



## EXPLORING CHALLENGES ENCOUNTERED BY HEAD NURSES IN THEIR LEADERSHIP ROLE

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### ABSTRACT

**Objectives:** This research explores the complexity of the tasks faced by head nurses responsible for leadership in a healthcare organization and addresses the management of resources, constraints, and responsibilities between leadership and clinical practice.

**Materials and Methods:** In the current study, a qualitative descriptive design was employed, and data was collected from head nurses employed at three public tertiary hospitals in Punjab, Pakistan, through semi-structured interviews. Researchers used thematic analysis based on Herzberg's Two Factor Theory to sort out the challenges that were found.

**Results:** Some of the following findings were presented in the three areas of structure issues, resources, and professional development. The lack of an adequate workforce, suboptimal resources, decision-making power restriction, and lack of access to unintermitting professional development influenced head nurses' leadership capacity and job satisfaction.

**Conclusion:** Therefore, improving head nurse leadership competencies requires addressing head nurse work structures and resources to strengthen the context in which leadership practice occurs. Enhancing the promotion of organizational support, increasing the decision-making authority, and providing diverse professional development can enrich their role and guarantee a positive impact on patient treatment results and staff satisfaction.

**Keywords:** Head nurses, leadership issues, health administration, resource deployment, staff advancement

### INTRODUCTION

In healthcare, nurses are the bedrock that delivers the basics: maintaining safety, facilitating patients' healing, and ensuring the performance of hospitals. Prominent within this framework is the head nurse, who is responsible for the overall performance of the daily processes, quality patient care, and achievement of strategic goals and objectives of the health care organization. However, head nurses have multifaceted challenges in their management assignments that create working conditions that hinder them from optimally performing both managerial and patient-care leadership. This paper assumes these to be the gaps in knowledge as it seeks to assess these challenges to enhance knowledge creation and contribute ideas that will foster head nurses' leadership authority.

The introduction of COVID-19 added tremendous pressure on the healthcare industry and increased the burden on the nurses at all stages of care (1). The responsibilities of the head of a nursing

department also changed. Firstly, one had to plan and coordinate changes, allocate resources, and organize staff effectively due to the rapidly changing environment (2). This has shown that community care patients require proper support and leadership styles for the morale of the nurse to be upheld, a workforce to be strong, and patients to be safe (3).

This paper argues that leadership styles influence how head nurses address issues of workforce management and support. Leadership is another integral component of nursing work, and problem-solving, resources, teamwork, and collaboration are relevant assets (4). However, head nurses can hardly control their decision-making process since their work presupposes their subordination to a hierarchy that only gives a little space to the nursing profession instead of the medical one (5). Such limitation reduces the efficiency of head nurses and organizational commitment and may cause hiked-up turnover rates (6).

Head nurses' structural and organizational experiences are made even worse by the lack of resources and adequate staffing. Zhao et al. (5) note that these shortages compel heads of nurse units to hire many substandard nurses to provide both management and patient care services, exposing themselves to presenteeism; they report to work, but their efficiency is compromised by stress or fatigue. It affects the quality of care and causes burnout among nurses (7). Therefore, Head nurses must address these challenges while wanting to deliver best-practice care and support their teams under pressure.

Much emphasis has been placed on developing organizational support that can enhance the working of head nurses, particularly in treatment facilities characterized by poor resources. In this case, perceived organizational support is essential because of the demanding roles head nurses are required to perform (1). It can mean a limited workforce, poor infrastructure, no operational office space, and no essential medical equipment to make the work progress as it should for the effective treatment of the patients (8). It also aggravates the need for more strategic planning issues since head nurses are incapable of addressing long-term improvement and overseeing their staff (9).

However, some limitations are inherent in the organizational structure and politics of healthcare: neither the role of the head nurse nor the staff is limited to just organizational factors – it is also necessary to consider the venue at which the policy is set and the interprofessional nature of the work. For example, the prominent use of the models that imply physicians' dominance in many organizations can reduce the head nurses' power to make strategic decisions, limiting them to an operational level only (10). This chain of command can limit head nurses' decision-making capacity in organizing their units, thus experiencing professional impotence in their instances, which can result in inferior patient results (11). For example, Saudi Arabia's nursing profession faces social and institutional issues; the lack of policy advocacy makes the progress of nursing leadership even worse (12).

