The Degree of Leadership Competencies Availability Among Graduates of Jordanian Nursing Colleges and its relation to Their Readiness for Practice from Clinical Nursing Leader's Perspective

درجة توافر الكفايات القيادية لدى خريجي كليات التمريض الأردنية وعلاقتها بجاهزيتهم للعمل من وجهة نظر قادة التمريض في المستشفيات

Prepared By

Sami Salem Ahmad Al-Yatim

Supervised by

Layla. M. H. Aboalola

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Department of Administration and Curriculum

Faculty of Educational Sciences

Middle East University

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Authorization

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Name
Sami Salem Ahmad Al-Yatim
Date: 28th Jan 2022

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This thesis "The Degree of Leadership Competencies Availability Among Graduates of Jordanian Nursing

Colleges and its relation to Their Readiness for Practice from Clinical Nursing Leader's Perspective "was

successfully defended and approved in Jan 2022 ^{23}

Examination Committee Signature

1	Dr. Layla Aboalola	Middle East University	Supervisor	Signature:
2	Dr. Ahamd tabieh	Middle East University	Internal Examiner and Chairman	Signature:
3	Dr. Kawla Hussein Alewah	Middle East University	Internal Examiner	Signature: Kawla Alewah
4	Prof. Ayman Ahmad Al Omari	The Hashemite University	External Examiner	Signature:
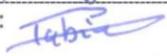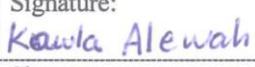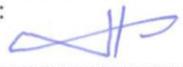
Declaration

I hereby declare that this thesis represents my own work which has been doneafter registration for the degree of Academic Administration and Leadership at The Middle East University, and has not been previously included in a thesis or dissertationsubmitted to this or any other institution for a degree, diploma or other qualifications.

This thesis is a presentation of my original research work. Wherever contributions of others are involved, every effort is made to indicate this clearly, withdue reference to the literature, and acknowledgement of collaborative research and discussions. The work was done under the guidance and supervision of Layla.M.H. Aboalola

Sami Salim Ahmad AL Yatim

Date: 28t Jan 2022

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First and last AlHamdulellh for giving me the health and courage to achieve this…

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Thank you very much

Dedication

To my Mother,

To my Wife Eman...

To my Daughters Shorouq & Jana...

To my Sons Basel & Abdulrahman...

I dedicate this thesis

Sami Al-Yatim

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The Degree of Leadership Competencies Availability Among Graduates of Jordanian Nursing Colleges and its relation to Their Readiness for Practice from Clinical Nursing Leader's Perspective

Prepared by: Sami Salem Ahmad Al-Yatim

Supervised by: Dr. Layla.M.H. Aboalola

Abstract

The sensitivity and complexity of healthcare sector mandate having competent leaders within nursing graduates. They are expected to hit the ground and be ready to lead their way when joining their first workplace. Although, some literatures have highlighted some shared competencies between leadership and graduated nursing students' readiness for practice indirectly, none of them studied the direct correlation among them. This study used a quantitative correlational method. The purpose was to investigate the degree of leadership competencies availability among nursing graduates of Jordanian nursing colleges and the degree of their readiness for practice from clinical nursing leaders' (CNL) perspective, and to check for any correlation among both variables afterword. The researcher developed a 40 items leadership competency questionnaire for this study that included three dimensions: "Effective communication", "Interpersonal and team collaboration", and "Decision-making and problem-solving", while international 22 items Casey- Fink survey was used to explore new graduates' readiness for practice. The study sample consisted of 268 CNLs and data was analyzed through SPSS by calculating means, and Standard deviation for descriptive question, while Pearson correlation coefficient was calculated to check for the relationship between graduates' leadership competencies availability and their readiness to practice. The overall results showed a moderate availability of leadership competencies, associated with moderate degree of readiness to practice among nursing graduates from CNLs perspectives. Pearson coefficient correlation value showed a strong positive relationship among new graduates' leadership competencies availability and their readiness for practice, which explain how consistent they are going along with each other's. It was highly recommended to incorporate nursing leadership within teaching curriculum over different academic years in an incremental leadership learning goals from fundamental, then to moderate and advance levels. More connections for students with the nursing professional body outside the university may start at early academic stages, connecting them with national nursing councils, Committees, and health organizations to improve their leadership competence and make them ready for workplace when graduating.

Keywords: Nursing, Leadership competencies, Readiness for practice, clinical nursing leaders, new graduates, Jordan

درجة توافر الكفايات القيادية لدى خريجي كليات التمريض الأردنية
و علاقتها بجاهزيتهم للعمل من وجهة نظر
قادة التمريض في المستشفيات

أعداد: سامي سالم أحمد اليتيم

أشراف: د ليلى ابو العلا

الملخص

تتطلب حساسية و تعقيد قطاع الرعاية الصحية وجود خريجي تمريض يتوافر لديهم الكفايات القيادية اللازمة لشق طريقهم ورفع جاهزيتهم عند الانضمام إلى سوق العمل بعد التخرج. على الرغم من أن بعض الآبيات و الدراسات قد سلطت الضوء بشكل غير مباشرعلى بعض الكفايات المشتركة بين القيادة وجاهزية طلاب التمريض الخريجين للممارسة العملية ، الا انها لم تدرس الارتباط المباشر بينهما. استخدمت هذه الدراسة البحث الكمي الأرتباطي لاستقصاء العلاقة بين درجة توافر الكفايات القيادية لدى خريجي كليات التمريض الأردنية ودرجة جاهزيتهم للممارسة العملية من منظور قادة التمريض في المستشفيات. تم تطوير استبانة من اربعين بندا لأستقصاء درجة توافر الكفايات القيادية من قبل الباحث خصيصا لهذه الدراسة وتضمنت ثلاثة أبعاد هي "الاتصال الفعال" ، "التعاون بين الأفراد والفريق" ، و "صنع القرار وحل المشكلات" ، بينما تم استخدام استبانة"كيسي فينك " العالمية المكونة من 22 بند لأستقصاء درجة جاهزية الخريجين الجدد للممارسة العملية .   تكونت عينة الدراسة من 268 مشارك من قادة التمريض في المستشفيات الذين يشرفون على تدريب و استقبال الخريجين الجدد عند التوظيف وتم تحليل البيانات المتجمعة من خلال رنامج التحليل الأحصائي SPSS عن طريق حساب المتوسطات الحسابية والانحرافات المعيارية للأسئلة الوصفية ، بينما تم حساب معاملات ارتباط بيرسون للتحقق من العلاقة الأرتباطية بين درجة توافر الكفايات القيادية لدى الخريجين و درجة جاهزيتهم للممارسة العملية في المستشفيات .أظهرت النتائج الإجمالية توافرًا متوسطا للكفايات القيادية ودرجة متوسطة من الجاهزية للممارسة العملية لدى خريجي كليات التمريض ، في حين أظهرت قيمة ارتباط معامل بيرسون علاقة إيجابية قوية بين درجة توافر الكفايات القيادية لدى الخريجين الجدد و درجة جاهزيتهم للممارسة العملية .توصى هذه الدراسة بدمج الكفايات القيادية التمريضية في مناهج التدريس الأكاديمي الجامعي على شكل أهداف تعليمية متدرجة من المستوى الأساسي ثم المتوسط و المتقدم. كما توصي بربط الطلبة خلال المرحلة الأكاديمية بالهيئات و المؤسسات الصحية المحلية ذات العلاقة بمهنة التمريض لتحسين كفاءتهم القيادية وجعلهم جاهزين للعمل عند التخرج.

الكلمات الدالة: الكفايات القيادية، الخريجين الجدد، التمريض، الجاهزية للعمل، قادة التمريض، الأردن

CHAPTER ONE

Research background and problem

Introduction

It needs a high degree of leadership from nurses to pull the healthcare team together and lead them toward achieving the stipulated patient care objectives, this competence is critical for nursing graduates also. Nursing education leaders may need to revise undergraduate teaching curriculum and focus on empowering leadership competence in nursing graduates who need to be ready to join their professional career.

Abdul Latif (2020) has claimed that the undergraduate nursing program is considered the building block of nursing education and shall prepare the nursing graduates with sufficient competence for first entry into nursing practice. This should raise a question whether nursing graduates are getting enough education and clinical experiences during their studying courses at the colleges of nursing before they enter the workplace in Jordan.

Similarly, many questions are raised on the nursing graduate's readiness for practice. Sharma, Kalal, Rani (2021) have explained that new graduates face challenges that obstruct their clinical practice readiness and make them often unprepared to work in the complex field of clinical practice, inadequate communication, leadership, and management skills have been reported as common barriers for professional practice by new graduating nurses.

Measuring the availability degree of nursing graduates' leadership competencies is crucial as they start their professional roles in caring for patients. Up to the researcher knowledge, this has never been explored for nursing graduates in Jordan. Similarly, none of the available literature has investigated the relation between leadership competencies of nursing graduates and their readiness to practice. Additionally, this study will shed the light on the importance of

preparing competent nursing graduates to lead and influence patient care outcomes in complex healthcare systems, this was recommended by worldwide nursing organizations like American Association of Critical Care Nurses, Institute of Medicine (U.S.), and National League for Nursing (Pedersen, 2020).

Problem Statement

During the transition from student to a practicing nurse, newly graduating nurses found to be overwhelmed with caring for a group of patients, this is in addition to be effectively engaged in multiple leadership skills, (Hunter & Cook, 2018). Certainly, lack of leadership competence for nursing graduates was reported (Pedersen, 2020, Duchscher, 2018, Gotlib et al., 2018).

Furthermore, literatures have reported that nursing graduates face challenges with clinical practice readiness, this problem is still underappreciated (Sharma et al, 2021) although it can be improved by students' undergraduate education and clinical training, which are significant to support new nursing graduate's readiness to practice in real-life settings (AlMekkawi & El Khalil, 2020).

Through the researcher's experience in Nursing Professional Development Units (NPDU) in a specialized hospital in Jordan, and having an extensive experience in nursing graduates training and professional development, following are some of the challenges that have been experienced and may reflect the research problem:

- High level of turnover with new nurses, this is due to their inability to cope and manage the transitional period between undergraduate nursing college phase and real practice in healthcare setting after graduation.
- Potential impacts and harms on patient care from new nurse during the transitional period.

Additionally, the study may shed a light on one unique area that may help and play a pivot role in professional nursing practice, which is leadership competency that may help in managing transitional period requirements and patient care aspects.

Study Purpose and Questions

This study aims at investigating the relationship between the degree of leadership competencies availability in nursing graduates of Jordanian nursing colleges and their readiness for practice from clinical nursing leaders' (CNL) perspective in Jordan. This was be achieved through answering the following research questions:

1. What is the availability degree of leadership competencies among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective?
2. What is the degree of readiness to practice among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective?
3. What is the relation between the availability degree of leadership competencies among graduates of Jordanian nursing colleges and their degree of readiness to practice from clinical nursing leaders' perspective?

Significance of the Study

This study may enrich and add more knowledge about nursing graduate's leadership competencies and their readiness to practice in Jordan. It may also help nursing academic teaching institutions in reviewing their nursing leadership courses curriculum toward improving nursing graduates' leadership competence and readiness to practice.

Also, as this study may shed some light on the effectiveness of Jordanian nursing college's educational programs in this regard, this study may encourage the college's administration to

incorporate practical programs and experiences to empower student leadership competencies, they may pay more attention and preparations on how to bridge the theory-practice gap to facilitate the transition of nursing graduates to the workplace and make them ready for practice. Moreover, and most importantly, patients may benefit by receiving optimal care from nursing graduates.

Study Limitations and Delimitations

Study Limitations

This study is evaluating nursing graduate's leadership competencies availability and their degree of readiness for practice, this was done by Clinical Nursing Leaders who mentor students during their start of their professional careers in Jordanian hospitals. The study was conducted in the first semester in academic year 2021/2022.

Study Delimitation

Being questionnaire based, the results of the study may be affected by the seriousness of the recipients in terms of responding to all the questions seriously and accurately, as well as the validity and reliability of the instrument. Another factor that might affect the results is the level of the responders' awareness about the definition of leadership competencies for nursing graduates.

Definitions of Key Terms

Leadership Competencies:

Theoretical definition: The ability to lead change, lead people, and building coalitions , communication , collaboration, role modelling behaviors, by creating a sense of community as a result of mentoring, resolving conflicts effectively (Abdul Latif, 2020)

Operational Definitions: leadership competencies was measured through the perspectives of CNLs by a survey that was developed by the researcher for this purpose and covers three domains including effective communication, "interpersonal and team collaboration", and "decision making and problem solving".

