Assessment of Leadership Practices of Nursing Leaders Using 360 Degree Feedback in Fayoum University Hospitals

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Abstract:

Background: 360-degree feedback is one of the most innovative approaches for leaders to develop their leadership practice**.** This study aimed to assess leadership practices of nursing leaders using 360-degree feedback. **Research Design:** This study employed a descriptive cross-sectional research design. Setting: The research was conducted at Fayoum University hospitals. **Subjects:** The subjects of this study included a convenience sample of 50 head nurses and 50 supervisors, a stratified disproportional random sample of 100 staff nurses and 50 patients. **Tool for data collection:** included the Leadership Practices Inventory. **Results**: The study results indicated that more than four-fifth of the studied head nurses (self-rated), more than three-quarters of supervisors, more than three-fifths of staff nurses, and more than half of the studied patients have a high level of perception of head nurses' leadership practices. The study results indicate a highly statistically significant difference in perceptions of head nurse leadership between self-rated assessments by head nurses and ratings from supervisors, staff nurses, and patients. **Conclusion:** This study concluded that there was a strong, positive, and highly statistically significant difference between head nurses (self-rated) and supervisors, staff nurses, and patients (other-rated) perceptions of head nurse leadership practices. **Recommendations:** Conduct a 360-degree feedback training program focused on giving, receiving, and implementing feedback information to increase awareness about 360-degree feedback and improve job performance.

Keywords: *360-degree feedback, Leadership practices, Nursing leaders*.

Introduction:

Leaders are increasingly being asked to be more adaptable in managing the challenges of today's complex world. If organizations are to help leaders further enhance their levels of leadership practices, then these organizations need to support systems of feedback that help leaders understand how they are perceived differently in different contexts. Then, coaching that explores such feedback can help leaders to become more aware of the processes that are involved in their multiple self-expressions and actions *(Lawrence & Bachkirova, 2023).*

360-degree feedback is one of the modern management tool that evaluates performance through different sources as bosses, peers, colleagues and clients. It diminishes subjective aspects and gives error free results for evaluation because evaluation is carried out objectively as contrary to subjective evaluation by a single person. It gives a comprehensive view about the leader's performance and improves the workforce performance *(Al-Maawali et al., 2024)*.

360-degree feedback is a highly effective tool for assessing head nurses' leadership across all levels of an organization. This evaluation process helps to identify strengths, weaknesses, and areas for improvement for the leader being assessed. In today's competitive landscape, 360-degree feedback plays a crucial role in fostering organizational success. By gathering insights from supervisors, subordinates, and patients, this approach provides a comprehensive evaluation that enhances leadership effectiveness *(Mohamed et al., 2025)*.

Significance of the Study:

The leadership practices of head nurses are important for the efficient running of healthcare organizations. To promote organizational and career growth, it is necessary to assess head nurses' practices using 360-degree feedback, which provides a comprehensive evaluation from multiple perspectives and promotes self-awareness and reflection. This can improve patient care and organizational performance by identifying areas where leadership development is needed and providing targeted training opportunities *(Budworth & Chummar, 2022)*. The current study aims to evaluate head nurses' leadership practices using 360-degree feedback instead of typical performance appraisals, which are prone to bias and demotivating.

Aim of the study:

This study aimed to assess leadership practices of nursing leaders using 360-degree feedback.

Research questions:

1. What is the level of leadership practices of nursing leaders?
2. What are nursing leaders' leadership practices as reported by nursing leaders, supervisors, staff nurses, and patients?
3. Is there a difference between nursing leaders' "self-rated" and "others' rating" regarding nursing leaders' leadership practices?

Subject and Methods

I -Technical design:

The technical design for this study includes research design, setting, subject and tools for data collection.

Research design:

A descriptive cross-sectional research design was used in this study.

Setting:

The study was conducted at Fayoum University hospitals**.**

Study Subjects*:*

The subjects of this study included (supervisors, head nurses, staff nurses and patients) who agreed to participate in the above-mentioned setting during data collection period**.**

Sample techniques:

A convenient and a stratified disproportional random sample technique was used in this study.

Sample size:

The sample size included 250 participants and a convenience sample of 50 supervisors and 50 head nurses, and a stratified disproportional random sample of 100 staff nurses and 50 patients.

Data Collection Tool:

The data for this study were gathered using a single instrument known as the **Leadership Practices Inventory (LPI).** This tool is designed to assess the leadership practices of head nurses from multiple perspectives, including their self-assessment and others by supervisors, staff nurses, and patients. Originally developed by Kouzes and Posner in 2013, the LPI was later translated into Arabic and utilized by Hussein in 2021. The inventory is composed of three distinct sections:

Section One: This section collects personal and job characteristics information about the participants, such as the hospital and unit where they work, their age, gender, marital status, level of education, and years of experience.

