Resonant Leadership and Workplace Friendship of Nurses at Al-Ahrar Teaching Hospital

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Abstract

Background: Workplace environment characterized by resonant leadership and the presence of positive workplace friendships among staff nurses is likely to contribute to higher levels of organizational commitment. **Aim of the study:** This study aimed to assess the relationship between resonant leadership, and workplace friendship of nurses at Al-Ahrar Teaching Hospital. **Subjects and Methods; Research design:** Descriptive correlational design**. Setting:** The study was conducted in Al-Aharar Teaching Hospital in Zagazig which affiliated to educational hospitals and institutes authority. **Subjects:** Simple random sample of nurses employed in the above-mentioned setting and their total number was 233 nurses were chooser randomly out of 500 nurses. **Tools of data collection:** Two tools were used; resonant leader and workplace friendship scale. **Results:** More than half of the studied nurses (50.2%) had high level perception of resonant leadership in their supervisor. While 11.2% of them had low level of perception of resonant leadership. Also, more than half of studied nurses (56.7%) had moderate strength and quality of workplace friendship in their organization. **Conclusion:** There was slightly more than half of the studied nurses reported a high level of resonant leadership in their supervisors, while more than one-third of them indicated a moderate level. Additionally, over half of the nurses reported moderate strength and quality of workplace friendships. **Recommendations:** Provide training for supervisors to improve their skills in fostering workplace friendships. Encourage a collaborative and resonant leadership approach that emphasizes team cohesion. Establish initiatives that encourage social interaction among nursing staff. Foster team-building activities, social events, or support groups to strengthen workplace friendships and create a positive work atmosphere.

Key words: Resonant Leadership, Workplace Friendship, Nurses.

Introduction:

In the dynamic and demanding field of nursing, effective leadership and positive interpersonal relationships are vital components for creating a thriving and supportive work environment. The amalgamation of resonant leadership and workplace friendships among nurses has emerged as a compelling area of study, shedding light on how these interconnected elements contribute to enhanced job satisfaction, improved communication, and ultimately, superior patient care [1].

Nowadays, any organization that aspires to achieve its goals must have strong leadership. A good leader is one who can energize, excite, and direct group towards the shared objective. Recently the resonant leadership is favorable style for success of organization. Resonance refers to a phenomenon in which a vibrating objects or system, such as a guitar string or a human voice, creates a sympathetic vibration in another object or system that is in close proximity [2]. In other words, when two objects resonate, vibrate at the same frequency, creating a harmonious sound. Resonant leadership is a powerful tool for organizational success, breaks down the traditional barriers of hierarchy and allows the leader to tap into the collective wisdom of entire organization [3].

There are four types of resonant leadership: visionary, coaching, affiliative, and democratic. Visionary leaders inspire their team members by painting a compelling picture of the future and providing a sense of direction. Coaching leaders focus on developing their team members by providing feedback and guidance to help them improve their skills. Affiliative leaders prioritize building relationships and creating a positive work environment, often by emphasizing collaboration and empathy.4. Democratic leaders seek input and participation from their team members, valuing diverse perspectives and creating a sense of ownership and responsibility [4].

Resonant leaders establish stronger emotional bonds with nurses, are positive, caring, and spread hope, which enables them to establish stronger emotional ties with followers. Workplace friendship is a multidimensional and complex phenomenon; involves people from different gender, age, and cultures [5]. Workplace friendship affects nurses' work-related attitudes which enhance organizational outcomes such as support from others, reduced stress, and increased job satisfaction [6].

When people feel respected, work performance improves, enabling innovation and creativity. Nurses who have friends at work are more likely to be committed in jobs. Organizational commitment, as a psychological mechanism to promote career stability, categorized by value commitment, effort commitment and retention commitment. Organizational commitment is defined as an individual's commitment to the organization's mission and the willingness to remain a member of the organization by nurses who share the organization's values and goals [7].

Aim of the study:
The aim of this study was to assess the relationship between resonant leadership, and workplace friendship of nurses at Al-Ahrar Teaching Hospital.