Readiness to practice:

Theoretical definition: "showing competence and possessing the knowledge, skills and clinical judgment required for role performance". (Casey et al., 2011, page 1)

Operational Definitions: Readiness to practice was measured through the perspectives of CNLs by the Casey-Fink graduating Nurse Experience Survey, to cover clinical expertise, effective communication, collaboration, coordination, and interpersonal understanding.

Nursing graduates:

Operational Definitions Nursing students directly after graduation from nursing college and join their first workplace.

Clinical Nurse Leader (CNL)

Operational Definitions: senior nursing staff members in Jordanian hospitals that participate in supervising and preparing new graduating nurses in their first employment and may include unit nurse managers, clinical educators, and charge nurses.

CHAPTER TWO

Theoretical Framework and Review of the Literature

Theoretical Framework

Many theories may help in understanding how new nursing graduates acquire leadership competencies and readiness to practice through transitional periods from academic student stage, graduating nurse, then a practicing nurse, following are three selected theories:

- New nursing graduate professional role transition theory by Judy Boychuk Duchscher

- Transformative Leadership Theory

- Nursing Clinical Competence (from Novice to expert) Theory for Patricia Benner

New nursing graduate professional role transition theory by Judy Boychuk Duchscher (Duchscher, 2018)

This theory explains new graduate nurses' leadership competency progress over the first 14 months through three phases. Phases one and two are linked to graduating nursing students. In Phase one, they self-doubt in relation to leadership, this describes graduating nursing student's feelings of uncertainty about the nature, expectations, and supports related to the role. In phase two, they start preparing for leadership, while in phase three they start to be confident and independent in their leadership, this was supported by Pedersen (2020) also, and this may be enhanced by undergraduate preparations. This theory gives us a better understanding of the phases that nursing graduates should be made ready for within the transitional period, as well as the characteristics of leadership competencies in both undergraduate student phase and graduate new nurse phase.

Transformative Leadership Theory: This is a well-known theory and indicates that transforming people may happen by the leaders or organizations through introducing a change in them (Crowder et al, 2021).

Integrating this theory with the previous role transition theory may provide the opportunity to transform new nursing graduates, by developing their clinical leadership competencies and readiness to practice through role transition stages over the academic studying period then when practicing in workplace. This theory will help in understanding the nature and process of developing graduate nursing leaders who will be able to manage and lead healthcare team members.

Crowder et al (2021) explained that academic colleges should utilize transformative leadership in connecting undergraduates with communities of practice by establishing social and professional networks on and off campus and connecting them with members of the profession through direct meetings on the university campus and via web conferencing platforms with external events. Afterward, transforming new graduates continue when joining workplace to enhance their leadership competence.

Nursing Clinical Competence (from novice to expert) Nursing Theory, for Patricia Benner (Benner, 1982)

This theory indicates that new graduated nurses develop competencies over time, this includes leadership competency as well through the following stages:

- **Stage 1 Novice:** This would be a nursing undergraduate student and has a very limited knowledge and skills in nursing care and leadership competence consequently. One notable challenge is that novice nurses are expected to assume responsibilities and duties as experienced nurses when joining work for the first time (Serafin et al, 2021). At this stage transformative leadership strategies shall be utilized to enhance leadership competence as indicated in our previous theory (Crowder et al, 2021).

- **Stage 2 Advanced Beginner:** Those are the new graduate nurses in their first jobs; They have the knowledge and the know-how but not enough in-depth experience. Enhancing leadership competence in stage one will be reflected on this stage, a well-prepared graduates will be able to manage this stage more efficiently.

- **Other stages** include competent stage, proficient stage, and expert stage nurse, whereas new graduates develop their leadership competency gradually over years. However, nurses need to have professional development programs hand in hand with a transformative manager to transform their competence over these stages.

These theories describe stages that new graduate nurses go through to develop their leadership competency and readiness to practice consequently and explain the importance of planned professional development programs to prepare and transform them to nursing leaders. This may help us also to understand transitional stages they are experiencing and their requirements in each stage. However, fostering their leadership competency on an early stage may enhance their readiness to work.

Conceptual Framework: Leadership Competency Development Model
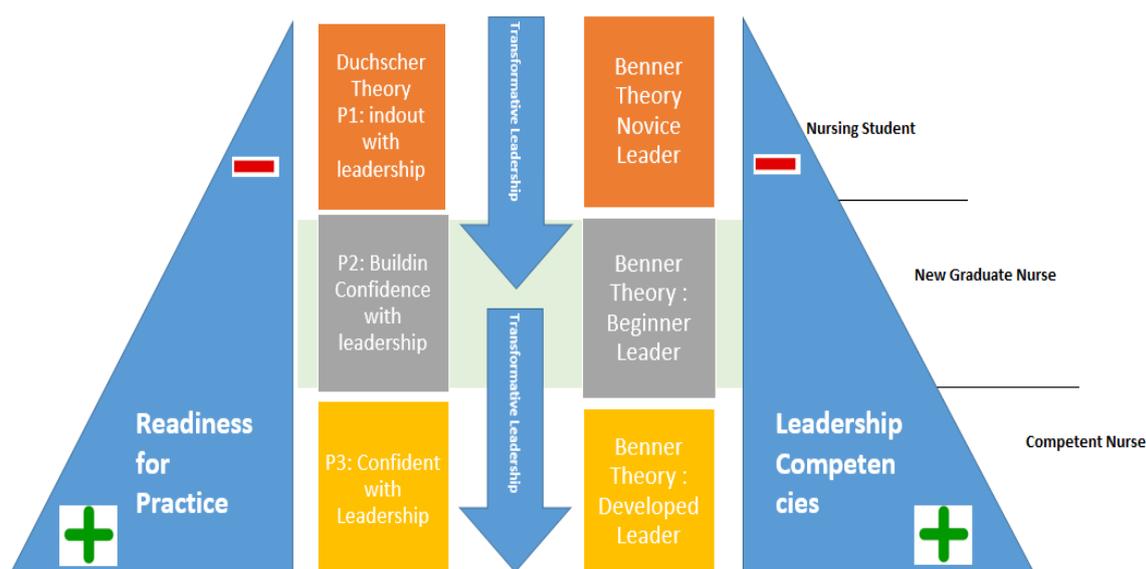
Figure (2.1): Leadership Competency Development Model

Literature Review

Leadership Competency versus Nursing graduates

Labrague et al (2020) explained that the move from student nurse to graduate nurse can be difficult and can lead to transition shock, this adversely affect patient care caused by lack of preparedness of graduate nurses to enter the workforce. Areas of concern have included communication, leadership, time management and prioritization, clinical decision-making, dealing with emergency situations and stress management (Davies et al, 2021) and as we can see that majority of the above areas of concerns may be aligned with leadership competencies.

Hunter & Cook (2018) found that during the transition from student to nurse, nursing graduates found to be overwhelmed with expectations and responsibilities of caring for a group of patients and potentially other nurses, this is in addition to be effectively engaged in multiple leadership skills, often within weeks of beginning their careers. However, it has been well documented by Duchscher (2018) that they lack confidence and practical experience to do this.

Consequently, Symenuk & Godberson, (2018) stated that leadership competencies were recommended to be re-enforced with nursing graduates at the beginning of undergrads level and be incorporated within formalized academic curriculum.

Recently, Pederson (2020) study has disclosed that all nursing graduates except one male participant identified self-doubt about their role in relation to leadership. They described feeling nervous and lack of confidence when making difficult decisions as the leader of their nursing team. The overall lack of preparation for leadership was reported, participants felt under-prepared for leadership and this was supported by Wolters Kluwer (2020) as mentioned before.

Serafin et al (2021) explore Polish graduated nurses' readiness to practice in an intensive care unit (ICU), the study results showed that most responders replied that they were not prepared to work in an ICU after graduation. The successful transition from education to professional practice of novice nurses hired for intensive care which can be an unfamiliar and demanding environment must be supported.

A lack of preparedness of graduate nurses for clinical work has led nurse educators to explore innovative teaching strategies, extended immersive ward-based simulation programs and learning satisfaction was high among undergraduate nursing students and was associated with increased self-confidence in support of transitioning to professional practice (Davies et al, 2021).

In Jordan, nursing undergraduate curriculum leadership course is offered during the last semester of the final year, which may not give the student enough time to demonstrate leadership competence.

Concept and Dimensions of leadership competency

The concept of leadership competence was defined in different ways across literature. In fact, it has not been specified as a set of clear competencies or skills. AL-Dossary (2017) Has reviewed many definitions of nursing leadership and revealed many attributes including providing direction and support, motivating, coordinating, collaboration, communicating with the healthcare team, and clinical decision making to achieve quality patient care outcomes.

In the "Nursing Education Research Conference" that was held in Washington DC in 2018, Johnson presented that leadership competencies include dimensions like ethical and critical decision making, mutually respectful communication and collaboration, care coordination, and conflict resolution.

Recently, Abdul Latif (2020) has summarized many elements of this concept including ability to lead people, communication, collaboration, role modelling, mentoring, and resolving conflicts effectively, which is matching he previous findings.

This was supported on the international level by many studies. In Spain, Linares et al (2020) used Self-Assessment Leadership 40-item scale Instrument (SALI) with nursing graduates, to explore nursing students' perceptions of leadership behavior in relation to five domains. Leadership dimensions covered basic management and leadership competencies namely critical thinking and decision making. Another dimension represents personal and interpersonal relations and that was linked to team dynamics and job relations.

Similarly in Canada, in Pederson's (2020) study of "Understanding nursing graduate's Preparedness and readiness for Leadership", leadership competencies included patient advocacy, interprofessional collaboration and problem solving.

In Malaysia, recently Jais, Yahaya and Ghani (2021) investigated clusters that best fit the leadership competency in higher education institutions. The findings revealed dimensions of leadership competencies that are similar to the study in Spain but under different themes. Five clusters of leadership competencies were identified including personnel effectiveness and cognition, impact and influence, while the last cluster was leading competency.

Reviewing and analyzing the above different and multi-diversity literatures has revealed some shared components of leadership features and dimensions, like effective communication, "interpersonal and team collaboration", and "decision making and problem solving". These dimensions are relevant also to nursing practice in Jordan, as it will enhance our nursing graduate's leadership competency and make them more ready for practice, therefore it is highly needed in our hospitals. Consequently, the researcher used these dimensions to formulate the

study instrument to investigate the availability of leadership competencies for nursing graduates.

Significance and benefits of leadership competencies in healthcare and nursing

Leadership is essential to effective nursing in healthcare systems, because nursing is the largest component of health care workers and play a leading and significant role in patient safety outcomes, and healthy work environments (Johnson, 2018). Consequently, nurses require leadership competence to fulfil their clinical role. The acquisition of such skills should therefore begin during their undergraduate professional training (Linares et al, 2020).

Various scholars have highlighted the importance of leadership in the nursing context, documenting its positive influence on communication, teambuilding, and the contribution it can make to the success of healthcare organizations (Linares et al, 2020, Wright, 2020, Page et al 202, Labrague et al, 2021).

The importance of leadership competency for nursing professions, encouraged two universities in Catalonia (Spain) to investigate the teaching of leadership competencies throughout the nursing degree program and the impact that their acquisition has on newly qualified nurses, they concluded that nursing graduates need leadership competence to fulfil their clinical role (Linares et al, 2020).

AlMekkawi & El Khalil (2020) have linked the leadership competency to nursing graduate's readiness to practice. In fact, lacking leadership competencies within nurses and healthcare teams was recognized as a source of stress, this applies to nursing graduates also (Sharma et al., 2021). This is similar and may confirm the findings in another study that was conducted by Pedersen in (2020) who investigated whether nursing graduates were prepared and ready for the leadership roles and responsibilities when start practicing. Findings showed that most participants in this study did not feel ready for the complexities of being the nurse leader.

Participants were particularly challenged due to their self-doubt and lack of confidence at the beginning of their practice, and this may be linked to leadership competencies. Their self-doubt was reflected by a lack of preparation for leadership. Participants' confidence affected their preparedness to work.

Valerie D. Wright (2020), highlighted in her study that competent nurse leaders allow for effective communication among healthcare providers and consistent care outcomes, which may enhance safe, quality patient outcome care throughout the healthcare experience and reduce healthcare associated costs. In fact, poor frontline clinical leadership has been associated with adverse clinical events, in South African maternity services, it was reported that maternal and perinatal deaths have been associated with deficiencies in frontline clinical leadership (Mianda, 2018).

