

Effect of an Educational Program on Head Nurses' Political Leadership Knowledge And Skills

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Abstract

Background: Today's nursing environment, political skills are more vital than ever before. Head nurses with political leadership skills have to know how to interpret hospital circumstances and events to make and keep a mutual reality for their nurses to achieve the desired goals. **Aim** of the present study was to identify the effect of an educational program on head nurses' political leadership knowledge and skills. **Method:** Quasi experimental design was applied. The study was conducted at Nursing Union, affiliated from the Ministry of Health at El-Gharbia Governorate. 63 head nurses were participated in the study. Head nurses' political leadership questionnaire was operated. **Results:** Pre program, majority of head nurses had poor knowledge levels, which improved post program to be good knowledge. Pre program, more than half of head nurses' political leadership skills as a total was low, which improved post program to be about three quarter of them had high level political leadership skills with statistical differences ($p \leq 0.05$) pre than post program in all political leadership knowledge and skills subscales. **Conclusion:** head nurses' political leadership knowledge and skills was generally poor at baseline. However, knowledge scores significantly improved and their skills positively changed after the implementing an educational political leadership program. But still minor percent of them were had low level of political leadership knowledge and skill. There are statistical significant correlation between head nurses' total knowledge on political leadership and all political leadership skills subscales pre than post program ($p \leq 0.05$). Head nurses' age, and years of experiences positively correlated with their political leadership skills, but, negatively correlated with their total political leadership knowledge. So establishing active learning courses to improve head nurses' political leadership is essential.

Keyword: Head nurses, political leadership skills

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I. Introduction

Leadership is the strong need at all ranks of the nursing occupation (Bryant, 2015). Yet, nursing leaders face a great deal of stress due to obstacles of their work. Further, nursing environments are characterized by political judgments, and are directed by health care policies that are political in character, thus, it is significantly for nursing leaders to own politics skills (Avolio, 2014). Political skills have been defined, by Ferris et al, (2005) "as the ability to effectively understand others at work and to use such knowledge to influence others to act in ways that enhance one's personal and/or organizational objectives". Political skills also are the capability to realize the work setting and those who working within it, and use this perceptive to manipulate others toward goals (Brouer et al., 2015). To ensure the ultimate success of hospital goals, nursing leader's capacity to operate his/her inter-personal relationships with nurses is a requirement (Salisu et al., 2016).

Political leadership skills are basically a group of skills that permits head nurses to utilize their influence effectively and to regulate their actions to situation's requirements (Brouer, 2007). These skills are: social astuteness, interpersonal influence, networking, and apparent sincerity (Brouer, 2007; Braddy and Campbell, 2014). Social astuteness' head nurses are generally enthusiastic consideration to nurses. Since, they are extremely aware of their feelings and actions, they are aware of nurses, as well, they are chiefly skillful at interpreting the nurses' reasons and events (Brouer, 2007; Braddy and Campbell, 2014). Head nurse who are talented in interpersonal influence often use their forceful or attractive interpersonal style to change behaviors of their nurses. Specifically, their attempts to control nurses are successful due to their capacity to put nurses at ease, gets their like, establish good relationship and communicate with them in a positive ways. Likewise, head nurse with strong networking skills are expert in building connections and relationships with various groups of nurses to make things done rapidly at work, as well as to gain important resources for themselves and for their work groups (Brouer, 2007; Braddy and Campbell, 2014).

Apparent sincerity refers to the ability of head nurse leaders to show their integrity and genuineness by one's social environment. Sincere head nurses behave in a direct manner that nurses see them as being open, honest, and truthful. They also show real interest in their nurses. Head nurses with high apparent sincerity are more likely to get the trust and support of their coworkers as they connect in influence attempts (Brouer, 2007; Braddy and Campbell, 2014). According to political theory of leadership, political leadership skills make up a synergistic set of social skills brings flexibility and situational suitable control behavior to connections with followers (Brouer, 2012).

Political leadership skills allow head nurses leaders to use many patterns of influence with their nurses successfully. These skills can be used by nursing leaders to clear away the uncertainty of hospital environment in which their nurses find themselves. Head nurses with political leadership skills have to know how to interpret hospital circumstances and events in order to produce and maintain a mutual reality for their nurses (Brouer, 2007). Additionally, politically skilled nursing leaders have the ability to build trust; utilize their understanding and flexibility to contest their rewards, actions, and manners to nurse; and exercise their vast association to get resources that will be used for developing their nurses staff (Brouer et al., 2012).

Nursing leadership political knowledge and skills signify knowing who policy-makers are and how to effectively communicate with legislators (Hart, 2016). Nursing profession now needs political leaders who are able to manage tension, and conflict, in addition, who can incorporate disparity when different value systems are opposing for dominance. Political head nurses aim to deliver good nursing outcomes for patients and communities by making and controlling nursing policies at a macro level, on a larger scale consider the evidence and experience of caring for patients and the points of consumers view (Antrobus, 2003).

Accordingly, political leadership skill is a critical element for head nurses' practices. It is the ability that head nurses must display every day. Political skill is an important leadership skills required at workplace for effective functioning; whereas recent literature considered political skills as a capability to develop and effectively manage informal relationships at workplace (Braddy and Campbell, 2014). Then, effective head nurses require an understanding on how to lead other politically and exert efforts in developing their political leadership ability. Good political leadership skills and knowledge of head nurses give them the ability to influence nursing policy and create a constructive difference in nursing care outcomes (Antrobus, 2003). The political leadership concept in nursing is a phenomenon that has been little explored

II. Aim of The Study

The aim of the present study was to identify the effect of an educational program on head nurses' political leadership knowledge and skills.

III. Research Hypothesis

Head nurses' political leadership knowledge and skills are expected to be improved after implementation of an education program.

IV. Subjects And Method

The following four designs were used to carry out the subjects and method of this study:

- | | |
|--------------------------------------|-----------------------|
| 1- Technical design | 2- Operational design |
| 3- Ethical and Administrative design | 4-Statistical design |

1-Technical design

Design: Quasi experimental (non-equivalent pretest-posttest) design was applied.

Setting: The study was conducted at Tanta Nursing Union, which affiliated to The Ministry of Health. That was pull head nurses from different Ministry of Health hospitals at El -Gharbia Governorate.

