very few recent studies address the current situation of the growing shortage of nursing leaders within most settings (Littlejohn et al., 2012; Morin & Kirschling, 2004).

The complexity of the role and responsibilities of the nursing education leader suggests that examining leadership practices of current nursing education leaders will provide the knowledge needed for advancing the nursing profession and the development of future leaders of nurse education (Heller et al., 2004). Redman (2001) presented the challenges facing nursing education leaders in educational institutions and hospitals, stressing the need for changing the perception of the role of nursing education leaders within academia and practice. Furthermore, Maurer (2005) noted little, if any, data addresses the extent of the problems nursing education leadership faces. The following section highlights the situation of nursing leadership education in Iraq. Some of the issues mentioned in the following section are related to the challenges identified in research in previous sections.

2.3.2 Nursing Leadership Education in Iraq

There are few studies in regard to nursing leadership in Iraq. However, the researcher has documented some information which is found in Iraq government documents and WHO reports. There has been extensive damage to nursing education and training in Iraq over the last two decades through three international wars, counterinsurgency struggles in the north and south, 13 years of economic sanctions, dictatorship and foreign occupation (Garfield & McCarthy, 2005).

Fortunately, there is wide agreement that nursing is a key area for further attention. Many nursing leaders emigrated and their numbers in Iraq declined sharply after 1990 (Iraq Ministry of Health, 2004). There is a strong educational base for nursing education in some Iraqi universities, but the situation in the nursing schools and hospitals does not provide the opportunities to apply and practice the skilled gained through courses in Iraqi nursing institutes. Another view is that the reconstruction of the health system cannot be achieved without drastic changes in the management of the health sector. There is currently limited capacity in planning, budgeting, finance and management within the Iraq Ministry of Health (IMOH) (World Health Organisation, 2012). Management practices are often bureaucratic and generally out-dated. Corruption and financial irregularities are widespread and actions need to be initiated to build a stronger management system that is transparent and accountable (World Health Organisation, 2012).

There is an acute shortage of nurses. There is about one nursing staff per physician against the 3-6 nursing personnel per physician in most countries of the region(Alwan, 2004). The documents prepared by the IMOH and WHO on nursing mention every health directorate in Iraq have 30 qualified nurses for over 90,000 population (Iraq Ministry of Health, 2004). Major gaps also exist in relation to the quality of nursing services. There are no reliable position descriptions. Many tasks that should normally be performed by nurses are taken by other health workers like physicians and nurses are assigned to “housekeeping” duties. Nursing legislation is inadequate, and there is no nursing practice act in Iraq (Iraq Ministry of Health, 2004).

Generally, less than one third of the nursing professionals have received further education beyond high school (Garfield & McCarthy, 2005). The research suggests that there is limited coordination between the Ministry of Higher Education (MOHE) and IMOH in the development and evaluation of the nursing education programs. Most nursing teachers have limited qualifications and inadequate training particularly in terms of access to new technology, new information and skills (Alwan, 2004).

More recently, WHO (2012) is spearheading efforts in Iraq to develop a national strategy to advance nursing and midwifery development. This approach has resulted in a 5-year plan based on priorities in education, regulation, policy and planning as well as leadership development. There are three major issues that is, lack of government support for the nursing profession, poor image of nursing by the public, and lack of leadership within the profession that have adversely influenced effective professional development in the field of nursing. The lack of government support for the nursing profession is a considerable obstacle facing nursing, and it has contributed to the low status of nursing as a profession. The poor image of nursing

held by the public is a considerable obstacle as few people join this profession. In addition, the quality and numbers of nursing leaders are not sufficient to provide leadership for needed reforms. All these three items are important and all contribute to the low status of nursing (World Health Organisation, 2012).

The Ministry of Health of Iraq and the World Health Organisation (WHO) agree that if health is to improve rapidly in Iraq in-service training/education, administration and research must change radically (Iraq Ministry of Health, 2004). How these goals will be achieved is still not clear. In order to get a broader picture of nursing leadership education, the next section presents the professional learning program in some of Middle East countries and in Iraq.

2.3.3 Professional Learning Programs in the Middle East and Iraq

Nursing, like any other profession, is subject to the cultural, social, economic and political influences in which it operates. Within Middle Eastern countries (Figure 2.4) effective leadership professional development programs for nurses are at various stages of progress with the nursing shortage remaining a critical problem (World Health Organisation, 2008). Education of nursing leadership requirements also vary greatly across the Middle East region. The language of education for professional nursing leadership programs across the Middle East is mostly English, including the use of English textbooks and nursing curricula heavily influenced by nursing in the United States (Shuriquie et al., 2008).

Figure 2.4 Middle East Region Map, adapted from Wikitravel (2011)

Table 2.2 provides a comparison between the curricula of seven countries in the Middle East indicating that there is a strong component of theory in their nursing leadership educational programs. However, only three out of seven countries reviewed (Bahrain, Jordan and Saudi Arabia) have a clinical component to practice the theory covered.

The theory component of these courses shows that there are similarities and differences in the content among the seven countries. For example, Kuwait, Bahrain, Jordan and Saudi Arabia put strong emphasis on nursing leadership and management concepts and principles which are not evident in the curricula of other countries. Similarly, only Kuwait, Bahrain, and United Arab Emirates have theories and principles of leadership and management. On examination of the curricula of these seven countries it can be assumed that while the course content is diverse, it still lacks sufficient leadership and management topics. As Table 2.2 indicates, the clinical and practical aspects of nursing leadership and management are absent in the course content of most of the countries including Iraq.

Table 2.2 Effective leadership professional development programs for registered nurses in some Middle East countries in 2013

Country	Academic Organisation	Credit Hours	Course Details (Theory)	Course Details (Clinical)
Iraq	Nursing College: University of Mosul **Source**: Nursing educational curriculum in Iraq 2013	2 hours	• Hospital management • Hospital functions • The main tasks of hospitals • Planning in hospitals • Organisation in hospitals • Directive in hospitals • Control in hospitals • The environment (such as external and internal organisational structure and resources) to hospitals • Decisions (decision-making	• No clinical work
Kuwait	Nursing College: Public Authority for Applied Education and Training (PAAET) **Source:** www.paaet.edu.kw/mysite/Default.aspx?tabid=2244&language=en-US	2 hours	• Leadership concepts, problem solving and the change process. • The theories and principles of leadership and management functions are emphasized to achievement of organisational goals. • Addresses the fundamental concepts and skills for a beginning leadership position in nursing.	• Not mentioned
Qatar	Nursing College: Calgary University **Source:** www.ucalgary.ca/pubs/calendar/current/nursing.html#5927	3 hours	• Professional and interpersonal relationships in nursing practice with an emphasis on leadership, interdisciplinary collaboration, and the management of nursing care at macro and micro levels.	• Not mentioned
Bahrain	College of health Sciences: Ministry of Health **Source:** www.chs.edu.bh/ShowCourseDesc.aspx?CID=NUR+420	2 hours: 1-Theory 1-Clinical	• Provides theoretical and practical knowledge that will assist each clinical manager in meeting the demands of constant changing patient care services. • This course will prepare registered nurses to function as a leader whenever needed at the health care setting.	• As theoretical

Country	Academic Organisation	Credit Hours	Course Details (Theory)	Course Details (Clinical)
United Arab Emirate	Fatima College of Health Sciences: Institute of Applied Technology **Source:** www.fchs.ac.ae/En/Programs/Pages/Nursing.aspx	4 hours: 2 Theory 2 Clinical	• Leadership Theories and Management Processes • Organisational Structure and Culture • Workplace health and Safety • Quality Management • Decision Making • Conflict Management • Change Management • Leaders and Managers in Action	• Not mentioned
Jordan	Faculty of Nursing: University of Jordan **Source:** www.nursing.ju.edu.jo/CourseOUtline/Management__Leadersh._in_Ng.11_1_2011.pdf www.nursing.ju.edu.jo/CourseOUtline/Manag__leader_in_Ng._Clinical_11_1_2011.pdf	5 hours: 3-Theory 2-Clinical	• Management and leadership concepts and principles. • Managing care and make appropriate decisions related to clients. • These concepts and principles are to facilitate student's growth as future nurse leader. • Management process is used as a framework in designing the content of the course.	• Complementary to the management and leadership in nursing theory course. • Integrating various management and leadership concepts and principles into practical experiences organized in different settings. • Submission of individual and group projects that reflects mastering levels of different management and leadership concepts and skills.
Saudi Arabia	Hekma School of Education and Nursing Sciences **Source:** www.sisweb.daralhekma.edu.sa:7779/pls/portal/docs/PAGE/FILES/ACADEMICS/NRSG-COURSE%20DESCREPTION.PDF	7 hours: 4-Theory 3-Clinical	• Focuses on the investigation, analysis and application of the principles and practices of leadership and management in health care delivery. • Emphasizes concepts foundational to managing the delivery of care and integrates these concepts in the context of multidisciplinary teamwork.	• Focuses on the development of students in the role of beginning nurse managers/leaders in a clinical practice setting. • Provide students with basic concepts and theories needed for effective management of client care. • Problem-solving strategies and critical thinking skills are developed as management process on patterns of health care practice and delivery are critically evaluated.

It reveals that the nursing leadership education programs in the Middle East need to be improved if leadership in nursing has to become effective. One of the research objectives of this study is to develop a framework for effective nursing leadership education that will attempt to include all the major concepts that are required for a comprehensive nursing leadership education program. In this way the present study will fill the gap existing in the present curriculum of leadership courses specifically in Iraq, and generally in the Middle East.

Summary of part III

This part of the literature search indicated two key issues prevailing, in general, in nursing leadership. These are a shortage of nurse leaders and insufficient opportunities for nursing leadership education. These findings suggest the significance of developing a professional education program for nursing leaders to enhance their ability as professionals and to increase the number of nurse leaders in the nursing profession.

This review of the literature will help this research to discover which professional program will be best suited to prepare effective nursing leaders in Iraq. Since there is practically no research currently available that identifies principles of effective professional learning, this study fills this gap by outlining a set of five important principles derived from the literature review and from the analysis of the leadership programs in the Middle East and Iraq.

A framework for professional learning in nurse leadership for the present research needs to be based on the following principles:

1. Have sufficient scope to accommodate undergraduate nursing students and beyond to prepare them as future leaders.
2. Inspire nurses to see themselves as leaders.
3. Include knowledge and understanding of leadership styles and organisational cultural change and its clinical application practice.
4. Make available appropriate educational approaches, including interactive experiential learning, where students are introduced to collaborative research based reflective practice.
5. Incorporate a range of authentic assessment approaches rather than examinations alone.

These principles will help in developing the professional learning model for effective nursing leadership and contribute to the broader knowledge base in nursing research. Based on this understanding a conceptual framework for this study was developed by adapting the theoretical concepts from two studies, (Adeniran, Bhattacharya, & Adeniran, 2012; Dubrin et al., 2006), that were based on concepts found in transformational theory. This conceptual framework, that is the outcome of this literature review, will guide this research in developing a framework for professional nursing leadership education.

2.4 Conceptual Framework

A limited body of research exists on nursing education leaders in the Iraqi context. Without a breadth of research focusing on nursing education leadership in Iraq, it is difficult to determine the predominant nursing education leadership behaviours being practiced. This lack of knowledge was one of the driving forces behind this study. In order for nursing education to meet the challenges of the future in Iraq and provide a strong leadership foundation in Iraqi healthcare, nurse education needs to be built upon the most effective leadership practices and sound principles that have been explored above in order for the needed changes to be appropriately addressed.

On the basis of the information emerging from this literature review, this research study draws upon two models as its conceptual framework. The first is professional excellence and career advancement in nursing (Adeniran et al., 2012); and, secondly, leadership effectiveness (Dubrin et al., 2006). These two models integrate the concepts from transformational theory as mentioned in section 2.2.3 and focus on major sets of factors influencing nurses' leadership effectiveness.

The model presented by Adeniran et al. (2012), as shown in Figure 2.5, is based on empirical evidence that participation in professional development opportunities is influenced by inter-personal factors. It emphasises mentorship and self-efficacy as major determinants enhancing leadership skills. Adeniran et al. (2012, p.46) defined and highlighted the following four factors that are associated with leadership development:

i. **Human capital factor**: refers to the collection of competencies, knowledge, and personality attributes in a person that allows them to be professionally productive. Healthcare organisations invest in training and development of their employees with the primary intent of enhancing and protecting their human capital. The components of human capital factors (Table 2.3) are inter-personal competence, knowledge, skills, abilities, emotional awareness, self-confidence, self-efficacy, self-regulation, self-control, integrity, self-motivation, and willingness to accept change.

ii. **Social capital factor**: described as the quality and quantity of interactions that result from the culmination of interpersonal relationship. As shown in Table 2.3, these encompass concepts of mentoring, networking, interpersonal competence, relationship building, interpersonal exchange, and social awareness including empathy, service orientation, ability to enable others, and social skills such as collaboration, partnership, cooperation and conflict management. These factors have been considered essential for leadership development.

iii. **System capital factor**: refers to positive workplace attributes that facilitate the nurses' engagement in workplace activities. The components of the system capital factors (Table 2.3) in the form of a healthy work environment include opportunity, information, resources, support, formal and informal power. These attributes are consistence with Kanter (1993) theory of structural empowerment as already mentioned in section 2.3.2. Other research studies state that these attributes play a key role in creating a healthy work environment for nurses. The Adeniran et al. (2012) model postulates that these system factors facilitate nurses to engage in professional development and eventually help them become nurse leaders.

iv. External support factor: identified as a facilitator of nurses' engagement in professional development, career advancement, and leadership opportunities. It refers to the level of support a nurse receives from family or engagement in activities outside the nursing profession. In addition to family support, these factors also include components such as power, politics, leadership development, and work environment (Table 2.3).

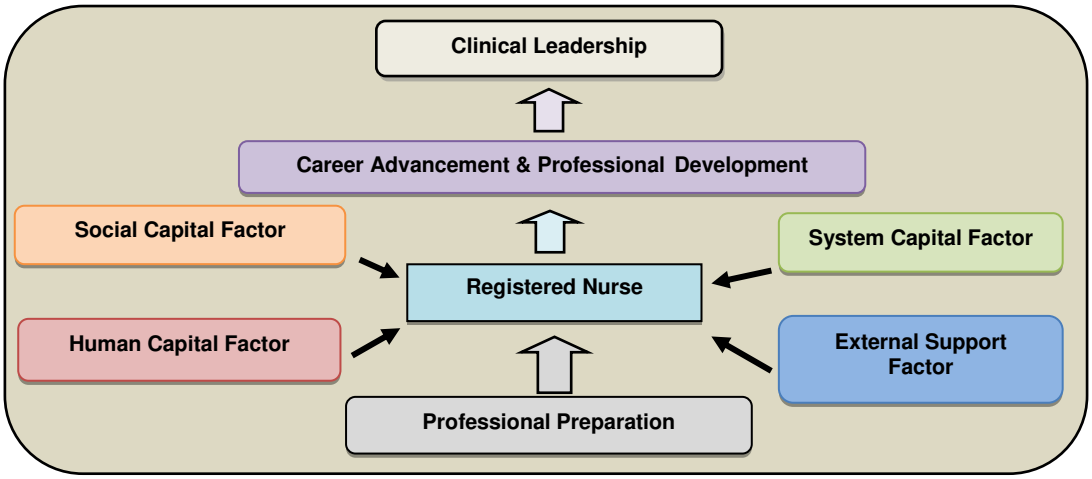

Figure 2.5 The model of professional excellence and career advancement in nursing, Adeniran et al. (2012, p.45)

The Adeniran et al., (2012) framework highlights the impact of the key factors associated with career advancement and leadership development and effectiveness among nurses. The model acknowledges that professional nurses' level of education and professional preparedness makes a major contribution toward their ability to engage in career advancement opportunities, drive evidence-based care, and influence decision making using leadership competencies. The outcome of the application of these factors could assist in influencing effective nursing leadership. This framework is used in this study as an effective nursing leadership framework for initial scoping of the study and as a reference point for data analysis. As leadership is a logically contextual concept, it is assumed that a framework for leadership for nurses and leaders in Iraq will emerge from this study.

Consistent with the Adeniran et al. (2012) model, the Dubrin et al. (2006) model, as shown in Figure 2.6, also focuses on a set of four factors that influences leadership effectiveness. Leadership characteristics and traits are linked with human capital factors in the Adeniran et al. (2012) model, while Dubrin et al. (2006) specifically mentions transformational leadership as a key component of these characteristics. Leadership behaviour and style refer to developing team work and practicing participative leadership. This characteristic is mentioned as social capital in the Adeniran et al. (2012) model. Group member characteristics refer to motivation, coaching skills and learning organisation and these characteristics link to both social and system capitals mentioned in the Adeniran et al. (2012) model. Internal and external environment refers to power, politics and leadership development; this characteristic is not mentioned as a factor but mentioned as an outcome of the factors in the Adeniran et al. (2012) model.

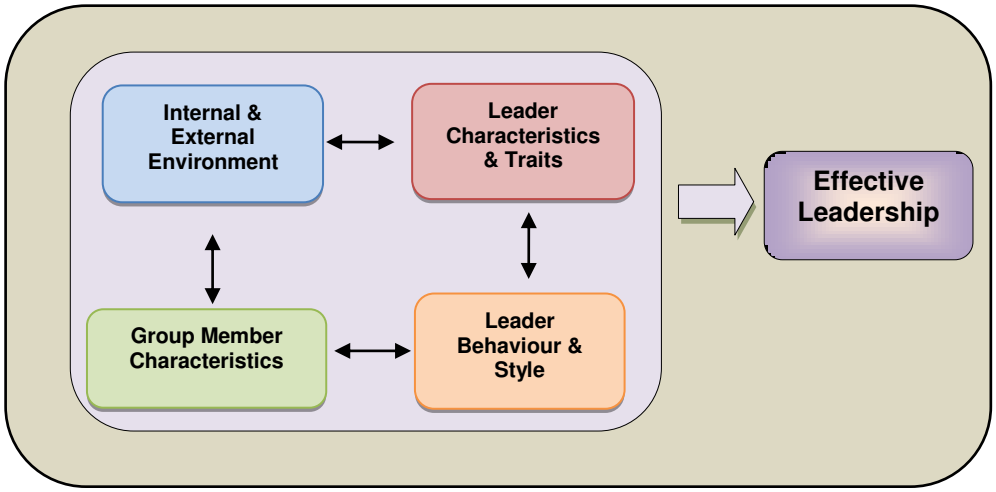

Figure 2.6 Model of understanding leadership, Dubrin et al. (2006, p.16)

The components of Adeniran et al., (2012) and Dubrin et al., (2006), as listed in Table 2.3, provide more in depth understanding for this framework and at the same time help with future development for the framework for professional nursing leadership education program

Table 2.3 Components of Adeniran et al., 2012 & Dubrin et al., 2006 framework

Human capital factor	Social capital factor	System factor	External support factor
• Inter-personal competence • Knowledge • Skills • Abilities • Emotional awareness • Self-confidence • Self-efficacy • Self-regulation • Self-control • Integrity • Self-motivation • Willingness to accept change	• Mentoring • Networking • Interpersonal competence • Relationship building • Interpersonal exchange • Social awareness • Empathy • Service orientation • Ability to enable others • Social skills • Collaboration • Partnership • Cooperation • Conflict management	• Healthy work environment • Opportunity • Information • Resources • Support • Formal & informal power	• Power • Politics • Leadership development • Work environment

Adapted from Adeniran et al., 2012; Dubrin et al., 2006.

Adeniran et al. (2012) and Dubrin et al. (2006) provide key factors that are required to attain effectiveness for leadership in the transformational style. To guide the process of this research, a framework for understanding effective nursing leadership has been adapted by this researcher by merging key factors and components from the two models described above and as presented in figure 2.7. This research framework is based on the assumption that leadership is a function of the leader, social capital and other situational factors (Hersey & Blanchard, 1997). The framework of this research considers leadership professional learning as a factor leading to effective leadership rather than the outcome as shown in the Adeniran et al. (2012) model. Each factor in this framework includes some components which are presented in Table 2.3 under the corresponding headings.

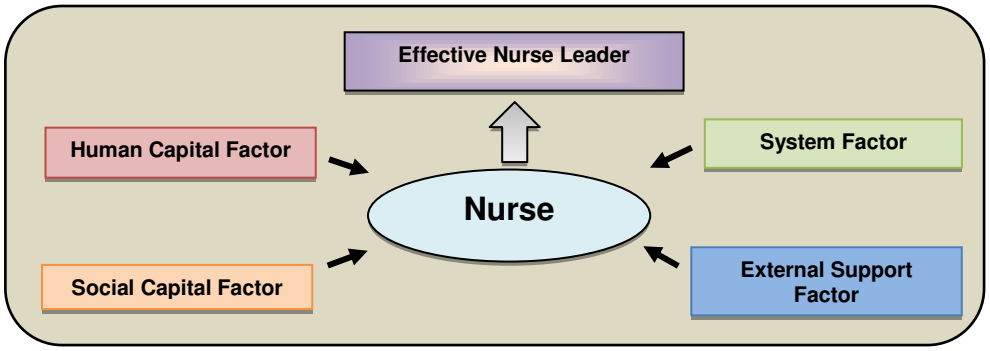

Figure 2.7 A Conceptual framework for effective leadership, adapted from Adeniran et al., 2012 and Dubrin et al., 2006.

Summary

The purpose of this literature review was to explore effective leadership theories and approaches in general and the situation of nursing leadership in Iraq. Based on the results of this review, little information exists to provide a comprehensive understanding of nursing leadership education in Iraq. Finally, this chapter provided a conceptual framework to guide the process of research and to assist in developing a framework for a professional leadership education towards attaining effective leadership within the nursing environment. Next chapter is explaining the research design and methodology of this research.

CHAPTER 3 METHODOLOGY

Introduction

A mixed method approach was considered to be an appropriate design in order to engage with the thesis topic, meet the research objectives and answer the research questions fully. This chapter describes the research process that was undertaken and is divided into six sections. Section 3.1 describes and substantiates the research design. Section 3.2 discusses the validity and reliability of the qualitative and quantitative data analyses. Study location is discussed in Section 3.3. Phase one of the research is described and discussed in its entirety in section 3.4; likewise, Section 3.5 is devoted to Phase two. Finally, ethical considerations are discussed in section 3.6, followed by a chapter summary.

3.1 Research Design

The mixed method approach was selected for this research as it was deemed the most appropriate way of gaining an in-depth understanding of the current situation of nursing leadership in Iraq. This design enabled the researcher to explore nurses' opinions about the characteristics, behaviour, and the educational preparation process of an effective nursing leader (Morse and Richards (2002). A mixed method approach is defined as a research approach for collecting, analysing and mixing both qualitative and quantitative data in a study to understand a research problem (Creswell, 2006; Leech & Onwuegbuzie, 2009; Tashakkori & Teddlie, 2003). This method involves the collection, analysis and interpretation of quantitative and qualitative data in a single study that investigates the same phenomena. Mixed method research uses quantitative and qualitative data collection techniques and analysis procedures either at the same time (parallel) or one after the other (sequential) but does not combine them (Borbasi & Jackson, 2011). Tashakkori and Teddlie (2003) argue that multiple methods are useful if they provide better opportunities to answer the research questions and where they allow the researcher to better evaluate the extent to which the research findings can be trusted and inferences made from them.

The mixed method enables the researcher to seek clarification and elaboration of the findings from both qualitative and quantitative data (Borbasi, Jackson, & Langford, 2008). In this way mixed methods complement each other while minimising weakness and give the study more breadth and scope than either method (qualitative and/or quantitative) could achieve if used in isolation. Thus, mixed methods are used for triangulating the information (Polit & Beck, 2004). The researcher employs interviews at the first research stage, in order to get a feel for the key issues before using a questionnaire to collect descriptive (exploratory) data. This gives the researcher confidence to address the most important issues. In addition, one of the strengths associated with the use of mixed method design in research relates to the capacity to benefit from the advantages of both types of data collection, thus enabling the researcher to gain a greater perspective on the problem from the two sets of different data types (Pope & Mays, 2007). Furthermore, Johnson, Onwuegbuzie, and Turner (2007) suggest that the use of qualitative and quantitative research methods provide more in depth understanding of the research issues and facilitates collaboration of the findings.

The present research applied a sequential exploratory mixed method approach (Tashakkori & Teddlie, 2003). In this approach, more weight is given either to quantitative or qualitative research at each Phase (Leech & Onwuegbuzie, 2009). Morgan (1998) provides two decision rules to inform sequential mixed method research: (i) the researcher needs to decide the priority of either the quantitative or qualitative method; and (ii) the researcher must decide on the sequence of the two methods. Before commencing data collection, this researcher decided to give the priority to the qualitative method (Phase one), and then complemented it with the quantitative method (Phase two).

Priority and sequence are outlined in Table 3.1. The integration of the two data collection methods occurred during the interpretation of data in chapter 4. In accordance with the research sequence design, the survey was considered as follow-up input to enhance the main data gathered from the interviews.

Table 3.1 Priority and sequence design of the research

	Phase One (Qualitative)	**Phase Two (Quantitative)**
Research Priority	Primary	Complementary
Sequence	First	Second
Tool Type	Interviews	Survey
Participants	Interview Nursing Staff (INS): • Nursing Unit Managers (NUM) • Head Nurses (HN) • Ward Nurses (WN)	Survey Ward Nurses (SWN): • Ward Nurses (WN)

The qualitative research was conducted first to identify participants' perceptions of the main characteristics of an effective nursing leader, their perceptions of the expected behaviour of the nursing leader, and their perceptions of what should constitute the educational preparation of the nursing leader. The survey of the ward nurses was then conducted to follow up in more detail with the issues that emerged from the qualitative data analysis. This survey also provided more specific contextual data on Iraqi nurses' views about leadership behaviour and their professional learning.

Phase one of the research involved semi-structured interviews with ward nurses, head nurses and nursing unit managers. The exploratory nature of the research question was further supported by the adoption of this sequential research design (Morse & Richards, 2002). The semi-structured guiding questions were employed for obtaining information about views of the nurses and to help the researcher to gain an in-depth understanding of the nurses' opinions, while allowing a broader range of ward nurses, head nurses, and nursing unit managers to offer views regarding effective nursing leaders.

The qualitative method guided this researcher to meet the overarching research aim which was to identify the views of nurses in Iraq in order to develop an effective leadership framework for nurses' future professional learning. This researcher was not seeking to prove or establish a pre-existing reality; rather the purpose was to explore the differing perspectives that exist with respect to participants' views about effective nursing leadership and their professional learning. This method is one in which the researcher should not hold any preconceived ideas or beliefs (Cruickshank, 2012; Thorn, Kirkham, & MacDonald-Emes, 1997).

3.2 Quality and Rigour in Qualitative Research

In order to address issues of quality and rigour in the qualitative component of this study, the research design and instruments were developed to establish and ensure credibility and confirmability (Hoskins & Mariano, 2004; Polit & Beck, 2004). Attention was also paid to ensuring accuracy of the data through using an appropriate sample selection as explained later in section 3.5. The participants were given the opportunity to express their opinions freely without any risk of bias or threat (Saunders et al., 2009). The time of the interviews was selected at the convenience of the participants; therefore, they were free from the pressure of work time.

Credibility of the data is defined as "confidence in the data and its interpretation" (Polit & Beck, 2004, p. 430). In addition, Hoskins and Mariano (2004) describe credibility as assurance of reasonable and persuasive interpretation and conclusions. Polit and Hungler (1997) state that to ensure that research findings accurately represent the respondents' views; multiple methods of collection can be explored. To address issues of confirmability in this research, the respondents were given the liberty to express their personal views freely. In addition, this researcher had the opportunity to check and confirm understandings or seek further clarity by providing more explanation if the questions were not clearly understood. Moreover, the credibility and confirmability of the data was determined through the findings of the interviews. For instance, the participants were from different working levels (e.g. nursing unit managers, head nurses, and ward nurses), however, their responses focused on similar issues and these issues were largely validated by the responses received from the survey questionnaire (bearing in mind the survey participants were a different group of nurses).

3.3 Study Location

This researcher was born, brought up and worked in Mosul. She is a registered nurse and is familiar with the healthcare system in Iraq. This familiarity assisted her in developing a good relationship with the nurses who participated in this research. Therefore the researcher selected Mosul city in Iraq as the study location. The present political situation in Iraq has led some nurses who were working elsewhere in Iraq to migrate to Mosul to live and work, as it is a safer place. This diversity of participants' backgrounds and views will reflect the situation of the nursing profession in a wider context than the Iraqi perspective.

