

## Head Nurses' Coaching Leadership Behaviors and Staff Nurses' Cohesion at Tanta University Main Hospital

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### Abstract

**Background:** Coaching as a leadership approach is a powerful vehicle to enhance staff nurses' cohesion as it supports teamwork by the provision of a framework for conversation and therefore enhancing communication, focusing and clarifying participated goals, developing trust, collaboration and achieving collective outcomes. **Aim:** Assess the relation between head nurses' coaching leadership behaviors and staff nurses' cohesion. **Design:** A descriptive correlational design was used. **Setting:** The present study was carried out at Tanta University Main Hospital. **Subjects:** include all (N=35) available head nurses and a simple random sample (n=260) of staff nurses. **Tools:** two tools were used to collect data; coaching leadership behaviors' and staff nurses' cohesion structured questionnaires. **Results:** More than two thirds (68.6%) of head nurses had high level of coaching leadership behaviors. While, the majority (83.5%) of staff nurses perceived that head nurses had low level. As well as, more than half (55%) of staff nurses had low level of cohesion and more than forty (45%) of them had moderate level. **Conclusion:** There was a significant positive correlation between head nurses' coaching leadership behaviors and staff nurses' cohesion. **Recommendation:** Developing activities and events that strengthen the head nurses and staff nurses' relationships and create a sense of belonging to the organization, designing and implementing continuous training programs for encouraging and increasing knowledge about coaching leadership behaviors and taking into account factors that can either strengthen or weaken group cohesion.

**Keywords:** Coaching leadership, Cohesion, Head nurses, Staff nurses.

## Introduction

Leadership is the art of influencing others to put forth their best effort in order to accomplish any task, goal or effort **(Poels, Verschueren, Milisen, & Vlaeyen, 2020)**. Leadership in nursing is pivotal for delivering advanced patient care, fostering efficient growth, and ensuring the effective functioning of healthcare systems. It encompasses a range of roles and responsibilities that extend beyond clinical expertise to include strategic decision-making, team coordination and the promotion of evidence-based practices **(Liapa-Rodriguez, d'Oliveira, Lopes Neto, & Campos, 2021)**.

Effective nurse leaders foster environments of trust and open communication, guiding their teams through change and uncertainty **(Sherman, 2019)**. Among the different leadership models, coaching leadership is prioritized. It is an innovation among nurses and signifies a new course for health institutions. Coaching leadership is described as the practice of directing groups to accomplish targets and simultaneously enable staff nurses to develop skills, knowledge and attitudes **(Lima, Bernardes, Baldo, Maziero, Camelo, & Balsanelli, 2023)**.

Coaching for head nurses is a strategic approach to enhance leadership capabilities, improve team dynamics and elevate patient care quality. By focusing on personal and professional development, coaching empowers head nurses to navigate the complexities of healthcare environments effectively **(Silva, Camelo, Soares, Resck, & Chaves,**

**2022)**. Furthermore, organizations that invest in leadership coaching for nurses see higher retention rates, as it contributes to job satisfaction and professional growth. Also, coaching enhances head nurses' emotional intelligence enabling them to manage stress and respond to challenges with resilience **(Mustafa, & Mahfouz, 2021)**.

Coaching leadership dimensions involve communication, giving and receiving feedback, delegating power and exerting influence and supporting the team to attain organizational result. Communication is the process of comprehending and disseminating messages sent and received, fostering the interaction between leaders and followers. Coaching head nurses can communicate with their staff nurses to accomplish shared goals **(Machado, Aguiar, Lacerda, Oliveira, & Lemos, 2024)**. Giving and receiving feedback is known as exchanging information on staff nurses' performance between head nurses and staff nurses in order to provide resources for professionals and organizations to succeed **(Menezes, et al, 2023)**.

Delegating power and exerting influence suggests that activities are naturally and spontaneously decentralized by head nurses and transmit authority to staff nurses to make decisions. Finally, supporting team describes the loyalty provided by head nurses to their staff nurses for integrating nurses' assumptions with the healthcare goals. Coaching behaviours help clarify roles and reduce ambiguity among staff nurses which is a factor that can strengthen

team cohesion (Hayashida, Bernardes, Moura, Gabriel, & Balsanelli, 2023).

