

## Head Nurses' Attitude Regarding Delegation and Its Relation to Their Competency at Abu Kabir Central Hospital

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### ABSTRACT

**Background:** Delegation is a complicated activity and involves a large amount of responsibility. Delegation is one of the most difficult and complex skills in nursing but it has also been described as a soft skill or a non-technical skill by others. **Aim:** This study aimed to assess head nurses' attitude regarding delegation and its relation to their competency at Abu Kabir Central Hospital. **Design:** A descriptive design was utilized in this study. **Setting:** This study was conducted at Abu Kabir Central Hospital affiliated to ministry of health. **Sample:** A convenient sample was utilized with seventy head nurses was used in the present study. **Tools of data collection:** A self-administered questionnaire was used in this study. The questionnaire divided into two parts: Head Nurses' attitude towards delegation questionnaire and head nurses' competency to delegation questionnaire. **Results:** Indicated that about third of the studied Head nurses' had positive attitude for delegation. As well more than one half of the studied Head nurses' had satisfactory level for Principles and rights of delegation. While about two thirds of the studied Head nurses' had satisfactory level of competency to delegation. **Conclusion:** Head nurses' attitude to delegation was positively and significantly correlated to competency. **Recommendations:** Head Nurses should facilitate the delegation process through developing clear guidelines as well as creating an environment that supports delegation, resolution of conflict and encourages teamwork. Further investigation is needed to establish a full concept of nursing competency.

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**Key words:** Attitude, Competency, Delegation, Head Nurses.

### Introduction

Head nurses frequently pose difficult questions on their professional contributions to society. They anticipated having to shoulder professional obligations for consistently rendering direct care, safeguarding human lives, delegating, and assisting with routines of daily living. It's crucial for nurses to advance their nursing competence and apply it to their daily work in order to achieve this. <sup>(1)</sup>

Delegation refers to the transfer of accountability for the result of a task from the head nurse to subordinate leaders or from one subordinate leader to another. Although the head nurse delegator is still responsible for the work, subordinate leaders are also responsible to the delegator for the duties

they have taken on. The chief nurse may delegate all technical activities, but only planning, scheduling, and other similar administrative tasks; managerial tasks requiring strong supervisory authority should never be delegated. <sup>(1)</sup>

Delegation is the process of transferring a selected nursing task in a client situation to an individual who is competent to perform that specific task. It involves sharing activities and achieving outcomes with other individuals who have the competency to accomplish the task. The nurse practice act and any other practice limitations, such as agency policies and procedures, define the aspects of care that can be delegated and the tasks and activities that need to be performed by the registered nurse. those that can be performed by the licensed practical

nurse or licensed vocational nurse, and those that can be performed by an unlicensed, assistive personnel. When delegating an activity, the nurse needs to determine the degree of supervision that the delegate may require and provide supervision as appropriate<sup>(3)</sup>.

When giving authority to anyone on the healthcare team, head nurses must take the National Council of State Boards of Nursing into account. The proper task, the right circumstances, the right person, the right instructions and communication, and the right supervision and evaluation are the five rights of delegation.<sup>(4)</sup>

Authority is the power coming from status is admitted by subordinates and is a vertical hierarchy. Delegation is the act of empowering someone else so that they can execute task or job on your behalf. Delegation refers to empowering employees, too. Besides, delegation is also used for subordinates to learn and to improve themselves. However, delegation requires managerial skills and is the marker of how managers can make subordinates more useful and productive. From the perspectives of managers, delegation beyond handing over routine works is an issue that saves them time and flexibility so that they can take care of issues that are much more complicated or that require high level expertise.<sup>(5)</sup>

Accountability is an integral part of being a professional nurse and an important component of patient safety. Accountability means the 'nurse is required to answer to their patients, the nursing regulatory board, their employers and to the general public in relation to the decisions and actions they make relating to care delivery and associated documentation processes'. Furthermore, head nurses are accountable for deciding whether to delegate an activity to the nurse and are responsible for the outcome of the delegation. The fact that nurses retain accountability for the activities and are responsible for the outcome of care

provision causes many nurses to choose not to delegate. Therefore, a head nurse may not realize that they are accountable for the activities that the nurse completes within their job description. Conversely, other nurses do not delegate as they are afraid of the accountability for others' actions.<sup>(6)</sup>

