

## DECISION MAKING STYLES AND WORK EMPOWERMENT AMONG HEAD NURSES

Hanaa Mamdouh<sup>1</sup>, Wafaa Fathi Sleem<sup>2</sup>

<sup>1,2</sup> Nursing Administration, Nursing faculty, Mansoura University, Egypt

### Abstract:

**Back ground:** The difficulty of today's organizational designs beside the rapid rate of information run can cause healthcare leaders to experience work overload resulting in ineffective leader decision making. Best performance of head nurses cannot be given only when they are exceptionally strong in practical activities of their assigned work, they need power and authority in decision making in the area of their activities for reaching their peak presentation .So the study aimed to detect relation between decision making styles and work empowerment for head nurses at Mansoura Emergency Hospital .

**Subjects and methods:** The total study sample composed of 70 head nurses. Information was collected by using General Decision Making style inventory (GDMS) and Conditions for Work Effectiveness Questionnaire (CWEQ).

**Results:** presenting that there was statistically significant correlation between intuitive decision making style and perception of head nurses towards support and information ( $P<0.05$ ). There was diversity of using five decision making styles among head nurses sample based on different situations. The highest degree of opinion score related to rational decision making style and perception towards resource had the highest score as perceived by head nurses.

**Conclusions:** The study concluded that decision making styles were greatly influenced by perception of the studied head nurses towards work empowerment.

**Key Words:** Decision Making , Decision Making Styles, Head Nurses, Work Empowerment.

### Introduction

Nowadays, organizations strive to achieve the loyalty of their employees more than in the past. This being at organization in which participation and status of its' employees depend on their qualification and experience in taking the decisions, not on the number of years of the employees in the organization<sup>(1)</sup>.

Decision Making that results in related outcomes and does not think about innovative outcomes will not be efficient in the long run, While Styles of decision making are affected by inspiration and innovation <sup>(2)</sup>. Decision Making

Style was defined as the habitual response pattern, expressed by an individual when being in situation need decision and this decision is influenced by characteristics of both the individual and the situation and one's way to evaluate and decide and tendency to react in a certain way in a definite decision condition'. Decision making styles categorized into five main categories which are rational, intuitive, dependent, avoidant and spontaneous decision making style<sup>(3)</sup>.

No one style is thought to be the best. Styles are effective when

they meet the exacting demands of a situation that need a decision. Different styles fit different situation "A **rational** style is purposeful and logical, an **intuitive** style depends on internal hunches, a **dependent** style make responsibility for decisions into others, an **avoidant** style attempts to avoid decision making, and a **spontaneous** style try to quickly making decisions <sup>(4)</sup>.

Best performance of head nurses cannot be given only when they are exceptionally strong in practical activities of their assigned work, they need power and authority in decision making in the area of their activities for reaching their peak presentation. This makes them go for their growth and development. At this point, lies the essential of head nurse's empowerment. Decision Making is one technique which has influence on the rank of work empowerment <sup>(5)</sup>. Empowerment was defined as" giving power and authority which is essential in making workflow decisions. A very important impact on the decision making capability of the head nurses being on work empowerment. Which result in improving both head nurses' performance and organizational performance <sup>(6)</sup>.

Workplace empowerment has been a successful management strategy used in creating positive work environment <sup>(7)</sup>.

Empowerment gives nurses the independence to make decisions and responsibility instead of only suggesting them <sup>(8)</sup>. Head nurses must know what their specific responsibilities, authority and decision making powers to be empowered and to be operated within the new limitations <sup>(9)</sup>.

The study aimed to detect relation between decision making styles and work empowerment for head nurses at Mansoura Emergency Hospital.

#### **Research questions**

RQ1: What are the decision making styles of head nurses?

RQ2: What is the head nurses' perception of work empowerment?

RQ3: Is there a relation between decision making styles and work empowerment for head nurses?

#### **Subjects and methods:**

**1-Study Design:** - Analytical study design was used to fulfill this study.

**2-Setting:** - The study was carried out in Mansoura Emergency Hospital, with (180) beds capacity.

#### **3- Subjects:** -

The study sample included all head nurses accessible at the time of data collection in the previously mentioned sitting. Their total numbers were (70) head nurses.

