

Nurses' Views on 'Effective Nurse Leader' Characteristics in Iraq

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Abstract—This research explored ward nurses' views about the characteristics of effective nurse leaders in the context of Iraq as a developing country, where the delivery of health care continues to face disruption and change. It is well established that the provision of modern health care requires effective nurse leaders, but in countries such as Iraq the lack of effective nurse leaders is noted as a major challenge. In a descriptive quantitative study, a survey questionnaire was administered to 210 ward nurses working in two public hospitals in a major city in the north of Iraq. The participating nurses were of the opinion that the effectiveness of their nurse leaders was evident in their ability to demonstrate: good clinical knowledge, effective communication and managerial skills. They also viewed their leaders as needing to hold high-level nursing qualifications, though this was not necessarily the case in practice. Additionally, they viewed nurse leaders' personal qualities as important, which included politeness, ethical behaviour, and trustworthiness. When considered against the issues raised in interviews with a smaller group (20) of senior nurse leaders, representative of the various occupational levels, implications identify the need for professional development that focuses on how the underpinning competencies relate to leadership and how transformational leadership is evidenced in practice.

Keywords—Health care, nurse education, nurse leadership, nursing in Iraq, transformational leadership.

I. INTRODUCTION

EFFECTIVE nursing leadership is important for complex problem solving related to care delivery by nurses. It is defined as the process through which desirable outcomes such as quality, productivity and satisfaction are achieved [1]. Characteristics that are associated with effective nurse leadership are emphasised in the literature as important for achieving successful healthcare outcomes [2], [3]. Contino has debated whether nursing leadership should be considered a quality of character, or a skill-set that can be acquired through experience or education. She shows that both personality traits and skills are required along with a range of other high level abilities to provide effective nursing leadership [4]. These are important elements of leadership and are central to the study of nurse leadership effectiveness across the diversity of health care contexts around the world.

Challenges for nursing and nurse leadership are many and include the ability to cope in multicultural/multilingual settings [5], and also where the nature of nursing work is perceived as low status [6]; and in the case of the present

research, the need to adapt to working in a disrupted, war-torn environment [7]. An exploration of these elements (skills and personal traits) is necessary to understand how successful nurse leadership is perceived by those nurses working in more demanding circumstances beyond the norm, such as in Iraq, since there has been limited research other than, for example, the need for realignment of the health care system with primary health care [8] and the experiences of U. S. military nurses [9] during the war.

Kleinman's research shows that effective nursing leadership requires clinical, communication, and managerial skills, as these skills in nursing leaders have an important influence on nurses' professional and personal outcomes [3]. But, these studies tend to emphasise only one or two skill sets or personal traits and are limited in their exploration of nurses' personal views and projecting their voices on the characteristics of an effective nurse leader, particularly related to the context of countries like Iraq. Moreover, there is little research that explores nurses' views on both skill sets as well as the personal traits that are necessary for effective nurse leadership [10], [11]. Therefore, the purpose of this research to explore how nurses identify the characteristics of an effective nurse leader in the specific context of Iraq, which is noted as having moved from being a developed country in previous decades to the status of 'a developing country' [12], is further justified [8].

Force argues that a skilful leader will recognise every individual, acknowledging their skills, job requirements, and responses to the stresses of the workplace [13]. She emphasises the importance of leaders acquiring the skills to support their staff in every way possible and build productive relationships so that individuals feel comfortable and are able to develop a mind set to keep learning, and to feel they can seek help when they need it. In addition, for effective leadership, other characteristics mentioned in the research relate to the importance of personal qualities in nurse leaders. For instance, El Amouris and O'Neill [5], investigated nurses' leadership styles and their perceptions of the abilities and characteristics of effective leaders in health care, where different languages and cultures were involved in the provision of effective care. This research addressed how leadership style [14] was viewed as related to the provision of culturally competent care in UAE private and public hospitals and highlighted the importance of professional learning and the adoption of transformative leadership style [5]. Similarly, Brown argues that understanding what traits contribute to effective nursing leadership is important to being able to improve healthcare [15]. She proposes that for nurse leaders to

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achieve a higher level of leadership, numerous traits are essential, including creativity, passion and courage. Cummings, Lee and MacGregor [2] add that effective nurse leaders also need to demonstrate self-confidence and motivation. Such personal traits are seen as facilitating effective leadership thus allowing nurse leaders to accomplish their goals while conducting the main tasks of leadership. They also draw attention to effective nurse leadership being associated with ethical characteristics. These include honesty, love, kindness, discipline, responsibility, gentleness, respect for human beings, unanimity, devotion, and self-sacrifice. However, there is limited research into moral competencies in nursing [16]; although being charismatic, having a personal sense of power, being extroverted, confident and showing friendliness towards staff have been found to be important effective, positive characteristics of a nurse leader [4].

