

The Relationship between Degree of Delegation and Head Nurses Leadership Styles at Suez Canal University Hospitals

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Abstract: Background: Leadership styles have a great influence on different aspects as delegation on the teamwork. Using effective delegation by head nurse can motivate the subordinates to do more than what is being expected. **Aim of the study:** Was to assess the relationship between degree of delegation by head nurses and their leadership styles at Suez Canal University Hospitals. **Study design:** A descriptive correlation design was utilized to carry out the present study. **Study setting:** This study was carried out at all departments and units at Suez Canal University Hospitals. **Study sample:** All head nurses (n=52) working at the previous mentioned departments in addition to 245 staff nurses with at least 6 months of experience. **Tools of data collection:** Data were collected by using questionnaire sheets, first to determine degree of delegation by head nurses and the second to assess leadership style as perceived by staff nurses. **Results:** This study revealed that 65.3% of the head nurses were sometimes delegated, while 21.2% of them were always delegated and the most used leadership style was the transformational style followed by transactional and servant leadership style, whereas the authentic leadership style was the lowest leadership style. Also, more than half of autocratic head nurses were never delegated while more than half of laissez-faire head nurses were always delegated. **Conclusions:** It was concluded that there was a positive relation between degree of delegation and autocratic leadership style and there was a positive relation between degree of delegation and laissez-faire leadership style. **Recommendations:** Training sessions about effective delegation in addition to maximize the using of leadership styles that support individual respect as authentic, democratic and servant leadership styles. **Key words:** leadership style, delegation, head nurse, staff nurse.

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I. Introduction

The head nurse is a key member of the nursing staff. Within the organized nursing care unit, she/he is responsible for administration and co-ordination of patient care and other activities including preparing nursing care plan, instructing nurses and supervising personnel (Hardin, 2012). In addition, head nurse must exercise good judgment, adhere to the policies and make sound decisions that result in good care of patients (Shirey et al., 2010). National Council of State Boards of Nursing (NCSBN) (2016) stated that delegation is the process by which a registered nurse directs another person to perform nursing skills and activities that the person would not normally carry out while still retaining accountability for those activities. All decisions related to delegation are based on the fundamental principles of protection of health, safety, and welfare of the public. Weydt (2010) reported that when head nurses do not effectively delegate to others, quality of care decreased and valuable resources will surely continue to shrink and care demands will surely continue to rise, thus increasing the risks of inappropriate delegation, also having clarity about what can be delegated helps to define quality professional practice for nurses, other team members, patients, and families. Also, the head nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consists with the nurse's obligation to provide optimum care (Joann, 2013). Leadership is a natural element of nursing practice because the majority of nurses practice in work groups or units. Possessing the license of a registered nurse (RN) implies certain leadership skills and requires the ability to delegate and supervise the work of others. Leadership can be understood as the ability to inspire confidence and support among followers, especially in organizations in which competence and commitment produce performance (Huber, 2013). To function effectively, healthcare management systems must provide efficient and effective leadership, because a well-led healthcare unit is a confident unit in which employees feel empowered to discuss their problems and to solicit help and advice to advance the common good. There are no biases on these units, and head nurses feel confident in their ability to delegate less critical duties, thus, the issue of head nurses confidence in delegation requires

continuing education courses to teach delegation and supervision skills to head nurses who do not have experience with this form of team nursing (Scott, 2009).

Significance of The Study

Traditionally, the staff nurse assumed complete care of the patient's needs. Because of this emphasis, many head nurses never developed the skills needed to delegate patient care appropriately to others, nor were they given educational interventions targeting the development of leadership skills (Badinovic, Wilson & Woodhouse, 1999; Barter, et al, 1994). Today, the presence of sicker patients, fewer staff nurses, and numerous cost and budgetary restrictions (Lookinland, et al 2005; Norrish, 2001) are changing the face of health care.

This study assessed the relationship between degree of delegation by head nurses and their leadership styles. Therefore, the study will help the organization to provide motivating work atmosphere that grantee the quality of care, operational performance, organizational productivity, loyalty, quality of life and dealing with stressful life events that face the head nurses every day. So, the result of this study may be used to guide policy makers and nurse managers to develop several methods to enhance head nurses' delegation methods in the work place, so increase work effectiveness and productivity.

Aim of The Study

This study aimed to assess the relationship between degree of delegation by head nurses and their leadership styles at Suez Canal University Hospitals.

