Nurses Perception Regarding Nurse Managers Delegation Skills and its Relation to their Job Empowerment and Loyalty

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Abstract

Background: *Nowadays, healthcare organizations consider delegation as a critical issue for achievement of job empowerment and loyalty.* **Aim:** *To assess nurses' perception regarding nurse managers' delegation skills and its relation to their job empowerment and loyalty* **Design:** *Descriptive correlational design was utilized.* **Setting:** *Study was conducted at New Kaser El-Aini Teaching Hospital.* **Subjects:** *Convenient sample of staff nurses (118) who were providing direct care and willing to take part into the study.* **Tools:** *Three developed questionnaires were used for data collection: delegation skills (29 items), job empowerment (23 items) and job loyalty (12 items).* **Results:** *The study findings conclude that nurses were highly perceived all the dimensions of delegation skills (mean % = 85.44). Around half of them had low (42.4%) empowerment level, one third of the nurses (34.7%, 33.9% & 31.4%) respectively perceived low, medium and high level of loyalty. There was a positive statistical significant correlation between nurses perception of nurse manager delegation skills, and their empowerment and loyalty (P=0.00).* **Recommendations:** *Hospital administrators should generate a strategic plan to improve nurses' empowerment and loyalty level, develop essential guidelines for delegation, and design educational program for nurse about duties and instructions of delegated tasks.*
Keywords: *Delegation Skills, Loyalty, Job Empowerment and Nurses.*

I. Introduction:

Delegation is one of the substantial managerial skills, Delegation is a very helpful aid for successive planning, personal development and seeking and encouraging promotion grow in job delegation enables nurses to gain experience to take on higher responsibilities (Rohn, 2014). Delegation can be defined as a transfer of responsibility to perform a task to another, with complete acceptance of accountability of the results (Josephsen, 2013). Delegation skills in nursing have defined as transferring to a competent individual the authority to perform a selected nursing task in a selected situation (Marquis, & Huston, 2017). NCSBN (2016) stated that delegation skills are 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.

To achieve effective delegation, professional leaders need to know regarding and actively involved in delegation. Also, delegation is a part in daily nursing activities, actions and one of the mean reason why healthcare organizations must have established clear guidelines and policies concerning employees delegation (Curtis, & Nicholl, 2014; Ruff, 2015). Al Aameri, (2011) stated that lack of applying delegation is due to job strain and turnover, and adding that, using effective delegation by head nurses can motivate the subordinates to do more than what is being expected.

Mueller, & Vogelsmeier, (2013) Badder, Salem& Hakami (2016) Concluded that, there are positive consequences of appropriate delegation such as: time saving, people development, employees' motivation, and maximizing the use of the talents and learning by doing. It helps identify future leaders, frees the manager to manage and reduces managerial costs. On the other hand, lack of delegation will lead to letdown, weakens ability to resolve and confuses the other person, and fails to fulfill the task or goal itself. Berkow etal (2015) reported that, it is an effective tool to decrease attrition among beginner nurses; especially that around half of new graduate's nurses are leaving the profession.

To perform appropriate delegation leaders should practice skills as management of time and prioritization (Bergman & Shubert, 2013). As well as, factors that may influence delegation process as: communication; management rules; organization structure; critical thinking; clinical judgment, decision making and lack of necessary regulation (Saccomano, & Pontozipp, 2014 & Mueller, & Vogelsmeier, 2016).

Bhasin (2018) emphasized the importance of guidelines to delegate effectively: detect what will be delegated, clarify wanted results, determine employee's responsibility, communicate scope and degree of

authority that employees will be provided with, be sure the worker recognition his or her authority, found a time limit and found a follow-up schedule.

The concept of delegation and empowerment in any organization is important in ensuring that all the tasks are done perfectly within a given time frame with a common goal of achieving the core objectives of an organization. Both are very useful management tools and techniques (Alejandro&yolands 2014 & Abilio &Maria, 2015).Empowered employees are identified as motivated, committed personnel who are agreeable to perform extra effort, initiative, and insist to accomplish their work (Bousszalem 2014). Job empowerment is considered as one of the fundamental solutions for developing organizations and adopting them with external conditions and environmental changes (Kennedy, Hardiker & Staniland, 2015).

