

## Original Article

# The Relationship Between Transformational Leadership Practices of First-Line Nurse Managers and Nurses' Organizational Resilience and Job Involvement: A Structural Equation Model

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### Key words

job involvement,  
nurses, nurse  
managers,  
organizational  
resilience,  
transformational  
leadership

### ABSTRACT

**Background:** Nurse leaders play a unique role in seeking ways to promote a strong nurse workforce and positive work attitudes and behaviors among nurses to assist in their success. The leadership practice of nurse managers could be an important factor in promoting nurses' organizational resilience and job involvement.

**Aim:** To determine the relationship between transformational leadership practices of first-line nurse managers and nurses' organizational resilience and job involvement.

**Methods:** A descriptive correlational research design was conducted at a Saudi university hospital. The study consisted of 60 nurse managers and 211 nurses. Measures included Leadership Practices Inventory, organizational resilience, and job involvement questionnaires. Results were analyzed using inferential statistics and Structural Equation Modeling.

**Results:** In addition to the positive significant correlation found among the studied variables, First-Line Nurse Managers' Leadership practices accounted for 43% and 40% of the variance of nurses' organizational resilience and job involvement.

**Linking Evidence to Action:** Nurse leaders perform a crucial role in embracing and executing effective strategies through their transformational leadership and managerial caring to support nurses' resilience and job involvement. Shared governance and a respectful working atmosphere that conveys gratitude to nurses are popular strategies that enhance the efficacy of nursing leadership and promote positive work attitudes among nurses.

## INTRODUCTION

Today's nursing leaders face ever-increasing responsibilities and are challenged with many ongoing stressors that can have a constant adverse impact on the capacity of a leader to succeed (Stagman-Tyrer, 2014). First-line nurse managers (FLNMs) are crucial in the healthcare delivery system, as are their leadership practices (Abou Hashish, 2017). Leadership was identified as having a major impact on practicing nurses and the perception of a supportive and healthy workplace environment (Kowalski et al., 2020). Behaviors of leaders directly influence their organization's aptitude to attract and maintain the talent of their nurses and are considered a crucial element in achieving competitive benefits in the marketplace (Kouzes & Posner, 2019). Likewise, nurses wield a significant impact on patients and other healthcare team members through knowledge and

enactment of professional behaviors such as communication, collaboration, and coordination (Stanley & Stanley, 2018).

Leadership is well defined as a process by which an individual (leader) influences a group of people to accomplish a mutual goal. Achievement of goals may be facilitated through leadership behaviors which can be translated to leadership styles that concentrate on how a leader behaves in various circumstances, and their attitudes towards others (Manning, 2016). To accomplish this goal, nursing leadership needs to change to incorporate non-traditional forms of leadership (Wei, Roberts, Strickler, & Corbett, 2019). Due to its motivational impact, transformational leadership style has been increasingly referred to in nursing literature as a preferred style of leadership over the last decade (Kouzes & Posner, 2012; Manning, 2016; Stagman-Tyrer, 2014).

### The Proposed Conceptual Framework

The five practices of exemplary leadership as conceptualized by Kouzes and Posner (2012, 2019) are (1) Modeling the Way, (2) Inspiring a Shared Vision, (3) Challenging the Process, (4) Enabling Others to Act, and (5) Encouraging the Heart. This study looks at the effect of transformational leadership practices on nurses' work variables such as organizational resilience and job involvement.

Resilience is a vital factor in successful nursing leadership. Resilience is described as the process of people adapting well to the adversities they face and staying optimistic about the future (Dzau, Kirch, & Nasca, 2018). Nurses and other healthcare clinicians have suffered from alarming rates of burnout, depression, stress, and compassion fatigue which is why the National Academy of Medicine established the Action Collaborative on Clinician Well-being and Resilience in 2017 (Dzau et al., 2018; Raderstorf, Barr, Ackerman, & Melnyk, 2020).

Nurse resilience is a skill that can be learned in order to survive and succeed in the face of labor difficulties (Kester & Wei, 2018). Individual resilience skills ensure that nurses are effective in their nursing profession and can grow even in complex work environments (McGowan & Murray, 2016). Similarly, organizational resilience is thoroughly interrelated with the resilience of personnel in an institution. Having a shared vision, willingness to learn, adaptation ability, cooperative awareness, and work enthusiasm are examples of work behaviors that reflect organizational resilience (Chen, 2016). The creation and promotion of a culture of resilience for leaders and staff members are also a catalyst for organizational resilience and nurses' involvement in their jobs.

Job involvement is another work variable that may be affected by the leadership practice of nurse managers. Job involvement refers to the extent to which the employee is absorbed in or committed to the job, participates in the work, and performs the needed tasks (Ju & Oh, 2016). The literature pinpoints job involvement as a catalyst in nurses' level of psychological identification and commitment with the job throughout which the person is involved or immersed. Nurses who demonstrate a high degree of job involvement are deliberate about their work obligations being a dynamic part of their lives and whether they feel good about themselves is closely connected to their individual jobs. Hence, a sound management structure should promote such an attitude among nurses (Nylén-Eriksen, Grov, & Bjørnnes, 2020). It remains an important predictor of organizational efficiency.

