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THE IMPORTANCE OF NURSE LEADERSHIP EDUCATION IN CHALLENGING CARE CONTEXTS: IRAQI NURSES' PERCEPTIONS OF LEADERSHIP BEHAVIOUR

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ABSTRACT
Background: While Iraq was once seen as a highly developed country, it is now categorized as 'developing' because of several decades of disruption and war. Since little is known about how this has impacted the overall health care system, it is clear that staffing hospitals' task is challenging in this current war-torn context, as is the nature of the work for the nursing staff for a variety of reasons. Moreover, it can be argued that nurses' leadership skills are of even greater importance given the complexities involved. Participants: this research explored over two hundred ward nurses' perceptions of their leaders' leadership behaviors through completing a survey. Method: the survey comprised twenty items, each of which described a leadership characteristic reflective of a transformative and adaptive style. The nurses rated how frequently their leaders behaved in these ways as described, on a five-point scale ranging from 'doesn't do' to 'always do.' These items are related to the three dimensions of personal behavior, mentoring, and motivational behavior. Results: The nurses' perceptions of their leaders' leadership behavior were influenced by their gender, educational background, and work experience. The results of *t*-tests showed statistically significant differences in these variables. These findings suggest an essential moral imperative to ensure that health-care organizations in Iraq are led by individuals and teams who display effective personal behavior, mentoring behavior, and motivational behavior (such as high-level communication skills; concern for their employees as persons and modeling effective behavior; and encouraging staff participation and giving recognition for significant work, respectively).Conclusion: This research identifies the characteristics of nurse leaders in a challenging workplace setting with limited resources. This work could enable nurse leaders to better adapt to working in these difficult circumstances, and ultimately facilitate the organization's ability to consider what support and education are needed for nurses leaders and staff.
Keywords—challenging care contexts, Iraq, nurse leader, quantitative

INTRODUCTION

In countries such as Iraq that have experienced years of disruption through the devastation of war, health-care has been severely impacted and with long-term ramifications [1, 2, 3]. Although Iraq's health system had been recognized previously as one of the best in the region, its involvement in the war has resulted in a massive loss of infrastructure and resources for the sector. When combined with the impact of international sanctions and political instability [4], these circumstances have also led to a diminished and less well-trained workforce because many doctors and nurses have fled the country [5]. IRIN (2013) reports that despite a significant increase in financial resources, "[A]attempts to resurrect Iraq's health-care system remain hindered by several factors, including fragile national security and lack of utilities like water and electricity" [2]. Poor water quality has had serious consequences. Zoinikov (2013) emphasizes that without sustainable public health interventions that can improve water quality and respond to waterborne diseases, that are known to plague the country, and the provision of education interventions, there are limitations to improving progress [6]. She notes, "[S]sanitary conditions in hospitals remain unsatisfactory, trained

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personnel are largely absent, medical supplies continue to be unavailable, and rural populations generally lack access to health-care."Although the need for leadership is paramount, it is clear that the current circumstances are difficult and challenging; and working at the hospital ward level would be highly demanding for nursing staff and their nurse leaders [7]. Although comparable with some developing countries, the provision of health-care services in Iraq may be argued to be more difficult because of the instability and shortage of skilled staff. As a workforce, nursing staff may have little avenue for voicing their concerns [6] and would be most likely limited in the opportunity to engage in actions that would help realize the global vision of the International Council of Nurses *to lead our societies to better health* as evidenced in other developing places [8, 9]. Therefore, it is timely to conduct research in Iraq that investigates the nature of nurse leadership viewsto inform future policy and stimulate the conversation based on nurses' voices at work.

LITERATURE REVIEW

The substantial challenges that nurses in Iraq continue to face and the complexities involved highlight nurse leadership's importance. El Amouri and O'Neill (2014) found that in complex care contexts, nurse leaders require a combination of leadership styles [10]. Doody and Doody (2012) reinforce this in arguing the need for transformational leadership and emphasizing its four components of idealized influence, inspirational motivation, intellectual stimulation, and individual consideration. Both also found a transactional leadership style necessary but highlighted the importance of adaptive nurse leadership today [11].Weng, Huang, Chen, and Chang (2015) see transformational leadership as advantageous in its ability to positively influence the organizational climate in a way that encourages nurses' to be able to innovate [12]. Along with adaptability, they see these as attributes vital for nursing to evolve and respond to challenge and change [13].