#### **4-Tools of data collection:** -

Data collection tools consist of two tools; General Decision making style inventory (GDMS)

and Conditions for Work Effectiveness Questionnaire (CWEQ) that adapted according to opinions of the experts.

**Tool 1: General Decision Making style inventory (GDMS)** developed by (Scott & Bruce, 1995) includes two parts. **Part one** includes personal characteristics age, gender, education, years of experience. **Part two** describes five decision making styles namely (rational, intuitive, dependent, avoidant and spontaneous decision making style)

**Scoring system**, the responses ranged from 1 to 5 (1= strongly disagree, 2= somewhat disagree, 3= neither agree nor disagree, 4= somewhat agree, and 5= strongly agree). The total score on GDMS ranges from 5 to 25. (50%) was selected as a cut of point accordingly scores were calculated and classified into three levels. Low (<50%), moderate (50-70%) and high (>70%).

**Tool 2:** Conditions for Work Effectiveness Questionnaire (CWEQ) developed by (Kanter, 1977) Includes 32 items statements consisting of four subscales: Support (9 items), Opportunity (7 items), Information (7 items) and Resources (7 items). A global measure of empowerment (2 items) were added.

**Scoring system:** The responses were measured on five point Likert scale that ranged from 1 to 5

(none=1, rarely=2, sometimes=3, often=4, always=5) The higher scores indicates higher perception of access to the particular subset of empowerment (Laschinger et al, 2001). (50%) was selected as a cut of point accordingly scores were calculated and classified into three levels Poor (<50%), Fair (50-70%) and Good (>70%).

**Methods of data collection:**

- The data collection tools were reviewed by five professors in nursing administration to test face and content validity of these tools.
- Pilot study was conducted on 10% of studied sample (8) head nurses, after the development of the tools and before starting data collection to determine the applicability and clarity of the designed tool.
- The actual field work started from the beginning of May 2015 to the end of July 2015 for collecting data.
- The purpose of this study was explained to hospital directors and head nurses.
- The tools were tested for its reliability by using alpha Cronbach technique which indicated that:
- General Decision making style inventory (GDMS), alpha Cronbach =.931
- Conditions for Work Effectiveness Questionnaire (CWEQ), alpha Cronbach =.943

**Ethical Considerations:**

- Ethical approval was obtained from the research ethics committee of the Faculty of Nursing – Mansoura University.
- An official permission to conduct the study was obtained from hospital directors.
- Privacy and confidentiality of the collected data were assured.
- Participation in research is voluntary and Participants were assured that withdrawing from the study will be at any stage without responsibility.

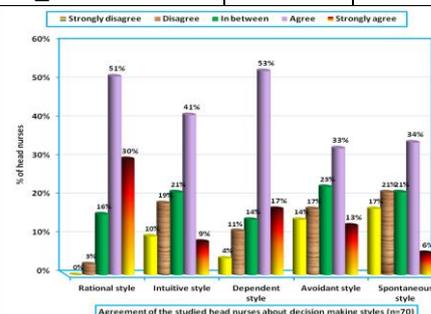
**Statistical Analysis**

The collected data was organized, tabulated and statistically analyzed by SPSS software (Statistical Package for the Social Sciences, account 16, SPSS Inc. Chicago, IL,USA). For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, comparisons among two groups and more were done using Chi-square test ( $\chi^2$ ). student t-test was used for comparison between means of two groups of parametric data of independent samples, F value of ANOVA test was calculated for comparison between more than two means of parametric data, Pearson’s correlation coefficient(r) evaluate correlation between variables. Significance was adopted for explanation of results of tests of significance at ( $p<0.05$ ) (10).