Team cohesion is a powerful process which shows how a group sticks together and stays united to achieve its objectives for nurses' affective needs. Staff nurses' cohesion is necessary for successful team functioning (Sanko, 2025). Cohesion promotes higher levels of quality care, better patients' satisfaction, and reduces staff nurses' stress and turnover. Cohesion plays an essential role in strengthening effective team qualities (communication, situation monitoring, conflict resolution, and shared goals) that directly contribute to the formation of a strong culture of safety (Paunova, & Li, 2023).

Staff nurses' team cohesion is conceptualized into four dimensions including individual attractions to the group task, individual attractions to the group-social, group integration-task and group integration-social. The first dimension is individual attractions to the group task, which relates to nurses' perceptions about their role regarding the functions, goals and productivity of the group.

The second dimension is nurses' attractions to the group-social, which is explained as nurses' perception about their intimate approval in the group. The third dimension is group integration-task and is considered as nurses' awareness regarding the task performance and goals of the nursing group. The last dimension is group integration-social which refers to nurses' perceptions surrounding the harmony, intimacy and connection of the group as a social unit (Carron,

Widmeyer, Brawley, Wheeler, & Stevens, 2021).

Coaching is a powerful vehicle to enhance staff nurses' cohesion as it promotes teamwork by offering a platform for discussion and therefore enhancing communication, giving priority and transparency to common goals and building trust and cooperation that enables staff nurses to see beyond each other's professional image, which facilitates a systematic proposal to problem-solving, decision-making and commitment to achieving these goals (Abd-Elrhaman, & Abd-Allah, 2021).

### **Significance of the Study**

Head nurses need to recognize cohesion as a critical group factor and put effort toward developing practices that encourage staff nurses' cohesion in order to reduce healthcare associated errors. Coaching as a leadership approach can be used in advancing nurses' professionalism and help them to identify their unique set of strength and weakness to improve their performance. Coaching leaders are focused on bringing out the best in their team by guiding them through goals and obstacles. A study done by Eltantawy, (2024) emphasis on importance of head nurse coaching as an appropriate intervention in helping staff nurses to work more effectively. So, this study needs will be addressed to assess congruency of head nurses' coaching leadership behaviors with staff nurses' cohesion.

### **Aim of the study**

Assess the relation between head nurses' coaching leadership behaviors and staff nurses' cohesion.

## Research Question

What is the relation between head nurses' coaching leadership behaviors and staff nurses' cohesion?

## Subjects and Method

### Research Design

A descriptive correlational design was used to conclude the aim of the current study. This design is appropriate for the kind of the subject being studied. This design used questionnaires to determine variables and relationship between them when sufficient data was available (**Edmondson, & McManus, 2020**).

### Setting

The current study was conducted at all departments (Gynecology and Obstetrics, Cardiac, Neurology, Pediatric, Hematological, Central Lab, Blood Bank, Tropical, and Oncology departments) of Tanta University Main Hospital affiliated to Minister of Higher Education and Scientific Research. Tanta University Main Hospital is a general sector where comprehensive and ongoing care is administered for critically ill patients who can benefit from services provided. The capacity of Tanta University Main Hospital is 573 beds.

### Subjects

The subjects of this study included two groups

- All (N=35) available head nurses at the previously mentioned setting.
- A simple random sample (n=260) of staff nurses was selected from total number of staff nurses (841). The technique for selecting the sample from the previously mentioned setting was proportional to the number of nurses in each department. The sample size and power analysis was calculated

using Epi-info software statistical package to ensure that a suitable and representative size is obtained. The criteria used for sample size calculation was as follow;  $Z$ =confidence level at 95% (1.96) &  $d$ =Error proportion (0.05).

### Tools of data collection

To fulfill the aim of this study, two tools were used.

#### Tool I: Coaching Leadership Behaviors' Structured Questionnaire

It consisted of two parts as follow;

**Part 1:** personal and work-related characteristics included age, gender, marital status, years of experience, years of experience in the working unit, educational level, attending previous training program about coaching leadership and department.

**Part 2:** Coaching leadership behaviors' structured questionnaire of head nurses; this tool was developed by the researcher guided by **Passmore (2015)**, **Kabeel (2016)** and **Hayashida, Bernardes, Moura & Gabriel (2021)**; it was used to evaluate head nurses' coaching leadership behaviors from head nurses and staff nurses' perspective. This tool consisted of 25 items and it divided in four dimensions as follow;

**Communication** included 7 items.

**Giving and receiving feedback** included 5 items.

**Delegating power and exerting influence** included 7 items.

**Support the team to attain the organizational results** included 6 items.

### Scoring system

Nurses' responses were measured on a 5-points Likert scale ranging from 1-5, where 1 = never, 2=rarely, 3=not

always, 4=almost always and 5 = always. The total scores were calculated by summing scores of all categories. The total scores represented in varying levels according to statistical cutoff point as follow;

- High level of coaching leadership behaviors > 75% of total score (equal 101-125).
- Moderate level of coaching leadership behaviors 60%- 75% of total score (equal 85-100).
- Low level of coaching leadership behaviors < 60% of total score (equal 25-84).

