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Leadership Skill of Clinical Nurses at Tertiary Level Public Hospital in Bangladesh

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Abstract
Background: Leadership skills are the essential component for nurses to provide quality patient care. Yet true leadership skills are challenging to solve the clinical decision making problems in the hospital.
Objective: The study aim was to identify the level of leadership skills as perceived by clinical nurses at tertiary level public hospital in Bangladesh.
Methods. This was a descriptive study conducted among the clinical nursing working at Suhrawardy Medical College and Hospital in Dhaka city with self-administered questionnaire. A total of 112 participants were conveniently recruited into the study. Participants' characteristics and leadership skills were measured using demographic questionnaire (DQ-9) and Registered Nurses Clinical Leadership Scale, Bangladesh (RN-CLS, BD-63). Descriptive statistics such as frequency, percentage, mean and SD was used to measure the variables. Inferential statistics including independent t-test, one way of ANOVA and Pearson correlation were used to determine the association between the variables.
Results.Majority of the respondents were age less than 32 years (69.3%) with the mean 1.31 ± .463 and females (80.4%) with a mean age of 32.56 ± 7.7 years. Average monthly income of participant was 32944.46 (7380.95) Taka. A greater proportion was educated in Diploma in nursing (50.0%) and had Taking of in service training yes (29.5%), number of the training service .63(1.12). Study findings shows that the mean leadership skill of clinical nurses was calculated as 3.51(SD=.63) meaning that their leadership skills was at moderate level.
Conclusion: The overall result of the leadership skills was poor among the nurses. In order to improve the nurses' leadership skills, it is necessary to develop continuing in-service education and training regarding leadership skills for ensuring patient safety.
Keywords: *Leadership, clinical Nurse, Skill.*

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I. Introduction

1. Background

Leadership skills are the tools, behaviors, and capabilities that a person needs in order to be successful at motivating and directing others. Yet true leadership skill involves something more; the ability to health people grows in their ability (MTD training, 2010). Leadership competency skills for nurse leaders at the bedside are grounded in clinical expertise, supported by emotional intelligence, and actualized by expert skills in patient care leadership skill of clinical nurses and care provider related leadership skill of clinical nurses (Latif et al., 2017).

The leadership skills of the clinical nurse‟s leader were often acknowledged in existing literature as clinicalexperts,especiallyintheprovisionofpatientcenteredcareasprioritytopatient‟ssafetyandvaluebased care. Patient safety refers to the reduction and mitigation of unsafe acts within the healthcare system, as well as using best practices shown to lead to optimal patient outcomes (Eldeeb, Ghoneim & Eldesouky 2016). Effective Leadership skill has also been linked to a wide range of functions including system performance, achievement of health reform objectives, timely care delivery, system integrity and efficiency, and is an integral component of the health care system (John, Debra, Judy, Patricia & Marie, 2007). While in globally, nurses are recognized as important positioned workforce for driving clinical efficiency and providing quality healthcare care for attainment of optimal patient outcomes (IMO and USA,2011).

In Bangladesh, nurses are generally working with poor and unsafe working environments, which are highly prone to risk for patients as well as for care providers including nurses or allied healthcare providers (Latif et al., 2010). Moreover, due to a lack of effective leadership skill among nurses in clinical care, quality of nursing care remained same as traditional levels (Latif et al., 2017). Consequently, nurses in clinical care have received a less priority and recognition from the patients, public as well as from the upper members of the

healthcare teams. Moreover, the poor clinical leadership skill among nurses in Bangladesh is not only affecting in achieving the nurses‟ right in healthcare, also affecting the quality of patient care and patient‟s safety as expecting from them. In the practice of existing situation, health care system in Bangladesh including changing demands, episodes of poor patient outcomes, cultures of poor care, and a range of workplace difficulties have been associated with poor clinical leadership skill. Therefore, measuring the leadership skill by nurses should be a part of the overall process of measuring the health and safety performance of the hospitalsetting.

In the globally, nurse leaders are essential to the profession for maintenance of adaptability and to remain competitive in today‟s dynamic environment; considering the various economic, technological and academic challenges facing nurses (Mannix et al., 2013). In USA, leadership skill gap in clinical coordination, cooperation and collaboration (Wilson et al., 2014). In Greece, leadership skill gap in management, communication and their clinical colleagues-enthusing, negotiating, pacifying, and challenging are all part of a day‟s work (Stavrianopoulos, 2012). There was an often claim that quality of nursing in clinical patient care services in Bangladesh is not up to the levels as like as many neighboring countries in South-East-Asia (A Islam & T Biswas., 2014). Although there is a few evidence about the quality of clinical leadership skill any nurses in Bangladesh but it was often claim that nurses have demonstrated low skill in many leadership activities such as assessment and evaluation, decision making, communication, and collaboration and professional development.

