

## Nurse Managers Leadership Style and Staff Nurses Autonomy

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### Abstract

**Background:** Nurse Manager's leadership style is very important for shaping a nurse's personality by motivating their staff and increasing their nurse autonomy, self-confidence, and decision-making. **This study aimed** to investigate the relationship between nurse managers' leadership styles and their staff nurse's autonomy. **Subjects & Methods;** Research design: a descriptive correlational design was used in carrying out this study, which was conducted at general Suez Hospital affiliated to the ministry of health and composed of seven buildings (emergency building, I.C.U and dialysis building, operating theater building, burns building and laparoscope building, obstetric building and outpatient clinic building). The study subjects were included in two groups namely: nurse managers group composed of 58 nurse managers and staff nurses group composed of 165 staff nurses. **Tools:** Two questionnaires were used to collect the data namely leadership style questionnaire for nurse manager and Autonomy questionnaire for staff nurses. **Results:** The study findings revealed that, fifty percent of studied nurse manager were transactional and the majority of the studied staff nurses had moderate level of autonomy regarding patient care, collaboration, patient education, handling patient complaints, diagnosis discharge decisions, and the related issue. **Conclusion & Recommendation:** Based on the study finding it concluded that, the majority of the studied staff nurse managers had transactional leadership style and the majority of the studied nurse had moderate autonomy regarding to patient care, collaboration, patient education, handling patient complaints, diagnosis discharge decisions, and related issues. Hence, the study recommended that, development programs involve training, coaching and mentoring and needs to explore the barriers that nurse face in autonomous decision-making.

**Keywords:** Autonomy, Leadership Style, Nurse Managers, Staff Nurses.

### Introduction

Nurse Manager's leadership style provides supportive management, education, and experience identified as the three most important factors in enhancing autonomy over patient care and unit operations (Bormann and Abrahamson 2014). Autonomy can increase through strategies that incorporate the unique knowledge and expertise of nurses into clinical patient care (Tammy, 2015).

The style of the nurse leader can be important for employee's acceptance of change and in motivating; them to achieve a high quality care (Fernet et al., 2015). The manager gives a little direction to subordinates and allows them to get on with things. The participative leadership style stresses teamwork and invites employees to work together to help solve problems and increase performance (Wong et al., 2013).

The most important role for nurse managers is creating a positive work environment by setting acceptable standards of behavior and fostering empowering work standards. Uncivil, even when it is subtle behavior, can negatively influence an employee's health (Choi et al., 2016). It also influences negatively to job satisfaction, productivity, commitment and turnover, and hence affect patients and organizations (Hutchinson & Jackson, 2013).

Autonomy is an important indicator of supportive work environments and positive patients and organizational outcomes. Nurses' autonomy reduces nurses' turnover, therefore, autonomous nurses expected to have high career commitment because of high job satisfaction and job performance. Nurses' autonomy related to the quality and continuity of care; autonomous nurses expected to have high job performance and career commitment (Prion & Haerling, 2014).

Autonomous nurses generally communicate effectively with patients, families, and healthcare teams. Moreover, these nurses provide continuous, accurate and efficient patient care. On the other hand, nurses with low autonomy and low social integration have reported low job satisfaction and work motivation, poor commitment to the organization and less intention to stay in the job (Bander et al., 2017).

The managers' actions are fundamental to ensure their subordinates' acceptance of change and to motivate them to achieve established goals as well as a high-quality care. Nurse Managers actions conceptualized as actions that nurse managers can use to promote their staff's autonomy (Reeves, 2016). Effective nurse leaders are capable of changing the patient care unit to a more empowered and autonomous work environment capable of improving the quality of nursing care and

resulting in better patient outcomes (Aladeen et al., 2014).

#### **The significance of the Study:**

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Nurse Manager's leadership style is very important for shaping a nurse's personality by motivating their staff and increasing their nurse autonomy, self-confidence, and decision-making. The nurse must use their leadership behavior positively influence organizational outcomes and need to appreciate the inter-relationship between developing nursing practice, improving quality of care and optimizing patient outcomes. There is a lack of research in the area of the effect of nurse manager leadership styles and staff nurse's autonomy in nursing field accordingly this study is an attempt in this direction and will spotlight on manager's leadership styles and staff nurse autonomy among nurses.