### **Tool II : Staff Nurses' Cohésion Structured Questionnaire**

This tool was created by the researcher guided by **Byrne & Nelson (2015), Yoon (2017) and Carron, Brawley & Widmeyer (2021)** to assess staff nurses' cohesion. This tool consisted of 26 items and it divided in four dimensions as follow;

- **Individual attractions to the group-task** included 6 items.
- **Individual attractions to the group-social** included 8 items.
- **Group integration-task** included 8 items.
- **Group integration-social** included 4 items.

### **Scoring system**

Staff nurses' responses were measured on a 5-points Likert scale ranging from 1-5, where 1 = strongly disagree, 2= somewhat disagree, 3= neutral, 4= somewhat agree and 5= strongly agree. They were concluded into 3 points where strongly agree + agree = agree and strongly disagree + disagree = disagree. The total scores were calculated and summing scores of all categories. The total scores

represented in varying levels based on statistical cutoff point as follow;

- High level of cohesion > 75% of total score (equal 105-130).
- Moderate level of cohesion 60%- 75% of total score (equal 89-104).
- Low level of cohesion < 60% of total score (equal 26-88).

### **Method**

1. Official approval to conduct the study was obtained from the Dean of Faculty of Nursing and was sent to administrator of Tanta University Main Hospital.
2. **Ethical considerations**
  - An approval of the Ethical Committee at Faculty of Nursing was obtained.
  - All participants were informed about the purpose of the study.
  - Nature of the study was not caused any harm or pain to participants.
  - An informed consent was taken from each participant in the study including the right to withdraw at any time.
  - Confidentiality and privacy were taken into consideration regarding data collection.
3. Tools of data collection were developed and translated into the Arabic language by the researcher based on a related literature review.
4. **The study tools** were presented to a jury of five experts in the area of specialty from the Faculty of Nursing Tanta Universities to check content validity of each tool after translation. They were three professors and two assistant professors of Nursing Administration from Faculty of Nursing Tanta University and the necessary modifications were done

based on their opinions. The experts' responses were represented in four points rating scale ranged from 4= strongly relevant 3= relevant 2= little relevant and 1= not relevant. Necessary modifications were done including clarifying and simplifying work-related words. The content validity for tool (I) was 95% and for tool (II) was 92.12%.

5. **A pilot study** was conducted by the researcher on 10% of the subjects (n= 30) to check and verify the clarity, applicability, and feasibility of the tools and identify obstacles and problems that were encountered during data collection. Also, it was used to estimate how long it would take to complete the study tool. Answering the questionnaire took approximately 20 minutes.
6. **Reliability of tools tested** using Cronbach's Alpha coefficient factor, its value for the tool I was (0.923) and for tool II was (0.877).
7. **Data collection** for this study was conducted by the researcher through self-administered questionnaires. The questionnaires were hand-delivered to the study subjects in their work settings after explaining the aim of the study, during morning and afternoon shifts, according to their workload. The researcher met the nurses in small groups .
8. The questionnaires were completed by nurses in the presence of the researcher to ensure all items were answered and provide explanations required.

9. Data collection period extended for more than five months starting from the beginning of March 2022 up to the end of July 2022.

#### **Statistical analysis of the data**

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). Qualitative data were described using number and percent. Quantitative data were described using range (minimum and maximum), mean and standard deviation. Significance of the obtained results was judged at the 5% level .

**The used tests were the Chi-square test** for categorical variables, to compare between different groups, **Pearson coefficient r** to correlate between two normally distributed quantitative variables, **Student t-test** to compare mean scores between pre and post program, **Standard deviation**, to compare each data point to the mean of all data points, **F-test (ANOVA)** to compare among more than two categories for quantitative variables that follow a normal distribution and **Cronbach's Alpha**; reliability Statistics was assessed using Cronbach's Alpha test. Significant was adopted at  $p < 0.05$  for interpretation of results of test of significance. Also, a highly significant was adopted at  $p < 0.01$  for interpretation of results of test of significance.