As the ultimately, a goal of any healthcare organization is to ensure patient care which is also directly link with leadership skill of nurses. In order to initiative any strategy to improve the clinical leadership of nurses or explore the knowledge about that existing situation it is vital to assess the current state of leadership skill among nurses in the public hospital in Bangladesh. However, despite the extreme evidence in the global literature about the importance of leadership skill on creating by in Bangladesh, due to lack of study, the outcomes of effective clinical leadership skill of nurses are negligible. Moreover, it also suggested that role of clinical nurses vital to improve or facilitate the learning opportunity for clinical nurses including than empowerment in clinical decision making. So the researcher is interested to examine the Leadership skills as perceived by nurses in clinical setting in Bangladesh.

2. Objective:

General Objective

To explore the leadership skills perceived by clinical nurses at tertiary level public hospital in Bangladesh

Specific Objectives

1. To describe the socio-demographic characteristics of thenurses.
2. To assess the level of leadership skills perceived by clinicalnurses.
3. To investigate the relationship between socio demographic and leadership skill as perceived byclinical nurses.

II. LiteratureReview

Importance of clinical nurse‟sleadership

Clinical nurse leadership focuses on care coordination, outcome measurement, transition of care, inter professional communication and team leadership, risk assessment, implementation of best practice evidence based, and quality improvement. Clinical Nurse Leaders have a unique capacity and responsibility to impact patient safety and patient outcomes due to their important role as healthcare providers.

According to Northouse (2012), leadership is “a process whereby an individual influences a group of individuals to achieve a common goal”. Individual creativity is described as the production or generation of new and useful ideas, processes and products (Amabile, 1988). Individual innovative behavior is defined as the implementation or application of new thoughts (West & Farr, 1989). Clinical nurse leadership is referred to as putting clinicians at the helm of determining and administrating clinical services, so as to deliver excellent outcome for patients and populations, not as a one-off task or project, but as a core component of clinician‟s professional identity (Mountford & Webb, 2008; Swanwick & McKimm, 2011a). Cook (1999). Clinical leadership represents a paradigm shift, from a model of leadership in which followers are comparatively played to the background to one in which the follower is an integral part of leadership (AlimoMetcalfe, 1998; Busari, 2013). In summary clinical nurse leadership may be define as a process to influencing the clinical service to accomplish goals of group or individual. Leadership are influence, communication, team work, share goals, share knowledge and mutualrespect.

Nurse leaders are responsible for many different aspects of healthcare delivery. Clinical nurse leaders are essential for ongoing quality of safe patient care (Hendricks et al., 2015). Nurse leaders who set clear guidelines, share their vision and lead by example have greater employee engagement associated with increased performance from bedside nurses, which is important for safe and innovative practice (Brady Germain & Cummings, 2010).

Nurses and nurse leaders have a unique capacity and responsibility to impact patient safety and patient outcomes due to their important role as healthcare providers and their proximity with patients (Patrick, Laschinger, Wong, & Finegan, 2011; Richardson & Storr, 2010; Thompson, Navarra, & Antonson,2005).

In summary clinical nurse leaders may be defines are nurses with formal management responsibilities who is responsible for their task within a nursing department and set a clear goals and implementation their creativity and innovation and their formal role, influences the actions of other nurses and patient carestaff.

The importance of effective clinical nurse leadership is ensuring a high quality health care system that consistently provides safe and efficient care. Effective clinical leadership has been linked to a wide range of functions. It is a requirement of hospital care, including system performance, achievement of health reform objectives, timely care delivery, system integrity and efficiency, and is an integral component of the health care system (Mountford & Webb, 2009). Nurse leaders are responsible for ensuring the patient care team delivers care that minimizes the chance for patient harm and maximizes healthcare quality and overall patient outcomes. (Drake &. Daniel, 2015). There are two dimensions of leadership skill of clinical nurse‟s patient care related leadership skill and care provider related leadership skill.

Factors Related to leadership skill

There are several factor to influence the leadership skill such as with resources and demand, episodes of poor patient outcomes, cultures of poor care, and a range of workplace difficulties have been associated with poor clinical leadership (Daly, Jackson, Mannix, Davidson, & Hutchinson,2014).