Subject: All available (63) head nurses were included in the study from the above mentioned setting.

Tool: Head nurses' political leadership questionnaire was operated. It contained three parts;

Part one: Characteristics data of head nurses such as age, hospital name, years of experience, qualification and marital status.

Part two: Head nurses' political leadership knowledge structured questionnaire. This tool was developed by the researchers based on Ferris et al., 2014; Avolio, 2014; Langlais, 2014; Braddy & Campbell, 2014; Ferris et al., 2007, to collect data from head nurses about their political leadership knowledge, it included forty questions regarding head nurses' political leadership knowledge divided into; definition of political leadership terms (5 questions), importance of political leadership skills (5 questions), political process (7questions), political leadership qualities (4 questions), facilitators of political leadership action (5 questions), effects of political leadership skill (5 questions), barriers to political leadership involvement (5 questions) and, political issues in nursing (4 questions). The total score for head nurses' political leadership knowledge questionnaire was 40 score. Each correct answer was scored by one and each incorrect answer was scored zero. Scores of head

nurses' knowledge test represented in a varying levels as follow; good knowledge level ≥ 85 , fair knowledge level ≥ 65 , and poor knowledge level < 65 points.

Part three: Head nurses' political leadership skills scale. This scale was adapted by the researchers based on Ferris et al., 2005, Meurs, 2008 and Ferris et al., 1999. It consisted of 31 items covered four political leadership skills namely: social astuteness (10 items), interpersonal influence (6 items), networking ability (10 items), and apparent sincerity (5 items). **Political leadership skills** of head nurses' responses were measured in a five points scale ranging from (1) strongly disagree to (5) strongly agree. The total scores were calculated by summing of all categories where scores of $\geq 75\%$ indicated high political leadership skills 60-75% indicated moderate political leadership skills and $< 60\%$ illustrated low political leadership skills.

- Study tool was developed and reviewed by the researchers and translated into Arabic.. Its validity was ascertained through a jury of nine experts in the area of specialty: According to comments by experts, needed tool's correction was done.

2-Operational design:

Field work

1. A pilot study was carried out on 10% of subjects (n= 6) and were excluded from the total study subjects to identify the obstacles and problems that may be encountered in data collection.
2. Cronbache coefficient Alpha test was used to test reliability of the tool, , its value for part (two) was 0.91 and its value for part (three) was 0.89
3. **Data collection.** At the opening, the researchers were distributed the questionnaire and collected after 30 minutes. The same questionnaire was again administered to the head nurses (immediate post-test).
4. Head nurses' knowledge was tested by part two pre and post program. While, their leadership political skills were assessed by part three pre and post program.
5. An educational program for head nurses' knowledge and leadership political skills was developed and implemented by the researchers based on the needs of head nurses and recent literature review
6. The program lasted three weeks with 18 hours. The study head nurses were divided into 6 groups (about 10/ group). The program was organized and presented in three sessions for each group of head nurses (two groups / week). Each session took two hours. The program was done in conference room at Nursing Union at Tanta city.

7. Structure of the program

Structure of this program was started with the statement of the instructional objectives based on head nurses' assessed need.

General objective

The main aim of the program was to improve head nurses' political leadership knowledge and skills.

Specific objectives

At the end of the program the head nurses should be able to

1. Define of politics terms.
2. Identify importance of leadership political skills.
3. Discuss political leadership qualities.
4. List advantages of leadership political skills.
5. Apply political process.
6. Recognize facilitators of political action.
7. Explain effects of political skill.
8. Enumerate barriers to political involvement.
9. Appreciate political issues in nursing.

2-Selection and organization of program content

After determining the objectives of the program, the content was specifically designed; methods of teaching and evaluation were identified. The content was elected after careful assessment of head nurses' needs. Simple scientific and professional language was used.

3-Selection of the teaching method

This is the third step in constructing the program. The selection of teaching methods was carried out according to the subjects and the educational principle. The methods used were lecture, group discussion and, with the help of visual aids.

4) Evaluation of the program

Evaluation of the program effectiveness is the last step. The present program was designed and implemented to evaluate the degree to which head nurses' political leadership knowledge and skills were improved. Evaluation of head nurses prior to the program was done in the form of pretest administered exam during the assessment of needs. At the end of the program, a post test (the same of pretest) was carried out for 63 head nurses.

3-Ethical and administrative design

8. **Official permission** was obtained from responsible authorities at the Union of Nursing, Ministry of Health at El-Gharbia Governorate by the researchers before conducting this study..
9. **Ethical considerations:** head nurses' consent for participation was obtained after explanation the nature and the purpose of the study, confidentiality of the information's obtained from them and the right to withdrawal were secured.

4-Statistical design

Microsoft Excel and Statistical package for the social sciences (SPSS), version 16 were used to organize, tabulate, and analyze the collected data using range, mean, standard deviation and mean percent as well as number and percent. Paired (t) test and chi square tests were used to test of significant. Significant was at ≤ 0.05 for interpretation of results of tests of significant for calculated number and percent of head nurses. Spearman's coefficient correlation test was used to show variables correlation. Correlation is significant at the ≤ 0.05 .

V. Results

Table (1): Distribution of head nurses according to their characteristics data

Head nurses' characteristics	Head nurses (N= 63)		Head nurses' characteristics	No	%	
	No	%				
Age			Hospital name			
• <30	5	7.9	• Chest El-Mahalla hospital	14	22.2	
• 30- 40	51	81.0	• Chest Tanta hospital	17	27.0	
• >40	7	11.1	• El-Mahalla General Hospital	32	50.8	
Mean ± SD	35.4± 4.4					
Years of experience			Marital status			
• <10	9	14.3	• Married	63	100.0	
• 10-20	49	77.8	Qualifications			
• >20	5	7.9	• Bachelor degree in Nursing	63	100.0	
Mean ± SD	13.5±4.3		Gender	Female	63	100.0

Table (1), shows the distribution of head nurses according to their characteristics data. High percentage (81.0 %, 77.8%) of head nurses aged from 30 to 40 years with 10 to 20 years of experience. Out of all head nurses, 50.8% working at El-Mahalla General Hospital, and 27% at Tanta Chest Hospital, and 22.2% working at El-Mahalla Chest Hospital. All (100%) head nurses were married female with Bachelor degree in Nursing