#### **Aim of the Study:**

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This study aimed to investigate the relationship between nurse managers' leadership styles and their staff nurse's autonomy through:

1. Assessing nurse manager's leadership style from nurse manager points of view in Suez General Hospital.
2. Measuring the level of autonomy among staff, nurses.
3. Finding out the relationship between nurse managers' leadership style and staff nurses' autonomy.

#### **Research Hypothesis:**

- There is a relationship between the nurse manager's leadership style and the staff nurse's autonomy

#### **Subject and Methods:**

##### **Technical Design:**

The technical design for this study includes the research design, setting of the study, subjects, and tools of data collection.

**Research Design:**

The descriptive correlational design was used in carrying out this study.

**Setting:**

This study conducted at general Suez Hospital affiliated to the ministry of health that includes different scientific departments as (Emergency building, I.C.U, and dialysis building, operating theater building, Burns building, and laparoscope building, obstetric building, and outpatient clinic building and nursing administration department). The bed capacity is 106 beds.

**Subjects:**

The study subjects includes in two groups namely:

**1) Nurse managers group:**

Include all the available nurse managers working in the above-mentioned setting who have not less than one-year of experience and includes (58 nurse managers).

**2) Staff nurses' group:**

Include staff nurses working in the above-mentioned setting who have not less than one-year experience. The sample size of this group is (165) staff nurses out of 339 staff nurses after using the following equation:

$$\text{Sample} = \frac{N \times p(1 - p)}{[N - 1 \times (d2 \div Z2)] + P(1 - P)}$$

equation

P= 0.5, 1-P= 0.5, D= 0.05, Z=1.96  
(Chow, Shao and Wang, 2007)

**Data collection tools:**

**First tool: Leadership style questionnaire for nurse manager:** It adapted by Avolio (2012) and modified by the researcher, this tool comprises two parts:

**1<sup>st</sup> Part:** Socio-demographic data sheet: It was designed to collect data about age, gender, marital status, educational level, job position, years of experience monthly salary and incentives received.

**2<sup>nd</sup> Part:** Advanced leadership style questionnaire: It aims at assessing the current leadership style among the studied nurse managers. It covers eleven domains of leadership styles and contains (56) Items as follows:

**❖ Scoring system:**

The response to items in a 5-point Likert scale ranging from Usually, (4) Always, (3) Often, (2) Sometimes, and (1) Rarely. The score of items was summed-up and the total divided by a number of the items, giving a mean score of the part. These scores were converted into a percent score was classified as the following:

- Score from < 60 % referred to transformational style
- Score from ≤ 60 % referred to the transactional style

**Second tool: Autonomy questionnaire sheet:** This questionnaire intends to measure autonomy levels among staff nurses. It consists of two parts:

**1<sup>st</sup>Part:** Socio-demographic sheet: It designed to gather data about, age gender, marital status, qualification level, job position, and years of experience.

**2<sup>nd</sup>Part:** Autonomy questionnaire aims at assessing the level of autonomy among studied staff nurses. Adapted and modified by researcher El- AL Osama (2014), and modified by the researchers it consists of (44) items. These items grouped under two main dimensions:

**First dimension:**

Decisions related to patient care (30) items and contains (5) sub items (patient care previous (7) nurses collaboration (6), patient education (4) handle patient complains (2) decide on diagnosis-discharge and related issue (6).

**Second dimension:**

Related to unit operation (14) items and contains (4) sub items (arranging their

work plan to deliver high quality of care (5) developing and revising patient care procedure (4), managing unit resources (5).

#### ❖ **Scoring system:**

The response to items in a 5-point Likert ranging from (5) Strongly agree, (4) Agree, (3) Sometimes, (2) Disagree, and (1) Strongly disagree. The score of items was summed-up and the total divided by a number of the items, giving a mean score of the part. These scores were converted into a percent and classified as the following:

- Score from <50% referred to Low autonomy.
- Score from 50% <75 % referred to Moderate autonomy.
- Score from 75% and above referred to High autonomy.