#### **Results**

**Table (1)** demonstrates personal and work related characteristics of study subjects. Regarding age, more than half (57.1%) of head nurses were in the age group  $\geq 40$  with mean  $40.34 \pm 4.19$  while above half (53.5%) of staff

nurses were in the age group below 40 with mean  $39.07 \pm 7.99$ . All (100%) head nurses and majority (93.8%) of staff nurses were females. The majority (94.3%, 95%) of head nurses and staff nurses were married. Regarding years of experience, more than sixty (62.9%) of head nurses were 10<20 years with a mean of  $16 \pm 4.12$ . On the other hand, 40.8% of staff nurses were 10<20 years with a mean of  $17.07 \pm 8.30$ . The same table revealed that, all (100%) head nurses had a bachelor's degree in nursing while majority (83.5%) of staff nurses had a technical institute of nursing. Regarding attending previous training programs about coaching leadership, the majority (97.7%, 94.3%) of head nurses and staff nurses respectively didn't attained previous training programs about coaching leadership. In terms of the department, an equal percentage (11.4%) of head nurses worked in Gynecology and Obstetrics, Cardiac, Neurology, Hematological, Central Lab, Blood Bank, Tropical and Oncology departments. Similarly, staff nurses were distributed across different departments working in Gynecology and Obstetrics (16.2%), Cardiac (14%), Neurology (12.8%), Pediatric (14.6%), Hematological (9.6%), Central Lab (6.9%), Blood

Bank (6.5%), Tropical (8.9%), and Oncology (10.5%) departments.

**Figure (1)** illustrated that more than two thirds (68.6%) of head nurses had high level of overall coaching leadership behaviors while, the majority (83.5%) of staff nurses reported that their head nurses had low level of overall coaching leadership behaviors.

**Figure (2)** shows that more than half (55%) of staff nurses had low level of overall cohesion. while, more than two fifth (45%) of them had moderate level.

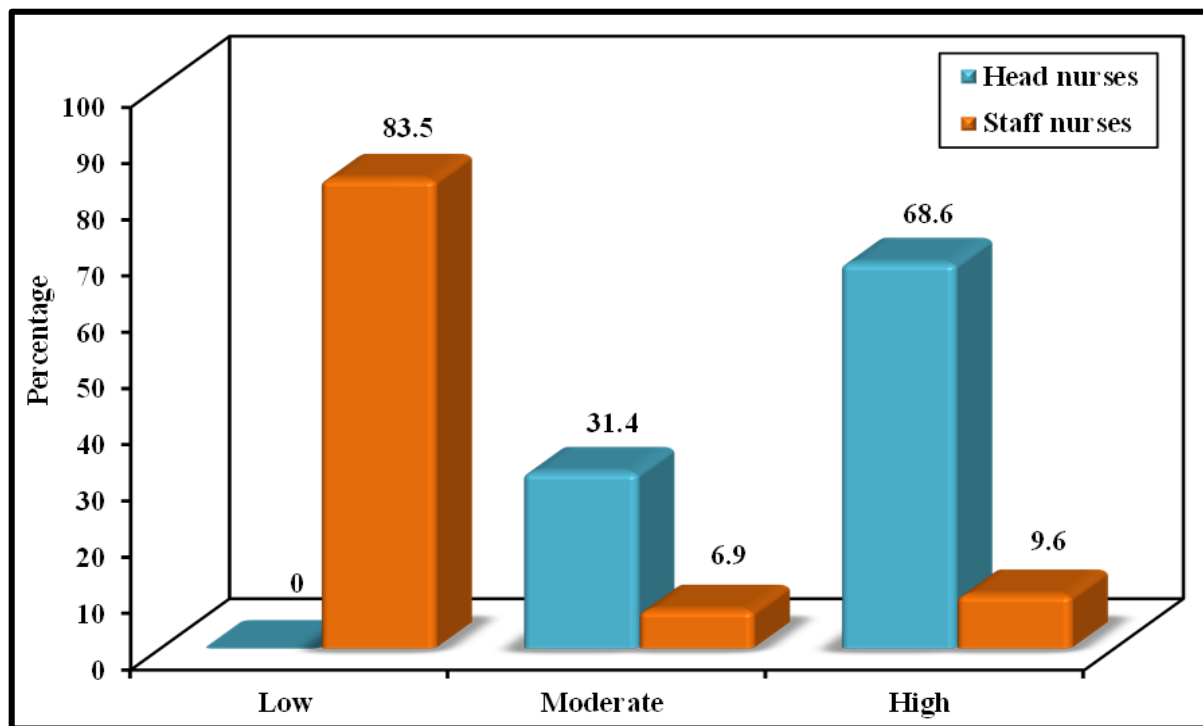
**Table (2)** demonstrates the correlation between head nurses' coaching leadership behaviors and staff nurses' cohesion dimensions. There was a statistically significant positive correlation between total of each coaching leadership dimensions and total of each cohesion dimensions (at  $p \leq 0.05$ ) except for communication, delegating power and exerting influence and support the team to attain the organizational results dimensions with individual attraction to the group-social.