Similarly, Page et al (2021) conducted a study on the impact of nurse leadership education on clinical practice, which revealed that effective leadership is vital for creating a supportive work environment and in promoting a high-quality patient care. This was validated also in another study that was conducted by Labrague et al (2021) and disclosed that leadership foster nurses' safety actions and reduce adverse patient outcomes and promote nursing care quality. It was endorsed in the last study that leadership has been consistently cited as a strong foundation of sustained job performance and work effectiveness in nurses. Moreover, good leadership found to improve nurse's well-being (Zou et al, 2020).

The demand has increased for clinical nurses to take the lead in ensuring quality care and patient safety (Wright, 2020). Recently, employers expected that new graduated nurses will be well prepared and possesses appropriate leadership abilities to assume a prominent dynamic professional role within complex health care delivery systems (Miehl, 2018), this add more pressure on nursing personnel to graduate competent nursing leaders to meet this expectation.

Reviewing the above literature reveals that leadership competence enhances nursing graduate's self-confidence and consequently may contribute to their readiness to practice nursing. However, lacking this competence can be a source of stress and may affect their readiness to join workplace.

Leadership Competencies: Transition & Development

Newly qualified nurses' transition to a professional nursing role is an important issue for nursing administrators (Serafin et al, 2021)

Leadership and nursing theories has indicated that leadership competency develops overtime, this was highlighted in the supporting theories at the beginning of this chapter in the new nursing graduate professional role transition theory, transformative leadership theory, and nursing clinical competence theory.

In undergraduate level, Crowder et al, (2021) indicted that academic organizations are still struggling to build leadership in their graduates by providing transformative approaches to leadership and professional learning. This can be achieved through active preparation for academia through undergraduates' professional development in connecting with communities of practice by establishing social and professional networks on and off campus and connecting them with members of the profession through face-to-face meetings on the university campus and via web conferencing platforms.

Labrague et al (2020) explained that the **move from student nurse** to registered nurse can be difficult for new graduates whose experiences can lead to transition shock, this adversely affect patient outcomes caused by lack of preparedness of graduate nurses to enter the workforce. This was supported recently by many studies which explained that nursing graduates will have challenges with leadership competence when joining workplace, and that was perceived as major stressors and may impact their readiness to practice (AlMekkawi & El Khalil, 2020,

Sharma et al., 2021). Based on that, it was recommended that the leadership competency journey begins with the nurse as a student, and it continues throughout one's career (Abdul Latif, 2020).

On graduation, the literature has documented new nurses' experiences of leadership competence transition phases. Pederson (2020) in her study that investigated whether nursing graduates were prepared and ready for the leadership roles and responsibilities when start practicing, nursing graduates indicated that growth over their first year in knowledge and abilities was self-evident. Specifically, participants experienced growth in their management of different situations and communication with the team. This development was observed over four phases. Phase one, present self-doubt in relation to leadership, describing new graduated nurses' feelings of uncertainty about the role, while in phase two they start preparing for leadership. In phase three leadership start evolving, then navigating and developing as leaders in phase four. The last findings are congruent with new nursing graduate professional role transition theory as mentioned earlier.

In Wolters Kluwer (2020) study regarding how prepared new nurse when graduating for practice including some leadership competencies, results showed that the gaps in nursing education stage and work practice for nursing graduates may impact their leadership competency and their readiness for practice. And this is one of the reasons we want to link leadership competence to readiness for practice.

When joining workplace, Robinson (2019) in her study concluded that hospital nurse leaders need to continually improve the transition programs provided to ensure that the nursing graduates entering the workforce are supported and made more ready for practice. This was supported also by recommendations to nursing leadership in including workshops for new graduated nurses (Wright, 2020). Moreover, Page et al (2021) have recommended that

leadership education is designed to support nurses to develop the appropriate skills and behaviors to become clinical leaders and in attracting nurses to undertake leadership roles. Organizational strategies may consider developing programs or interventions, continuing education, effective succession planning and creating a supportive work environment to facilitate this.

Although it was highlighted in literature that nursing graduates are facing major challenges in transiting into the nursing role, NPDU observed some examples of nursing graduates that managed to fit themselves in the role more efficiently than others, they were more ready to practice. The researcher wants to explore and investigate the reason behind being more ready to practice and investigate if the leadership competency may have relation with nursing graduates' readiness to practice.

Definition and description of readiness to practice

In general, most nursing literature described nursing graduate's readiness to practice as their ability to work autonomously and practice safely and independently upon completion from nursing college, as they shall possess the required knowledge and skills (Mirza et al., 2019). Following are some descriptions of the concept main components as revealed by literature.

AlMekkawi & El Khalil (2020) have identified some of the nursing graduate's readiness to practice attributes through a comprehensive review of both quantitative and qualitative studies published from 2000 to 2019. They ended by identifying the following attributes like "Problem-based and reflective learning", critical thinking, problem-solving skills, building a strong collaborative relationship between nursing programs and clinical practice areas. These components were explored also in the leadership competence domain and may indicate some correlation among leadership competence and readiness to practice.

One of the milestone studies that explored nurse's readiness to practice is Casey Fink study (2011). The study investigated the factors influencing nursing graduating students' perceptions of readiness for practice. This descriptive study used both a quantitative and qualitative approach. 429 nursing graduates used the Casey- Fink Readiness for Practice Survey that included skill performance section as well as open entry for nurses to add any relevant comments. This survey was revised later to include sections to cover domains like clinical problem solving, learning techniques, professional identity, trials, and tribulations and this is the version that was used in this study. Major barriers for readiness to practice found in this study included managing multiple patient care assignments, communicating with health care teams, and these can be aligned with leadership competencies. These findings were confirmed by Sharma et al., (2021) who reviewed nursing graduate's readiness to practice also. leadership incompetence presented as barrier to nursing graduates' readiness to practice and was categorized with team interactions, inadequate communication, and management skills, all were perceived as common stressors for new nursing graduates. This is similar to the findings of the previous study. Consequently, the Casey- Fink Readiness for Practice Survey was very reasonable to check nursing graduates' readiness to practice in this study.

From nursing leaders' perspectives, Robinson (2019) in her study explored nursing educators' and nursing leaders' views on nurse graduates practice readiness including leadership when transitioning into practice. The study explored the following variables that may be linked to nursing graduate's readiness to practice including but not limited to leadership, interpersonal relations, communication, and professional development, and these are obviously linked to leadership competencies. She concluded that hospital nurse leaders need to continually improve the transition programs provided to ensure that the nursing graduates entering the workforce are supported and made more ready for practice. This is

supported also by Wolters Kluwer (2020) who emphasized on better preparations as a key factor for nurse graduates today.

Remarkably, Wolters Kluwer (2020) survey revealed that practicing nurses and nurse educators agree that new nurses need to be more prepared for practice with different skills than they did five years ago, and this may present some evolving attributes in the readiness to practice concept. Examples are informed clinical judgment to make decisions and effective communication, these are basic leadership competencies. This was importantly recognized during COVID-19 with further emphasis on ensuring that new nurses are better prepared for practice.

Today, many questions are raised on the nursing graduates work readiness, claiming that nursing graduates do not get enough education and clinical experiences before they enter the workplace, this may be quite true and was supported by previous literatures because nursing graduates may not have necessarily experienced a variety of clinical exposure in diverse healthcare settings. This is relevant to our situation in Jordan, and we need to investigate the degree of our new nursing graduate's readiness for practice.

Literature Gap: How unique is this study?

As for the purpose of the study, this study agrees partially with some of the previously mentioned studies (Wolters Kluwer, 2020, Pedersen, 2020) in terms of measuring the preparedness to practice. However, it is unique in investigating the availability of leadership competencies and connecting it to nursing graduates' readiness to practice. **For the methodology** This study agrees partially with (Wolters Kluwer, 2020) and (Pedersen, 2020) in terms of using quantitative descriptive design, but this study added some correlation dimension in connecting leadership competencies with nursing graduates' readiness for practice. Moreover, this study sample is unique in studying the variables from clinical nursing leader's

perspectives to have more objective results, avoiding self-reporting strategies or the input from college teaching faculties. **The tool** in this study agrees with (Casey et al., 2011) in using the preparedness to practice tool.

CHAPTER THREE

Methodology and procedures

Study Design:

The study is using Quantitative methods. A quantitative descriptive research method was used to answer the first and second research questions, while the last question was answered through a quantitative correlational method.

Population:

This study includes the perspectives of CNLs, then study population consist of CNLs in Jordanian hospitals that participate in supervising and preparing new graduating nurses in their first employment. Based on the latest report of the Jordan High Health Council (JHHC) (2018), total number of registered nurses is (27579. The report specified that nurses in the public sector are12256 nurses and this constitute 44% of nursing workforce, while private sector (14405 nurses) constitute 52%. of the nursing workforce in Jordan. This study includes the perspectives of CNLs in Jordanian hospitals, therefore, the charity sector was excluded as it consists of outpatient clinics and not hospitals.

According to Ministry of Health statistics, nursing leaders in the supervisory level in the public sector are (365) leaders and based on this the estimated number of nursing leaders in the private sector are (431) leaders. The total estimated population number in this study taking in consideration targeted health sectors in Jordan is (796) leaders.

Participation (Sample):

The study sample consists of CNL in Jordanian hospitals. Participants was chosen based on convenience sampling after calculating the sample size using Krejcie and Morgan (1970) table. The minimal required sample size was 260 participants, and the total number of obtained

participants were (268). The value of alpha assumed to be 0.05 and the degree of accuracy is 0.95. The table below shows details of demographical distribution of the sample.

Table (3.1)
Sample demographical data distribution

Variable	Category	Number	Percent
Gender	Male	122	45.5%
	Female	146	54.5%
Qualifications	Bachelor's degree or less	208	77.6%
	Postgraduate	60	22.4%
Years of Experience	5 years or less	43	16%
	6 – 10 years	51	19%
	More than 10 years	174	65%
Sector	Governmental	128	47.8%
	Private	140	52.2%
Specialty	Administration	96	35.8%
	Education	49	18.3%
	Clinical	123	45.9%

Table (3:1) presents the demographical distribution of study sample. Female participants constitute (54.5%) while male participants constitute (45.5%) of the sample. In terms of

qualifications (77.6%) of the sample was from bachelor's degree or less, while postgraduate holders constitute (22.4%). Regarding years of experience the majority of the sample members(65%) had more than 10 years of experience, participants with 6 – 10 years constitute (19%), and participants with equal or less than 5 years present (16%) of the sample. (52.2%) of the sample was from the private sector, while (47.8%) was from governmental sector. Regarding area of specialty, (45.9%) was from clinical leaders, (35.8%) from administrative leaders, while (18.3%) from leaders who are working in educational specialties.

Study Instrument:

The study used the following instrument to collect data:

Part One: Participant demographical data, and consist of the following:

- Gender: Male or Female
- Qualifications: Bachelor's degree or less, Postgraduate degree
- Years of Experience: 5 years or less, 6 – 10 years, more than 10 years
- Specialty: Administration, Education, Clinical

Part Two: Leadership Competency survey: This part was developed by the researcher for this study to investigate the CNL's perspectives toward nursing graduates' leadership competencies, after careful review of relevant literatures. Based on this a 40-items survey was constructed using five-Likert scale, covering three leadership competencies dimensions:

- Effective communication Competence   •   14 items
- Interpersonal and team collaboration competence   •   12 items
- Decision-making and problem-solving competence •   14 items

Content validity was assured by a panel of 1**0** internal and external experts, who were requested to indicate the appropriateness and clarity of each item. After considering the panel of expert feedback, the dimensions names remain the same, while some items were rephrased.

Part Three: Readiness to practice Survey: Casey- Fink Readiness for Practice Survey is an international 22 items survey, with four dimensions including proficiency, altruism, prevention, and leadership (Kennedy, 2013)

Validity and reliability of instruments:

Instrument Validity

The validity of the questionnaire was tested in this study, following are some measures:

- For Demographics and leadership competencies questionnaire (part one and two), the following measures were applied:

  - Extensive literature review to explore and reveal questionnaire dimensions and contents in consultation with education management and leadership expert from academia and from clinical nursing.

  - The researcher has created initial draft of the questionnaire that was reviewed and corrected by the academic and clinical consultants.

  - Content validity of the questionnaire was evaluated by ten content experts, six from MEU, three from national university (Issra'a University) and one international expert from UAE. The panel included expert from both department of Educational Science and two experts from Nursing Colleges. The panel of experts reviewed the corelation and clarity of all questionnaire items to measure the intended topic.