Importantly, and not surprisingly, compassion has been identified as a major characteristic that is central to the qualities that nurses are expected to possess. It is often considered as the key component of nursing care and is associated with moral choice rather than simply a natural response to suffering [16]. Similarly, Tuckett 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 [17]. Other studies have found that effective leaders also require personal qualities that include integrity and the ability to control stress [18]. Furthermore, Brown stated that effective nursing leadership depends on having a positive self-image and a prevailing pride in the profession [15]. In summary, while the research to date clearly demonstrates that the role of the nurse leader is very complex, to advise on what constitutes effective leadership in the specific context of Iraq there is a need for additional research. Thus, this research sought to give voice to Iraqi nurses in seeking their views about the characteristics of effective nurse leaders given their first-hand experience of the delivery of health care in a context that continues to deal with disruption challenge and change.

II. METHODS

The research draws upon a larger study [19], where interviews (30-45 minutes duration) were initially conducted to identify nurse leaders' (representative of the various occupational levels) views of their leadership roles, the analysis of which derived 15 perceived effective leadership characteristics. These characteristics were then used to inform the design of the first part of a larger survey, which was administered to a sample of 210 Iraqi nurses working at the level of ward nurse. The first part, which this research is concerned with, required the ward nurses to select those characteristics they identified with their leaders. The remaining survey components comprised two sets of Likert scale items that explored leadership knowledge and skills, and additional participant socio-demographics. In part one, the participants ticked only if they associated a characteristic with their current leader. Although there was the option for the participants to add others of their own, no advantage was

taken. The results of this part of the survey are compared with the reporting of related issues raised in the prior interviews which derived the 15 concepts. NVivo was applied to the analysis of interview data and descriptive analyses were calculated for this survey component.

III. SAMPLE SELECTION

Approval from the respective university Human Research Ethics Committee in Australia, from where the research was coordinated, and from the participating medical authorities (two hospitals in one district of a large city) in the north of Iraq, was gained to conduct the research. An initial purposively selected sample of 20 medical staff that included ward nurses, head nurses and nursing unit managers was chosen to be interviewed to explore their current roles and views about what it takes to be a nurse leader. Subsequently, the hospitals' 480 ward nurses were approached to participate in the study. Selection of both samples depended on the participants being able to meet the criteria that (1) they had worked for at least three years in the nursing profession, and (2) had earned a qualification in nursing at least at the level of diploma. This ensured that they had sufficient knowledge and experience to be able to respond to the interview and survey questions. Of the total group, 96 (20%) ward nurses did not meet the necessary criteria, thus leaving 384 as possible participants. Following distribution of the survey, a final total of 210 ward nurses responded (55% return rate). It is noted that two-thirds of the nurses were male, which reflected the disruptive and potentially dangerous context, where for instance, travel in the evening was not considered safe for female nurses, and for cultural reasons the nature of the work may not be perceived as appropriate for women.

IV. RESULTS

Based on the survey responses, Table I shows the four most frequently selected characteristics the participant nurses viewed their leaders as demonstrating. Almost 90% of the nurses viewed their leader as having 'good clinical knowledge' with almost two-thirds identifying that they had effective communication skills with staff. In contrast, only just over half of the participants (54%) were of the opinion that their leader had good managerial skills but just 41% saw their leader as having appropriate qualifications and educational nursing background.

TABLE I
TOP FOUR MOST FREQUENTLY SELECTED CHARACTERISTICS WARD NURSES VIEWED THEIR LEADER [19]

Item	Characteristic	N	%
2	Good clinical knowledge	182	87
6	Communication skills with staff	131	62
3	Managerial skills	114	54
1	Academic background	86	41

The nurses' frequency of selection of the remaining 10 characteristics, revealed that approximately two-thirds of the nurses viewed their leaders as having the personal qualities of

'politeness' (65%) and 'ethical behaviour' (62%), but only 43% associated the characteristic of 'trustworthiness' with their leader. However, only approximately one third associated the personal qualities of 'honesty' (33%) and 'intelligence' (31%) with their leader, but only one quarter seeing their leader as 'straight forward' (25%) and 'courageous' (21%). Although equally essential to the nurse leader's role, the personal characteristics of being 'observant', and 'able to inspire others' were seen as being demonstrated by only a very limited number of the nurses' leaders (14%) and having 'patience' and being perceived as having 'power of note' were not qualities that any of the nurses associated with their leader.