Section Two: This part consists of a self-administered questionnaire completed by head nurses and other observers (including staff nurses and supervisors). It includes 30 questions divided evenly across five leadership dimensions: Model the Way, inspire a Shared Vision, Challenge the Process, Enable Others to Act, and Encourage the Heart, with six questions for each dimension.

Scoring system

Participants responded using a 5-point Likert scale, where 1 represented "strongly disagree," 2 "disagree," 3 "neutral," 4 "agree," and 5 "strongly agree." The assessment tool comprised 30 items, yielding a maximum total score of 150. Based on the participants' cumulative scores, their perception of leadership practice levels was categorized as follows: a low level if the total score was below 60% (less than 90 points), a moderate level if the score ranged from 60% up to but not including 75% (90 to < 113 points), and a high level if the score was 75% or above (113 points or higher) *(Mohamed, 2022).*

Section Three: This final section targets patients who respond to a simplified version of the questionnaire, which contains 18 questions. These questions focus on three dimensions that patients can assess effectively: Model the Way, inspire a Shared Vision, and Encourage the Heart. Each dimension includes six questions for each dimension.

Scoring system

Participant responses were assessed using a 5-point Likert scale, where 1 indicated "strongly disagree," 2 "disagree," 3 "neutral," 4 "agree," and 5 "strongly agree." The evaluation tool included 18 items, resulting in a maximum possible score of 90. Based on their total scores, participants were classified into three categories: a low level for scores below 60% (less than 54 points), a moderate level for scores ranging from 60% up to but not including 75% (54 to less than 68 points), and a high level for scores of 75% or higher (68 points or above) *(Mohamed, 2022).*

Validity and reliability:

Validity:

Validity for the preliminary form of the questionnaire was presented to a jury group for face and content validation. The jury group consisted of five experts in the field of nursing administration and psychiatric mental

health nursing department affiliated with Cairo, Ain Shams, and Assiut Universities (three assistant professors from the nursing administration department and two professors from the psychiatric mental health nursing department). The process involved their general or overall opinion about the tool of data collection. Tool was assessed for its clarity, comprehensiveness, simplicity, understanding, and applicability. According to the jury opinions, modifications such as rephrasing and adding or omission were performed by the researcher.

Reliability:

Tool of data collection were examined through assessing their internal consistency by Cronbach Alpha. It is represented in the following table:

Table (II): Alpha Cronbach for the used tools.

Leadership practice	(Self-rated)		(other-rated)					
	Head nurse leadership perception		supervisors leadership perception		staff nurses leadership perception		Patient leadership perception	
	No of items	Alpha Cronbach test	No of items	Alpha Cronbach test	No of items	Alpha Cronbach test	No of items	Alpha Cronbach test
Model the way	6	0.945	6	0.933	6	0.940	6	0.939
Inspire a shared vision	6	0.911	6	0.924	6	0.920	6	0.937
Challenge the process	6	0.899	6	0.876	6	0.888	-	-
Enable others to act	6	0.922	6	0.927	6	0.937	-	-
Encourage the heart	6	0.876	6	0.937	6	0.949	6	0.939
Total	**30**	**0.961**	**30**	**0.972**	**30**	**0.987**	**18**	**0.977**

II- Operational design

The operational design included preparatory phase, pilot study, and field work.

Preparatory phase:

This phase was conducted at the beginning of July 2023 to the end of July 2023, involved reviewing of past, current, national and international related literature and theoretical knowledge of various aspects of the study using books, articles, the internet, periodicals and journals.

Pilot study:

The pilot study was carried out after translation of the tool and before starting the actual data collection. The pilot study aimed to confirm the clarity and applicability of the tool and to estimate the time required to complete the questionnaire sheet. A pilot study was conducted on 25 of the study subjects from the 10th of August 2023 to the 15th of September 2023. Based on the pilot study, modifications were made, and the final version was prepared to be distributed to the study subjects. So, the pilot study participants were not included in the study sample.

Field work:

The actual field work took three months, from the beginning of October 2023 to the end of November 2023. The researcher met the managers of Fayoum University hospitals to explain the aim of the study to gain their approval and support for data collection in their facility. The researcher went to the selected hospitals (3 days / week) in both shifts (morning and evening). The researcher met the study subjects individually and explained the aim of the study and methods of data collection. The researcher was present all the time during the filling out of

the study tool to answer any questions. The time needed to complete tool ranged between 15 and 25 minutes. The researcher checked the completeness of each filled sheet to ensure that there was no missed data.

III- Administrative design:

To carry out the study, an official letter was issued from the dean of the faculty of nursing, Helwan University, explaining the aim of the study to the director of Fayoum University hospitals, either medical or nursing, for obtaining permission for data collection.