  - The questionnaire was translated to English and was made available for CNLs in both Arabic and English, the translation was completed by an expert bilingualist.

- The questionnaire was then tested on five CNLs, who indicated that all questionnaire items were very clear, and they didn't face difficulties while completing the survey.

- The validity of the Casey- Fink Readiness for Practice Survey (Part three) has been reported in previous international studies (Kennedy, 2013). Moreover, Test-Retest was checked on five CNLs with a two-week gab. This was done to make sure that this tool is appropriate and valid for our population in Jordan as well. They indicated that all questionnaire items were very clear, and they didn't face difficulties while completing the survey.

- Piloting of all instrument parts was completed on 30 participants; the values of the specific correlation parameters have been calculated for the constructive validity check.

Instrument Reliability

- Initially in the data analysis, and before the full analysis of data was performed, reliability tests were done. This included calculating the alpha Cronbach value for the whole survey and for each subsection. Item to item and item to scale correlation were also calculated.

- The Alpha Cronbach value for the whole survey was 0.984. For the subsection of the communication dimension Alpha value was 0.955, Interpersonal and Team Collaboration dimension Alpha value was 0.961, Decision-Making and Problem-Solving dimension Alpha value was 0.972, and Readiness for practice Alpha value was 0.979.

- Finally, all items in the subsection and the whole questionnaire correlated positively and moderately with each and with the whole scale, the item-to-item

values ranged from 0.543 – 0.861, the correlation values for the item to scale ranged from 0.526 – 1

- Piloting was completed on 30 participants; the values of the specific correlation parameters have been calculated for the constructive validity check. The reliability of the instrument has been verified through Alpha Cronbach to measure the internal consistency. Table (3.2) show the Correlation coefficient and Cronbach's Alpha of study instrument.

Table (3.2)

Correlation coefficient and Cronbach's Alpha of study instrument

Questionnaire Dimension	Cronbach's Alpha	N of Items
Effective Communication Competency	0.955	14
Interpersonal and Team Collaboration Competency	0.961	12
Decision-Making and Problem-Solving Competency	0.972	14
Readiness for practice	0.979	22

The correlation coefficient in the table above is ranging between (0.955 – 0.979) which indicate significant correlation in study instrument.

Table (3.3)
Correlation coefficient and Cronbach's Alpha of All instrument items

Part Two of Questionnaire						Part Three			
First Dimension		Second Dimension		Third Dimension		Readiness for practice			
Communication Dimension		Interpersonal and Team Collaboration		Decision-Making and Problem-Solving					
Item NO	Cronbach's Alpha	Item NO	Cronbach's Alpha	Item NO	Cronbach's Alpha	Item NO	Cronbach's Alpha	Item NO	Cronbach's Alpha
1	0.957	15	0.958	27	0.97	1	0.979	15	0.979
2	0.952	16	0.959	28	0.97	2	0.979	16	0.978
3	0.951	17	0.958	29	0.969	3	0.978	17	0.978
4	0.952	18	0.958	30	0.969	4	0.978	18	0.978
5	0.952	19	0.957	31	0.969	5	0.978	19	0.978
6	0.951	20	0.957	32	0.97	6	0.978	20	0.978
7	0.952	21	0.956	33	0.972	7	0.978	21	0.978
8	0.951	22	0.958	34	0.97	8	0.979	22	0.979
9	0.952	23	0.956	35	0.971	9	0.978		
10	0.95	24	0.956	36	0.97	10	0.978		
11	0.951	25	0.956	37	0.97	11	0.979		
12	0.95	26	0.958	38	0.97	12	0.979		
13	0.95			39	0.97	13	0.979		
14	0.953			40	0.971	14	0.978		

Tool Grading System

The grading system was created by calculating 5 Likert scale mode (5-1= 4) and divide it on the three levels of the grading system (4/3=1.33), then adding the result to the minimal o the three levels to give the following grading system:

Mean	Grade
03.67 – 05.00	High
02.34 – 03.66	Moderate
01.00 – 02.33	Low

Data Analysis (Processing Data)

- SPSS system was used to analyse the quantitative data in this study

- Frequencies, percentages, means and standard deviation were calculated for first and all study survey items.

- Pearson correlation coefficients to calculate the relationship between the degree of leadership competencies availability among graduates of Jordanian nursing colleges and their readiness to practice.

- Spearman's rho test used to measure the strength of association between leadership competencies and new graduate's readiness for practice.

Study Procedures

- The researcher has reviewed all available literature about the subject, and consequently the study problem, significance and objectives were formulated.

- The study design and methodology were formulated then study instrument was formulated.

- The study population were identified, and sample size was calculated

- The study proposal was officially forwarded to MEU for approvals and issuing necessary official letters.

- Study leadership competencies questionnaire was tested for validity and reliability

- The survey was delivered to study participants through google forms and was completed online due to COVID 19 outbreak situation.

- The study was covered with information sheet indicating the voluntary option of participation,

- All data was collected and filled in Excel sheet.

- Data was processed and analysed through SPSS program.

- Study results were discussed and finally recommendations were forwarded.

CHAPTER FOUR

Study Results

This chapter presents the study results through answering the stipulated study questions

Results for the first research question: "What is the degree of leadership competencies availability among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective?"

The overall leadership competencies availability level was moderate (Mean = 3.64). Leadership communication competency dimension received a mean score of 3.69 (SD = 0.76) indicating a high availability, and "interpersonal and team collaboration competency" dimension scored also high (Mean = 3.7 SD = 0.8). However, the decision-making and problem-solving competency availability level was the lowest (Mean = 3.55 SD = 0.86)

Table (4.1)

Dimensions Means: leadership competencies availability among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective

Dimension	Mean	Standard Deviation	Availability Degree
Interpersonal and Team Collaboration Competency	3.7	0.8	High
Communication Competency	3.69	0.76	High
Decision-Making and Problem-Solving Competency	3.55	0.86	Moderate
Overall Leadership Competence	**3.64**		**Moderate**

Following are the results for each dimension

1.1 Effective communication competencies dimension: The overall mean score showed high level of effective communication competencies as mentioned before. Means and standard deviation, for all dimension components were calculated separately, details are in table (4.2).

Table (4.2)

Communication competencies availability among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective

	Competency statement	Mean	Std. Deviation	Availability Degree
7	Shows interest in what the interviewee is saying	3.91	0.92	High
2	Speaks in a manner that is understandable to those he communicates with	3.88	0.88	High
3	Follows the integration of others while communicating with them	3.82	0.94	High
5	Considers the culture of society when using the body language	3.77	0.92	High
6	Makes sure that the body language he/she displays conveys the meaning he intends to convey	3.72	0.91	High
8	Summarize what he/she heard after listening to someone effectively	3.70	0.95	High
13	Motivates participants in group discussions to express different opinions	3.68	0.97	High
4	Uses body language to support the idea he/she will pass on to others	3.65	0.94	Moderate

9	Express in writing in a logical sequence	3.64	0.97	Moderate
10	Express what he/she wants to say through writing easily	3.62	0.99	Moderate
11	Convince others with his/her point of view	3.58	1.01	Moderate
1	Make sure verbal communication is brief	3.56	0.95	Moderate
12	Keeps the group on track during discussion	3.56	1.02	Moderate
14	Avoids influencing opposing viewpoints during group discussions	3.55	0.95	Moderate

In this dimension most of, CNLs believed that new graduates have mostly moderate to high level of effective communication strategies. The highest mean score showed that new graduates "Shows interest in what the interviewee is saying" (Mean = 3.91 SD = 0.92), while the statement" Avoids influencing opposing viewpoints during group discussions" had the lowest responses (Mean = 3.55 SD = 0.95).

1.2 Interpersonal and team collaboration dimension: The overall mean score showed high level of interpersonal and team collaboration competencies among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective. Mean scores and standard deviations, for all dimension statements were calculated separately, details are in the table below.

Table (4.3)

Interpersonal and Team Collaboration competencies availability among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective

	Competency statement	Mean	Std. Deviation	Availability Degree
11	Consult others when initiating a change that may affect them	3.87	0.89	High
7	Makes all effort to develop mutually respectful relationships with the work team	3.84	0.89	High

8	Shares available information and resources with others	3.82	0.91	High
10	Help team members to work together effectively	3.81	0.93	High
1	Accept feedback from others and takes them into consideration	3.75	0.90	High
3	Seeks out learning and development opportunities	3.75	0.98	High
6	Considers others' feelings when dealing with them	3.73	0.94	High
12	Possesses the skill of gathering accurate information to solve the problem	3.70	0.91	High
9	Give constructive feedback in a nice way	3.68	0.94	High
5	Carry out duties even in difficult circumstances	3.63	1.01	Moderate
4	Control his/her own emotions effectively	3.45	1.04	Moderate
2	Stay calm during times of work pressure	3.37	1.06	Moderate

Results in this section showed that most of CNLs believed that new graduates have moderate to high level of interpersonal and team collaboration competencies. The highest mean score was (3.87) reported with "Consult others when initiating a change that may affect them" with standard deviation of 0.87, while the Lowest was reported with "Stay calm during times of work pressure" (Mean = 3.37 SD = 1.06).

1.3 Decision-making and problem-solving competencies dimension: The overall mean value showed moderate level of decision-making and problem-solving competencies among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective. Means and standard deviation, for all dimension statements were calculated separately, details are in the table below.

Table (4.4)

Decision-Making and Problem-Solving competencies availability among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective

NO	Competency statement	Mean	Std. Deviation	Availability Degree
35	Anticipates the causes of conflict before it occurs	3.75	0.99	High
33	Makes the problem he\she faces an opportunity for self-learning	3.71	0.91	High
34	Focuses on patient care as a priority in case of emerging problems	3.66	0.95	Moderate
39	Practice reflective thinking after conflict management for self-development	3.59	0.99	Moderate
31	Follow up on the feedback on her / his decisions	3.58	1.05	Moderate
28	Create suitable alternatives to solve the problem based on the causes that lead to it	3.55	0.99	Moderate
37	Possesses scientific knowledge of conflict management strategies	3.55	1.00	Moderate
30	Choose the most appropriate alternative within the ideals (less time, effort and cost)	3.54	1.00	Moderate
32	Employ technology to solve problems	3.54	1.03	Moderate
27	Analyzes information in a scientific way to find the causes of problems	3.53	1.00	Moderate
29	Evaluates the available alternatives to solve the problem according to specific criteria	3.50	1.04	Moderate

40	Practice reflective thinking after conflict management for self-development	3.47	1.04	Moderate
36	Rearrange her / his priorities according to the updates	3.40	1.06	Moderate
38	Makes sure that his\her decisions are closer to logic	3.40	1.07	Moderate

Results in this section showed that most of CNLs assumed that new graduates have mostly moderate and in some cases high level of decision-making and problem-solving competencies. The highest mean score was reported with "Anticipates the causes of conflict before it occurs" with 3.75 (SD: 0.99), while the lowest was reported with "Rearrange her / his priorities according to the updates" competency and "Makes sure that his\her decisions are closer to logic (Mean = 3.40 SD = 1.07).

Results for second research question: "What is the degree of readiness to practice among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective?"

Mean scores, and standard deviations were calculated for the readiness to practice competencies among graduates from clinical nursing leaders' perspective, then the mean scores and the standard deviations, for all statements were calculated separately.

The over whole degree of readiness for practice of new graduates was moderate from clinical nursing leaders' perspective (Mean = 3.58 SD: 0.8).

Mean scores and standard deviation, for all statements were calculated separately, details are in table (4.5).