II. Subjects and Methods

Study design:

A descriptive correlation design was utilized to carry out the present study.

Study setting:

This study was carried out at all departments and units at Suez Canal University Hospitals with bed capacity 532 beds which divided into:

1) Educational building with bed capacity 373 beds divided to the following departments:

Internal medical (male, female), Surgical (male, female), Orthopedics (male, female), Psychological and Neurological, Obstetrics (inpatient, emergency), Pediatrics (inpatient, incubator), Emergency, Burns, Operations, Intensive Care Unit and Cardiac Care Unit, Emergency surgeries, Oncology, Blood Bank and Clinics.

2) Surgeries building with bed capacity 91 beds divided to the following departments:

Urology, Rheumatology and Rehabilitation natural, Blood culture, One day surgeries, Dialysis, surgical urology and Speculums.

3) Suez Canal University Specialized Hospital with bed capacity 68 beds divided into the following departments:

Internal medicine (male, female), Operations, Clinics, speculum, Cardiac Care Unit.

Subjects: The sample included all head nurses (n=52) working at the previous mentioned departments. In addition to 245 staff nurses out of 478 with at least 6 months of experience.

Sample size: To achieve the study objectives, the sample size was calculated according to the following equation:

$$n = \frac{k \times 2\sigma^2}{(MD)^2}$$

Where σ is the within standard deviation of the first scale (9.05), **MD** is the minimum mean difference between styles (2.2) and **k** at the significance level 99% and power 50% = 6.6 (Wassertheil, 2004).

Total n = 245 staff nurses

Tools of data collection

Questionnaire sheet was used by the investigator to collect data

First part included demographic characteristics of head nurses: To collect data about personal characteristics of head nurses such as name (optional), age, gender, years of experience, working place, department and training courses attendance.

- **Head nurses' delegation questionnaire:**

This tool developed by the investigator guided by **Ahmed (2005)** and **Meyer (2010)**. It aimed to investigate the degree of delegation among head nurses contained 30 items and filled by head nurses.

Scoring system:

The available response for each item of the questionnaire that measures the degree of delegation by head nurses range from: strongly disagree with a value of (1), disagree with a value of (2), occasionally with a value of (3), agree with a value of (4) and strongly agree with a value of (5). In certain statement, this scoring reversed. The scores of each statement summed-up and the total divided by the number of total items to have a mean percentage of delegation.

- Less than 50% considered as never delegate.
- 50-75% considered as sometimes delegate.
- More than 75% considered as always delegate.

Second part included demographic characteristics of staff nurses: To collect data about personal characteristics of nurses such as name (optional), age, gender, educational qualification, years of experience, working place, department and training courses attendance.

- **Leadership Style questionnaire:**

This tool used to determine the leadership style for head nurses as perceived by staff nurses. It is adopted from **Daifullah (2013)**, It composed of 99 items under three categories: traditional, advanced and most advanced leadership styles.

Scoring System:

The responses of participants collected a long five rating scale ranged from “never” to “always” (1 to 5 respectively) for each statement. The scores of each style summed-up and the total divided by the number of the items, giving a mean score to have the mean percentage of the leadership style. For statistically purpose, the five-point rating scale changed into three scales by adding always to usually and rarely to never in data presentation.

Preparing phase:

This phase involved reviewing of the relevant literatures, different studies and theoretical knowledge of various aspect of the research topic using books, articles, internet, periodical and magazines. This helped in preparing the literature review, the assessment and detection of sample and also preparing tools for data collection. It took about six months.

Tool Content Reliability:

Coefficient of reliability of the evaluating tools was measured by Cronbach's alpha. The reliability of individual items of delegation items (n=30 questions) as well as the overall total delegation score exceeded the acceptable level (0.7 standards)

Pilot study:

A pilot study was conducted before performing the main study. 10% of the staff nurses and head nurse were selected randomly to be included in the pilot study then they excluded from the main study. The aim of the pilot study was to determine the applicability and feasibility of the designed tool, clarity of the tool words, estimate the time needed to complete the questionnaire and identify potential obstacles and problem that may be encountered during the period of data collection. Data obtained from the pilot study was analyzed and 2 questions from the delegation questionnaire tool were excluded because they were incomprehensible purpose, and no one answered them. Completion of each sheet ranged between 15-20 minutes for delegation sheet and 25-35 minutes for leadership sheet.