Ethical considerations:

Prior to studying conduction, the research approval was obtained from the scientific research ethics committee at the faculty of nursing at Helwan University. In addition, the study subject's approval was obtained from the director of Fayoum University Hospitals, either medical or nursing, before starting the study. The researcher read the anonymity and confidentiality of the study subjects' data and informed them about research purposes, and they were informed about the study aim and process, and they were allowed to choose to participate or not in the study, and they have the right to withdraw from the study at any time. Ethics, values, culture, and beliefs were respected. Oral consent was obtained from the study subjects before starting the study.

IV-Statistical design:

Data entry and analysis were performed using SPSS statistical package version 26. Categorical variables were expressed as number and percentage, while continuous variables were expressed as mean $\pm$ SD. Chi-Square (x^2) in one sample was used to compare differences between levels of leadership practices among the studied nursing leaders, staff, and patients. Chi-square (x^2) was used to test the association between row and column variables of qualitative data.

The ANOVA test was used to compare means in normally distributed quantitative variables in more than two groups. Pearson correlation was done to measure correlation between quantitative variables. The linear regression model is the most basic and commonly used predictive analysis. For all tests, a two-tailed p-value ≤ 0.05 was considered statistically significant, and a p-value ≤ 0.01 was considered highly statistically significant. While a p-value > 0.05 was considered not statistically significant

Results:

Table (1): Frequency distribution of personal and job characteristics among the studied nursing personnel (different raters) (n= 200)

Personal data		Self-rated		Other-rated			
		Head nurses (n= 50)		Supervisor (n= 50)		Subordinate staff nurses (n= 100)	
		F	%	F	%	F	%
Age (year)	▪ 20 < 30 Yrs.	33	66.0	0	0.0	100	100.0
	▪ 30 < 40 Yrs.	17	34.0	7	14.0	0	0.0
	▪ 40 < 50 Yrs.	0	0.0	43	86.0	0	0.0
	▪ Mean ± SD	29.32 ± 3.2		34.34 ± 3.5		24.4 ±2.3	
Marital status	▪ Married	33	66.0	34	68.0	59	59.0
	▪ Single	17	34.0	16	32.0	41	41.0
Level of education	▪ Technical	18	36.0	24	48.0	62	62.0

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	▪ Bachelor	30	60.0	25	50.0	38	38.0
	▪ Master	1	2.0	1	2.0	0	0.0
	▪ Doctorate	1	2.0	0	0.0	0	0.0
Job title	▪ Staff nurse	0	0.0	0	0.0	43	43.0
	▪ Charge nurse	0	0.0	0	0.0	57	57.0
	▪ Head nurse	50	100.0	0	0.0	0	0.0
	▪ Supervisor	0	0.0	50	100.0	0	0.0
Years of Experience in nursing	▪ 1 < 5 years.	20	40.0	0	0.0	19	19.0
	▪ 5 < 10 years.	22	44.0	8	16	81	81.0
	▪ 10 < 15 years.	6	12.0	27	54.0	0	0.0
	▪ ≥ 15 years.	2	4.0	15	30.0	0	0.0
	▪ **Mean ± SD**	8.08 ± 2.3		12.5 ± 3.5		5.1 ± 1.3	

Table 1 presents the personal and job characteristics of the head nurses as self-rated. It reveals that **66%** of the head nurses studied were between the ages of 20 and 30, with a mean age of 29.32 ± 3.2 years. In terms of marital status, **66%** of them were married. Regarding education, **60%** hold a bachelor's degree. Additionally, **44%** of the head nurses had between 5 and 10 years of experience in the nursing field, with a mean experience of 8.08 ± 2.3 years. In contrast, the supervisors showed that **86%** were between the ages of 40 and 50, with a mean age of 34.34 ± 3.5 years. Among the supervisors, **68%** were married, and 50% held a bachelor's degree. Furthermore, **54%** had between 10 and 15 years of nursing experience, with a mean of 12.5 ± 3.5 years. Regarding staff nurses, the majority were in the age range of 20 to 30. Approximately **59%** were married, and **62%** held a technical nursing certificate. Notably, **81%** of these staff nurses had between 5 and 10 years of experience in the nursing field, with a mean experience of 5.1 ± 1.3 years.
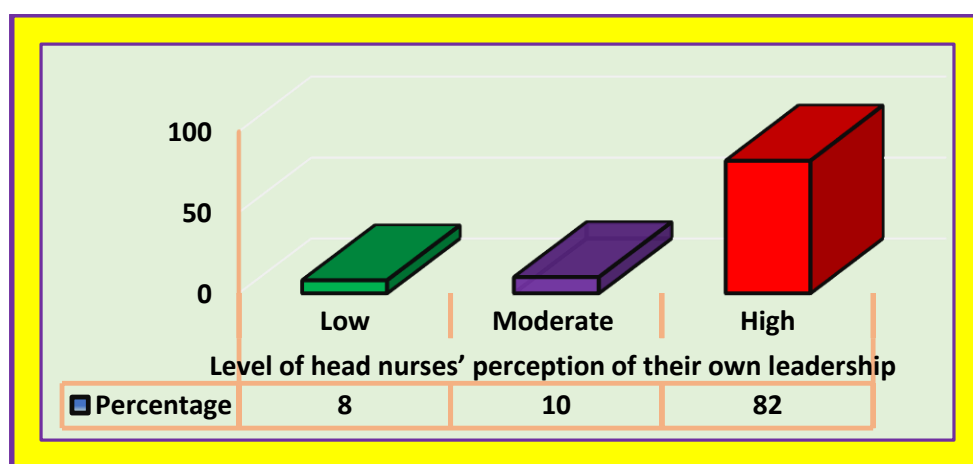
$\chi^{2}=53.3$, P= 0.000*