There are three types of delegation: formal, Fimak and informal. Formal delegation is found in the exercise of authority defined by an organization's role. Fimak delegation is 'downward delegation'. It is effective to the extent of the acceptance and respect for formal authority. Informal delegation occurs because people want to do something apart from what they are told to do. It is something that is not formally required to be done. When there is a problem in the exercise of formal authority, informal delegation is accepted.<sup>(7)</sup>

A delegation relationship exists when one member of the multidisciplinary health care team delegates aspects of consumer care, which they are competent to perform and which they would normally perform themselves, to another member of the health care team from a different discipline, or to a less experienced member of the same discipline. Delegations are made to meet consumers' needs and to ensure access to health care services — that is, the right person is available at the right time to provide the right service to a consumer. The delegator retains accountability for the decision to delegate and for monitoring outcomes.<sup>(8)</sup>

Health-care providers must furnish safe, efficient, patient-tailored care. Successful, efficient delegation is essential to optimal health care, intensifying the limited resources under pressure from rising health-care costs. Effective delegation contributes to job satisfaction, empowerment, responsibility, productivity, professional growth, and effective patient care, whereas inappropriate delegation relates to poor core caring, repetition of caring or unbalanced workload.<sup>(9)</sup>

Effective delegation improves productivity, responsibility, profitability, and career advancement. Leadership and delegation encourage nursing staff participation. For nurse managers and future leaders, delegation is the key to achieving positive outcomes while maintaining an eye on the big picture. Delegation is a tool that can be used in nurse administration to address a variety of problems, including insufficient medical staff. <sup>(27)</sup>

Effective delegation is hampered by a number of circumstances, including those pertaining to the delegator and the delegate. Lack of confidence and feeling intimidated by more experienced nurses who have worked on the unit for a long time is a key obstacle for rookie nurses. They can challenge the new nurse's authority and put them to the test to see how they'll respond. The head nurse must be guided by the notion that she is the certified individual and patient advocate, even when it may be difficult to stand up to someone. A further obstacle is a lack of trust. Each person is required to be able to complete all of the tasks listed in their job description, and if he or she may require additional education and training if unable to do so. <sup>(7)</sup>

The conclusion of delegation may only occur after training and competency evaluation since delegation is a two-way, multi-level activity that necessitates a rational decision-making and risk assessment procedure. Allocation or assignment, which is asking another person to look after one or more customers under the presumption that the necessary consumer care tasks are typically within that person's responsibility and area of practice, are different from delegation. <sup>(8)</sup>

Some head nurses may not realize that they have difficulty delegating; they may consider themselves hardworking and be unaware that they are restricting the effective functioning of the nurses, and some refuse to shear leadership role with delegates because of their strong need to maintain

control. Head Nurses as Delegators should begin by sharing small amounts of responsibility and power with nurses, meanwhile, can help by taking on more responsibilities. In that way, it can decrease their dependency on the delegators, stated that delegates may refuse to accept delegation because they feel that they are incompetent of completing the tasks. Further study, opined that if delegators feel that delegates are competent, yet the delegates themselves do not believe they are, the delegators should enhance delegate's self-confidence. <sup>(6)</sup>

Competency is the necessary knowledge, skills and attitudes that must be possessed in order to allow ones to perform a set of defined activities to an expected standard. In other words, competence is viewed as the ability of head nurses to demonstrate the knowledge, skills, judgment and attitudes required to perform activities within the defined scope of practice at an acceptable level of proficiency. The common core competencies needed for head nurses are the assessment and intervention skills, communication skills, relationship skills, critical thinking skills, human caring and leadership skills, management skills, and teaching skills <sup>(10)</sup>.