In the practice setting, research has shown that nurses' perceptions of their leaders' style may differ from that of the leaders themselves. For instance, in Sellgren, Ekvall, and Tomson's (2006) exploration of nurse managers' and their subordinates' beliefs about what they saw as necessaryregarding behaviors relating to change, production, and employee/relation orientations, a statistically significant difference was found. The nurse managers were more positive about their actual leadership behavior than their subordinates on all three aspects. It was concluded that the subordinates preferred managers who were more explicit in their leadership behavior [15]. In Kleinman's (2010) research, nurse managers saw themselves as demonstrating transformational leadership behaviors much more frequently than their staff reported. However, there was more agreement on their perceptions of transactional leadership behaviors [16]. Other research also confirms nurse managers' perceptions of their leadership typically differ from those of their subordinates [17]. However, it is also clear that effective staff report greater satisfaction when nurse leadership reports greater satisfaction [18, 19]. Besides, gender has also been found to influence perceptions of leadership. Ayman, Korabik, and Morris' (2009) research comparinga leader's self-report on transformational leadership with their subordinates' evaluation of their performance showed female leaders received more positive evaluations from their female subordinates than from their male subordinates. In contrast, there was no gender difference in male leaders' evaluative responses, regardless of their levels of transformational leadership [20]. Brandt and Laiho (2013) also found gender differences in their investigation of transformational leadership and the influence of gender and personality [21]. Both leaders and subordinates perceived gender and personality to impact leadership; for instance, female leaders were seen as more enabling than males being viewed as more challenging.

However, leadership style has also been found to influence how subordinates are committed and motivated to contribute to effective nursing performance and the improvement of outcomes [22].This research found interpersonal understanding of the most important characteristics for good nursing performance alongside nine other demonstrable skills that reflected commitment, information gathering, thoroughness, persuasiveness, compassion, comforting, critical thinking, self-control and responsiveness. But it was pointed out that the most influential nurses acquire specific soft skills instead of measurable skills, which set them apart on the job. While it was concluded that "skills, traits, motives, and attitudes all contribute to effective nursing performance," there is a need to identify realistic working behaviors for nursing education and management. In terms of leadership that can facilitate change and the importance of the contribution of nurses' personal values, Nedelko and Brzozowski (2017) recommend "deeper examination of the relations between management behavior and innovativeness and personal values" (p. 173) [23].

Building relational social capital in the workplace has also been recognized as a vital part of leadership. Read and Laschinger (2015) see this as being achieved through authentic leadership practices that develop structural empowerment [24]. This is identified as vital to ensuring graduate nurses' well-being and encouraging retention. However, they note that the way relational social capital interacts in the work environment needs further exploration. Nevertheless, this reinforces the role of interpersonal skills and the soft skills in building positive relationships where there are trust and encouragement with mentoring of subordinates/nurses where they feel motivated and empowered. In support of this is Tangirala and Ramanujam's (2012) study of management behaviors that found managers' consultation was positively related to employees' upward voice, with employees' perceived influence acting as the mediator [25]. Thus, it can be appreciated that nurse leaders need to consult with their staff and ensure they engage with them in authentic ways.

To address the challenge of providing health-care services in developing countries such as Iraq, Fagerström (2012) advances the idea of employment of Advanced Practice Nursing (APN) [26]. International Council of Nurses definedAPN as: "*A*

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registered nurse who has acquired the expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice." [27]. She argues the provision of a level of practice between doctor and nurse can strengthen the workforce and improve health-care outcomes, noting that these may be categorized into care-related, patient-related, and performance-related. Substantial recent research is cited to support this; for example, APNs have been shown to contribute to increasing access to care, freeing up GP time, and providing a greater ability to offer care at the appropriate level. [28, 29]. In Fagerström's (2011) Nordic APN model, she recognizes leadership as a core competency of a set of eight: (1) direct clinical practice, (2) ethical decision-making, (3) coaching and guidance, (4) consultation, (5) cooperation, (6) case management, (7) research and development and (8) leadership. [30]. The ICN also places leadership as one of its five core values, along with inclusiveness, flexibility, partnership, and achievement [26]. Barton (2012) explains in his examination of how nurses can successfully advocate for change in developing countries, international research shows nurse leaders need to be 'competent, inspiring and honest' [8]". Therefore, it is vital to understand the nature of the existing leadership in such change contexts as Iraq to know how best to advocate for improvement. In light of this, the present research aimed to identify the leadership behaviors that nursing staff perceived as they worked alongside their supervisors.

The two main research questions asked: "To what extent did the nurse leaders demonstrate personal, mentoring and motivational leadership behaviors as perceived by their staff? And Does the nurses' level of training, gender, and years of nursing experience influence their perceptions of their supervisors' leadership behavior?