Independent variable was measure the socio-demographic questionnaire. The dependent variable perception of the clinical nurse leadership was measure using on the Register Nurses clinical leadership Scale, Bangladesh (RN- CLS, BD). Statistics was analyzed the sample characteristics and response rates. Mean scores and percent positive responses was computed for Register Nurses clinical leadership Scale, Bangladesh (RN-CLS, BD), subscale items and used to explore over all leadership skill of clinical nurses. The most positive responses will either1 = Never practice, 2 = Very rarely practice, 3 = occasionally practice, 4 = Almost always practice and 5 = Always practice. The Register Nurses clinical leadership Scale, Bangladesh (RN- CLS, BD), total number 63 item was divided two dimension such as patient care related leadership skill and another dimension care provider related leadership skill. Patient care related leadership skill of clinical nurses 29 item questionnaire and care provider related leadership skill of clinical nurse‟s 34 items questionnaire. To explore the leadership skills perceived by clinical nurses at tertiary level public hospital in Bangladesh.

III. Methods

This chapter describes the methodology used in this study which included research design, setting, study population, sample and sample size, sampling technique, research instruments, ethical consideration and data collection procedure and data analysis.

Study Design

A descriptive study design was used to assess the leadership skill by nurses at tertiary level public hospital in Bangladesh.

Study Participant

This study was conducted at Shaheed Suhrawardy Medical College hospital that is a tertiary level hospital in Dhaka, Bangladesh. It is a very big hospital containing 500 beds and also serving as referral hospital for all categories of patients. The total number of nurses in this hospital was about 550. All senior staff nurses working at Shaheed Suhrawardy Medical College hospital were population of the study. The sample size was estimated using G power analysis with set significance (α) of 0.05, an expected power of 0.80 (1-β) and medium effect size of 0.30(y). This calculated sample size was 84. To reduce attrition rate, 20% extra subjects were added in the study. Therefore, a total of 112 participants were recruited in the study using a convenient sampling technique. The nurses who had at least diploma in nursing or at least two years of clinical experience and were willing to participate were included in thestudy.

Data Collection Instrument

The instrument for data collection consists of two parts. Part 1: Socio Demographic Questionnaire including age, gender, monthly income, marital status, professional education, position in the work place, length of service in government hospital, in-service training, workingunit.

Part 2: A 63 items previously validated “Nurses Clinical Leadership Scale, Bangladesh” (RN-CLS, BD) which developed by Latif, Nongnut and Chaowalit (2018) was used to measure the leadership skills of nurses. These 63 items were categorized into two broad dimensions: patient care related leadership skills and care provider related leadership skills. The response format was 5 point Likert type scale ranging from 1 = Never practice to5 =Alwayspractice.Intheearlierstudy,theoverallinternalconsistencyandreliabilityoftheinstrumentwas

yielded at the cronbach‟s alpha value of .96. In present study, internal consistency and reliability of the instrument was yielded at the Cronbach‟s alpha value of .96. Higher score indicates high level of leadership skills of nurses.

Data Collection Method

The research proposal was approved by the Institutional Review Board (IRB), National Institute of Advanced Nursing Education and Research (NIANER) (IRB No.Exp.NIA-S-2018-52) and BSMMU. A formal permission for data collection also obtained from the director of the targeted hospital as study setting. Verbal and written consent was taken from the nurses to ensure their voluntary participation. After getting permission from the concerned authority researcher met with nursing superintendent and nursing supervisor to collect the data from nurses. A total 112 questionnaires were distributed among the clinical nurses. The duration of data collection was from January 2019 to February 2019. A self-report questionnaire was used to collect the data from the participants. A set of questionnaire along with informed consent form were kept on the desk near to the nurses‟ duty station. Nurses had been told to pick up the questionnaire from the desk voluntarily and dropped into the box after completing the questionnaire. Remind notice had been served after one week of the data collection approach. Nurses‟ identity and anonymity was guaranteed and their privacy and confidentiality had been maintained strictly. After publication of the study report in the scientific journal all the primary data would be destroyed. All raw data would be kept secured in the researcher‟s locked cabinet for threeyears.

Data Analysis

All data were entered into SPSS program 21.0 version for analyzing. Both descriptive and inferential statistics were used to analyze the data. The descriptive statistics such as frequencies, percentages, mean, and standard deviation were used to assess the patient socio-demographic characteristics. The inferential statistics such as t-test, Correlation and ANOVA were used to examine the relationship between socio-demographic characteristic of the nurses and clinical leadership skills.

IV. Results

This chapter summarizes significant results of the study variables. These include socio demographic characteristics of study participants, leadership skillspracticedby clinical Nurses, relationship between leadership skills and socio-demographicvariable.