#### **Operational Design:**

The operational design includes a description of the preparatory phase, pilot study, and fieldwork.

#### **Preparatory phase**

During this phase reviewed the previous and current available related literature to be acquainted with the subject. Also local and international related literature and knowledge aspects of the study using books, articles, journal, and internet to modify tools for data collection.

#### **Face Validity and Reliability:**

Validity was done for these tools obtained from a panel of experts in nursing administration department at the faculty of nursing Cairo and Helwan Universities to judge its face and content validity.

#### **Pilot study**

A pilot study was carried out on 10% (6 nurse managers and 16 staff nurses) of the total study number from a previously mentioned setting to avoid any subsequent bias of the findings. The aim of the pilot

study was to determine the clarity, application of the tools and feasibility of the study as well as estimate the time needed for filling the study tools. Every questionnaire took 15-30 minutes to be filled, this phase lasted for one month. The necessary modification was done prior to data collection for the actual study.

#### **Fieldwork:**

The researcher has simply explained the purpose of the study to the studied subjects who agree to participate in the study. Data were collected during study 3 days through using the study tool by the researcher, clarifications were given whenever it was needed with reassurance about the confidentiality of any obtained information as only a code number was used to mark each sheet using systematic serial numbers for each unit.

The questionnaire was distributed to the studied subjects for 3/days a week for three months first of September 2017 to the end of December 2017 at different shifts depending on the time of scheduling. The researcher distributed the questionnaire to the participants to fill the questionnaire. The nurses completed sheets on the same day. Whenever the nurse has not completed sheets the researcher left it another day. Sometimes the nurse lost the sheet; she was given another one until the completed sheet collected from every unit.

#### **Administrative design:**

An Official letter issued from the Dean of the Faculty of Nursing Ain Shams University after explaining the aim of the study. The researcher met the nursing director of Suez Hospital affiliated to the ministry of health and explained the aim and objectives of the study to get approval to conduct the study. The researcher met the head nurses of the studied units, informed her about the aim of the study to gain her cooperation in conducting the study, and asked her about suitable time to meet the subjects and collected data. Explaining the aim

of the work, confidentiality of information insured and data collection forms were anonymous.

### **Ethical consideration**

Ethical approval obtained from scientific research Ethical Committee in Faculty of Nursing at Ain Shams University. Consent obtained from each participant; the researcher clarified the objectives and aim of the study to the nurses included in the study. Nurses informed that they allowed choosing to participate in the study and they have the right to withdraw from the study at any time. In addition, the researcher assured maintaining anonymity and confidentiality of the subject's data.

### **Statistical Design:**

Data collected from the studied sample was revised, coded and entered using PC. Computerized data entry and statistical analysis fulfilled using the statistical package for social sciences (SPSS) version 20. Data presented using descriptive statistics in the form of frequencies, percentages. Chi-square test( $X^2$ ) used for comparisons between qualitative variables and the correlation coefficient was used to test the correlation between variables. Statistically significant was considered at p-value <0.05.

### **Results:**

**Table (1):** shows that, the mean age of the studied subjects  $36.6 \pm 11.1$ , 94.8% were female, 74.1% of them were married, 62.1% were diploma school nurses, 70.7% were have experience more than 10 years' experience with mean  $18.1 \pm 12.2$  % 94.8 of the studied nurse managers were attended training courses.

**Table (2):** shows that, the mean age of the studied staff nurses  $31.3 \pm 9.2$ , 89.1%

of them were female, 76.4% were married, 61.2% were diploma school nurses, 47.9% were having experienced less than 10 years old with mean  $12.2 \pm 9.4$ , 84.2% of them were attended training courses.

**Table (3):** shows the distribution of the studied staff nurses according to their level of autonomy. The table shows that, the total autonomy among staff nurses had moderate level of autonomy (77.6 %), while 22.4% had high level of autonomy.