### Significance of the Study

The American Organization of Nurse Executives (AONE, 2016) acknowledged the value of transformational leadership style in nurse managers as one that can foster higher rates of staff nurse achievements. The ongoing primary

goal in health care is to provide high-quality, cost-efficient patient care (Dutton & Kozachik, 2020). This cannot be accomplished without the involvement of staff nurses and the support of their nurse managers (Institute of Medicine, 2010). Staff nurses are closely involved in providing care to their patients but are not constantly involved in decisions affecting the delivery of care. Kowalski et al. (2020) identified that nurses value work environments with effective leadership that fosters decision-making, autonomy in nursing practice, respect, teamwork, and cohesive interactions.

Despite the theoretical connection between the successful behaviors of nurse leaders and the resilience of nurses (Tau, Du Plessis, Koen, & Ellis, 2018), little research work has been carried out in this field to examine the link among the studied variables. Expanding on previous studies is important to fill this research gap. It is believed that such a study would provide information for developing organizational strategies aimed at promoting the growth of the leadership style of nurse managers to enhance staff nurses and patient outcomes.

### Aim of the Study

This research aimed to determine the relationship between transformational leadership practices of FLNMs and nurses' organizational resilience and job involvement.

## METHODS

### Research Design and Setting

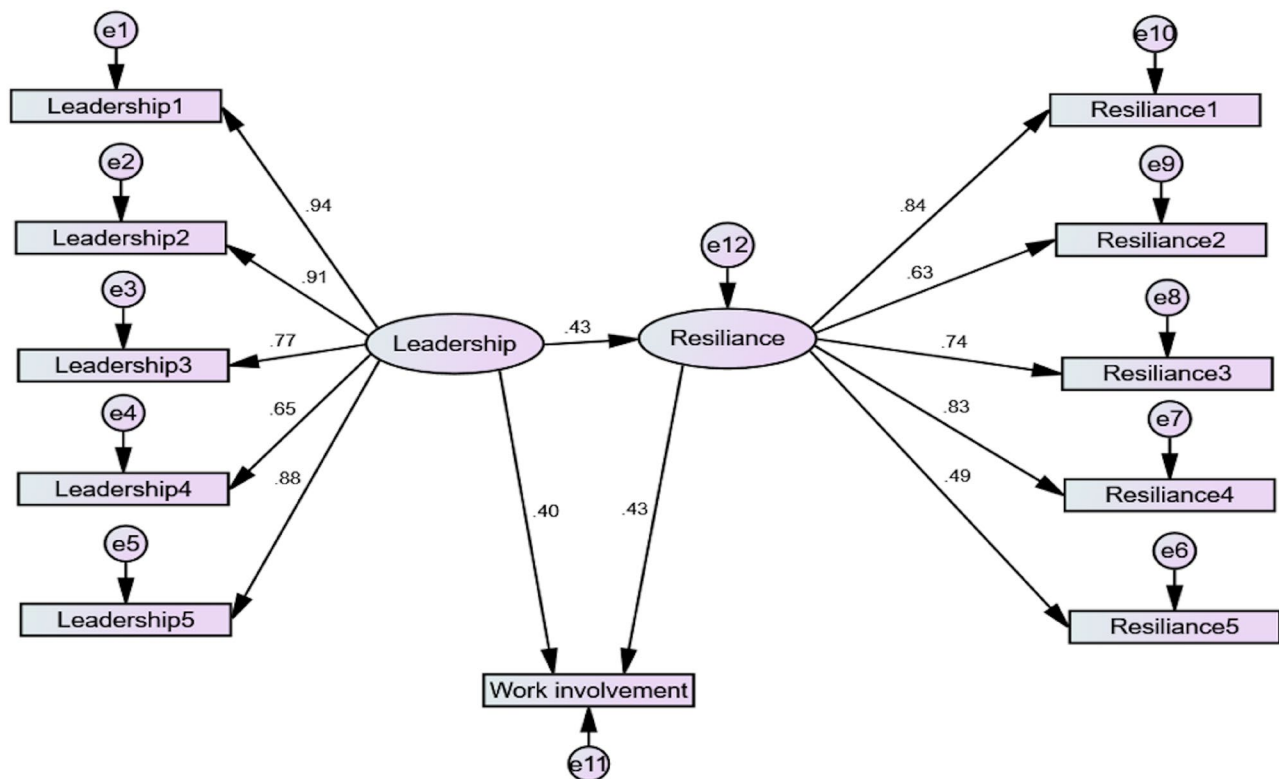
This is a descriptive correlational research design conducted at a University Hospital in Saudi Arabia. In the current research, structural equation modeling (path analysis) was used to examine an anticipated model of the relationship between leadership practices of FLNMs and nurses' organizational resilience and work involvement.