1. Socio demographic characteristic of studyparticipant.

Table 1 shows the distribution of demographic characteristics of study participants by frequency, percentages, mean and slandered deviation. The result showed that among 112 study participant, the average age was 32.56 (SD=7.7) years and ranged from 24 to 57 years. Average monthly income of participant was 32944.46 (SD=7380.95) Taka. Majority of the participants (80.4%) were female and (80.4%) were married. Half (50%) of the participants were held Diploma-in Nursing degree, 23.2% BSc in Nursing degree and 26.8% nurses were held MPH/MSN in Nursing degree. Majority of the participants (92.2%) were Senior Staff Nurse. The average length of service in government hospital was 5.33(SD=6.00) years. Only 0.63% (SD=1.12) nurses received in-service training. Among the participants, 14.3% were working at surgical and orthopedic ward, 29.5% nurses working at medical ward, 56.3% were working atICU/CCU.

Table 1. Socio demographic characteristic of study participant (N=112)

Variable	Category	n	%	M(SD)
Age				32.56(7.2)
Gender	Male	22	19.6	
	Female	90	80.4	
Monthly income (Salary)				32944.46 (7380.95)
Marital status	Married	90	80.4	
	Unmarried	22	19.6	
Professional Education	Diploma	56	50.0	
	B.Sc. in nursing	26	23.2	
	MSc/ MPH	30	26.8	
Position in the work	S.S.N	104	92.9	
	In-Charge	8	7.1	
Length of service in Government hospital				5.33(6.00)
In-Service training	Yes	33	29.5	
	No	79	70.5	
Working unit	Surgical/Ortho	16	14.3	
	Medical	33	29.5	
	ICCU/CCU	63	56.3	

2. Leadership skill of clinical Nurses

Table 2 shows the distribution of patient care related leadership skills of clinical nurses by frequency, percentages, mean and standard deviation. Result reveals that the mean leadership skills score of nurses was calculated as 3.51 (SD=.65) out of maximum of 5 points Likert scale. This result indicates moderate level of leadership skills of nurses. Results also show that mean score sub-dimension of patient care related leadership skills was 3.52(SD=.63) and mean score of sub-dimension of care provider related leadership skills was 3.40 (SD=.61) which indicate moderate level of leadership skills. Based on the findings, the mean score of patient care related leadership skills is higher than care provider related leadership skills. According to item analysis, top five items of patient care related leadership skills that highest percentage responded by nurses are 1) Assess the patient need through physical, mental, social, and functional examination, 2) Receive patient‟s feedback/ recommendation of satisfaction and effectiveness of care, 3) Verify patient‟s health/disease related essential information that is pertinent to nursing intervention, 4) Update patient care with altered condition or additional intervention as needed, 5) Demonstrate empathetic listening to patients' problems.

According to items analysis top five items with lowest percentage of patient care related leadership skills responded by nurses: 1) Receive patient‟s feedback/ recommendation of satisfaction and effectiveness of care, 2) Facilitate patient‟s/families involvement in planning and implementing patient care, 3) Identify special needs of a patient, requiring a specific nursing intervention, 4) Respond promptly and appropriately to patients' needs 5) Design specific nursing care plan based on patient‟s symptoms and clinical evidence.

However, top five items with highest percentage of care provider related leadership skills that responded by nurses are 1) Accept uniqueness of other group member‟s in terms of values, responsibilities, 2) Cooperate with other team members to ensure safety workplace of patients and staffs, 3) Develop new knowledge through research/innovation in nursing, 4) Contribute actively to the team activities with a feeling of own responsibility, 5) Work together with a commitment to achieve the common goals/interests of the team.According to items analysis less five items of care provider related Leadership skill lowest percentage responded by nurses are 1) Provide sufficient time to talk the patient 2) Acknowledge patient‟s opinion from their own points of view, 3) Speak with the people from a genuine understanding, 4) Provide care with empathy and alignment of heart, head, and hand 5) Exhibit highest tolerance in critical situations for the benefit of patients.

Table 2. Leadership Skills of Clinical Nurses (N=112).

Variable	Never practice n (%)	Very rarely practice n (%)	Occasionally practice n(%)	Almost always practice n(%)	Always practice n (%)	M (SD)
Care provider related leadership skills						3.52±.63
Assess the patient need through physical, mental, social, and functional examination.	2(1.8)	29(25.9)	19(17.0)	28(25.0)	34(30.0)	3.56(1.22)
Collect subjective and objective data for each patient to formulate nursing diagnosis.	10(8.9)	19(17.0)	23(20.5)	39(34.8)	21(18.8)	3.38(1.22)
Response sensitively to any clinical change of the patients	5(4.5)	20(17.9)	12(10.7)	52(46.4)	23(20.5)	3.61(1.13)
Verify patient‟s health/disease related essential information that is pertinent to nursing intervention.	3(2.7)	34(30.4)	13(11.6)	30(26.8)	32(26.8)	3.48(1.26)
Evaluate patient‟s prognosis based on physical assessment and illness perception.	4(3.6)	30(26.8)	17(15.2)	32(28.6)	29(25.9)	3.46(1.23)
Perform routine and subsequent follow-up of each patient to evaluate the clinical prognosis and progress.	4(3.6)	23(20.5)	21(18.8)	45(40.2)	19(17.0)	3.46(1.10)
Receive patient‟s feedback/ recommendation of satisfactionand effectiveness of care.	1(0.9)	19(17.0)	23(20.5)	37(33.0)	32(28.6)	3.71(1.08)
Evaluate the existing care procedures/guidelines to find outgaps for improving current practices.	3(2.7)	23(20.5)	18(16.1)	50(44.6)	18(16.1)	3.51(1.07)
Identify special needs of a patient, requiring a specific nursing intervention.	2(1.8)	18(16.1)	28(25.0)	49(43.8)	15(13.4)	3.51(.97)