Research Question:
Is there a relationship between resonant leadership and workplace friendship of nurses at Al-Ahrar Teaching Hospital?

Subjects and Method:
Design:
The descriptive correlational design was used to conduct this study.

Setting:
The study was conducted at Al-Aharar Teaching Hospital in Zagazig which affiliated to educational hospitals and institutes authority with the capacity of beds (420) bed.

Subjects:
The study population composed of nurses employed in the above-mentioned setting and their total number was 500 staff nurses. All participants met the following **inclusion criteria:**

- The available educational levels of nurses will be included (bachelor in nursing, technical nursing diploma, and nursing diploma).

- Provide direct patient care.

- Agree to participate in the study.

- Both genders.

Sampling technique:
Sampling is the selection method or procedure of a small proportion of a population to where data is collected. In this study, simple random sample calculated based on the total population size of 500 nurses, so sample size is calculated the ideal sample size was estimated at a confidence level at 95% (1.96), error proportion (0.05) and the required sample size was (233) staff nurses.

Tools for data collection:
Tool (I): Resonant leadership scale: This tool contained two parts.

- **Part one:** Personal and work-related characteristics of nurses such as age, gender, years of

experience, social status, educational qualification, and department of work.

- **Part two:** Resonant leadership scale was developed by **Cummings et al.** [8] to assess perception of nurses regarding resonant leadership behavior, this scale consisted of 10 items as Seeks feedback even when it is difficult to hear, Act on their values even if it is at personal coast, and focuses on successes rather than failures…etc.

Scoring system:

The responses of staff nurses to the scale were measured on a five-point Likert scale ranged from 1 (strongly disagree), 2 (disagree), 3 (neutral), 4 (agree), 5 (strongly agree). The total score of the scale was ranged from (10-50).

Total percent of Resonant Leadership scale turned into number and percentage as follow:

Level	Percentage %
High	≥75%
Moderate	50-<75%
Low	<50 %

Tool II: Workplace friendship scale: It was developed by **Nielsen et al.** [9] to measures friendship prevalence, strength, and quality of relationship, it consisted of 6 items as having formed strong friendship at work, socialize with co-workers outside the workplace and can confide in people at work…etc.

Scoring system:

The responses of staff nurses to the scale were measured on a five-point Likert scale ranged from 1 (strongly disagree), 2 (disagree), 3 (neutral), 4 (agree), 5 (strongly agree). The total score of the scale was ranged from (6-30).

Total percent of workplace friendship scale turned into number and percentage as follow:

Level	Percentage %
High	≥75%
Moderate	50-<75%
Low	<50 %

Content validity and reliability:

The tools of data collection were translated into Arabic, and then content and face validity were established by a jury of "five" experts specialized in nursing administration. The content and face validity sheet involved two parts: the first part included the opinions of the experts for each item that were recording on a two-point scale: relevant and not relevant, and the second part covered general or overall opinions about the form which express their comments on the tools for clarity, applicability, comprehensiveness, understanding, any suggestions for any additional or omissions of items and ease for implementation. According to their opinions, all recommended modifications were performed by the researcher.

The reliability of the questionnaire was measured through Cronbach's Alpha coefficient for assessing its internal consistency, and it was as the following table:

Scale	Cronbach's α	Interpretation
Resonant leadership scale	**0.77**	Accepted
Workplace friendship scale	**0.75**	Accepted

Field work:

After securing all official permissions, the researcher started the actual field work. The field work of the study was executed in 3 months

from the beginning of January 2023 and completed at the end of March 2023. The researcher introduced herself to nurses then explained the aim of the study to nurses and invited them to participate. Those who gave their verbal consent to participate were handed the tool form. The researcher was present during the data collection period to explain how to filling the questionnaires, clarify any ambiguity and answer any questions then the researcher checked each filled questionnaire sheet scale to ensure its completion.