**Figure (3)** Showed a statistically significant positive correlation between overall head nurses' coaching leadership behaviors and overall staff nurses' cohesion (at  $r=0.588$ ,  $p<0.001$ ).

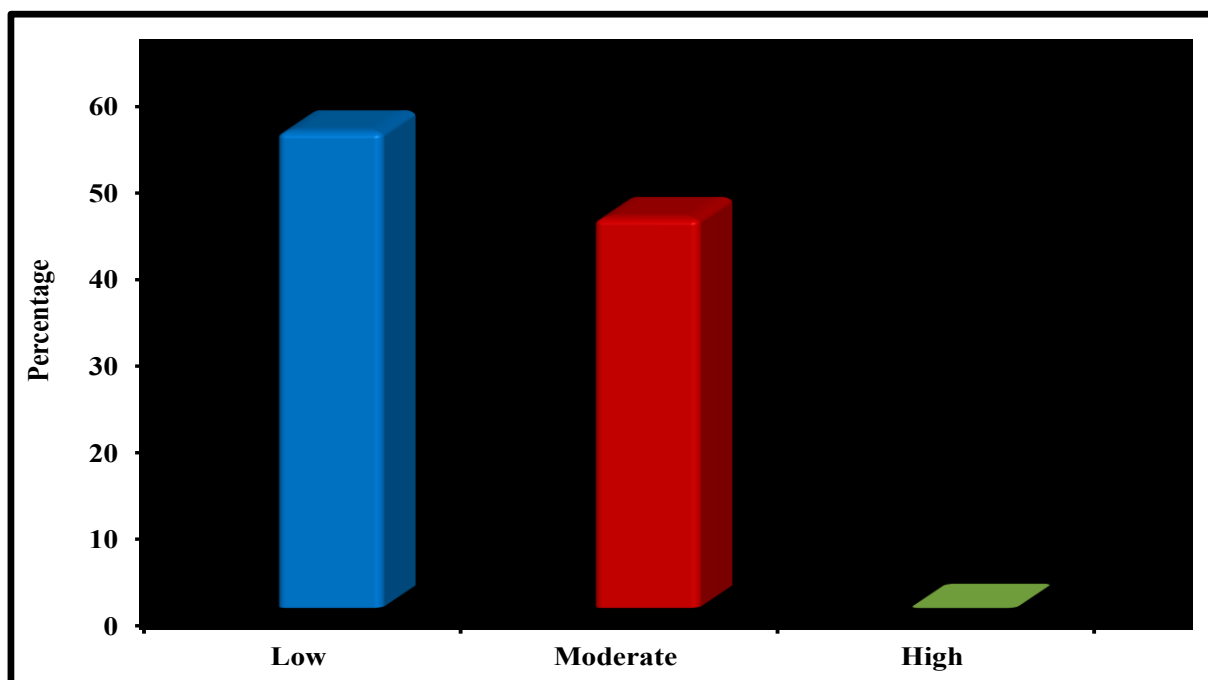
**Table (1): Personal and work related characteristics**