The assumption of path analysis for this study was developed: In the predicted model, it was assumed that leadership practices of FLNM would positively affect nurses' organizational resilience and job involvement (Figure 1). Based on this model, the following hypotheses were postulated:

- (H0) There is no significant effect of FLNM's leadership practices on nurses' organizational resilience and job involvement; and
- (H1) There is a significant effect of FLNM' leadership practices on nurses' job involvement, that is, organizational resilience plays a significant mediating role in this relationship.

### Ethical Considerations

Institutional Review Board (IRB) approval (No. 20-0227) was attained from the university board. Data confidentiality



**Figure 1.** Standardized coefficients for path analysis of direct and indirect effect of leadership practices on job involvement mediated by organizational resilience.

and privacy were sustained. The participants' written agreement to take part in the research before data collection was protected. The study subjects were guaranteed the right to withdraw from the study at any time.

### Study Participants

The study participants were either FLNMs or staff nurses working with FLNMs. All FLNMs ( $N = 60$ ) were from inpatient care units at the university hospital, available at the time of data collection, and included to assess their leadership practices. The representative sample of staff nurses working with FLNMs ( $N = 211$ ) were available at the time of data collection and included to assess their resilience and job involvement. The sample size of the nurses was estimated using Epi-Info (version 7) based on a 5% variance, 95% confidence, and 0.80 power at a 0.5 significance level. Exclusion criteria included newly appointed (within the past 6 months) nurse managers and nurses with fewer than 6 months of experience.

### Study Measurement Tools (Instruments)

#### The Leadership Practices Inventory

The Leadership Practices Inventory (LPI) (Kouzes & Posner, 2012) is a 30-item instrument representing the five dimensions of transformational leadership practices: (1) modeling the way, (2) inspiring a shared vision, (3) challenging the process, (4) enabling others to act, and (5) encouraging the

heart. Each dimension has six items. A 5-point Likert scale (5 = very often to 1 = rarely or never) is used to measure the responses. The higher the score, the higher leadership practice of nurse managers.

#### Organizational Resilience Questionnaire

The Organizational Resilience Questionnaire (ORQ) (Chen, 2016) uses 18-items to measure five dimensions: (1) shared vision (4 items), (2) willingness to learn (4 items), (3) cooperative awareness (4 items), (4) adaptability (3 items), and (5) work enthusiasm (3 items). Responses were measured on a Likert scale of five points ranging from "strong" (5) to "weak" (1). A higher score means a higher level of nurses' organizational resilience.

#### Job Involvement Questionnaire

Nurses' job involvement was assessed using the Job Involvement Questionnaire (JIQ) (Kanungo, 1982). The JIQ is comprised of 10-items interrelated to the subjects' psychological identification with an existing job. Each item extending from 5 (strongly agree) to 1 (strongly disagree). All items are positively stated except for the two items: (1) "My job is just a small part of my identity for me" and (2) "I usually feel detached from my job." They have been reversed coded as they were reversed sentences. So, the responses for these two items ranged from 1 (strongly agree) to 5 (strongly disagree).

### Socio-demographic and work-related form

A socio-demographic and work-related form was developed by the researchers and the included questions related to participants' gender, age, unit of work, level of education, and years of experience.

### Validity and Reliability

Since all participants were university graduates with a high proficiency in English, the instruments were utilized in their English language. Also, all questionnaires were tested for reliability by evaluating the items' internal consistency using Cronbach's alpha coefficient test. All the tools verified reliability where  $\alpha = (.961, .871, .789)$  for LPI, ORQ, and JIQ, respectively. Also, a pilot study was conducted on a sample of nurses (10%) to sustain the validity and reliability of the questionnaires which resulted in no change. We piloted the study on a sample.

### Data Collection

Written approval for collecting the required data was obtained from the hospital's managers. Data were collected with the consent of nurse managers in the agreed break time. The LPI was distributed individually to nurse managers and the ORQ and JIQ were distributed to nurses. The required time to fill out the questionnaires was 20 min. Data were collected over 2 months (June 2020 to August 2020).

### Data Analysis

The data were fed into the social sciences statistical program IBM SPSS (version 23) and IBM SPSS AMOS (version 23). The frequencies and percentages were used for presenting demographic characteristics and the means and standard deviations (SD) were used to present continuous variables. Pearson correlation coefficient analysis ( $r$ ) was used to test the nature of the relationship between nurse managers' leadership practice and nurses' resilience and job involvement. Analyzing the data by Structural Equation Modeling (path analysis) with SPSS Amos was done to confirm that the measurement model had an adequate fit. All statistical analyses were performed using an alpha of 0.05.