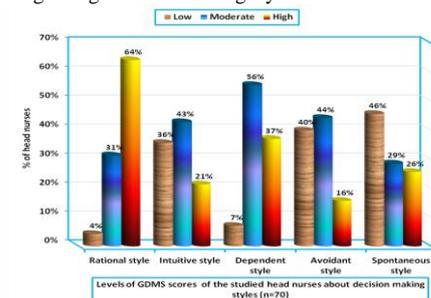
**Results:**

**Table (1): Personal characteristics of the studied sample.**

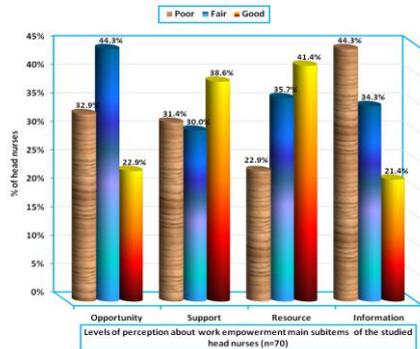
Variables	The studied head nurses (n=70)	
	n	%
<b>Age years:</b>		
20-<30	32	45.7
30-<40	21	30.0
≥40	17	24.3
<b>Gender:</b>		
Males	6	8.6
Females	64	91.4
<b>Marital status:</b>		
Married	57	81.4
Single	13	18.6
<b>Education qualification:</b>		
Bachelor	69	98.6
Master		
Other	1	1.4
<b>Experience years:</b>		
1-<5	30	42.9
5-<10	4	5.7
≥10	36	51.4



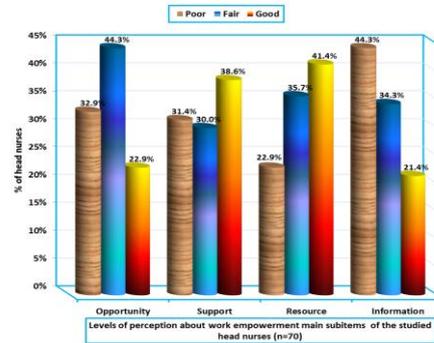
**Figure (1):** Agreement of the studied head nurses regarding decision making styles main sub items



**Figure (2):** Levels of general decision making scale (GDMS) scores as reported by head nurses at Mansoura Emergency Hospital about Decision making styles main sub items



**Figure (3):** Response of the studied head nurses about conditions of work empowerment questionnaire (CWEQ) main sub items measuring their perception of work empowerment.

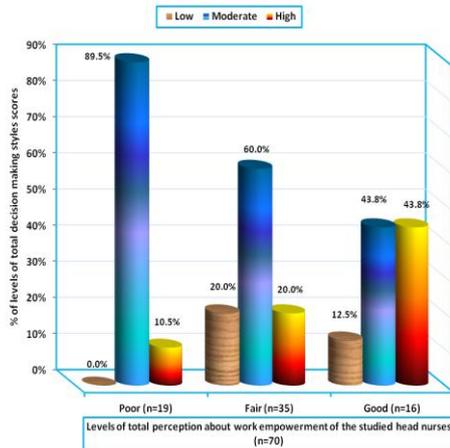


**Figure (4):** Levels of perception of work empowerment main sub items of the studied head nurses

**Table (2):** Correlation between levels of total perception of work empowerment and levels of total decision making styles scores of the studied head nurses at Mansoura Emergency Hospital..

Levels of total decision making styles scores	Levels of total perception of work empowerment of the studied head nurses (n=70)						$\chi^2$	P
	Poor (n=19)		Fair (n=35)		Good (n=16)			
	N	%	n	%	n	%		
<b>Low</b>	0	0	7	20.0	2	12.5	11.303	0.023*
<b>Moderate</b>	17	89.5	21	60.0	7	43.8		
<b>High</b>	2	10.5	7	20.0	7	43.8		

\*Significant (P<0.05)



**Figure (5):** Relationship between levels of total perception about work empowerment and levels of total decision making styles scores of the studied head nurses at Mansoura Emergency Hospital.

**Table (1) Personal characteristics of the studied sample at Mansoura Emergency Hospital.**

This table illustrates personal characteristics of the head nurses at Mansoura Emergency Hospital. According to the table, the majority of studied sample (45.7%) were below the age 31years old, while (24.3%) of them were more than 40 years old. With reference to marital status, most of them (81.4%) were married, while (18.6%) were single. Regarding educational qualification, most of them (98.6%) had a bachelor’s degree, while

(1.4%) of studied sample had other qualification, also (42.9%) of studied sample had professional experience less than 6 years, while (5.7%) had more than 10 years of experience.