Variables	Head nurses (n =35)		Staff nurses (n =260)		Total (n = 295)	
	No.	%	No.	%	No.	%
<b>Age</b>						
- <40	15	42.9	139	53.5	154	52.2
- ≥40	20	57.1	121	46.5	141	47.8
Min. – Max.	33.0 – 47.0		24.0 – 59.0		24.0 – 59.0	
Mean ± SD.	40.34 ± 4.19		39.07 ± 7.99		39.22 ± 7.64	
Median	40.0		39.0		39.0	
<b>Gender</b>						
- Male	0	0.0	16	6.2	16	5.4
- Female	35	100.0	244	93.8	279	94.6
<b>Marital status</b>						
- Single	1	3	6	2.3	7	2.4
- Married	33	94	247	95.0	280	94.9
- Other	1	3	7	2.7	8	2.7
<b>Years of experience</b>						
- <10	2	5.7	50	19.2	52	17.6
- 10-<20	22	62.9	106	40.8	128	43.4
- 20-<30	11	31.4	78	30.0	89	30.2
- ≥30	0	0.0	26	10.0	26	8.8
Min. – Max.	9.0 – 22.0		2.0 – 39.0		2.0 – 39.0	
Mean ± SD.	16.0 ± 4.12		17.07 ± 8.30		16.95 ± 7.93	
Median	15.0		17.0		17.0	
<b>Years of experience in the working unit</b>						
- <10	2	5.7	63	24.2	65	22.0
- 10-<20	28	80.0	107	41.2	135	45.8
- 20-<30	5	14.3	75	28.8	80	27.1
- ≥30	0	0.0	15	5.8	15	5.1
Min. – Max.	9.0 – 20.0		2.0 – 39.0		2.0 – 39.0	
Mean ± SD.	13.83 ± 3.49		15.13 ± 7.82		14.98 ± 7.45	
Median	13.0		14.0		14.0	
<b>Educational level</b>						
- Bachelor nursing degree	35	100	37	14.2	72	24.4
- Technical institute of nursing	0	0.0	217	83.5	217	73.6
- Diploma nursing degree	0	0.0	6	2.3	6	2.0
<b>Attending previous training program about coaching leadership</b>						
- Yes	2	5.7	6	2.3	8	2.7
- No	33	94.3	254	97.7	287	97.3
<b>Department</b>						
- Gynecology and Obstetrics	4	11.4	42	16.2	46	15.6
- Cardiac	4	11.4	37	14.2	41	13.9
- Neurology	4	11.4	33	12.7	37	12.5
- Pediatric	3	8.8	38	14.6	41	13.9
- Hematological	4	11.4	25	9.6	29	9.8
- Central Lab	4	11.4	18	7	22	7.5
- Blood Bank	4	11.4	17	6.5	21	7.1
- Tropical	4	11.4	23	8.8	27	9.2
- Oncology	4	11.4	27	10.4	31	10.5





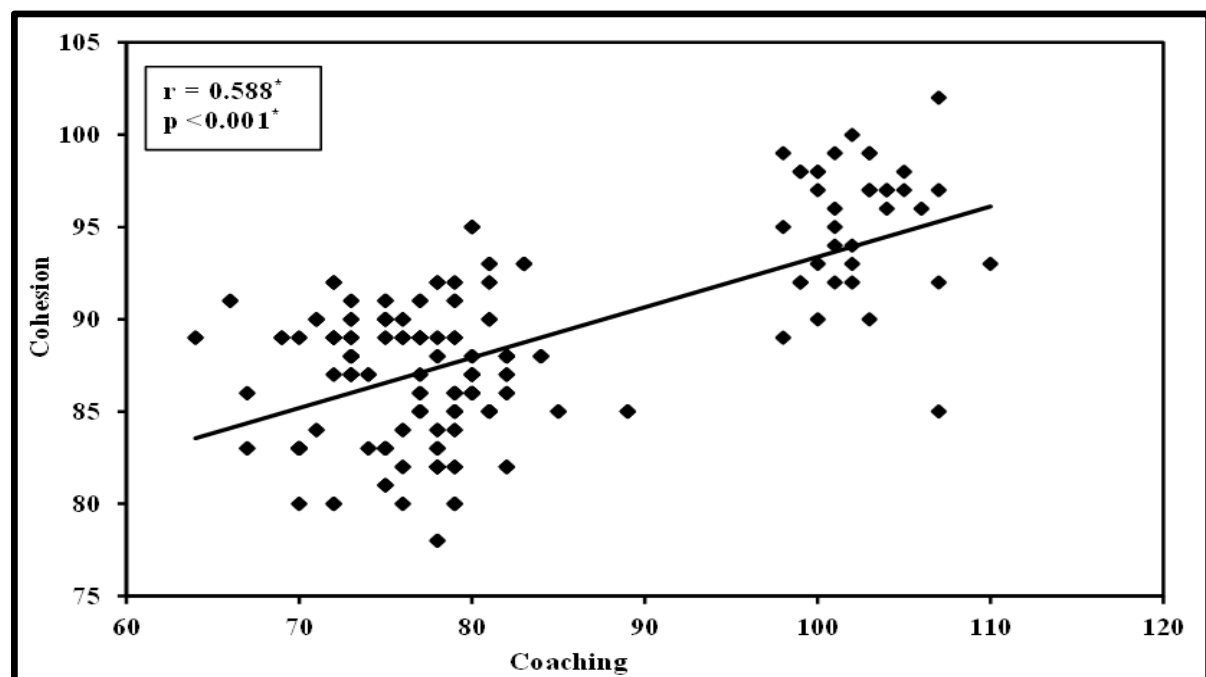
**Figure (1): Levels of head nurses' and staff nurses' overall coaching leadership behaviors**