Field work:

Once the investigator obtained the official permission from directors of Suez Canal University Hospitals to start collecting data from all head nurses and a random selection of staff nurses at their work area during the three shifts when they have time to fill questionnaire, she met with them, explained the study aims and handed them a copy of questionnaire which were returned to the investigator after completing them in the presence of the investigator to answer any questions and to provide any needed clarifications. A systematic random sample was used to collect the study data. This process of data collection took a period of three months

from the beginning of October 2014 to the end of December 2014. Data collection was conducted four days weekly during all shifts and 16-25 sheets were completed every week.

Ethical considerations:

Each participant was asked to participate in the study after full explanation of the nature and the main aim of the study and its expected outcomes. Each participant was free to either participate or not in this study and had the right to withdraw from the study at any time without any rationale; also, they were informed that data will not be included in any further researches without another new consent if they do not mind. The investigator stressed on confidentiality of the information.

Statistical Design:

- Collected data were coded, entered and analyzed using Microsoft Excel software.
- Data were then imported and managed using Statistical Package of Social Sciences (SPSS) version 20 (IBM SPSS Ver. 20.0).
- Statistical significance tests were used and P value of less than or equal (0.05) was considered statistically significant. P value of less than or equal (0.01) was considered statistically highly significant.
- Data presentation was primarily based on means and standard deviations (SD, normal data) for continuous or quantitative data. Meanwhile, categorical or qualitative were presented as frequencies and percentages.
- Comparisons between two groups were made using the paired sample t-test or Mann-Whitney U test for continuous or quantitative data according to sample size. Meanwhile, Pearson chi-square or Fisher Exact probability tests for categorical or quantitative data according to expected values.
- Analysis of variance (ANOVA) test was performed to test significance in different groups.

III. Results

Table (1): Distribution of head nurses according to their demographic characteristics (n=52):

Demographic Characteristics	Head nurses (n=52)
Age groups (years)	
<30	12 (23.1%)
30-	28 (53.8%)
35+	12 (23.1%)
Mean age ±SD	32.2±3.01
Gender	
Male	5 (9.6%)
Female	47 (90.4%)
Years of experience	
<6	2 (3.8%)
6-	20 (38.5%)
10+	30 (57.7%)
Mean experience ±SD	10.04±2.8
Working place	
Suez Canal University Hospital	41 (78.8%)
Suez Canal University Specialized Hospital	11 (21.2%)
Courses about delegation	
No	52 (100%)

Table (1) showed that the majority (78.8%) of the head nurses was working at Suez Canal University Hospitals, while the rest of them (21.2%) were working at Suez Canal University Specialized Hospital. Also (90.4%) most of the head nurses were females with only 9.6% of them were males. Regarding nurses' age, the present study revealed that more than half (53.8%) of the head nurses were in the age group 30-<35 years with a mean age of 32.2±3.01 years. It was clear that more than half (57.7%) of the study sample had ≥10 years of nursing experience. No one of the studied nurses had previously attended training courses about delegation.

Table (2): Distribution of head nurses according to their degree of delegation (n=52):

Degree of delegation	Head nurses (n=52)	
	No.	%
Never delegate (<50%)	7	13.5%
Sometimes delegate (50-75%)	34	65.3%
Always delegate (>75%)	11	21.2%

Table (2) showed that less than two thirds of the head nurses (65.3%) were delegated sometimes, while more than one fifth of them (21.2%) were always delegated.

Table (3): Distribution of head nurses according to their agreement of delegation (n=52):