Variable	Never practice n (%)	Very rarely practice n (%)	Occasionally practice n(%)	Almost always practice n(%)	Always practice n (%)	M (SD)
Prioritize nursing intervention as appropriate to patient"s feeling of needs.	4(3.6)	20(17.9)	17(15.2)	43(38.4)	28(25.0)	3.63(1.14)
Facilitate patient"s/families involvement in planning and implementing patientcare.	1(0.9)	26(23.2)	23(20.5)	43(38.4)	19(17.0)	3.47(1.05)
Support patient"s/families decisions on patients' care.	3(2.7)	31(2.7)	23(20.5)	34(30.4)	21(18.8)	3.35(1.15)
Assess patients" knowledge, skill or ability in managing their specific health problems.	5(4.5)	17(15.2)	27(24.1)	41(36.6)	22(19.6)	3.52(1.10)
Respond promptly and appropriately to patients' needs.	2(1.8)	22(19.6)	30(26.8)	38(33.9)	20(17.9)	3.46(1.05)
Update patient care with altered condition or additional intervention as needed.	2(1.8)	18(16.1)	29(25.9)	33(29.5)	30(26.8)	3.63(1.09)
Collaborate between health care team and patients' families for the benefit of patients.	3(2.7)	24(21.4)	25(22.3)	37(33.0)	23(20.5)	3.47(1.12)
Design specific nursing care plan based on patient"s symptoms and clinical evidence.	2(1.8)	22(19.6)	28(25.0)	43(38.4)	17(15.2)	3.46(1.03)
Apply valid and relevant information to make a clinical decision on a patient condition.	2(1.8)	13(11.6)	22(19.6)	55(49.1)	20(17.9)	3.70(0.95)
Apply updated knowledge and skills to ensure quality patient care.	2(1.8)	25(22.3)	20(17.9)	45(40.2)	20(17.9)	3.50(1.08)
Strictly use patient safety rights/devices that promote safety or prevent potential risk.	4(3.6)	19(17.0)	22(19.6)	43(38.4)	24(21.4)	3.57(1.11)
Discuss other nurses to be aware of patient safety.	3(2.7)	25(22.3)	23(20.5)	43(38.4)	18(16.1)	3.43(1.08)
Maintain early risk of screening to prevent the risk of patients.	3(2.7)	21(18.8)	21(18.8)	39(34.8)	28(25.0)	3.61(1.13)
Demonstrate empathetic listening to patients' problems.	3(2.7)	28(25.0)	16(14.3)	36(32.1)	29(25.9)	3.54(1.20)
Respect human values of each patient.	3(2.7)	23(20.5)	24(21.4)	37(33.0)	25(22.3)	3.52(1.13)
Develop a good rapport with the patients to understand their mind.	4(3.6)	27(24.1)	22(19.6)	39(34.8)	20(17.9)	3.39(1.14)
Accept patients" negative reaction to illness perception and treatment concern.	2(1.8)	23(20.5)	17(15.2)	47(42.0)	23(20.5)	3.59(1.08)
Honestly, accept own mistaketowards patient"s/familymembersforanyerror.	2(1.8)	29(25.9)	16(14.3)	42(37.5)	23(20.5)	3.49(1.13)
Protect patients from being violations of their rights.	2(1.8)	20(17.9)	25(22.3)	45(40.2)	20(17.9)	3.54(1.03)
Maintain patient"s privacy/confidentiality	4(3.6)	31(27.7)	18(16.1)	35(31.3)	24(21.4)	3.39(1.20)