Mosul is a renowned city in Northern Iraq and the second largest city after Baghdad (Butler, 2003); situated some 400 km northwest of Baghdad (see Figure 3.2 below). The original city stands on the west bank of the Tigris River, which is opposite the ancient city of Nineveh on the east bank of the River. The majority of the population are Arabs with different socio-economic backgrounds. Being a large multi-ethnic progressive city with a diverse religious population and culture, Mosul is a mixture of many facets of contemporary Iraq. It has a comparatively good healthcare system, directed by the Nineveh Health Directorate under the management of the Iraqi Ministry of Health (Lannen, 2008), and is thus a suitable location for the present study.

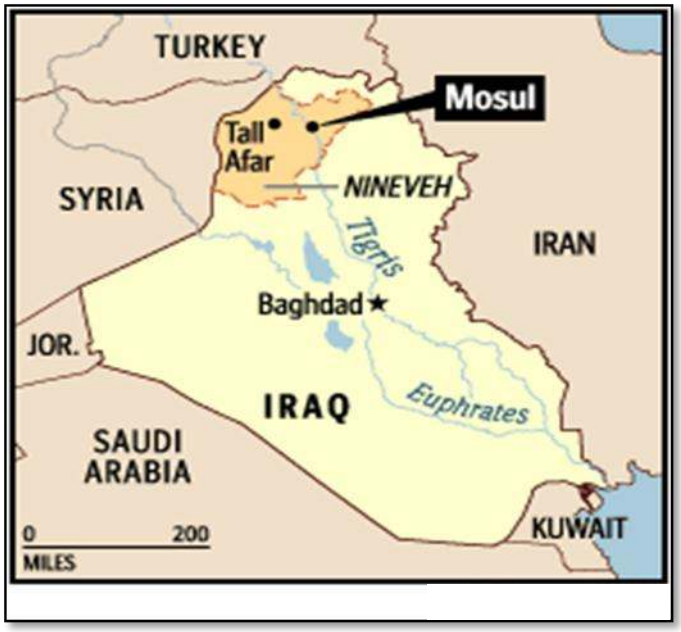

Figure 3.1 Map of Iraq, Washington Post Foreign Service (2005)

This study was conducted in two general hospitals in Mosul. For confidentiality, this researcher gave these hospitals pseudonyms. The first is Rose Hospital with 240 beds and providing comprehensive healthcare services, it employs about 230 nurses (Mosul Health Directorate, 2013). The other is Moon Hospital, which has 270 beds and about 250 nurses (Mosul Health Directorate, 2013). The nursing staff in these hospitals represented different ethnic groups and the working conditions and nursing standards in both hospitals vary. Nursing services in each hospital also vary based on the availability of resources, level of support and strategic planning. However, they share similar policies in their nursing system. Hence, incorporating participants from both hospitals provided the best opportunity for capturing a breadth of perspectives on the issues related to effective nursing leadership.

3.4 Phase one: Interviews

3.4.1 Selection Criteria

The participants included in this study were required to have worked for at least three years in the nursing profession and have a diploma or above level of education in nursing. In Phase one, the nursing staff structure included positions in three levels (nursing unit managers, head nurses, and ward nurses).

3.4.2 Participants

For qualitative analysis, participants were purposively chosen and were limited to ward nurses, head nurses, and nursing unit managers. The protocol in Iraq is that every researcher is required to work through the nursing unit manager to initiate the research, a process with which this researcher complied. This researcher visited Mosul Health Directorate in 2011, to discuss her research proposal with the nursing unit manager. She found him to be very supportive and he considered the research project to be valuable.

An invitation letter was sent to the nursing unit manager at Mosul Health Directorate, who is also the executive head of the research division, requesting him to invite nursing staff in the two hospitals to participate in this study. This researcher sent the information sheet, consent form, and the selection criteria developed by this researcher based on the literature review to the nursing unit manager by email (Appendices A & B). The manager then circulated the information to all ward nurses, head nurses and nursing unit managers at the two hospitals, informing the staff that if they were willing to participate in this study they should read the information sheet, sign the consent form, and then send them back to him by internal mail. The nursing unit manager received 30 signed consent forms from nursing staff who agreed to do the interviews, and then he posted these signed consents forms with all contact details of the nursing staff to this researcher in Australia. Table 3.2 shows the data base for the participants in Phase one of this research.

Table 3.2 Data base for interview Phase

Invited nursing staff	No.	Responded nursing staff	No.
• Nursing Unit Managers (NUM)	5	• Nursing Unit Managers (NUM)	2
• Head Nurses (HN)	10	• Head Nurses (HN)	6
• Ward nurses (WN)	15	• Ward nurses (WN)	12
Total	**30**	**Total**	**20**

After receiving the contact details of the nursing staff, the researcher contacted the respondents to arrange a suitable date and time for the interview. Twenty participants including two unit managers, six head nurses, and 12 ward nurses confirmed with this researcher to conduct telephone interviews, while the other 10 nurses preferred to withdraw.

3.4.3 Data Collection Instrument

A semi-structured interview with guiding questions was used to collect data from the selected participants. Russell (2002) advises that semi-structured interviewing has a freewheeling quality of unstructured interviewing and thus needs similar skills. Sweet (2002) suggests that qualitative researchers prefer to use interview techniques as they help uncover the views of participants. An interview also allows for immediate clarification of any phrase or word used by both the respondent and researcher.

This researcher developed the semi-structured guiding questions related to the research objectives for the interviews, in consultation with her supervisors, in order to collect as much information as possible from the participants. Initially the semi-structured interview schedule was prepared in English (Appendix C). As Arabic is the only spoken language in Iraq the interview schedule was then translated into Arabic by a professional translator so that the participating nurses could understand the questions clearly and provide pertinent information to the researcher. The interview is one of the most usual techniques through which an individual can explore another person's experience (Gillham, 2005). Guiding questions were developed but the researcher also allowed the participants to freely give information related to the questions.. Thus the semi-structured questions encouraged participants to convey their nursing leadership experiences freely.

3.4.4 Data Collection

The telephone interviewing method was used for qualitative data collection as this researcher was based in Australia and the nurses participating in the study were living and working in Iraq. After the sample was selected, the researcher contacted the 20 participants on their mobile phone numbers as previously arranged with them. The interviews were conducted in Arabic and participants were assured that their responses would be kept confidential and anonymous. They were encouraged to ask questions and feel confident to make their own choices regarding the research process. The interviews took place outside the participants' workplaces and each lasted approximately 30-45 minutes. With consent, all of the interviews were audio-recorded and transcribed. The participants were assured that they may withdraw from the study at any time without any fear of consequences and that strict confidentiality of their responses would be maintained.

Moreover, the use of this technique provided both the researcher and the respondents with more flexibility in the timing of the interviews. This researcher did not have to compact all the interviews into a short timeframe during a brief visit to Iraq. The participants, therefore, had more options in selecting a convenient time for the telephone interviews that could fit comfortably with their work schedules. In addition to being a cost effective option it allowed this researcher to spend as much time as was necessary in exploring participant's perspectives. This is becoming an acceptable and increasingly popular form of interview technique to collect data from distant participants.

Bowles and Bowles (2000) highlight that telephone interviews help the researcher to check comprehension and clarify misunderstandings. They also permit a degree of interpersonal invisibility in comparison with face-to-face interviews and this enhances honesty and frankness. This technique was very suitable for this particular research project where the researcher is familiar with the participants' culture, their sociality, and their professional context and this helped to build bridges with the interviewees. It is important that participants feel free to discuss their perceptions of clinical leadership in Iraq in a non-threatening environment with an interviewer who understands their cultural and professional reservations.

The probe technique was used to draw out more information and to encourage participants to clarify their statements and to urge them to elaborate on their ideas. Probes are used in research interviews in order to motivate interviewees to expand or clarify any particular ideas. There are two kinds of probes: clarifying and elaborating (Creswell, 2006). The researcher is required to utilise such techniques to enrich and nourish the research data. Creswell (2006) suggests that the researcher needs to take notes during the interview using pre-planned questions. This researcher designed an interview protocol form in order to help her to focus and to take notes of important points. The protocol interview form contained study title, time of interview, date, place, interviewer and interviewee names, educational background and position of interviewee. The initial questions were devised to relax, motivate and encourage the interviewee to talk freely. All questions were easy to understand and attracted the participant's attention. The 20 interviews took two months, August - October 2012, to complete. For analysis purposes this group was designated as Interview Nursing Staff (INS).

3.4.5 Data Analysis

Collected data was analysed using established themes as discussed in section 3.7.3 below. The purpose of qualitative data analysis as recommended by Polit & Beck (2006) is "to organise, provide structure to and elicit meaning from the data" (p. 397). However, the analytical methods used will be based on the skills, insight, analytical abilities and style of the investigator (Hoskins & Mariano, 2004). In this study, participants were invited to answer freely in their own words, which helped in the exploration of the main themes in the responses.

While this researcher selected a thematic analysis approach as it was appropriately suited to the type of research being undertaken, challenges associated with qualitative data collection and analysis were acknowledged and addressed. One of the challenges facing this researcher was how to organise and make sense of pages and pages of narrative materials. Another challenge facing this researcher was to maintain the richness and value of the data in a concise way (Polit & Beck, 2004). Thematic analysis assisted in addressing these challenges which are explained in detail in the following sections.

3.4.6 Transcribing data

Transcribing the data word by word is a critical step in preparing for accurate data analysis. To ensure the quality of the transcription in this study, the researcher sent one interview transcript in Arabic and the same one in English (translated by this researcher) to a professional translator. Once the quality of the English transcript was ensured (Appendix D), the researcher applied the same transcription and translation approach to all other 19 interviews. By following this approach, the researcher was able to retain the quality and accuracy of data while conducting the analysis. The data was transcribed in the following manner:

1. Listening to the interview and writing the entire discourse in Arabic so that no words in the conversation were missed.
2. After transcribing the interview from audio to a written document, this researcher then translated it from Arabic to English taking care not to lose or change the meaning of the words.
3. This researcher prepared a list of participants' names, and coded each name with a number and a letter to identify the group of the participant. The code P stands for participant. For example unit managers were coded as P1UM, P2UM, and P3UM and so on. The other groups that is, head nurses as (P number HN), and ward nurses as (P number WN) were similarly coded. This coding also helped in maintaining the confidentiality of each participant.
4. In order to check the validity of the interviews, during the validation stage, all the participants were requested to read the transcripts of their interviews and indicate their approval.

In line with (Saunders et al., 2009), who comment that the qualitative study also seeks potential solutions for the issues raised by taking into account respondents' opinions, this researcher then interpreted and analysed the interviews and compared the findings with the existing body of knowledge on nursing leadership. On

completion of these steps this researcher began the thematic analysis for each participant.

3.4.7 Thematic analysis

After the interviews were transcribed, this researcher analysed the data in sequence using qualitative descriptive content analysis, based on the steps of manual thematic analysis as outlined in Roberts and Taylor (2002). In qualitative research, a categorising scheme is an early step in analysing data and is characterised by organising, classifying and coding the data (Hoskins & Mariano, 2004). For thematic analysis, the researcher listened to the audio recording several times while transcribing.

The development of a high-quality theme involves a careful reading of the data, with an eye to identifying underlying concepts (Polit & Beck, 2004). This researcher organised the data under question categories in a tabulated form. This helped the researcher to look across the answers of all participants in order to identify similar words and phrases. This approach was applied to each group of participants (nursing unit managers, head nurses, and ward nurses) and to all the answers. To bring meaning to the data, the researcher identified repeated words in each answer and organised them into different sub themes.

In the analysis process it is common to use a categorisation scheme and then to code the data according to the categories (Polit & Beck, 2004). This process of categorising was continued until all relevant ideas were identified. Each category that emerged from this categorisation was provided a descriptive label. This process summarised and gave broad meaning to the text. Using a ‘colour coding’ method the categories that appeared to be connected were marked in the same colour. The categories with similar characteristics were grouped together and classified into three main themes. At the end of this iterative process, well-structured categories with themes were documented, enabling better management and interpretation of the data. These themes were arranged into three groups: (i) personal characteristics of effective nurse leader; (ii) the factors influencing nurse leader performance; and (iii) the factors influencing professional learning of nurses to becoming nurse leaders. These themes were discussed with colleagues and the supervisory team to validate their accuracy. The findings of this in-depth data analysis enabled this researcher to move on to interpreting the data using the identified themes.

3.5 Phase two: Survey

3.5.1 Selection criteria

The participants included in this Phase were required to have worked for at least three years in the nursing profession and have a diploma or above level of education in nursing. In Phase two, only ward nurses who met the above criteria were included. The views of participating nurses assisted in capturing the information and to build a comprehensive picture of effective nursing leaders in Iraq.

3.5.2 Participants

There were 480 ward nurses employed at the time in the two selected hospitals. In this group, 96 ward nurses did not meet the necessary criteria of having a diploma or higher level of education and minimum three years of work experience. Therefore 384 ward nurses employed at the participating hospitals were qualified to participate in the survey.

3.5.3 Instrument

During the quantitative Phase, based on the research objectives of the study, a draft questionnaire was formulated by this researcher and checked by her supervisors. In order to help participants to understand the questions and be able to answer them appropriately, the questionnaire was translated from English to Arabic by a professional translator.

The questionnaire was designed to obtain information from respondents by using structured closed questions (Schneider, 2003). The content of the questionnaire was drawn from the literature and the responses from the nurses who were interviewed, some of the questions were adapted and developed from Williams (2007) and Mrayyan (2002) with their permission (Appendixes E & F). The questionnaire included information about nursing leaders' characteristics, their leadership behaviour and professional learning. This information was based on the conceptual framework for effective leadership that was developed in order to guide this research. The researcher adjusted some questions to make the questionnaire relevant to the working environment and culture in Iraq hospitals. Different sets of questions were included to answer this study's objectives (section 1.7). The nature of the information required was made clear to the respondents in order to ensure accurate feedback. Consideration was paid to the ease of use and the flow of questions in the survey to encourage the participants to complete each part of the questionnaire.

The survey questionnaire was divided into four parts:

a. The first part of the questionnaire was designed to investigate the nursing leaders' characteristics generated from the semi-structured interview in Phase one. This researcher aimed to find out what Iraqi nurses think about their leader and to obtain the opinions of nurses about the characteristics of an effective nursing leader. The participants answered this part by tick boxes for specific characteristics that related to their current nursing leader. The percentage findings gained from this section of the questionnaire were compared with the findings from the qualitative analysis in Phase one. This

comparison helped the researcher to build up a valuable description of the characteristics of an effective nursing leader in Iraq.

b. The second part of the questionnaire contained statements describing the nursing leaders' personal, mentoring, and motivational behaviour. These statements were developed based on the work done by Thompson (2006). A five point Likert-type scale was used to measure the behaviour of the nurses' leader: 1 = doesn't do, 2 = seldom, 3 = sometimes, 4 = usually, and 5 = always.

c. The third part contained statements describing basic knowledge in nursing, communication, and leadership skills of the nurse leaders. These statements were developed based on the work done by Williams (2007), findings in the literature review, and suggestions by the supervisory team. A five point Likert-type scale was used to measure the responses of the nurses: 1 = very unprepared, 2 = slightly unprepared, 3 = equally mixed, 4 = slightly prepared, and 5 = very prepared. This part was designed to investigate how the nursing professional learning program has prepared nurses leaders for their role.

d. The last part contained three socio-demographic questions. These included the participant's level of education, gender, and years of experience as a nurse.

3.5.4 Instrument Validity

The validity of the questionnaire was considered in two ways: content validity and construct validity. Content validity focuses on adequacy of coverage related to the area being measured. Construct validity or face validity simply demonstrates that the items of the questionnaire are drawn from the domain being measured. It does not guarantee that the test actually measures phenomena in that domain (Kane, 2001). To achieve validity of the questionnaires, a first draft of the questionnaire was given to the supervisory team and some colleagues experienced in developing questionnaires. Based on their constructive feedback, this researcher modified five statements and deleted two questions.

3.5.5 Instrument Reliability

Reliability is the measure of the consistency of the variables (Bryman & Cramer, 2004). A reliable measure is one that maximizes the true score component and minimises the error component of an obtained score (Polit & Beck, 2006). In quantitative research, reliability includes internal consistency and equivalence of the measurement. Internal consistency, also called internal reliability, assesses an important source of measurement error in multi-item measures. Reliability of the data is defined in terms of accuracy and quality. This will reflect true measures of the attributes of the data.

In the quantitative Phase the largest possible sample size is advisable to enable the research study to be representative (Polit & Beck, 2010). Creswell (2006) recommends that "the larger the sample, the less the potential error that the sample will be different from the population" (p. 149). When samples are too small, there is the risk of gathering data that will not support the research, potentially undermining

the study's statistical validity (Polit & Beck, 2004). In this study, the survey was distributed to 384 participants which is an appropriate sample to enable meaningful findings.

Post-hoc survey, the internal consistency of second and third parts of the instrument was analysed using the Cronbach's Alpha (Polit & Beck, 2006). Polit, Beck, and Hungler (2001) maintain that this is one of the most sophisticated and accurate ways of computing internal consistency. All the statements were found consistent and Table 3.3 shows the reliability coefficients of instrument.

Table 3.3 Reliability coefficient of the instruments

Survey parts II & III	Number of items	Alpha
• Leadership behaviour of nurse leader	20	.901
• Professional learning of nurse leader	15	.944
All items	**35**	**.906**

Bryman and Cramer (2004) explain that if alpha is below 0.80, the reliability of the scale needs to be reinvestigated. In this study the alpha value was above 0.80 and thus considered to be reliable (Posner, 2009).

3.5.6 Final version of the instrument

Based on the validity and reliability tests, the second part of the final version of the instrument contained 20 statements describing the nursing leaders' personal, mentoring and motivational attributes. For personal attributes these included friendliness, listening and encourages expression; for mentoring these included sharing information frankly, encouraging best work and being innovative/creative; motivational behaviour included helpfulness in supporting nurses learning and participation in scientific events.

The third part contained 15 statements describing basic knowledge in nursing (such as identifying patients' basic physical and psychological needs, able to assign nursing duties appropriately, discuss with other healthcare professionals as needed); communication with nursing staff (such as cooperate with healthcare team to promote better patient care, and apply effective communication skills with the nursing team); and leadership skills of the nurse leaders (including guiding other nurses in making healthcare decisions and supervising nursing staff effectively).

3.5.7 Data collection

After collecting the data for Phase one, this researcher talked to the nursing unit manager in the Mosul Health Directorate again and discussed the additional surveys required for the study. The manager agreed to support and coordinates the additional data collection process. Accordingly, a package containing a cover letter explaining the research purpose, the consent form, questionnaire, and an envelope addressed to the researcher (coded for follow up purposes) for potential participating ward nurses, were mailed to the manager (Appendices G, H, I), with a request to circulate them among his nursing staff (ward nurses) through internal mail. All the participating nurses were assured to maintain confidentiality of their responses.

The manager sent 384 consent forms to all accessible ward nurses working in the chosen hospitals on 5th of April 2013. The response rate from the first mailing was 39.06% (150). Ten days later, a reminder letter along with a thank-you note to those who had responded was mailed through internal mail to all potential participating ward nurses. The response rate increased to 52.08% (200). A second information package was sent to 184 non-respondents on 20th of April 2013 urging them to return their questionnaire by 30th of April, 2013. The response rate increased to 54.68% (210). The manager sent the 210 completed questionnaires on 1st of May 2013 to this researcher in Australia. For analysis purposes this group was designated as Survey Ward Nurse (SWN).

Borg (1981) indicated that a minimum response of 70% is needed to place confidence in the findings. However, some researchers (Brooks, 2003; Hogan, Berry, Ng, & Bode, 2011) have found that late respondents are often similar to non-respondents; thus one should determine the possible nature of the responses of non-respondents by statistically comparing early respondents to late respondents. In this study, respondents were dichotomized into those who responded early (first week) and those who responded later (after two reminders). These two groups were compared statistically to ascertain whether any significant differences existed between the groups. The researcher found no statistically significant difference in the responses of these two groups of ward nurses.

The survey data collected from the ward nurses were coded for processing and analysis. In order to prevent bias and human error, this researcher analysed the quantitative data with IBM SPSS Statistics 21, using descriptive statistics techniques. Frequency counts and percentages, as well as means and standard deviations were calculated for the descriptive analysis.

T-tests were conducted to explore the relationship between nurses' demographic profiles (level of education and gender) and leadership behaviour and professional learning of their leaders. Analysis of variance (F-test) was used to determine whether there were significant differences between leadership behaviour and professional learning of the nurse leader based on the nurse's working experience. Nurses' working experience was divided into three categories according to years of work. A Tukey multiple-range test was employed to find out whether there were any significant differences among these work experience categories in relation to leadership behaviour and professional learning of the leader. Throughout the analysis, a 0.05 level of probability (2-tailed) with an accompanying 95% confidence level was used as the basis for rejecting or accepting the null hypothesis.

3.6 Ethical Considerations

This research was based on ethically sound foundations for all aspects of the study and complied with the *Australian National Statement on Ethical Conduct in Research Involving Humans* (National Health and Medical Research Council, 2007). In accordance with appropriate ethical conduct this researcher avoided fabrication, omission and contrivances while conducting the data analysis (Christians, 2000). Both English and Arabic versions of the semi-structured questions and survey questions were submitted to The Human Research Ethics Committee, University of Southern Queensland, and clearance was obtained (Approval number H12REA151 in Appendix J).

While accuracy of data is considered to be one of the fundamental principles of research in the social sciences, ethical conduct in the collection and management of the data is also of prime importance. In all research work potential ethical issues that may arise during or after the study are anticipated. This researcher recognised the requirements for confidentiality, anonymity, protection from discomfort and the human rights of the participants. In order to maintain discretion, privacy, and minimise these ethical issues, the researcher followed The University of Southern Queensland guidelines that stem from the *National Statement on Ethical Conduct in Human Research* (Australian Government, 2007).

Summary

This chapter presented the research methods, data collection procedures, and data analysis procedures of this study. Mixed methods were used in this research and the sequential exploratory design was applied successfully. Data collection procedures included two phases, where Phase one involved semi-structured interviews with nursing units' managers, head nurses, and ward nurses who were working in two Iraqi hospitals; and Phase two included survey research by collecting data from ward nurses who were working in the same hospital as the Phase one participants. The validity and the reliability of the instruments were determined during the research process. Initial themes from the interviews and surveys were developed and these outcomes helped in answering the research questions, address the hypotheses, and in determining the professional learning program topics. Chapter four describes the analysis that was conducted on the data collected from these two phases and presents the findings.

CHAPTER 4 FINDINGS AND ANALYSIS

Introduction

This chapter is devoted to the analysis and interpretation of the interviews and survey data. It is divided into two parts. The first part analyses qualitative data (Phase one), and part two analyses quantitative data (Phase two). Part one illustrates the demographic profiles of the INS in section 4.1.1, provides the analyses of the characteristics of an effective nurse leader in Section 4.1.2, and is devoted to analyses of the factors affecting nurse leader performance in Section 4.1.3. The educational factors affecting professional learning of the nurse leader are discussed in section 4.1.4.

Part two reports on the demographic profiles of SWN in section 4.2.1, characteristic of an effective nurse leader in section 4.2.2, leadership behaviour in section 4.2.3, and the professional learning of the nurse leader in section 4.2.4. This part also includes T-tests and F-test analyses of the research hypotheses in section 4.2.5. These hypotheses determine the differences in views of nurses toward effective leadership in nursing based on their demographical profiles.

4.1 Part one: Findings of Interviews with Nursing Staff (INS)

4.1.1 Demographic profile of participants

The views of an individual are determined to a large extent by his or her personal characteristics. Thus, this researcher assumes that the views of the INS in this study are influenced by their demographic profiles. Three most important profiles are identified for examination in this study in an attempt to determine whether they influenced nursing staff views toward nursing leaders. These demographic profiles included the level of education, gender, and experience in the nursing profession (Table 4.1). These three profiles were used to test the six research hypotheses presented in section 1.9.

Table 4.1 Demographic profile of the nursing staff (n=20)

Demographic profile	Number	Percent
Level of education		
Diploma	-	-
Bachelor	11	55
Postgraduate	9	45
Gender		
Male	15	75
Female	5	25
Experience in nursing profession		
3-5 years	5	25
6-10 years	6	30
>10 years	9	45

As shown in Table 4.1, the highest proportion (55%) of participants had a bachelor in nursing, whereas 45% had higher degrees, and no diploma holders participated in the interviews. Male are three times more than females. The highest proportion (45%) of participants had more than 10 years in service, while 30% had 6-10 years of experience and 25% had 3-5 years of working experience.

4.1.2 Characteristics of an effective nurse leader

The analysis of data from the interviews indicates five main characteristics of a nurse leader. The characteristics are academic background in nursing, managerial skills, clinical nursing knowledge, communication skills, and personal qualities.

Table 4.2 Characteristics of an effective nurse leader (n=20)

	Characteristics	Number	Percent	Rank
1.	Academic background	17	85	1
2.	Managerial skills	15	75	2
3.	Clinical nursing knowledge	9	45	3
4.	Communication skills	7	35	4
5.	Personal qualities			
	Strong personality	*6*	*30*	*1*
	Ethics & morals	*6*	*30*	*1*
	Politeness	*4*	*20*	*2*
	Intelligence	*2*	*10*	*3*
	Patience	*2*	*10*	*3*
	Humanity & kindness	*2*	*10*	*3*
	Trustworthiness	*1*	*5*	*4*
	Devotion	*1*	*5*	*4*
	Observation	*1*	*5*	*4*

Personal qualities are identified as strong personality, ethics and morals, politeness, intelligence, patience, humanity and kindness, trustworthiness, devotion, and observation (Table 4.2). These characteristics are considered important by the INS for effective nurse leaders to help in creating environments conducive to improving healthcare services.
Each of the five characteristics are now discussed in the following sections.

Academic background

More than four-fifths (85%) of the participants (INS) indicated that academic background is among the most important aspects of becoming an effective leader (Table 4.2). For instance, one of the INS gives a clear view about this characteristic:

> *The nursing staff preferred a nurse leader to have academic and scientific background and nursing knowledge in order to lead the staff effectively. (Participant 3HN)*

It was also mentioned by the same participant that to become an effective leader, the training should not just be focused on basic nursing, but also on other key areas such as leadership.

> *Because administration courses are limited in Mosul, nurses must travel abroad for administration and leadership courses to develop their skills. This needs to be done based on organised time table issued from nursing administration in every hospital. (P3HN)*

Higher qualifications for nurses are identified as an important aspect to become an effective nurse leader. One of the participants mentioned this characteristic as follows:

> *Head nurses in the hospital should have higher qualifications, such as a bachelor, master, or a doctorate degree. The hospital could also acknowledge these qualifications when nominating a nurse leader. (P2HN)*

Another participant echoed similar remarks:

> *A head nurse should ideally possess: advanced education (a bachelor degree or higher), managerial skills, experience, and a cooperative attitude reflecting the highly qualified professional in nursing fields (P19WN)*

The participants' remarks suggest that a higher qualification increases the comfort level of the junior staff with their senior staff members, especially the nurse leaders. According to the participants, a high level of academic achievement enhances leaders' interpersonal communication. For instance, one of the INS mentioned:

> *The nurse leader's academic qualifications, managerial skills, and experience should be taken into account. Currently, my leader holds a PhD in nursing and I am so comfortable in working with him. (P8WN)*

This analysis of academic skills indicates that the role of nurses as well as the administration and managerial staff contribute essentially to the healthcare system. This contribution requires managerial skills with a sound academic and scientific background.