Figure (1): Perception of head nurses regarding their leadership practices (self-rated, n= 50)

Fig 1 indicates that 82% of the head nurses surveyed perceive their leadership practices to be high, while 8% view it as low, with a highly statistically significant difference (P value =< 0.000)
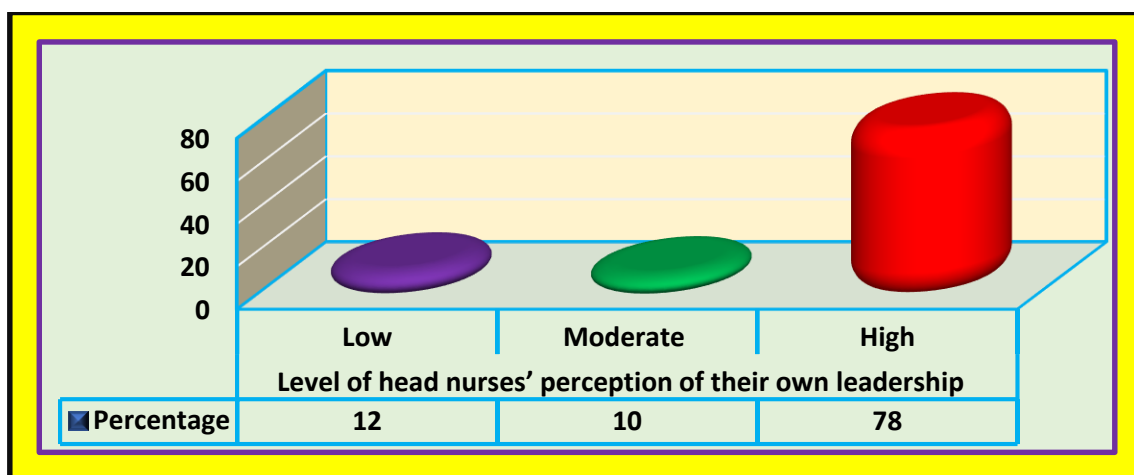
χ2=44.9, P= 0.000**

Figure (2): Percentage distribution of level of supervisors' perception regarding their subordinate head nurses' leadership practices (other-rated) (n = 50)

Fig 2 illustrates that (78%) of the studied supervisors have high levels of perception of their subordinate head nurses' leadership practices, while a minority (10%) of them has a moderate level. In addition to the presence of a highly statistically significant difference between the level of supervisors' perception of their subordinate head nurses' leadership.
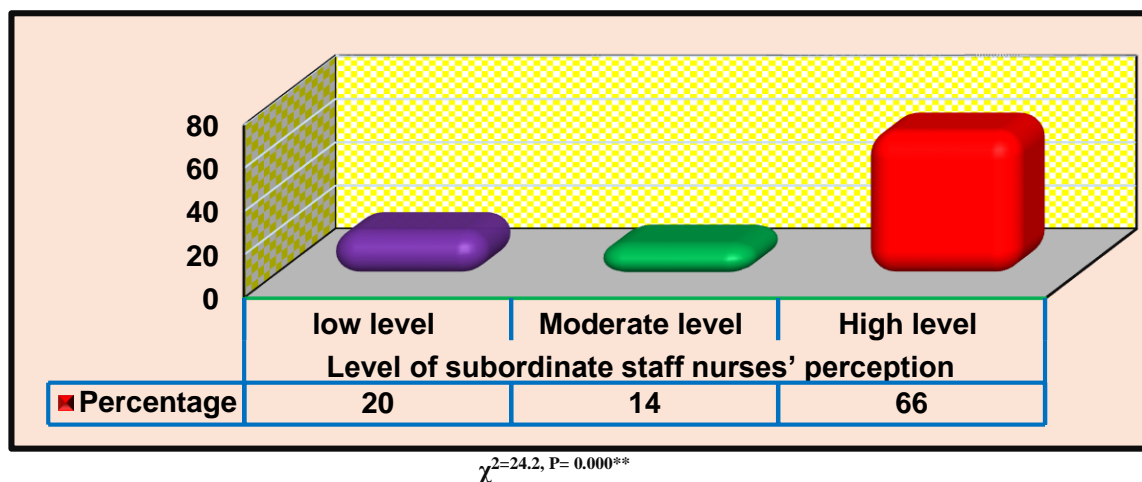