Variable	Never practice n (%)	Very rarely practice n (%)	Occasionally practice n (%)	Almost always practice n (%)	Always practice n (%)	M (SD)
Care provider related leadership skills						3.40(.61)
Accept uniqueness of other group member‟s in terms of values, responsibilities	3(2.7)	21(18.8)	25(22.3)	36(32.1)	27(24.1)	3.56(1.12)
Work together with a commitment to achieve the common goals/interests of the team	1(.9)	31(27.7)	18(16.1)	38(33.9)	24(21.4)	3.47(1.13)
Contribute actively to the team activities with a feeling of own responsibility.	1(0.9)	22(19.6)	22(19.6)	42(37.5)	25(22.3)	3.61(1.06)
Accept criticism of team members to modify or reject yourideas.	2(1.8)	26(23.2)	22(19.6)	46(41.1)	16(14.3)	3.43(1.05)
Ask apology for own mistakes without showing any irrelevant argument	2(1.8)	20(17.9)	31(27.7)	39(34.8)	20(17.9)	3.49(1.04)
Share clinical issue, knowledge or experience to build team efficacy.	1(0.9)	27(24.1)	26(23.2)	39(34.8)	19(17.0)	3.43(1.06)
Provide truthful information to patients on time.	1(0.9)	23(20.5)	21(18.8)	49(43.8)	18(16.1)	3.54(1.02)
Provide sufficient time to talk the patient	1(0.9)	26(23.2)	22(19.6)	49(43.8)	14(12.5)	3.44(1.01)
Acknowledge patient‟s opinion from their own points of view.	1(0.9)	20(17.9)	32(28.6)	41(36.6)	18(16.1)	3.49(0.99)
Speak with the people from a genuine understanding.	1(0.9)	28(25.0)	20(17.9)	43(38.4)	20(17.9)	3.47(1.08)
Bridge professional and lay language to deal with the audience.	2(1.8)	19(17.0)	31(27.7)	37(33.0)	23(20.5)	3.54(1.05)
Use feedback from the patients or group members to avoid any misunderstanding.	2(1.8)	21(18.8)	27(24.1)	45(40.2)	17(15.2)	3.48(1.02)
Negotiate own values/beliefs with the patients/colleagues.	1(0.9)	11(9.8)	26(23.2)	56(50.0)	18(16.1)	3.71(.88)
Provide care to all patients, regardless of background identity (race, religion or social status).	6(5.4)	26(23.2)	26(23.2)	36(32.1)	18(16.1)	3.30(1.15)
Provide care with empathy and alignment of heart, head, and hand.	1(0.9)	25(22.3)	18(16.1)	52(46.4)	16(14.3)	3.51(1.02)
Exhibit highest tolerance in critical situations for the benefit of patients.	1(0.9)	26(23.2)	20(17.9)	44(39.3)	21(18.8)	3.52(1.07)
Advocate for the patients who cannot speak for themselves.	2(1.8)	25(22.3)	19(17.0)	43(38.4)	23(20.5)	3.54(1.06)
Conform practice standard even difficult situation	5(4.5)	18(16.1)	18(16.1)	55(49.1)	16(14.3)	3.53(1.06)
Analyze the data related to the problems as needed to be solved.	4(3.6)	16(14.3)	29(25.9)	45(40.2)	18(16.1)	3.51(1.04)
Evaluate patient‟s severity based on patient‟s symptoms and observation.	5(4.5)	15(13.4)	27(24.1)	55(49.1)	10(8.9)	3.45(.98)
Don‟t make any stereotype decision about patient‟s problems without a clear justification.	16(14.3)	18(16.1)	21(18.8)	37(33.0)	20(17.9)	3.24(1.31)
Making clinical decision to solve complicate patients‟ problems.	2(1.8)	22(19.6)	24(21.4)	42(37.5)	22(19.6)	3.54(1.07)
Give priority to solve the problems by its acuity, severity or condition	3(2.7)	26(23.2)	21(18.8)	48(42.9)	14(12.5)	3.39(1.06)
Display creativity through offering new ideas or unique solution of a problem	2(1.8)	27(24.1)	21(18.8)	46(41.1)	16(14.3)	3.42(1.06)
Take the risk to make a decision in critical condition	4(3.6)	25(22.3)	26(23.2)	38(33.9)	19(17.0)	3.38(1.11)
Encourage patient/family to participate in decision-making	1(0.9)	20(17.9)	18(16.1)	50(44.6)	23(20.4)	3.66(1.02)
Use lesson learned from previous decisions to improve decision-making skills.	2(1.8)	24(21.4)	20(17.9)	45(40.2)	21(18.8)	3.53(1.08)
Provide plans/recommendations on particular areas of nursing practices	2(1.8)	26(23.2)	32(28.6)	33(29.5)	19(17.0)	3.37(1.07)
Search the opportunity for personal development to meet future challenges.	3(2.7)	25(22.3)	23(20.5)	41(36.6)	20(17.9)	3.45(1.10)
Support others nurses for professional and individual development.	2(1.8)	18(16.1)	24(21.4)	45(40.2)	23(20.5)	3.62(1.04)
Cooperate with other team members to ensure safety workplace of patients and staffs.	2(1.8)	12(10.7)	26(23.2)	45(40.2)	27(24.1)	3.74(1.00)
Demonstrate nursing competence when working with the multidisciplinaryteam.	1(0.9)	20(17.9)	24(21.4)	49(43.8)	18(16.1)	3.65(0.94)
Seek opportunity to present new knowledge to the public audience.	2(1.8)	14(12.5)	22(19.6)	57(50.9)	17(15.2)	3.65(0.94)
Develop new knowledge through research/innovation innursing.	5(4.5)	22(19.6)	21(18.8)	37(33.0)	27(24.1)	3.53(1.18)