Pilot study:

A pilot study was carried out on 10 % of study subjects (23 staff nurses) to test applicability, feasibility, practicability of the tools. In addition, to estimate the time required for filling in the questionnaire sheets. The pilot study was conducted one week before collection of data and staff nurses were selected randomly and they were excluded from the main study sample.

Administrative and Ethical considerations:

After obtaining of agreement of the Research Ethics Committee (REC) at Faculty of Nursing, Zagazig University, the agreement for participation of the participants was taken after full explanation of the aim of the study.

Informal oral consent was obtained from nurses that will be included in the study sample after verbal explanation with each subject of the nature and the aim of the study. They gave an opportunity to refuse or to participate; the study couldn't pursue any negative consequences for the subjects. They reassured that any information collected will be used exclusively for research purpose only and will be confidentially treated.

An official permission was obtained from the manager of Al-Aharar Teaching Hospital. This letter included the aim of the study and photocopy from data collection tools in order to get the permission and help for collection of data. In addition, an oral consent was obtained from each participant.

Statistical analysis:

All data were collected, tabulated, and statistically analyzed using the IBM SPSS (Statistical Package for the social sciences) statistics for windows, version 23.0 IBM Corp., Armonk, NY: USA. Quantitative data were expressed as the mean ± SD & (range), and qualitative data were expressed as absolute frequencies (number) & relative frequencies (percentage). Percent of categorical variables were compared using Chi-square test. Pearson correlation coefficient was calculated to assess relationship between various study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0 indicate weak correlation.

Significance of the results:

- Highly significant at p-value < 0.01.
- Statistically significant was considered at p-value < 0.05.
- Non-significant at p-value ≥ 0.05.

Results:

Table (1): Reveals that more than one half of nurse's age (51.9%) is more than 30 years old and most of nurses were females 70%. The majority (72.1%) of studied nurses were married. Regarding qualification 57.6% of studied nurses had technical institute degree. About years of experience, more than one half (52.4%) of them having more than five years' experience. Most of Nurses distributed in medical departments (45%) followed by surgical departments (39.5%) and ICU departments (15.5%) as obvious in table.

Figure (1): Shows that more than half of studied nurses (50.2%) had high perception level of resonant leadership in their supervisor. While

11.2% of them had low of perception level of resonant leadership.

Figure (2): Shows that more than half of studied nurses (56.7%) had moderate strength and quality of workplace friendship in their organization.

Table (2): Shows that, there was a statistically significant relation between resonant leadership and studied nurses' age, sex, social status, department, and experience   at p-value (0.0001). Otherwise, there was no relation between education and nurses perception toward resonant leadership of their supervisor p>0.05.

Table (3): Shows that, there was a statistically significant relation between workplace friendship scale and studied nurses' age, sex, social status, department, education, and experience   at p- value (0.0001).

Discussion:

Regarding level of resonant leadership among the studied nurses, the current study findings revealed that, slightly more than one half of the studied nurses perceived a high level of resonant leadership in their supervisor. From the research investigator point of view, this might be attributed to emotional intelligence skills that are pointed out as an essential quality of a good nurse or a good leader**.** Nurse supervisors had high level of resonant leadership because they might seek feedback, focus on success rather than failure, support teamwork to achieve goals and effectively resolve conflicts that arise.

This result was similar to **Reynolds et al.** [2] who conducted a cross sectional study in Brazil to analyze resonant leadership style among the nurse managers from the perspective of nurse managers and nurses, and found that more than half of studied nurses perceived high level of resonant leadership. In the same context, a study done by **Macassa et al.** [10] entitled responsible leadership behavior as a determinant of

stakeholders' health and well-being and stated that most of the study respondents reported high resonant leadership. On the other hand, a study carried out by **Azizi** [11] in Iran about the effect of resonant leadership on organizational performance by the mediating role of team empowerment among managers and personnel and found that resonant leadership was practiced at a moderate level in the hospital's acute care setting.