Managerial skills

Administration and management skills, along with academic qualifications, are considered a crucial element by the participants. As shown in Table 4.2, three-fourths (75%) of the INS mentioned this characteristic in their interviews for developing and sustaining nurse leadership. The unit managers are of the view that one of the ways to develop administrative skills in nurses is to ensure that they adopt and practice their education, training, and clinical experiences in the course of duty along with their colleagues:

> *Nurse leaders can develop their managerial skills. The department of continuous education is in charge of nominating these leaders to a specialized nursing administration course within or outside of the country. These leaders can thus be up-to-dated in knowledge, skills, and other relevant information about leadership in nursing. (P7UM)*

An issue identified by participating INS was that nurses should learn and exhibit management skills during clinical practice. The administrators of the healthcare system should be able to recognize the potential leadership ability of nurses and give them an opportunity to demonstrate their leadership skills. This may not be the case, as suggested by this participant:

> *The senior nurse leaders are only interested in taking care of their positions and nothing else. (P4WN)*

This researcher also observed during the interviews that some INS indirectly mentioned that some of the nursing unit managers are not qualified nurses and are not related to the profession. For instance, one of the INS said:

> *Nurses can be given an additional responsibility to be a nursing manager rather than appointing nonprofessional staff. Some of the leader positions given to people who are not nurses such as administrators (P4WN)*

Some of the participants also felt that managerial skills contributed to the efficiency and strength of the leader in handling a management task. For example, one of the participants stated:

> *An effective nurse leader should have nursing educational background and managerial skills which help in conducting management role efficiently. (P1UM)*

Another participant further emphasized that:

> *The nursing leader has to have enough knowledge in nursing clinically and practically, but managerial skill and experience are important too. (P7UM)*

One participant stressed that:

> *The leader must have studied a nursing administration course to be successful in work because the nurse leader's qualifications, managerial skills, and experience are so important to guide their nursing staff. (P4WN)*

These views of the INS regarding managerial skills indicate that there is an interest among the nurses to enhance their managerial skills and therefore the potential to improve the quality of nursing services by creating opportunity for further training in managerial skills.

Clinical nursing knowledge

After academic background and managerial skills, clinical nursing knowledge was the most frequently (45%) mentioned characteristic of the nurse leader (Table 4.2). While answering the research question on the characteristics of an effective nurse leader, the participants frequently mentioned academic background, managerial skills and clinical nursing knowledge together. The importance given to these characteristics is evident in the following statements made by two participants.

> *Higher nursing degree such as bachelor, master, or doctorate with clinical experience are required to be an effective nurse leader in the hospital setting. (P9HN)*

> *A significant combination of higher educational background, managerial skills, and clinical nursing knowledge may improve the capacity of an individual to be "appointed as head nurse or leader" later on. (P2HN)*

Another participant commented:

> *The leader must have good knowledge about nursing work in the hospitals rather than possessing good behaviour only. (P20HN)]*

It is evident from the responses of the participating INS that clinical knowledge and experience is a fundamental prerequisite specifically for a nursing leader. Management skills alone are not seen as enough to develop an effective nurse leader.

Communication skills

More than one-third (35%) of the participating INS commented that communication skills are one of the most important characteristics of an effective nurse leader. Their comments reveal that without highly developed communication skills, nurse leaders may be unable to influence their staff, as one of the INS commented:

> *A good nurse leader has to have good social relations and s/he has to know how to interact primarily with doctors, pharmacists, patients, and patients' relatives, and then with all people. (P6UM)*

Interactive social relationships are also mentioned by the participants as an important component of communication skills. They signified a nurse leader's ability to establish a harmonious working environment and to solve management issues. One of the INS commented as follows:

> *A leader, being an educated and experienced nurse leader, has to build a good working relationship with nurses and healthcare staff. (P10WN)*

The participants emphasized the importance of engaging the staff through professional and proactive communication.

Personal qualities

Strong personalities and ethics (Table 4.2) are highlighted and identified by the INS (60%) as important personal qualities of an effective nurse leader.

> *Effective nurse leaders or head nurses should have strong personality as self-confidence and assertiveness in order to assist and lead their nursing team. (P9HN)*

> *Good leaders exhibit patience, endurance (strength), serious demeanour, and good manners because they deal with the secrets of patients. (P6UM)*

It seems that the administrative work of nurse leaders is negatively influenced by their unethical behaviour. For instance one of the INS voiced her concern as follows:

> *A good leader must have a strong personality qualities such as self-assurance and insistence; most nurse leaders at hospitals in Iraq have weak personalities and [they tend to] rely on personal relations when dealing with nurses. This is the experience I had while working in the hospital. An effective nurse leader should avoid being partial and observe a pure conscience, ethics, and morals. (P5WN)*

From the perspective of the participants, we can glean that strong personality and ethics are important qualities for an effective nurse leader. The next most frequently mentioned characteristic was polite behavior (20%) followed by the qualities of being intelligent (10%), patient (10%), and humane and kind (10%). One of the participants stated:

> *Nurse leaders should be intelligent, observant, flexible in dealing with others, courteous when dealing with different people, and polite. (P3HN)*

One of the INS expressed their concerns for nurses' humanity and kindness:

> *The most part I like in my job as a nurse is the kindness; nursing involves people and humanity must be shown when dealing with patients and with the healthcare team. (P12UM)*

> *Humanity is the major character of every nurse as a human [being] and when treating people. (P1UM)*

It seems that the unit managers understood the importance of the desire and intention to care for patients through kindness. They also indicated the significance of a good relationship between nurses and patients. Three other qualities identified by the participants as necessary for nurse leaders and included in Table 4.2 are: devout, trustworthy, and observant. Participants mentioned these characteristics as equally important.

4.1.3 Factors influencing nurse leader's performance

Analysis of data in Table 4.3 shows that the INS had identified seven main factors that influence the nurse leader's performance. The two most cited factors are related to professional development (90%) and excessive workload (70%). Each of these factors is discussed in the following sections.

Table 4.3 Factors affecting nurse leader performance (n=20)

Main factors	Number	Percent
1. Professional development	18	90
2. Excessive workload	14	70
3. Personal relationship with nursing staff	7	35
4. Professional recognition of nursing	5	25
5. Selection criteria of leaders	4	20
6. Presence of patient's relatives in hospitals	3	15
7. Occupational inequality	2	10

Professional development

A major element of effective nursing leadership in any healthcare system is the professional development of nurse leaders. Of 20 participants, 18 are of the view that this important element of leadership in nursing was missing at the basic nursing education level in Iraq. It was observed that most of the nurses with basic nursing education are promoted to the position of a nurse leader.

> *In order to be an effective leader, nurses have to have nursing leadership and management courses. There are no nursing leadership courses in the nursing high school and in the diploma levels. These courses need to be included in these educational programs. (P14HN)*

Participants expressed their views that to enhance effective leadership performance, there was a need to bring nursing leadership courses to the level of developed countries. Some of the INS said:

> *We demand to achieve the best model of the nursing profession, the same model which exists in the developed countries. We want nursing to be developed at a professional level. (P2HN)*

> *I hope that the nursing profession in Iraq will develop to the same level of western countries. I look forward to working towards improving myself; if every nurse is given the opportunity for professional development, it will improve the country's healthcare system. (P11HN)*

Of 20 participants, 18(90%) agreed that inadequate professional development was a typical feature in the Iraqi healthcare system. Professional development was considered the most important factor and a number of participants felt that overseas professional development courses could help in the enhancement of their professional skills. As a result these leaders could then train other staff members in professional skills that they gain from their training abroad. One of the INS shared:

> *Every nurse leader should have the opportunity to develop their professional skills as well as nursing skills; our nurse leaders need to travel outside the country to experience the level of nursing profession in developed countries, so that they can apply it in Iraq. (P2HN)*

Two of the INS particularly emphasized the professional training and development of leaders to improve their educational skills as motivational factors to achieve a high level of performance as nurse leaders. For example one of the participants expressed her motivation:

> *My future aim is to have a PhD degree in nursing, do various kinds of nursing research, and improve my skills as a specialist nurse. (P6UM)*

Another issue related to professional development was linked to government policy in the healthcare system. For instance one of the INS stated:

> *The professional development is strongly related to the government policy. The policy needs to be reformulated starting from the basic level of skilled nurses to the highest professional level of the graduate nurses that empowers and benefits them. (P1UM)*

This remark indicates that the existing policy (Iraq Ministry of Health, 2012) does not taking to account the professional needs and decision making rights of the nurses in the healthcare system. The participants linked the issue of nurse leaders' professional development with the chronic shortage of staff. They felt that because of their work overload due to an insufficient number of nurse leaders, they are unable to avail professional development opportunities. One of the INS stated:

> *The most important issue facing the healthcare system is that there is not enough nursing staff, so the nurse leaders cannot participate in any nursing course because of too much work they have to undertake. (P3HN)*

Excessive workload

Seventy percent (14/20) of the INS described the overload of work as the most serious problem in the Iraqi healthcare system. They expressed their concern that this overload affected their work quality and efficiency. Two of the INS said:

> *The shortage of nursing staff is affecting me. I am responsible for looking after 15–25 patients in the ward on my own, which is very difficult to manage and to provide quality nursing care. (P13WN)*

> *The shortage of nurses affects me. When I was working on emergency unit, and especially at the time of security incidents happened (when explosions occurred, for instance), we could not provide services for all patients, and so we allow general employees to help us. The situation was so difficult that the cleaning staff helped us in treating patients' wounds. (P6UM)*

The participants described that there is a strong link between shortage of nursing staff and work overload which consequently affects their work efficiency, and as a result influence nurse leader performance.

Another INS mentioned that to resolve this shortage issue, the government provides incentives to students to encourage them to study nursing and eventually nursing leadership.

> *We have a shortage of nurses (particularly female nurses). The rest of Iraqi cities have a shortage of male and female nurses. We were opening the Institute of Nursing for females only to fill this gap. To increase the number of applicants, we have provided students with some incentives such as monthly scholarship, transportation, study tools, and training clothes. This is to encourage more female students to apply. (P2HN)*

The participants explained that nurses had to do multiple tasks which frequently occurred because there was a shortage of trainers at the nursing educational institutes to train nursing students.

> *The shortage of nurses' trainers affects me. When I was doing a rotational work at the hospital, I had to perform two jobs at the same time: my work as a nurse and my work as a trainer of nursing students. (P7UM)*

However, the nurse leaders want to do multiple tasks such as clinical nursing and in-house training of nurses. The problem that stopped them from getting involved in both the activities simultaneously was the workload. They felt that most of their time was given to clinical nursing so they will not have any time to engage in training activities. One of the INS expressed:

> *Nurse leaders must transfer the nursing knowledge to their nursing staff that they gained during their leadership and management training. This is difficult because of the lack of nursing staff, which makes them focus on clinical nursing work only, ignoring the training need of their staff. (P3HN)*

Personal relationship of nursing staff with nurse leader

Communication is important because it establishes the work relationship between nurses and nurse leaders. Considering the complexity of duties that are assigned to nurses, establishing and having a personal relationship with the nurse leader is another major concern. In order to provide the best and most effective outcomes in servicing the patients in the healthcare system, there should be good communication between the leader and nurses in the nursing profession. Under one third (7/20) mentioned this issue. For instance, one of them said:

> *I have never been nominated for any nursing course or workshop outside the country. I was unaware of these courses because as when the invitation was sent to my nurse leader who did not share these information with the staff. He personally decided who would attend. Only those nurses who are the nurse leader's relative or friends are selected for such courses. There is no official and fair selection of nursing staff to attend these courses. (P5WN)*

Five of the INS stated that there was unfair work distribution among the nursing staff. The reason provided was favoritism on the part of the nurse leader, as one of the INS said:

> *Relationships with the nurse leader affect the work quality, this relation may make the leader to give fewer shifts to the nurses who have relation with, this is unacceptable but there is no fair in dealing with nurses as equal. (P9HN)*

Communication and good relationships between nurses and leaders is a very healthy sign in a successful community, but when these relationships result in unequal or unfair treatment of nurses, it causes problems and weakens the healthcare system.

Professional nursing recognition

Another concern brought up by five participants during the interviews was the issue of inappropriate nursing recognition. The participants in their comments linked the issue of nursing recognition with inadequate legislation on the development of a professional nursing practice. For instance, one of the INS said:

> *We need to suggest an amendment in the nursing law that makes it mandatory that allows the nursing graduates to take a nursing leadership and management course. After three years of service, the nurse can be nominated as a nurse leader or manager. (P19WN)*

Another point raised by the participants related to nursing recognition was their rights as a person. Basic rights that need to be recognized are salary levels, working hours, working environment, and retirement benefits. One of the INS expressed this view:

> *We need legislation and we need laws for nurses in order to ensure our rights as human beings first and then as nurse, such as treating us with dignity, increase our wages based on nursing qualification, and respect and recognising our rights as an employee. (P12UM)*

In addition to the interviews, this researcher, as a nurse in Iraq, has also observed that poor working environments, long working hours, and low salaries result in retention problems. Many nurses leave their jobs because of the lack of appropriate recognition for nurses, dissatisfaction with their leaders, and a lack of opportunity for leadership development.

Occupational inequality

Unfair treatment of their leaders towards them was the final issue raised by two of the participants. The difference in the academic background of nurses (high school, diploma or bachelor degree) is directly related to their nursing skills and expertise in technical matters. One participant expresses her dissatisfaction with the way she is treated in her hospital:

> *The health system in general needs to be changed because there are no rules for recognizing the qualified graduate nurses from other nurses in hospitals. The leaders or managers treat all nurses the same irrespective of differences in their academic background. (P10WN)*

This statement suggests that the graduate nurses, keeping in mind their higher level of education, are disadvantaged and that recognition or equity is lacking in dealing with nurses at different levels.

> *If the nurse leaders have nursing degree lower than nursing staff, they feel threatened from these nurses. The leader treats these nurses as skilled nurses (lowest level of nurses). This issue can be resolved by appointing a nurse leader with a bachelor or higher degree. (P17WN)*

4.1.4 Educational factors influencing nurses in becoming professional nurse leaders

This section presents three main issues identified in the interview data that influenced nurse leaders' professional learning (Table 4.4) and are discussed below.

Table 4.4 Educational factors influencing nurses in becoming professional leaders (n=20)

	Main factors	Number	Percent
1.	Shortage of trainers	6	30
2.	Unqualified trainers	5	25
3.	Lack of leadership knowledge of the trainers	4	20

Shortage of trainers

The participants (6/20) felt that the numbers of trainers are less than the number of nurses requiring training which was affecting the quality of nursing clinical and leadership skills. Two of the participants said:

> *There are too many students but few clinical trainers. (P4WN)*

> *At college we have 600 undergraduate students from all four levels, and we are only three trainers. (P5WN)*

A similar view was expressed by one of INS who said:

> *It is hard to teach practical subjects appropriately in the hospital because of the large number of nursing students. I suggest scheduling the training time between nursing students. (P7UM)*

It can be assumed from the above comments that this shortage of trainers will eventually affect the quality of graduates who will be the future nursing leaders.

Unqualified trainers

The quality of graduate students training was another serious concern mentioned by five of the participants. They explained that the nursing educational institutes requested trainers from hospitals to train the nursing students as there was a shortage of teaching staff. These nurses who were sent by the hospital for the training are not qualified trainers which led to a low quality of graduates. One of the participants said:

> *The faculty of nursing requests the hospital nursing staff to help in the practical training of nursing students. The hospital administration send who ever available as a trainer which mean the trainer is most of the time not a qualified trainer as most of the nurses were sent as trainers have a diploma or a lower academic background. (P5WN)*

Another INS was of the view that:

> *It would be preferable to have sufficient number of trainers in the college. Then we would not need to depend on the nursing staff from the hospital to train our students. (P17WN)*

This remark shows that the nursing students are trained by nurses who work in hospitals and most of them lack higher qualifications other than their work experience in nursing which may be insufficient as a nurse trainer.
Another issue related to unqualified nurse trainers was the inexperience of nursing institute teachers in practical clinical nursing, as one of the INS stated:

> *In college, teacher having master's degree are not delivering practical information well because they only have theoretical knowledge but very little practical clinical expertise. (P19WN)*

Lack of leadership knowledge of the trainers

Some participants are of the view that a lack of leadership knowledge was resulting in ineffective training of nurse leaders among the nursing staff. Few nurses, 4 out of 20 mentioned this issue. As one of the participants stated:

> *The shortage of leadership knowledge in nurse trainers affects the quality of teaching because these trainers are unable to increase the skills of their students in leadership management. (P1UM)*

Participants stated that new policies should be created that assist in developing leadership knowledge among future nurse leaders. For example, one of the INS recommended that:

> *The government should create policies for future nurse leaders and how to prepare them for this position: for example, the nurse who wants to develop or upgrade his/her leadership knowledge and skills has to work for at least a year as a trainee under the supervision of an experienced and skilled manager to obtain this knowledge. (P11HN)*

The above discussion highlights the educational issues that the participants perceived are influencing the development of future effective nurse leaders. The following part of this chapter discusses the survey findings related to the two questions in the quantitative part of the research. The findings of the survey, including hypothesis testing, will be discussed in the next section.

4.2 Part Two: Findings of Survey of Ward Nurses (SWN)

4.2.1 Demographic profile of the ward nurses

Three most important profiles such as level of education, gender, and experience in nursing profession were used to examine whether they influence ward nurses' views toward nurse leaders. These three profiles were used to test the six research hypotheses mentioned in section 1.9.

Table 4.5 Demographic profile of the ward nurses (n=210)

Demographic profile	Number	Percent
Level of education		
Diploma	115	55
Bachelor	95	45
Gender		
Male	138	66
Female	72	34
Experience in nursing profession		
3-5 years	94	45
6-10 years	85	40
>10 years	31	15

As shown in Table 4.5, the highest proportion (55%) of participants had a diploma in nursing, whereas 45% had a bachelor degree. Two-thirds (66%) of the participants were male and 34% female. The highest proportion (45%) of participants had 3-5 years of nursing experience, 40% had 6-10 years of experience and 15% had more than 10 years.

Further analysis of the demographic profile indicated that of the 45% of Bachelor degree holders, 34% were male compared to only 11% female (Table 4.6). This difference was highly significant (Chi-Square = 6.36, p=.02).

Table 4.6 Cross analysis of level of education by gender

Level of education by gender			Gender		Total
			Male	Female	
Level of education	Diploma	Number	67	48	115
		% of Total	32%	23%	55%
	Bachelor	Number	71	24	95
		% of Total	34%	11%	45%
Total		Number	138	72	210
		% of Total	656	34%	100%
Chi-square = 6.36, p= .012					

The analysis of data in Table 4.7 indicated that the highest proportion (29%) of male participants had 6-10 years of experience compared to only 11% female; and there were no females who had 10 years or more experience. These differences were also highly significant (Chi-Square =38.57, p=.001).

Table 4.7 Cross analysis of years of experience by gender

Years of experience by Gender			Gender		Total
			Male	Female	
Years of experience	3-5 years	Number	46	48	94
		% of Total	22%	23%	45%
	6-10 years	Number	61	24	85
		% of Total	29%	11%	40%
	10+ years	Number	31	0	31
		% of Total	15%	0%	15%
Total		Number	138	72	210
		% of Total	66%	34%	100%
Chi-square = 38.57, p=.001					

4.2.2 Characteristics of an effective nurse leader

Based on the responses of participants, the characteristics of the nurse leaders were ranked in order (Table 4.8). The most cited four characteristics of the nurse leader were: good clinical knowledge (87%), communication skills (62%), possessing managerial skills (54%), and having qualifications and educational nursing background (41%).

Table 4.8 Nurse leaders' personal characteristics (n=210)

	Characteristics	Number	Percent	Rank
1.	Clinical nursing knowledge	182	87	1
2.	Communication skills	131	62	2
3.	Managerial skills	114	54	3
4.	Academic background	86	41	4

However, personal qualities are also an important aspect of an effective leader. Five most cited personal qualities were: politeness (65%), ethics and morality (62%), trustworthiness (43%), and patience (40%). In contrast, the four least cited personal qualities were: the capability to inspire others and the possession of observation (14%), courageous (21%), and straightforwardness (25%). Honesty (33%) and intelligence (31%) were also important aspects of the effective nurse leaders.

4.2.3 Factors influencing leadership behaviour

The three factors of leadership behaviour of nurse leaders such as personal, mentoring, and motivational behaviour used to examine the views of SWN are presented in Table 4.9. A five point Likert–type scale (**1**= doesn't do, **2**= seldom, **3**= sometimes, **4**=usually, **5**= always) was used to measure the behaviour of the leader. Some groups had limited data and were merged with others for analysis purposes. The scale *doesn't do* merged with *seldom* to form a combined scale called *seldom*. Similarly the scale of *usually* merged with *always* to form a combined scale called *always*.

Personal behaviour

Analysis of data in Table 4.9 shows that one half (50%) of the SWN indicated that their leaders had 'always' *encouraged them to state their point of view* and 41% to *express ideas openly*. Three-fifths (60%) of the SWN indicated that their leaders had 'sometimes' behaved in a *friendly manner*, whereas more than half (55%) considered that their leaders had encouraged them to *express their feelings honestly*. Also revealed is that 52% of SWN specified that their leaders had 'sometimes' *displayed*

trust and confidence in them and 48% indicated their leaders had *listened to them well*.

Table 4.9 Percentage distribution of SWN according to their view toward leaders' leadership behaviour (n=210)

Statements	Seldom	Sometimes	Always
A. Personal behaviour	**27**	**43**	**30**
1. Is friendly	6	60	34
2. Listen well to you	31	48	21
3. States your point of view	40	10	50
4. Encourage you to express your feelings honestly	31	55	14
5. Encourage you to express your ideas openly	31	28	41
6. Displays confidence and trust in you	25	52	23
B. Mentoring behaviour	**28**	**29**	**43**
1. Shares information frankly	16	32	52
2. Expects each nurse to do the best	6	38	56
3. Thinks what you and the group are doing is important	8	36	56
4. Encourage innovative and creative ideas	48	24	28
5. Avoids dominating the discussion	49	10	41
6. Encourages nursing team to work together	59	10	31
7. Treat all members equally	24	55	21
8. Avoids imposing a decision upon the group	31	35	34
9. Supports nurses to resolve conflicts with healthcare team (physicians, patients and colleagues)	33	5	65
10. Encourage nurses to communicate openly with healthcare team	8	43	49
11. Encourage leadership among nurses	25	35	40
C. Motivational behaviour	**46**	**33**	**21**
1. Helps nurses to develop their own plans to meet their learning needs	63	30	7
2. Encourage nurses to participate in scientific events	31	38	31
3. Stimulates nurses' academic discussions about work	46	30	24

Mentoring behaviour

The data analysis presented in Table 4.9 indicates that more than two-fifths (65%) of SWN stated that their leaders had 'always' *supported them to resolve conflicts with the healthcare team*; '*expect each nurse to do the best* and *think what you and the group are doing is important (56%),* and *shared information frankly* (52%). Nearly half (49%) of the SWN stated that their leaders had *encouraged them to communicate with the healthcare team*, and 40% *encouraged leadership among nurses*. More than half (55%) of SWN indicated that leaders had 'sometimes' *treated them equally*, and 35% *avoided imposing a decision upon the group*. More than half (59%) of SWN responded that their leaders had 'seldom' *encouraged nurses to work together*, whereas 48% stated that their leaders had *encouraged them to develop innovative and creative ideas*. Almost half of them (49%) also stated that their leaders had *avoided dominating discussion*.

Motivational behaviour

Analysis of data in Table 4.9 shows that more than three-fifths (63%) of SWN mentioned that their leaders had 'seldom' *helped them to develop learning plans*, and 46% *stimulated academic discussion with them about their work*. Overall, the data shows that almost half (46%) of the SWN had perceived the motivational behaviour in their leaders as low (i.e. 'seldom'), compared to 21% indicating that their leaders 'always' demonstrated motivational behaviour. These findings show that the attribute

of motivational behaviour among the nurse leaders was 'seldom' perceived by the SWN.

4.2.4 Factors influencing professional learning of the nurse leader

Basic knowledge in nursing, communication, and leadership skills are the three factors of the professional learning of nurse leaders used to examine the views of SWN as presented in Table 4.10. A five point Likert–type scale (**1**=very unprepared, **2**=slightly unprepared, **3**=equally mixed, **4**=slightly prepared, **5**=very prepared) was used to explore the SWN views toward the professional learning of the nurse leader. Some groups had limited data and were merged with others for analysis purposes. The scale *very unprepared* merged with *slightly prepared* to form a combined scale called *unprepared.* Similarly, the scale *prepared* merged with *very prepared* to form a combined scale called *well prepared.*

Basic knowledge in nursing

Analysis of data in Table 4.10 showed that more than four-fifths (81%) of the SWN felt that their leaders were 'well prepared' to *identify patient's basic physical and psychological needs*, 70% stated that their leaders were able to *assign nursing duties appropriately*, and more than three-fifths (64%) of them mentioned that their leaders were able to *give support and assistance to other nursing staff when needed*. In contrast, 51% of SWN thought that their leaders were 'unprepared' to *function effectively in problem solving situations*; however, 35% were able to *apply ethical standards when resolving patient issues*. Overall 47% of SWN believed that their leaders were 'well prepared' to *enhance basic nursing knowledge in professional learning*.

Communication with nursing staff

Analysis of data in Table 4.10 demonstrated that 46% of the SWN indicated that their leaders were 'well prepared' to *function as participating member of the healthcare team*; whereas, half (50%) of them stated that their leaders were 'unprepared' to *demonstrate the behaviour for effective teamwork*, and only 43% stated that their leaders were unable to *apply effective communication skills with nursing team*. Overall it shows that 38% of the SWN felt that their leaders were 'well prepared' for *communication with nursing staff* whereas, the same proportion of these nurses thought that their leaders were 'unprepared' for *communication with the nursing staff*. These findings indicated that the nurse leaders' communication with their nursing staff was relatively poor.

Table 4.10 Percentage distribution of SWN according to their views toward leaders' professional learning (n=210)

	Statements	Unprepared	Equally mixed	Well prepared
A.	**Basic knowledge in nursing**	**27**	**26**	**47**
1.	Identify patients' basic physical and psychological needs	1	18	81
2.	Able to assign nursing duties appropriately	3	27	70
3.	Discuss with other healthcare professionals as needed	42	43	15
4.	Give support and assistance to other nursing staff when needed	19	17	64
5.	Organise daily routines in an effective manner	37	25	38
6.	Function effectively in problem-solving situations	51	16	33
7.	Apply ethical standards when resolving patient care issues	35	36	29
B.	**Communication with nursing staff**	**38**	**24**	**38**
1.	Cooperate with healthcare team to promote better patient care	27	46	27
2.	Apply effective communication skills with the nursing team	43	17	40
3.	Function as a participating member of the healthcare team	36	18	46
4.	Demonstrate the behaviour for effective teamwork	50	12	38
C.	**Leadership skills**	**43**	**27**	**30**
1.	Guide other nurses in making healthcare decisions	35	37	28
2.	Supervise nursing staff effectively	44	26	30
3.	Report observations of patients to nurse leader	43	18	39
4.	Use principles of management in planning care	49	26	25

Leadership skills

Table 4.10 shows that the SWN felt that their leaders were 'unprepared' to use principles of management in planning care (49%), supervise nurses effectively (44%), report observations of patients to nurse leaders (43%), and guide nurses in making health care decisions (35%). Overall more than two-fifths (43%) of SWN perceived that their leaders were 'unprepared' to enhance leadership skills for nurses. These findings indicate that the nurse leaders were not contributing to the professional learning in leadership skills for nurses in Iraq.

4.2.5 Findings of hypothesis testing

The statistics used for hypothesis testing were t-test and Analysis of Variance (ANOVA). T-test was employed for comparing the differences between the means of two groups, with the assumption that the population variances of the two groups were equal. So this researcher compared the pool variance calculations for the t-test (Saunders et al., 2009). To compare the means of more than two groups, one-way ANOVA was used.

One-way ANOVA is limited to analysing categorical independent variables (Russell, 2002). Leven's test for equal variance was used to check the equal variance assumption. If the Leven's test's p-value is higher (such as p = 0.75 or greater), then the equal variance assumption is plausible (Schneider, 2003). If the assumptions are valid, ANOVA can indicate whether there are significant differences among the means. When the answer is yes, the question still remains as to what those differences are (Saunders et al., 2009). Therefore, this researcher used the Tukey multiple-comparison test to identify the nature of differences among the means.

Leadership behaviour, based on level of education

Hypothesis 1: There is no statistically significant difference in the SWN views toward leaders' leadership behaviour based on their education.

Hypothesis 1 intended to determine whether the SWN with different levels of education would differ in their views toward their leader's behaviour. The questionnaire contained 20 statements concerning three different influencing factors of effective leadership behaviour. These factors were personal, mentoring, and motivational behaviour as shown in Table 4.11. The mean ratings of the two groups of participating nurses in each of the statements as well as the overall personal, mentoring and motivational behaviours were calculated using the IBM SPSS Statistics 21 program. The mean ratings were then used in the t-test to determine whether significant differences existed between the groups of nurses.