TABLE II
PERSONAL CHARACTERISTICS AND PERCENTAGE OF WARD NURSES' RATING
THEIR LEADER [19]

Item	Characteristic	N	%
8	Politeness	136	65
7	Ethical behaviour	130	62
4	Trustworthiness	90	43
12	Patience	84	40
5	Honesty	69	33
10	Intelligence	65	31
11	Straightforwardness	53	25
14	Courageous	44	21
13	Empowering	0	0
9	Able to inspire others	0	0

These results were confirmatory in showing that the behaviours the interview sample of nurse leaders identified as important in their nurse leadership and nursing practices were reflected in the ward nurse participants' ratings on what they observed their leaders doing in practice. A comparison of common interview characteristic percentage choice frequencies with the percentage of survey participants' selecting each characteristics showed no statistically significant difference using the non-parametric Mann-Whitney U test for independent samples (2-tailed, $p > 0.05$).

V. DISCUSSION

The ability for the field to better understand nurses' views of the characteristics of an effective nurse leader is not only important for improving health care by informing policy and nurse education, but also leadership nursing practices that are vital for addressing the needs of Iraq as a developing country [8], with its own unique challenges. They make an important contribution to knowledge in illuminating senior nursing staffs' perceptions of which leadership and personal characteristics are seen as important, and the fact that the ward nurses concur that these characteristics are demonstrated in their workplace. However, it is the order of importance that is also revealing, since both groups did not statistically significantly differ in the emphasis they placed on the various characteristics.

From the ward nurses' survey results it is not surprising that 'good clinical knowledge' was the most highly rated at almost 90%, as it is essential to carry out the work. But following that, it is a concern that ratings diminished for the three

remaining more overarching characteristics of 'good communication skills with staff', 'managerial skills and 'academic background' (moving to approximately two-thirds, a half and 40% of participants, respectively), all of which are well established as equally crucial to effective leadership [20]. Mannix et al.'s [20] recent integrative review of attributes of contemporary clinical leadership not only reinforces the need for clinical knowledge but equally shows a range of communication skills and managerial skills to be essential for effective leadership. In their categorization of 'leader characteristics' into clinical competence, effective communication skills and personal qualities, their research suggests serious gaps in the scope of these participants' knowledge about leadership. This includes the implications of implementing transformational leadership style and what this means for the characteristics and skills, and philosophy that underpin it, though this style is currently recognised as appropriate to achieving effective health care today [5], [21]. Also in relation to evidence of leadership style it is surprising that although the personal characteristics of nurse leaders being perceived as being 'empowering' and 'able to inspire others' emerged from the interview analysis, none of the ward nurses surveyed identified these characteristics as being demonstrated by their leaders. As well, the set of personal characteristics that emerged through the interview process, though well established in the literature [21], [22], apart from 'politeness' and 'ethical behaviour' being perceived as present in their workplace by two-thirds of the ward nurses, 'patience' and 'trustworthiness' was reported by just under half, with the remaining four: 'honesty', 'intelligence', 'straightforwardness' and 'courageous', being observed by between only 30% to 20%.

Overall, these results show that there was an awareness of the major characteristics of nurse leadership among the senior nurse leaders who were interviewed, although they were not necessarily practicing them in their daily work according to the ward nursing staff survey results. While the core categories of clinical competence, effective communication skills and personal qualities noted above [20] can be evidenced in the characteristics that emerged from the interviews, and the presence of 'good clinical knowledge' can be perceived as a strength, the results suggest that there is much room for improvement with regards to 'communications skills with staff' and even more so but not unrelated in the personal characteristics. They suggest a need for professional development, particularly in the latter two categories but essentially on how the underpinning competencies relate to leadership and how transformational leadership is evidenced in practice [23]. The following response from a nurse leader manager highlights the need for professional development and its relevance to gaining a leadership role but does not make any explicit mention of personal characteristics for leadership or the need for effective communication and interpersonal skills.

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) [19, p. 63].

Similarly, a second response provides insights into what may be deduced as a more transactional compliance approach to leadership, where nurses may not perceive a promotional pathway may help explain the responses of the survey group.

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) [19, p. 62].

The issue of appointment to a leadership role is also evident in the following senior nurse leader’s comment, which suggests that qualifications may not be valued in the current context.