Table (2): Distribution of head nurses' knowledge levels about political leadership pre and post educational program

Political leadership skills	Pre(n=63)			Post(n=63)			X ² (P-value)
	Good N (%)	Fair N (%)	Poor N (%)	Good N (%)	Fair N (%)	Poor N (%)	
• Definition of political leadership terms	4 (6.3)	5(7.9)	54(85.7)	36(57.1)	18(28.6)	9(14.3)	17.063 (0.001*)
• Importance of political leadership skills	3 (4.8)	5(7.9)	55(87.3)	40(63.5)	16(25.4)	7(11.1)	22.238 (0.000*)
• Political process dimensionality	5 (7.9)	6 (9.5)	52(82.5)	45(71.4)	12(19.1)	6(6.5)	30.841 (0.000*)
• Political leadership qualities	1 (1.6)	3(4.8)	59(93.6)	42(66.7)	14(22.2)	7(11.1)	14.095 (0.001*)
• Facilitators of political leadership action	0(0.0)	1(1.6)	62(98.4)	48(76.2)	11(17.5)	4(6.3)	14.698 (0.005*)
• Effect of political leadership skills	2(3.2)	2(3.2)	59(93.6)	41(65.1)	14(22.2)	8(12.7)	24.556 (0.000*)
• Barriers political leadership involvement	0(0.0)	3(4.8)	60(95.2)	46(73.1)	10(15.8)	7(11.1)	32.635 (0.000*)
• Political issues in nursing	3(4.8)	10(15.8)	50(79.4)	36(57.1)	18(28.6)	9(14.3)	13.508

							(0.004*)
Total	0(0.0)	5(7.9)	58(92.1)	41(65.1)	18(28.6)	4(6.3)	34.857 (0.002)

* Significant at P ≤ 0.05

Table (2), illustrates distribution of head nurses' knowledge levels about political leadership pre and post educational program. Pre program, majority (98.4, 95.2, 93.6, 92.1, 87.3) of head nurses had poor knowledge levels on facilitators of political leadership action, barriers political leadership involvement, political leadership qualities, total, effect of political leadership skills, and importance of political leadership skills, which improved (76.2, 73.1, 71.4, 66.7, 65.1, 63.5) post program to be had good knowledge, with statistical differences (p<0.05) pre than post program in total and all political leadership knowledge dimensions.

Table (3): Mean percent, mean and standard deviation of head nurses' knowledge on political leadership pre and post educational program

Knowledge on Political leadership skills	Max score	Pre(n=63)		Post(n=63)		Paired t-test p
		Mean±SD	Mean %	Mean±SD	Mean %	
• Definition of political leadership terms	5	1.87±1.02	37.50%	3.87±0.88	77.50%	-13.32 (0.000*)
• Importance of political leadership skills	5	1.88±1.27	37.80%	3.98±0.95	79.70%	-11.17 (0.000*)
• Political process dimensionality	7	2.90±1.61	41.50%	5.90±1.07	84.40%	-12.58 (0.000*)
• Political leadership qualities	4	1.60±0.94	40.10%	3.31±0.66	82.90%	-11.92 (0.000*)
• Facilitators of political leadership action	5	1.66±1.13	33.30%	4.04±0.92	80.90%	-14.67 (0.000*)
• Effect of political leadership skills	5	1.55±0.81	31.10%	4.03±0.94	80.40%	-14.78 (0.000*)
• Barriers political leadership involvement	5	1.96±0.91	39.40%	4.07±0.84	81.50%	-12.80 (0.000*)
• Political issues in nursing	4	1.73±0.90	43.30%	3.34±0.74	83.70%	-12.02 (0.000*)
Total	40	15.30±3.52	38.30%	32.61±3.53	81.50%	-30.74 (0.000*)

* Significant at P ≤ 0.05

As evidenced on **table 3**, pre program, political issues in nursing had the highest mean percent (43.30%) with mean scores 1.73±0.90, followed by political process dimensionality (41.50%), while the lowest (31.10%) mean percent was effect of political skills dimensions with mean score 1.55±0.81. Post program, head nurses' knowledge mean scores as a total and all subscales were improved as shown by political process dimensionality was had highest (84.40%) mean percent with mean score 5.90±1.07, followed by political issues in nursing (83.70%), with statistical differences (p<0.05) pre than post program in total and all political leadership skills subscales.

Table (4): Distribution of head nurses' political leadership skills levels pre and post educational program

Political leadership skills dimensions	Pre(n=63)			Post(n=63)			X ² p
	High N %	Moderate N %	Low N %	High N %	Moderate N %	Low N %	
• Social Astuteness skill	11 17.5	23 36.5	29 46.0	42 66.7	14 22.2	7 11.1	87.441 0.000*
• Interpersonal Influence skill	5 8.0	36 57.1	22 34.9	41 65.1	17 27.0	5 7.9	74.283 0.000*
• Networking skill	3 4.8	27 42.9	33 52.3	39 61.9	15 23.8	9 14.3	1.163 0.000*
• Sincerity skill	4 6.2	31 49.4	28 44.4	45 71.4	10 15.9	8 12.7	1.012 0.000*
Total	2 3.1	27 42.9	34 54.0	46 73	9 14.3	8 12.7	1.233 0.000*

* Significant at P ≤ 0.05

Distribution of head nurses' political leadership skills levels pre and post educational program shown in **Table (4)**. Pre program, more than half (54.0%) of head nurses' political leadership skills as a total was low, which improved post program to be 73% of them had high level political leadership skills. Specifically, More than half and about half (57.1% and 49.4%) of head nurses had moderate interpersonal influence and sincerity skills'

level, while, 54.0%, 52.3%, 46.0% of them had low skill levels regarding total skills, networking and, social astuteness skills, pre program. While, post program, 73%, 71.4%, 66.7%, 65.1%, 61.9% of head nurses' skills were improved to be high skill level related total skills, sincerity, social astuteness, interpersonal influence, and, networking skills, with statistical differences ($p < 0.05$) pre than post program in total and all political leadership skills subscales.