**Figure (2): Levels of overall cohesion among staff nurses**

**Table (2): Correlation between head Nurses' coaching leadership behaviors and staff nurses' cohesion dimensions**

Coaching		Staff nurses' cohesion				
		Individual Attractions to the Group-Task	Individual Attractions to the Group-Social	Group Integration-task	Group Integration-Social	Overall
Communication	r	0.338*	0.025	0.514*	0.209*	0.460*
	P	<0.001*	0.690	<0.001*	0.001*	<0.001*
Giving and receiving feedback	r	0.433*	0.200*	0.417*	0.261*	0.535*
	P	<0.001*	0.001*	<0.001*	<0.001*	<0.001*
Delegating power and exerting influence	r	0.420	0.104	0.409*	0.205*	0.471*
	P	<0.001*	0.095	<0.001*	0.001*	<0.001*
Support the team to attain the organizational results	R	0.475*	0.116	0.539*	0.174*	0.554*
	P	<0.001*	0.062	<0.001*	0.005*	<0.001*

**Figure (3): Correlation between head nurses' overall coaching leadership behaviors and overall staff nurses' cohesion****Discussion**

Coaching leadership has emerged as an effective approach to enhance nurses' professionalism and improving their performance (Kiwauka, Nanyonga, Sak-Dankosky, Muwanguzi, & Kvist,

2021). By utilizing coaching techniques, head nurses can help staff nurses to identify their strengths and weaknesses and provide guidance in setting and achieving goals (Ferreira, de Mesquita, de Oliveira, Porcari, & Gasparino, 2022). Therefore, this

study was conducted to determine the relation between head nurses' coaching leadership behaviors and staff nurses' cohesion.

### **Nurses' coaching leadership behaviors**

Regarding the two studied groups' overall levels of coaching leadership behaviors, the current study showed that more than two thirds of head nurses had high level of coaching leadership behaviors. This result is explained that the majority of those head nurses exhibited delegating power and exerting influence, giving and receiving feedback and communication skills.

On the other hand, the current study found that the majority of staff nurses perceived that their head nurses had low level of coaching leadership as more than three quarters of them perceived that their head nurses had low levels in giving and receiving feedback, supporting the team to attain the organizational results and communication skills. In the same line with this study are **Abdelhafiz, Alloubani, & Almatari, (2021)** who found that higher levels of coaching leadership were linked to increased job satisfaction between nursing staff. Another study carried out by **Galiotti, Moura, Cunha, Gasparino, & Balsanelli, (2022)** clarified that coaching leadership was perceived positively by nurses.

### **Staff nurses' cohesion**

The results of the current study revealed that more than half of staff nurses had low level of overall cohesion and more than two fifth of them had moderate level. Tis result may be attributed to the majority of staff nurses had low level in individual

attractions to the group-social, more than two thirds of them had moderate level in group integration-social and more than half of them had low level in individual attractions to the group-task and moderate level in group integration-task. From the researcher point of view, these results may be due to stressful work-environment, dissatisfaction due to unresolved conflicts or lack of supportive work culture leading to difficulties in providing and receiving help ultimately affecting team cohesion. This result is supported by **Zeng, Kunaviktikul, & Thungjaroenkul, (2022)** who found that nurses perceived overall group cohesion at a moderate level. However, **Zaheer, Ginsburg, Wong, Thomson, & Wulffhart, (2021)** showed that perceptions of team cohesion can vary widely among nurses. While some may view their team as functioning fairly, others might experience significant stress and dissatisfaction due to unresolved conflicts or lack of support.