Also, a study conducted by **El-Sayed et al.** [12] in Egypt to evaluate the influence of program regarding resonant leadership on knowledge and practices of nurse managers and reported that none of nurses described that their nurse managers practiced high resonant leadership pre intervention. Moreover, a study performed by **Gaan and Shin** [13] in India to investigate multilevel analysis of resonant leadership and subordinate's work performance during COVID-19 and stated that the studied respondents rated their managers as having moderate levels of resonant leadership. This difference might be a result of having a much larger sample and different sample characteristics.

Regarding frequency of resonant leadership, the present study clarified that more than half of studied nurses agreed with item (Focuses on successes rather than failures), while less than one tenth of them strongly disagreed with item (Supports teamwork to achieve goals / outcomes) which might reflect that nurses see focusing on successes rather than failures as a key leadership behavior consistent with their perception of their managers' resonant leadership skills. Support teamwork is manifested when nurses feel there is guidance, direction, help and feedback from managers, and this contributes to effective outcomes.

This might be attributed to about half of nurses perceived a high level of resonant leadership, whereas resonant leadership has been

associated with positive effects for professionals and has a strong influence on the manager's support of the staff. Resonant leadership also empowers nurses and reduces acts of incivility at work, enabling nurses to make decisions that impact a healthy work environment.

In the same context, **Gaan et al.** [14] who carried out a study in India to investigate the cross-level indirect effect of resonant leadership on the remote engagement of software professionals through psychological empowerment and mentioned that most of participants reported that the highest resonant leadership behavior was "focuses on successes rather than failures".

Also, this result was congruent with **Hassan and Qureshi** [15] who carried out a cross-sectional study in Brazil to analyze resonant leadership style among the nurse managers from the perspective of nurse managers and nurses and reported that less than a third of nurses considered that the leader gives support to teamwork for achieving goals/outcomes. On the other hand, a study performed by **Baesu** [16] in Romania about Leadership based on emotional intelligence in modern organizations and declared that most of participants reported that their leader engages them in working toward shared vision and added the most important quality of a successful leader was vision which turns practically "the transactional manager" into "an innovating leader".

In contrast, a study in Venezuela performed by **Ramírez et al.** [17] to establish the relationship between social intelligence and leadership resonant in public health institutions and reported that the highest rated resonant leadership behavior was "supports teamwork". In this concern, **Marques and Gomes** [18] conducted a study about Responsible leadership and/versus responsible management in UK, and affirmed that leaders calmly handle stressful situations, they concluded that in conditions of crisis resonant leader keep his calm, maintain the "resonance" state within the group, be confident in his own forces and convinced that he can make the required decisions any moment.

Related to level of workplace friendship among studied nurses, the current study declared that more than half of the studied nurses had moderate strength and quality of workplace friendship, while less than one tenth of them had low strength and quality of workplace friendship. This might be due to slightly more than one half of the studied nurses reported a high level of resonant leadership in their supervisor. As resonant leaders have high emotional competencies, they are able to develop empathy among their followers. Moreover, due to their ability to socialize and handle difficult situations at work with ease, resonant leaders are able to build strong social bonds with people at work, which can result in feelings of compassion in the workplace [19].

Similarly, a study conducted by **Omolawal and Okewole** [19] in Nigeria, who conducted a descriptive study to analyze the role of workplace friendship among employees in selected universities, they reported that there were moderate interpersonal relationships between nurses as perceived by more than half of them. This result was in harmony with a study carried out by **Gates et al.** [20] in Australia to examine workplace friendships among social work, counseling, and human service educators and stated that a moderate to high degree of workplace friendships existed among more than half of the sample.

On contrary, a study done by **Wyandini et al.** [21] in Indonesia to examine whether workplace friendship contribute toward work engagement among employee in the industrial area of West Java. In this study, it was shown that more than half of the respondents who participated tended

to have a high-level workplace friendship. This can be interpreted that respondents tend to have perceived themselves as having relationships to form bonds and trust with colleagues.