Table (5): Mean percent mean and standard deviation of head nurses ' political leadership skills

Political leadership skills	Pre (n=63)		Post(n=63)		Paired t-test p- value
	Mean ±SD	Mean percent	Mean ±SD	Mean percent	
• Social Astuteness	29.12±11.86	58.3%	42.30±2.30	84.6%	-16.58 (0.000*)
• Interpersonal Influence	30.04±12.20	60.1%	23.71±2.18	79.1%	-20.04 (0.000*)
• Networking	14.46±5.42	57.8%	41.53±2.66	83.1%	-12.31 (0.000*)
• Sincerity	18.50±6.28	61.7%	20.65±1.74	82.6%	-20.16 (0.000*)
Total	92.14±12.35	59.4%	126.84±4.25	81.8%	-32.92 (0.000*)

*Significant at $P \leq 0.05$

Table (5), shows mean percent, mean and standard deviation of head nurses' political leadership skills. Pre program, sincerity was the first (61.7%) head nurses' political leadership skills, followed by interpersonal influence (60.1%), while, social astuteness and networking skills was the last (58.3% & 57.8%), respectively. Post program, social astuteness skills was the first (84.6%) head nurses' political leadership skills, followed by networking (83.1%), sincerity (82.6%), and then interpersonal influence (79.1%) with statistical significant differences ($p < 0.05$) pre than post program in total and all political leadership skills subscales.

Table (6): Correlation between head nurses' knowledge and their skills of political leadership pre and post educational program

Head nurses' political leadership skills	Total head nurses' knowledge on political leadership			
	Pre (n=63)		Post(n=63)	
	r	P-value	r	P-value
• Social Astuteness	0.155	0.278	0.237	0.004*
• Interpersonal Influence	0.046	0.749	0.419	0.002*
• Networking	0.374	0.007	0.652	0.014*
• Sincerity	0.227	0.109	0.160	0.021*
Total	0.039	0.785	0.768	0.042*

* Significant at $P \leq 0.05$

As shown in **Table 6**, there were statistical significant correlation between head nurses' total knowledge on political leadership and all political leadership skills subscales pre than post program ($p \leq 0.05$).

Table (7): Correlation between head nurses` age, experience and their knowledge and skills about political leadership post program

Head nurses' characteristics		Knowledge on political leadership	Political leadership skills
Age	r	-0.074	0.646
	P-value	0.050*	0.039*
Experience	r	-0.042	0.513
	P-value	0.043*	0.000*

* Significant at $P \leq 0.05$

As evidenced in **table 7**, there were statistical significant positive correlation between total head nurses' age, and years of experiences and their political leadership skills, while, the correlation was negative regarding their total knowledge on political leadership.

VI. Discussion

Indeed, the successful leadership is the tactic of constant adjustment to the changing environment, and to deal with these altering circumstances, leaders necessitate - through their own analysis - to set and promote a unique skills as political skill and organizational politics ability. Subsequently, they need to put these special skills agree with optimum opportunities to make this change in their organizations. At the same time, leaders must be alert to team members' opposition to these politics (Cheema, et al., 2008).

Head nurses' political leadership knowledge

Current results revealed that majority of head nurses had poor knowledge levels as a total and for facilitators of political action, barriers political involvement, types of political leadership skills, effect of

political skills, and importance of political leadership skills, pre program, **Table (2, 3)**. Since they are head nurses, they are attending formal meetings periodically; they necessitate having basic political knowledge. Surprisingly, they had poor knowledge; this result may be due to lack of political leadership knowledge courses or inadequate emphasis on it during their graduation level. So, this finding indicates the significance of continuing education of head nurses' knowledge on political involvement, which implies the need for their participation in training and seminars for professional development.

Basically, nurse leaders need to consider the organizational environment and prevailing political behaviors because they may be liable to informal impact and intentional political exploitation from both the decision maker and their followers (**Higgins, et al., 2003**). As well as, head nurses' political skill can impact subordinates' acquiring more confidence, work satisfaction, and their commitment to the organization (**Montalvo, 2015**).

In this regard, **Warner, (2003)** pointed out that head nurses who involved in political activities apply their specialized body of knowledge, in addition, they need convincing team members, teamwork, cooperation, and communication skills to influence on decision of policy makers on issues. Political head nurses who had political skills, education and policy change awareness, as well as, had concerned with health policy, believed that their involvement would improve the public health (**Wilson, 2002; Oden et al., 2000**). Along with study result was **Ahoya et al., (2016)** who found that nurses' political knowledge which linked to their ability to understand and perceive the facts, ideas and theories pertinent to politics had little knowledge level.

Current results revealed that head nurses' knowledge levels improved post program to be good knowledge, with statistical differences ($p < 0.05$) pre than post program, **Table (2, 3)**. That result showed the importance of appropriate and adequate training and education of head nurses on political knowledge and skills. Primarily, nursing education and faculty role model have a powerful and basic role in promoting nurses' political skills and knowledge through assisting nurses to integrate professional, political, and personal background in the political field (**Boswell et al., 2005; Rains & Barton-Kriese, 2001**).

Political knowledge may be learned and improved through empirical learning activities as participation in state or national nursing assembly legislative activities thus significance of nursing advocacy's values and beliefs may be developed and reflected into their nursing role (**Fyffe, 2009; Taft & Nanna, 2008; Abood, 2007**). The present study result are supported by **Primomo (2013)** who showed that the participants' political knowledge, awareness, and involvement were significantly higher post than pre attending legislative day activity.

Also, **Joanne & Kelley (2000)** found that there was utmost significant increase in masters' degree nursing students' political knowledge pre compared to post completing health policy course. Moreover, **Salminen et al., (2013)** demonstrated that nurse educators who attend educational activities had statistically significantly more knowledge about health policy through discussions with specialists than others who did not participate in development activities.

Head nurses' political leadership skills

Present findings illustrated that pre program, more than half of head nurses' political leadership skills as a total and networking and social astuteness skills were low, and had moderate level of interpersonal influence and sincerity skill which improved post program to be about three quarter of them had high level political leadership skills (**Table, 4**). The present result might be explained by although it is supposed that those head nurses had opportunities to participate, express their interests and argue their political issues throughout attending administrative meetings that reinforcing their basic political knowledge and skills, they assume inadequate skills to clarify political area's issues.