Another problem that head nurses need is professional development. Their roles demand that professionals constantly update their knowledge and competencies, though access to growth or even training opportunities in healthcare institutions still needs to be improved in many settings (13). Research shows that more opportunities are needed to improve skills degradation and better promotion of the head nurses and the quality of patient care (14). The outcomes revealed that head nurses would stand to gain much from both mentorship and leadership training, which may enable them to achieve the ability to survive in this profession (15). For example, participating in an actual structured professional practicum can enhance head nurses' self-esteem and efficacy of mind, enabling them to respond to their units' needs adequately.

**Objective:** The purpose of the present research is to identify some of the problems that are likely to arise when head nurses manage nursing care in healthcare organizations, with regard to issues like organizational support, resources, and professional autonomy. Further, it aims to find factors that promote leadership efficacy among head nurses to reduce patient and workforce turnover.

## **MATERIALS AND METHODS**

**Study Design:** This research adopts a qualitative descriptive study design, focusing on a phenomenology research approach, to provide an understanding of these problems among the head nurses in their leadership positions.

**Study setting:** The data were collected from three PS Tertiary Care Hospitals in the Punjabi Province of Pakistan, namely Nishtar Hospital, Multan, Mayo Hospital Lahore, and Jinnah Hospital Lahore.

**Duration of the study:** The study was conducted over ten months after being approved by the Institutional Review Board.

### **Inclusion Criteria**

After receiving consent, participants were head nurses, at least two years in position, aged between 25 and 59, willing to contribute to the study.

### **Exclusion Criteria**

The study excluded nurses who had worked outside the country for more than two years, held an M.Sc. in Nursing, or worked in one of the critical care units, which included the ICU, CCU, trauma unit, or emergency unit.

### **Methods**

Data were interviewed through self-administered questionnaires in the form of a pretested head nurse interview guide to assess the head nurses' experience and ordeal in leadership positions. Demographic questions were also incorporated with the more general questions about the unit, its management, how resources are procured and used, and self-management and decision-making. All interviews were conducted in private amenities within the hospital environment, with two participants interviewing over the phone.

The gathered interviews were recorded in audio format. They were transcribed literally to utilize thematic analysis to achieve methodological reproduction of the patterns used for text analysis, as proposed by Vaismoradi et al. (2016). The transcripts were read and analyzed for emergent themes several times to enhance data credibility and saturation. Meanings units were grouped to develop general themes regarding the leadership issues experienced by head nurses, and the results were organized using Herzberg's Two Factor Theory to explain motivational and hygiene factors in leadership effectiveness.

## **RESULTS**

This research study established the following challenges for head nurses' leadership role implementation: structural factors, resource unavailability, and professional career advancements. To extract these themes from the interview data, a thematic analysis was conducted, which outlined the topic under discussion and how the different head nurse participants experience challenges in their leadership and job satisfaction. Table 1 provides an overview of key findings, while Table 2 categorizes the study findings based on the literature review.

### **1. Structural and Organizational Challenges**

Head nurses reported structural concerns in their units regarding the working environment and available amenities for staff and patients. Several head nurses described inadequate office space, patient counseling rooms, requisite meeting areas, interference with their performance, and sufficient privacy required for discussions. The issues are attributed to a need for more administrative and structural support in the guise of adequate office space and logistical planning, which affects record keeping, meeting quality, and professional responsibilities. This lack of resources and space not only clogs their day-to-day operations but erodes their authority and motivation.

**Table 1: Structural Challenges Encountered by Head Nurses**

Subtheme	Description	Implications
Office space limitations	Shared spaces, lack of privacy	Difficulty in maintaining records and confidential discussions
Lack of patient areas	No dedicated waiting areas	Increased patient dissatisfaction and risk of cross-infection
Insufficient washroom facilities	Inadequate washrooms	staff Compromised hygiene and staff morale

## 2. Resource-Related Challenges

The most frequently recurring themes in the results were resource scarcity, human resources, and materials. The lack of employees, especially nursing and auxiliary staff, put operational stress on the participants due to the heavy workload. The result showed that most nurses handled more patients than the theoretical practices, and the setting affected both the patient outcome and the nurses' job satisfaction. Furthermore, head nurses reported inadequate availability of basic drugs and materials on or off-site, and stock-outs impaired their ability to deliver services to the patients optimally. Lack of funding also limited their capacity to autonomously finance or acquire the required resources either for the units or to increase employee morale.