Pineau, Spence, Regan, &Wong. (2013) stated that job empowerment defined as implementing organizational strategies that support shared team governance, open leadership communication, and supportive and empathetic staff relationships (Stone, 2014). Empowerment refers to the capacity to get tasks done; mobilize resources; offer support, opportunities and information. Also, Rubine & Babbie, (2016) documented that it is a process by which a manger shares and gives power with others or enables them to act. The individuals are empowered when they utilize personal technology as a tool for empowerment when they are informed and when they have power and authority to control.

Empowerment is the comer stone of leadership in which the leader shares the vision of what is to be accomplished, delegates a great deal o0f authority for decision making, and allows workrs to share in the satisfaction derived from goal achievement (Chalk &Halfens , 2014).

There are three types of empowerment: Structural, psychological and individual empowerment. Structural empowerment means having information, organizational support, availability of different resources and chances, which enable employees to be efficient, regard their tasks (Davison &Cooke, 2014). Psychological empowerment involves motivation, competence, autonomy, self efficacy and achieving goals. Establishment of an environment that supports structural empowerment of nurses consequently lead to psychological empowerment (Patrice, 2015).

Finally, individual empowerment defined as an individual's ability to enable and share power with others. Nurses need to work in environments with high levels of structural empowerment, In order to stay in their job and flourish their psychological empowerment. When nurses are highly empowered within an organization, such empowerment levels are believed to lead to better quality of care and loyalty of nurses (McCarthy & Freeman, 2018). Creating an empowered team is a vital nurse leadership function that can significantly influence morale, productivity, retention and associated costs, patient care, quality, and patient safety (Yang, Liu,Huang,& Zhu,2013).

Loyalty in an organization is considered as valuable asset for the company. Many of academic researchers found that the loyalty employee contributes to organizational success (Bhuvanaiah & Raya, 2014). It refers to employee willingness to stay in the organization (Goodman, 2013 & Guillon, & Cezanne, 2014). Loyalty is one of the key elements to measure the compatibility between individuals and the organization, since if the compatibility increased, the organization will achieve the majority of its goals and aspirations (Tekiner, & Tavas, 2016). It is a critical practice where the employee initiate his identity, involvement and sharing in the organization(Zaki, & Ahmed, 2018).

Loyalty could be a symptom of organizational commitment. It could be a purposeful commitment to further the most effective interests of one's employer, even when doing so may demand sacrificing some aspect of one's self-interest beyond what would be required by one's legal and other moral duties (Elegido, 2013 & Moura,Ramos,& Jesus 2015). It's a citizenship behavior of an organization that reflects loyalty to enhance its promotion and image to the outsiders (Rawat 2011).

Additionally loyalty are often defined as employees being committed to the success of the organization and believing that working for this organization is their most suitable choice not only do they attempt to remain with the organization, but they are doing not actively seek for alternative employment and aren't aware of offers (Abu-Bakr, 2014). it's widely believed that loyalty influenced by many factors like job satisfaction, job influence, job commitment, relationships between managers and employees, working arrangement, training and skills, information and consultation, employee representation and working hours (Judge et al., 2017; Maloni et. al., 2017).

Choong, Wong, & Lau, (2011), Abbasi, Hassanpour, &Hassanalipour, (2012) and Masoodul et al. (2013) who stated that the component of loyalty classified into: First, emotional or influential loyalty reflects that an individual realizes the unique distinctiveness of his work in terms of independence, importance, preferred skills, accessibility of supervision and direction. Second, moral loyalty (normative) means employee promise to stay within the organization, which enhanced by allowing them to participate in goals development, planning and making policy for the organization. Lastly, continued loyalty that means the degree of individual

loyalty to keep on with the organization or what employee may lose if she/he attempts to be recruited in another organization.

Significance of the study:
        Magnusson, Allan, Horton, Evans & Ball (2017) concluded that recently qualified nurses need organizational support and education to enhance and master secure and effective delegation skills, because ineffective delegation affects patient safety. Murali, Poddar, & Seema (2017) reported that organizations invests and spends many resources like: time, funds and energy on employees as methods to retain them, develop their abilities, skills and effectiveness of work outcome, which consequently, benefits the organization. However, a huge number of employees be apt to change their jobs and go away from their current organization. Therefore, administrators are in critical need of loyalty development methods to retain employees.
        From investigators point of views, there are few researches available in Egypt concerning delegation as required skills for daily nurse manager practices. Delegation skills requirement include sharing responsibility and power with nurses, which in turn influence their confidence, enthusiasm, decision making ability, problem solving skills, empowerment and loyalty. Thus, this study will provide a base knowledge for management on how nurses manager delegation skills relates to nurses job empowerment and loyalty as they are a key factor in creating positive workplace environment.