Personal behaviour

There are six items shown in Table 4.11 under 'Personal behaviour' of the leaders and the mean ratings of four were significantly different between diploma and bachelor degree holders. The mean ratings of three items *Is friendly*, *States your point of view*, and *Encourage you to express your feelings honestly* of the bachelor degree holders were higher than the diploma holders, whereas the mean ratings for *Listen well to you* of diploma holders were higher than the bachelor degree holders.

Mentoring behaviour

There were significant differences in mean ratings between diploma and bachelor degree holders' of the SWN on six items: *Shares information frankly*, *Expects each nurse to do the best*, *Encourage innovative and creative ideas*, *Encourages nursing team to work together*, *Treat all members equally*, and *Encourage leadership among nurses*. The mean ratings of bachelor degree holders in these six items were higher than the diploma holders. There were no significant differences between diploma and bachelor degree holders for the other five items (Table 4.11).

Table 4.11 T-test results of SWN views toward leaders' leadership behaviour based on their education (n=210)

Statements	Level	Mean	SD	T value	P value
A. Personal behaviour					
1. Is friendly	Diploma	3.24	.76	-1.94	.05
	Bachelor	3.42	.52		
2. Listen well to you	Diploma	3.01	.99	3.31	.01
	Bachelor	2.64	.48		
3. States your point of view	Diploma	2.93	.91	-2.74	.01
	Bachelor	3.28	.96		
4. Encourage you to express your feelings honestly	Diploma	2.55	.98	-2.49	.01
	Bachelor	2.85	.74		
5. Encourage you to express your ideas openly	Diploma	2.94	1.32	-.78	.44
	Bachelor	3.06	.89		
6. Displays confidence and trust in you	Diploma	2.82	1.16	-3.05	.33
	Bachelor	3.20	.43		
B. Mentoring behaviour					
1. Shares information frankly	Diploma	3.17	.87	-4.53	.001
	Bachelor	3.63	.51		
2. Expects each nurse to do the best	Diploma	3.49	.93	-2.59	.01
	Bachelor	3.76	.46		
3. Thinks what you and the group are doing is important	Diploma	3.46	.98	.45	.65
	Bachelor	3.41	.52		
4. Encourage innovative and creative ideas	Diploma	2.52	.75	-5.02	.001
	Bachelor	3.09	.90		
5. Avoids dominating the discussion	Diploma	2.73	1.30	.02	.98
	Bachelor	2.73	1.33		
6. Encourages nursing team to work together	Diploma	2.31	1.27	-4.93	.001
	Bachelor	3.07	.89		
7. Treat all members equally	Diploma	2.79	1.1	-3.42	.001
	Bachelor	3.20	.43		
8. Avoids imposing a decision upon the group	Diploma	2.92	.96	-.78	.44
	Bachelor	3.02	.86		
9. Supports nurses to resolve conflicts with healthcare team (physicians, patients and colleagues)	Diploma	3.51	.99	1.93	.06
	Bachelor	3.17	1.58		
10. Encourage nurses to communicate openly with healthcare team	Diploma	3.57	1.05	1.05	.29
	Bachelor	3.42	.91		
11. Encourage leadership among nurses	Diploma	2.71	1.43	-6.33	.001
	Bachelor	3.76	.89		
C. Motivational behaviour					
1. Helps nurses to develop their own plans to meet their learning needs	Diploma	3.47	5.88	.58	.56
	Bachelor	3.12	.91		
2. Encourage nurses to participate in scientific events	Diploma	3.25	1.01	2.8	.01
	Bachelor	2.89	.81		
3. Stimulates nurses' academic discussions about work	Diploma	2.42	1.16	-4.5	.001
	Bachelor	3.13	1.12		
The Overall leader's leadership behaviour	**Diploma**	**2.99**	**1.11**	**-1.98**	**.05**
	Bachelor	**3.13**	**.72**		

Means were calculated on a five point scale. 1=doesn't do, 2=seldom, 3=sometimes, 4=usually, and 5=always.
Significant ≤ 0.05

Motivational behaviour

There are three items listed under motivational behaviour. The analysis of data in Table 4.11 indicates that there were no significant difference in mean ratings between nurses' educational level and *Helps nurses to develop their own plans to meet their learning needs*. However, there were significant differences between diploma and bachelor degree holders for items two and three. The mean rating for *Encourage nurses to participate in scientific events* was higher for diploma holders, whereas the mean rating for *Stimulates nurses' academic discussions about work* was higher for bachelor degree holders.

In summary, the t-test results showed that statistically significant differences existed between diploma holders and bachelor degree holders of the SWN in their responses

to 12 items (out of 20) regarding the effective leadership behaviour of their leader. Based on these findings, the null hypothesis was rejected and the researcher concluded that level of education (diploma vs. bachelor degree) does influence ward nurses' views towards leader's behaviour.

Leadership behaviour of the leader, based on nurses' gender

Hypothesis 2: There is no statistically significant difference in the SWN views toward leaders' leadership behaviour based on their gender.

Hypothesis 2 intended to define whether the SWN male or female would differ in their views toward their leader's behaviour. The questionnaire contained 20 items concerning the three different influencing factors of the leader's behaviour (Table 4.12). The mean ratings of the two groups of nurses in each of the items as well as the overall personal, mentoring, and motivational behaviours were calculated using the IBM SPSS Statistics 21 program. These means were then used in the t-test to determine whether significant differences existed between the groups of nurses.

Personal behaviour

The analysis of data in Table 4.12 indicates that except for the mean rating of *Displays confidence and trust in you*, the male nurses of the SWN had lower mean ratings in all other five personal behaviour related statements than the female nurses. The mean ratings of female nurses in *State your point of view* and *Encourage you to express your feelings honestly* were higher than the male nurses and indicated statistically significant differences between male and female nurses.

Mentoring behaviour

The analysis of data as displayed in Table 4.12 indicates that seven items had significant differences depending on the nurses' gender. The mean ratings of male nurses in *Expects each nurse to do the best*, *Thinks what you and the group are doing is important*, and *Encourages nursing team to work together* were higher and indicated statistically significant differences between male and female ward nurses.

Motivational behaviour

The analysis of data in Table 4.12 shows that the mean ratings of female nurses in *Encourage nurses to participate in scientific events* and *Stimulates nurses' academic discussions about work* were higher and found to have statistically significant differences between males and females.

In summary, the t-test results showed that statistically significant differences were found between male and female SWNs in their views to 12 survey items (out of 20) regarding nurse leader behaviour. Based on these findings, the null hypothesis was rejected and the researcher concluded that there were significant differences in the way that male and female Iraqi nurses view leader's behaviour.

Table 4.12 T-test results of SWN views toward leaders' leadership behaviour based on their gender (n=210)

Statements	Gender	Mean	SD	T value	P value
A. Personal behaviour					
1. Is friendly	Male Female	3.29 3.39	.57 .82	-1.03	.31
2. Listen well to you	Male Female	2.82 2.89	.75 .94	-.59	.56
3. States your point of view	Male Female	2.97 3.32	1.00 .78	-2.57	.01
4. Encourage you to express your feelings honestly	Male Female	2.54 2.97	.80 .99	-3.44	.001
5. Encourage you to express your ideas openly	Male Female	2.98 3.03	1.19 1.06	-.3	.77
6. Displays confidence and trust in you	Male Female	3.10 2.78	.78 1.13	2.44	.02
B. Mentoring behaviour					
1. Shares information frankly	Male Female	3.27 3.60	.74 .76	-3.03	.01
2. Expects each nurse to do the best	Male Female	3.78 3.28	.68 .81	4.78	.001
3. Thinks what you and the group are doing is important	Male Female	3.59 3.14	.56 1.07	4.06	.001
4. Encourage innovative and creative ideas	Male Female	2.85 2.65	.80 .98	1.55	.12
5. Avoids dominating the discussion	Male Female	2.54 3.08	1.27 1.33	-2.88	.01
6. Encourages nursing team to work together	Male Female	2.79 2.40	1.1 1.27	2.29	.02
7. Treat all members equally	Male Female	3.01 2.90	.74 1.12	.87	.39
8. Avoids imposing a decision upon the group	Male Female	2.82 3.25	.757 1.11	-3.32	.001
9. Supports nurses to resolve conflicts with healthcare team (physicians, patients and colleagues)	Male Female	3.08 3.89	1.30 1.12	-4.48	.001
10. Encourage nurses to communicate openly with healthcare team	Male Female	3.54 3.43	.74 1.35	.73	.46
11. Encourage leadership among nurses	Male Female	3.25 3.06	1.18 1.50	1.05	.3
C. Motivational behaviour					
1. Helps nurses to develop their own plans to meet their learning needs	Male Female	2.97 3.96	.91 7.37	-1.55	.12
2. Encourage nurses to participate in scientific events	Male Female	2.88 3.50	.83 .99	-4.81	.001
3. Stimulates nurses' academic discussions about work	Male Female	2.54 3.11	.99 1.43	-3.37	.001
The Overall leader's leadership behaviour	**Male Female**	**2.96 3.25**	**.69 1.30**	**-2.05**	**.04**

Means were calculated on a five point scale. 1=doesn't do, 2=seldom, 3=sometimes, 4=usually, and 5=always.
Significant ≤ 0.05

Leadership behaviour of the leader, based on nurses' experience

Hypothesis 3: There is no statistically significant difference in the SWN views toward leaders' leadership behaviour based on their experience.

Hypothesis 3 intended to determine whether the SWN with different levels of working experience would respond differently toward their leader's behaviour. The questionnaire contained 20 items concerning the three different influencing factors of the leader's behaviour (Table 4.13). The nurses work experience was categorised as 3-5 years, 6-10 years, or more than 10 years. The mean ratings of the three groups of nurses in each of the items were calculated using the IBM SPSS Statistics 21 program. These means were then used in the F-test to determine whether significant differences existed between the groups of nurses.

Personal Behaviour

Table 4.13 shows that there were significant differences in the mean ratings of the SWN pertaining to their leaders' behaviour based on their level of experience. SWN who have 6-10 years of experience expressed that their leaders were 'usually' *friendly, encouraged them to state their point of view*, and *expressing their feelings,* while, SWN with 3-5 years of experience believed that their leaders would 'sometimes' *listen to them*, and *encouraged them to express their ideas*. However, there were no differences in the mean rating *Displays confidence and trust in you* of the SWN based on their level of experience.

Table 4.13 F-test results of SWN views toward leaders' leadership behaviour based on their experience (n = 210)

Statements	3-5yrs Mean	6-10yrs Mean	>10yrs Mean	F value	P value
A. Personal behaviour					
1. Is friendly	3.22	3.55	3.00	10.76	.001
2. Listen well to you	3.13	2.84	2.00	27.86	.001
3. States your point of view	3.03	3.55	2.00	43.44	.001
4. Encourage you to express your feelings honestly	2.79	2.82	2.00	11.83	.001
5. Encourage you to express your ideas openly	3.27	3.06	2.00	16.71	.001
6. Displays confidence and trust in you	2.95	3.04	3.00	.206	.814
B. Mentoring behaviour					
1. Shares information frankly	3.16	3.76	3.00	22.40	.001
2. Expects each nurse to do the best	3.43	3.67	4.00	7.48	.001
3. Thinks what you and the group are doing is important	3.34	3.71	3.00	11.09	.001
4. Encourage innovative and creative ideas	2.64	3.22	2.00	32.19	.001
5. Avoids dominating the discussion	2.95	3.12	1.00	45.61	.001
6. Encourages nursing team to work together	2.44	3.14	2.00	15.72	.001
7. Treat all members equally	2.80	3.16	3.00	3.98	.02
8. Avoids imposing a decision upon the group	3.07	3.20	2.00	25.63	.001
9. Supports nurses to resolve conflicts with healthcare team (physicians, patients and colleagues)	3.74	3.72	1.19	96.87	.001
10. Encourage nurses to communicate openly with healthcare team	3.47	3.76	2.87	10.18	.001
11. Encourage leadership among nurses	2.99	3.48	2.97	3.84	.023
C. Motivational behaviour					
1. Helps nurses to develop their own plans to meet their learning needs	3.96	3.36	2.00	1.76	.175
2. Encourage nurses to participate in scientific events	3.37	3.18	2.00	33.64	.001
3. Stimulates nurses' academic discussions about work	2.67	3.07	2.03	9.71	.001
The Overall leader's leadership behaviour	**3.13**	**3.27**	**2.26**	**14.50**	**.001**

Means were calculated on a five point scale.1=doesn't do, 2=seldom, 3=sometimes, 4=usually, and 5=always.
Significant ≤ 0.05

Mentoring behaviour

ANOVA (F-test) results show that the 11 items of this aspect were all statistically significant different in the SWN views of leader behaviour based on their experience. Table 4.13 shows that the SWN who had 3-5 years of experience rated the highest mean, and these SWN indicated that their leaders 'sometimes' *supported them to resolve issues with the healthcare team*. SWN with 6-10 years of experience indicated that their leaders 'usually' *shared information*, *considered their work important*, and *encouraged them to communicate with the healthcare team*. While the SWN with more than 10 years of experience indicated that their leaders 'usually' *expected that each nurse should do their best*.

Motivational behaviour

Lastly, the ANOVA test revealed that the SWN who had 3-5 years of experience considered that their leaders 'sometimes' *encouraged them to participate in scientific events*, but the SWN with 6-10 years of experience indicated that their leaders 'sometimes' *stimulated them to have academic discussions about work*. There were no statistically significant differences in views on *Help nurses to develop own a plan to meet learning needs* based on the work experience of the ward nurses. It is not surprising in the Iraqi context that these nurses with more than ten years of experience were male. This is the result of the interlude of war over 30 years which made women unable to travel to hospital, so males' nurses got established.

Table 4.14 Overall F-test results of SWN views toward leadership behaviour (based on aspects) by work experience (n = 210)

Groups	Exp.	n	Mean	Variance	df	F value	P value
Personal behaviour	3-5 yrs	94	3.06	Between groups	2	14.92	.001
	6-10 yrs	85	3.14	Within groups	207		
	>10 yrs	31	2.33				
	Total	210	2.98	Total	209		
Mentoring behaviour	3-5 yrs	94	3.09	Between groups	2	23.98	.001
	6-10 yrs	85	3.45	Within groups	207		
	>10 yrs	31	2.45				
	Total	210	3.14	Total	209		
Motivational behaviour	3-5 yrs	94	3.24	Between groups	2	6.90	.001
	6-10 yrs	85	3.25	Within groups	207		
	>10 yrs	31	2.01				
	Total	210	3.04	Total	209		
Overall leadership behaviour	3-5 yrs	94	3.13	Between groups	2	14.50	.001
	6-10 yrs	85	3.27	Within groups	207		
	>10 yrs	31	2.26				
	Total	210	3.05	Total	209		

Means were calculated on a five point scale.1=doesn't do, 2=seldom, 3=sometimes, 4=usually, and 5=always.
Significant ≤ 0.05

The overall mean ratings of the SWN on personal, mentoring and motivational behaviours of the nurses' leaders were analysed and are shown in Table 4.14. The F-test results indicate that there were statistically significant differences in mean ratings in all the three influencing factors of leader's behaviour based on the years of

experience of the nurses. However, the findings were unable to explain which years of experience grouping of nurses differed significantly from others.

To identify which years of experience group of nurses differed significantly from others, a Tukey test was employed (Table 4.15). The Tukey test indicated that the SWN who had 3–5 years of experience and more than 10 years of experience in nursing differed significantly in their views on the personal behaviour of the leaders. Another significant difference was revealed between 6–10 years and more than 10 years. Nurses in all three groups (3-5, 6-10, and >10 years) of experience showed significant differences in mentoring behaviour of the leader. Finally, nurses with more than 10 years of experience showed statistically significant differences with the 3-5 and 6-10 groups regarding motivational behaviour.
Regarding the ward nurses' views on leadership behaviour, the F-test results showed that statistically significant differences were found among ward nurses based on their work experience in 19 of the 20 survey items (Table 4.15). Based on this finding, the null hypothesis was rejected and the researcher concluded that there were significant differences in the nurses' views on leadership behaviour based on their work experience.

Table 4.15 Tukey Test results of SWN comparative views between the work experience groups and nursing leadership behaviour aspects

Groups	Experience	3-5 yrs	6-10 yrs	>10 yrs
Personal behaviour	3-5 years	-	-	*
	6-10 years	-	-	*
Mentoring behaviour	3-5 years	-	-	*
	6-10 years	*	-	*
Motivational behaviour	3-5 years	-	-	*
	6-10 years	-	-	*
Overall leadership behaviour	3-5 years	-	-	*
	6-10 years	-	-	*

*Significant≤ 0.05 level of probability

Professional learning of nurse leader, based on nurses' level of education

Hypothesis 4: There is no statistically significant difference in the SWN views toward leaders' professional learning, based on their level of education.

Hypothesis 4 sought to conclude whether the SWN in different levels of education differed in their views toward the professional learning of nurse leaders. The questionnaire contained 15 items concerning the three different influencing factors of the professional learning of the nurse leader (Table 4.16). The mean ratings of the two groups of nurses from each of the items as well as the overall basic knowledge, communication, and leadership skills were calculated using the IBM SPSS Statistics 21 program. These mean ratings were then used in the t-test to determine whether significant differences existed between the groups of nurses.

Basic knowledge in nursing

There were seven items in the first section of the questionnaire 'Basic knowledge in nursing'. The mean ratings of five of these items were found to be higher for the bachelor degree holders than the diploma holders. These items are: *Discuss with other healthcare professionals as needed*, *Give support and assistance to other nursing staff when needed*, *Organise daily routines in an effective manner*, *Function effectively in problem-solving situations'*, and *Apply ethical standards when resolving patient care issues*.

Communication with nursing staff

Four items in relation to communication with nursing staff were included in section B of the questionnaire. The mean ratings of the bachelor degree holders in all of these items were higher than the diploma holders.

Table 4.16 T-test results of SWN views toward leaders' professional learning based on their education (n = 210)

Statements	Level	Mean	SD	T value	P value
A. Basic knowledge in nursing					
1. Identify patients' basic physical and psychological needs	Diploma	4.04	.84	-.99	.32
	Bachelor	4.14	.40		
2. Able to assign nursing duties appropriately	Diploma	3.74	.82	-1.5	.14
	Bachelor	3.89	.66		
3. Discuss with other healthcare professionals as needed	Diploma	2.20	1.00	-7.32	.001
	Bachelor	3.11	.74		
4. Give support and assistance to other nursing staff when needed	Diploma	3.15	.92	-7.18	.001
	Bachelor	3.97	.72		
5. Organise daily routines in an effective manner	Diploma	2.49	1.58	-5.86	.001
	Bachelor	3.63	1.18		
6. Function effectively in problem-solving situations	Diploma	1.90	1.15	-10.5	.001
	Bachelor	3.37	.79		
7. Apply ethical standards when resolving patient care issues	Diploma	1.83	1.13	-13.5	.001
	Bachelor	3.59	.64		
B. Communication with nursing staff					
1. Cooperate with healthcare team to promote better patient care	Diploma	2.70	.89	-5.56	.001
	Bachelor	3.43	1.03		
2. Apply effective communication skills with the nursing team	Diploma	2.50	1.01	-4.91	.001
	Bachelor	3.34	1.46		
3. Function as a participating member of the healthcare team	Diploma	2.53	1.27	-6.57	.001
	Bachelor	3.59	1.03		
4. Demonstrate the behaviour for effective teamwork	Diploma	2.09	1.43	-4.91	.001
	Bachelor	3.03	1.33		
C. Leadership skills					
1. Guide other nurses in making healthcare decisions	Diploma	2.53	.78	-9.56	.001
	Bachelor	3.41	.5		
2. Supervise nursing staff effectively	Diploma	2.07	1.18	-8.36	.001
	Bachelor	3.24	.77		
3. Report observations of patients to nurse leader	Diploma	2.58	1.20	-6.32	.001
	Bachelor	3.60	1.11		
4. Use principles of management in planning care	Diploma	2.20	1.05	-3.88	.001
	Bachelor	2.84	1.36		
The Overall leader's professional learning behaviour	**Diploma**	**2.52**	**.77**	**-8.52**	**.001**
	Bachelor	**3.43**	**.76**		

Means were calculated on a five point scale. 1= very unprepared, 2= slightly unprepared, 3= equally mixed, 4= slightly prepared, and 5=very prepared. Significant ≤0.05

Leadership skills

Similarly, Table 4.16 shows that the mean ratings of SWN with bachelor degrees were higher than the diploma holders in all four of the items in section C.

In summary, the t-test results showed that statistically significant differences were found between diploma holders and bachelor degree holders of the SWN in their responses to 13 of the 15 items relating to the professional learning of nurse leaders. Based on this finding, the null hypothesis was rejected and the researcher concluded that there were significant differences between diploma holders and bachelor degree holders in their views of leader's professional learning.

Professional learning of a nurse leader, based on nurses' gender

Hypothesis 5: There is no statistically significant difference in the SWN views' toward leader's professional learning, based on their gender.

Hypothesis 5 intended to define whether the male or female SWN differ in their views toward the leader's professional learning. The questionnaire contained 15 items concerning the three different aspects of the leader's professional learning (Table 4.17). The means of the two groups of nurses in each of the items as well as the overall basic knowledge, communication and leadership skills were calculated using the IBM SPSS Statistics 21 program. These means were then used in the t-test to determine whether significant differences existed between male and female nurses.

Basic knowledge in nursing

The analysis of data in Table 4.17 showed that five items had significant differences between SWN views depending on their gender. The mean ratings of male nurses in three items *Give support and assistance to other nursing staff when needed*, *Organise daily routines in an effective manner*, and *Function effectively in problem-solving situations* were higher than female nurses. On the other hand, the mean rating of female nurses in two items *Identify patients' basic physical and psychological needs* and *Apply ethical standards when resolving patient care issues* were higher and indicated statistically significant differences between male and female nurses.

Communication with nursing staff

Table 4.17 shows that the mean rating of male ward nurses in *Function as a participating member of the healthcare team* was higher than female nurses; whereas, the mean ratings of female nurses in *Demonstrate the behaviour for effective teamwork* was higher than the male nurses and both indicate a statistically significant difference between male and female ward nurses.

Leadership skills

Three out of four items in section C of Table 4.17 show statistically significant differences between male and female nurses. The mean rating of *Guide other nurses in making healthcare decisions* and *Supervise nursing staff effectively* were higher for males than females. Conversely, the mean rating of female nurses for the *Use principles of management in planning care* was higher than males.

The t-test results showed that statistically significant differences were found between male and female SWN in their views on nurse leader's professional learning in 10 items out of 15. Based on these findings, the null hypothesis was rejected.

Table 4.17 T-test results of SWN views toward leaders' professional learning based on their gender (n = 210)

	Statements	Gender	Mean	SD	T value	P value
A.	**Basic knowledge in nursing**					
1.	Identify patients' basic physical and psychological needs	Male	3.89	.67	-6.24	.001
		Female	4.46	.53		
2.	Able to assign nursing duties appropriately	Male	3.77	.79	-1.10	.27
		Female	3.89	.68		
3.	Discuss with other healthcare professionals as needed	Male	2.70	.98	1.74	.08
		Female	2.44	1.02		
4.	Give support and assistance to other nursing staff when needed	Male	3.62	.98	2.27	.024
		Female	3.32	.80		
5.	Organise daily routines in an effective manner	Male	3.34	1.43	4.66	.001
		Female	2.36	1.48		
6.	Function effectively in problem-solving situations	Male	2.69	1.18	1.99	.048
		Female	2.33	1.31		
7.	Apply ethical standards when resolving patient care issues	Male	2.41	1.31	-3.37	.001
		Female	3.03	1.15		
B.	**Communication with nursing staff**					
1.	Cooperate with healthcare team to promote better patient care	Male	3.06	1.24	.577	.57
		Female	2.97	.36		
2.	Apply effective communication skills with the nursing team	Male	2.96	1.26	1.35	.178
		Female	2.71	1.38		
3.	Function as a participating member of the healthcare team	Male	3.19	1.21	2.86	.005
		Female	2.67	1.33		
4.	Demonstrate the behaviour for effective teamwork	Male	2.12	1.40	-5.89	.001
		Female	3.28	1.26		
C.	**Leadership skills**					
1.	Guide other nurses in making healthcare decisions	Male	3.10	.82	4.57	.001
		Female	2.60	.62		
2.	Supervise nursing staff effectively	Male	2.79	1.08	3.34	.001
		Female	2.24	1.25		
3.	Report observations of patients to nurse leader	Male	3.04	1.3	-.105	.917
		Female	3.06	1.21		
4.	Use principles of management in planning care	Male	2.34	1.16	-2.47	.014
		Female	2.78	1.34		
	The Overall leader's professional learning behaviour	**Male**	**2.96**	**.69**	**-2.05**	**.04**
		Female	**3.24**	**1.30**		

Means were calculated on a five point scale. 1= very unprepared, 2= slightly unprepared, 3= equally mixed, 4= slightly prepared, and 5= very prepared. Significant ≤ 0.05

Professional learning of the nurse leader, based on nurses' experience

Hypothesis 6: There is no statistically significant difference in the SWN views' toward leader's professional learning, based on their experience.

Hypothesis 6 proposed to define whether the ward nurses, based on their years of working experience (3-5, 6-10 and over 10 years), differed in their views toward the leader's professional learning. The questionnaire contained 15 items concerning the three different influencing factors of a nurse leader's professional learning (Table 4.18). The mean rating of the three groups of nurses in each of the items was calculated using the IBM SPSS Statistics 21 program. These means were then used in the F-test to determine whether significant differences existed between the groups of nurses.

Basic knowledge in nursing

Table 4.18 shows that there were significant differences in the mean ratings of the SWN pertaining to their leaders' professional learning based on their level of experience. These means were distributed between the '6-10 years' and 'over 10 years' groups. SWN who have '6-10 years' of experience indicated that their leaders were 'equally mixed' on four items: *discuss with other healthcare professionals as needed, give support to nursing staff, organise daily routines in an effective manner,* and *function effectively in solving problems,* while SWN who have 'over 10 years' of experience believed that their leaders were 'slightly prepared' to *identify patients' basic needs, able to assign nursing duties appropriately,* and *apply ethical standard when solving patients' issues*.

Communication with nursing staff

ANOVA (F-test) result in Table 4.18 shows that all four items of the communication of nursing leaders were statistically significant and the highest rate of means belonged to the SWN who have 6-10 years of experience. These nurses indicated that their leaders were 'equally mixed' across all statements, an indication of greater willingness on the leader's behalf than the other 2 groups.

Leadership skills

Finally, the ANOVA test revealed that all four items of leadership preparation of nurses' leaders held statistically significant differences, with the highest mean rates from ward nurses who had 6-10 and over 10 years of experience. The SWN group with 6-10 years of experience considered their leaders were 'equally mixed' to *Supervise nursing staff effectively*, *Report observations of patients to nurse leader,* and *Use principles of management in planning care*. Similarly, SWN with over 10 years of experience believed that their leaders were 'equally mixed' to *Guide other nurses in making healthcare decisions*.

Table 4.18 F-test results of SWN views toward leaders' professional learning based on their experience (n = 210)

	Statements	3-5 yrs Mean	6-10 yrs Mean	>10 yrs Mean	F value	P value
A.	**Basic knowledge in nursing**					
1.	Identify patients' basic physical and psychological needs	4.05	3.99	4.45	5.73	.004
2.	Able to assign nursing duties appropriately	3.7	3.74	4.32	9.18	.001
3.	Discuss with other healthcare professionals as needed	2.26	3.04	2.52	15.75	.001
4.	Give support and assistance to other nursing staff when needed	3.09	4.05	3.39	31.34	.001
5.	Organise daily routines in an effective manner	2.53	3.72	2.48	18.41	.001
6.	Function effectively in problem-solving situations	1.99	3.19	2.61	26.04	.001
7.	Apply ethical standards when resolving patient care issues	2.01	3.02	3.39	24.91	.001
B.	**Communication with nursing staff**					
1.	Cooperate with healthcare team to promote better patient care	2.80	3.49	2.45	18.97	.001
2.	Apply effective communication skills with the nursing team	2.44	3.87	1.48	87.32	.001
3.	Function as a participating member of the healthcare team	2.38	3.92	2.42	54.87	.001
4.	Demonstrate the behaviour for effective teamwork	2.33	3.06	1.58	14.67	.001
C.	**Leadership skills**					
1.	Guide other nurses in making healthcare decisions	2.65	3.05	3.45	15.34	.001
2.	Supervise nursing staff effectively	2.14	3.16	2.45	20.92	.001
3.	Report observations of patients to nurse leader	2.54	3.86	2.32	41.77	.001
4.	Use principles of management in planning care	2.11	3.41	1.13	84.85	.001
	The Overall leader's professional learning behaviour	**2.55**	**3.49**	**2.54**	**38.97**	**.001**

Means were calculated on a five point scale. 1= very unprepared, 2= slightly unprepared, 3= equally mixed, 4= slightly prepared, and 5= very prepared. Significant ≤0.05

Table 4.19 presents the overall mean ratings of the SWN, grouped by work experience, on basic knowledge in nursing, communication with nursing staff and leadership skills of leaders' professional learning. The F-test results indicate that there were statistically significant differences in mean ratings in all three influencing factors of leader's professional learning based on the nurses' years of work experience. However, the findings were unable to explain which group of nurses differed significantly from others. To identify this, a Tukey test was employed (Table 4.20).