Table (4.5)

Nursing Graduates Readiness for practice degree among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective

NO	Competency Component	Mean	Std. Deviation	Availability Degree
11	Apply safety principles to prevent injury to clients, self, other healthcare workers, and the public	3.74	0.94	High
8	Demonstrate respect and knowledge of the unique and share competencies of various members of the healthcare team	3.70	0.92	High
18	Use the Code of Ethics to maximize collaborative interactions within the healthcare team	3.68	0.94	High
12	Take action in potentially abusive situations to protect self, clients and colleagues from injury (e.g. bullying, nurse-to-nurse violence)	3.67	0.94	High
14	Demonstrate awareness of the health inequities of people who are affected by various kinds of discrimination	3.66	0.95	Moderate
6	Apply the Code of Ethics to address ethical dilemmas	3.65	0.97	Moderate
13	Demonstrate awareness about the emerging global health issues	3.65	0.94	Moderate
10	Provide nursing care to meet hospice, palliative or end-of-life care needs	3.63	0.98	Moderate

17	Assist clients to understand the link between health promotion strategies and health outcomes (e.g. dietary methods to lower cholesterol)	3.63	0.95	Moderate
9	Advocate for clients especially when they are unable to advocate for themselves	3.62	0.93	Moderate
3	Complete your assessments in a timely manner following agency protocols	3.59	0.95	Moderate
7	Demonstrate a good understanding of informed consent	3.58	0.92	Moderate
16	Demonstrate the broad knowledge base required for nursing practice	3.58	1.00	Moderate
1	Manage therapeutic interventions safely (e.g. drainage tubes)	3.53	0.97	Moderate
5	Manage multiple nursing interventions for clients with complex co-morbidities, seeking appropriate consultation when needed	3.53	0.96	Moderate
21	Report a near-miss in care (a narrow escape from a serious complication)	3.53	1.01	Moderate
22	Make good practice decisions in the absence of agency policies and procedures	3.53	0.97	Moderate
19	Challenge questionable orders, decisions or actions of other healthcare team members	3.52	0.98	Moderate
20	Use conflict resolution strategies when necessary	3.51	0.96	Moderate
2	Prepare clients for diagnostic procedures and treatments (e.g. Colonoscopy)	3.49	0.98	Moderate

| 4 | Use the appropriate assessment tools and techniques for each body system (e.g. the neurological system) in consultation with clients and other healthcare team members | 3.43 | 0.99 | Moderate |
| 15 | Take part in nursing or health research by identifying research opportunities | 3.37 | 1.03 | Moderate |

Results showed that CNLs considered new graduates having moderate degree of readiness to practice in most components, while they have high levels in some only. The highest mean score was reported with "Apply safety principles to prevent injury to clients, self, other healthcare workers, and the public" (Mean = 3.74 SD = 1.03), while the lowest was reported with "Take part in nursing or health research by identifying research opportunities" (Mean = 3.37 SD = 1.03).

CNLs reported that new graduates have high level of readiness for practice in the following components: "Demonstrate respect and knowledge of the unique and share competencies of various members of the healthcare team", "Apply safety principles to prevent injury to clients, self, other healthcare workers, and the public", "Take action in potentially abusive situations to protect self, clients and colleagues from injury (e.g. bullying, nurse-to-nurse violence)", and "Use the Code of Ethics to maximize collaborative interactions within the healthcare team".

Results for third research question: "What is the relation between the degree of leadership competencies availability among graduates of Jordanian nursing colleges and their readiness to practice from clinical nursing leaders' perspective?"

To answer this question the Pearson coefficient correlation was calculated among new graduate's overall leadership competence dimensions with their readiness for practice, then Spearman's rho test used to measure the strength of association between each leadership dimension and new graduate's readiness for practice.

Table (4.6)

Correlation between New graduate's Full Leadership Competency Dimensions and their Readiness for practice

		Full Leadership Dimensions	Full Readiness for practice
Full Leadership Dimensions	Pearson Correlation	1	.785**
	Sig. (2-tailed)		0.001
	N	268	268
Full Readiness for practice	Pearson Correlation	.785**	1
	Sig. (2-tailed)	0.001	
	N	268	268

**. Correlation is significant at the 0.01 level (2-tailed).

the Pearson coefficient correlation shows a value of (0.785) indicating a strong positive relationship among new graduate's leadership competency with their readiness for practice, which means how consistently they are going along with each other's

Correlation among leadership dimension and new graduate's readiness for practice.

Spearman's rho test used to measure the strength of association between each leadership dimension and new graduate's reediness for practice.

Table (4.7)

**Correlations between New graduate's Effective Communication Competency
and their Readiness for practice (Spearman's rho Test)**

		Readiness for practice	Communication Competency
Readiness for practice	Correlation Coefficient	1	.717**
	Sig. (2-tailed)	.	<.001
	N	268	268
Communication Competency	Correlation Coefficient	.717**	1
	Sig. (2-tailed)	<.001	.
	N	268	268

**. Correlation is significant at the 0.01 level (2-tailed).

The Spearman's rho correlation test with a value of 0.717 indicates a significant positive relationship among new graduate's Effective Communication Competency with their readiness for practice.

Table (4.8)

**Correlation between New graduate's Interpersonal and Team Collaboration Competency
and their Readiness for practice (Spearman's rho Test)**

		Readiness for practice	Interpersonal and Team Collaboration
Readiness for practice	Correlation Coefficient	1	.707**
	Sig. (2-tailed)	.	<.001
	N	268	268
Interpersonal and Team Collaboration	Correlation Coefficient	.707**	1
	Sig. (2-tailed)	<.001	.
	N	268	268

**. Correlation is significant at the 0.01 level (2-tailed).

The Spearman's rho correlation test with a value of 0.707 indicate a significant positive relationship among new graduate's Interpersonal and Team Collaboration Competency with their readiness for practice.

Table (4.9)

Correlations: New graduate's Decision-Making and Problem-Solving Competency with their Readiness for practice (Spearman's rho Test)

		Readiness for practice	Decision-Making and Problem-Solving
Readiness for practice	Correlation Coefficient	1	.809**
	Sig. (2-tailed)	.	<.001
	N	268	268
Decision-Making and Problem-Solving	Correlation Coefficient	.809**	1
	Sig. (2-tailed)	<.001	.
	N	268	268

**. Correlation is significant at the 0.01 level (2-tailed).

The Spearman's rho correlation test with a value of 0. 809 indicates a significant positive relationship among new graduate's Decision-Making and Problem-Solving Competency with their readiness for practice. The correlation value for this dimension is the highest among all leadership dimensions.

Summary

The overall leadership competencies availability level was moderate, leadership communication competency and interpersonal and team collaboration competency were relatively with high availability, However, the decision-making and problem-solving competency availability level was the lowest. The over whole degree of readiness for practice and work of new graduates was moderate also. Finally, the Pearson coefficient correlation shows a strong positive relationship among new graduate's leadership competency and their readiness to practice.

Chapter Five:

Discussion and Recommendations

This chapter will discuss the study results and recommendations for future improvements. The discussion will discuss each research question results separately. Extra statistical data like competency frequency and percentage will be used in some parts to give more elaboration on the subject.

First: The degree of leadership competencies availability among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective

The overall results showed moderate availability degree of leadership competencies among graduates of Jordanian nursing colleges from CNLs perspective, and this may reflect a high expectation level from them on the new graduate's leadership competency level.

Although we have no available local studies in Jordan to compare with, these results are considered reasonable and comparable to the real situation from our experience as NPDU members interacting with newly hired nursing graduates. They are also consistence with some other international studies that were conducted worldwide. A study in Walden University in USA showed that 50% or more of nurses were knowledgeable and competent in clinical leadership (Wright et a, 2020) and this is very close to our study results. Moreover, in another study in Thailand results showed that the mean score of leadership among nursing graduates was (3.55, S.D. = 0.98) (Stithyudhakarn, 2019) which is similar to our case as well.

These results can be related to different reasons. The availability of transitional practice programs in the last academic studying year in nursing colleges is one reason, whereas students in the last semester of graduation must spend a specific number of hours in direct patient care under supervision. Students usually works under the supervision of a preceptor and perform all

nursing care functions. This program considers a pre-preparation for students and helps them to be more ready for practice upon graduation.

Another reason that may contribute to this also is the growing adoption of national and international standards in health care services through different accreditation processes. Most of the private section hospitals are currently accredited by local health accreditation organization like Health Care Accreditation Council (HCAC), or by international accreditation organizations like Joint Commission International (JCI) in USA. These accreditation organizations have a specific standard regarding staff qualification and education (SQE), and regulate trainees' preparation, supervision and monitoring and this has contributed to the recent enhancement in graduates' readiness for practice.

Although, these results are considered reasonable, we believe that there is always an area for improvement, and more efforts can be employed to increase new graduate's leadership competencies.

Having a close review revealed that leadership competency dimensions had some minimal variations regarding mean scores and standard deviation values, the "interpersonal and team collaboration competency dimension" and "communication competency dimension" reported a high grade mean score, while the "decision-making and problem-solving competency dimension" had a moderate grade mean score from CNLs perspective. This is quite acceptable; however, we want to explore more details in the following sections

Effective Communication Competencies:

CNLs believed that new graduates have high-level effective communication strategies. Answers showed some positive illustrations on new graduate's body language, the way they speak, and the interest they show while listening to others. As mentioned earlier, we don't have local studies to compare with, however these results are similar to some international findings.

In Casey et al study (2011) in USA, graduates found to be confident to communicate with patients, families, and interdisciplinary team members.

These results can be related to the practice transition programs, and to the involvement of communication skills training within nursing profession and with other healthcare team members. Moreover, the focus and attention on communication skills has increased recently in both academic and practical nursing settings, more training programs are offered frequently. Another important reason is that this dimension has a major focus in nurse's annual performance appraisal, and consequently they are keen to improve their level of communication to gain a better score.

Interpersonal and team collaboration competence:

This dimension had the highest mean from the CNLs perspective, they believed that new graduates have effective interpersonal and team collaboration competencies. Statistics percentage showed that 60% of CNLs believed that new graduates have effective interpersonal and team collaboration competencies most to all of times, while 39% of them indicated that they have this competency sometimes only. However, only 1% believed that new graduates don't have this competency. This can be related to the same reasons in the previous dimension.

Again, these results are similar to Casey et al study (2011) in USA, whereas graduates found to be confident to communicate and interact with interdisciplinary team members. This is probably due to same reasons that were shared before in communication dimension to practice transition programs and nurse's annual performance appraisal.

Decision-Making and Problem-Solving Competence:

The availability of this dimension competencies among new graduates was reported by CNLs on a moderate level from NCLs and this was remarkable. This is owing to the fact that new graduate nurses assume a prominent dynamic professional role within complex health care

delivery systems and need a higher level of problem solving and decision-making skills. This is not easy and constitute a burden on new graduates and cause a source of stress that we observe in PDU. Clinical nursing leaders may be felt that this competency needs an accumulative experience and will progress with time, and this was supported and highlighted by international literature as well (Wright, 2020, Mianda, 2018, Miehl, 2018)

Again, this can be the result of the complex patient care setting, whereas new graduating nurses need to solve problems and make decision in life threatening situation for patients and that is not easy.

This is an area that may need further attention and care from nursing leader.

Second: The degree of readiness for practice among graduates of Jordanian nursing colleges from clinical nursing leaders' perspective

The over whole mean score of readiness for practice of new graduates was assumed as moderate by CNLs, 55% of CNLs believed that new graduates have high degree of readiness to practice most of times, while only around 1% of CNLs believed that new graduates don't have any degree of readiness to work, however, we don't have studies to validate these results on our national level in Jordan. CNLs may look very ambitious and passionate for new graduates to have higher level of readiness which is may not be realistic and doesn't exist with newly graduated nurses.

This study results oppose some of the literature as mentioned in our literature review portion. However, it is consistent with other worldwide literature as they have documented different levels of readiness to practice in different countries. In a study aiming at examination of graduating nursing students' readiness for practice in southern Colorado University, overall results showed that participants rated a high level of readiness for practice (Brown, 2016) and

this is close to our study. Our results also are similar to another study in Turkey, which was conducted to determine the preparedness of graduating nursing students, where results showed that students felt highly prepared for their professional role (Guner, 2014).

This level of readiness for practice may be related to the practical and hands on modules that are linked to academic calendars, and to the clinical transitional training programs that all universities apply in Jordan. Moreover, the expanding of using simulation-based learning in Jordan helped in enhancing graduating students' readiness for practice.

Competencies that were graded with high degree are the followings: "Demonstrate respect and knowledge of the unique and share competencies of various members of the healthcare team", " Apply safety principles to prevent injury to clients, self, other healthcare workers, and the public", "Take action in potentially abusive situations to protect self, clients and colleagues from injury (e.g. bullying, nurse-to-nurse violence)" and ", Use the Code of Ethics to maximize collaborative interactions within the healthcare team" , "Take action in potentially abusive situations to protect self, clients and colleagues from injury (e.g. bullying, nurse-to-nurse violence)". These competencies are linked to communication, interpersonal, and team dynamics which were graded as highly available competencies in previous leadership dimensions, which is very reasonable and confirm the consistency of study results.