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) [19, p. 61].

High level communication skills and interpersonal skills among nurses and their leaders is core to building trusting relationships. Interpersonal relationships developed through effective communication skills are necessary for effective nurse performance [24]. This is important because patient care is optimized through cooperation and collaboration of healthcare staff. Open communication lines also make possible participation in decision-making processes between nurse leaders and their subordinates. Research has shown that nurses consider communication with nurse leaders as an important factor affecting their performance [24]. The participants strongly emphasized the importance of a leader being able to maintain and promote two-way communication. Effective dialogue is also well recognised as vital for the leader to promote teamwork [22] because it promotes improved interactions and relationships among staff members [21], [24]. As noted in this study a nurse leader manager reinforced the need for building effective social relationships.

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) [19, p. 63].

VI. CONCLUSION

As noted, the findings suggest that these nurses working in an Iraqi city under challenging circumstances, compared with the general context for nurses, bring some knowledge about leadership and the characteristics required for nurses to be effective leaders. However, it seems that this knowledge is fragmented in terms of understanding leadership styles and how the characteristics that they recognise (either through their own learning and practice as per the interviewees or through their own observations in their workplace - survey group) fit together in practice to, for instance, empower and inspire, and promote transformational leadership [23]. When the three essential categories of clinical competence, effective communication skills and personal qualities [20] are considered they reflect a breadth and depth of practice relative

to transformational leadership style that is absent from the voices of the nurses in this research.

Other insights gleaned from the research draw attention to the need for a deeper appreciation of the nurse leader’s role in being able to communicate with staff as part of their leadership role. It highlights the need for professional development in terms of leadership in nursing and the importance of communication skills and interpersonal skills, and the important concept of teamwork that is inherent in the category of effective communication [20] and is highly relevant to being able to collaborate to provide quality patient-centred care [25], [26]. Thus, it is concluded that to bridge this gap there is a need for leadership education in nursing and professional development for staff [27]. It needs to include a focus on how the underpinning competencies of the three core categories [20], relate to the concept of transformational leadership and how this is evidenced in practice. In addition, the research suggests an absence of a clear promotional pathway may also impact on the ward nurses’ motivation to take a leadership role and so, in turn, their aspirations. But it is also acknowledged that these nurses are working in difficult circumstances, where the impact of the disruption of war [28], [29] has undoubtedly placed undue pressures on the workplace such that the demands of actually ‘getting the job done’ [30] and dealing with the accompanying stresses or trauma involved may have obscured would be leaders’ ability to have a vision for the future and dampen their ability to make the most of their potential individual attributes.

REFERENCES

- [1] Al-Haddad, M. Leadership in Healthcare Management. *Bahrain Medical Bulletin* 25, 1 (2003).
- [2] Cummings, G., Lee, H. & MacGregor, T. Factors contributing to nursing leadership: A systematic review. *Journal of Health Services Research & Policy* 13, pp. 240–248 (2008).
- [3] Kleinman, C. Leadership roles, competencies and education. *Journal of Nursing Management* 33, pp. 451–455 (2003).
- [4] Contino, D. Leadership competencies: Knowledge, skills, and aptitudes nurses need to lead organizations effectively. *Critical Care Nurse* 24, pp. 52–64 (2004). Retrieved from <http://ccn.aacnjournals.org/content/24/3/52.long>.
- [5] El Amouri, S., & O'Neill, S. (2014). Leadership style and culturally competent care: Nurse leaders’ views of their practice in the multicultural care settings of the United Arab Emirates, *Contemporary Nurse* 48(2), pp. 135-149. Special issue: Supporting a Strong and Resilient Contemporary Nursing Workforce.
- [6] Ng’Ang’a, N., & Byrne, M. W. Professional practice models for nurses in low-income countries: An integrative review. *BMC Nursing*, 14(44), DOI: 10.1186/s12912-015-0095-5 (2015).
- [7] Milton, S. *The neglected pillar of recovery: A study of higher education in post-war Iraq and Libya*. PhD Thesis, White Rose e-Theses Online, York University, UK.
- [8] Al Hilfi, T. K., Lafta, R., & Burnham G. Health services in Iraq. *The Lancet*, Vol. 381, No. 9870, pp. 939-948. DOI: [http://dx.doi.org/10.1016/S0140-6736\(13\)60320-7](http://dx.doi.org/10.1016/S0140-6736(13)60320-7).
- [9] Scanell-Desch, E., & Doherty, M. E. Experiences of U. S. military nurses in the Iraq and Afghanistan wars 2003-2009. *Journal of Nursing Scholarship*, Vol. 42, No. 1, pp. 3-12. doi: 10.1111/j.1547-5069.2009.01329.x.
- [10] Von Dietze, E. & Orb, A. Compassionate care: A moral dimension of nursing. *Nursing Inquiry* 7(3), pp. 166-174 (2000).
- [11] Heffernan, M., Quinn Griffin, M. T., Sister Rita, M. & Fitzpatrick, J. J. Self-compassion and emotional intelligence in nurses. *Int J Nurs Pract* 16, pp. 366-373 (2010).
- [12] Zoinikov, T. R. (2013). From developed to developing country: Water