Table 4.19 Overall F-test results for SWN views toward leaders' professional learning by work experience (n = 210)

Groups	Exp	N.	Mean	Variance	df	F value	P value
Basic knowledge in nursing	3-5 yrs	94	2.80	Between groups	2		
	6-10 yrs	85	3.53	Within groups	207	23.75	.001
	>10 yrs	31	3.30				
	Total	210	3.17	Total	209		
Communication with nursing staff	3-5 yrs	94	2.48	Between groups	2		
	6-10 yrs	85	3.58	Within groups	207	57.61	.001
	>10 yrs	31	1.98				
	Total	210	2.85	Total	209		
Leadership skills	3-5 yrs	94	2.35	Between groups	2		
	6-10 yrs	85	3.37	Within groups	207	41.17	.001
	>10 yrs	31	2.33				
	Total	210	2.76	Total	209		
Overall leader professional learning	3-5 yrs	94	2.55	Between groups	2		
	6-10 yrs	85	3.50				
	>10 yrs	31	2.54	Within groups	207	38.97	.001
	Total	210	2.93	Total	209		

Means were calculated on a five point scale. 1= very unprepared, 2= slightly unprepared, 3= equally mixed, 4= slightly prepared, and 5= very prepared. Significant ≤ 0.05

Tukey test indicated that the SWN who had 3–5 years of experience and more than 10 years of experience in nursing differed significantly in their views on the 'basic knowledge in nursing' of the leaders.

Table 4.20 Tukey Test results of SWN comparative views between the work experience groups and their leaders' professional learning

Groups	Experience	3-5 y	6-10 y	>10 y
Basic knowledge in nursing	3-5 yrs	-	-	*
	6-10 yrs	*	-	-
Communication with nursing staff	3-5 yrs	-	-	*
	6-10 yrs	*	-	*
Leadership preparation	3-5 yrs	-	-	-
	6-10 yrs	*	-	*
Overall professional learning	3-5 yrs	-	-	*
	6-10 yrs	*	-	*

*Significant≤ 0.05 level of probability.

Furthermore, a statistically significant difference was found between SWN who had 3-5 years of experience and those who had 6-10 years of experience in their views pertaining to leader's professional learning in 'communication with nursing staff' and 'leadership preparation'. The F-test results showed that statistically significant differences were found between SWN based on their work experience and in their views to all items regarding the nurse leader's professional learning. Based on these findings, the null hypothesis was rejected.

Summary

In this chapter, the findings were organised into the respective qualitative and quantitative phases. The INS indicated that effective nurse leaders need to have a set of characteristics such as higher academic background in nursing, managerial skills, clinical nursing knowledge and effective communication skills. They also highlighted personal qualities such as strong personality, ethics and morality, politeness, and trustworthiness. Moreover, the participants indicated that there are factors that influence performance and educational factors influencing nurses in becoming professional nursing leaders.

The SWN specified that effective nurse leaders need to have a set of characteristics such as clinical nursing knowledge, effective communication skills, managerial skills, and higher academic background in nursing. They also highlighted personal qualities such as politeness, ethics and morality, trustworthiness, and patience. In contrast, the four least cited personal qualities were: the capability to inspire others, the ability of observation, courage, and straightforwardness. Honesty and intelligence were also important aspects of effective nurse leaders. Moreover, the participants indicated that there were factors that influence effective leadership behaviour, and professional learning of nurse leaders. Test results showed that there were significant differences in views of the nurses toward effective leadership behaviour and professional learning of the nurse leader when level of education, gender, and work experience were considered.

The data obtained from the qualitative and quantitative findings have revealed significant information to identify the characteristics of an effective nurse leader and professional leadership learning. In Chapter Five, the significant findings of the quantitative and qualitative phases of this study are integrated, elaborated and discussed in relation to the literature.

CHAPTER 5 DISCUSSION

Introduction

This chapter will discuss the findings of the research in relation to the research questions. Based on the research conceptual framework presented in the literature review (chapter 2), this chapter will also discuss the contribution this study makes to existing knowledge in the field. The conceptual framework includes four main factors: (i) Human capital factor; (ii) System factor; (iii) Social capital factor; and (iv) External support factor. The linkages between these four factors are explained and discussed in detail from section 5.1 to 5.5, including the significant differences between leadership behaviour and leader professional learning with the nurses' demographic profiles.

5.1 Effective nursing leadership framework

The conceptual framework for this research identified four main factors for effective nursing leadership, that is, human capital, system capital, social capital and external support as presented in Figure 5.1(and presented earlier in Table 2.3).

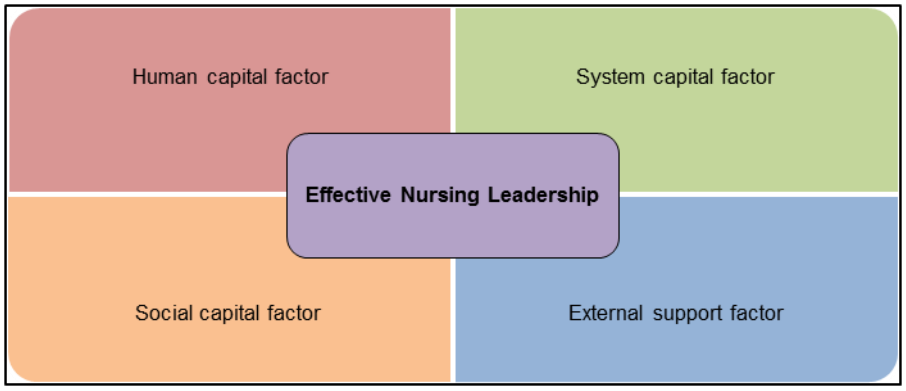

Figure 5.1 A diagram of the research findings for effective nursing leadership

The Human capital factor refers to the collection of competencies, knowledge, and personality attributes that a person has which allows them to be professionally productive. In this research, the findings identified **personal characteristics of an effective nurse leader** as the most important factor of the human capital factor. These characteristics are the academic background, managerial skills, clinical nursing knowledge, and communication skills. In addition to these characteristics, the research findings highlighted some personal qualities of the nurse leader such as strong personality, ethics and morals, and trustworthiness. When the nurse leader possesses these qualities, he/she demonstrates effective leadership.

The second component, the **system capital factor**, refers to positive workplace attributes that facilitate the nurses' engagement and opportunities in workplace activities and professional learning. In this research, the findings highlighted that the factors influencing **leadership performance,** such as professional development and healthcare system policy are the key influences within the system capital factor. For instance, these factors rely on professional development resources, which provide appropriate support and information, and opportunities to develop leadership capabilities.

The third factor is **social capital factor,** which is described as the quality and quantity of interactions that result from the culmination of interpersonal relationships. Data from this research revealed that the **leadership behaviour** which discusses personal, mentoring, motivational behaviour is the most important factor for building social capital.

The fourth factor, the **external support factor** is identified as facilitators of nurses' engagement in professional development, career advancement, and leadership development and learning opportunities from outside the workplace. This research identified that **leadership professional learning** is dependent on the external support factor and is therefore influenced by the policy of the healthcare system, which supports and provides opportunities for leadership training and career advancement. It is also influenced by the pressures of the broader socio-political context, which impact on issues such as status of the nursing profession, funding and equity.

The personal characteristics identified in this research are representative of the overarching domain of the effective nurse leader. These personal characteristics refer to positive personal qualities such as ethics and morals, politeness, intelligence, patience, humanity and kindness, trustworthiness, and devotion, are interrelated with all other components of effective nursing leadership. Possessing these characteristics is essential in order to produce the four critical factors of academic background, managerial skills, clinical nursing knowledge, and communication skills found by this research. Nurse leaders, who can develop their skills by taking higher level studies in nursing education, will improve their academic background. Consequently, the improvement in academic background will lead to the enhancement of a ward's or hospitals and system's clinical nursing knowledge. These two characteristics of academic background and clinical nursing knowledge will subsequently enhance the managerial and communication skills that the nurse or the leader needs to be effective. All the characteristics can be developed when supported by professional learning including effective training for general nursing and leadership learning. By developing these characteristics through professional training and learning, nurses will enhance their leadership behaviour and in turn will enhance their performance in leading effective healthcare services.

5.2 Human capital factors: the important characteristics of an effective nurse leader in Iraq

The characteristics of an effective nurse leader, as reflected in the findings of this research and presented as the human capital factor, are seen as an important contribution to the knowledge of effective nursing leadership. These characteristics were identified across both the qualitative and quantitative research findings and include *academic background, managerial skills* and *clinical nursing knowledge.* This section discusses these characteristics and answers the first research question: What do nurses in Iraq identify as effective characteristics of a nurse leader?

The *academic background* of nurse leaders is considered to be the most significant characteristic of an effective nurse leader. The majority of the INS and SWN indicated that the effective nurse leader should have higher nursing academic qualifications. These nurses further suggested that bachelor degree holders and/or higher degree holders in nursing are most likely to be effective nurse leaders. These

findings are consistent with other research studies which clearly stated that nurses must have a bachelor degree in nursing before they become nurse leaders (American Nurses Association, 2004; American Organisation of Nurse Executive, 2013; Council on Graduate Education for Administration in Nursing, 2011). Yoder-Wise, Scott, and Sullivan (2013) commented that a master's degree in nursing leadership and management courses prepares nurses to lead nursing and inter-professional teams more effectively and professionally. The academic background of a high nursing qualification better prepares the nurse to lead nursing staff and to create new and innovative approaches to improve healthcare processes and outcomes within their scope of responsibility in the workplace.

According to this research, another characteristic seen as being necessary to be an effective leader is to have *managerial skill*. Managerial skills as key competencies of effective leaders are not surprising, as nurse leaders with specialized skills may also be required to provide supervision and advice to nursing staff. A high proportion (75%) of the INS mentioned this characteristic as a significant feature in nursing leadership, and more than half (54%) of the SWN observed that nurse leaders need to be skilled in management. Nurse leader managers (unit managers and head nurses) regularly make both clinical and administrative decisions that impact on ward nurses, therefore, their knowledge of leadership and management is important to ensure their approach is one that will motivate and encourage staff to do their best work. Nurse leaders with strong and positive managerial skills may gain the trust and confidence of the nursing staff and so be better able to lead them more effectively.

These findings support Contino (2004) who studied managerial skills as one of the effective nurse leader qualities and found that nurse leaders can use managerial skills to collaborate with colleagues and peers and encourage teamwork to prepare for and respond to the multifaceted challenges that arise every day in a health organisation. Contino (2004) also highlighted that nurse leaders have to have clinical nursing knowledge in order to play an effective role, also supported by this research conducted in Iraq.

Clinical nursing knowledge can be improved through academic qualifications. The majority (87%) of SWN acknowledged this characteristic as an important aspect in nursing leadership, and less than half (45%) of INS mentioned that nurse leaders need to have good clinical nursing knowledge in order to earn respect and trust and be able to be role models and lead nursing staff effectively. These findings are congruent with Dubrin et al. (2006). According to them, effective leaders have to be technically competent in the nursing profession. Nurse leaders obtain their clinical nursing knowledge from the training that they complete during their educational preparation as nurses. It is difficult for nurse leaders to establish rapport and respect with staff members when they do not display competence and confidence in technical skills. Such a situation could result in a number of unwanted conditions, such as poor communication, lack of trust and disorder. Such a situation reported in this study resulted in a negative impact on the quality of nursing care provision and influence the healthcare services.

Communication skills were also revealed as important characteristics by the research participants. Approximately two-thirds (62%) of the SWN indicated that nurse leaders have communication skills with their staff, while just over one third (35%) of the INS mentioned this characteristic as important for the nurse leader to be effective. Unsurprisingly, high level communication skills are necessary for nurse leaders to develop trusting and supportive relationships with staff. Such relationships require and are fostered by clear and open communication.

The INS and SWN strongly emphasized the importance of a leader being able to maintain and promote constructive two-way communication. As reported in Chapter 4, "A good nurse leader has to have good social relations and s/he has to know how to interact primarily with doctors, pharmacists, patients, and patients' relatives, and then with people" (P6UM). The findings of this research also indicate that leaders need to ensure good communication between themselves and their staff and with all staff members in order to encourage feedback, discussion, teamwork and, ultimately, improved patient care.

Sound interpersonal relationships developed through good communication skills are also related to effective leader performance (Heuston & Wolf, 2011). This is important because patient care is optimized through cooperation and collaboration of healthcare staff. Good communication lines also make possible participation in decision-making processes between nurse leaders and their subordinates. This research outcome showing that communication with nurse leaders is an important factor affecting their performance in healthcare services confirms that of (Brady Germain & Cummings, 2010).

In addition to the academic background, clinical nursing knowledge, managerial skills, and communication skills, the nurses participating in this study identified several personal qualities as an overarching domain of an effective nurse leader. The most cited personal qualities mentioned by nurses were: *strong personality and ethics, intelligence, trustworthiness, honesty, humanity and kindness, courageous, observation, and inspiration.*

The nurses ranked *strong personality and ethics (ethical behaviour)* at the top among other leader's personal traits. Almost one third (30%) of the INS and 62% of SWN indicated that strong personality and ethics are the most important qualities of the nurse leader. By strong personality, the participating INS nurses meant self-confidence and assertiveness. These traits, from the nurses' perspective, were essential for a nurse leader to succeed in the field of nursing. These findings were similar to research on nurses' views of effective leader personal qualities by Feltner et al. (2008). In this study, they indicated that a leader must be decisive, self-assured, have ethics and morals, and must be able to identify and address problems as they arise. The present researcher assumes that nurse leader personality and ethics may have both direct and indirect significant effects on supervisors' ratings of nurses' performance. Expressing personality in the form of confidence and ethics in high performance situations, for example can directly affect supervisors' ratings of nurses' performance. Also reported effective nurse leaders would make sound decisions that are adhered to and make very few mistakes such that their decisions are trusted and respected by nursing staff, thus instilling confidence in the staff. Research participants also suggested that when effective nurse leaders foster staff participation

in decision making, as well as provide some autonomy from bureaucratic constraints, this can also directly influence nurses' sense of personal control.

This research also identified *Intelligence* as a significant player in nurse leader performance. Experienced nurses in leadership positions who do not have high level nursing qualifications often use old solutions to solve problems where those who have more up-to-date knowledge, strategies, creativity and intelligence have the potential to be more effective. As Cummings, Lee and MacGregor (2008) found leaders with higher intelligence are more valuable than experienced leaders when innovation is needed and stress levels are low. Consistent with the findings of this research, intelligence theory (Chemers, 1997; Fiedler & Garcia, 1987; Vecchio, 1990) suggests that nurse leaders with higher intelligence are more likely to be proactive in their behaviour.

The findings indicated that leaders must be *trustworthy*, and they must also trust staff members. In this research, trustworthiness can be defined as a nurse's confidence in their leader's intentions and motives, and in the sincerity of the staffs' opinion and thoughts. Leaders must be trustworthy, and they must also trust nursing staff. As a result, nurses are better able to provide quality care when their skills and knowledge are trusted and respected. This leads to empowered nurses who can practice autonomously and feel they are a valued member of the healthcare team. One of the nurses in this study reported: "An effective nurse leader should ….observe a pure conscience, ethics, and morals" (P5WN). The nurses implied that they distrusted nursing leaders, and that gaining and maintaining trust of nurse leaders was a substantial challenge for them. Previous research also shows that it takes a leader a long time to build trust, yet one brief incident of untrustworthy behaviour can permanently destroy it (Dubrin et al., 2006).

Honesty was mentioned as another personal quality. These research findings revealed that honesty of the nurse leader promoted human respect, assisted in avoiding deceit, and fostered sincerity with others. One participant said, "A good leader must have a strong personality …most nurse leaders at hospitals in Iraq have weak personalities …. An effective nurse leader should avoid being partial" (P5WN). These views imply that honesty includes both clearing up any misunderstandings when they occur, and avoiding gossip, back-biting, harsh words and idle talk. Having a strong personality in this context refers to the nurse leader demonstrating the positive qualities identified. Research shows that honesty in nursing actions is an ethical behaviour that nurse leaders must perform, especially when they face choices of actions that can be either honest or dishonest (Jormsri et al., 2005).

Other personal qualities that came out of both interview and survey findings were *humanity and kindness, courage, observation, and inspiration.* Nursing involves people and humanity must be shown when dealing with patients and with the healthcare team. Humanity and kindness could be the motivational factor for every nurse and nurse leader to achieve higher goals that result in improving the quality of nursing care. The nursing profession is based on the concepts of humanitarian service and without this humanitarian spirit it will be difficult to achieve good nursing care. The findings showed that nurses preferred their leaders to be courageous and face the challenges, take risks, and take initiatives for sustained leadership. These findings agree with Dubrin et al., (2006) who mentioned that it takes courage for a leader to

suggest a new undertaking because if his/her undertaking fails, the leader is often seen as having failed, and it takes courage to take a stand that could backfire.

The INS reported that by using inspiration, nurse leaders, together with staff nurses, will articulate and communicate an understanding of the values and goals that are associated with mentoring, and share these with colleagues. This finding is supported by Bally (2007) who concludes that motivation and inspiration are the aids for overcoming barriers to successful implementation of mentoring and for gaining employee commitment (Bally, 2007).

In summary, this outcome of this research clearly shows the characteristics of an effective nurse leader (Figure 5.2) as the very important factor of the human capital of the nurse leader. These findings also align with those presented by Adeniran et al., (2012) and Dubrin et al., (2006). The human capital components in their framework are very general while the personal characteristics in this research are very specific and emphasise the importance of specialised skill and knowledge. For example, the Adeniran et al., (2012) and Dubrin et al., (2006) human capital components mention the importance of knowledge but do not specify which knowledge; whereas, the personal characteristics components in this research specifically emphasise clinical nursing knowledge as one the characteristics of an effective nurse leader. Similarly, in the Adeniran et al., (2012) and Dubrin et al., (2006) human capital components, the skills and abilities are mentioned generally, while in this research the focus is on managerial and communication skills. This demonstrates that, along with leadership knowledge, managerial and communication skills are the most important characteristics that are required to be an effective nurse leader.

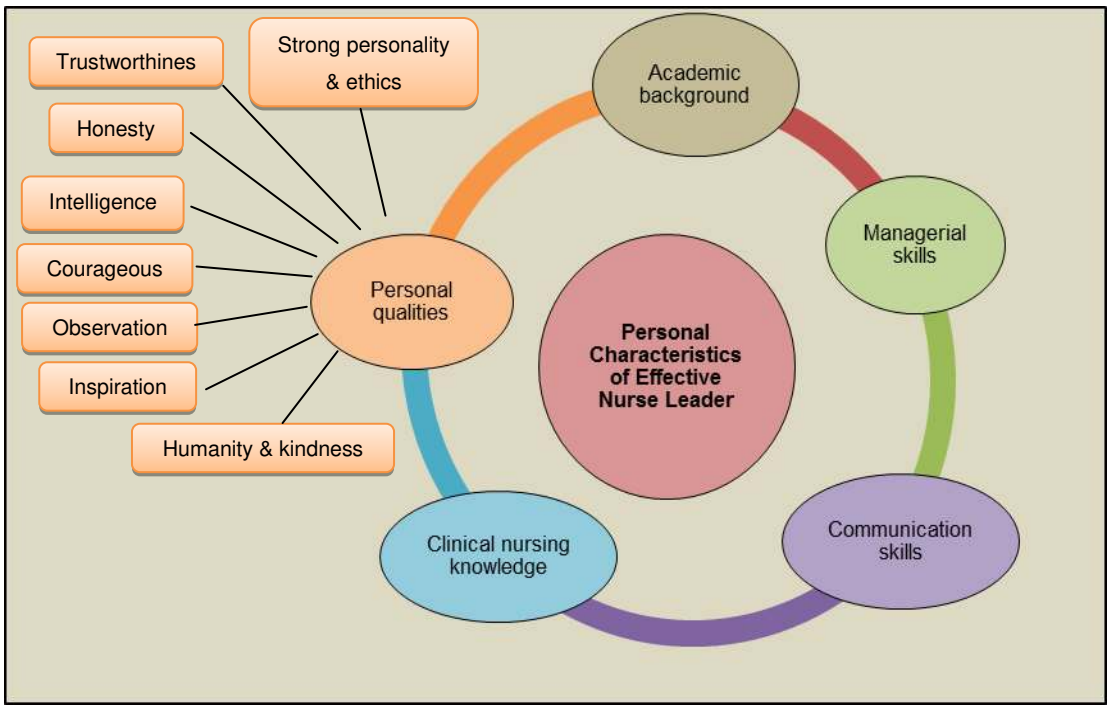

Figure 5.2 Personal characteristics of effective nurse leader

In the present research the personal characteristics of a nurse leader are grouped into academic background, clinical nursing knowledge, managerial skills and communication skills as outlined in figure 5.2. Past references in the literature review (Adeniran et al., 2012; Dubrin et al., 2006) to these characteristics have generally attributed equal importance. In this study these characteristics show a distinct grouping pattern and appear in order of importance. The findings of this research indicate that academic background and managerial skills are considered the most important characteristics of a nurse leader followed by clinical nursing knowledge, and communication skills.

The participants believed that being a leader was taxing and involved a complex series of functions for guiding people toward positive results for the patient, the facility, and the individual. Getting things done through others requires many flexible characteristics, with different characteristics being more important than others based on the situational needs at any given time. The personal qualities such as strong personality, politeness, ethics, intelligence, patience, humanity and kindness, trustworthiness, devotion and observation are important factors of human capital components mentioned by Adeniran et al., (2012) and Dubrin et al., (2006). The act of leading is a continuous challenge. A leader must achieve balance between accomplishing the work and meeting the needs of staff members in feeling valued and being empowered with autonomy to address patients' needs.

Concluding Comments

The participating nurses have identified the key characteristics of an effective nurse leader such as higher level of nursing qualifications, thorough clinical nursing knowledge, effective communication behaviour and managerial skills; as well as a set of essential personal qualities such as strong personality and ethics, intelligence, trustworthiness, honesty, humanity and kindness, courageous, observation, and inspiration. The nurses feel confident working with a highly qualified nurse leader and the leader is also able to perform his/her job efficiently. The participants indicated that without knowledge and experience in clinical nursing, the leader cannot transform his knowledge into effective communication with staff and influence and motivate them to maximise their efficiency and effectiveness in the workplace. A combination of these personal characteristics and the qualities of a leader plays a significant role in a nurse leader's performance, leadership and overall effectiveness. These facts lead to the conclusion that that there is a need to consider these key characteristics and personal qualities of a person to be selected, nominated or recruited as a nurse leader in the Iraqi healthcare system.

5.3 System capital factors: nurse leader performance

According to the findings of this research, the second factor that impacts on effective nursing leadership is a system capital factor; and nurse leader's performance is the most important factor in the system. This section contributes to answering research question (2) "What are the factors influencing the performance of nurse leaders?" It was found that the nurse leaders' performance was affected by two main factors: professional development and the healthcare system policy.

5.3.1 Professional development

A majority (90%) of the INS mentioned that lack of opportunity for professional development was affecting the quality of nursing practices. They viewed professional development as an important factor for their advancement, commitment and satisfaction in nursing. However, this research finding indicates that three influencing factors: excessive workload, use of power by the leader, and opportunity for professional learning prevents them from participating in professional development. These influencing factors are interrelated as each affects the other. For instance, the use of power by the leader can control the relationship between nurses with their nurse leaders and not only affects equitable work distribution among nurses; it also results in unequal opportunities to participate in the leadership professional programs.

Excessive workload

The nurses mentioned that high demands of work do not allow them to participate in professional development programs or workshops. One participant stated that "There is a shortage of nurses in the healthcare systems and this shortage has eventually increased the workload of the existing nurses" (P13WN). Previous research (Brekelmans, Poell, & van Wijk, 2013) shows that the leaders' workload is linked to a shortage of nurses which further impacts the opportunity of professional development for the nurses as well as their leaders. Another participant stated that "The most important issue facing the healthcare system is that there is not enough nursing staff, so the nurses and leaders cannot participate in any nursing course because of excessive workload" (P9HN). In previous research (Lee & Cummings, 2008) it is reported that the workload of nurses and nurse leaders is excessive and affects their work effectiveness. However, there is no study which connects excessive workload with professional development. This influencing factor must be addressed in order to optimize nurses' functionality.

Use of power

Another influencing factor that affects the nurses' participation in the professional development programs was the use of power by the leader in controlling relationships and the subjective behaviour of some of the nurse leaders towards their nursing staff. One nurse expressed this view: "Relationships with the nurse leader affect the work quality, this relation may make the leader to give fewer shifts to the nurses who have relation with, this is unacceptable but there is no fairness in dealing with nurses as equal" P9HN. This comment suggests inequity in the allocation of shifts for nurses and the possible improper use of nurse leaders' power.

Furthermore, it seems that nurses only had the opportunity for professional development courses if they were either favoured or related to the nurse leaders and the management staff responsible for the selection process. This is further exemplified by this nurse's comments: "Only those nurses who are the nurse leader's relative or friends are selected for such courses. There is no official and fair selection process of nursing staff to attend the professional development courses." Besides a further indication of the misuse of power by nurse leaders, this behaviour is entangled in Iraqi cultural and social expectations where family and friendship ties allow favoritism to be widely practiced and tolerated.

As another nurse emphasised "The Ministry of Health has to include legislation that states only highly qualified nurses have to be recommended for the nurse leadership position". Nursing leaders and decision-makers in health organisations in Iraq need to take responsibility for developing and implementing nationwide policy on a strict process that recognises merit-based equity and inclusivity for leadership program selection.

Leadership professional learning

The highest proportion (90%) of the INS nurses viewed that ineffective professional development or, lack of opportunities to participate in such programs, are key issues affecting nurse leader performance. As leadership skills directly influence nurse leaders' performance, these skills can be built by participating in professional development courses such as leadership training and learning programs. One participant nurse shared hopes for the future:
"I hope that the nursing profession in Iraq will develop to the same level of western countries. I look forward to working towards improving myself; if every nurse is given the opportunity for professional development, it will improve the country's healthcare system".

Another participating nurse said:
"In order to be an effective leader, nurses have to complete nursing leadership and management courses. However, there are no nursing leadership courses in the nursing high school and in the diploma levels. As the leadership and management courses assist the nurses graduating in the programs to become effective nurse leaders in the future. Therefore there should have the opportunity to develop their leadership professional skills."

A further statement by a participant:
"Every nurse leader should have the opportunity to develop their leadership skills as well as nursing skills; our nurse leaders need to travel outside the country to experience the level of nursing leadership profession in developed countries, so that they can apply it in Iraq."

There are no leadership development programs for those who may aspire to be in a leadership position as a career move. The findings of this research showed that there are no leadership and management courses at the diploma levels. These courses need to be included in all the levels of nursing education system. One suggestion given was that the nurse leader should gain international experience so that they could apply it in Iraq. There were also suggestions from the nurses for the need for higher leadership education as they perceived their lengthy work experience had given them clinical competencies which are not sufficient to perform their role as an effective nurse leader. One quoted as: "My future aim is to have a PhD degree in nursing, do various kinds of nursing research, and improve my skills as a specialist nurse". Professional development such as postgraduate studies in leadership and management programs are essential and should be linked to what health organisations can offer to their employees to build their capacity as professional nurse leaders (Barr & Dowding, 2012).