3. Relationship between socio-demographic characteristics and patient care related and care provider related leadership skills

Table 3 shows the relationship between patient care and care provider related leadership skill with socio-demographic characteristic of nurses. These relationships are examined by t-test, Pearson correlation and one way of ANOVA test. Findings revealed that age (p=.004), gender (p=.003) monthly income (p=.016), professional education (p=.000), length of government service (p=.018), in service training (p=.000), and number of training (p=.000) were statistically significantly correlated with patient care related leadership skills and care provider related leadership skill. It means that higher the age group, female gender, income, education, length of service, number of in-service training higher the leadership skill to provide care in the clinicalsetting.

Table 3. Relationship between socio-demographic characteristics and patient care related and care provider related leadership skills (N=112).

Variable	Category	Patient care related leadership skill			Care provider related leadership skill		
		M(SD)	t/r/F	p	M(SD)	t/r/F	p
Age			.272	0.004		.299	.001
Gender	Male	3.37(.46)	2.16	0.03	3.73(.46)	2.162	.036
	Female	3.46(.72)			3.46(.72)		
Monthly income			.22	.016		.292	.002
Marital status	Married	3.55(.71)	1.11	.286	3.44(.63)	1.40	.162
	Unmarried	3.37(.56)			3.24(.52)		
Professional education	Diploma[a]	3.13(.57)		c>b>a	3.07(.53)	c>b>a	
	B.Sc[b]	3.64(.49)			3.44(.51)		
	MSN/MPH[c]	4.13(.52)			3.44(.51)		
Position in the work place	S.S.N	3.48(.68)	-1.87	0.65	3.37(.62)	-2.129	.035
	In-charge	3.95(.52)			3.84(.38)		
Length of service in Governmenthospital			.22	.018		-4.10	.000
In-Service training	Yes	3.86(.35)	4.728	0.00	3.65(.43)	3.34	0.01
	No	3.37(.73)			3.30(.65)		
Working unit	Surgical/Ortho	3.50(.65)	.38	.67	3.33(.49)	.57	.56
	Medical	3.43(.81)			3.33(.79)		
	ICCU/CCU	3.56(.68)			3.46(.54)		

V. Discussion

This descriptive study was conducted at Shaheed Suhrawardy Medical College and hospital. The participants' ages are reflective of the ageing nursing population in Bangladesh. In this study, findings showed that mean age of the participant was 32.56 years which is consistent with the previous study done by 24.74 (SD = 3.33) years (Rahman, Khan, Nahar, & Faizul, 2017) and in a similar study showed that mean age was48.4(SD = 6.9) (Latif, Boonyoung, & Chaowalit,2017). The reasons for mean age difference between previous study and current study are due to recruit 15,000 more new nurses in government health care system.

Gender is an influential attribute to explain leadership skill. There are more female nurses in the health care setting than male nurses. Female nurses have more leadership skill to provide care to the patients. However, as worldwide, nursing in this is because of only female dominant profession.

From all participant we get just only 26.8% Master degree holder because masters in nursing/ Masers in Public Health is newly oriented in Bangladesh. Though Master degree holder quantity is high leadership skill of clinical nurses than BSN/ Diploma holder. The mean value of Master‟s degree holder staff was (4.13±.52) higher than BSN degree holder (3.64 ±.49) but statistically was significant. Another study in KSA by Al-Youssif, Mohamed & Mohamed (2013) and at Check Republic by Heczkova & Bulava, (2018) mentioned that the MSN nurses were more expert tan BSN nurses which is statistically significant. This study shows that higher working experience more than 5 years 3.82(SD=.47) higher leadership skill of clinicalnurses.