**Figure (1):** Regarding staff nurses' level of autonomy; this figure indicates that 77.6% of the studied staff nurses had moderate level of autonomy.

**Table (4):** shows that there is no statistical significant correlation between nurse managers total leadership score and their age ( $P > 0.05$ ). In addition, there is statistical significant correlation between nurse managers total leadership score and their qualification, years of experience, number of courses and duration of courses ( $P < 0.05$ ).

**Table (5):** shows that there is statistical significant correlation between staff nurses' level of autonomy, qualification and duration of course ( $P < 0.05$ ).

**Table (6):** shows that there is no statistical significant correlation between nurse managers leadership score and staff nurses level of autonomy ( $P > 0.05$ ). In addition, there is a negative statistical significant correlation between nurse managers total leadership score and staff nurses level of autonomy scores regarding the diagnosis-discharge decision ( $P < 0.05$ ).

**Table (7):** shows that there is no statistical significant correlation between staff nurses level of autonomy and nurse managers leadership scores ( $P > 0.05$ ). In

addition, there is a negative statistical level of autonomy and nurse manager's significant correlation between the staff nurse leadership scores ( $P < 0.05$ ).

**Table (1):** Personal characteristics of nurse managers (n=58).

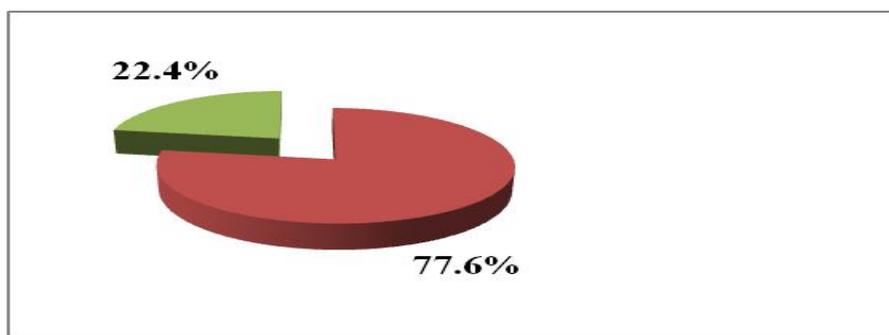
Items	Frequency	Percent
<b>Age:</b>		
< 30	19	
+30	39	32.8
Range	20.0-59.0	<b>67.2</b>
Mean± SD	36.6± 11.1	
Median	34.0	
<b>Gender:</b>		
Male	3	5.2
Female	55	<b>94.8</b>
<b>Marital status:</b>		
Single	7	12.1
Married	43	<b>74.1</b>
Divorced/Widow	8	13.8
<b>Nursing qualification:</b>		
Nursing school diploma	36	<b>62.1</b>
Specially diploma	5	8.6
Technical institute diploma	8	13.8
Bachelor	9	15.5
<b>Experience years:</b>		
<10	17	
+10	41	29.3
Range	1.0-41.0	<b>70.7</b>
Mean ±SD	18.1±12.2	
Median	16.5	
<b>Attended training courses:</b>		
Range	1.0-3.0	
Mean ±SD	2.7±0.5	
Median	3.0	<b>94.8</b>
<b>Duration of courses(days):</b>		
Range	1.0-3.0	
Mean ±SD	2.7±0.6	
Median	3.0	

**Table (2):** Socio-demographic characteristics of staff nurses (n=165).

Items	Frequency	Percent
<b>Age:</b>		
< 30	92	
+30	35	<b>55.8</b>
+40	38	21.2
Range	19.0-58.0	23.0
Mean± SD	31.3±9.2	
Median	28.0	
<b>Gender:</b>		
Male	18	10.9
Female	147	<b>89.1</b>
<b>Marital status:</b>		
Single	27	16.4
Married	126	<b>76.4</b>
Divorced/Widow	12	7.3
<b>Nursing qualification:</b>		
Nursing school diploma	101	<b>61.2</b>
Specially diploma	15	9.1
Technical institute diploma	47	28.5
Bachelor	2	1.2
<b>Experience years:</b>		
<10	79	
+10	47	<b>47.5</b>
+20	39	28.5
Range	0.0-40.0	23.6
Mean ±SD	12.2±9.4	
Median	10.00	
<b>Attended training courses:</b>		
	139	
Range	1.0-3.0	
Mean ±SD	2.3±0.8	
Median	2.00	<b>84.0</b>
<b>Duration of courses(days):</b>		
Range	1.0-3.0	
Mean ±SD	2.7±0.6	
Median	3.00	