This fact may be due to they have little or no basic management proficiency that needed to play policy, poor knowledge of health policy, absence of political role models, closing organizational political ambience, families' restraint, as well as, lack of political activities throughout nursing education or professional institutions (**Ahoya, et al., 2016; Kunaviktikul et al., 2010; Deschaine & Schaffer, 2003**). Thus, the current study result suggesting that attending educational program is one way to develop nurses' knowledge, skills and, active involvement in supporting nursing and health matters in the policy field.

Political skill is work-relevant situations' abilities that reveal dispositional backgrounds and situational changeability. To a great extend the past dispositions are considered stable, while situational variability is affected by the level of training, performance, and expertise. Thus, the political skill concept reflects the understanding's level since it is motivated by a knowledge's or understanding's constituents (**Ferris, et al., 2007**). In this regard, **Perrewé, et al., (2002)** declared that since political leadership skill are considered a key concern in work practice environments, nursing leaders should implement developmental activities as role modeling, training and mentoring to enhance their four dimensions' political skills.

Along with the present study results was **Ferris, et al., (2002)** who concluded that political skills have been considered as a capability that can be significantly created or developed by training and socialization, Also,

Ferris, et al., (2007) mentioned that leaders' political skill is a behavior that can be learnt and developed through effective feedback mechanism about their social interactions' consciousness level in different social situations, how should they understand this events, and about all behavioral reactions' options, as well as, **Montalvo and Byrne, (2016)** revealed that about two third of participants perceived themselves have “average” political skill levels and only about one third of them thought that they have high level of political skills.

Findings of the current study showed that the highest head nurses' political leadership skills was sincerity, followed by interpersonal influence, while, social astuteness and networking skills were the last head nurses' political leadership pre program, (**Table, 5**). Networking is a key skill that head nurses acquired from their ability to build powerful bonds for friendship (**Ferris & Treadway, 2012; Ferris, et al., 2007**), nevertheless, they still had problems to establish these strong bonds with others, this may be due to lack of homogeneity between head nurses and other health care teams, limited time, workload and organizational restrictions that hinder their understanding political arena's issues. Likewise, all current studied subjects were actually female, which meant that they rarely share in politics due to their unwillingness to display the masculine feature usually linked with politics or they had misunderstanding regarding practicing and importance of political leadership skills (**Boswell et al., 2005**).

Practically, sincerity is an everyday and simple action exercised by nurse leaders also, they may be considered it as a highly valued skill, conversely, networking is the most complex performance to be utilized and they may be considered it as the least value skill (**Braddy and Campbell, 2014**). Although, leaders with networking skills are equipped with the ability to define the method and the place that they will put themselves in it to build and pick the greatest chances (**Ferris et al. 2007**), the importance that is absent from them is that, social astuteness lets the politically skilled leaders to create a goal based on their environmental assessment and according to their vision the changes can be occur in this environment (**Brouer, et al., 2015**).

It is plausible that participating in trusted public post has possibility to build networks that provide leaders with easily and reliably healthcare-policy's information (**Salminen, et al., 2013**). As well as, these networks can enable them to impact political decisions concerning healthcare (**Petit ditDarial, 2009**). As a results of the availability of information and resources throughout enormous networks, nurse leaders may best understand who is the most influential person in it that can provide them with needed information (**Treadway 2013; Ferris et al. 2007**), subsequently, highly networking skill individuals affects the confession of opportunities, next they can apply this skill to effectively understand others and environment. Nevertheless, they can also direct them to these opportunities (**McAllister et al., 2015**).

Braddy and Campbell, (2014) asserted that, on average, it is obvious that some nurse leaders apply various political skills by different degrees, as well as, it may be practiced it based on their political savvy. This result verifies **Ferris et al. (2008)** suggestion that imply that each aspect of political skill has a unique effect in organizations. Also, **Ferris, Treadway et al. (2005)** offered supportive proof for these ideas, and revealed that the political skill score was significantly related to political savvy. Along with the current findings **Braddy and Campbell, (2014)** who found that leaders' most exploit is sincerity, followed by interpersonal influence, social awareness, and then networking.

Current study findings revealed that post program the highest head nurses' political leadership skills was social astuteness, followed by networking, sincerity, and then interpersonal influence with statistical differences ($p < 0.05$) pre than post program, (**Table, 5**). This result reflected the role of the educational program to increase the focus on intra-psyche level (social astuteness and networking ability) skills among head nurses. **Brouer et al. (2014)** argued that social astuteness and networking ability work at the intra-psyche domain, while interpersonal influence and apparent sincerity play at the interpersonal. Intra-psyche practices are a cognitive task of political skill that helps to see the opportunities and build the goals. At the intra-psyche level, as soon as, environmental and others' knowledge and understanding has been acquired by social astuteness and networking ability, successful behaviors' involvement to use this knowledge can be facilitated by a politically skilled person's interpersonal influence and apparent sincerity (**McAllister et al., 2015**).

Essentially to be more efficient nurse leaders, they need to adopt and develop their political leadership skills (**Ferris et al. 2005**). Efficient use of political skills (sincerity, social astuteness, interpersonal influence and networking skills) aid nurse leaders to encourage and force others to be decisive and to reach to the vital needed resources by their task forces, as well as, avoid work related problems that can cause professional failure (**Braddy and Campbell, 2014**). It is clear that active political leadership skill focuses on integrating knowledge and skills rather than feelings. Just political leadership skills are taught, individuals' frequent performance ensures the effective shifting of training and general commitment takes place through (**May & Kahnweiler, 2000**). Then, when nurse leaders need to influence on the others, they have to use the newly acquired skills in social settings with influential situations (**Ferris et al., 2007**).

Robyn et al., (2016) affirmed that since skills can be trained and well educated. It may be best recommended by programs prepared to improve transformational leadership to add equivalent training in political skill. When political leadership skill sub-dimensions' weaknesses and strengths are recognized,

designing more especial training (e.g. to improve social astuteness only) can be employed. Particularly, in China, the attention should be driven to increasing social astuteness rather than apparent sincerity.