## RESULTS

### Socio-Demographic and Work-Related Characteristics

Participants were predominantly female. Slightly above half of the FLNMs (53.3%) and staff nurses (53.6%) were between the ages of 41 and 50 years with a mean of  $43.08 \pm 7.27$  and  $42.25 \pm 7.32$ , respectively. They were working in different in-patient care units, including medical units (26.6%, 26.7%), surgical units (30.3%, 30.0%), and intensive care units (43.1%, 43.3%) for FLNMs and staff nurses, respectively. All FLNMs and almost all staff nurses (99.1%) held a bachelor's degree in nursing science. Also, all FLNMs and the majority of staff nurses (97.2%) had over

10 years of nursing experience with a mean of  $15.07 \pm 2.86$  and  $15.14 \pm 3.37$ , respectively (Table 1).

### First-line Nurse Managers' Leadership Practices

Table 2 revealed a moderate mean score of FLNM' self-rating of leadership practices ( $3.56 \pm 0.60$ ). The highest mean score was associated with the enabling others to act dimension ( $3.68 \pm 0.62$ ) followed by modeling the way ( $3.63 \pm 0.61$ ), challenging the process ( $3.58 \pm 0.74$ ), and encouraging the heart ( $3.56 \pm 0.64$ ). Inspiring a shared vision ( $3.33 \pm 0.69$ ) had the lowest score among the five dimensions.

### Staff Nurses' Organizational Resilience and Job Involvement

Table 3 shows the average mean value of nurses' organizational resilience as  $3.50 \pm 0.48$ . The highest mean score was related to the shared vision dimension ( $3.80 \pm 0.48$ ), followed by adaptation ability ( $3.62 \pm 0.65$ ), willingness to learn ( $3.51 \pm 0.69$ ), and cooperative awareness ( $3.51 \pm 0.53$ ). The lowest mean score was related to work enthusiasm ( $2.98 \pm 0.78$ ).

As for job involvement, nurses showed a moderate mean score ( $3.42 \pm 0.91$ ). They highly agreed on the items "my job is largely part of myself" ( $3.73 \pm 0.81$ ), "I like to be absorbed in my job most of the time" ( $3.72 \pm 0.92$ ), and "I have very strong ties with my present job" ( $3.71 \pm 0.88$ ). While the lowest mean was related to "I am very much involved personally in my job" ( $2.89 \pm 1.12$ ; Table 4).

### Correlation and Path Analysis Between Leadership Practices, Nurses' Organizational Resilience, and Job Involvement

The results of the path analysis illustrated a strong, positive significant correlation between the leadership practices of FLNM and staff nurses' organizational resilience ( $r = .418$ ,  $p < .001$ ) and job involvement ( $r = .566$ ,  $p < .001$ ). In addition, Figure 1 shows the path analysis model drawn with SPSS-AMOS clarifying the standardized regression weights of the structured equation modeling (Model  $X^2 = 621.4$ ;  $p < .001$ ); Model fit parameters (CFI = .81; GFI = .76; RMSEA = .19). Leadership practices accounted for the prediction of 43% of the variance of organizational resilience and 40% of the variance of job involvement. Also, organizational resilience as a mediating factor accounted for 43% of the variance of job involvement. All observed variables in the examined model were highly significant at  $p$ -value  $< .001$  with strong estimates for the study variables (Table 5 & Figure 1).

## DISCUSSION

The current results demonstrated that FLNMs had a moderate self-rating of their leadership practices. It was evident that the leadership of FLNMs was practiced mainly through

**Table 1.** Participants' Distribution According to their Socio-Demographic and Work-Related Characteristics

Demographic characteristics	Nurse manager (N = 60)	Nurses (N = 211)
	No (%)	No (%)
Age		
30–40	22 (36.7)	77 (36.4)
41–50	32 (53.3)	113 (53.6)
>50	6 (10.0)	21 (10.0)
Mean ± SD	43.08 ± 7.27	42.25 ± 7.32
Unit		
Medical	16 (26.7)	56 (26.6)
Surgical	18 (30.0)	64 (30.3)
Intensive care units (ICUs)	26 (43.3)	91 (43.1)
Educational level		
Bachelor of Nursing Science	60 (100.0)	209 (99.1)
Diploma degree in nursing	0 (0.0)	2 (0.9)
Nursing/unit experience		
5–10	0 (0.0)	6 (2.8)
>10	60 (0.0)	205 (97.2)
Mean ± SD	15.07 ± 2.86	15.14 ± 3.37

**Table 2.** First-Line Nurse Managers' Perception of Their Leadership Practices (N = 60)

Leadership practices	Mean ± SD
Overall leadership practices	3.56 ± 0.60
Model the way	3.63 ± 0.61
Inspire a shared vision	3.33 ± 0.69
Challenge the process	3.58 ± 0.74
Enable others to act	3.68 ± 0.62
Encourage the heart	3.56 ± 0.64

**Table 3.** Nurses' Perception of Organizational Resilience (N = 211)

Variable	Mean ± SD
Overall organizational resilience	3.50 ± 0.48
Shared Vision	3.80 ± 0.48
Willingness to Learn	3.51 ± 0.69
Adaptation Ability	3.62 ± 0.65
Cooperative Awareness	3.51 ± 0.53
Work Enthusiasm	2.98 ± 0.78

their identification with the dimensions of enabling others to act, modeling the way, and challenging the process. A possible explanation of this self-rating could be linked to their sense of duty at the position of authority along with their skills and expanded talents through their work experience that contributes a sense of self-possession in their management positions. They intended to be a role model to team members who rely on their experience and skills and anticipate their accomplishment. This is in line with Abou Hashish (2017) who revealed a similar justification for FLNMs who thought of themselves as effective leaders. Likewise, Tau et al. (2018) highlighted the need for nurse managers to move to a leadership model that spreads power

and control and empowers others to successfully face changes and challenges in the healthcare system.