Moreover, the present study findings illustrated that most of studied nurses reported that more than half of them agreed to items (I have formed strong friendship at work, and I socialize with co-workers outside the workplace). This might be related to nurses spend more time in their workplace that allow for making interpersonal relationships and forming strong friendship at work. Also, due to work environment and stressors as nursing stress has an impact on the individuals' friendship relations at work. As well, this might be due to nurses' leaders who could support working as a teamwork that may have positive influence on friendship at work.

This result coincided with a study conducted by **Balsanelli et al.** [22] in São Paulo, Brazil about nursing leadership and its relationship with the hospital work environment and reported that most of the studied nurses socialized with co-workers outside the workplace. On the other hand, a study carried out by **Elnafrawy** [23] in Saudi Arabia about workplace spirituality, affective commitment, and mediating role of workplace friendship, stated that the highest percentage of the participants mentioned that they can trust many co-workers a great deal.

On the other hand, **Sharma and Chaturvedi** [24] who conducted a study in India entitled "Linking workplace friendships to the organizational outcomes concerning job satisfaction and job performance" and stated that most of participants agreed with the item (I have the opportunity to know my coworkers) and concluded that developed countries pay more attention to make work environment more comfortable and decreasing stressors as nursing stress has an impact on the individuals health,

safety, and well-being as well as on healthcare organizations. Therefore, having close friends with whom one meets of at least once per day are needed to produce positive effects on job stress.

Concerning relation between studied nurses personal and job characteristics and resonant leadership scale, the present study declared that, there was a statistically significant relation between resonant leadership and studied nurses' age, sex, social status, department, and experience. Otherwise, this could be interpreted as older nurses, females and married nurses and nurses who are working at medicine department and having more than 10 years of experience reported higher levels of resonant leadership than others.

In the same line, a study performed by **Faeq et al.** [25] who found that there was a significant association between the reported resonant leadership and nurses' age and work experience. Likewise, these findings were compatible with **Gaan et al.** [14] who stated that there was a significant relation between the studied respondents' age, work experience, working department and resonant leadership.

According to relation between the studied nurses personal and job characteristics and workplace friendship scale, the current study represented that there was a statistically significant relation between workplace friendship scale and studied nurses' age, sex, social status, department, education, and experience. This could be explained as older nurses, females and married nurses and nurses who are working at medicine department, having technical institute education, and having more than 10 years of experience reported higher levels of workplace friendship than others.

These findings partially matched with **Tsai** [26] in Taiwan, this study entitled "A study of the influence of

workplace friendship on turnover intention of nurses in H Medical Institutions-work satisfaction as mediator variables", which stated that there was significant association between nurses' age, sex, work experience, education and department and level of workplace friendship.

This result was congruent with that of **Randhawa and Lee** [27] in USA about the roles of workplace friendship and supervisory interactional justice in the relationship between workplace envy and service outcomes, they reported that there was a significant relation between workplace friendship and the studied participants' age, gender, education, working experience and department.

Conclusion:

In conclusion, based on the results of the present study in the light of the main study findings, it can be concluded that, there was slightly more than half of the studied nurses reported a high level of resonant leadership in their supervisors, while more than one-third of them indicated a moderate level. Additionally, over half of the nurses reported moderate strength and quality of workplace friendships.

Recommendations:

Based on the study's findings, several recommendations can be proposed to enhance the workplace environment for nurses and promote positive outcomes.

- Implement leadership development programs for supervisors to enhance resonant leadership qualities. Focus on emotional intelligence, communication skills, and empathy to create a supportive leadership culture.

- Provide training for supervisors to improve their skills in fostering workplace friendships. Encourage a collaborative and resonant leadership approach that emphasizes team cohesion.

- Establish initiatives that encourage social interaction among nursing staff. Foster team-building activities, social events, or support groups to strengthen workplace friendships and create a positive work atmosphere.

- Recognize and reward resonant leadership behaviors. Establish a system for acknowledging supervisors who consistently exhibit qualities that contribute to a positive work environment.