### **Correlation between head Nurses' coaching leadership behaviors and staff nurses' cohesion**

There was a statistically significant positive correlation between head nurses' coaching leadership behaviors and staff nurses' cohesion. This means that head nurses' overall coaching leadership behaviors significantly predicted staff nurses' cohesion. Head nurses who displayed coaching leadership behaviors including (providing support, feedback and guidance) were associated with higher levels of staff nurses' cohesion indicating that coaching leadership behaviors can

positively impact the team's overall performance. Team coaching helped to develop personal and interpersonal relationships and dynamics by breaking down barriers, creating a sense of belonging and a deep, empathetic understanding of each other.

In the same line with this result, **Metwally, & Elghabbour, (2020)** who highlighted a positive association between leadership and effective teamwork. Another study conducted by **Woodhead, (2021)** demonstrated that coaching supports team working by providing a forum for dialogue and thereby improving communication, giving focus and clarity of shared goals, increasing trust and collaboration that allows participants to see beyond each other's professional image, and enabling a systemic understanding and approach to problem solving, decision making and commitment to achieving collective outcomes. Also, **Erçelik, & Cyprus, (2023)** reported that was a positive statistically significant relation between coaching leadership style and teamwork behaviors.

This study finding is also along with **Almamoun, Abdelrahman, Thabet, & Mostafa, (2024)** who revealed that there was a positive statistically significant correlation between coaching leadership skills and nurses' teamwork behaviors. Also, **Kohnen, Schaufeli, Bruyneel, Välimäki, & Li, (2024)** highlighted that coaching leadership style was positively associated with nurses' teamwork behavior. These studies reported that nurses who perceived their leaders as coaches had higher teamwork scores. On contrary, **Hassan, Mohammed,**

**Zakaria, & Ibrahim, (2024)** found that there is no significant relation between coaching leadership style and teamwork behavior among nurses.

### **Conclusion**

The present study was conducted to assess the head nurses' coaching leadership behaviors and staff nurses' cohesion. The findings of the present study concluded that more than two thirds of head nurses had high level of coaching leadership behaviors. While, majority of staff nurses perceived that head nurses had low level. Specifically, the highest dimension was delegating power and exerting influence and the lowest dimension was giving and receiving feedback. As well as, more than half of staff nurses had low level of cohesion and more than forty of them had moderate level. Specifically, the highest dimension was group integration-social and the lowest dimension was individual attractions to the group-social. Also, there was a significant positive correlation between head nurses' coaching leadership behaviors and staff nurses' cohesion at Tanta University Main Hospital.

### **Recommendations**

**Considering the findings of this study, the following recommendations were proposed:**

#### **For management level**

- Providing open channels of communication and trustful relationships with head and staff nurses to provide constructive feedback and support.
- Holding regular meeting with head nurses and allowing them to discuss their needs and interests.
- Showing recognition and appreciation for head nurses for

their effort in mentoring their staff nurses.

- Maintaining environment that encourages head nurses to provide coaching function to their staff nurses.
- Developing activities and events that strengthen the head nurses and staff nurses relationships and create a sense of belonging to the organization.
- Evaluating head nurses' knowledge regularly to recognize the areas for training for enhancing their coaching leadership behaviors and therefore team cohesion.
- Designing and implementing ongoing education and training programs for promoting and enhancing their knowledge about coaching leadership behaviors.
- Developing strategies that enhance the culture of teamwork and cohesion.

#### **For head nurses**

- Promoting nurses' active participation in hospital affairs for developing the quality and efficiency of nursing care services and the outcomes of the healthcare institutions.
- Guiding and counseling staff nurses to meet their professional needs.
- Pay attention to verbal and non-verbal communication in dialogue, show interest in keeping dialogue with staff nurses and involve them in work-related decisions.
- Ask open-ended questions to reveal the details of any issues.
- Use appreciation to encourage better performance and ask how

staff nurses prefer to receive recognition for good behaviors.

- Encouraging cooperation and team work spirit among staff nurses to facilitate knowledge and experience sharing.
- Recognize the importance of sharing power and involving all team members in decision-making processes.

#### **For staff nurses**

- Communicate clearly their problems, needs and what their expectations are of others.
- Attend seminars and workshops to be up dated that improve their perception about teamwork, enable them to work in teams and improve their performance.
- Build good relationship with their colleagues depend on respect and trust.

#### **For educational level**

- Coaching leadership need to be studied in the curriculum of Faculty of Nursing.

#### **For further research**

- More researches need to prove the results of the current study in various healthcare organizations.
- Additional studies about factors affecting team effectiveness and cohesion between staff nurses.
- Study the relation between team cohesion and work overload.

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