Compared to other studies, these findings are consistent with Silva et al. (2017) who elucidated “enables others to act” as the common leadership practice of nurse managers. While, Shaughnessy, Griffin, Bhattacharya, and Fitzpatrick (2018) found that “inspire a shared vision and challenge the process” stayed the lowest-scoring subscales of leadership practice. Shaughnessy et al. (2018) stated that for nursing to continue progressing as a discipline, nursing leaders should engage in a common perspective that inspires creativity, promotes self-sufficiency, professional growth, and rewards excellence. Additionally, Silva et al.



**Table 4.** Nurses' Perception of Job-Involvement (N = 211)

Items of Job-Involvement	Mean $\pm$ SD
1. The most important things that happened to me involves my work.	3.57 $\pm$ 1.22
2. I live, eat and breathe my job.	3.58 $\pm$ 1.37
3. Most of my interests are centered around my job.	3.08 $\pm$ 0.43
4. I have very strong ties with my present job which is very difficult to break.	3.71 $\pm$ 0.88
5. Most of my personal life goals are job oriented.	3.47 $\pm$ 0.87
6. I consider my job to be very central to my existence.	3.30 $\pm$ 0.77
7. I am very much involved personally in my job.	2.89 $\pm$ 1.12
8. I like to be absorbed in my job most of the time.	3.72 $\pm$ 0.92
9. My job is largely part of myself.	3.73 $\pm$ 0.81
10. My job is very important part of my life.	3.18 $\pm$ 0.68
Overall Job-Involvement	3.42 $\pm$ 0.91

(2017) accentuated that leadership training of nurse managers would allow them to be agents of change in the organization for their teams' work processes.

The current study revealed that nurses perceived themselves moderately resilient in their organizations, particularly with the resilience behaviors of having "shared vision, adaptation ability, willingness to learn, and cooperative awareness" while they need to improve their work enthusiasm. As part of their job, nurses should trust their ability and willingness to cope with and resolve different work challenges cooperatively. Supporting this perspective, many researchers have stressed the importance of nurses' resilience. Shaughnessy et al. (2018) demonstrated that resilience can safeguard the negative impact of stressors in the work environment on nurses and the resilience is interrelated with positive patient outcomes. Ramalisa, Du Plessis, and Koen (2018) added, when nurses are resilient and self-possessed because of their enthusiasm for their work, they become able to deal with unpleasant behaviors and conditions.

Consequently, it is important for nursing leaders to identify and understand how nursing resilience can be developed and learned. Various researchers have signified certain fundamental factors that foster resilience among nurses. Chesak et al. (2020) and Ramalisa et al. (2018) concluded that resilience can be attributed to a caring workplace and

collegial support networks for nurses which are crucial in building employees' morale, fostering cohesion, and sharing accountabilities amongst them. A resilience training program can increase the capacity to mitigate workplace adversity, increase personal resilience, and influence their decision to remain in the workforce. Likewise, Wei et al. (2019) pointed to several simple managerial strategies to foster nurses' resilience which could also improve their enthusiasm at work and in turn, improve patient outcomes. These strategies include, facilitating social interactions, teamwork, endorsing positivity, leveraging the strengths of nurses, fostering their growth, promoting the practice of mindfulness, and conveying altruism.

Another finding within this research is that nurses have a moderate sense of job involvement. They perceived very strong ties to their present job and felt that it was a large part of themselves. In this study, it appears that nurses value their nursing profession and the prospect of making a difference in people's lives and supporting them, which increases their sense of commitment and involvement in their work and organization. This could be supported by the previous conceptualization of the relationship between job involvement and organizational commitment among nurses (Singh & Gupta, 2015).

Several factors have been cited that could influence nurses' job involvement and have implications for nurse managers. Job involvement has been identified as having an important relationship with organizational justice, value, and respect (Ebeh, Njoku, Ikpeazu, & Benson, 2017); leadership performance; decision-making practices; interactive relationships; and job characteristics. Job involvement also has an important relationship with work outcomes such as organizational commitment, job satisfaction, turnover, and absenteeism (Huang, Ahlstrom, Lee, Chen, & Hsieh, 2016). Furthermore, Nylén-Eriksen, Grov, and Bjørnnes (2020) concluded that nursing leaders should cultivate job involvement to increase the retention of nurses. Similarly, Raderstorff et al. (2020) claimed that leaders should find ways to increase their presence and accessibility to their nurses. It is important to note that nurses are searching for the leader's accessibility. Investing in the well-being of nurses often contributes to an increased return on investment. Committed and engaged nurses would promote the progress of clinical practice to enhance to improve patient and work environment outcomes resulting in better morale, greater dedication, and higher levels of work satisfaction and involvement (Speroni, McLaughlin, & Friesen, 2020).