There are four domains of competence for the head nurse scope of practice. Domain one : Professional responsibility: This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. Domain two: Management of nursing care: This domain contains competencies related to assessment and managing health consumer care, which is responsive to the consumers' needs, and which is supported by nursing knowledge and evidence based research. Domain three: Interpersonal relationships. This domain contains competencies related to interpersonal and therapeutic communication with health consumers, other nursing staff and interprofessional communication and documentation. Domain four:

Interprofessional health care & quality improvement, This domain contains competencies to demonstrate that, as a member of the health care team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the inter-professional activities of the team. <sup>(11)</sup>

The presence of an efficient and effective evaluation system for recognizing staff talents and capabilities can significantly contribute to cost savings for businesses and higher-quality service delivery. Without a suitable model for performance evaluation based on precise and useful indicators, improvement in management performance may not be possible. <sup>(1)</sup>

Head nurses are the professional nurses who have a multifaceted role in translating organizational strategic mission, values, and objectives into action at the unit level. They do not only provide administrative and clinical leadership, but also they are responsible for planning and managing resources, organizing nursing care, supporting teamwork, evaluating the services provided, and contributing to the achievement of optimal results for both the organization and the patients. In addition, they have the vital role in the success of healthcare organization. Therefore, head nurses should have fundamental core competencies needed to ensure their work effectiveness. <sup>(10)</sup>

### **Significance of the Study**

This research study will bring some behavior change and skill competency from effective delegation which is more critical for head nurses to make them able to contemplate their professional nursing activities. Role of Head Nurses is mainly to delegate if they have no professional knowledge, how to delegate will lead to failure. This research work might bring some work competency among head nurses in term of understanding nursing delegation.

Delegation should be a top priority for every manager it's become more and more

important for leaders to grow their own supervisors, managers, and future leaders. Delegation is an essential and extremely useful management tool in nursing field. It is one of the best known methods for efficiently managing time and leads to numerous benefits within health organization. Head nurses as the important group of healthcare workers, should learn how to manage delegation. <sup>(1)</sup>

### **Aim of the study:**

#### **The aim of the study was:**

To assess the head nurses' attitude regarding delegation and its relation to their competency at Abu Kabir Central Hospital.

#### **Research Question**

1. What is the head nurses' attitude towards delegation?
2. What is the head nurses' level of competency of delegation?
3. What is the relationship between the head nurses' attitude and competency towards delegation?

### **Subjects and Methods:**

#### **Research Design**

A descriptive design was selected and was used to achieve the aim of the present study and to answer research question.

#### **Study Settings**

The study was carried out at Abu-Kabir Central Hospital which affiliated to ministry of health that includes three buildings and includes 144 beds.

#### **Study Subjects**

All available sample of 70 head nurses working at Abu Kabir Central Hospital at the time of data collection and agree to participate in the present study.

#### **Tool for data collection:**

The following tool was used to gather data for this study.

#### **Self-administered questionnaire**

A self-administered questionnaire for head nurses' attitudes and their competency toward effective delegation, which developed

by Haghighi (2012) was used in this study. The questionnaire divided into three parts:

**Part one:** The researchers constructed personal and job characteristics of head nurses to collect data on age, gender, years of experience, educational degree, and other factors.

**Part two** which is geared toward assessing the Head Nurses' attitude towards delegation, contains 12 statements as (I don't feel I have time to delegate properly.) Items were assessed on a 5-point scale, Ranging from (5) indicating "agree", (4) indicating "moderately agree", (3) indicating "unsure", (2) indicating "moderately disagree" to (1) indicating "disagree".

**Part three** pertains to the Head Nurses' competency to delegate effectively. It consists of 19 statements as (Do you give staff feedback following delegation (e.g. praise) with two subscales:

- **Subscale 1** geared toward principles and rights of delegation, contains 13 statements scoring as (5) always, to 1 (never). Items were assessed on a 5-point scale, Ranging from (5) indicating "always", (4) indicating "often", (3) indicating "sometimes", (2) indicating "rarely" to (1) indicating "never".
- **Subscale 2** reflects head nurses' competency to delegation, it contains 6 statements, scoring as (5) agree, to (1) disagree. Items were assessed on a 5-point scale, Ranging from (5) indicating "agree", (4) indicating "moderately agree", (3) indicating "unsure", (2) indicating "moderately disagree" to (1) indicating "disagree".