This study found significant association with educational qualification and service experience. Previous studies showed that nurses‟ knowledge is influenced by basic and continuing education, service experience and in-service training (Evans and Donnelly, 2006; Pancorbo- Hidalgo et al, 2007). Lack of training courses might be a factor for lower level of knowledge. However, our study finds that relationship between training courses and leadership skill of clinical nurses. This might be due to lack of refreshers training or ineffectivetraining.

In this study, results reveal moderate level of clinical leadership skill and it contains two dimension including higher level of patient care related leadership skill of clinical nurses, and another dimension of care provider related leadership skill. Mean leadership skill of all participant total mean and standard deviation

3.51(.63) patent care related leadership skill mean and standard deviation 3.52(.68) and Care provider related leadership skill of clinical nurses 3.40(.61).

Significant correlation between age and patient care related leadership skill p value (p=0.004) and care provider related leadership skill p value (p=.001). More than 32 years‟ age is the higher leadership skill in Bangladesh perspective more age more leadership skill in clinical setting. According to Iranian Country It seems that as the nurses get older and have higher work experiments, their clinical decision making ability improves (Akhondzadeh, K., Hosseini, S. A., Bahrami, M., & Salehi, S. 2007).

In the significant relationship between gender and patient care related leadership skill of clinical nurses (p=0.03) and care provider related leadership skill (p=.036)

Significant relationship between monthly income and patient care related leadership skill (.016) high salary of clinical nurses perceived to high level of leadership skill, and the care provider related leadership skill (p=.002) high monthly income clinical nurses perceived as better satisfaction and high clinical leadership skill.

The context in which clinical leadership is exercised might differ between high-income and low- and middle-income settings. Low- and middle-income settings generally suffer from under resourced and poorly managed health systems in the perspective of South Africa (Doherty, J. E., Couper, I. D., Campbell, D., & Walker, J. 2013). Married person perceived high leadership skill than unmarried person.

Significant relationship between professional education and patient care related leadership skill and care provider related leadership skill in MSN/ MPH clinical nurses perceived higher leadership skill in perspective higher education learn than B.Sc. and Diploma in nursing (c>b>c). They were learning different type of leadership technique and skill to implement the clinical setting. Ward in-charge good leader in the perspective of any critical situation and capable of higher leadership skill than general senior staff nurse in the perspective of Bangladesh. Significant relationship between length of service in government hospital and patient care related leadership skill of clinical nurses and care provider related leadership skill higher government service more experience of clinical setting and capable more leadership skill. Shared clinical leadership promotes teamwork, where each team member‟s skills and experiences are valued and used to attain optimal patient outcomes in the context of Oman, (Al-Sawai, A.2013).

Significant relationship between position in work place and care provider related leadership skill (p=.035) ward in-charge perceived higher leadership skill 3.48(.38) than general nurses 3.37(.62) in the clinical setting. Significant relations length of government hospital and patient care related leadership skill (p=.018) and care provider related leadership skill (p=.000) that higher working experience to perceived higher level of leadership skill. Significant relationship between number of in service training and patient care related leadership skill (p=.000) and care provider related leadership skill (0.001). To get more number of in service training more capable of leadership skill other than general nurses less number of in-service training. There was no significant relationship between working unit and patient care related leadership skill and care provider related leadershipskill.

VI. Conculsion AndRecommandations

1. Conclusion

This study attempted to explore the constructs leadership skills of clinical nurses of RN in Bangladesh. The finding is worthwhile to develop preliminary leadership framework for the clinical RNs in clinical setting. Overall leadership skill of clinical nurses in Bangladesh was mortared level. Participant‟s age, gender monthly income, professional education, length of government service, in- service training was statistically correlate to leadership skill of clinical nurses.Identifying and developing nursing leaders is invaluable given the modern dynamic environment the nursing profession is embracein. Clinical nurse leaders are crucial to the success of patientcare initiatives: good leaders help produce good care, and poor leaders produce poor care.

Limitation of this study

One setting, small sample size and self-administered questionnaire were the main limitation of the study. The result of the current study cannot be generalized to other setting due to its unique characteristic. It may be more generalized if data collected from different setting of Bangladesh.

2. Recommendation

Further study needed by a large number of sample size for of this result.The attributes of leadership identified in this research study were consistent with attributes identified within the literature. The attributes of focusing and motivating followers, communicating strategically and leading with influence versus power were chosen as priority topics to inform the creation of a leadership development program for the group. Beside this, regular refresher training (continuation of the training and education) will be highly effective for their professional skills development of leadership skill clinical decision in settings. Continuous education and

training is very important for leadership skill of clinical nurses as perceived by nurses.It is essential to the future success of the nursing profession that informal, „negative leaders‟‟‟ be discouraged and positive leaders, possessing the evidence-based qualities of leadership be identified and nurtured to lead the profession.

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