Concluding comments

This research shows that there is a lack of leadership development programs and an unfair selection process in Iraq. The leaders usually favour and select nurses who have family and/or business relationships with them rather than going through a competitive merit based nomination process. The findings reveal that this behaviour among nurse leaders is related to unethical characteristics of the leaders. In this situation, there is a need for transformational change that encourages the development of excellent personal qualities and inspires nurse leaders to exhibit these personal qualities in their behaviour. For instance, if the leaders are professionally qualified in interpersonal relationships and transformative management, then they will have the capacity to design and organise efficient and regular professional development programs for nurses. With greater access for all, they may also not feel the need to resort to favouritism. As noted earlier, personal characteristics, such as honesty and strong personality and ethics, have the potential to develop while participating in professional development and this can lead to better work conditions for all nurses and a fairer work distribution system. In other words, by participating in transformative leadership professional development courses the desired personal leadership qualities can be realised, which can directly influence nurse leaders' performance.

5.3.2 Healthcare policy

Healthcare policy factors, such as selection criteria of leaders, professional recognition of nursing, and occupational equality, were identified as factors that affect the performance of the leaders and are discussed with key policy implications for improving the nursing profession in Iraq.

Selection criteria of leaders

The INS participants emphasised this factor as one that affects nurse leader performance. The findings from this study suggest that qualified and experienced nurses are often overlooked for leadership positions in favour of those that are not suitably qualified but that a manager or administrator prefers (for reasons such as family/friendship ties). This lack of properly recognising education and experience during the selection process result in inappropriate individuals taking on leadership positions. This practice also breaches the Iraq Ministry of Health (2012) policy which stipulates that only highly qualified nurses with at least five years of experience in nursing administration should be recommended for nurse leadership positions. The literature in this field is also in agreement that higher levels of education and experience lead to increased leadership effectiveness. While the Iraqi Ministry of Health seems to have a sound policy in place, more needs to be done to ensure that this policy is being followed by all.

Professional recognition of nursing

The World Health Organisation (2012) report indicates that the nursing profession is generally treated as a lower position among healthcare and other professions in Iraq. The findings of this study are consistent with this sentiment. Participants expressed their dissatisfaction with the credibility and respect given to the nursing profession. This is demonstrated in the workplace by the lack of satisfactory financial

compensation; and in society by the lack of recognition for their professionalism. Studies have shown that nurses' perceptions of feeling undervalued can negatively influence job satisfaction (Collins et al., 2000), and act as a motivator for migration (McGillis Hall et al., 2009). In addition, White et al. (2008) research has also found that nurses who do not always feel respected by the healthcare staff is a primary factor contributing to nurses' tensions. Nurses in Iraq tend to feel demotivated, unappreciated and angry as a result of the way they are treated (examples of this treatment are demonstrated in the findings of this study) and this treatment is likely to have a negative effect on the level of service provided by all levels of staff (including of course leaders) in the healthcare system.

Calls for legislation to address these issues emerged in the findings. One participating nurse mentioned that "inadequate legislation of the nursing profession influenced the credibility of nursing as a respected profession and nurses' rights of recognition, wages, and appreciation." Another mentioned: "We need legislation and we need laws for nurses in order to ensure our rights as human beings first and then as nurse, such as treating us with dignity, increase our wages based on nursing qualifications, and respect and recognising our rights as an employee."

The findings from this study would indicate that the Iraqi government needs to introduce to take action to raise the professional recognition of nursing in Iraq, for example, raise nurses' salaries to a more satisfying level. Other studies have shown that financial compensation is clearly a deciding factor in staying in a job (Buchan, Kingma, & Lorenzo, 2005). This action may stem the flow of Iraqi nurses migrating to other countries. Appropriate professional recognition within the healthcare system (such as tackling the issues surrounding the selection criteria of leaders as discussed above) need to also be addressed.

Occupational inequality

Another issue related to policy was occupational inequality. It was mentioned by the participants that the nurse leaders do not acknowledge and give due recognition to the nurses with higher qualifications. As there seems to be no prescribed policy aligning professional ability with work distribution, this leads to occupational inequality. This has resulted in dissatisfaction of qualified nurses who sometimes resign from their positions, and may cause shortage of nurses. These findings have not been reported in previous research in Iraq and therefore this finding could be a reference for researchers specifically related to the nursing situation in Iraq. One of the participants stated: "The healthcare system in general needs to be changed because there are no rules for recognizing the qualified graduate nurses from other nurses in hospitals. The leaders or managers treat all nurses the same irrespective of differences in their academic background".

The Iraq Ministry of Health (2012) policy stipulates that one of the nurse leader responsibilities is to ensure fair distribution of work among nursing staff based on their educational background, experience, and professional skills. However, the research findings indicate that nurses who had a personal relationship with the nurse leader were given less workload than other nurses, which appears to be an improper use of leader power. As one participant said "If the nurse leaders have nursing degree lower than nursing staff, they feel threatened from these nurses. The leader treats

these nurses as skilled nurses (lowest level of graduated nurses). This issue can be resolved by appointing a nurse leader with a bachelor or higher degree".

These findings strongly suggest that a policy framework is required outlining the professional responsibilities (e.g., work distribution) of nursing staff according to their educational background, experience, and professional skills.

In summary, this research identifies professional development and healthcare policy as two major factors that influence the professional performance of the leaders (illustrated in Figure 5.3). The factors that negatively affect the process of professional development include excessive workload, inadequate leadership professional learning, and improper use of power by leaders in controlling their relationship with nursing staff. A healthcare system policy (2012) exists in Iraq; however, this policy is not being implemented properly. This is due to a number of reasons that may include political malfunction at various levels of the system and/or the pressure of sociocultural expectations and tolerances. While this research has identified that the policy is not being implemented, the reasons for this occurring are beyond the scope of this study. The participating nurses stated that the level of education, professional knowledge and skill are not taken into consideration to select or nominate a leader. Similarly, the policy in the area of professional recognition and development appeared as unprofessionally made and exercised. All these factors affect nurse leader performance, which is the most important component of the social capital factor.

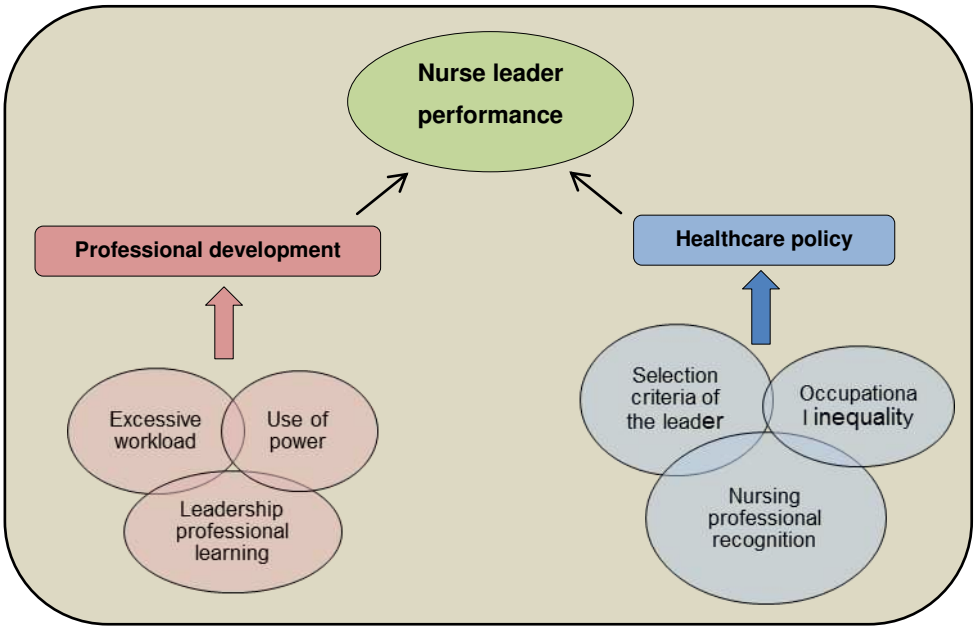

Figure 5.3 Factors influencing nurse leader performance

To illustrate this point, when nurses experience excessive workload because of staff shortages or misdistribution of workload among nurses, this may result in fatigue and/or stress and lead to many mistakes in their work. Ultimately, they may resign. Consequently, leaders will have to fill the gaps that this causes (including rectifying mistakes) depriving them of the time needed to develop themselves as both nurses and leaders.

Concluding comments

This research reveals that the nursing profession has not been suitably recognised in Iraq. This is evident when nurses are not rewarded fairly compared to their working hours and nursing is not considered a well-respected profession. These difficult conditions negatively impact the self-esteem of nursing staff which causes high staff turnover, consequently leading to a chronic shortage of nurses. These conditions affect the quality of the healthcare service. It is highly recommended that the authorities in Iraq take wide ranging actions (as presented in Chapter 6) to bring the governing policies up to standard and to ensure that they are being followed fairly and consistently.

5.4 Social capital factors: leadership behaviour

According to the findings of this research the third factor that contributes to effective nursing leadership is the social capital factor, where leadership behaviour is the most important issue in this factor. This section also answers research question (3) "What are the factors influencing leadership behaviour of the nurse leader?" Leadership behaviour involved the three dimensions: personal behaviour, mentoring, and motivational behaviour.

5.4.1 Personal behaviour

Based on the findings of this research, nurse leaders' personal behaviour is defined as involving a133, number of individual factors that can influence leadership effectiveness. These include: friendliness, encouraging the expression of feelings and ideas openly, and displaying trust. One half of SWN indicated that the nurse leaders always "encouraged them to state their point of view and express their opinions openly". Whereas, three-fifths (60%) of these nurses stated that their leaders sometimes behaved in a "friendly manner, allowed them to express their feelings honestly" (55%), "displaying trust and confidence in the nursing staff" (52%), and "listened to them well" (48%). These findings equally showed both positive and negative personal behaviour of nurse leaders. Displaying this combination of behaviours could influence the relations and communication between leaders and their nursing staff. The findings also indicate that such inconsistent conduct does not reflect the professional stance that is important for effective leadership. These findings are congruent with Akerjordet and Severinsson's (2008) research, who concluded that a link exists between emotional intelligence and effective nurse leadership and is demonstrated in personal reflection, strong relationships and cooperation and collaboration in the workplace. The unique cultural and social dynamics of Iraq affect personal behaviour in a similar way to how they affect the leader's use of power as discussed earlier.

5.4.2 Mentoring behaviour

Mentoring behaviour can be identified as the relationships between nursing staff and their leader. Effective nurse leaders can improve this relationship by encouraging nursing staff to communicate with the healthcare team, share the information, and treat all members equally. Almost three-fifths (57%) of the SWN stated that their leaders: "do not share information frankly, encourage to do the best, be innovative and creative, avoids dominating the discussion, encourages to work together, treat all equally, avoids imposing a decision upon the group or supports and encourage them to have open communication".

These findings indicate that the mentoring behaviour of the leaders toward nurses was perceived as moderately positive. To create a culture of mentoring behaviour, the nurse leaders need to adopt a visionary leadership style that will engender inspiration, motivation, trust, empowerment, and collaboration. The positive mentorship behaviour of the leaders improves nurses' confidence, promotes professional development, and encourages lifelong learning (Bally, 2007; Jakubik et al., 2004). The Canadian Nurses' Association (2004) states: "Mentoring involves a voluntary, mutually beneficial and usually long-term professional relationship, this relationship supports the maturation of a less experienced person with leadership potential (mentee)" (p.24).

Mentoring behaviour is an important factor for effective leadership that eventually leads to building a cohesive nursing team and reflects transformational leadership practice. It is essential that nurses and their leaders are trained to support mentoring within the professional practice of nursing. To support mentoring, nurse leaders must assist in creating and maintaining a culture that would promote and sustain this practice.

5.4.3 Motivational behaviour

Motivational behaviour can be identified as the ability of leader to help nursing staff to develop their learning needs, encourage them to develop their nursing knowledge by participating in scientific events and use academic discussion while serving patients. Almost half (46%) of the nurses perceived the motivational behaviour in their leaders as low, whereas, 21% of nurses indicated that their leaders always demonstrated motivational behaviour. An important connection may be that the motivational behaviour of nursing leadership is essential to the creation of practice environments that support nurses' ability to perform. Nurse leaders play a key role in motivating the nurses through guidance, encouragement, and coaching of nurses, which ultimately affects their ability to perform. These leadership skills that encourage employee motivation can be taught, with the potential to influence organisational practices and promote organisational success (Kouzes & Posner, 2002). Similarly, nurse leaders who engage staff motivate nurses to feel empowered to perform through participative decision-making and autonomy (Greco, Laschinger, & Wong, 2006). That is, nurse leaders who commit to motivate through informing, encouraging and supporting staff will reap the associated outcomes of a positive workplace culture and improved patient care. Furthermore, it is the responsibility of healthcare organisations to screen the personal, mentoring, and motivational behaviour of the leader which will eventually ensure quality performance of the staff to provide quality healthcare services.

5.4.4 Significant differences in nurses views toward leadership behaviour of their leaders based on education, gender and work experience of the nurses

The views of nurses pertaining to personal, mentoring and motivational behaviour of the leaders were tested against the level of education of the nurses, their gender and work experience. This section is answering research question (4) "Are there any significant differences in the views of ward nurses toward the behaviour of leaders?"

The findings show that the bachelor degree holders differ significantly with diploma degree holders in their views toward the leaders' personal, mentoring and motivational behaviour. The bachelor degree holders indicated that the leaders 'seldom' demonstrate their friendly behaviour with nurses, do not listen them, do not allow them to state a point of view or encourage them to express ideas and feelings honestly and openly. Also, seldom do they display confidence and trust in staff, share information frankly, encourage them to do the best, be innovative and creative, avoid dominating the discussion, treat all equally, avoid imposing a decision upon the group, encourage open communication, help nurses to develop their plans to meet learning needs, participate in scientific events and stimulate academic discussions about work. However, the diploma holders indicated their leaders 'sometimes' demonstrate these behaviours.

The graduate nurses studied courses on leadership and management that may have enabled them to have more understanding and different expectations about the leaders' behaviours than the diploma nurses. This finding is congruent with Bally (2007) who states that to establish an appropriate environment in which effective leadership can be achieved; nurse leaders must acquaint with management, leadership traits and organisational culture which foster mentoring behaviour within the environment, and understand how to promote mentoring through transformational leadership.

Similar to the level of education of nurses, there are differences in views based on their gender. The female nurses differed significantly with male nurses pertaining to personal, mentoring and motivational behaviour of their leaders. The male nurses indicated that their leaders 'seldom' demonstrate effective personal, mentoring and motivational behaviour, whereas the female nurses stated their leaders do this 'sometimes'. The possible reasons for this may be the cultural and religious beliefs and traditions that influence the female nurses to possess passive behaviour toward their leaders. The International Council of Nurses (2003) commented that Iraq women were prevented from being viewed as potential leaders, because of sexual stereotyping; and that there were few opportunities for formal leadership training that prepared women for managerial and/or leadership roles.

Similarly, the nurses who have more than 10 years of experience had significant differences in views toward their leaders' behaviour compared with nurses who have 3-5 years and 6-10 years of experience. These findings suggest that the nurses with more years of work experience have more knowledge of their colleagues and their leaders (Bally, 2007; Manojlovich, 2005). It is further noted that in the sample there were no female nurses with 10 years or more experience in nursing; and only the male nurses had higher levels of experience in nursing. Therefore, all these factors

might limit the female nurses from expressing their views in the same way their male counterparts do.

This researcher suggests that if a nurse leader possesses personal, mentoring, and motivational behaviour they can build effective communication and personal relations with their nursing staff. This eventually and specifically affects the performance of the leader and particularly the social capital factor as shown in Figure 5.4. On the contrary, if the nurse leader's personal behaviour is autocratic and dictatorial, the nurses will hesitate to disagree with the leader, criticize his/her plans, or deviate from them. They will be forced to accept the plans and policies proposed by their leader even if they are unrealistic and impractical.

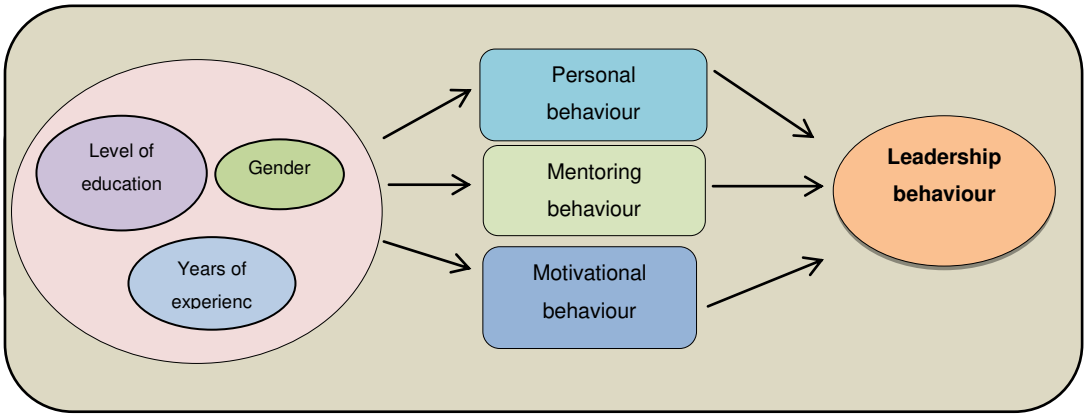

Figure 5.4 Factors affecting leadership behaviour

In summary, this research identifies personal, mentoring and motivational behaviours of the leader as the most important social capital factor. This study has categorically highlighted motivation as an important behaviour of the leader. The personal and mentoring behaviours are the two common factors in both the framework of Adeniran et al., (2012) and Dubrin et al., (2006). These two factors are considered as essential for effective nursing leadership.

Concluding comments

The findings of this research indicate that the most effective component in achieving positive outcomes for the nursing workforce and for healthcare organisations is the behaviour of the leader. This outcome is influenced by subsets of behaviour that have been identified as personal, mentoring, and motivational. An individual's attitude toward leadership is influenced by their gender, educational background and work experience. Personality that is self-assurance and insistence is another component of this equation that influences a leader's behaviour, and how that behaviour is viewed by others. These findings present an important moral imperative to ensure that healthcare organisations in Iraq are led by individuals and teams who display effective personal behaviour (such as high level communication skills), mentoring behaviour (such as concern for their employees as persons and modelling effective behaviour), and motivational behaviour (such as encouraging staff participation and giving recognition for effective work). This will improve the capacity of nurse leadership in order to achieve an improved healthcare system that takes into account the needs of its employees, patients and the organisation's goals.

5.5 External support: professional learning

The fourth factor that contributes to effective leadership involves the external support factor where professional learning is considered to be the most important influence. This section contributes to answering research question (5) "What are the factors influencing nurse leaders during their professional learning?" This research focuses on two factors, nurse educators' qualifications and professional learning program, as discussed below.

5.5.1 Nurse educators qualifications

The INS reported that the shortage of qualified trainers and large class sizes in training facilities are the two main concerns regarding the impact nurse educator's qualifications has on professional learning.

The shortage of qualified trainers is of most concern, as this also has an immediate effect on the large class sizes and the quality of instruction provided. The situation is illustrated by this nurse's comment "At nursing college we have 600 undergraduate students from all four levels, and we are only three trainers." These dire conditions lead to the education institutions ignoring criteria for selection and being forced to hire nursing staff from the hospitals as trainers, regardless of background, qualifications and experience. This must impact the quality of training, as explained by this INS:
"The faculty of nursing requests the hospital nursing staff to help in the practical training of nursing students. The hospital administration sends who ever available as a trainer which means the trainer is most of the time not a qualified trainer as most of the nurses were sent as trainers have a diploma or a lower academic background."

Another INS was of the view that: "It would be preferable to have sufficient number of trainers in the college. Then we would not need to depend on the nursing staff from the hospital to train our students."
The large class sizes in training facilities similarly affect the quality of instruction. A unit manager suggested possible relief from this situation: "It is hard to teach practical subjects appropriately in the hospital because of the large number of nursing students. I suggest scheduling the training time between nursing students."
These debilitating conditions for professional learning affect the quality of basic training as well as leadership development. This finding parallels a research setting in Canada, which explored a similar professional learning situation. The recommendations of (Yonge, Ferguson, & Myrick, 2012), made in light of a critical shortage of faculty to teach in nursing schools, include: using the crisis as an opportunity to recruit qualified individuals as trainers; ensure that these individuals are appropriately prepared for the responsibilities they will assume as faculty and staff development trainers; and implement strategies that will serve to retain a qualified nurse trainers workforce. These actions can be equally applied to the Iraqi context.

Given that these issues have not emerged in any previous research conducted in Iraq, these findings on professional leadership learning provide a solid reference point for future research.

5.5.2 Professional learning program

The research explored participants' views on and experiences with professional learning. According to the findings it was found that their professional learning program involved the three aspects of basic knowledge in nursing, communication with nursing staff, and leadership skills.

Basic knowledge in nursing

This research indicates that 47% of the SWN thought that their leaders were 'well prepared' to "apply basic nursing knowledge in their profession". However, 51% of these leaders were rated 'unprepared' to "solve problems facing the nursing staff" and in "applying ethical standards to resolve patients issues". These findings suggest that the leaders were academically prepared for their clinical practice but poorly prepared for leader responsibilities (such as problem solving) which involve interactions with nursing staff and patients. To be effective, nurse leaders must have high nursing knowledge in all nursing areas and be able to respond effectively to issues from both nurses and patients.

The literature review supports this point and it is also demonstrated in the Nursing Educational Curriculum in Iraq (2013), where there is an absence of leadership courses in both nursing high school and in the nursing institutes (Diploma program). Although the nurses study a leadership course in the bachelors program, it may be inadequate to meet the demands of the workplace.

Communication with nursing staff

The findings indicate that 38% of the SWN thought that their leaders were 'well prepared' for communication with nursing staff; while the same proportion thought that their leaders were 'unprepared' for communication with the nursing staff. This reveals that some of the nurse leaders had acquired good communication skills and some didn't. This researcher could not identify specific reasons behind this disparity in the communication behaviour among the nurse leaders. However, whenever the nurse leader had effective communication skills, their performance was reported to be better than for those nurse leaders who did not have these skills. Previous research shows that when nursing staff had less contact with the nurse leader their effectiveness decreased (Jenkins & Ladewig, 1996).

Leadership skills

The findings of this research indicate that 43% of SWN thought that their leaders were unprepared to enhance the leadership skills of nurses, as they did not receive adequate leadership training. These findings reveal that the nurse leaders were not contributing to the professional learning of the nurses in leadership skills. It also reveals a lack of capacity in the leader to engage the nurses in planning and decision making. Consequently their concerns related to both clinical and personal performance are not addressed as they do not reach the higher administrative authorities responsible for policy making.

Innovative strategies to enhance the development of leadership and managerial skills in nursing are needed in Iraq. There is evidence to suggest that the development of a curriculum that facilitates leadership development in nursing requires a collaborative approach between the education sector and the health service (Munro & Russell, 2007). Effective leadership is considered essential in this era of health system reform. In the Australian context, at a national and state level, a number of recent enquiries have identified the need for purposeful education for leadership across the health professions, including nursing (Daly et al., 2004; Garling, 2008).

5.5.3 Significant differences in nurses views toward professional learning of their leaders based on education, gender and work experience of the nurses

The views of nurses pertaining to basic nursing knowledge, communication, and leadership skills of the leaders were tested against the level of education of the nurses, their gender and work experience. This section is answering research question (6) "Are there any significant differences in the views of ward nurses toward the professional learning of leaders?"

The findings show that the bachelor degree holders, compared to diploma holders, expressed that their leaders were not well prepared in professional learning. The reason might be that the graduate nurses studied leadership and management courses that may have enabled them to understand the nursing science in general, communication behaviour with nursing staff, and leadership skills better than the diploma nurses. The diploma holders do not study sufficient courses on leadership and management and thus might have limited understanding of the professional learning of their leaders.

The findings also reveal that male nurses who have diploma and bachelor degrees holders are higher in number than females holding the same qualifications. This might be because of cultural and social factors in Iraq, where people prefer males more than females to work as nurses due to the low social image of the nursing profession in the country. Similarly, the findings show that more years of experience is lacking among female nurses, which may be because of the recent influx of females into the profession due to the encouragement by the Iraqi government. The findings further indicate that male nurses expressed that their leaders are not well prepared to lead the nursing staff; compared with the female nurses who viewed that their leaders are 'slightly prepared'. Male nurses were nominated more often for educational opportunities than female nurses. Data reveals that professional learning is important for growth and development; however, males were given more opportunity to be educated in nursing than females.

The findings show that nurses who had 3-5 years of experience had significant differences in views on effective leadership with nurses who had 6-10 years of experience in nursing. Again, nurses who had more than 10 years of experience in nursing had significant differences in views with nurses who have 3-5 years and 6-10 years of experience. These findings suggest that more experienced nurses had more knowledge on leadership skills and how to communicate with nursing staff. Findings from the studies of Cummings et al. (2008) on factors contributing to nursing

leadership also indicate that more experienced nurses were found to be more clinically experienced and thus demonstrate more effective leadership skills.

In summary, the framework of Adeniran et al., (2012) and Dubrin et al., (2006), comprised the four external support factors such as power, politics, leadership development, and work environment. The findings from this study identified basic knowledge in nursing, communication with nursing staff, and leadership skills as the most important factors within the external support factor (see Figure 5.5). These three factors are considered as essential for effective nursing leadership.

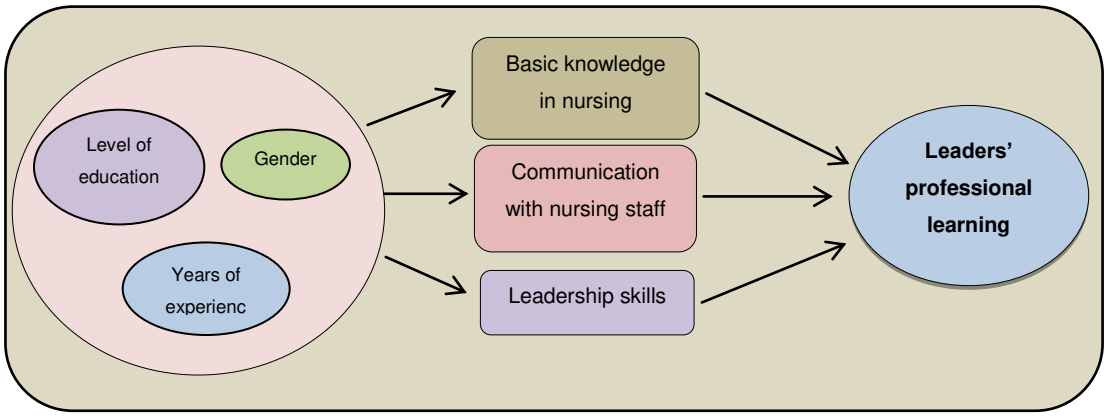

Figure 5.5 Factors affecting leaders' professional learning

Concluding comments

The findings of this research reveal that most of the nurse leaders are commonly appointed to their role without having studied a leadership and management learning program; and are, therefore, still adhering to traditional leadership and management approaches. This situation has continued for many years in Iraq. Participants in this study indicate dissatisfaction with the current situation and therefore it is time for a change from traditional to new approaches to incorporate nursing leadership into the profession and into nursing education programs. This research also indicates that basic nursing knowledge, communication, and leadership skills are the three factors that influence professional learning behaviour. The participants indicated that their leaders had good basic nursing knowledge, and good communication with the nursing staff. However, in contrast, these participants revealed that their leaders did not have leadership skills. It can be concluded that these leaders might have received appropriate clinical nursing education but might not have had access to professional leadership and management courses.

Summary

This chapter discussed the findings of the research based on the research questions and its contribution to knowledge as demonstrated in the research conceptual framework. The conceptual framework has four main factors:

The first is the human capital factor which involves the most important personal characteristics of nurses. It assumes that in order to be an effective nurse leader, the leader has to possess a particular set of personal characteristics such as academic background, clinical nursing knowledge, communication and managerial skills, and some excellent personal qualities relating to personality and ethics, intelligence, trustworthiness, honesty, humanity and kindness, courage, observation, and inspiration.

The second is the system capital factor which is comprised of two factors which influence nurse leader performance, that is: (i) Professional development, which is affected by excessive workload, use of power by the leader, and leadership professional learning; and (ii) Healthcare policy, which needs development with regard to selection criteria for nurse leaders, attention to occupational inequality, and recognition of the nursing professional.

The third factor is social capital which identifies the behaviour of the leader as most important. This factor consists of the personal, mentoring, and motivational behaviour of the nurse leader. A nurse leader, when possessing these behaviours, will play a leadership role effectively. Comparatively, there are significant differences in the Iraqi nurses views based on their level of education, gender, and years of experience.