#### **Content Validity and Reliability:**

The questionnaire was translated into Arabic then content and face validity were established by a panel of five experts of nursing administration department at the faculty of nursing, Zagazig University. Experts were requested to express their opinions and comments on the tool and

provide any suggestions for any additions or omissions of items. According to their opinions all recommended modifications were performed by the researcher. The period taken by the experts lasted from (12/2020 to 2/2021). The reliability of the questionnaire was measured through Cronbach's Alpha coefficient for assessing its internal consistency and it was 0.818 for the head nurses' attitude towards delegation questionnaire, 0.715 for the principles and rights of delegation among head nurses' questionnaire, 0.825 for head nurses' preparedness to delegation, 0.77 for head nurses' competency to delegation.

#### **Administration and Ethical consideration:**

To carry out the study in the selected setting, official approval permission for collection of data was obtained from manager of Abu Kabir Central Hospital by providing an official letter from Dean of the college of nursing.

-The aim of the study explained to the subjects and their approval to share in the study was taken through informed oral consents. They informed of their rights to refuse or withdrawal at any time with no reason given. Confidentiality of any obtained information was ensured, and the questionnaire forms were anonymous. The study procedures couldn't entail any harmful consequences on participants.

#### **Fieldwork:**

The data collection phase of the study took one month from the first of January to the middle of February 2021. The final forms of the questionnaire sheets were handled to head nurses in their work setting by the researcher to elicit their opinions. The researcher met head nurses in each unit in the morning, afternoon, and night shifts after finishing their work to distribute the questionnaires after clarifying the purpose of the study.

Head nurses completed the questionnaires at the same time of

distribution and took about 20-30 minutes. The researcher checked each questionnaire sheet after they had been completed to ensure the completion of all information.

### Pilot study

After developing of the tools a pilot study was carried out on (7 head nurses), it represented 10% of total subjects sample size. The aim of pilot study was to examine clarity and the applicability of the tools and the necessary modifications were made. In the tools, the pilot sample was included in the original sample. The time consumed in measuring the questionnaire was thirty minutes.

### Statistical Analysis:

All data were collected, tabulated and statistically analyzed using SPSS 23.0 for windows (SPSS Inc., Chicago, IL, USA). Quantitative data were expressed as the mean  $\pm$  SD & (range), and qualitative data were expressed as absolute frequencies (number) & relative frequencies (percentage). Percent of categorical variables were compared using Chi-square test or Fisher Exact test when appropriate. Pearson correlation coefficient was calculated to assess relationship between various study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0 indicate weak correlation. All tests were two sided. P-value < 0.05 was considered statistically significant (S), and p-value  $\geq$  0.05 was considered statistically insignificant (NS).

### Results

This chapter was aimed to determine the relationship between head nurses' attitude regarding delegation and their competency. **Table (1):** shows that (87.1%) of study head nurses sample were female, Regarding the age of head nurses, (75.7%) of them were <30 years old. (82.9%) of head nurses were Bachelor's graduated.

**Table (2):** shows that (37.1%) of the studied Head nurses' had positive attitude for delegation with mean  $\pm$  SD(43.7 $\pm$ 6.5) and range from 29 score to 60.

**Table (3):** shows that (67.1%) of the studied Head nurses' had Satisfactory level of competency to delegation with mean  $\pm$ SD (24.1 $\pm$ 3.6) and range from 12score to 30.

**Table (4):** shows that (65.7%) of studied sample head nurses had satisfactory all over delegation level and (34.3%) of studied head nurses had unsatisfactory total delegation level.

**Table (5):** shows that there was statistically insignificant relation between all over delegation level of studied head nurses and their personal characters  $p > 0.05$ .