χ^2=24.2, P= 0.000**

Figure (3): Perception of staff nurses regarding their head nurses' leadership practices (other-rated) (n = 100)
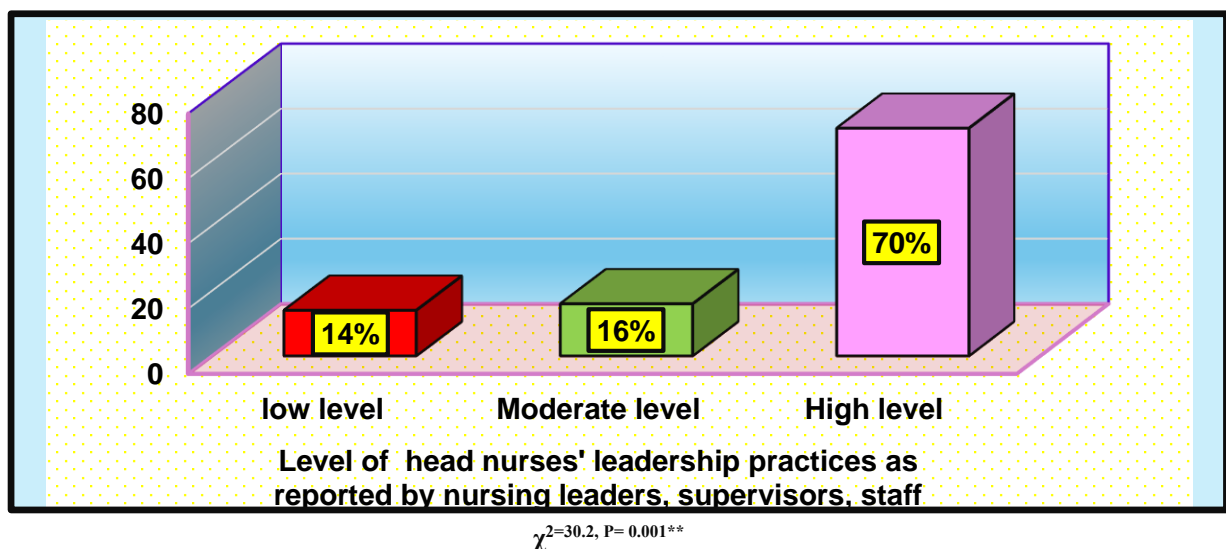
Fig 3 illustrates the distribution of subordinate staff nurses' perceptions regarding their head nurses' leadership practices. The data indicates that two thirds of the studied subordinate staff nurses (66%) hold a high level of perception of their head nurses' leadership effectiveness, while a smaller proportion (14%) report a moderate level of perception. Furthermore, the analysis reveals a highly statistically significant difference between the levels of subordinate nurses' perceptions of their head nurses' leadership (p = ≤ 0.000).

$X^{2=14.4},\ P=\ 0.001**$
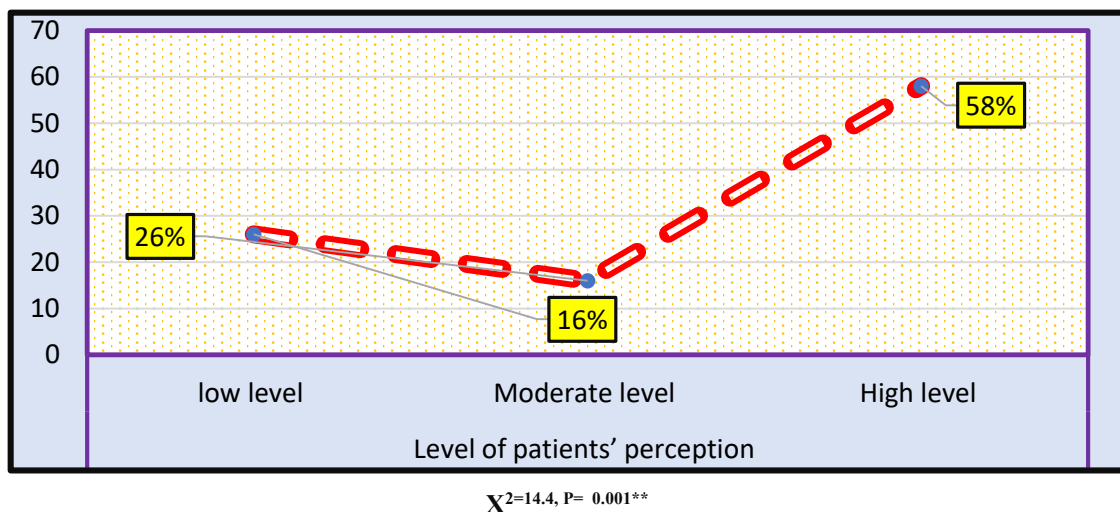
Figure (4): Perception of patients regarding head nurses' leadership practices (other-rated) (n= 50)