In line with the moderate rating of studied variables and supporting the main study aim, the most significant finding of this study revealed a strong, positive significant correlation between FLNMs' leadership practices and nurses' perception of organizational resilience and job involvement. The path analysis of structural equation modeling outcome established this correlation and revealed that FLNMs' leadership practices have the predictive power of

**Table 5.** Path Analysis for Direct and Indirect Effect of Leadership Practice on Job Involvement Mediated by Organizational Resilience

Variable 1	Variable 2	Standardized regression weights	S.E.	C.R.	p-value
Leadership <sup>a</sup> practice	Resilience <sup>a</sup>	.43	.07	7.61	.001
Organizational Resilience	Job involvement	.44	.59	8.75	.001
Leadership practice <sup>b</sup>	Job involvement <sup>b</sup>	.40	.69	8.63	.001

Note.  $r$  = Pearson correlation; CFI = Comparative fit index; IFI = incremental fit index; and RMSEA = Root Mean Square Error of Approximation. Model  $\chi^2$ ; significance 621.4; .001.

Model fit parameters CFI; IFI; RMSEA (.81; .76; .19).

<sup>a</sup>( $r = .418, p < .001$ ).

<sup>b</sup>( $r = .566, p < .001$ ).

43% and 40% of the variance of organizational resilience and job involvement, respectively. Also, organizational resilience as a mediating factor accounted for 43% of the variance of job involvement. This finding means as FLMNs' supportive and empowering leadership practices increase, so do nurses' resilience and job involvement. Nurse leaders play a pivotal role in building and sustaining a safe and healthy work environment (Chesak et al., 2020). Nurses who have a caring nurse manager have more opportunities to engage in decision-making, improve communication, and develop resilient behaviors, thus resulting in a higher level of job involvement. Tau et al. (2018) concluded that higher leadership skills are related to higher levels of resilience. Corresponding to this perspective, Chesak et al. (2020) stated that nurse leaders who authentically present with themselves and nurses have the potential to increase connectedness, enhance personal and professional satisfaction, and promote resilience. Our findings expand the literature on the practice of leadership by specifying the role of resilience as a mediator in this relationship. Thus, the null hypothesis is rejected, and the alternative hypothesis (H1) is given potential support.

This finding is in the same line as many other studies. For instance, Kester and Wei (2018) found that the leadership potential of nursing leaders is positively related to nurses' performance and resilience building of nurses. Also, Shaughnessy et al. (2018) identified a significant positive correlation between leadership activities and work engagement. Moreover, Ju and Oh (2016) found that nurses' resilience was positively correlated with job involvement and organizational commitment. In addition, many studies agreed that sanctioning leadership behaviors, especially those identified with a transformational leadership approach, are necessary to embed the professional behaviors of nurses; positive attitude and involvement of nurses; and the safety and quality of care for patients, thereby improving the institutional outcomes (Kouzes & Posner, 2019; Manning, 2016). In this respect, Abou Hashish (2020) and Abou Hashish and Khatab

(2018) suggested that nurse managers should be well trained to maintain a caring atmosphere through integrating the Caritas processes and fair treatment and paying more attention to the work activities and behaviors of their nurses. This could be useful in the long run for the health and well-being of nurses, thereby, they become more resilient and involved in their job (Wei et al., 2019).

### Strengths and Limitations

The finding of this study significantly contributed to the existed literature on leadership, resilience, and job involvement. However, it should be construed concerning its limitations. These include the use of samples from the university sector, a convenience sample that is gender-biased (only female participants), self-reported questionnaires, the study design, and the influences of extraneous variables which include potentially biased responses and prevent generalization of findings.

### Implications of the Study

Shared governance, participative decision-making, open communication, shared vision, self-reflection, and a fair and respectful working atmosphere that conveys appreciation and gratitude to nurses and their positions are popular strategies that enhance the efficacy of leadership, promote positive work attitudes among nurses, and achieve desired results (Abou Hashish, 2020; Abou Hashish & Fargally, 2018; Kowalski et al., 2020). Nurse managers should create opportunities for training and learning to inspire resilient and assertive nurses. Likewise, to ensure quality health care, it is essential for leaders to create cultures of wellness and implement evidence-based programs (e.g., skills building and mindfulness programs and gratitude boards; Raderstorf et al., 2020).

Equally, it is recommended that nurse managers concentrate on increasing nurses job involvement, figuring out the relevant needs of the nurses, and evaluating their own capacity to meet those needs, thereby enriching the

workplace. Healthcare organizations and top nursing managers have to advance ongoing leadership development activities that concentrate on strategic leadership and management and change management, with greater emphasis on “encouraging the heart and inspiring a vision” (Kouzes & Posner, 2012, 2019) to figure out the exemplary leadership practice of transformational leaders. Such results may also refine and upgrade courses on management and leadership, and leadership training. To prepare nurses for future leadership roles, advanced and transformational leadership practices and styles need to be more integral to the nursing curricula. Equally, soft skills like communication, assertiveness, and resilience-building should be promoted also through nursing education.