Delegation variables	Agreement of delegation									
	Strong disagree		Disagree		Never sure		Agree		Strong agree	
	No	%	No	%	No.	%	No.	%	No.	%
Delegate tasks to ease workload	3	5.8	9	17.3	9	17.3	23	44.2	8	15.4
Show confidence to complete tasks	3	5.8	21	40.4	10	19.2	14	26.9	4	7.7
Allow staff to undertake delegated work	3	5.8	12	23.1	20	38.5	15	28.8	2	3.8
Know everyone's strengths and weaknesses	0	0.0	17	32.7	7	13.5	19	36.5	9	17.3
I'm more precise than others	0	0.0	13	25	17	32.7	18	34.6	4	7.7
No one can work as me	1	1.9	13	25	15	28.8	18	34.6	5	9.6
No one care about work as me	1	1.9	13	25	8	15.4	22	42.3	8	15.4
Don't trust anyone about work secrets	1	1.9	13	25	11	21.2	18	34.6	9	17.3
Afraid if I delegate someone, he will hate me	1	1.9	19	36.5	11	21.2	15	28.8	6	11.5
Delegation opportunity to develop individuals	1	1.9	12	23.1	9	17.3	24	46.2	6	11.5
Provide training to inexperienced staff	4	7.7	10	19.2	10	19.2	20	38.5	8	15.4
Supervise every detail in staff work	0	0.0	9	17.3	10	19.2	23	44.2	10	19.2
Tell staff their authority when delegating task	0	0.0	14	26.9	5	9.6	22	42.3	11	21.2
Can't take vacation, work will collapse	4	7.7	18	34.6	9	17.3	16	30.8	5	9.6
Tolerate mistakes	2	3.8	19	36.5	12	23.1	14	26.9	5	9.6
Balance workload of staff	1	1.9	15	28.8	7	13.5	23	44.2	6	11.5
Watch work of staff and correct mistakes	3	5.8	14	26.9	13	25	18	34.6	4	7.7
Find myself compelled to re-work	0	0.0	17	32.7	11	21.2	19	36.5	5	9.6
Delegate all jobs, review the results	2	3.8	15	28.8	13	25	17	32.7	5	9.6
Staff lack commitment, if delegate, work won't implement carefully	1	1.9	16	30.8	12	23.1	17	32.7	6	11.5
Identify tasks that should never be delegated	4	7.7	14	26.9	14	26.9	14	26.9	6	11.5
Account impact of delegated tasks on team	0	0.0	14	26.9	6	11.5	23	44.2	9	17.3
Workload & staff schedule data before delegation	2	3.8	11	21.2	14	26.9	18	34.6	7	13.5
Don't find delegation save time	1	1.9	18	34.6	11	21.2	18	34.6	4	7.7
Think about tasks that should be delegated	4	7.7	14	26.9	12	23.1	16	30.8	6	11.5
Delegate the work by clear & concise manner	0	0.0	11	21.2	13	25	22	42.3	6	11.5
Can't delegate because staff lack experience	4	7.7	14	26.9	10	19.2	16	30.8	8	15.4
When delegate, I lose control of work	0	0.0	17	32.7	14	26.9	16	30.8	5	9.6
Remarks staff, positive or negative, upon task completion	1	1.9	12	23.1	12	23.1	20	38.5	7	13.5
Watch the time to end task	1	1.9	12	23.1	11	21.2	21	40.4	7	13.5

Regarding the most frequent reasons for agreement of delegation, the head nurses reported that delegation is an opportunity to develop individuals (46.2% agree and 11.5% strongly agree), delegation tasks can ease the workload (44.2% agree and 15.4% strongly agree), workload must be balanced on the staff (44.2% agree and 11.5% strongly agree), staff must know their authority when delegating task (42.3% agree and 21.2% strongly agree) and delegation the work should be clear and in concise manner (42.3% agree and 11.5% strongly agree).

Regarding the most frequent reasons for disagreement of delegation, the head nurses demonstrated that no one care about work like them (42.3% agree and 15.4% strongly agree), they must supervise every detail in the staff work (44.2% agree and 19.2% strongly agree), they should account of the impact of delegated tasks on team (44.2% agree and 17.3% strongly agree) and they must watch the time to end the task (40.4% agree and 13.5% strongly agree), as shown in Table (2)

Table (4): Distribution of staff nurses according to their demographic characteristics (n=245):

Demographic Characteristics	Staff nurses (n=245)
Age groups (years)	
<25	108 (44.1%)
25-	127 (51.8%)
35+	10 (4.1%)
Mean age ±SD	26.1±4.6
Gender	
Male	30 (12.2%)
Female	215 (87.8%)
Educational qualifications	
Nursing Secondary School	106 (43.3%)
Nursing Institute	139 (56.7%)
Years of experience	
<6	94 (38.4%)
6-	63 (25.7%)
10+	88 (35.9%)
Mean experience ±SD	7.8±4.6
Courses about leadership styles	
Yes	12 (4.9%)
No	233 (95.1%)

Regarding nursing qualification, 56.7% of the studied staff nurses graduated from nursing institute. (87.8%) of the staff nurses were females. The present study revealed that (51.8%) of the staff nurses were in the age group 25-<35 years. It was clear that the 38.4% of the study sample had <6 years of nursing experience. Only 4.9% of the studied nurses had previously attended training courses about leadership styles.