- and war in Iraq. Water Magazine. Baltimore, MD: Johns Hopkins University Water Institute. Retrieved from <http://water.jhu.edu/index.php/magazine/from-developed-to-developing-country-water-and-war-in-iraq> (2013).
- [13] Force, M. (2005). The relationship between effective nurse managers and nursing retention. *Journal of Nursing Administration*, Vol. 35, No. 7-8, pp. 336-341.
- [14] Avolio, B. J. and Bass, B. M. (2002), Developing Potential across a Full Range of Leadership Cases on Transactional and Transformational Leadership, Lawrence Erlbaum Associates, Mahwah, NJ.
- [15] Brown, B. J. Leadership for the future. *Nursing Administration Quarterly* 29(2), 111-112 (2005).
- [16] Jormsri, P., Kunaviktikul, W., Ketefian, S. & Chaowalit, A. Moral competence in nursing practice. *Nursing Ethics* 12, 582-594 (2005).
- [17] Tuckett, A. An ethic of the fitting: a conceptual framework for nursing practice. *Nursing Inquiry* 5, pp. 220-227 (1998).
- [18] Miyata, A., Arai, H. & Suga, S. (2015) Nurse managers stress and coping. *Open Journal of Nursing*, 5, pp. 957-964. <http://dx.doi.org/10.4236/ojn.2015.51101>
- [19] Abed, S. Exploring nurses' views on effective leadership in Iraq: Developing a framework for professional nursing leadership education. (Doctoral dissertation, University of Southern Queensland. Retrieved from <https://eprints.usq.edu.au/26276/> (2014)
- [20] Mannix, J., Wilkes, L., & Daly, J. Attributes of clinical leadership in contemporary nursing: An integrative overview. *Contemporary Nurse*, 45(1), pp. 10-21. (2013).
- [21] Curtis, E., & O'Connell, R. Essential leadership skills for motivating and developing staff: Feature. *Nursing Management*, Vol. 18, Number 5, pp. 32-35 (2011).
- [22] Arnold, E. C., & Boggs, K. *Personal communication skills for nurses*. St. Louis, Missouri: Elsevier. (2014).
- [23] Curtis, E. A., de Vries, J., & Sheerin, F. K. Developing leadership in nursing: Exploring core factors. *British Journal of Nursing*, Vol. 20, Number 5, pp. 306-309 (2011).
- [24] Heuston, M. M., & Wolf, G. A. Transformational leadership skills of successful nurse managers. *Journal of Nursing Administration* 41, 248-251 (2011).
- [25] Brady, G. P., Germain, P., & Cummings, G. The influence of nursing leadership on nurse performance: A systematic literature review. *Journal of Nursing Management* 18, pp. 425-439 (2010).
- [26] Pepin, J., Dubois, S., Girard, F., Tardif, J., & Ha, L., A cognitive learning model of clinical nursing leadership. *Nurse Education Today*, 31, pp. 268-273 (2011).
- [27] Yoder-Wise, P., Scott, E., & Sullivan, D. Expanding leadership capacity: Educational levels for nurse leaders. *Journal of nursing administration*, 43(6), pp. 326-328 (2013).
- [28] Heller, B. R., Drenkard, K., Esposito-Herr, M. B., Romano, C., Tom, S., & Valentine, N. Educating nurses for leadership roles. *The Journal of Continuing Education in Nursing*, 35(5), pp. 203-210 (2004).
- [29] Garfield, R., & McCarthy, C. F. Nursing and nursing education in Iraq: challenges and opportunities. *International Nursing Review*, 52, pp. 180-185 (2005).
- [30] Melvan, S. I., & Vines, D. (2010). *Angel walk: nurses at war in Iraq and Afghanistan*. Portland, Oregon: Arnica Publications.