Table (1): Frequency Distribution of the Studied Nurses according to Personal and job Characteristics (n=233)

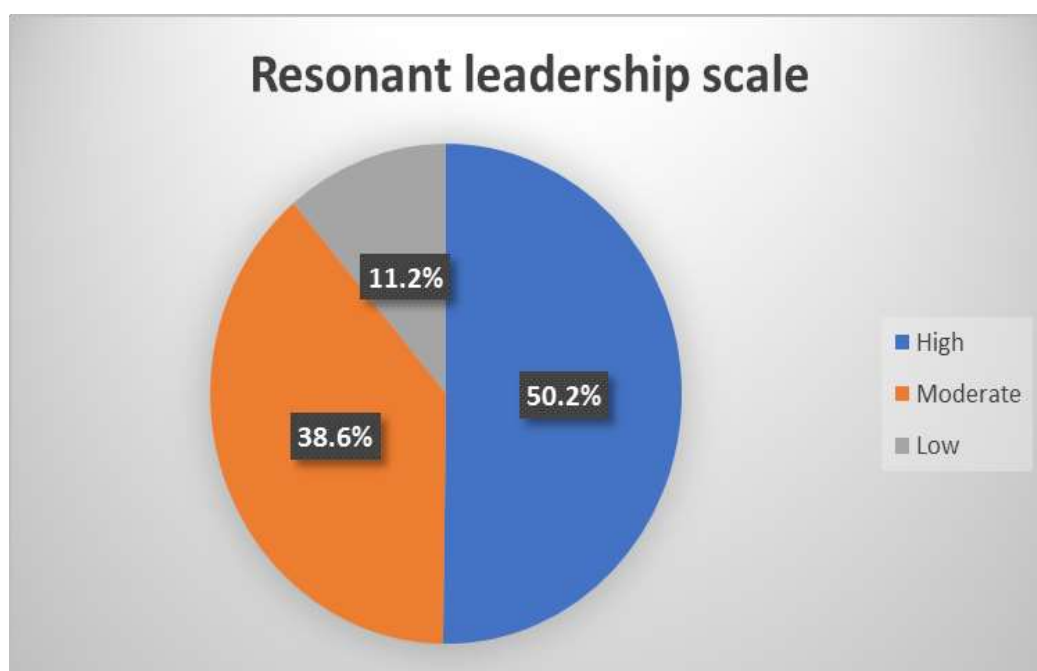| Variables		n	%
Age	30 years	112	48.1
	>30 year	121	51.9
Mean± SD	**30.7±6.6**		
Median(range)	**32(23-56)**		
Gender	Males	70	30.0
	Females	163	70.0
Education	Diploma	30	12.9
	Technical institute	134	57.5
	Bachelor's	69	29.6
Social status	Married	168	72.1
	Single	58	24.9
	Divorced	7	3.0
Experience	<5 years	58	24.9
	5-10 years	53	22.7
	>10 years	122	52.4

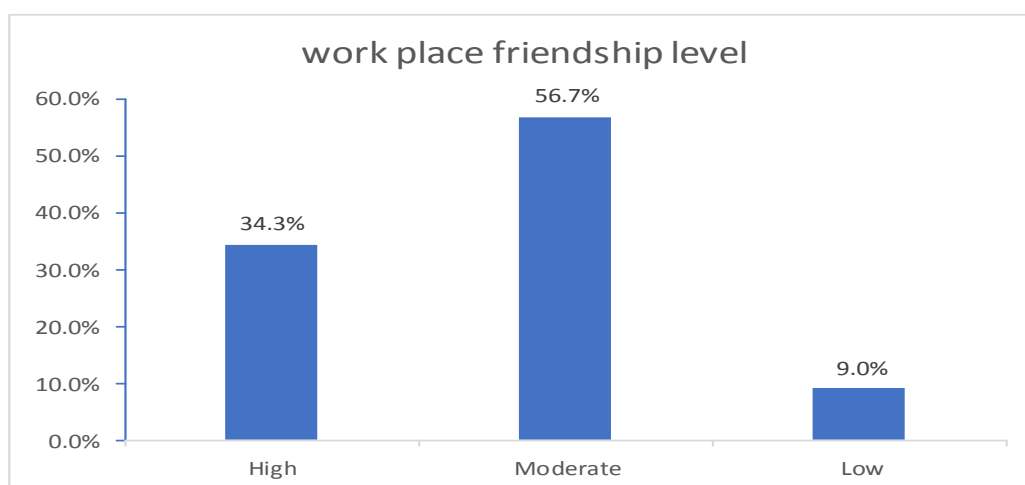**Figure (1): Level of Resonant Leadership among studied nurses (n.233)**