**Figure (1): Agreement of the studied head nurses regarding decision making Styles main sub items.**

Illustrates decision making styles as perceived by head nurses at Mansoura Emergency Hospital. According to the figure, rational decision making style was found higher degree of agreement (30.0%) while Spontaneous decision making style was found lower degree of agreement (5.7%).

**Figure (2): Levels of general decision making scale (GDMS) scores as reported by head nurses.**

Illustrates degrees of opinion scores about decision making styles as perceived by head nurses at Mansoura Emergency Hospital. According to the table, the highest degree of opinion score related to rational decision making style (64.3%). while avoidant decision making style has the lowest degree of opinion score (15.7%).

**Figure (3): Response of the studied head nurses about conditions of work effectiveness questionnaire (CWEQ) main sub items measuring their perception of work empowerment.**

Illustrates conditions of work effectiveness questionnaire (CWEQ) opportunity, support, resource and information) as perceived by head nurses at Mansoura Emergency Hospital. According to the figure, Resource and support have the highest score of agreement (17.1 %). On the other hand, information had the lowest score of agreement (11.4%).

**Figure (4): Levels of perception of work empowerment main sub items of the studied head nurses.**

Illustrates degrees of opinion scores about perception of work empowerment as perceived by head nurses at Mansoura Emergency Hospital. In accordance with the table, the highest degree of opinion score related to perception toward resource (41.4%) while perception toward information has the lowest degree of opinion score (21.4%).

**Table (2) and Figure (5): Correlation between levels of total perception of work empowerment and levels of total decision making styles scores of the studied head nurses .**

Illustrates correlation between levels of total perception of work empowerment and levels of total decision making styles scores of the studied head nurses at Mansoura Emergency Hospital. According to the table, there was significant correlation between levels of total decision making styles scores and levels of total

perception of work empowerment (0.023\*) at (P<0.05).

**Discussion:**

Unstable environment makes organizations try to find employees who have a diversity of skills to cope with changes or with situations that may be opportunities or threats that need to make decisions in doing every part of their activities as a result, decision making having great importance in all managerial actions and organizational processes (**Moghadam & Tehrani & Amin**)<sup>(11)</sup>. The continued existence, success and development of an individual and organization depend on making right and timely decisions (**Sohail**)<sup>(12)</sup>.

Accordingly figure (2), the finding of the present study naked that agreement of head nurses was differentiated among decision making styles from rational, dependent, intuitive, and spontaneous and avoidant decision making style. This result may be related to situational, personal factors or different experiences for each of them. This finding goes in the same line with the finding of (**Chen & Chun-Hao**)<sup>(13)</sup>, (**Osborne**)<sup>(14)</sup>, (**HESTAND**)<sup>(15)</sup> and (**Bavol**)<sup>(16)</sup> who revealed that five decision making style represented differently in their studies.

Accordingly figure (2), the findings of the present study

revealed that rational decision making style had the highest for head nurses at Mansoura Emergency Hospital. This result goes away from our expectation as working condition which increase work load, deal with large number of critical patients, limited number of nursing staff with time pressure and amounts of information that decision makers are forced, not helpful to analyze and making quick and accurate decisions. This result may be related to head nurses made highly agreement on rational decision making that defines what individuals should do instead of what individuals actually do in the decision making process. They saw rational decision making style matching with hospital policy which makes them accountable for their decisions and must have rational for selecting one decision among alternatives in logical and systematic way.

This result was accorded with (**Chen & Chun -Hao**)<sup>(13)</sup> who made his study on two groups and arranged rational decision making style as the strongest style among other styles in the two groups, and (**Osborne**)<sup>(14)</sup> who reported that rational decision making style was the highest score as individual needs much information and considers numerous alternatives. Careful analysis and maximized accomplishment are important to these individuals they generally

prefer plentiful data from a diversity of sources, require time to process information, enjoy problem solving and need to find a challenge in their work. In respect with our finding **(Hestand)**<sup>(12)</sup>, **(Sohail)**<sup>(15)</sup> and **(Bavol)**<sup>(16)</sup> viewed rational decision making style as the dominant decision making style.

