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## *Introduction*

Today, health care leaders are sorely challenged by increasing consumer demands, contradictory priorities, rapidly shifting incentives, insufficient resources and a dysfunctional health care system. By contrast, health care leaders have been blessed by increasing consumer involvement, technological possibilities, a passionate engagement by nurses entering health care and a national awakening to the idea that health care must be a priority. Although these blessings are also challenges, they provide the impetus for transforming our current health care system into one that is truly driven by the needs of patients and families; health care must be holistic, personalized, convenient, effective and efficient(*Claire,2008*). Organizations are accountable for a continuous quality improvement, safeguarding standards of care and creating an environment for clinical excellence (*Moiden, 2008*).

Developing future nurse leaders is one of the greatest challenges faced by the nursing profession. Powerful leadership skills are needed by all nurses-those providing direct care to those in top management positions. Anyone who has the authority and responsible for giving assistance to others is considered a leader (*Mahoney, 2005*). A clinical nursing leader is the one who is involved in direct patient care and continuously improves care by influencing others. Leadership is not merely a series of skills or tasks; rather, it is an attitude that informs behavior (*Cook, 2005*).

*Faugier & Woolnough, (2010)* defined leadership as a process, involves influence, usually occurs in a group setting, involves the attainment of a goal and leadership exists at all levels. *Avolio et-al.,(2009 )& Hyett, (2009)* defined leadership

as “the ability to create new systems and methods to accomplish a desired vision”. Today, the belief is that anyone can be a leader. Leadership is a learnable set of skills and practices.

**Mahoney, (2005)** stated several important functions of a nurse leader: acting as a role model, collaboration to provide optimum care, provision of information and support, providing care based on theory and research, being an advocate for patients and the health care organization .In addition, nurse leaders should have knowledge of management, communication, team work skills, as well as some background in health economics, being a leader in health care today it involves change and growth.

According to **Jooste, (2009)**, three things that essential to leadership are authority, power and influence. Effective leaders of today should use more influence and less authority and power. It is more important to be able to motivate, persuade, appreciate and negotiate than to merely wield power to influence for nurse leaders to use in creating a supportive care environment. (**Faugier & Woolnough, 2010**) stated that organizations should aim for a leadership that allows high levels of work performance.

In many developing countries, health care administrators are currently facing challenges, that they are with no formal training in healthcare administration, and this is perhaps most apparent in their difficulties situation . In the study carried out by **Kisa & Ersoy , (2008)**. **Michal & Leap, (2003)** describe a training process is a systematic development of the knowledge, skills and attitude required by an individual to perform adequately a given task or job. It is the creation of an environment where staff may require or learn specific job related behaviors to enable them to carry out their

responsibilities to the required standard (*Cushway, 2003*).

Supervision is an active process of directing, guiding and influencing the outcome of head nurses' performance of an activity. Supervises performance of task by providing directing and clear expectations about how the task is to be performed; monitoring the performance to ensure compliance to established standards of practice, policies and procedures; intervening as necessary; and ensuring documentation of the task (*Tomey, 2009*). Specifically training of performance will be used to develop individual's skills and abilities, familiarize head nurses with new system, technology , procedures and methods of working , help staff to become familiar with the requirements of a particular job in the organization to improve work performance (*Faugier & Woolnough, 2010*).

Head nurses supervise nursing activities in a variety of settings, while some patient care is usually required; the nursing supervisor's new duties include setting up work schedules, assigning duties to a nursing staff, and ensuring that each member of the nursing team is adequately trained. Head nurses are ultimately responsible for the performance of the nurses on their team. This means that they must ensure that nursing records are correctly maintained (*Carter, 2012*).

The head nurses represent a key management position she plays a critical leadership role in the success of health care organization. The role of the head nurse is vital for efficient management of nursing unit through their performance (*Duffield, 2008 & Dunk, 2008*). Also , (*Beaman, 2006* ) described the head nurses' performance role as it is so vital to quality patient care and they are responsible for the day to day operational administration of a defined word unit, so the head nurses must be

committed to supplementing their knowledge through continuing education.

Organizational adaptation performance reflects behavior, while effectiveness implies the assessment of actual organizational outcomes. Specifically, it is important to delineate the particular behaviors expected to contribute to key organizational outcomes, versus the actual organizational outcomes. This is a problem in the leadership domain as leadership performance may be used to refer to the career success of the individual leader, performance of the group, organization or even leader emergence. Each of these measures can be considered conceptually distinct (*Yukl, 2006*).

There is a link between leadership and performance influence of unit personnel differently. Although leadership of the first-line manager is the primary driving force, time and effort expended in operations detract from this unit output. Better use of second-line managers is a choice strategy to enhance performance. Leadership needs to be strengthened and needs to involve all staff in clinical leadership setting. Shared governance is one method allowing this. Leader empowers all staff for decision making processes and allows staff to work together, to develop multi-professional care (*Scott & Caress, 2005*).