**Table 2: Resource-Related Challenges Encountered by Head Nurses**

Subtheme	Description	Implications
Shortage of nursing staff	Nurse-to-patient ratios too high	Increased workload, decreased patient care quality
Limited medicine and supplies	Deficient stock and equipment	Patient care compromised, conflicts with attendants
Budget limitations	Lack of financial autonomy	Inability to meet unit needs independently

## 3. Professional Development and Autonomy

Regarding the limitations in the study findings, it was identified that a lack of professional development and decision-making authority impacted the leadership of head nurses. Regarding the barriers stated by the participants, participants mentioned that training deficits and restricted participation in leadership programs were significant issues that hindered their professional growth and inhibited their capacity to apply empirically supported practices. Several respondents stated that they are constrained in decision-making and mainly decision-making at the strategic level and are usually excluded in policy-making decisions. These remained unempowered and had minimal chances for acquiring more and better CPD, which led to low morale and decreased professional identification of the head nurses.

**Table 3: Professional Development and Autonomy Challenges**

Subtheme	Description	Implications
Limited training opportunities	Insufficient CPD and skill-building	Reduced confidence, outdated practices
Lack of decision-making autonomy	Excluded from policy and planning	Low morale, lack of empowerment

**Table 3: Professional Development and Autonomy Challenges**

Limited authority in staffing	No control over scheduling and staffing	Reduced leadership effectiveness, reliance on higher authority
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Therefore, given the above findings, head nurses face a complex system of barriers to leadership and organizational functionality. Meeting these structural, resource-based, and professional development requirements could significantly improve the head nurses' performance within roles and responsibilities, thus contributing to improved patient care and staff satisfaction.

**Discussion:** The research in this paper has demonstrated that head nurses experience a range of significant leadership difficulties, including structural and resource constraints and insufficient opportunities for professional growth and decision-making. All of these areas raise profound leadership challenges for head nurses and impact their job satisfaction levels, potentially compromising patient care. The following section relates these themes to the literature before focusing on how these barriers must be dismantled to support head nurses and enhance healthcare services.

Head nurses claimed that one of the most critical barriers they experienced was contributing to structural factors in the work environment. Most head nurses pointed out the absence of adequate offices, meeting halls, and well-confined sections where significant patient and staff issues can be discussed in secrecy due to space constraints as major drawbacks that significantly inhibit record keeping and practical administrative work. This was a challenge because many of these facilities were scarce, which also limited the head nurses' discretion in general management undertakings, including performing strategic meetings and other closed-door discussions with staff members in consideration of susceptible issues. In line with the above study, Unsworth et al. (4) and Poels et al. (3) pointed out that structural issues informed us that structural vulnerabilities in healthcare settings compromise the autonomy of nursing leaders and impair role usefulness. Lack of infrastructure support not only creates challenges in the regular running of an organization but is also known to affect workers' morale negatively, affecting satisfaction and productivity.

Besides structural problems, the shortage of funds was acknowledged as the key difficulty of head nurses in their work. There is an acute shortage of nursing and auxiliary personnel, meaning that the nurse-to-patient ratio is rather high compared to recommended standards, so workloads are higher, and patient care is less effective. Such a lack of human resources is consistent with Zhao et al. (5), who also reported this in the study conducted on nursing home staff during the COVID-19 pandemic. These shortages exert pressure on nurses, resulting in what is referred to as presenteeism, whereby staff members are physically present. However, they need mental and physical fatigue to meet organizational expectations (8). However, the scarcity of medical supplies, financial constraints, and inadequate allocation of resources to address the patient's needs by the head nurses escalated to disadvantages, which made them always quarrel with the patient's relatives and led to a general downward deterioration of the standard of care.