Third: The relation between the degree of leadership competencies availability among graduates of Jordanian nursing colleges and their readiness for practice from clinical nursing leaders' perspective

Study results are indicating a strong positive relationship among new graduate's leadership competencies and their readiness for practice, which means how consistently they are going along with each other's.

The correlation test with each single leadership dimension, showed a strong positive relationship as well. The strongest correlation was with decision-making and problem-solving competency, and this is remarkable.

 The Spearman's rho correlation test reported a value of 0.717 with effective communication competency, and a value of 0.707 with new graduates interpersonal and team collaboration competency, the two values are very close. It was noticed all over the study results that these two leadership dimensions are almost going along with each other's.

The Spearman's rho correlation test value indicates a significant positive relationship among new graduate's decision-making and problem-solving competency with their readiness for practice. The correlation value for this dimension is the highest among all leadership dimensions. Hence, it was graded with low availability level in graduated nurses' leadership competencies.

This relation can be justified by many reasons, one reason is the need for problem solving and decision making to address complex patient healthcare situations, another reason is that these problems and decisions are linked to multidisciplinary healthcare team members, and this needs a high level of leadership. The most important reason is that these problems and decisions are linked to the life of a human being, which constitute more responsibilities on new graduates.

Nursing leaders need to pay more attention in developing this competency for graduated nursing students.

In summary, although some literatures have highlighted some shared competencies between leadership and graduated nursing students' readiness for practice indirectly, none of these literatures has studied the direct correlation among them. This study has revealed the clear link between both variables.

Recommendations:

Considering our previous literatures and theories regarding transition of nurses through different stages, our recommendations will be proposed over two levels

1. Academic Nursing Teaching:

   - It is recommended to incorporate nursing leadership within teaching curriculum to enhance students' conceptual and systematic thinking as leaders which will lead to success when working. This can be distributed over different academic years in an incremental leadership learning goals starting from foundation, then to moderate and advance levels.

   - On the other hand, more connection for the students with the nursing profession body outside the university may start at early academic stages, connecting them with national nursing councils, Committees, and health organizations to improve their communication and leadership competence.

   - The enhancement of Simulation Based Learning is highly recommended, as it mimics the future workplace, especially in developing and enhancing critical thinking, problem solving, and decision-making abilities.

   - Further development and enhancements for the practice transition program in the final academic year to bridge the theory-practice gap.

2. Clinical training for new graduating nurses in workplace

   - Developing proper orientation programs for new graduates that incorporate essential leadership competencies with a special focus on problem solving and decision making.

- Enable practice transition programs that transfer new graduates to patient care safely, these programs must be empowered with essential leadership competencies.

- Continuous professional development for new graduates after orientation with simulation and other teaching modalities with incremental planned leadership goals.

- Nurse educators shall explore innovative teaching strategies and avoid traditional teaching strategies, that is appropriate to the new tech. generations

Recommendation for future research:

- Continuous research studies may be conducted on regular time frames (every five years for example) to assess the status of leadership competencies and nurse's readiness to practice on national level.

- Comparative studies may explore study variables in different sectors like the graduates' qualities from private and governmental colleges.

- Studies may be conducted to analyze leadership core components embedded within the academic curriculum and link it to leadership competency outcome in new graduated nurses.

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الأستاذ الدكتور/ الدكتورة : ....

السلام عليكم ورحمة الله وبركاته

تحية طيبة وبعد:

فيقوم الباحث بدراسة تهدف للكشف عن " درجة توافر الكفايات القيادية لدى خريجي كليات التمريض الأردنية و علاقتها بجاهزيتهم للعمل من وجهة نظر قادة التمريض في المستشفيات"، وذلك استكمالاً لمتطلبات الحصول علىُ درجة الماجستير في الإدارة و القيادة التربوية، جامعة الشرق الأوسط، الغرض من المعلومات التي يتم جمعها هو الهدف العلمي، وسيتم التعامل معها بسرية تامة، و لتحقيق هدف الدراسة تم بناء استبيان مكون من ثلاث أجزاء؛ الجزء الأول يشمل البيانات الديمغرافية للباحث، وأما الجزء الثاني فقد خصص لاستقصاء درجة توافر الكفايات القيادية مكون من ثلاثة محاور رئيسية و هي كالآتي:

- المحور الأول: كفاية التواصل الفعال
- المحور الثاني: كفاية التعاون الشخصي والجماعي.
- المحور الثالث : كفاية حل المشكلات

أما الجزء الثالث فقد خصص لاستقصاء درجة جاهزية الخريجين الجدد للعمل، و هي أداة عالمية تم قياس المصداقية و الثبات لها بدراسات محكمة و هي غير مخصصة للتحكيم.

لغة البحث هي اللغة الإنجليزية و عليه ستوزع الاستبانة مترجمة باللغتين العربية و الانجليزية و قد تم إدراجها بكلتا اللغتين

و لما عرف عنكم من خبرة علمية ونظرية متميزة في مجال البحث العلمي فإني أضع بين أيديكم هذه الاستبانة لتحكيمها راجياً منكم التفضل بإبداء الرأي في درجة انتماء كل فقرة للاستبانة التي وضعت فيه و وضوح صياغتها اللغوية، و إجراء أي تعديل ترونه مناسباً و إضافة أي فقرة ترون ضرورة وجودها والذي سوف يعتمد سلم (ليكرت) الخماسي

أبدا	نادرا	أحيانا	غالبا	دائما

شاكراً لكم حسن تعاونكم....

الباحث : سامي سالم أحمد اليتيم

بيانات المحكم

	التخصص		الاسم الثلاثي
	جهة العمل		الرتبة
			البريد الالكتروني

الجزء الأول: البيانات الديمغرافية

الرجاء تعبئة البيانات التالية

☐ أنثى		☐ ذكر	**الجنس:**
☐ دراسات عليا	☐ بكالوريوس	☐ دبلوم	**المؤهل العلمي**
☐ أكثر من 10 سنوات	☐ 6 – 10 سنوات	☐ 1 – 5 سنوات	**سنوات الخدمة**
	☐ خاص	☐ حكومي	**القطاع**
☐ عناية بالمرضى	☐ تعليم و تدريب	☐ إدارة	**القسم**

الجزء الثاني: درجة توافر الكفايات القيادية

الرجاء الإجابة عن الفقرات التالية بما يخص درجة توافر الكفايات القيادية لدى خريج كليات التمريض الأردنية الجديد عند مباشرة العمل لأول مرة

التعديل المقترح	انتماء الفقرة		وضوح الفقرة		الفقرة	الرقم
	غير موافق	موافق	غير واضحة	واضحة		
					المحور الأول: كفاية التواصل الفعال	
					يحرص على أن يكون الاتصال اللفظي موجز	1
					يتحدث بإسلوب مفهوم لمن يتواصل معهم	2
					يتابع اندماج الآخرين أثناء تواصله معهم	3
					يستخدم لغة الجسد لدعم الفكرة التي سينقلها للآخرين	4
					يراعي ثقافة المجتمع عند استخدام لغة الجسد	5
					يتأكد من أن لغة الجسد التي يعرضها تنقل المعنى الذي ينوي توصيله	6
					يظهر الاهتمام لما يقوله الشخص المحاور له	7
					يمكنه تلخيص ما سمعه بشكل فعال بعد الاستماع إلى شخص ما	8
					يظهر الانتباه أثناء حديث شخص ما معه	9
					يعبر كتابياً بلغة متسلسلة منطقياً	10
					يعبر عما يريد قوله من خلال الكتابة بسهولة	11
					يستطيع اقناع الآخرين بوجهة نظره	12
					يجيد إبقاء المجموعة على المسار الصحيح أثناء المناقشة	13
					يحفز المشاركين معه في المناقشات الجماعية لإبداء الآراء المختلفة	14
					يتجنب التأثير على وجهات النظر المخالفة له خلال المناقشات الجماعية	15

المحور الثاني: كفاية التعاون الشخصي والجماعي	

					يستفيد من الملاحظات الواردة من الآخرين ويأخذها بالاعتبار	16
					يظل هادئًا أثناء أوقات ضغط العمل	17
					يسعى بنشاط إلى فرص التعلم والتطور	18
					يمتلك مهارة السيطرة على مشاعره الخاصة	19
					ينتج بشكل ثابت حتى في الظروف المتغيرة	20
					يراعي مشاعر الآخرين عند التعامل معهم	21
					يبذل جهدًا لتطوير علاقات إيجابية تتسم بالاحترام المتبادل	22
					يشارك المعلومات والموارد المتاحة مع الآخرين	23
					يعطي ملاحظات بنّاءة بطريقة لطيفة	24
					يعمل بشكل جيد في إطار المجموعة	25
					يساعد أعضاء المجموعة على العمل معاً بشكل فعال	26
					يستشير الآخرين عند الشروع في إجراء تغيير قد يؤثر عليهم	27

المحور الثالث: كفاية حل المشكلات						
					يمارس عمليات صنع القرار بطريقة علمية	28
					تتسم قراراته بأنها أقرب إلى الرشد	29
					يحدد البديل الأنسب من بين البدائل المتاحة بطريقة ذكية	30
					يمتاز بالقدرة على التفكير خارج الصندوق	31
					يستطيع تحديد الأسباب المؤدية للنزاعات تمهيدا لحلها	32
					يستخدم استراتيجيات عديدة لإدارة الصراع التربوي	33
					يستطيع تحفيز الآخرين على اتخاذ الإجراءات الصحيحة المهنية في معالجة المرضى	34
					يشجع الآخرين على تطوير قدراتهم الذاتية	35
					ينفذ مهامه حسب أولويات العناية بالمريض	36
					ينهي الواجبات المطلوبة منه في الوقت المناسب	37

					الفقرة	الرقم
					يتابع التقدم التكنولوجي الجديد	38
					يستطيع توظيف التقدم التكنولوجي بكفاءة في مجال عمله	39
					يلتزم بالرعاية الطبية المتمحورة حول المريض	40
					يتم مهام رعاية المرضى ضمن الأطر الزمنية المناسبة	41

الاستبانة باللغة الانجليزية

Part two: The availability of leadership competencies

Please answer the following statements regarding the availability of leadership competencies among graduates of Jordanian nursing colleges when starting work for the first time:

الرقم	الفقرة	وضوح الفقرة		انتماء الفقرة		التعديل المقترح
		واضحة	غير واضحة	موافق	غير موافق	
First Dimension: Effective Communication Competency						
1	Verbal communication is concise and to the point					
2	People easily understand what he/she is trying to say when speak					
3	Others appear engaged and interested when he/she is communicating with them					
4	Others easily understand the meaning behind his\her body language					
5	Uses culturally appropriate body language to emphasize what he/she is trying to say					
6	Tries to ensure the body language he/she is display conveys the meaning he/she is intended to communicate					

7	When listening to someone, he/she try to fully engages with what that person is saying					
8	After listening to someone, he/she can effectively summarize what he/she heard					
9	Tries to not to think about other things while someone is talking to him/her					
10	Writing flows logically and clearly					
11	he/she can easily express what he/she want to say through writing					
12	When writing, his/her thoughts come across as understandable to readers					
13	Good at keeping a group on track during a discussion					
14	When leading a group discussion, he/she make sure to have input from everybody					
15	When facilitating a discussion, he/she can hold back from sharing his/her opinion to avoid influencing the perspectives of the group					

Second Dimension: Interpersonal and Team Collaboration Competency						
16	Checks and consider the feedback received from others					
17	Remains calm and focused under pressure					
18	Actively seek opportunities to learn and develop					
19	Understands and manages own emotions					
20	Recognizes how emotions affect performance					
21	Understands and deals with the emotions of others					

No.						
22	Tries to develop healthy, trusting, and respectful relationships					
23	Shares available information and resources with others					
24	Gives constructive feedback in a kind and respectful way					
25	Works well in groups					
26	Good at helping group members work together more effectively					
27	Thinks of others when considering making a change that may impact them.					