### Implications for Future Research

The aforementioned limitations could open the gate for future research. In-depth interviews and focus group discussions with nurse managers and nurses of different settings could produce detailed information. Future research should be carried out to further explore the relationship between resilience and leading behaviors of nurse managers using a measurable multi-rating evaluation method such as 360-degree (peer, subordinate, and boss) and provide different samples to confirm the results from this study. Results from the current research could serve as a framework for potential interventional leadership and resilience-building and succession planning projects and assess their impact on nurses' performance and patient outcomes.



### LINKING EVIDENCE TO ACTION

- Nurse leaders play a unique role in seeking ways to promote a strong nurse workforce and enlighten their success.
- First-Line Nurse Managers' leadership practices have a predictive power of nurses' organizational resilience and job involvement.
- Managerial caring with shared governance and a respectful working atmosphere are popular strategies that enhance the efficacy of leadership, promote positive work attitudes among nurses, and achieve desired results.
- Succession planning and ongoing leadership development and training are important to prepare nurses for future leadership roles, advanced their transformational practices.
- Resilience-building programs should be promoted to mitigate workplace adversity, increase personal and organizational resilience, and endorse nurses' job involvement, and retention

## CONCLUSION

The current study revealed that FLNMs applied the five exemplary leadership practices moderately, with more emphasis on enabling others to act, modeling the way, and challenging the process. Such transformational leadership practices have been demonstrated on the perceived level of nurses' level of organizational resilience and job involvement. The strong positive correlation and predictive ability of the practice of leadership proved this effect. The results confirm the need for managerial caring as an important implication for promoting the development of nurses and building a resilient nursing workforce. Nurse leaders have a key role in the development and execution of successful approaches to support nurses' resilience and job involvement.

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## CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose. **WVN**

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## REFERENCES

- Abou Hashish, E. A. (2017). Relationship between leadership self-efficacy and leadership effectiveness of first-line nurse