### Discussion

Delegation is a crucial component of successful teamwork, thus head nurses who are in charge of teams and are accountable for the nursing process and patient care results need to be skilled at delegation. Head nurses must be aware of staff nurses' abilities and desire to accept the delegation, as well as their legal job definitions and job descriptions, in order to delegate effectively. Effective communication, a cooperative work environment, degree of skill, knowledge, and role clarity are just a few of the variables that affect successful delegation. Head nurses must be able to manage, assign, and delegate tasks successfully in order to collaborate with the staff. <sup>(12)</sup>

### The attitude of head nurses regarding delegation

According to the results of the current study, more than one-third of the head nurses had a favourable attitude toward delegation. This result conflicts with earlier research by **Kaernsted and Bragadottir** <sup>(13)</sup>, whose study participants expressed favourable sentiments toward delegating. When asked if they felt they had enough time to adequately delegate, two-thirds of the

population under study were disagreed. According to the results of the current study, the majority of head nurses concurred that they would become angry if they gave a subordinate explicit instructions only to discover that the task was not completed properly. This study's findings were reinforced by **Potter et al.** <sup>(14)</sup> whose study participants indicated that they became irate when delegates did not follow their exact instructions. **Marquis and Huston** <sup>(15)</sup> indicated that head nurses at all levels should assign tasks to save time, which the results of the present study corroborate.

A third of the tested participants in the study disagreed that they would delegate more if they felt more confidence doing so. This conclusion was at odds with the findings of **Bystedt et al.** <sup>(16)</sup>, where participants reported feeling anxious and lacking confidence while delegating due to the possibility of unfavourable results. These findings contrast with those of **Bergman and Shubert** <sup>(17)</sup>, who emphasised the value of time management and the time-saving benefits of delegating. These results conflict with past research by **Gassas et al.** <sup>(18)</sup>, in which participants expressed uncertainty about delegation. Additionally, **Baddar et al.**, <sup>(19)</sup> and **Mohammadi et al.**, <sup>(20)</sup> studies are inconsistent with the findings of the current study and revealed that nurse managers had a neutral attitude regarding delegating.

### **The competency of head nurses regarding delegation**

According to the findings of the current study, almost two thirds of the head nurses under investigation had a satisfactory degree of delegation competency. This conclusion is supported by **Marquis and Huston** <sup>(15)</sup>, particularly the observation that under-delegation is one of the most common delegation mistakes. This mistake is made by some nurses out of an obsession with control or out of apprehension that they will be perceived as unable to carry out their duties. Less than half of the sample indicated

that they occasionally spent a lot of time on tasks that others could complete. Studies by **Weydt** <sup>(21)</sup> and **Kaernested and Bragadottir** <sup>(13)</sup> found a similar conclusion, with participants reporting that they spent a lot of time on tasks that others could complete. Nearly all head nurses said they "always" gave feedback to staff after delegating tasks and were explicit about who was doing it, why they were doing it, where to do it, how to do it, who was doing it, and when they were supposed to do it. This conclusion is reinforced by **Standing and Anthony** <sup>(22)</sup>, whose research participants reported that they saw communication as a fundamental component of effective delegation. This study's findings are further confirmed by **Curtis and Honor** <sup>(23)</sup> and **Sullivan and Decker** <sup>(24)</sup> who emphasised the value of giving feedback that includes direction and observations on how the task was done. **Anthony and Vidal** <sup>(25)</sup> provided evidence in favour of the idea of feedback by highlighting the significance of giving delegators ongoing updates about information that could affect the calibre of their work. This finding contrasts with that of **Kaernested and Bragadottir** <sup>(13)</sup> who reported that participants lacked the competence to delegate, since this study discovered that participants lacked neither the competence nor the readiness to delegate.

The majority of participants also concurred that efficient delegation might improve the use of the talents and knowledge of the nursing staff. This conclusion was supported by **Weydt** <sup>(21)</sup>, who hypothesised that a lack of delegation could risk quality and lead to resource mismanagement. Additionally, they concurred that they possess the talents needed to handle the unfavourable reaction of the staff. According to **Marquis and Huston** <sup>(15)</sup>, the delegator should confront the delegates and inquire as to why the assignment was not completed appropriately.