Fig 4 illustrates the distribution of patients' perceptions regarding head nurses' leadership practices. The data shows that 58% of the studied patients have a high level of perception of their head nurses' leadership practices; while a smaller proportion (16%) report a moderate level of perception. Moreover, the analysis indicates a highly statistically significant difference between the levels of patients' perceptions of head nurses' leadership practices (p = 0.001).

$\chi^{2=30.2},\ P=\ 0.001**$

Figure (5): Percentage distribution of level of head nurses' leadership practices as reported by head nurses, supervisors, staff nurses, and patients (n = 250)

Fig 5 illustrates the distribution of head nurses' self-perceptions regarding their leadership practices. The data reveal that 70% of the head nurses studied report a high level of perception of their leadership effectiveness, while a minority of 14% indicates a low level of perception. This assessment is corroborated by ratings from nursing leaders, supervisors, staff nurses, and patients. Furthermore, the analysis shows a highly statistically significant difference between the levels of head nurses' perceptions of their leadership practices (p = 0.000).

Table (2): Statistical comparison between of head nurse (self-rated), supervisors, staff nurses and patient (others-rated) regarding head nurse leadership perception (n= 250).

Dimensions of leadership:	(Self-rated)	(Others-rated)			F Test	P-value
	Head nurses' perception of their own leadership	Supervisors' perception of their subordinate head nurses' leadership	Subordinate staff nurses' perception of their head nurses' leadership	Patients' perception of head nurses' leadership		
	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$		
▪ Model the way	27.66 ± **4.2**	25.78 ± **4.8**	23.58 ± **6.2**	21.78 ± **5.9**	11.1	0.000**
▪ Inspire a shared vision	25.66 ± **5.5**	24.82 ± **6.0**	23.56 ± **6.3**	21.50 ± **6.2**	4.3	0.005**
▪ Challenge the process	26.08 ± **5.3**	25.24 ± **5.5**	23.46 ± **6.4**	-------	3.6	0.02*
▪ Enable others to act	26.90 ± **4.6**	25.34 ± **5.0**	24.04 ± **5.8**	-------	4.8	0.009**
▪ Encourage the heart	26.88 ± **4.6**	25.90 ± **5.6**	27.70 ± **6.0**	22.78 ± **5.9**	4.8	0.003**
Total $\bar{x} \pm SD$ (total score= 150)	**132.38 ± 24.4**	**127.08 ± 26.6**	**119.34 ± 30.2**	**66.06 ± 17.9**	**5.9**	**0.001****
Total Weight Mean (total score= 5)	**4.40 ± 0.81**	**4.23 ± 0.88**	**3.97 ± 1.0**	**3.67 ± 0.99**		
Weight %	**88.0**	**84.6**	**79.4**	**73.4**		
Rank	1st	2nd	3rd	4th		

Table (3): represents that there was a highly statistically significant difference between head nurse (self-rated), supervisors, staff nurses and patients (others-rated) regarding head nurse leadership perception, at P = 0.000. Additionally, Head nurses' perception of their own leadership gained the highest mean percentage **(88%)** and ranked as the first raters of head nurse leadership perception. While Patients' perception of head nurses' leadership gained the lowest mean percentage **(73.4%)** and ranked as the last raters of head nurse leadership perception.