RESEARCH METHODOLOGY

The researchers used a descriptive correlational study design to implement the study. The researchers
employed a survey that consists of 4 main parts. These partsexplored Iraqi nurses' views about their nursing leaders' knowledge (Part 1) [7], the on-the-job behaviors of their immediate supervisors (Part 2),and the adequacy of their personal nurse education preparation (Part 3) together with demographic data in Part 4 (qualifications, gender and years in the profession). The overall project involved an initial stage of semi-structured interviews with nursing unit managers, head nurses, and ward nurses, representative of the target group,the analysis of which contributed to the design of the survey items [31]. This paper reports the results of Part 2 of the survey, for which the internal consistency, using Cronbach's Alpha [32], showed a reliability coefficient of 0.901 for the resultant 20 items, thus reflecting a high internal consistency. The survey used a Likert type scale design that required the participants to rate each item according to the extent their immediate supervisor demonstrated the behavior described in each item. The five ratings were "Doesn't do" (1), "Seldom does" (2), "Sometimes does" (3),"Usually does" (4), and "Always does" (5).Each survey item described a different way the nurses' supervisors might behave in terms of their leadership style. These behaviors pertained to transformative and adaptive leadership styles and reflected the three dimensions of (1) personal behavior, (2) mentoring, and (3) motivational behavior.The principal investigator distributed the paper form of a survey on the participants after they consented to participate in the study. The participants were asked to fill the study survey entirely, and the researchers were available to answer any related questions.

SAMPLE SELECTION

The study was conducted in a major city in the north of Iraq but coordinated from Australia. Permission was granted by the respective appropriate authorities to approach two hospitals in one district. Initial approval was gained from the researchers'university Human Research Ethics Committee in Australia. A convenience sampling method was used to recruit the study sample. A total of 480 nurses were initially approached at the hospitals, and only those who met eligibility criteria were included. A total of 384 nurses met the eligibility criteria and ensured their ability to respond to the survey. The inclusion criteria were having a minimum of three yearsexperience and havingachieved at least an appropriate diploma in nursing. A total of 210 nursescompleted and returned the survey(response rate of 55%).

The sample comprised only one-third of females and two-thirds of males, which reflected the ongoing disruptive context. The female perceived nursing as a dangerous job because they are required to travel alone at night. Furthermore, there were cultural concerns sincea nurse's workmay be seen as inappropriate for women [31].

RESULTS

An initial analysis was conducted based on mean scores of ratings using t-tests to investigate whether overall nurses' perceptions of their immediate supervisor's leadership behaviors differed according to their nursing qualification (Diploma versus Bachelor's degree), gender, and length of time in the profession. Then the nurses' responses were explored through descriptive statistics, focusing on the percentage of nurses who selected each rating. The choices "always" and "usually" were collapsed into one as the most positive response compared with "sometimes" and "seldom."Also, the choices "Doesn't do" and "Seldom does" were collapsed into one and titled as "seldom."A statistically significant difference was found between the perceptions of those nurses who held diplomas compared with those who had a higher nursing qualification at the bachelor level ($p \leq 0.05$). Those with the higher-level qualification of Bachelor's degrees were significantly more positive about their perceptions of their leaders' personal, mentoring, and motivating leadership behaviors than those holding a Diploma.

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Similarly, there was a statistically significant difference between female nurses' and male nurses' perceptions of their immediate supervisor's leadership behaviors ($p \leq 0.05$). It was found that female nurses were significantly more positive in their perceptions of their leaders' personal, mentoring, and motivating leadership behaviors than their male counterparts. In addition, the Analyses of Variance based on the nurses' differing years of work experience and educational background also showed statistically significant differences, with the results of a Tukey test indicating that those who had 3–5 years of experience were less positive about their leaders'leadership behaviors than those with more than tenyears' experience [31].

Personal leadership behaviours

Figure 1 displays the percentage ratings for the nurses' perceptions of their supervisors' personal leadership behaviors from the most frequently to the least across six items. The most prevalent behavior the nurses identified was that their supervisors encouraged them to state their point of view. Half the sample indicated this. However, while ten percent rated this occurred "sometimes," 40% rated "seldom."Regarding their supervisors encouraging them to express their ideas openly, only 41% rated this as occurring frequently and approximately the same percentage of nurses rated sometimes and seldom.The majority of nurses (60%) perceived their supervisors asbehaving in a friendly way. Furthermore, almost half of nurses (52%) perceived their supervisor as displaying confidence and trust in them. Similarly, they (48%) perceived their supervisorsas they listened well to them (48%), and encouraged them to express their feelings honestly (55%).