**Table (3):** Total autonomy among staff nurses (n=165).

Autonomy in	Low level autonomy (<50%)		Moderate level autonomy (50- <75%)		High level autonomy (+75%)	
	No	%	No	%	No	%
Patient care	0	0.0	126	<b>76.4</b>	39	23.6
Unit operation	10	6.1	115	<b>69.6</b>	40	24.2
Total autonomy	0	0.0	128	77.6	37	<b>22.4</b>



**Figure (1):** Level autonomy among staff nurses (n=165).

**Table (4):** Correlation between nurse managers leadership score and their characteristics.

	Spearman's rank correlation Total leadership score	
	Correlation coefficient	p-value
Age	.186	.162
Qualification	-.316*	.016
Experience	.291*	.026
No. of courses	.343*	.010
Duration of courses	.328*	.014

(\*) statistically significant at  $p < 0.05$

**Table (5):** Correlation between staff nurses' level of autonomy score and their characteristics.

	Spearman's rank correlation Level of autonomy		
	Patient care	Unit operation	Total
Age	-.083	-.003	-.038
Qualification	.212**	.131	.195*
Experience	-.097	-.026	-.066
No. of courses	-.090	.009	-.047
Duration of courses	.103	.262**	.182*

(\*) statistically significant at  $p < 0.05$     (\*\*) statistically significant at  $p < 0.01$

**Table (6):** Correlation between nurse managers leadership score and staff nurses' level of autonomy.

Autonomy scores	Spearman's rank correlation Total leadership score	
	The correlation coefficient (r)	p-value
Patient care	0.04	0.77
Collaboration among nurses	-0.11	0.42
Patient education	0.02	0.87
Dealing with patient complaints	0.04	0.77
Diagnosis –discharge decision	-0.09	0.50
Total patient care	-0.01	0.94
Arranging nursing work	0.08	0.57
Planning quality care	-0.04	0.79
Developing and revising patient care procedures	0.02	0.87
Managing nursing resources	0.02	0.87
Total unit operation	0.00	0.99
Total autonomy	-0.02	0.88

**Table (7):** Correlation between staff nurses' level of autonomy and nurse manager's leadership scores.

Leadership scores	Spearman's rank correlation coefficient Level of autonomy		
	Patient care	Unit operation	Total
Character/Vision	-0.06	0.02	-0.03
Likeability	-0.08	0.17	0.02
Persuasiveness	0.06	-0.03	-0.01
Social	0.07	0.00	0.04
Strategy	0.03	0.00	0.01
Tactics	0.11	0.06	0.06
Team building	-0.03	-0.01	-0.04
Focus	0.05	0.18	0.12
Decision ability	0.00	-0.09	-0.06
Delegation	-0.04	-0.07	-0.09
Execution	0.01	-0.04	-0.05
Total leadership	-0.01	0.00	-0.02

### Discussion:

Leadership is an art and discipline of guiding, directing, motivating, and inspiring a group or organization toward the achievement of common goals. Nurse Managers can greatly influence the success of healthcare organizations due to their management role, especially at the unit level. Autonomy is commonly associated with the nurse's ability to make decisions and to his/her professional knowledge base, an autonomous nurse is one who practices

within a self-regulating professional environment; makes decisions based on professional judgment (Dionne et al., 2014).