Third Dimension: Problem Solving Competency						
28	**Able to use a logical process in making decisions**					
29	**Makes decision that are effective and sounds logic**					
30	**Determines the best course of action by evaluating alternative approaches.**					
31	**Has the ability to think out of the box**					
32	**Responds and resolve disagreements in a positive way**					
33	**Responds to different disagreements differently**					
34	**Can inspire or incentivize others to take action**					
35	**Encourage creativity and self-development**					
36	**Carry out his duties according to the priorities of patient care**					
37	Complete assigned tasks within appropriate time frames					

38	**Familiar with new technology advancement**					
39	**Employ the use of new technology efficiently**					
40	Commit to patient centered care					
41	Able to complete patient care tasks within appropriate time frames					

Appendix (2): Questionnaire after expert review

MEU
جـامـعـة الـشـرق الأوسـط
MIDDLE EAST UNIVERSITY
Amman - Jordan

الزملاء/ الزميلات قادة مهنة التمريض في المستشفيات الأردنية

السلام عليكم ورحمة الله وبركاته

تحية طيبة وبعد:

يقوم الباحث بدراسة تهدف للكشف عن " درجة توافر الكفايات القيادية لدى خريجي كليات التمريض الأردنية و علاقتها بجاهزيتهم للعمل من وجهة نظر قادة التمريض في المستشفيات"، وذلك استكمالاً لمتطلبات الحصول علىُ درجة الماجستير في الإدارة و القيادة التربوية، جامعة الشرق الأوسط، الغرض من المعلومات التي يتم جمعها هو الهدف العلمي، وسيتم التعامل معها بسرية تامة، و لتحقيق هدف الدراسة تم بناء استبيان مكون من ثلاث أجزاء؛ الجزء الأول يشمل البيانات الديمغرافية ، وأما الجزء الثاني فقد خصص لاستقصاء درجة توافر الكفايات القيادية مكون من ثلاثة محاور رئيسية و هي كالآتي:

- المحور الأول: كفاية التواصل الفعال
- المحور الثاني: كفاية التعاون الشخصي والجماعي.
- المحور الثالث : كفاية صنع القرار وحل المشكلات

أما الجزء الثالث فقد خصص لاستقصاء درجة جاهزية الخريجين الجدد للعمل

لغة البحث هي اللغة الإنجليزية و عليه فقد تم إدراج الاستبانة باللغتين العربية و الانجليزية بحيث يمكنك إختيار اللغة التي تفضلها

المشاركة طوعية ويمكن للمشاركين الانسحاب في أي وقت دون أي عواقب، و نود ان ننوه الى أن الوقت اللازم لملء الاستبيان هو 15 دقيقة و لا يحمل اية مخاطر نفسية و لا جسدية و تمت مراجعة الدراسة من قبل جامعة الشرق الأوسط. و ختاما فأن مشاركتكم في هذه الدراسة سوف تسهم في رفع مستوى الخريجين الجدد من الممرضين و هذا بالتأكيد سوف يعود بالنفع على مرضانا و مستوى العناية المقدمة لهم

شاكراً لكم حسن تعاونكم....

أذا كان لديك أي استفسارات يمكنك الأتصال على رقم الباحث (0780263121

الباحث : سامي سالم أحمد اليتيم

الجزء الأول: البيانات الديمغرافية

الرجاء تعبئة البيانات التالية:

الجنس:	☐ ذكر	☐ أنثى	
المؤهل العلمي	☐ بكالوريوس فما دون	☐ دراسات عليا	
سنوات الخدمة	☐ 5 سنوات أو أقل	☐ 6 – 10 سنوات	☐ أكثر من 10 سنوات
القطاع	☐ حكومي	☐ خاص	
القسم	☐ إدارة	☐ تعليم و تدريب	☐ عناية بالمرضى

الجزء الثاني: درجة توافر الكفايات القيادية

الرجاء الإجابة عن الفقرات التالية بما يخص درجة توافر الكفايات القيادية لدى خريج كليات التمريض الأردنية الجديد عند مباشرة العمل لأول مرة

الرقم	الفقرة	أبدا	نادرا	أحيانا	غالبا	دائما
	المحور الأول: كفاية التواصل الفعال					
1	يحرص على أن يكون الاتصال اللفظي موجزاً					
2	يتحدث بأسلوب مفهوم مع الآخرين					
3	يتابع انتباه الآخرين أثناء تواصله معهم					
4	يستخدم لغة الجسد لدعم الفكرة التي سينقلها للآخرين					
5	يراعي ثقافة المجتمع عند استخدام لغة الجسد					
6	يتأكد من أن لغة الجسد التي يعرضها تنقل المعنى الذي ينوي إيصاله					
7	يظهر الاهتمام لمن يتحدث معه					
8	يمكنه تلخيص ما سمعه بشكل فعال بعد الاستماع إلى شخص ما					
9	يعبر كتابياً بلغة متسلسلة منطقياً					
10	يعبر عما يريد قوله من خلال الكتابة بسهولة					
11	يستطيع إقناع الآخرين بوجهة نظره					
12	يجيد إبقاء فريق العمل على المسار الصحيح أثناء المناقشة					
13	يحفز المشاركين معه في المناقشات الجماعية لإبداء الآراء المختلفة					
14	يتجنب التأثير على وجهات النظر المخالفة له خلال المناقشات الجماعية					

الرقم	الفقرة	أبدا	نادرا	أحيانا	غالبا	دائما
	المحور الثاني: كفاية التعاون الشخصي والجماعي					
15	يستفيد من الملاحظات الواردة من الآخرين ويأخذها بالاعتبار					
16	يظل هادئًا تحت ضغط العمل					
17	يسعى بنشاط إلى فرص التعلم والتطور					
18	يمتلك مهارة السيطرة على مشاعره					
19	يحرص على تنفيذ مهامه حتى في الظروف الصعبة					
20	يراعي مشاعر الآخرين عند التعامل معهم					

دائما	غالبا	أحيانا	نادرا	أبدا	الفقرة	الرقم
					يبذل جهدًا لتطوير علاقات إيجابية تتسم بالاحترام المتبادل مع فريق العمل	21
					يشارك المعلومات والموارد المتاحة مع الآخرين	22
					يعطي ملاحظات بنّاءة بطريقة لطيفة	23
					يعمل بفعالية في إطار فريق العمل	24
					يساعد أعضاء الفريق على العمل معاً بشكل فعال	25
					يستشير الآخرين عند الشروع في إجراء تغيير قد يؤثر عليهم	26

				المحور الثالث: كفاية صنع القرار وحل المشكلات		
دائما	غالبا	أحيانا	نادرا	أبدا	الفقرة	الرقم
					يمتلك مهارة جمع المعلومات الدقيقة لحل المشكلة	27
					يحلل المعلومات بطريقة علمية للتوصل لأسباب المشكلات	28
					يستطيع تكوين بدائل مناسبة لحل المشكلة بناءً على الأسباب المؤدية لها	29
					يقيم البدائل المتاحة لحل المشكلة وفق معايير محددة	30
					يختار البديل الأنسب ضمن مُثل (أقل وقت وجهد وكلفة)	31
					يحرص على متابعة التغذية الراجعة حول قراراته	32
					يحرص على توظيف التكنولوجيا في حل المشكلات	33
					يجعل المشكلة التي تواجهه فرصة للتعلم الذاتي	34
					يركز على رعاية المريض كأولوية أولى في حالة حدوث مشكلات طارئة	35
					يستشرف أسباب الصراع قبل وقوعه	36
					يستطيع إعادة ترتيب أولوياته حسب المستجدات	37
					يمتلك معرفة علمية حول استراتيجيات إدارة الصراع	38
					يحرص ان تكون قراراته اقرب للرشد	39
					يمارس التفكير التأملي بعد إدارة الصراع للتطوير ذاته	40

الجزء الثالث: درجة جاهزية الخريجين الجدد للممارسة العملية

دائما	غالبا	أحيانا	نادرا	أبدا	الفقرة	الرقم
					ينفذ التداخلات و الإجراءات العلاجية بأمان	1
					يحضر المرضى للإجراءات والعلاجات التشخيصية (مثل تنظير القولون)	2

					يتم عملية استقصاء حالة المريض حسب الأوقات المحددة في البروتوكول العلاجي المتبع في المؤسسة	3
					يستخدم أدوات وتقنيات الاستقصاء المناسبة لحالة كل من أجهزة الجسم (مثل الجهاز العصبي) بالتشاور مع المرضى وأعضاء فريق الرعاية الصحية الآخرين	4
					ينفذ الإجراءات التمريضية المتعددة للمرضى المصابين بأمراض متداخلة و معقدة ، ويبحث عن الاستشارة المناسبة عند الحاجة	5
					يطبق مدونة الأخلاق لمعالجة المعضلات الأخلاقية	6
					يظهر فهم جيد للموافقة المستنيرة للإجراءات الطبية من قبل المريض	7
					يظهر الاحترام والمعرفة لكفاءات مختلف أعضاء فريق الرعاية الصحية	8
					يدافع عن المرضى، خاصة عندما لا يتمكنون من الدفاع عن أنفسهم	9
					يحرص على توفير الرعاية التمريضية التلطيفية أو الرعاية المناسبة عند الاقتراب من الموت لمحتاجيها	10
					يطبق مبادئ السلامة لمنع إصابته او إصابة المرضى والعاملين في مجال الرعاية الصحية والجمهور بالأذى	11
					يتخذ إجراءات مناسبة في المواقف التي يحتمل أن تكون مسيئة، لحماية الذات و المرضى والزملاء من الأذى (مثل التنمر والعنف بين الممرضين والممرضات)	12
					يظهر الوعي بقضايا الصحة العالمية المستجدة	13
					يظهر الوعي بحالات عدم المساواة و التمييز في تقديم الرعاية الصحية لمحتاجيها	14
					يشارك في البحوث التمريضية و الصحية من خلال تحديد الفرص المناسبة لإجراء البحوث العلمية	15
					يلم بالقاعدة المعرفية الواسعة المطلوبة لممارسة مهنة التمريض	16
					يساعد المرضى على فهم الصلة بين الممارسات الصحية السليمة وانعكاساتها على الصحة (مثل الطرق الغذائية لخفض الكوليسترول)	17
					يطبق مدونة الأخلاقيات لتعظيم العلاقات التعاونية داخل فريق الرعاية الصحية	18
					تحدي و مواجهة الأوامر أو القرارات أو الإجراءات الطبية المشكوك فيها من أعضاء فريق الرعاية الصحية الآخرين	19
					يستخدم استراتيجيات مناسبة لحل النزاعات عند الضرورة	20
					يبلغ عن الأخطاء وشبكة الحدوث في الرعاية الصحية	21

					يتخذ قرارات الممارسات التمريضية المثلى في حال غياب السياسات والإجراءات على مستوى المؤسسة	22

الاستبانة باللغة الانجليزية

Part two: The availability of leadership competencies

Please answer the following statements regarding the availability of leadership competencies among graduates of Jordanian nursing colleges when starting work for the first time:

First Dimension: Effective Communication Competency						
NO	**Statement**	**Never**	**Rarely**	**Sometimes**	**Very Often**	**Always**
1	Make sure verbal communication is brief					
2	Speaks in a manner that is understandable to those he communicates with					
3	Follows the integration of others while communicating with them					
4	Uses body language to support the idea he/she will pass on to others					
5	Considers the culture of society when using the body language					
6	Makes sure that the body language he/she displays conveys the meaning he intends to convey					
7	Shows interest in what the interviewee is saying					
8	Summarize what he/she heard after listening to someone effectively					
9	Express in writing in a logical sequence					
10	Express what he/she wants to say through writing easily					

NO	Statement					
11	Convince others with his/her point of view					
12	Keeps the group on track during discussion					
13	Motivates participants in group discussions to express different opinions					
14	Avoids influencing opposing viewpoints during group discussions					

Second Dimension: Interpersonal and Team Collaboration Competency						
NO	Statement	Never	Rarely	Sometimes	Very Often	Always
15	Accept feedback from others and takes them into consideration					
16	Stay calm during times of work pressure					
17	Seeks out learning and development opportunities					
18	Control his/her own emotions effectively					
19	Carry out duties even in difficult circumstances					
20	Considers others' feelings when dealing with them					
21	Makes all effort to develop mutually respectful relationships with the work team					
22	Shares available information and resources with others					
23	Give constructive feedback in a nice way					
24	Works well within a team					
25	Help team members to work together effectively					

NO	Statement					
26	Consult others when initiating a change that may affect them					

Third Dimension: Decision-Making and Problem-Solving Competency						
NO	Statement	Never	Rarely	Sometimes	Very Often	Always
27	Possesses the skill of gathering accurate information to solve the problem					
28	Analyzes information in a scientific way to find the causes of problems					
29	Create suitable alternatives to solve the problem based on the causes that lead to it					
30	Evaluates the available alternatives to solve the problem according to specific criteria					
31	Choose the most appropriate alternative within the ideals (less time, effort and cost)					
32	Follow up on the feedback on his decisions					
33	Employ technology to solve problems					
34	Makes the problem he\she faces an opportunity for self-learning					
35	Focuses on patient care as a priority in case of emerging problems					
36	Anticipates the causes of conflict before it occurs					
37	Rearrange his priorities according to the updates					
38	Possesses scientific knowledge of conflict management strategies					
39	Makes sure that his\her decisions are closer to logic					