The fourth factor is the influence of external support. It identifies the importance of professional learning behaviour to ensure the workforce is appropriately educated, including the incorporation of leadership studies. This consists of two factors: (i) Nurse educators' qualifications that impact on their ability to teach the clinical knowledge as well as leadership studies; and (ii) development and implementation of professional learning programs that prepare nurses to be future leaders.

These revelations allowed this researcher to develop a framework for professional nursing leadership education and an effective nursing leadership framework, which are discussed in the next chapter along with a set of recommendations, the research limitations and suggestions for future research.

CHAPTER 6 FRAMEWORK FOR PROFESSIONAL NURSING LEADERSHIP EDUCATION

Introduction

Effective leadership is central to the success of any organisation large or small. The act of leading is a continuous challenge in any context, and nursing is no different. A nursing leader must achieve a balance between accomplishing the required work, meeting the various needs of staff members, and feeling valued and empowered to address patients' needs. An effective nurse leader must recognise the individual strengths and weaknesses of each staff member that they interact with, shifting focus as necessary in an effort to elevate each person's level of effectiveness as an individual and as part of the team. With this in mind, the development of a Framework for Professional Nursing Leadership Education (FPNLE) (Figure 6.1) addresses the final research question: "What emerges as a framework for professional nursing leadership education in Iraq?"

This research has a particular focus on four implications for effective nursing leadership: personal characteristics; leadership performance; effective leadership behaviour; and professional learning of the nurse leader. These are integrated components of the emergent framework, and their implications are explored in section 6.1. Based on the implications of this framework, this researcher then developed the Iraq Effective Nursing Leadership Framework (IENLF) (Figure 6.2) specifically designed for the Iraqi healthcare context and discussed in Section 6.2.

This chapter continues with a set of recommendations in Section 6.3, research limitations in Section 6.4 and considerations for future research presented in Section 6.5. Section 6.6 is the conclusion and includes Figure 6.4, which is a final framework firmly grounded in the Iraqi context and developed as a lens and filter mapping the nature of the changes required in Iraq's nursing profession and providing a vision for the future. A final summary completes this dissertation.

6.1 Implications

The findings of the research are represented in a concept map (Figure 6.1), which shows the research implications of personal characteristics, leadership performance, leadership behaviour, and the professional learning of the nurse leader. This figure exhibits how these implications are inter-linked and need to be addressed as a whole to enhance effective nursing leadership in Iraq.

The first implication is the importance of the personal characteristics, which distinguish nurse leaders from other nurses. These characteristics were found to be academic background, managerial skills, clinical nursing knowledge, and communication skills. This research explored how these characteristics influenced an effective nurse leader's behaviour. Academic background is directly related to achieving managerial and leadership positions. Without experience in nursing and clinical nursing, knowledge cannot readily be converted into skills such as managerial and communication skills. Theories that investigate the personal characteristics of successful leaders have been described as trait theories; these look

at the innate qualities that characterise effective leaders. While the emphasis on individual personality and talent is no longer viewed as the sole determinant of an effective leader, an appropriate combination of personal characteristics is seen as an important contribution to be considered to achieve effective leadership.

Figure 6.1 also shows the second implication that includes the factors influencing nurse leader performance. These factors are professional development and the policy of the healthcare system. Professional development is affected by the relationship between nurse leader and the nursing staff; and without the leader support and encouragement of the employer, nurses will experience difficulties in their professional development. Nurses need support and advice from leaders for their professional development. This research has identified a lack of support from managers as a barrier to improving their skills as nurses and leaders. Teamwork and team spirit, attitudes of the nurses themselves, possibilities to participate in training programs, and effective communication all stimulate the professional development process. Importantly, excessive workload and inefficient communication of leaders with nurses are major obstructing factors for nurses' professional development in Iraq. Furthermore, there are Professional Nursing Associations in Iraq that can support nurses and healthcare organisations by giving them information about how professional development can be stimulated and improved. These associations have the mandate to organise professional development programs for nursing staff either inside the country or abroad. However, there have been insufficient updates because of Iraq's political issues that impact the work of the associations. These associations may now be able to design their professional development activities to align with the framework developed and presented in this research.

The third implication is the need to acknowledge the importance of the leadership behaviour of the nurse leader and the style required to demonstrate leadership in the Iraqi healthcare context. Such behaviour is influenced by a nurse's personal behaviour and motivation as well as any mentoring they may have received. This research found that nurse leaders demonstrated only moderate personal and mentoring behaviours, while it was reported that their motivational behaviour was low. This shows there is a need for those who are in leadership positions to be educated about leadership in terms of how to motivate staff and use their personal behaviours to develop positive relationships and encourage staff to work together. The present research literature indicates that these three factors are strongly related to the ability of the nurse leader to be an effective leader. It illustrates the need for an overhaul of healthcare education to incorporate leadership systematically from the lower qualifications to the most senior.

The fourth and final implication is the need for the introduction of professional learning for nurse leaders. This relates to two main factors: the need to start early training of nurses to understand leadership and become leaders; and the need for ongoing professional learning of nurse leaders. The findings of this research indicate that currently there is inadequate training of nurses in becoming nurse leaders in Iraq. This is an important factor that affects the nurses in their preparation to be leaders and is also related to the professional learning of existing leaders. According to the present research, professional learning has three main components: basic nursing knowledge, communication, and leadership skills for nurse leaders. These three factors are strongly related to becoming an effective nurse leader. The nursing

profession has recognized as a profession of commitment and compassion focused on transforming the lives of others. The importance of strong leadership that positively influences the direction of professional nursing and patient outcomes is clearly necessary for the ongoing welfare of all concerned. Therefore, professional learning is a vital component in developing nurse leaders in Iraq.

These personal qualities are underpinned by nurses having an overarching desire to become an effective nurse leader. These qualities involve nurses having strong ethics, politeness, intelligence, patience, humanity and kindness, trustworthiness, and devotion; and are interrelated to all other components of effective leadership behaviour. They are essential to engender the four factors of this research. Leaders who possess personal characteristics such as intelligence can develop their skills by studying at higher levels of nursing education. Consequently, the improvement in nurses' academic background will lead to the enhancement of clinical nursing knowledge in the workplace. These two characteristics of high nursing educational background and good clinical nursing knowledge will subsequently enhance the managerial and communication skills that nurses and their leaders possess.

All the characteristics mentioned in Figure 6.1, therefore, can be developed when supported by professional learning, including effective training for general nursing and leadership learning. By developing the characteristics that have been found to most contribute to effectiveness through professional nursing training and learning, nurses will enhance their leadership behaviour and in turn will enhance their leadership performance culminating in effective nursing leadership.

Figure 6.1 shows how the personal characteristics, leadership performance, leadership behaviour, and professional learning of nurse leaders are required for effective nursing leadership in Iraq. This concept map identifies the aspects of each area that needs to be addressed to achieve effective nurse leadership and so could be used as a guide to providing healthcare services and for educational institutes in Iraq to help develop effective professional learning programs.

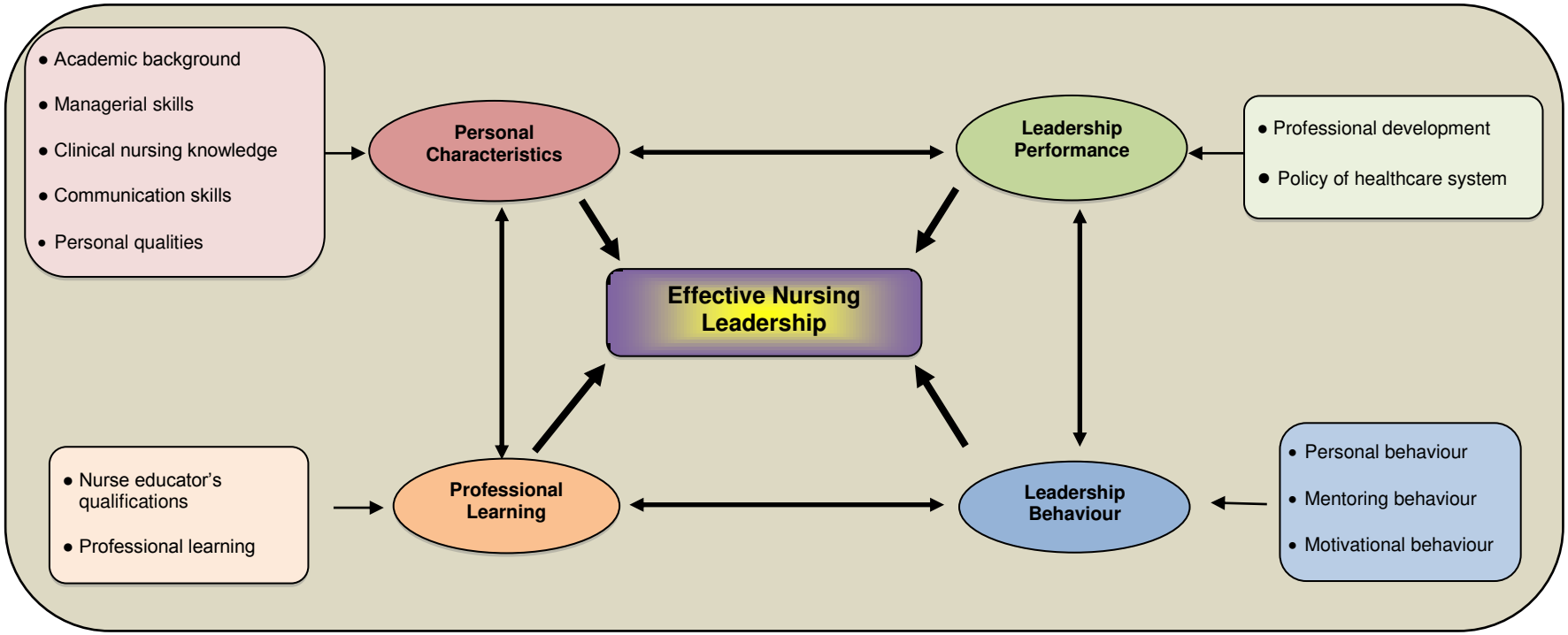

Figure 6.1: A concept map of the research implications for effective nursing leadership

All these factors impact on nurse leaders' roles and nurses' work and as a result affect the clinical and management operations in the healthcare system. These factors have been mapped in Figure 6.1 and the relationships between them explained. With regard to this figure it is assumed that if these personal characteristics are inculcated into nurses and internalised as part of their personality and behaviours, and they have opportunities for professional learning, then these will ultimately influence their leadership performance. In turn, these implications assist in identifying the leadership style that is best suited to nurse leaders in Iraq. The findings of this research indicate that a 'leadership model that imbues transformational practices' appropriate to the Iraq context will be best suited for nurse leadership, taking into account the issues identified here. However, these findings are not limited to just advice for the field of nursing in Iraq but can be generalised to the Middle East region where there are similar social and cultural circumstances, and to some extent internationally to inform the development of a professional learning program that focuses on effective nursing leadership.

6.2 Iraq Effective Nursing Leadership Framework (IENLF)

Based on the literature on effective nursing leadership and the findings of the present research, the researcher has developed an Iraq Effective Nursing Leadership Framework (IENLF) as shown in Figure 6.2. This framework can be used for the preparation of a nurse leaders' professional learning program, the identification of future leaders and as well as a planned preparation program to enable them to lead effectively.

Once the novice leader is identified, based on the characteristics and selection criteria that are highlighted in this research, then a professional learning program may be set in place. When the personal characteristics that have been found to essentially relate to effective leadership performance and behaviour are used to select those nurses that have the capacity for leadership, then the leadership process will be stronger than any external factors that impact on the situation now. Thus, this approach can facilitate more effective communication with and between nursing staff and all those who contribute to the system, leading to more collaborative work practices. It therefore has the capacity to produce a better healthcare service.

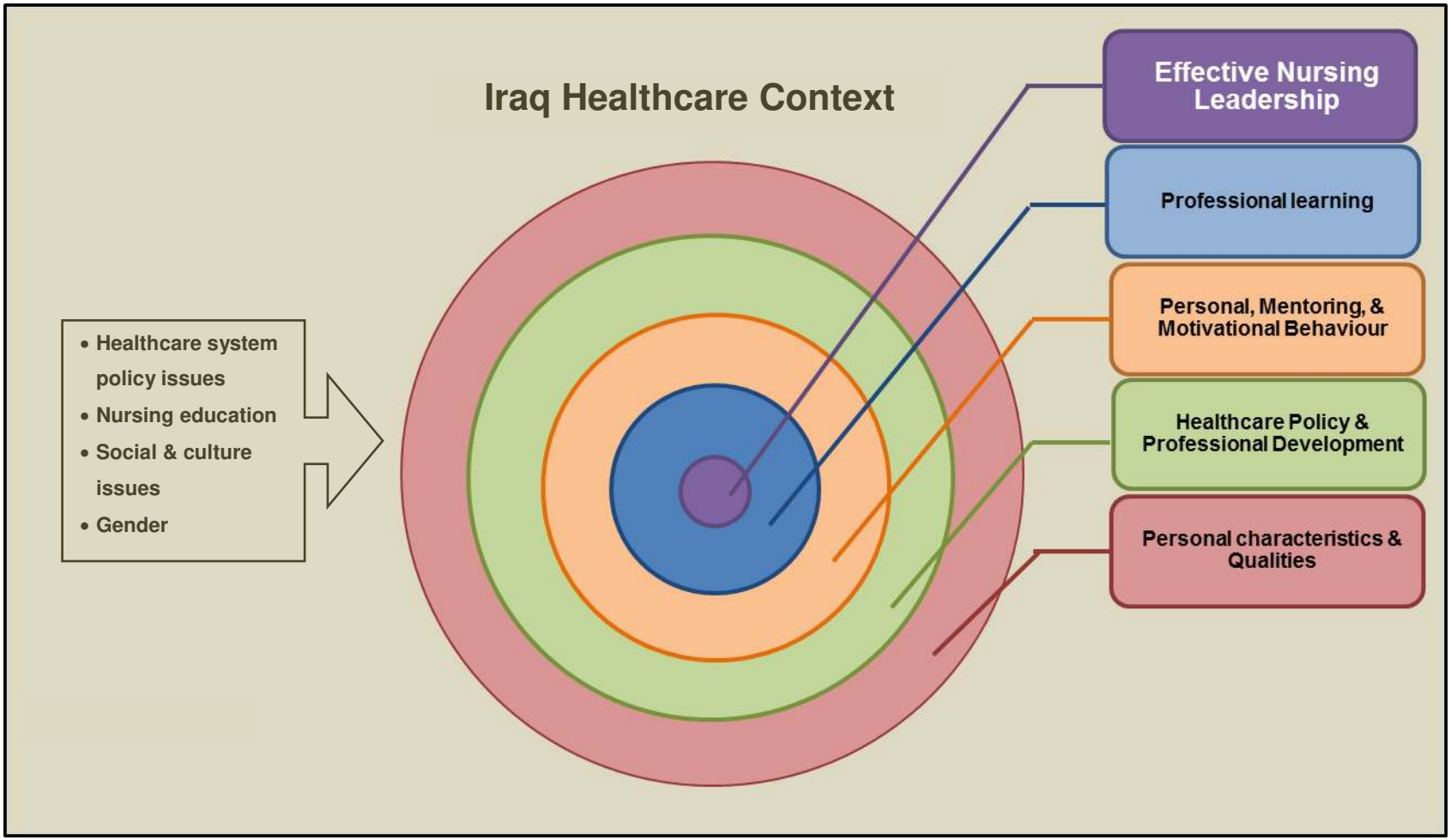

Figure 6.2 the Iraq Effective Nursing Leadership Framework (IENLF)

The IENLF has been generated from a number of important fundamental factors that have arisen out of this research. The literature review was the primary source of information about the philosophical meaning of effective nursing leadership in health organisations. This enabled the researcher to have a holistic understanding of nursing leadership in health sectors. The findings from the ensuing discussions from the interviews and the survey allowed this researcher to gain important insights into the current nurse leadership context in Iraq and to conceptualise how nurse education could be improved to develop a system approach to implementing effective nursing leadership across health care sectors. Thus, this IENLF is explanatory and highlights and recommends a system that can be used to implement effective leadership for nurse leaders in Iraq health organisations. The framework takes into account the unique context of the country and its particular social and cultural values, and considerations of gender that were found to impact on workplace relationships and nursing education. The IENLF is further explained in the following section.

6.2.1 Iraq healthcare context

The present research has highlighted the healthcare system in Iraq as being characterised by many issues that impact on the nursing profession in general and nursing leadership results in particular. These issues comprise four groups and relate to: (i) the healthcare system policy; (ii) nursing education; (iii) social and culture issues; and (iv) gender.

Healthcare system policy issues

Nursing leadership as a part of the Iraqi healthcare system has been identified as experiencing critical weaknesses. This is because weakness in implementation of healthcare system policy and no rational process of strategic planning and evidence-based decision-making. In addition, the current capacity in information, which is an important modern resource for supporting any organisation, whether for nursing or professional learning, is severely limited. Thus, informed decision making, based on accurate information, is often missing. There is also a top-down approach to decision-making with little consultation or collaborative practice. Coordination between the various health organisations' directorates also tends to be weak and there are no clear guidelines for appraising the performance of staff so there is a lack of modelling of effective practices and compilation of data to inform practice. Similarly, incentives for good performance and innovative achievements are minimal or non-existent such that there is a lack of consistency of approach and cohesion within the system. Monitoring and evaluation is basically lacking both in relation to health practices and educative practices and encouragement of professional learning. In conclusion, improving the nursing leadership of the health sector at all levels and overcoming corruption in terms of lack of clear procedures to appoint leaders and educate for leadership is the key to any action to reconstruct and revitalise efforts and are considered prerequisites for precipitating any meaningful change.

It is also important to note that nursing legislation with regards to education is inadequate. Generally, less than one third of the nursing professionals have received further education beyond high school. New allied health training programs in epidemiology, management, finance and planning are needed, as well as new models for health care delivery. As well, Iraq has a critical shortage of skilled midwives, who remain in far shorter supply than nurses in general. Medical education therefore

faces considerable challenges. Within areas of health policymaking and program planning, nurses do not hold positions that allow them to exert influence over making decisions that affect nursing or patient care. In fact, it is difficult to obtain information on nursing or about what nurses do in a professional capacity.

Nursing education

Nursing education is characterised by many issues. The expansion, which took place in the establishment of nursing schools during the last decade, has not been based on careful planning. Most nursing schools lack basic requirements in trained staff and material resources. Postgraduate nursing education has also expanded to respond to the increasing need created by the departure of a large number of highly experienced nursing specialists and consultants, but the quality of training has deteriorated. The quality of training for nursing students also needs to be reviewed. There is a need for major changes in curriculum and teaching methods that address the common health challenges in Iraq and take advantage of new technologies for distance learning and self-directed learning. Post-graduate education, study tours, and training for Iraqis in other countries should be encouraged as staff in leadership positions in particular needs access to models of good practice.

The education system in Iraq was highly-regarded and high performing until the early 1980s (Garfield & McCarthy, 2005). In the preceding years, the country had continued to improve at all levels of education and had achieved nearly universal primary enrolment in 1980. After that, following more than two decades of major wars, disastrous military events and irrational policies the education system went into a steady decline. This was caused by a combination of lack of resources and the politicisation of the education system, which influenced the curriculum, teaching staff and admission policies (MOH, 2004). Professional development for nurses came to a standstill with serious consequences for leadership, management and governance as shown by the present research findings.

Social and culture issues

Social and culture issues strongly influence the nursing profession in Iraq. Nurses described work-setting problems that made their work difficult, such as personnel shortages, excessive workloads, undefined tasks, equipment deficiencies, and low salaries. All of this led to dissatisfaction with their work and feelings of hopelessness and frustration. They also described nursing in Iraq as having a poor public image and low social status. This image caused feelings of frustration, hopelessness, and some confusion about the nurses' self-image and social identity, and led some nurses to consider their choice of a career a mistake. A patriarchal social structure also underlies this negative image of nursing. In Iraq, the most respected healthcare provider is an experienced, middle aged-to elderly physician, with several degrees and preferably with a high position in the hospital or university. Therefore, any change needs to be sensitive to this socio-cultural context and include strategies to build the self-esteem of nurses and promote an image of an effective nurse leader that will counteract the traditional view.

Gender

Given the issues related to the socio-cultural context as mentioned earlier and the fact that nursing in Iraq was almost an exclusively female profession, gender has emerged as a major issue. As well, nurses continue to suffer from a negative image and low status in the community. Central this issue is the fact that the traditional role of women is perceived to be within the family and the domestic sphere. However, women who choose to work outside the home still have significant domestic and family responsibilities while lacking the labour-saving devices that are common in Western countries. As a consequence nurses in these circumstances experience pressures from both the home and work.

By contrast, male nurses receive more respect than female nurses and there are differences in expectations of their roles. Both patients and the public tend to expect female nurses to have more caring roles and male nurses to have more technical and emergency roles. Although patients have a definite preference to be cared for by nurses of the same sex, many are surprised when they are cared for by male nurses, and they show their gratitude by thanking them. Nurses in this study hoped that increasing the number of nurses with higher degrees and improving work conditions will facilitate the development of nursing, improve the status of nurses in Iraq, and encourage young adults to consider nursing as a respectable career in the near future. Despite these challenges and related to different expectations according to gender, nursing is seen as a profession in Iraq but there remains much to be done to support nurses to more fully engage in professional learning and aspire to lead and ultimately change their image and status.

Women in Iraq, including nurses, face the typical challenges of child care for working mothers and may be trapped in unsatisfactory marriages because divorce is primarily instigated by the husband. Although women were given the right to initiate divorce proceedings under the Family Law of 1977, in reality, women have difficulty because of bias remaining in the legal system. In addition, women are under pressure to marry and have children. Academic achievement for Iraqi women in the College of Nursing or elsewhere in university settings is closely intertwined with the roles of men and women in the household. Thus, unless women can overcome having to manage their childrearing and household responsibilities as well as work while men only help occasionally, women will continue to be overworked. This situation places them at a disadvantage in preparing for an academic position and moving up the academic ladder. While nursing is still viewed as a female profession or “women’s work,” in some contexts women have made the transition from “women’s sphere” to “women rights.” (Garfield & McCarthy, 2005; Alireza Nikbakht Nasrabadi, Lipson, & Emami, 2004) . As the WHO (2012) report notes that given the ideological stance of Iraqi society, this transition has not occurred to any noticeable degree for Iraqi women.

In summary, the Iraqi healthcare context is suffering from many issues. The current research highlighted the most important issues that affect the nursing profession. These issues are inadequate healthcare policy, nursing education, social and culture issues, and gender. While the nursing profession is influenced by these issues, as a result, nursing leadership is seriously affected as well particularly given the status and circumstances of women and the fact that most nurses are male. All these

circumstances provide strong justification for this researcher to develop an effective nursing leadership framework. This framework makes an important contribution to knowledge in it being the first portrayal of the nursing leadership style in Iraq. If this framework is acknowledged by the Iraqi government and its health organisations such as the Ministry of Health and the Ministry of Higher Education and Research, then a professional nursing leadership education can be developed and implemented with a view to raising the status of nursing. The implementation of such professional programs will improve the nursing profession and its image and, accordingly, effective nursing leadership will take place throughout the system and over time.

6.2.2 Developing the Iraq Effective Nursing Leadership Framework (IENLF)

Developing effective nursing leadership requires factors in the form of personal characteristics of the nurse leader, leadership performance, leadership behaviour, and professional learning. Effective nursing leadership involves the ability of an individual to integrate the resources from all the aforementioned factors to produce the best outcomes. Figure 6.2 depicts the IENLF and shows how the various components relate to each other and to the Iraqi health care context. Effective nursing leadership is placed at the centre of the figure as it is seen as central to reforming the workforce. Then nurses' development of the appropriate professional learning characteristics are shown in the outer circle as being the foundation or base on which to build their expertise.

Personal characteristics refer to the set of competencies and personal qualities in the leader that helps them be effectively productive. Healthcare organisations should invest in training and development of their nursing leaders with the primary intent of enhancing these leader personal characteristics. One of the outcomes of investment in leader personal characteristics for nursing is the development of vital leadership competences that support nursing leaders to develop a healthy attitude and identify an effective performance. Key personal characteristics factors include the academic background, managerial skills, clinical nursing knowledge, and communication skills. In addition to those characteristics, the framework also includes some personal qualities of the nursing leader such as strong personality, ethics and morals, trustworthiness, honesty, humanity and kindness, courageous, observation, and inspiration.

The provision of professional development and health care policy is seen as the second component, which refers to the importance of healthcare policy and its enforcement, nurse training and leadership at all levels of the system. Then the third component of personal mentoring and motivation is necessary to ensure that nurses in the workplace are able to benefit from their leaders being role models and able to work in ways that will provide motivation and build their confidence and aspirations. Finally, the framework raises the importance of professional learning being valued and made available to include leadership and the availability of in-service professional learning on an ongoing basis to suit nurses' needs and the current status of the profession. When combined with improved education and leadership this approach is expected to help address the sociocultural and gender issues raised and ultimately impact on nurses' satisfaction with their work and image.

6.3 Recommendations

This research findings and the IENLF have implications for Iraq's healthcare policy, nurse education and nursing practice. This section makes recommendations for the related departments in the government of Iraq and associated health organisations, and considers future research needs. It takes into account the importance of developing selection criteria for effective nurse leaders, developing professional development programs, updating the healthcare policy, and developing a professional nursing leadership education program.

6.3.1 Recommendation 1: Characteristics and selection criteria of effective nurse leaders

It is suggested that the Ministry of Health should consider the following characteristics to select, nominate or recruit a leader to provide effective leadership in the healthcare system:

- A high level of educational nursing qualifications.
- Deep clinical nursing knowledge.
- Good communication skills.
- Managerial efficacy.
- Excellent personal qualities such as strong personality and ethics, intelligence, trustworthiness, honesty, humanity and kindness, courage, observation, and inspiration.

6.3.2 Nurse leader performance

This research indicates that nurse leader performance is affected by two factors; these factors are professional development and recognition of nurse leadership.

Recommendation 2: Professional development

Healthcare organisations should consider how they can enable professional development of their staff, including leadership development. It is the responsibility of nurse scholars and healthcare organisations to continue to assess whether nurses and nurse leaders view professional development as a factor influencing their motivation to perform well. On the bases of this assessment it is recommended that:

- Nurse leaders training needs must be identified across the various levels and access to professional learning made available. (If healthcare organisations in Iraq invest in exploring employees needs and motivation, the healthcare system will be rewarded with high performing and committed staff).
- The importance of creating a friendly working environment and raising awareness of professional practices that supports this be made a priority in order to support the attainment of planned goals and working towards high standards in work performance and in achieving optimum care for patients.

- The healthcare organisations need to take the responsibility of providing regular in service professional development training programs to employees who are already nurse leaders.

Recommendation 3: Professional recognition of nursing

The policy makers have a key role in developing organisational policies and recommendations to support and inform on reform.

- Ethical competence descriptions. They should make it a future priority to focus on supporting the ethical development of nurses through human resource management policies that elevate the standards and status of nurses in the healthcare system.
- An important element of the policy makers' role is to ensure an ongoing discussion about ethical factors among healthcare practitioners and doctors and to support the respect and recognition that is required for this noble profession by enhancing their ethical standards. This recognition may motivate and inspire nurses. It may also increase the number of nursing staff through increased interest in joining this profession.
- Culturally, this recognition could enhance the profession by attracting more females by giving a better social image of the nursing profession.

6.3.3 Recommendation 4: Leadership behaviour

As healthcare faces a looming shortage of skilled leaders, implementing strategies to ensure effective leadership is of paramount importance.

- Developing and implementing effective nursing leadership programs on personal, mentoring, and motivational behaviour for nurse leaders can achieve the goal of developing their organisational effectiveness and providing quality care for healthcare consumers. High personal morals, mentoring, and motivational behaviour of the nurse leaders with nurses will positively affect the health and well-being of the nurses, and, ultimately, enhanced quality care of patients.

Leadership and management training, work experience and wider exposure of the nurses' impact on their level of understanding leadership behaviour. Therefore, there is a need to develop the abovementioned strategies. These strategies could encourage nurses to attend leadership and management training programs to assist them in understanding leadership behaviour as well as social and cultural milieu of the wider communities.