On the other hand, findings of the present study revealed that avoidant decision making style was the lowest score of decision making styles for head nurses at Mansoura Emergency Hospital. This behavior is not consistent with the working condition at Mansoura Emergency Hospital which make head nurses exposed to always changing complex conditions while providing her responsibility for patient care, staff development and unit management. Toward being able to cope with these conditions effectively, they should be skilled decision makers and must be able to do the suitable decision making rather than just avoiding decisions. This result may be arising from young head nurses where hospital policies not allowed them to be involved in decision making process. Those head nurses when confronted with problem or decision, attempt to leave decision making and thinking about policy and their accountability in case of making incorrect decisions. This finding go in the same line with the

finding of **(Chen & Chun -Hao)**<sup>(13)</sup>, **(Osborne)**<sup>(14)</sup> and **(Hestand)**<sup>(15)</sup> who reported that avoidant decision making style was the lowest score among different decision making styles. On the other hand, this finding is not accorded with the finding of **(Bavol)**<sup>(16)</sup> who reported that the spontaneous decision making style take the lowest score.

In figure (3), (4) the findings of the study revealed that access to resources had the highest score. This result may be due to most of head nurses believe that the hospital provides them with the necessary supplies for getting the work done to achieve the desired goal. Which means that hospital has sufficient budget or adequate fund of nursing department as Emergency Hospital preparation must have adequate supplies and equipments to provide care for critical patients during 24 hours. This finding goes in the same line with **(Zhou & Cairn)**<sup>(17)</sup> who found that access to resource is the highest score. On the other hand, this finding is not accorded with **(Scott)**<sup>(18)</sup> and **(Chatterton)**<sup>(19)</sup> who reported that access to resource was rated as the second work empowerment factor.

On the other hand, the finding of the present study revealed that access to information had the lowest score. This result may be due to head nurses expressed that

top administrative policy not allowed them to be involved in their decision making, they do not aware about hospital condition and values of top management. Head nurses found difficulty in transmission of information related to salary and rewards for head nurses who do similar job. This may be related to cultural consideration which making each of them avoid speaking about reward and salary. Which means that hospital doesn't have good communication system that ensures sharing information openly and honestly to increase head nurse's involvement in organization goal.

This finding goes in the same line with **(Scott)**<sup>(19)</sup>, **(Hassan)**<sup>(20)</sup> and **(Fergus)**<sup>(21)</sup> who revealed that access to information had the lowest score. On the other hand this finding was not accorded with **(Chatterton)**<sup>(19)</sup> and **(Foley)**<sup>(22)</sup> who revealed that access to information is the third empowerment factor. Also, with **(El-Sayed)**<sup>(23)</sup> who revealed that access to information was the second empowerment factor.

Accordingly table (2) and figure (5) the result illustrates that there was significant correlation between levels of total decision making styles scores and levels of total perception of work empowerment. This result may be due to that decision making styles are considered to be a habitual

response pattern, expressed by an individual when being in situation needs decision and this decision is influenced by characteristics of both the individual and the situation and one's way to evaluate and decide. This decision may be different or vary as required by working environmental and organizational factors. Those factors that shape the work environment are referred as workplace structural empowerment which give access to resource, support, information and opportunity to learn and grow.

This result was accorded with **(Jokar & Hosseinzadeh & Mohammad)**<sup>(24)</sup> who revealed that there was significant relationship between decision making styles and work empowerment.

### **Conclusion**

The findings of the present study concluded that, there was relation between decision making styles and perception of the studied head nurses towards empowerment. Decision making styles were greatly influenced by perception of the studied head nurses towards work empowerment. Rational decision making style is the most used style among studied head nurses followed by dependent decision making style while avoidant decision making style was the least used style. They have highest perception towards resource followed by their

perception towards support, opportunity and finally their perception towards information.

### **Recommendation**

Based on the results of this study, it was recommended that, managers who feel that by empowering employees, they will misplace their responsibility to supervise and manage the organization, they must correct their view as head nurses should be empowered in organization. They must assess the policy and the structure in such way that provide head nurses with access to opportunity, information, support and resources. Arrange policy to intend a training programme for head nurses about decision making styles. They should know in which circumstances they will use which style as there is no one style for different situation.

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