Figure 1. Nurses' perceptions of their immediate supervisor's *personal leadership behaviours*: Percentageratings (n=210)

Mentoring leadership behaviors

Regarding the nurse's perceptions of supervisors' mentoring behaviors in Figure 2, approximately two-thirds of nurses rated the provision of support from supervisors positively to avoid conflicts with the health-care team. At the same time, one third stated that this occurred rarely. Fifty to sixty percent of nurses perceived their supervisors as always expecting the best performance from them. Similarly, they perceived their supervisors were sharing information frankly and encouraging them to communicate openly with the team. Only one-third of nurses perceived the previous behaviors only sometimes happened.The nurses were almost equally divided regarding their perception of supervisors as avoiding dominating the discussion. The majority of the nurses rated encouraging them by the supervisor to communicate openly with the health-care team and encourage innovative and creative ideas as seldom occurred. These ratings also show the supervisors' avoidance of imposing a decision on the group varied, and over half of the nurses perceive their supervisor treated all team members equally.

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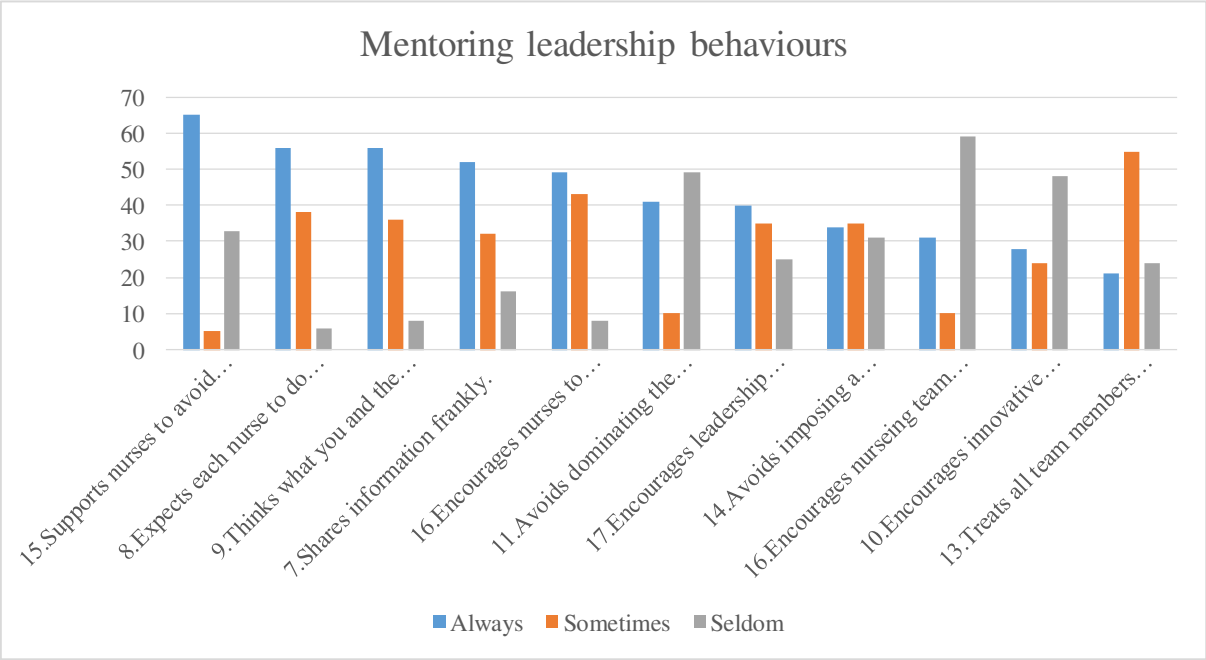

Figure 2. Nurses' perceptions of their immediate supervisor's *mentoring leadership behaviours*: Percentage ratings (n=210)

Motivational leadership behaviors

The nurses'perceptions of their supervisors' frequency of three motivating behaviors are displayed in Figure 3. Supervisors'provision of help for nurses to develop their own plans to meet their learning needs was rated as seldomly present by 63% of the group with almost all of the remainder rating this occurred"sometimes."Regarding supervisors stimulating nurses' academic discussions at work,nearly half of the nurses rated this as a seldom occurrence. Furthermore, nurses equally divided equally in their perception of encouragement to participate in scientific events.