Table (5): Mean scores of leadership styles according to the opinion of the staff nurses (n=245):

Leadership styles	Staff nurses (n=245)
	Mean ±SD
Traditional leadership styles	
Autocratic score	27.6±4.4
Democratic score	29.4±5.1
Laissez-faire score	26.8±4.8
Advanced leadership styles	
Transactional score	67.3±9.3
Transformational score	144.03±24.6
More advanced leadership styles	
Servant score	42.2±8.1
Authentic score	26.4±5.9

As illustrated from the table, according to advanced leadership styles transformational score had the highly agreed of staff nurses (144.03±24.6), followed by transactional style (67.3±9.3). Whereas the authentic is the lowest leadership style used by head nurses (26.4±5.9).

Table (6): Correlations between total delegation score and leadership styles:

Leadership styles	Total delegation score	
	r value	p-value
Autocratic	0.49	0.001**
Democratic	0.27	0.61
Laissez-faire	0.48	0.001**
Total traditional leadership styles	0.38	0.002**
Transactional	0.10	0.91

Trans-formational	0.36	0.004**
Total advanced leadership styles	0.32	0.01*
Servant	0.08	0.94
Authentic	0.39	0.005**
Total more advanced leadership styles	0.34	0.009**
Total leadership styles	0.47	0.001**

There were statistically significant positive correlations between degree of delegation and autocratic and laissez-faire traditional leadership styles. Moreover, there were statistically significant correlation between delegation level and trans-formational advanced leadership style. In similar manner, there were significant correlation between delegation level and authentic more advanced leadership style.

IV. Discussion

The results of the present study showed that the majority of the head nurses were females with 32 years mean age. The highest percentages of them were working at Suez Canal University Hospital with more than 10 years of experience. This may mean that the head nurses have to use appropriate leadership style to achieve better delegation outcomes.

In addition, the present study indicated that there were significant relations between age and experience of the head nurses and the degree of delegation, while there were insignificant relationships between work place and gender of the head nurses and their degree of delegation. From my point of view this is may be due to the newly qualified nurses need to be able to exercise personal authority to become a competent nurse.

On the same line, **Munin and Cipriano (2013)** stated that delegation is an underdeveloped skill among newly qualified nurses. This skill is because it relies on personality, communication styles and mutual respect between the nurse and the healthcare assistant.

Regarding the most frequent reasons for agreement of delegation from point of view of head nurses they reported that delegation is an opportunity to develop individuals, also delegation tasks can ease the workload, and they agreed that staff must know their authority when delegating task and delegation the work should be clear and in concise manner. From my point of view this is due to development of skills and enhancement, increase loyalty as there are career growth opportunities, increase and improve motivation and job satisfaction.

This finding goes in the same line with **Juneja (2018)** who stated that delegation help in reducing his work load; everyone will be able to bring effectiveness in his work; the superior subordinate relationship becomes meaningful.

Regarding the most frequent reasons for disagreement of delegation from point of view of head nurses they demonstrated that no one care about work like them, and they must supervise every detail in the staff work, also they should account of the impact of delegated tasks on team, and they must watch the time to end the task. From my point of view this is may be due to everyone already too busy, also the items which asked that: I am not sure they will do it right, I do not know what to delegate and it will take too long to show them, and it's easier and faster if I do it myself

This is in the same line with **Jackson (2018)** who stated that when you delegate your management tasks to one of your employees, you essentially create power in your employees to perform the duties that you would normally perform; employees gain a sense of importance.

Also, the study revealed that less than two third of the head nurses were considered as sometimes delegated, while more than one fifth of them were considered as always delegated. From my point of view this is due communication, trust and honesty between the head nurses and staff nurses.

This is supported by **Rohn (2014)** who asserted that the keys to effective delegation: clear communication which strengthens a team, delegation works best with clear and communication. Also, it requires a high level of trust which is earned over time by both managers and employees.

Regarding autocratic leadership style the study showed that the highest percentage of staff nurse's agreement was related to the element "Tell subordinates what has to done & how". Meanwhile, the element related to "Don't consider subordinates' suggestions" had the lowest percentage. In my point of view this may be due to autocratic leaders rely on specific rules, policies, and procedures to govern all processes within the workplace and all creative decisions originate from leader.