The present study findings showed that, two thirds of the studied nurse managers were more than 30 years old, the major of them were female, near to three quarters of them were married, two thirds of them were diploma school nurses, more than three quarters of them were have

experienced more than 10 years. This result may be due to the nurse manager shall be passing different nursing levels to be a manager each level it takes from three to five. This study finding is an agreement with **Alshammari (2014)** found that the age range of the subjects was 20-64 with the highest percentage ranged between 20-30 years of age. In addition, regarding the gender, three-quarters of the respondents were females while the remaining one quarter were males. The most of the participants obtained a bachelor's degree in nursing.

According to the present study finding, the majority of the studied nurse managers had the social character of transactional leadership style; half of them had persuasiveness of transformational leadership style. This could be due to the majority of the hospital still far away from hospital accreditation, so they may behave not a strategic thinker. In the same line **Ahmad, (2013)** stated that, nurse leaders strongly expected to be self-motivated, to share common goals, and they must possess the internal drive to finish the job at hand because they have important roles in the administration of the nursing organization and affect people's lives and attitudes towards their profession. Moreover, the study finding is in accordance with **Westerberg and Tafvelin, (2014)** pointed out that, the majority of, nurse managers considered as being present and available in daily work, because of a work unit seen as a reflection of the nurse leader's leadership style.

The current study found that slightly more than half of the studied nurse managers had a transformational leadership style. This result may be due to the impact of the importance of transformational leadership, which indicates the need for further attention to training and development of effective leadership behaviors. These

findings are in agreement with **Bander et al., (2017)** found that the nurse managers, as well as the staff nurses, had common perceptions that outcomes leadership and transformational leadership styles prevailed in this environment. In addition to **El Dahshan et al., (2017)** stated that transformational leadership in nursing has been associated with high performing teams and improved patient care. The current study result contradicted with **Alshammari (2014)** stated that leadership styles of nurse managers often displayed transformational leadership, transactional leadership, and laissez-faire.

The current study findings concluded that there is a statistically significant relation between nurse manager's leadership styles and their age. In addition, there is a statistically significant relation between nurse manager's leadership styles and their years of experience. These results are consistent with **Abdelhafiz, Alloubani, and Almatari, (2016)** concluded that regardless of age the head nurses had the same perceived leadership styles. As regard to years of experience, the nurse managers also had the same perception on their leadership styles.

Similarly, a study was done by **Frankel, (2015)** found that females had higher mean ratings for management-by-exception (passive) and laissez-faire leadership compared with the male respondents and significant difference found only for the laissez-faire leadership scores. In particular, diploma holders had significantly higher mean scores compared with Bachelor's degree holders.

The results of the present study showed that, the majority of the staff nurses had moderate level of autonomy in arranging nursing work, planning quality care, developing and revising patient care

procedures, managing nursing resources. This result may be due to half of studied staff nurses were completely agree for responsibility in both action and value bases of autonomy. Similarly, **Yaldez, (2013)** stated that more than fifty percent of the nurses were disagree for independent in action base, and in knowledge base of autonomy, which can be attributed to their limited authority and physicians dominance in decision making process, followed by right in value base level of autonomy, while two thirds were agreed for right in action base of autonomy.

The study findings of the current study showed that the majority of the staff nurses had moderate level of autonomy regarding patient care, unit operation. In addition, the level of autonomy among staff nurses is moderate. The result could attribute to the fact that the previously mentioned activities are pure administrative activities that nurses are neither trained on nor accepted to share in developing them. This is in dissimilarity with **Bormann and Abrahamson, (2014)** who clarified that nurses reported high level of autonomy in determining delivery of care method, implements new ideas, developing unit goals as well as developing and revising unit procedures. In contradiction with the current study **Ragab and Mahmud, (2013)** found that nurses had low level of autonomy in determining staff meeting agendas, identifying causes for unit budget variance and planning yearly unit budget.

The result of the current study showed that there is no statistical significant relation between staff nurse's level of autonomy and socio-demographic characteristics. This result may be due to the connection between experience and level of autonomy and explain in terms of increased knowledge and skills that experienced nurses usually possess. This study finding

was congruent with **Chow et al., (2016)** who concluded that no statistically significant relationships exist between the nurse's demographic characteristics and level of autonomy. These findings in contradiction with the study finding **Aboshaiqah et al., (2014)** who indicated that the demographic data of the nurse managers demonstrated relationships with their level of autonomy.