Discussion:

Nurses' leaders play a key role in the organization's performance and effectiveness, both in terms of teamwork, task organization, problem solving, conflict resolution, and decision making. Therefore, it is important for the leader to be able to lead with integrity means, observe, defend one's ideas and interests in an unwavering manner without ambivalence and speaking up confidently with assertive behavior, to know how to listen and to give and

receive feedback so that the necessary changes are made as well as guide, motivate and inspire a group of organization towards the achievement of common goals contributing to a better work environment and consequently, bringing best results *(Abo-Elenein & Abdel-Mongy (2021).*

Considering head nurses' personal data (self-rated), the study result showed that more than two-thirds of the ages of the head nurses studied were between 20 and 30 years old, which indicated that the studied head nurses were mature enough and tolerated the work responsibility. Regarding marital status, more than three-fifths of them were married. Considering level of education, three-fifths of the studied head nurses hold a Bachelor of Nursing certificate, while a minority of them hold a postgraduate certificate. Moreover, all of them were head nurses. Finally, more than two-fifths of them had experience in the nursing field, ranging from 5 to 10 years, with a total mean of 8.08 ± 2.3. is explained by the fact that the age of the nurses studied was consistent with their years of experience. Additionally, the study result illustrated that more than three-fifths of the studied head nurses, supervisors and staff nurses were female. From the researcher point of view, this reflects the ratio of male and female enrollment in nursing colleges at most Egyptian universities and emphasizes the feminine nature of the nursing profession.

On the same direction, the study findings were in agreement with *Ali et al., (2024)* revealed that more than half of the studied head nurses had less than 10 years of experience and most of the head nurses were females and married. Similarly, the study result was in the same line with the study results published at Zagazig Nursing Journal and conducted by *Abd El Muksoud et al., (2022)* which studied "Leadership behaviors and innovative work behaviors among nurses" stated that the mean age of the studied nurses was 30.8±6. As well, most of them were female and married.

On the other side, this finding was discordant with *Younes et al., (2020)*, who conducted an assessment of leadership knowledge and practice among nurse managers at Aswan University Hospital. who summarized that showed that nearly half of nurse supervisors were more than forty years old with a mean age of 38.68 ± 7.85, and less than half of nurse supervisors had a high Secondary Technical School of nursing. Additionally, the study finding was incompatible with a cross-sectional survey result conducted by *Alsadaan, et al., (2023)* which indicated that male nurse managers' percentages were higher than those of male nurses. The variance in the result may be due to that males usually prefer to work in administrative roles, especially in a conservative country like Saudi Arabia.

Regarding the studied subordinate staff nurse's personal data (other-rated), the study result showed all (100%) of the ages of the studied head nurses ranged from 20 to 30 years old, with a mean age of 24.4 ±2.3. Regarding marital status, about three-fifths of them were married. Considering the level of education, more than three-fifths of the studied subordinate staff nurses hold a technical nursing certificate, while a minority of them hold a bachelor's certificate. Moreover, more than half of them were charge nurses. Finally, more than four-fifths of them had experience in the nursing field, ranging from 5 to 10 years.

On the same line, this data, supported by *Hussein et al. (2021),* indicated that slightly two-thirds of staff nurses were less than 30 years old, more than half of staff nurses were females, and more than two-thirds of them were

married and had less than 10 years of experience. This data aligns with the findings of *Hebashy (2021),* which revealed that more than half of the staff nurses were under 30 years old, predominantly female, and held associate degrees in nursing.

The current study results show that more than four-fifths of the head nurses surveyed have a high perception of their leadership practices across the dimensions of modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart. In contrast, a minority of them reported a low level of these practices. From the investigator's perspective, this may be due to a lack of knowledge about effective leadership practices among head nurses. Additionally, head nurses often do not receive sufficient feedback regarding their leadership behaviors, including both their strengths and areas for improvement.

This result aligns with several studies conducted internationally. For instance, *Alharbi & Almansour (2025)* examined leadership behaviors and practices among nurse managers in Riyadh's Second Health Cluster in Saudi Arabia, reporting higher self-reported leadership practice scores across all domains. Similarly, *Adepoju (2023)* investigated followership and preferred leadership behaviors among nursing leaders in the U.S., revealing that head nurses rated their own leadership practices highly.

On the other hand, this finding contrasts with the study by *Alshamlani et al. (2024),* which assessed "predictors of leadership competencies among nurse executives in the Kingdom of Saudi Arabia." Their study reported that nurse executives exhibited low levels of leadership competencies, highlighting the need for targeted improvement actions. Similarly, the results differ from those of *Younes et al. (2020).* This study found that head nurses rated themselves low in all five leadership practices: modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart.

The study results indicated that more than three-quarters of the supervisors surveyed held a high perception of their subordinate head nurses' leadership, while a minority rated it at a moderate level. From the investigator's perspective, these supervisors actively strive to empower their head nurses to assume a leadership role, which significantly enhances work engagement and positively influences job satisfaction, productivity, and overall organizational performance.

This finding aligns with *Cao, et al. (2022)* study, titled "Antecedents of Empowering Leadership: The Roles of Subordinate Performance and Supervisor–Subordinate Guanxi," which highlighted that supervisors' trust in their subordinates' acts as a crucial mediating mechanism fostering empowering leadership. Trust builds the foundation for supervisors to effectively delegate and support their leaders, thereby improving team dynamics and organizational effectiveness.