Figure (2): Percent of Workplace Friendship Level

Table (2): Relation between Studied Nurses Personal and job Characteristics and Resonant Leadership Scale (n.233)

Variables			Resonant leadership scale			X^2	p-value
			High n.117	Moderate n.90	Low n.26		
Age	30 years	N	54	36	22		
		%	46.2%	40.0%	84.6%		
	>30 year	N	63	54	4		
		%	53.8%	60.0%	15.4%	16.4	0.0001*
Sex	Males	N	33	21	16		
		%	28.2%	23.3%	61.5%		
	Females	N	84	69	10		
		%	71.8%	76.7%	38.5%	14.4	0.0001*
Social status	Married	N	92	66	10		
		%	78.6%	73.3%	38.5%		
	Single	N	23	19	16		
		%	19.7%	21.1%	61.5%		
	Divorced	N	2	5	0		
		%	1.7%	5.6%	0.0%	24	0.0001*
Education	Diploma	N	15	13	2		
		%	12.8%	14.4%	7.7%		
	Technical institute	N	63	50	21		
		%	53.8%	55.6%	80.8%		
	Bachelor's	N	39	27	3	6.9	0.141
		%	33.3%	30.0%	11.5%		
Department	Medical	N	58	42	5		
		%	49.6%	46.7%	19.2%	15.4	0.004*
	Surgical	N	43	30	19		
		%	36.8%	33.3%	73.1%		
	ICU	N	16	18	2		
		%	13.7%	20.0%	7.7%		
Experience	<5 years	N	22	18	18		
		%	18.8%	20.0%	69.2%		
	5-10 years	N	31	18	4	32.7	0.0001*
		%	26.5%	20.0%	15.4%		
	>10years	N	64	54	4		
		%	54.7%	60.0%	15.4%		

Table (3): Relation between Studied Nurses Personal and job Characteristics and Workplace Friendship Scale (n.233)

Variables			Workplace friendship scale			X^2	p-value
			High n.80	Moderate n.132	Low n.21		
Age	30 years	N	37	56	19		
		%	46.3%	42.4%	90.5%		
	>30 year	N	43	76	2	16.9	0.0001*
		%	53.8%	57.6%	9.5%		
Sex	Males	N	18	37	15		
		%	22.5%	28.0%	71.4%		
	Females	N	62	95	6	19.5	0.0001*
		%	77.5%	72.0%	28.6%		
Social status	Married	N	65	100	3		
		%	81.3%	75.8%	14.3%		
	Single	N	12	29	17		
		%	15.0%	22.0%	81.0%	41.6	0.0001*
	Divorced	N	3	3	1		
		%	3.8%	2.3%	4.8%		
Education	Diploma	N	4	25	1		
		%	5.0%	18.9%	4.8%		
	Technical institute	N	52	65	17	14.9	0.005*
		%	65.0%	49.2%	81.0%		
	Bachelor's	N	24	42	3		
		%	30.0%	31.8%	14.3%		
Department	Medicine	N	36	66	3		
		%	45.0%	50.0%	14.3%	13.8	0.008*
	Surgery	N	31	45	16		
		%	38.8%	34.1%	76.2%		
	ICU	N	13	21	2		
		%	16.3%	15.9%	9.5%		
Experience	<5 years	N	19	22	17		
		%	23.8%	16.7%	81.0%		
	5-10 years	N	17	34	2	40.5	0.0001*
		%	21.3%	25.8%	9.5%		
	>10years	N	44	76	2		
		%	55.0%	57.6%	9.5%		

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