NO	Statement					
40	Practice reflective thinking after conflict management for self-development					

Part Three: Nursing Graduates Readiness for Practice:

Please answer the following statements regarding the degree of readiness to Work among graduates of Jordanian nursing colleges when starting work for the first time:

NO	Statement	Never	Rarely	Sometimes	Very Often	Always
1	Manage therapeutic interventions safely (e.g. drainage tubes)					
2	Prepare clients for diagnostic procedures and treatments (e.g. Colonoscopy)					
3	Complete your assessments in a timely manner following agency protocols					
4	Use the appropriate assessment tools and techniques for each body system (e.g. the neurological system) in consultation with clients and other healthcare team members					
5	Manage multiple nursing interventions for clients with complex co-morbidities, seeking appropriate consultation when needed					
6	Apply the Code of Ethics to address ethical dilemmas					
7	Demonstrate a good understanding of informed consent					
8	Demonstrate respect and knowledge of the unique and share competencies of various members of the healthcare team					

9	Advocate for clients especially when they are unable to advocate for themselves					
10	Provide nursing care to meet hospice, palliative or end-of-life care needs					
11	Apply safety principles to prevent injury to clients, self, other healthcare workers, and the public					
12	Take action in potentially abusive situations to protect self, clients and colleagues from injury (e.g. bullying, nurse-to-nurse violence)					
13	Demonstrate awareness about the emerging global health issues					
14	Demonstrate awareness of the health inequities of people who are affected by various kinds of discrimination					
15	Take part in nursing or health research by identifying research opportunities					
16	Demonstrate the broad knowledge base required for nursing practice					
17	Assist clients to understand the link between health promotion strategies and health outcomes (e.g. dietary methods to lower cholesterol)					
18	Use the Code of Ethics to maximize collaborative interactions within the healthcare team					
19	Challenge questionable orders, decisions or actions of other healthcare team members					
20	Use conflict resolution strategies when necessary					

21	Report a near-miss in care (a narrow escape from a serious complication)				
22	Make good practice decisions in the absence of agency policies and procedures				

Appendix (3): هيئة تحكيم الأستبانة

الجامعة	الرتبة	التخصص	الأسم	
جامعة الشرق الأوسط	أستاذ مساعد	الادارة والقيادة التربوية	علي عودة نعيم الطراونة	1

جامعة الشرق الأوسط	أستاذ	المناهج وطرق التدريس	الهام علي احمد الشلبي	2
جامعة الشرق الأوسط	أستاذ	الادارة والقيادة التربوية	علي حسين محمد حورية	3
جامعة الشرق الأوسط	أستاذ مشارك	الادارة والقيادة التربوية	كاظم عادل أحمد الغول	4
جامعة الشرق الأوسط	أستاذ مشارك	الادارة والقيادة التربوية	ابراهيم أحمد ابو جامع	5
جامعة الشرق الأوسط	أستاذ	المناهج وطرق التدريس	محمد عبد الوهاب حمزة	6
جامعة الشارقة	أستاذ مشارك	التمريض	نبيل سالم أحمد اليتيم	7
جامعة الأسراء	أستاذ مساعد	التمريض	عماد حسن الفيومي	8
جامعة الأسراء	أستاذ مساعد	الادارة والقيادة التربوية	أميرة الشرايعة	9
جامعة الأسراء	أستاذ مساعد	الادارة والقيادة التربوية	ايمان محمود الزغول	10

The Hashemite Kingdom of Jordan

National Human Resources for Health Observatory Annual Report

2018

Prepared by:
Ms. Shruoq Jabreel
Head of Planning and Project Management Division

Reviewed by:
Dr. Mohammad Tarawneh
Secretary General of the High Health Council
Mr. Mujen Abu-Shaer
Acting Director of Technical Affairs, Studies and Research / High Health Council

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Annual Report, 2018

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Head of Planning and Project Management Division

Reviwed by:
Dr. Mohammad Tarawneh
Secretary General of the High Health Council

Mr. Muien Abu-Shaer
**Acting Director of Technical Affairs, Studies and Research /
High Health Council**

I. Distribution of Health Workforce at the National Level

Table (1): shows the density of health workforce categories at the national level; It was noticed that the highest ratios per 10.000 pop was found among the registered nurses (26.8) followed by the physicians (22.1), then pharmacists (14.9), dentists (7.2) and the least was found to be among the midwives (3.5).

Table (1): Ratio of Health workforce/10.000 pop at the national level by sector, 2018

CADER	Public	Private	charity sector	TOTAL	RATIO
Physicians	9319	12913	554	22785	22.1
Dentists	1362	6012	32	7406	7.2
Pharmacists	1489	13818	93	15400	14.9
Registered nurses	12256	14405	918	27579	26.8
Midwives	2022	1572	36	3630	3.5

8.1 Health workforce in the public sector:

Public Sector in this report is the sector that provides public services; it involves MOH, Prince Hamza Hospital, RMS, the two university hospitals (JUH and KAH), JFDA, NCDE, JPD, JMC, JNC and the HHC.

As shown in the table below, most of the health workforces are from the MOH as it is the main provider sector for health services in Jordan.

Table (2): Distribution of health workforce in the public sector by category, 2018

Cadre	MOH	*Prince Hamzah	RMS	JUH	KAUH	JFDA	JPD	NCDED	JNC	JMC	HHC	Total
Physicians	5838	*108	2177	561	596	2	0	14	0	2	1	9319
Dentists	743	0	523	67	26	2	0	0	0	0	1	1362
Pharmacists	805	41	410	34	41	123	17	17	0	0	1	1489
Registered Nurses	6206	373	4268	556	809	4	2	32	5	0	1	12256
Midwives	1612	0	369	18	23	0	0	0	0	0	0	2022
Laboratory technician	614	20	693	53	60	5	0	28	0	0	0	862

*Taking in consideration that around (%) of Prince Hamzah Hospital staff are assign from MOH and there for they are excluded from the numbers of Prince Hamzah Hospital to prevent double counting of the staff between Prince Hamzah Hospital and MOH.

8.1.1 Health workforce at MOH

Table (2) shows that physicians working at the MOH for the year 2018 are mainly males (90%). The table also reveals that more than half of the dentists at MOH are males, while around three-quarters of the pharmacists and Laboratory technician are females (73%, 76% respectively) nearly the more than half of registered nurses are females (58%).

Appendix (5): <mark>كتاب تسهيل المهمة للباحث</mark>

MEU جامعة الشرق الأوسط
MIDDLE EAST UNIVERSITY
Amman - Jordan

مكتب رئيس الجامعة
President's Office

الرقم: د/خ/23/283
التاريخ: 2021/10/18

معالي الدكتور فراس الهواري الأكرم
وزير الصحّة

تحية طيبة وبعد،

فنهديكم جامعة الشرق الأوسط أطيب التحيات وأصدق الأمنيات، وحيث إن المسؤولية المجتمعية قيمة أساسية في تحقيق رسالة الجامعة ورؤيتها، وبهدف تعزيز وترسيخ أسس التعاون المشترك الذي يُسهم في تأدية الجامعة إلتزامها نحو خدمة المجتمع المحلي وتنميته، يرجى التكرم بالموافقة على تقديم التسهيلات الممكنة للطالب: سامي سالم اليتيم ورقمه الجامعي (402010058) المسجل في برنامج ماجستير الإدارة والقيادة التربوية/ كلية العلوم التربوية؛ والذي يتولى القيام بتوزيع استبانات في المستشفيات الخاصة والحكومية في محافظة العاصمة عمان؛ لاستكمال رسالته الجامعية والموسومة بعنوان "درجة توافر الكفايات القيادية لدى الطلبة الخرجين في كليات التمريض الأردنية وعلاقتها بدرجة جاهزيتهم للعمل من وجهة نظر قادة التمريض في المستشفيات الأردنية". علمًا أن المعلومات التي سيحصل عليها ستبقى سرية ولن تُستخدم إلّا لأغراض البحث العلمي.

شاكرين لكم حسن تعاونكم واهتمامكم.

وتفضلوا معاليكم بقبول فائق الاحترام والتقدير...

ق.أ رئيس الجامعة

أ.د. سلام خالد المحادين

Tel. (+962) 4790222 Fax: (+962) 4129613 P.O.Box. 383 Amman 11831 Jordan e-mail: dir-presdeport@meu.edu.jo www.meu.edu.jo

Appendix (6): موافقة لجنة أخلاقيات البحث العلمي في وزارة الصحة

تحية طيبة وبعد ،،،

أرفق طيأ صورة عن كتاب مدير ادارة مستشفيات البشير / رئيس لجنة أخلاقيات البحث العلمي رقم م ب أ / لجنة أخلاقيات /١٨٦٩٠ تاريخ ٢٠٢١/١٢/٩ بخصوص الموافقة لطالب ماجستير الادارة والقيادة التربوية / كلية العلوم التربوية سامي سالم اليتيم من جامعة الشرق الأوسط إجراء بحث بعنوان :

(درجة توافر الكفايات القيادية لدى الطلبة الخريجين في كليات التمريض الأردنية وعلاقتها بدرجة جاهزيتهم للعمل من وجهة نظر قادة التمريض في المستشفيات الأردنية)

(The Degree of Leadership Competencies Availability Among
Graduates of Jordanian Nursing Collages and its relation to Their Readiness
for Practice from Clinical Nursing Leader's Perspective)

وذلك عن طريق توزيع استبيان الكتروني على القيادات التمريضية المشرفة على خريجي التمريض الجدد في المستشفيات الحكومية في محافظة العاصمة .

أرجو التكرم بالإيعاز لمن يلزم تسهيل مهمة إجراء البحث أعلاه ، على أن يتم موافاة لجنة أخلاقيات البحث العلمي بنتائج الدراسة العائدة للبحث المذكور .

وتفضلوا بقبول فائق الاحترام ،،،

مدير مديرية التعليم وتطوير الموارد البشرية

الدكتورة رهام الحمود

King Hussein Cancer Center   مركز الحسين للسرطان

Institutional Review Board   اللجنة المؤسسية

Date: 15-Nov-2021

Dear Mr. Sami Al-Yatim,

In reference to the proposal entitled: **"The Degree of Leadership Competencies Availability Among Graduates of Jordanian Nursing Colleges and its relation to Their Readiness for Practice from Clinical Nursing Leader's Perspective"** (Proposal No. 21 KHCC 159).

You are kindly informed that the IRB has reviewed and approved the following document(s):

1. Research Application Form
2. Study Proposal
3. Cover letter
4. Leadership Competency Questionnaire

Kindly note that this proposal was exempted (under category 2) from full IRB review and approved.

Kindly note that if the study extends beyond three years you have to submit a **Renewal of Research Approval Form** and an interim update on the study. For any modifications on the approved proposal please complete the **Amendment to Approved Research Form**. At the end of the study, you are requested to complete **Study Closure/Termination Form**.

Please inform the IRB Office of any publications/ abstracts that may result from this study.

On behalf of KHCC IRB, I would like to wish you a successful study.

King Hussein Cancer Center
IRB Approval Date

15 NOV 2021
Date: 15-Nov-2021
IRB Approval Expiration
14 Nov 2024
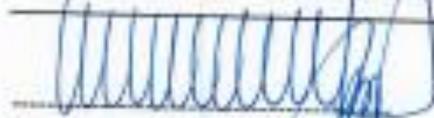
Dr. Maysa Al-Hussaini
Chair, Institutional Review Board
King Hussein Cancer Center
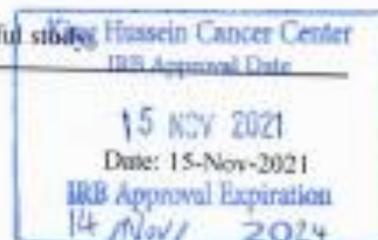
The IRB consists of members of medical and non medical background including public, lawyers, nurses and pharmacists. It is the policy of the IRB to conduct random audits on a percentage of approved projects. These audits may be conducted at any time after the project starts. In cases where the IRB considers that there may be a risk of adverse events, or where participants may be especially vulnerable, the IRB may request the principal investigator to provide an outcomes report, including information on follow up of participants.
KHCC-IRB is approved by JFDA and is compliant with GCP Guidelines and national Clinical Research Law (2011).