On the contrary, this data was incompatible with a study conducted in Egypt by *Emam et al. (2024)* who studied "leaders' development program by 360-degree feedback: reflection on head nurses' leadership practices" indicated that the majority of the studied supervisors have a low perception of their subordinate head nurses' leadership pre-program, which significantly improves post-program.

The study results demonstrated that more than three-fifths of the subordinate staff nurses have a high perception of their head nurses' leadership, with a minority reporting a moderate level. From the investigator's

perspective, this positive perception may be attributed to the enhanced competency and educational preparation of the head nurses. Additionally, head nurses show genuine concern for their staff and advocate for incentives to acknowledge their contributions.

These findings are supported by a study conducted by *Khalid et al. (2021)* in Pakistan, which explored transformational and transactional leadership behaviors among staff nurses in a private hospital. That study found that staff nurses view their head nurses and supervisors as role models who exhibit exceptional competence, perform their duties diligently, cultivate a shared sense of mission, and inspire pride in collaborative work. This consistency highlights the critical role of effective leadership in enhancing motivation and commitment within nursing teams.

The finding is inconsistent with the present study finding of *Mohamed et al. (2022),* which revealed that supervisors perceived their head nurses' leadership practices to be low. This finding may be due to the fact that head nurses might focus on finishing main departmental managerial tasks and duties rather than practicing various elements of leadership.

The present study illustrated that more than half of the patients studied have a high perception of head nurses' leadership, while a minority of them have a moderate level. As well, the study findings were in the same line with the study published in the Journal of Advanced Nursing done by *Parr et al., (2021)* who addressed a quest for quality care: Exploration of a model of leadership relationships, work engagement, and patient outcomes and revealed that patients were satisfied with organizational leadership practice.

These present study findings are inconsistent with a study conducted in Iran by *Bahadori et al. (2018),* who studied the relationship between nursing leadership and patient satisfaction. Asserted that, low head nurses' transformational leadership practices as perceived by patients.

The study result concluded that more than three-fifths of the studied head nurses have a high level of leadership practices, while a minority of them have a low level. From the researcher point of view, this finding may be related to the fact that head nurses are highly educated and have adequate experience which enables the head nurse to confront work challenges like duty schedule, nursing shortages, and patient workload. Additionally, this result could be related to the fact that head nurses are able to model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart. Moreover, this result may be due to those head nurses who can evoke staff nurses' curiosity effectively and can fulfill the activities of their controlling and leading role.

The study result was in the same line with the study conducted by *Mahdi and Faraj (2022)* who evaluated the leadership competencies among nurse managers in Iraq, found that the highest proportion of studied nurse managers had good levels of leadership competencies. Additionally, *Abdel Azem & Hassan (2021)* who discussed head nurses' leadership effectiveness, communication skills and mindfulness: It's' relation to staff Nurses' innovative work behavior, found that nearly three-fifths of the studied head nurses had high perception levels toward leadership effectiveness.

On other hand, the study findings were discordant with the study result conducted at Benha University Hospital by *Helmy et al., (2023)* which assessed the effect of training program about lean strategies for head

nurses on their leadership effectiveness. The study summarized that there was a highly statistically significant decrease in leadership effectiveness pre-application of program implementation.

The study identified a statistically significant difference in leadership perceptions between head nurses and supervisors, staff nurses, and patients. Head nurses rated their own leadership highest, while patients rated it lowest. Researchers suggest head nurses may overestimate their abilities due to limited feedback and self-enhancement bias, leading to higher self-ratings compared to staff members' perceptions.

The data was supported by *Sadati et al. (2020),* who evaluated staff performance in the CSSD unit using the 360-degree evaluation method. Their findings indicated that the scores from internal evaluators, such as unit supervisors and infection control nurses, were largely consistent with each other. Additionally, self-assessment scores were significantly higher compared to those from external evaluators.

On the other hand, this result was contradicted by *Albagawi et al. (2017),* who discussed nurses' perceptions of nurse manager leadership and showed that there is no significant difference in the perceived leadership style of the nurse managers and the perception of the staff nurses on the nurse managers' leadership style.

Conclusion:

The study findings concluded that most of the head nurses, supervisors, staff nurses, and patients surveyed have a high level of perception regarding head nurses' leadership practices. Consequently, there is a highly statistically significant difference between head nurses' self-rated perceptions and the perceptions of supervisors, staff nurses, and patients regarding head nurse leadership practices.

Recommendations

Based on the current study findings the following recommendation as the following: -

1- Implement continuous training for nurse leaders focusing on leadership practices to ensure active participation within the health care organization.
2- Conduct educational training to increase nursing staff awareness about 360-degree feedback
3- Assess the effect of using 360-degree feedback in future research on work engagement, retention and motivation.

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