- Effective leadership professional learning programs need to be incorporated in all levels of nursing education focusing on professional and interpersonal relationships in nursing practice with an emphasis on leadership, teamwork, interdisciplinary collaboration, and the management of nursing care at macro and micro levels.

6.3.4 Recommendation 5: Professional learning of the nurse leader

Role preparation for our future nurse leaders begins with leadership and management training, professional learning behaviour, and postgraduate leadership and management education before they take up leadership or management positions.

- Once in the role, nurse leaders need access to an in-house organisational leadership and management-training programme to support their leadership development.
- Teaching personal leadership qualities and effective leadership characteristics in all nursing educational levels as high nursing schools, nursing institutes (diploma degree), and nursing colleges (bachelor degree) is the first step required to inculcate these qualities and characteristics among future nursing force.

By the time these graduates join the healthcare organisations as nurses, they will have the capacity to apply these characteristics and qualities as part of their job responsibilities. The professional nursing training programs will enhance and enrich the experience of the nurses in order to develop an effective and efficient nursing care environment, healthy relationship between nurses and their leaders, and an effective management system.

Nursing leadership courses should be included in all nursing education levels (including nursing high school and nursing institutes) and theoretical and clinical training be specifically updated for the bachelor degree. After studying leadership courses in seven countries in the Middle East, this research suggest these topics that need to be included in the theory and clinical courses, such as:

For theory course:

a. The theories and principles of leadership and management functions
b. Leadership theories and management processes
c. Leadership and management concepts and principles.
d. Professional and interpersonal relationships in nursing practice with an emphasis on leadership, interdisciplinary collaboration, and the management of nursing care at macro and micro levels.
e. Leaders and managers in action
f. Organisational structure and culture
g. Workplace health and safety
h. Decision making
i. Conflict management
j. Change management

For the clinical course:

a. Integrating various management and leadership concepts and principles into practical experiences organized in different settings.
b. Submission of individual and group projects that reflects mastering levels of different management and leadership concepts and skills.
c. Focuses on the development of students in the role of beginning nurse managers/leaders in a clinical practice setting.
d. Provide students with basic concepts and theories needed for effective management of client care.
e. Problem-solving strategies and critical thinking skills are developed as management process on patterns of health care practice and delivery are critically evaluated.

Figure 6.3 Suggested theory and clinical courses for leadership subject

6.4 Limitations of the research

The limitations of this research have been identified as follows:

1. The research sample consisted of nurse managers and their nursing staff from only one location in Iraq. It is expected that the responses from these nurses may differ from nurses in other cities in Iraq.
2. This research was conducted in two general hospitals; private hospitals and other healthcare facilities are not included. Generalising the findings is therefore limited.
3. The number of participants is small compared to the total number of working nurses in Iraq and thus the generalisation of the findings is limited.
4. The interviews were conducted by telephone because of the difficulties involved in the researcher traveling to Iraq. This format may have limited the openness and effectiveness of the communication between researcher and participant.
5. The researcher had limited access to the health and human resources documents in Iraq.
6. Political and security issues prevented some of the participants from answering all questions.

6.5 Considerations for future research

This research has provided policy advice, direction and strategy to inform the process of reform in nursing education in Iraq and in particular to instigate nurse leadership education throughout the system and through education. Based on its implementation it is recommended that future research should monitor for change over both short and long term periods. It will be essential for identifying whether change takes place in a uniform way or spasmodically, as well as documenting the results of change.

While this research revealed the many dimensions of nursing leadership in Iraq and proposed a framework for the Iraqi context, this framework will need to be evaluated in terms of the components and whether there is an improvement in effectiveness of leadership education over time as would be expected in the long term. Future research may also include a comparative study on the basis of district or hospital to encourage benchmarking to compare strategies and outcomes against practice. While focusing on programs research may also consider nurse education curricula and training structures with a view to testing the proposed framework in other settings.

In the light of this research it is recommended that baseline data be collected on Iraqi nurses' job satisfaction given the current issues and should these recommendations be adopted it would be expected in the long term satisfaction would improve.

6.6 Conclusion

6.6.1 Changes in Iraq nursing profession

The research outcomes provide strategic advice for healthcare policy in the Iraqi context and provide a culturally appropriate framework to embed nurse leadership education and professional learning throughout the system with the potential to address the need for change and improvement.

Figure 6.4 has been developed to map the nature of the change required and how the Framework for Professional Nurse Leadership Education (FPNLE) resulting from this research can be used as a lens and filter to plan and improve education practices as well as provide a vision for the future. It highlights the potential outcomes that the framework presented in Figure 6.4 promotes in terms of the need for nursing education, social and cultural considerations and the need to consider the issue of gender; which were all identified as major aspects of improving the health care context in Iraq through incorporating nursing leadership education. The inner circle highlights eight changes that the implementation of the FPNLE would expect to facilitate to achieve the level of change required. It would be expected that there would be a new more tightly focused implementation of policy and introduction of consistent practices to support and sustain change. Nurse leaders and nursing staff would demonstrate increased awareness of the need for "leadership learning" and would work together applying a shared philosophy of professional learning and nurse leadership, and would appreciate the positive characteristics of such a health system. These projected changes would see a shift from a focus on traditional teaching practices in nursing courses to a focus on leader-directed learning and nurses' needs to ensure they are equipped to do the job. This would include a new focus on team work where staff interact on the job and engage in reflective practice, and have improved skills, and improved status for nurses with personal recognition and recognition of nurse leadership.

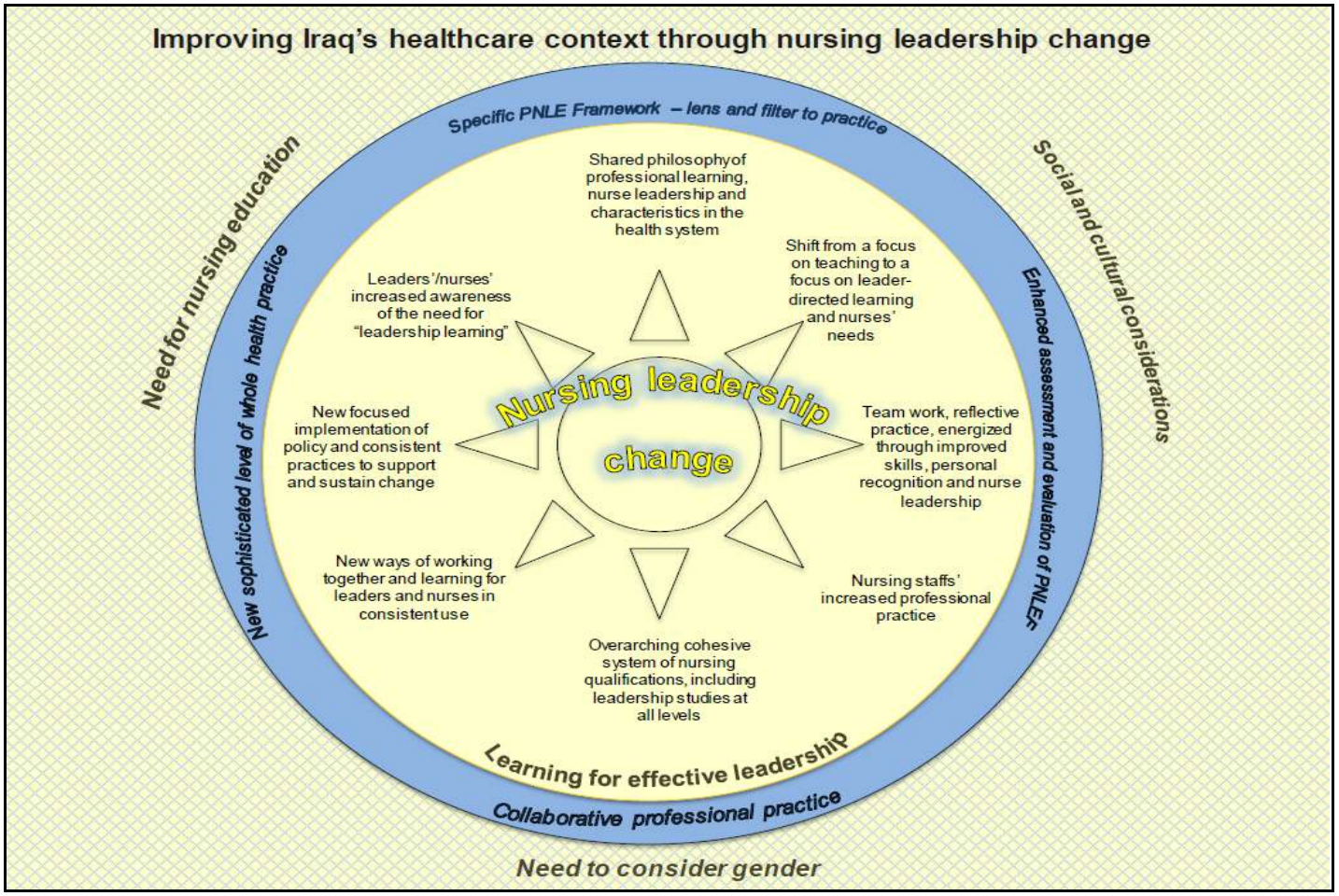

Figure 6.4 Representation of projected change in nursing profession

As a result of change it would be expected that there would be a significant increase in nurses' professional practice which would lead to a much more cohesive system with qualified nurses who have qualifications that include leadership studies at all levels. Nurse leaders and nurses would have more cooperative ways of working together, achieving more consistent practice through teamwork. The importance of staff being engaged in collaborative professional practice as opposed to what the research found in there being a general disconnect between staff is depicted in the outer circle. It shows how these changes should lead to a new and more sophisticated level of health care practice in the longer term. At the same time it raises the importance of the need for an enhanced focus on assessment and evaluation of the FPNLE to ensure that any improvements in the nursing workforce and outcomes can be measured.

Summary

Given the special case of Iraq and the importance of leadership in nursing, in order to facilitate continuous improvement and continue to develop the healthcare system workforce, this research has made five significant recommendations. These recommendations may be used as a basis for policy evaluation, policy development or as a simple guide or checklist for discussion. As a PhD candidate and recipient of a scholarship for the conduct of this research my work and experience is testimony to the value of supporting leadership in nursing and educating nurses to appreciate leadership in nursing and be nurse leaders.

This research concludes that the leadership and management of educational programs need to be contemporary, of high quality and as far as possible be evidence based. The placement of a well-educated Iraqi nurse to the nurse leader position is needed and should result in the continued professional development of the division and the profession of nursing in Iraq. The findings of this research can contribute to improve the quality of nursing care as well as bring satisfaction to those seeking to further their careers in nursing. These findings will be shared with the Iraq Ministry of Health and the Ministry of Higher Education in order to assist them in reformulating their leadership teaching programs and policies for improved strategic planning both for healthcare system and the nursing educational institutes. The research will also be used by this researcher in her capacity as a nurse educator to inform her university's nurse education program for undergraduate and postgraduate nursing studies. This research suggested some recommendations, which will help revitalise nurse leaders' self-image, public image and effectiveness, and prepare nursing students to be future leaders.

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Appendixes

Appendix A: Interview's participant information sheet

University of Southern Queensland

Participant Information Sheet

HREC Approval Number: H12REA151

Full Project Title: **What do nurses in Iraq identify as effective nursing leadership?**

Principal Researcher: **Mrs Shaymaa Abed**

PhD Nursing candidate
USQ, Australia

……

My name is Shaymaa Abed, I am a PhD candidate from the USQ, Australia. I would like to invite you to take part in my research project. This study aims to explore the idea of what nurses perceive as effective nursing leadership in Iraq. It will be done by a telephone interview and calling you to your private mobile phone during work hours after getting the permission from your administrator to contact you.

Semi-structured interviews will be used in collecting data, and open ended questions will be asked to encourage participants to relate their experiences of nursing leadership. The results could be used to develop an effective nursing leadership education program to be implemented in the nursing education systems in Iraq. Your participation will be voluntary.

All participants should freely consent to the interviews, with no coercion, with the right to withdraw from the study without penalty at any time. The information will be presented orally. Participants will be encouraged to ask questions and feel confident to make their own choices regarding the research process. All participants will be informed that the interviews will be for my PhD research project. The researcher will maintain participant confidentiality and to ensure security by confirming that the information is to be used for research purposes only. Accuracy of data is considered to be one of the fundamental principles of research in the social sciences.
If you have any ethical concerns with how the study is being conducted or any queries about your rights as a participant please feel free to contact the University of Southern Queensland Ethics Officer on the following details.

Ethics and Research Integrity Officer
Office of Research and Higher Degrees
University of Southern Queensland
West Street, Toowoomba 4350
Ph. +61 7 4631 2690
Email: ethics@usq.edu.au

Appendix B: Interview's participant consent form

University of Southern Queensland

Consent Form

HREC Approval Number: H12REA151

TO: **Directorate of Nineveh Health, Nursing Administration Department**

Full Project Title: **What do nurses in Iraq identify as effective nursing leadership?**

Principal Researcher: **Mrs Shaymaa Abed**

PhD Nursing candidate

USQ, Australia

……

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I confirm that I am over 18 years of age.
- I understand that while information gained during the study may be published, I will not be identified and my personal results will remain confidential.

Name of participant (or guardian or parent)…….....

Signed……**Date**……..

If you have any ethical concerns with how the research is being conducted or any queries about your rights as a participant please feel free to contact the University of Southern Queensland Ethics Officer at:

Ethics and Research Integrity Officer
Office of Research and Higher Degrees
University of Southern Queensland
West Street, Toowoomba 4350
Ph. +61 7 4631 2690
Email: ethics@usq.edu.au

Appendix C: Interview guiding questions

1. Tell me a little about your background.
2. Are you a nurse or nursing leader?
3. What are your responsibilities?
4. How much in real you are performing your responsibilities?
5. What is it like being a nurse leader?
6. What do you like best about your job?
7. What do you like least about your job?
8. Is the nursing shortage affecting you?
9. What ideas do you have about leadership?
10. What does it take to be a nurse leader?
11. What is your management structure?
12. Do you have a personal or professional support system?
13. With whom do you meet regularly?
14. Any other comments do you wish to make?

Thank you for your time and information!

Appendix D: Translation certificate

SWORN TRANSLATOR & JUDICIAL EXPERT
AUTHORIZED IN TRANSLATION
Bassam N. H. Al-Huloo
Licensed by Presidency of Court of Appeal in Ninawa/
under the I.D. numbered 164 dated 2/5/2012
Accredited Translator at Ninawa Notary Public Offices
Master Degree in Translation – Mosul University
Member of Iraqi Translators Association
Member of F.I.T – I.D. # 15105
Email: alhikma_mosul@yahoo.com
Fanoos / 07481738373

المترجم المحلف والخبير القضائي المخول بالترجمة
بسام ناصر حامد الحلو
مجاز من رئاسة محكمة إستئناف نينوى/
بموجب الهوية المرقمة ١٦٤ في ٢٠١٢/٥/٢
مترجم معتمد لدى دوائر الكتاب العدول في نينوى
ماجستير ترجمة (لغة إنكليزية) من جامعة الموصل
عضو جمعية المترجمين العراقيين / عضو الإتحاد الدولي للمترجمين
رقم الانتساب (١٥١٠٥)
البريد الالكتروني :- alhikma_mosul@yahoo.com
فانوس :- ٠٧٤٨١٧٣٨٣٧٣

To whom it may concern
Subject/ certification

Dear sir :

We certify that this English written text is almost identical to the original Arabic audio interview. It is important to indicate that this written text is not a literal translation for the Participant 1 interview but it covered the meaning of the original Arabic interview of the doctorate student *Shaymaa Abed* with one of the doctors of nursing.

Best Regards

Sincerely
Bassam N. H. Al-Huloo
Institute Manager
March 25, 2013

SWORN TRANSLATOR & JUDICIAL EXPERT
AUTHORIZED IN TRANSLATION
Bassam N. H. Al - Huloo
Licensed by Presidency of Court of Appeal in Ninevah
Accredited Translator at Ninevah Notary Public Offices
Master Degree in Translation - Mosul University
Member of Iraqi Translators Association
Member of F.I.T - I.D. # 15105

Attachments :- six papers of the above-mentioned interview signed and sealed by us

CERTIFICATION OF TRANSLATOR'S COMPETENCE

I, undersigned, ***Bassam N. Hamed Al-Huloo***, sworn translator & judicial expert authorized in translation, hereby certify that foregoing is an accurate translation of the original ***document*** in Arabic, and that I am competent in both Arabic and English to render such a translation.

No. : 64 Date : 25/3/2013

The translator assumes no responsibility about the document contents

SWORN TRANSLATOR & JUDICIAL EXPERT
AUTHORIZED IN TRANSLATION
Bassam N. H. Al-Huloo
Licensed by Presidency of Court of Appeal in Ninevah
Accredited Translator at Ninevah Notary Public Offices
Master Degree in Translation - Mosul University
Member of Iraqi Translators Association
Member of F.I.T - I.D. # 15105

Signature of the sworn Translator

Appendix E: Permission from William (2007)

Dear Shaymaa,
Please use the scale and feel free to tweak it to suit your needs. Good luck in your dissertation and completion of your PhD. Please let me know if I can be of further assistance.
All the best,
Paula

Sent from my iPhone

On Feb 11, 2013, at 6:50 PM, "Shaymaa Najm Abed Abed" <ShaymaaNajmAbed.Abed@usq.edu.au> wrote:

> Dear Paula
>
> I am a PhD nursing student and I am sending this email as a request of your permission to use your dissertation scale.
> Please, can I? my study is about effective nursing leadership in Iraq.
> Regard
>
> *Shaymaa Abed*
> *PhD Nursing Candidate*

1

Appendix F: Permission from Mrayyan (2002)

On Wednesday, 18 August 2010 1:52 PM, Dr. Majd Mrayyan <m_mrayyan@hotmail.com> wrote:

Yes I agree...good luck.

Dr. Majd

Date: Tue, 17 Aug 2010 17:56:15 -0700
From: shaymaa_al_jadir@yahoo.com
Subject: phd student from australia
To: mmrayyan@hu.edu.jo
CC: m_mrayyan@hotmail.com

Dear Dr. Mrayyan

I am a PHD nursing student from the USQ australia, I would like to have your permission to use your scales that have been used in your thesis for your Doctorate degree in August, 2002 and I will reference it. So please send me your agreement if you want to .

Thanks

Shaymaa Abed
PhD Candidate,
USQ
Australia

1

Appendix G: Survey's participant information sheet

University of Southern Queensland

Participant Information Sheet

Full Project Title: What do nurses in Iraq identify as effective nursing leadership?

Principal Researcher: **Mrs Shaymaa Najm Abed**

PhD Nursing candidate

USQ, Australia

My name is Mrs Shaymaa Abed. I am graduate nurse and I used to work in Mosul (Nineveh) Health Directorate. At present time I am a PhD Nursing student, USQ, Australia.

I would like to invite you to take part in this research project to explore the nurses' opinion about the effective nursing leadership in Iraq. Your valuable responses would help to develop effective leaders in health care settings.

If you agree to participate, please sign the consent form (attached) and complete the questionnaire (attached), and send them in the closed envelope to the Nursing Unit Manager through internal mail. This questionnaire is translated from original English version to Arabic language for your convenience. It will take 10 minutes or less to fill out the questionnaire.

You are free to decide not to participate. If you do agree to participate, you can withdraw at any time without consequences. If at any time you have questions or comments about any matter relating to this study, you are welcome to contact me in the above number.

Your privacy and confidentiality will be kept throughout this study. There is no need for identifiable information such as your name and phone number. Information collected for this study will be kept in a locked file cabinet at USQ. These files will be destroyed after five years from completion of the study.

If you have any ethical concerns with how the study is being conducted or any queries about your rights as a participant please feel free to contact the University of Southern Queensland Ethics Officer on the following details.

Ethics and Research Integrity Officer
Office of Research and Higher Degrees
University of Southern Queensland
West Street, Toowoomba 4350
Ph. +61 7 4631 2690
Email: ethics@usq.edu.au

Appendix H: Survey's participants consent form

University of Southern Queensland

Consent Form

Full Project Title: What do nurses in Iraq identify as effective nursing leadership?

Principal Researcher: Mrs Shaymaa Najm Abed

PhD Nursing candidate

USQ, Australia

……..

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that the questionnaire will be saved and used for transcription and data analysis.
- I understand that the questionnaire has been written in Arabic language, and the researcher will translate it into English without any changes and be checked by professional translator.
- I understand that I may withdraw from the research project at any stage and that this will not affect my status now or in the future.
- I confirm that I am over 18 years of age.
- I understand that while information gained during the study may be published, I will not be identified and my personal data will remain confidential.

Signature of participant ……..

Date…….

If you have any ethical concerns with how the research is being conducted or any queries about your rights as a participant please feel free to contact the University of Southern Queensland Ethics Officer at:

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Office of Research and Higher Degrees
University of Southern Queensland
West Street, Toowoomba 4350
Ph. +61 7 4631 2690
Email: ethics@usq.edu.au

Appendix I: Survey questionnaire

Part I: Please tick boxes you thought your nursing leader have

☐ Educated ☐ Experienced ☐ Good clinical knowledge ☐ Managerial skills ☐ Trust ☐ Honest

☐ Communication skills with staff ☐ Ethics (conscience) ☐ Polite ☐ Inspiring ☐ Intelligent

☐ Straightforward ☐ Patience ☐ Power of note ☐ Courageous ☐ Others

Part II: This section is designed to describe the behaviour of your immediate supervisor. Please circle the appropriate response that best describe your view on that question.

1= doesn't do, **2**= seldom, **3**= sometimes, **4**=usually, **5**= always

To what extent do you feel that your leader

1.	Is friendly	1	2	3	4	5
2.	Listen well to you	1	2	3	4	5
3.	States your point of view	1	2	3	4	5
4.	Encourage you to express your feelings honestly	1	2	3	4	5
5.	Encourage you to express your ideas openly	1	2	3	4	5
6.	Displays confidence and trust in you	1	2	3	4	5
7.	Shares information frankly	1	2	3	4	5
8.	Expects each nurse to do the best	1	2	3	4	5
9.	Thinks what you and the group are doing is important	1	2	3	4	5
10.	Encourage innovative and creative ideas	1	2	3	4	5
11.	Avoids dominating the discussion	1	2	3	4	5
12.	Encourages nursing team to work together	1	2	3	4	5
13.	Treat all members equally	1	2	3	4	5
14.	Avoids imposing a decision upon the group	1	2	3	4	5
15.	Helps nurses to develop their own plans to meet their learning needs	1	2	3	4	5
16.	Encourage nurses to participate in scientific events	1	2	3	4	5
17.	Supports nurses to resolve conflicts with health care team (physicians, patients and colleagues)	1	2	3	4	5
18.	Encourage nurses to communicate openly with health care team	1	2	3	4	5
19.	Encourage leadership among nurses	1	2	3	4	5
20.	Stimulates nurses' academic discussions about work	1	2	3	4	5

Part III: Think about your nursing preparation, and then respond to the statement below, please tick the number that reflects your response best.

1=very unprepared, **2**=slightly unprepared, **3**=equally mixed, **4**=slightly prepared, **5**=very prepared

The basic nursing education program prepared leaders to

1.	Identify patients' basic physical and psychological needs	1	2	3	4	5
2.	Guide other nurses in making healthcare decisions	1	2	3	4	5
3.	Supervise nursing staff effectively	1	2	3	4	5
4.	Cooperate with healthcare team to promote better patient care	1	2	3	4	5
5.	Able to process nursing roles appropriately	1	2	3	4	5
6.	Discuss with other healthcare professionals as needed	1	2	3	4	5
7.	Give support and assistance to other nursing staff when needed	1	2	3	4	5
8.	Report observations of patients to nursing leader	1	2	3	4	5
9.	Apply effective communication skills with the nursing team	1	2	3	4	5
10.	Use principles of management in planning care	1	2	3	4	5
11.	Function as a participating member of the healthcare team	1	2	3	4	5
12.	Organise daily routines in an effective manner	1	2	3	4	5
13.	Function effectively in problem-solving situations	1	2	3	4	5
14.	Apply ethical standards when resolving patient care issues	1	2	3	4	5
15.	Demonstrate the behaviour for effective teamwork	1	2	3	4	5

Part IV:

1. Your entry level into nursing

☐ Diploma (Technical nurse) ☐ Bachelor (Graduate nurse)

☐ Master or higher (Specialist nurse)

2. Your gender ☐ Male ☐ Female

3. Number of years in the nursing profession

☐ 3-5 years ☐ 6-10 years ☐ 10+ years

Thank you for your time and support to this research project

Appendix J: USQ ethics approval

University of Southern Queensland
TOOWOOMBA QUEENSLAND 4350
AUSTRALIA
TELEPHONE +61 7 4631 2300
CRICOS: QLD 00244B NSW 02225M
www.usq.edu.au

OFFICE OF RESEARCH AND HIGHER DEGREES
EthicsCommittee Support Officer
PHONE (07) 4631 2690 | FAX (07) 4631 1995
EMAIL ethics@usq.edu.au

Thursday, 2 August 2012

Shaymaa Abed
W0082737@umail.usq.edu.au

CC: Cheryl Perrin (supervisor)

Dear Shaymaa

The USQ Human Research Ethics Committee (HREC) at its meeting on assessed your application and agreed that your proposal meets the requirements of the *National Statement on Ethical Conduct in Human Research (2007)*. Your project has been endorsed and full ethics approval granted.

Project Title	What do nurses in Iraq identify as effective nursing leadership?
Approval no.	H12REA151
Expiry date	01.08.2013
HREC Decision	**Approved as submitted**

The standard conditions of this approval are:

(a) conduct the project strictly in accordance with the proposal submitted and granted ethics approval, including any amendments made to the proposal required by the HREC
(b) advise (email: ethics@usq.edu.au) immediately of any complaints or other issues in relation to the project which may warrant review of the ethical approval of the project
(c) make submission for approval of amendments to the approved project before implementing such changes
(d) provide a 'progress report' for every year of approval
(e) provide a 'final report' when the project is complete
(f) advise in writing if the project has been discontinued.

For (c) to (e) forms are available on the USQ ethics website: http://www.usq.edu.au/research/ethicsbio/human

Please note that failure to comply with the conditions of approval and the *National Statement (2007)* may result in withdrawal of approval for the project.

You may now commence your project. I wish you all the best for the conduct of the project.

Melissa McKain
Ethics Committee Support Officer
Office of Research and Higher Degrees

Appendix K: Mosul Health Directorate ethics approval

وزارة الصحة
دائرة صحة نينوى
مركز الموصل التدريبي
لبرنامج المجلس العربي للاختصاصات الطبية

العدد : ١٩٠١٨
التاريخ: ١٦/ ٤/ ٢٠١٣

إلى/ دائرة صحة نينوى / مركز تدريب وتطوير الملاكات

م/ تسهيل مهمة

تحية طيبة ..

استناداً الى الموافقتين الأوليتين للجنة أخلاقيات البحوث بجلستها المرقمة (١٧) والمنعقدة في دائرتنا بتاريخ ٢٠١٢/١٢/٢٦ واللجنة العلمية للبحوث بجلستها (١٥٤) والمنعقدة في دائرتنا بتاريخ ٢٠١٣/٤/٢ على مشروع البحث المرقم (١٤٣/١٣) . حصلت الموافقة على إجراء البحث ضمن الخطة المقدمة لمشروع البحث المدرج تفاصيله فيما يأتي:

عنوان البحث: What do nurses in Iraq identify as effective nursing leadership ?

اسم الباحث : شيماء نجم الجادر (رسالة دكتوراه)

مدة البحث : من ٢٠١٣/٤/١ الى 2014/4/١

يرجى تزويده بالمعلومات والعينات المطلوبة من الإمكانيات المتاحة على أن لا تتحمل وزارة الصحة والمؤسسات التابعة لها أي تبعات مادية. وعلى الباحث تقديم نسخة من البحث بعد الانتهاء منه إلى لجنة البحوث .

مع التقدير ..

د. صلاح الدين ذنون حسين
المدير العام

١/ ٤/ ٢٠١٣
رئيس اطباء اختصاص
عادل محمد اسماعيل
معاون المدير العام للشؤون الادارية

نسخة منه الى :

- University of Southern Queensland / يرجى تبليغ الباحث والمشرف بتسليمنا نسخة من الأطروحة أو البحث بعد طبعها وإقرارها مع التقدير .
- سكرتارية لجنة البحوث .