- managers. *Arts and Social Sciences Journal*, 8(6), 1–9. <https://doi.org/10.4172/2151-6200.1000310>
- Abou Hashish, E. A. (2020). Nurses' perception of organizational justice and its relationship to their workplace deviance. *Nursing Ethics*, 27(1), 273–288. <https://doi.org/10.1177/0969733019834978>
- Abou Hashish, E. A., & Fargally, S. M. (2018). Assessment of professional nursing governance and hospital magnet components at Alexandria Medical Research Institute, Egypt. *Journal of Nursing Education and Practice*, 8(3). <https://doi.org/10.5430/jnep.v8n3p37>
- Abou Hashish, E. A., & Khatab, S. A. (2018). Managerial caring and perceived exposure to workplace bullying: a nursing perspective. *IOSR Journal of Nursing and Health Science*, 7(4), 38–52. <https://doi.org/10.9790/1959-0704013852>
- American Organization of Nurse Executives (2016). System CNE white paper: The effective system nurse executive in contemporary health systems: emerging competencies. Chicago.
- Chen, S. H. (2016). Construction of an early risk warning model of organizational resilience: an empirical study based on samples of R&D teams. *Discrete Dynamics in Nature and Society*, 1–9. Article ID 4602870. <https://doi.org/10.1155/2016/4602870>
- Chesak, S. S., Bhagra, A., Cutshall, S., Ingram, A., Benoit, R., Medina-Inojosa, J. R., ... Luthar, S. (2020). Authentic connections groups: A pilot test of an intervention aimed at enhancing resilience among nurse leader mothers. *Worldviews on Evidence-Based Nursing*, 17(1), 39–48.
- Dutton, S., & Kozachik, S. L. (2020). Evaluating the outcomes of a web-based stress management program for nurses and nursing assistants. *Worldviews on Evidence-Based Nursing*, 17(1), 32–38.
- Dzau, V. J., Kirch, D. G., & Nasca, T. J. (2018). To care is human—Collectively confronting the clinician-burnout crisis. *New England Journal of Medicine*, 378(4), 312–314. <https://doi.org/10.1056/NEJMp1715127>
- Ebeh, R. E., Njoku, E. C., Ikpeazu, O. C., & Benson, L. (2017). Organizational commitment and job involvement among casual workers: The role of organizational justice. *Global Journal of Human Resource Management*, 5(4), 17–32.
- Huang, L. C., Ahlstrom, D., Lee, A. Y. P., Chen, S. Y., & Hsieh, M. J. (2016). High performance work systems, employee well-being, and job involvement: An empirical study. *Personnel Review*, 45(2), 296–314. <https://doi.org/10.1108/PR-09-2014-0201>
- Institute of Medicine (2010). *The future of nursing report: Leading change, advancing health*. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>
- Ju, S. J., & Oh, D. (2016). Relationships between Nurses' resilience, emotional labor, turnover intention, job involvement, organizational commitment and burnout. *Indian Journal of Science and Technology*, 9(46), 1–5. <https://doi.org/10.17485/ijst/2016/v9i46/107181>
- Kanungo, R. N. (1982). Measurement of job and work involvement. *Journal of Applied Psychology*, 67(3), 341–349. <https://doi.org/10.1037/0021-9010.67.3.341>
- Kester, K., & Wei, H. (2018). Building nurse resilience. *Nursing Management*, 49(6), 42–45. <https://doi.org/10.1097/01.NUMA.0000533768.28005.36>
- Kouzes, J. M., & Posner, B. Z. (2012). *Leadership practices inventory*: LPI. WILEY-VCH.
- Kouzes, T. K., & Posner, B. Z. (2019). Influence of managers' mind set on leadership behaviors. *Leadership & Organization Development Journal*, 40(8), 829–844. <https://doi.org/10.1108/LODJ-03-2019-0142>
- Kowalski, M. O., Basile, C., Bersick, E., Cole, D. A., McClure, D. E., & Weaver, S. H. (2020). What do nurses need to practice effectively in the hospital environment? An integrative review with implications for nurse leaders. *Worldviews on Evidence-Based Nursing*, 17(1), 60–70.
- Manning, J. (2016). The influence of nurse manager leadership style on staff nurse work engagement. *Journal of Nursing Administration*, 46(9), 438–443. <https://doi.org/10.1097/NNA.0000000000000372>
- Mcgowan, J. E., & Murray, K. (2016). Exploring resilience in nursing and midwifery students: A literature review. *Journal of Advanced Nursing*, 72(10), 2272–2283. <https://doi.org/10.1111/jan.12960>
- Nylén-Eriksen, M., Grov, E. K., & Bjørnnes, A. K. (2020). Nurses' job involvement and association with continuing current position—A descriptive comparative study. *Journal of Clinical Nursing*, 29(13–14), 2699–2709. <https://doi.org/10.1111/jocn.15294>
- Raderstorff, T., Barr, T. L., Ackerman, M., & Melnyk, B. M. (2020). A guide to empowering frontline nurses and healthcare clinicians through evidence-based innovation leadership during COVID-19 and beyond. *Worldviews on Evidence-Based Nursing*, 17(4), 254–257.
- Ramalisa, R. J., Du Plessis, E., & Koen, M. P. (2018). Increasing coping and strengthening resilience in nurses providing mental health care: Empirical qualitative research. *Health SA Gesondheid*, 23(1), 1–9. <https://doi.org/10.4102/hsag.v23i0.1094>
- Shaughnessy, M. K., Griffin, M. T. Q., Bhattacharya, A., & Fitzpatrick, J. J. (2018). Transformational leadership practices and work engagement among nurse leaders. *Journal of Nursing Administration*, 48(11), 574–579. <https://doi.org/10.1097/NNA.0000000000000682>
- Silva, V. L. D. S., Camelo, S. H. H., Soares, M. I., Resck, Z. M. R., Chaves, L. D. P., Santos, F. C. D., & Leal, L. A. (2017). Leadership practices in hospital nursing: A self of manager nurses. *Revista Da Escola De Enfermagem Da USP*, 51, 1–8. <https://doi.org/10.1590/s1980-220x2016099503206>
- Singh, A., & Gupta, B. (2015). Job involvement, organizational commitment, professional commitment, and team commitment. *Benchmarking: an International Journal*, 22(6), 1192–1211. <https://doi.org/10.1108/BIJ-01-2014-0007>

- Speroni, K. G., McLaughlin, M. K., & Friesen, M. A. (2020). Use of evidence-based practice models and research findings in magnet-designated hospitals across the United States: national survey results. *Worldviews on Evidence-Based Nursing*, 17(2), 98–107.
- Stagman-Tyrer, D. (2014). Resiliency and the nurse leader: The importance of equanimity, optimism, and perseverance. *Nursing Management*, 45(6), 46–50. <https://doi.org/10.1097/01.NUMA.0000449763.99370.7f>
- Stanley, D., & Stanley, K. (2018). Clinical leadership and nursing explored: A literature search. *Journal of Clinical Nursing*, 27(9–10), 1730–1743. <https://doi.org/10.1111/jocn.14145>
- Tau, B., Du Plessis, E., Koen, D., & Ellis, S. (2018). The relationship between resilience and empowering leader behaviour of nurse managers in the mining healthcare sector. *Curationis*, 41(1), 1–10. <https://doi.org/10.4102/curationis.v41i1.1775>
- Wei, H., Roberts, P., Strickler, J., & Corbett, R. W. (2019). Nurse leaders' strategies to foster nurse resilience. *Journal of Nursing Management*, 27(4), 681–687. <https://doi.org/10.1111/jonm.12736>
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- 10.1111/wvn.12535  
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