Current study results is supported by **Primomo (2013)** who revealed that the changes in political leadership skills were mostly related to political knowledge and he stated that awareness is a first step in improving nurses' aptitude to be policy advocator. Also, **Montalvo (2015)** found that from all political skill inventory subscales, networking skill had the lowest score. Furthermore, **Robyn et al., (2016)** argued that the three political skill's ingredients confirming reinforcing social awareness (social astuteness), interactions (networking ability), and behavioral flexibility (interpersonal influence) are appreciated as a key leadership traits in China, but apparent sincerity evaluated less when Chinese employees assess their supervisor's transformational leadership quality. Unlike, sincerity had far less value and significance at USA (**Suh et al., 1998**).

Correlations between head nurses' political leadership knowledge, skills and personal characteristics:

Present findings showed that there were statistical significant correlations between head nurses' total knowledge on political leadership and their political leadership skills pre than post program all political leadership skills subscales pre than post program ($p \leq 0.05$), as evidenced in **Table (6)**. This result meant that head nurses' political leadership skills seem to be influenced by their levels of knowledge. The improved political knowledge provides head nurses with opportunities to build their self confidence to practice and develop their political leadership skills.

Taft & Nanna, (2008) argued that nurses mainly are not concerned in policy because most of them had lack of knowledge and skill. They need to have essential knowledge about policy process and engage actively in local and nationwide political fields to influence in policy and legislative choices successfully (**Primomo, 2013**). So, nursing educators and professional institutions need to exert cooperative efforts to enhance nurses' power in the policy process (**Spenceley, et al., 2006**).

This result is consistent with **Primomo (2013)** findings who found that nurses' political knowledge and skills can be enhanced by minimal or advanced political involvement levels. Also, **Ahoya et al., (2016)** found that more than forty of the higher rank of senior nurses, either clinical educators or nurse managers, which provided them with the opportunity and trust to express political issues. Conversely, **Ferris et al., (1999, 2005)** revealed that research over numerous samples has showed that there was no correlation among political skill and cognitive ability.

As evidenced in **table 7**, there were statistical significant positive correlation between head nurses' age, and years of experiences and their political leadership skills, while, the correlation was negative regarding their total knowledge on political leadership. The possible explanation for the statistically significant positive correlation between head nurses' age, years of experiences and their political leadership skills could be that the older head nurses' age, they were acquired sufficient experiences to share in political issues at their organizations, the more opportunities to participate and practice in formal meeting, as a result the increased political leadership skills. Also, it could be related to their bachelors' education that supplies them with knowledge and skills that encourages political savvy.

This result supported by **Primomo (2013)** who revealed that higher political skills scores were associated with increased age and educational rank; while, years as a registered nurse was not correlated. Also, **Caprara et al., (2009)** concluded that active involvement necessitates people to confidence in their capabilities and experiences to manipulate the political pathway. Additionally, **Vandenhouten et al. (2011), and Oden et al. (2000)** argued that the more participated nurses in policy activities, the older nurses and those with higher levels of education.

While, the statistical significant negative correlation between head nurses' age, years of experiences and their total knowledge on political leadership meant that the older head nurses age and years of experiences the less political skills knowledge, this implication may be due to that head nurses had lack of time, diverse role requirements, lack of awareness about policy-oriented roles (**Gosselin-Acomb et al., 2007; Cramer, 2002**), increased workloads, weak representation in professional nursing institutions affairs, as well as, lack of the content about political aspect in the nursing educational curricula (**Boswell et al., 2005**).

Health and educational policies' knowledge should be upheld and enhanced, because these policies act as a basis for evidence-based nursing education (**Hall-Long, 2009**). **Montalvo, (2015)** stated that to improve political leadership, practice and continuous feedback techniques is needed to facilitate learning (**Ferris & Treadway, 2012; Todd, 2009**). Present study findings were consistent with **Primomo (2013)** who pointed out that age were positively associated with political proficiency scores pre and post legislative day activity. On contrary, **Montalvo, (2015)** found that there were no correlations found between political skill and years of experience. Also, **Ahoya et al., (2016)** showed that age and lowest work experience resulting in nurses' moderate levels of political efficacy/ skill. And, **Salminen, et al., (2013)** showed that nurse educators with more

than fifteen years of working experience had statistically significantly ($p = 0.001$) more regular information about health policy than participants with less nurse educator work experience ($p=0.011$).

VII. Conclusion

Present study will add to the body of knowledge through describing how best to understand head nurses' political leadership knowledge and skills. On the basis of the study findings, it is concluded that head nurses' knowledge and skills about political leadership was generally poor at baseline. However, knowledge scores significantly improved and their skills positively changed after the implementing an educational program about nursing political leadership. But still minor percent of head nurses were had low level of political leadership knowledge and skill. There are statistical significant correlation between head nurses' total knowledge on political leadership and all political leadership skills subscales pre than post program ($p \leq 0.05$). Head nurses' age, and years of experiences positively correlated with their political leadership skills, but, negatively correlated with their total knowledge on political leadership.

VIII. Recommendations

For nursing management: they need to;

1. Provide training programs to enhance nurse leaders' social astuteness that centered on practicing active listening skills.
2. Apply role play method and influence techniques in a safe environment to develop nurse leaders' interpersonal influence and apparent sincerity, by putting them in a situation whereby they must persuade subordinates to achieve a task.
3. Increase nurse leaders' networking skills, through making a pair between nurse leaders and good networking's mentors. Mentors can offer one-on-one information and feedback on how to build an influential network

For healthcare nursing organizations:

4. Create practice guidelines and standards on how to prepare nurses to fulfill their social mandate as political skills.
5. Build a networking with other nursing professionals and make efforts to reinforce relationship and support nurse's political involvement, as well as, make sure that those nurses do not exposed to revenge or harassment from colleagues or persons of authority.
6. Offer continuing education and obligatory annual exams in collaboration with nursing faculties and focus continuing education time on the political domain including issues as health care reform, on site political science, analysis of present health and/or nursing policy issues, democracy, host policy debates and healthcare policy.

For nursing faculties:

7. Universities and Nursing Faculties need to rethink on current curriculum and ensure that course work includes learning activities in democracy, politics, advocacy, public meeting and activism.
8. Establish active learning courses (as mentorship programs in which students can learn alongside nurse leaders in quality learning environments) and join nursing students in political preparation near the beginning of their undergraduate education to become politically active professionals.