### The relation between head nurses' attitude towards delegation and their competency to delegation

According to this study, there is a strong relationship between head nurses' attitude toward delegation and their competence in this area. This relationship may be explained by the fact that more than half of head nurses had a positive attitude toward delegation and that the majority of them performed satisfactorily in this area. This finding is consistent with a study by **Gassas et al.** <sup>(18)</sup>, which found a clear relationship between attitudes and competency. According to **Eschak et al.** <sup>(28)</sup>, successful delegation enhances the advantages of a delegation of the head nurses, subordinates, and the healthcare system. It also promotes safe, high-quality patient outcomes. According to Morover **Kaernsted and Bragadottir** <sup>(13)</sup>, the delegation was built on attitudes and competency. The ability to delegate well is a crucial skill for a head nurse. It is an essential leadership trait for enhancing the productivity and inspiration of managers and employees.

Staff members need to be empowered and held more accountable by head nurses. For the desired outcomes, they must be able to make the most of the expertise and experience of the team **Smith** <sup>(29)</sup>.

### Conclusion

Head nurses' attitude to delegation was positively and significantly correlated to competency.

### Recommendations

Based on the findings of this study, the following recommendations can be included:

1. Head Nurses should facilitate the delegation process through developing clear guidelines as well as creating an environment that supports delegation, resolution of conflict and encourages teamwork.
2. Further investigation is needed to establish a full concept of nursing competency.

**Table (1): Frequency and percentage distribution of the studied head nurses regard to their personal characteristics (n. =70)**

Items	n.	Percentage
Age		
• <30years	53	75.7
• ≥30years	17	24.3
Gender		
• Males	9	12.9
• Females	61	87.1
Social status		
• Single	30	42.9
• Others	40	57.1
Education		
• Bachelor's	58	82.9
• Others	12	17.1
Departments		
• Pediatric ICU	29	41.4
• Surgical cardio-chest ICU	2	2.9
• Medicine ICU	4	5.7
• Endoscopy	8	11.4
• Hepatic &GIT ICU	27	38.6
Experience years		

• <5 yrs	40	57.1
• 5-10 yrs	17	24.3
• >10	13	18.6

**Table (2): Frequency and percentages distribution of Head nurses' attitude towards delegation (n=70):**

Head nurses' attitude towards delegation	26(37.1%)
• Positive	44(62.9%)
• Negative	
• Mean ± SD	43.7±6.5
• Median	43
• Range	29-60

**Table (3): Frequency and percentages distribution of competency to delegation studied Head nurses (n=70):**

Head Nurses' competency to delegation	
Satisfactory	47(67.1%)
Unsatisfactory	23(32.9%)
Mean ± SD	24.1±3.6
Median	25
Range	12-30

**Table (4): Frequency and percentage distribution of allover delegation level among studied head's nurses (n=70)**

Items		No.	%
allover delegation score	Satisfactory ≥ 70%	46	65.7
	Unsatisfactory < 70%	24	34.3
	Mean ± SD	94.8±10.8	
	Median	96	
	Range	56-120	

**Table (5): Relation between personal characteristics of studied head nurses and allover delegation level (n=70)**

Items	Head Nurses' of allover delegation				n.	χ <sup>2</sup>	p-value
	Satisfactory		Unsatisfactory				
	n.	%	n.	%			
<b>*Age allover</b>							
<30years	35	66.0	18	34.0	53	0.01	0.92
≥30years	11	64.7	6	35.3	17		
<b>*Gender</b>							
Males	7	77.8	2	22.2	9	F	0.71
Females	39	63.9	22	36.1	61		
<b>*Social status</b>							
Single	21	70.0	9	30.0	30	0.43	0.51
Others	25	62.5	15	37.5	40		
<b>*Education</b>							
Bachelor's	41	70.7	17	29.3	58	F	0.092
Others	5	41.7	7	58.3	12		
<b>*Departments</b>							
Pediatric ICU	19	65.5	10	34.5	29	0.97	0.91
Surgical cardio-chest ICU	1	50.0	1	50.0	2		
ICU	2	50.0	2	50.0	4		
Endoscopy	6	75.0	2	25.0	8		
Hepatic &GIT ICU	18	66.7	9	33.3	27		
<b>*Experience years</b>							
<5 yrs	30	75.0	10	25.0	40	4.3	0.12
5-10 yrs	8	47.1	9	52.9	17		
>10yrs	8	61.5	5	38.5	13		

\*χ<sup>2</sup> Chi square test f Fisher exact test insignificant p>0.05

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