One of the key resource requirements is a budget because head nurses often need more financial discretion when acquiring necessary supplies or equipment for the units they manage. This lack of autonomy affects the functioning of the unit and undermines the empowerment of nursing leaders. As Khodadad-Saryazdi mentioned, resource management problems in healthcare organizations restrict managers. Lack of funds impairs the organizational functioning of health care units and increases the stress and frustration of the head nurses, who are frustrated by limited opportunities to change their environment for the better and to provide better for their patients. Alsadaan et al. (12) and Petersson et al. (6) have reported similar concerns regarding the lack of health resources and financial capital as the root cause of such circumstances. The research supports nursing leadership, which requires more resources to be provided and funded to enhance the delivery of quality services.

Self-professional development was also the core working experience needed by the head nurses in the study. The participants also highlighted the lack of training and continuous professional development (CPD). One common complaint from many head nurses is that there was no provision for autres-en formations or other types of developing programs, which many of them correlate to leadership competencies and keeping up-to-date with the latest practice. Lack of access to such programs hinders CPD and may lead to a decline in skills and knowledge, as well as the nurses' morale to practice according to researched information and writing. Ma et al. (10) also discussed similar issues and noted that professional obligations of increased job satisfaction, leadership, and efficacy are in nursing. Additionally, Quek et al. (11) pointed out that distributed leadership and access to leadership training correlated with outcomes such as higher job satisfaction, less turnover, and enhanced employee engagement with nurses. It becomes possible to effect a change in the head nurses' retention, job satisfaction, and overall improvement of the care offered to patients.

Another theme of this study was the absence of authority and discretion, as head nurses complained that they were not empowered with decision-making responsibilities but were left out of key policy and even strategic development decisions. Most head nurses claimed that they had little say in decisions on staffing, functioning schedules, and other such operational matters; such matters were those of incompetence. Such inability to regulate some aspects of unit management may discourage head nurses and erode their professional personality, as the other research related to healthcare leadership across different contexts shows. Brandford and Brandford-Stevenson (2) affirm these results, arguing that autonomy in nursing leadership is the most explanatory of job satisfaction and organizational commitment. Zhao et al. (5) also recommend that while head nurses are empowered through supportive organizational policies to make patient safety and staff involvement practices come into operation, the plans can be implemented satisfactorily. Therefore, when there is limited autonomy to respond to such problems, the task of nursing leaders is affected on the unit level and, consequently, the morale of the staff and outcomes for the patients.

Besides these evident effects on leadership self-efficacy, other influencing factors, such as social and professional disrespect and magnetism for positions of head nurses, were identified by participants when describing experiences of power-related bias in the healthcare organizational structure. Nonetheless, head nurses play emotionally charged and indispensable roles. Yet, they are neglected, and other healthcare professionals, as well as society as a whole, pay scant regard to them, which erodes their self-confidence and professional enthusiasm. This is consistent with the work of White (13) and Ashley et al. (14), who noted that nurses are still perceived as subservient to physicians. They submitted that this stereotype affects relations within interprofessional teams and hinders nurse leadership and decision-making. The problems involve lowering status, an appreciation of head nurses, and general recognition of professional nursing leaders in the healthcare industry, which require enhancement.

## **CONCLUSION**

These findings indicate that head nurses need help with structural constraints, resource deficiency, job restrictions, and poor possibility of promotion. They are the working lives of Professionals. Such issues affect their functioning in managing units, directly affecting patients, healthcare workforce satisfaction, and the healthcare system. As with most barriers to practice change, action around these concerns must be comprehensive and include explicit organizational support for reasonable resource provision for practice improvement, decentralization of decision-making processes and decision-making power, and increased access to ongoing professional development. It is also important that head nurses receive improved recognition from the healthcare teams to assist in creating a collaborative, supportive environment. By applying such strategies, healthcare systems can facilitate head nurses, increase satisfaction at the workplace, and, as a result, provide clients with a better level of care. Moreover, it is helpful for head nurses who continuously encounter complex tasks, whereas, this approach enhances the robustness and flexibility of the healthcare services.

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