Future Research, should continue to explore

- a. Levels of political involvement among nurse leaders
- b. Factors that increase political involvement and the role of higher education and professional organizations in fostering participation in the policy process .

References

- [1]. **Abood, S.** (2007). Influencing health care in the legislative arena. *OJIN: The Online Journal of Issues in Nursing*, 12(1), Manuscript 2. doi:10.3912/OJIN.VolNo01Man02
- [2]. **Ahoya C.K., Abhichartibuttra K., and Wichaikhum OA.** (2016). Political Efficacy and Political Participation among Nurses in Tertiary Hospitals, the Republic of Kenya. *Journal of Community and Public Health Nursing*, 2:4. DOI: 10.4172/2471-9846.1000142
- [3]. **Antrobus S.** (2003). What is political leadership?: *Nursing Standard: Art & Science*, 17(43); (RCNi).2003<https://journals.rcni.com/doi/full/10.7748/ns.17.43.40.s61>
- [4]. **Avolio C D.** (2014). Political Advocacy: Beliefs and practices of registered nurses. Published Master Thesis of Science. Faculty of Nursing, University of Windsor, Ontario, Canada scholar.uwindsor.ca/cgi/viewcontent.cgi?article...etd.
- [5]. **Boswell C, Cannon S, Miller J** (2005). Nurses' political involvement: Responsibility versus privilege. *Journal of professional nursing*, 21: 5-8.
- [6]. **Braddy P. and Campbell M.** (2014). Using Political Skill to Maximize and Leverage Work Relationships. Center for Creative Leadership.

- [7]. **Brouer R L.** (2007). The role of political skill in the leadership process-work outcomes relationships. Published Doctor Thesis of Philosophy. College Of Business, The Florida State University
- [8]. **Brouer R L, Douglas C, Treadway D C, and Ferris G R.** (2012). Leader political skill, relationship quality, and leadership effectiveness: a two-study model test and constructive replication. *Journal of Leadership & Organizational Studies*.;20(2):p 185–198.
- [9]. **Brouer, R.L., Badaway, R.L., Gallagher, V.C., & Haber, J.A.** (2015). Political skill dimensionality and impression management choice and effective use. *Journal of Business and Psychology*, 30(2), 217-233. doi:10.1007/s10869-014-9344-y.
- [10]. **Brouer, R.L., Badaway, R.L., Gallagher, V.C. and Haber, J.A.** (2014). Political skill dimensionality and impression management choice and effective use. *Journal of Business and Psychology*, Vol. 30 No. 2, pp. 217-233.
- [11]. **Bryant M M.** (2015). Leadership Practices among undergraduate nursing instructors. Published Doctor Thesis of Philosophy, The University of Southern Mississippi. *Dissertations*. <http://aquila.usm.edu/dissertations/69>
- [12]. **Caprara GV, Vecchione M, Capanna C, Mebane M.** (2009). Perceived political self-efficacy: Theory, assessment and applications. *European Journal of Social Psychology*, 39: 1002-1020.
- [13]. **Cheema I.Q., Cheema H. A., and Ashraf K.,** (May 2008). Leaders' Political Skill, Organizational Politics Savvy, and Change in Organizations - A Constellation. Servant Leadership Research Roundtable.
- [14]. **Cramer, M. E.** (2002). Factors influencing organized political participation in nursing. *Policy, Politics, & Nursing Practice*, 3(2), 97-107.
- [15]. **Deschaine, J. E., & Schaffer, M. A.** (2003). Strengthening the role of public health nurse leaders in policy development. *Policy, Politics, & Nursing Practice*, 4, 266-274.
- [16]. **Ferris G. R., Davidson S. L., and Perrewé P. L.** (2005). Political Skill at Work: Impact on Work Effectiveness. Davies-Black.
- [17]. **Ferris G., Treadway D., Pamela L. Perrewé, Robyn L. Brouer, Douglas C., and Lux S.** (2007). Political Skill in Organizations. *Journal of Management*, June, 33(3), 290-320 DOI: 10.1177/0149206307300813
- [18]. **Ferris GR, Treadway, D.C.** (2012). Politics in organizations: Histories, construct specification, and research directions. New York: Taylor & Francis Group, LLC.
- [19]. **Ferris, G.R., Anthony, W.P., Kolodinsky, R.W., Gilmore, D.C., & Harvey, M.G.** (2002). Development of political skill. In **C. Wankel & R. DeFillippi (Eds.)**, Research in management education and development, Volume 1: Rethinking management education for the 21st century: 3-25. Greenwich, CT: Information Age Publishing.
- [20]. **Ferris, G.R., Blickle, G., Schneider, P.B., Kramer, J., Zettler, I., Solga, J. and Meurs, J.A.** (2008). "Political skill construct and criterion-related validation: a two-study investigation", *Journal of Managerial Psychology*, 23 (7), pp. 744-771.
- [21]. **Ferris, G.R., Treadway, D.C., Kolodinsky, R.W., Hochwarter, W.A., Kacmar, C.J., Douglas, C. and Frink, D.D.** (2005). Development and validation of the political skill inventory, *Journal of Management*, 31(1), pp. 126-152. <http://jom.sagepub.com/content/31/1/126>.
- [22]. **Ferris, G.R., Berkson, Howard. M., Kaplan, David. M., Gilmore, David. C., Buckley, M. Ronald., Hochwarter, Wayne. A., & Witt, L. A.** (1999). "Development and initial validation of the political skill inventory," Paper presented at the 59th Annual Meeting of the Academy of Management, Chicago, (Aug 1999).
- [23]. **Fyffe, T.** (2009). Nursing shaping and influencing health and social care policy. *Journal of Nursing Management*, 17, 698-706.
- [24]. **Gosselin-Acomb, T., Schneider, S., Clough, R., & Veenstra, B.** (2007). Journal club. Nursing advocacy in North Carolina. *Oncology Nursing Forum*, 34, 1070-1074. doi:10.1188/07.ONF.1070-1074
- [25]. **Hall-Long B.** (2009). Nursing and public policy: A tool for excellence in education, practice, and research. *Nurs. Nursing Outlook*. 57(2):78–83.
- [26]. **Hart L D.** (2016). The political astuteness of nurse practitioners: Following a successful legislative journey. Published Doctoral degree of Nursing Practice. University of Missouri-Kansas City. <https://mospace.umsystem.edu/.../HartPolitical%20Astuteness%20of%20Nurse%20Pra>.
- [27]. **Higgins CA, Judge TA, Ferris GR.** (2003). Influence tactics and work outcomes: a meta- analysis. *Journal of Organizational Behavior*, 24(1):89-106.
- [28]. **Joanne R W. & Kelley C. L.** (2000). The Effect of Health Policy Education on Self-Perceived Political Competence of Graduate Nursing Students. *Journal of Nursing Education*, Jan, 39(1): p37-40.
- [29]. **Kunaviktikul W, Nantsupawat R, Sngounsritham U, Akkadechanunt T, Chitpakdee B, Wichaikhum OA, Wonglieukirati R, Chontawan R, Keitlertnapha P, Thungraenkul P, Abhichartibutra K, Sanluang C, Lirtmunlikaporn S, Chaowalaksakun P** (2010). Knowledge and involvement of nurses regarding health policy development in Thailand. *Nurs. Health Sci.*, 12(2): 221–227.
- [30]. **May, G.L., & Kahnweiler, W.M.** (2000). The effect of mastery practice design on learning and transfer in behavior modeling training. *Personnel Psychology*, 53: 353-373.
- [31]. **McAllister, C.P., Ellen, B.P., Perrewé, P.L., Ferris, G.R. and Hirsch, D.J.** (2015), "Checkmate: using political skill to recognize and capitalize on opportunities in the 'game' of organizational life", *Business Horizons*, 58(1), pp. 25-34.
- [32]. **Meurs J A.** (2008). The dispositional and learned behavior prediction of political skill dimensions and how political skill affects the stress process. Published Doctoral Thesis of philosophy, College of business. Florida State University Libraries.
- [33]. **Montalvo W. and W. Byrne M.,** (2016). Mentoring Nurses in Political Skill to Navigate Organizational Politics. Hindawi Publishing Corporation, *Nursing Research and Practice*. Volume 2016. <http://dx.doi.org/10.1155/2016/3975634>
- [34]. **Montalvo W.,** (2015). Leadership and Political Skill Preparedness of the Doctoral Prepared Nurse. Published Phd., Graduate School of Arts and Sciences, Columbia University.
- [35]. **Oden, L., Price, J., Alteneider, R., Boardley, D., & Ukokudom, S.** (2000). Public policy involvement by nurse practitioners. *Journal of Community Health*, 25(2), 139-55.
- [36]. **Perrewé, P.L., Young, A.M., & Blass, F.R.** (2002). Mentoring the political arena. In **Ferris G.R., Buckley M.R., & Fedor D.B.** (Eds.), Human resources management: Perspectives, context, functions, and outcomes (Fourth edition: 343-355). Upper Saddle River, NJ: Prentice-Hall.
- [37]. **Petit ditDarriel O** (2009). Nursing education: in pursuit of cosmopolitanism. *Nurs. Educ. Today*. 29(5):566-569.
- [38]. **Primomo J.** (2013). Changes in Political Astuteness Following Nurse Legislative Day. *Policy, Politics, & Nursing Practice*, May 14 (2), pp. 1-12, Reprints and permissions:sagepub.com/journalsPermissions.nav, DOI: 10.1177/1527154413485901, pn.sagepub.com
- [39]. **Rains, J. W., & Barton-Kriese, P.** (2001). Developing political competence: A comparative study across disciplines. *Public Health Nursing*, 18, 219-224.
- [40]. **Robyn L. Brouer, Chia-Yen (Chad) Chiu, Lei Wang,** (2016) "Political skill dimensions and transformational leadership in China", *Journal of Managerial Psychology*, 31 (6), pp.1040-1056, <https://doi.org/10.1108/JMP-05-2014-0166>