This is on the same line with **Proscans (2018)** who stated that autocratic leadership style does not offer a sense of professional ownership. Autocratic leaders are in charge and they make this fact known. They get to take all the credit for the work that gets done. That means workers tend to not take ownership of the work they do because there is no incentive to do so. They won't get blamed if it fails and they won't get credit if it

succeeds. Over time, this makes employee morale begin to sink. It also creates hardships for the leader because they may get blamed for the actions of a worker when that worker was told to do something completely different.

Regarding laissez-faire leadership style items as reported by staff nurses. The study illustrated that less than one third of staff nurses were always agreed upon the item "Subordinates know more than their manager about their Jobs, so they carry out the decisions". Meanwhile, more than three fourth of staff nurses had always agreed upon the item "Delegate tasks in order to implement a new procedure". From my point of view this is may be due to group members lack knowledge or experience they need to complete tasks and make decisions. Also, negative outcomes including poor job performance, low leader effectiveness, and less group satisfaction.

In this aspect, **Cherry (2018)** clarified that working in a creative field where people tend to be highly motivated, skilled, creative, and dedicated to their work can be conducive to obtaining good results with this style. For example, a delegated leader might excel in a product design field. Because team members are well-trained and highly creative, they likely need little in the way of management. Instead, an effective leader can provide minimal oversight and guidance and still produce high-quality results.

Also, regarding Transformational leadership style items as perceived by staff nurses. The study illustrated that the highest percentage of staff nurse's agreement was related to the element "Retains a privileged position, especially for subordinates who perform their jobs well." Meanwhile, the element related to "Present personal sacrifices for the benefit of others." had the lowest percentage. From my point of view this is may be due to leader give people an uplifting a sense of being connected to a higher purpose, enhancing their sense of meaning and identity.

This consisted with **Burns (2018)** who stated that transformational leadership appeals to social values and encourages people to collaborate rather than work as individuals who compete with one another.

Also, relating authentic leadership style items as reported by staff nurses. The study showed that more than two third of staff nurses were always agreed upon the item, "Take into account ethics in decision making". Meanwhile, slightly more than half of staff nurses were always agreed upon the both items "Secretary in his dealings and an open mind" and "Follow the values and beliefs in decision making". From my point of view this is due to authentic leaders have values, purposes, positive relationships, self-discipline, credibility and ability to encourage others.

On the same line, **Shiery (2018)** stated that values are exemplified through an authentic leader's actions including speaking the truth. Actions are based on doing right despite the challenges that results.

Finally, regarding the correlation between delegation levels and different leadership styles. The study showed that there were statistically significant positive correlations between delegation levels and autocratic and laissez-faire traditional leadership styles. Moreover, there were statistically significant correlation between delegation level and trans-formational advanced leadership style. In similar manner, there were significant correlation between delegation level and authentic more advanced leadership style.

From investigator point of view this is may be due to communication there should be clear articulation of what needs to be done, trust, because the people who is the authority or duty be delegated to should be well trusted, honesty, You should be open to the team on what you expect.

This is supported by **Bhasin (2018)** who stated that delegation of authority is very important to any organization as it empowers employees or team members. It is essential in sharing authority and duty among individuals within an organization. Without it, it will be difficult to establishing a formal organization.

V. Conclusion

In the light of the current study findings, it was concluded that more than half of the head nurses were sometimes delegated, while about one fifth of them were always delegated with a significant relation between age and experience and the degree of delegation.

Also, it revealed that the most used leadership style was the transformational style followed by transactional and servant leadership style, whereas the authentic leadership style was the lowest leadership style used by head nurses

Moreover, it was concluded that there was a positive relation between degree of delegation and autocratic leadership style, as more than half of them considered as never delegated. While there was a positive relation between degree of delegation and laissez-faire leadership style, as slightly less than half of them answered that they were always using delegation.

Recommendations

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

- Revision for the undergraduate curriculum, especially nursing administration course to emphasize on the training aspects and application of delegation skills.

- Conduct training courses to assist head nurses on how to use leadership skills.
- Head nurses have to maximize the using of leadership styles that support individual respect as authentic, democratic and servant leadership styles.
- Training sessions for head nurses to use and acquire different leadership styles according to situation specially (authentic, servant and democratic leadership style) and stress on simulation to be a role model for her staff.

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