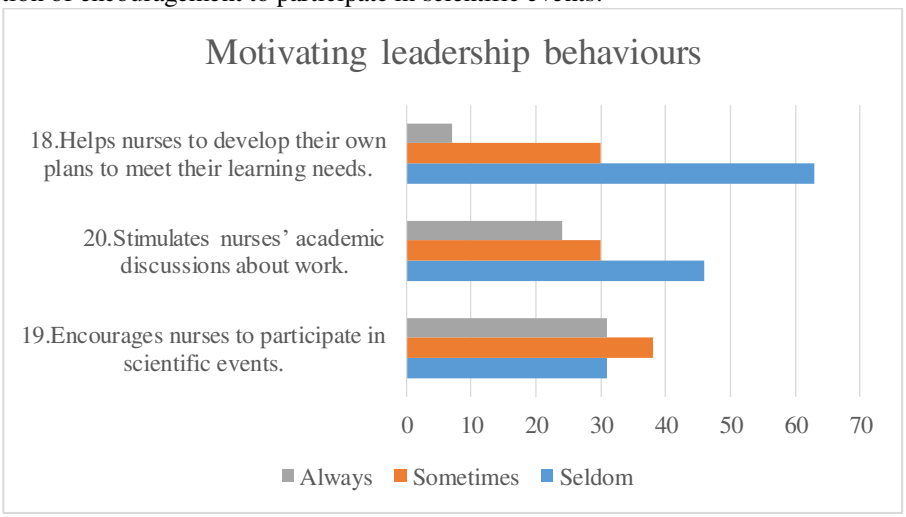

Figure 3. Nurses' views of their immediate supervisor's *motivating leadership behaviours*: Percentage ratings (n=210).

DISCUSSION AND CONCLUSIONS

The research shows that the participant nurses' perceptions of their supervisors' leadership behavior variedsignificantly according to their gender, educational background, and years of experience. While this is conducive to other findings in the literature [20, 21, 30], these results draw attention to the issues involved in thischallengingcare contextof Iraq at the time of the research and reflect the long-term impact of the disruption of war.It is noteworthy that two-thirds of the nurses were male and generally more experienced than females, with a much larger proportion holding a Bachelor's degree than a Diploma. This is not surprising because of the disruptive history and potential danger in traveling for females, particularly at night, and the nature of the work

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being seen as less culturally appropriate for women [7, 31]. It is also reflective of the long-term disruption to the country's overall stability that is probably taken forgranted in other countries where there is peace.

A closer look at the frequency that leadership behaviors were perceived as occurring shows substantial variation within all three personal, mentoring, and motivating categories, suggesting a more transactional leadership style was in operation [10]. Interms of individual behaviors,most nurses' perceptions reflected a context where their voice is not frequently encouraged.However, half of the nurses were positive about their supervisors, encouraging them to state their perspective. Regardingmentoring behaviors,most nurses (65%) perceived their supervisors supported them to avoid conflict with the health-care team, including physicians, patients, and colleagues,which was in keeping with the same proportion rating that theywererarely encouraged to communicate openly with the team.However, there was evidence that nurses perceived their supervisors as always expecting the best performance from them.Similarly, they perceived their supervisors were sharing information frankly and encouraging them to communicate openly with the team.

Regarding motivating behavior, almost half perceived their supervisors as not encouraging them to bring forward their innovative and creative ideas. In other words, the supervisors mostly were not motivating them. Similarly, most nurses rarely perceived that their supervisors help develop their plans to meet their learning needs.Also, there was varied stimulation of academic discussion about work and encouragement to participate in scientific events.

All-in-all these results illuminate the difficulties these nurses and their leaders face in any endeavor to contribute to effective performance and outcomes in this context [22]. The results suggest that it would be difficult for the nurse leaders/supervisors in this study to build the relational social capital in the workplace since there is limited evidence of authentic leadership practices that could develop the necessary structural empowerment [24].However, this research is limited in illuminating the practical constraints that impact the hospital's everyday work and the implications of water and electricity issues [2, 6] that may influence supervisors'leadership potential.

This study's research findings support Nedelko and Brzozowski's (2017) argument about a deeper examination of the relationship between supervisors' behavior, personal values, and innovativeness [23]. Subsequently, it emphasizes the need for leadership that can be transformative and adaptive in this context. Furthermore, they add to the argument for identifying the soft skills [24] that may have been developed in addressing the ongoing challenge, thus further illuminating how relational social capital interacts in such workplaces. Therefore, this research suggests room for improvement and a need for further research that gives voice to both nurses and their supervisors.There would be value in exploring the potential of theNordic APN model that besides identifying leadership as a critical competency [30] identifies other competencies highly relevant to relational capacity building, such as coaching and guidance, consultation, and research. Future research can also learn from ICN's work in developing countries [8] and investigate how nurses and their supervisors may advocate for change [26]. In conclusion, these findings suggest an essential moral imperative to ensure the provision of individuals and health-care teams understand and make explicit their behaviors as influential leaders, to ensure the responsiveness of the health-care system in the face of ongoing challenges and need for change.

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