- [41]. **Salisu B, Bahru J and Awang SR.** (2016). Political skill as a mediator between trait emotional intelligence and leadership effectiveness: A framework for the Nigerian civil service. *Journal of Business and Management*, Vol 1 (2016) - p26-36
- [42]. **Salminen L., Stolt M., Nieminen H., Juutilainen P., Paltta H. and Leino-Kilpi H.** (2013). The correlation between the socio-political activity of nurse educators and their knowledge of health policy. *Academia Journal of Educational Research*, April, 1(4): <http://www.academiapublishing.org/ajer>
- [43]. **Spenceley, S. M., Reutter, L., & Allen, M. N.** (2006). The road less traveled: Nursing advocacy at the policy level. *Policy, Politics, & Nursing Practice*, 7, 180-194.
- [44]. **Suh, E., Diener, E., Oishi, S. and Triandis, H.C.** (1998), "The shifting basis of life satisfaction judgments across cultures: emotions versus norms", *Journal of Personality and Social Psychology*, 74(2), pp. 482-493.
- [45]. **Taft, S., & Nanna, K.** (2008). What are the sources of health policy that influence nursing practice? *Policy, Politics, & Nursing Practice*, 9, 274-287.
- [46]. **Todd SY.** (2009). Career success implications of political skill. *The Journal of social psychology*.149(3):279-304.
- [47]. **Treadway DC.** (2013). Political skill and the job performance of bullies. *Journal of managerial psychology*. 28(3):273-289.
- [48]. **Vandenhouten, C. L., Malakar, C. L., Kubsch, S., Block, D. E., & Gallagher-Lepak, S.** (2011). Political participation of registered nurses. *Policy, Politics & Nursing Practice*, 12(3), 159-167.
- [49]. **Warner, J. R.** (2003). A phenomenological approach to political competence: Stories of nurse activists. *Policy, Politics, & Nursing Practice*, 4(2), 135-143.
- [50]. **Wilson, D. M.** (2002). Testing a theory of political development by comparing the political action of nurses and non nurses. *Nursing Outlook*, 50(1), 30-34.

Safaa Mohamed El-Demerdash. "Effect of Educational Program on Head Nurses' Political Leadership Knowledge And Skills". IOSR Journal of Nursing and Health Science (IOSR-JNHS) , vol. 7, no.2, 2018, pp. 52-63.