The result of the present study revealed that there is a statistical significant correlation between nurse managers leadership domains to each other's, while no statistical significant correlation between execution and tactics. In the same line with the study finding **AbuAlRub and Alghamdi, (2012)** concluded that the scores of staff under the same leader aggregated to generate an average score per group. In effect, the data reduced to corresponding to each of the leader respondent scores. Prior to the main analysis, descriptive statistical significant generated to provide an overall description of the subscales. In contradiction with the study finding **Lorber, Treven and Mumel, (2016)** mentioned that there was not a statistically significant relationship between leadership style and the other subscales of the domains.

There was a statistical significant correlation between head nurses total leadership score and staff nurse's level of autonomy regarding the total unit operation. In addition, there is a statistical significant correlation between nurse managers total leadership score and staff nurse's level of autonomy regarding arranging nursing work. This study in agreement with the study findings **Asiri et al., (2016)** who found that the nurse managers' exhibit transformational leadership to their staff, the outcomes of leadership moderately increases. In like manner, when nurse managers continuously display transactional leadership, the

outcomes of leadership although it reveals low relationship but are increasing too in the areas of extra effort and effectiveness.

**Wong and Laschinger (2013)** reported that staff nurse empowerment had a certain impact on their managerial roles and, as a result, their experiences proved to be somewhat mixed. Confirmed the mediating role played by nurse empowerment through authentic leadership in nurse performance and their level of autonomy.

These study findings show that, there was a statistical significant correlation between staff nurse's level of autonomy and nurse manager's leadership scores regarding their strategy and execution. In addition, there is a statistical significant correlation between staff nurses level of autonomy score and nurse managers leadership scores regarding decision ability. In agreement with the study findings **Asiri et al., (2016)** found that, there are statistical significant correlation between different decision-making level of autonomy and head nurses leadership style.

There is a statistical significant correlation between staff nurse's level of autonomy and nurse manager's leadership scores regarding team building, delegation, and total leadership. In addition, there is no statistical significant correlation between staff nurse's level of autonomy and head nurses leadership scores regarding character/vision and likeability. This result in agreement with the study findings **Casida et al., (2012)** demonstrated that, a similar range of nurse level of autonomy between low, mid-range and high scoring managers. The high scoring transformational managers received the highest average level of autonomy but not statistical significant. They also received the highest average score in decision making again not statistical significant. The only area that the low scoring transformational/ transactional

leaders received the highest level was in the category of autonomy but again not statistically significant.

This result may be due to lack of time and heavy workload negatively affected decision-making because nurses cannot comprehend patients' requirements In relation to the relationship between head nurses' leadership styles and nurses' level of autonomy of decision making.

#### **Conclusion:**

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The findings of the current study lead to the conclusion that the majority of the studied nurse managers had transactional leadership style and the majority of the studied nurse had moderate autonomy regarding patient care, collaboration, patient education, handling patient complaints, diagnosis discharge decisions, and related issues.

The studied nurses had moderate level of autonomy regarding arranging nursing work, planning quality care, developing and revising patient care procedures, managing nursing resources, patient care, and unit operation.

Moreover, there is a statistical significant correlation between staff nurse's level of autonomy and nurse manager's leadership scores regarding their strategy and execution. Moreover, there is the statistical significant correlation between staff nurses level of autonomy and nurse managers leadership scores regarding decision ability. In addition to there is no statistical significant correlation between staff nurses level of autonomy and nurse managers leadership scores regarding transaction, persuasiveness, social, tactics, and focus.

#### **Recommendations:**

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##### **The study recommends that:**

- The leadership development programs involve training, coaching and mentoring.

In addition, it not specified to the only senior staff of the health sector, but also the potential junior is staff to attain.

- A training program should provide for nurse managers about the actions and practices that should be done to enhance nurses' autonomy.
- Staff nurses encouraged to be involved in decision-making processes at all levels of the health organization policies, particularly where these affect their profession, self-confidence.

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