II. Material and Methods

Aim:
The present study was conducted to assess nurse managers' delegation skills and its relation to nurses' job empowerment and loyalty at New El kasr El-Aini Teaching Hospital.

Research questions:
1. What is the nurse's perception toward nurse managers' delegation skills?
2. What is the perceived level of nurses' job empowerment?
3. What is the perceived level of nurses' loyalty?
4. What is the relationship among nurses' perception regarding nurse managers' delegation skills, job empowerment and loyalty?

Design:
Descriptive correlation design was utilized in this study

Setting:
The present study was carried out at teaching hospital affiliated to Cairo University hospitals, composed of (920 beds), it provide paid services, has all specialties. Data were collect from medical (44 beds), surgical (20 beds) and critical care units (12 beds).

Sample:
A convenient sample of nurses' who were working in the previous selected units at the selected teaching hospital constituted the study sample. The total sample size was (118) nurses out of (125).
Inclusion criteria: nurses' who receive a daily patient assignment, provide direct patients care, with not less than one year of experience and who accepted to participate in the study. .

Tools for data collection:
To achieve the aim of the present study, data were collected with duration of three months (August to the end of October 2019). Data were collected through utilizing the following three tools:
1- Delegation skills Questionnaire. It comprises from two parts:

First part: includes the nurses' personal data as age, sex, marital status, educational level, and years of experience.
Second part: delegation skills questionnaire, it was developed from Demers (2015), to assess the nurses' perception about nurse managers' delegation skills. It consists of eight dimensions including 29 items as follows: allow all worker to learn**:** (3 items), establish a firm priority at work (4 items), concentrates on workers' strengths (4 items), give instructions and supervise continuously (4 items)**,** tell delegate doesn't be afraid to learn new skills (2 items)**,** trust, but verify (3 items)**,** use feedback loops to improve delegation, (4 items) and evaluate her/ himself in delegating process, (5 items).
The scoring system: Participant will choose either yes= (1) or no = (0)

2- Job empowerment Scale, it was developed by Spreitzer, Kiziolos, & Nason, (2007) and modified by investigators to assess the nurses' perception to job empowerment and it consists of three dimensions including 23 items as follows: self-employment (9 items), responsibility towards work (6 items) and ability to work efficiently (8tems).

3- Employee Loyalty Scale, it was developed by investigators guided by Kee etal,(2012) and Rice etal, (2017) it used to assess the nurses' perception to job loyalty, it consists of 12 items.

Scoring system:
Job empowerment and employee loyalty respondents answered items on three-points Likert scale ranging from one to three as follows, (1 = disagree, 2 = neutral and 3 = agree) . Total scores of studied total nurses' responses concerning empowerment and loyalty level classified as follow; low <66%, moderate 66-75%, and high >75%.

Tools validity and reliability:
Validity:
Study tools content validity was established by five experts', three professors and two assistant professors from nursing administration department, Faculty of Nursing Cairo University. Each expert was asked to examine the tools of data collection for content coverage, wording, clarity, length, format and overall appearance. Double translation English-Arabic-English was done to ensure validity of translation.

Reliability:
Reliability test was estimated through using Cronbach's Alpha Coefficient for the three questionnaires; it was indicated that the three questionnaires were highly reliable. Test results for the questionnaires of perceived delegation skills were (0.93), job empowerment scale was (0.92) and job loyalty questionnaire was (0.94). This indicated that three questionnaires are highly reliable.

Pilot study:
A pilot study was carried out on (10%) of the current sample before starting the actual data collection to ascertain the precision and applicability of study questionnaires, and to guess the time consumed to complete the three questionnaires. Results showed that time consumed in completing questionnaires was ranged between 20-30 minutes. Based on the pilot study analysis no modifications were made in the questionnaires. Pilot study was not included in the study.

Ethical consideration:
The aim of the study was explained to the administrative personnel. Official permissions were obtained from hospital's director and nurse director to conduct the study at the selected units. Oral agreement was taken from all participants included in the study. The nature and the aim of the study were explained to all nurses before starting the data collection. Confidentiality of obtained data was assured.

Procedures:
Once permission was granted from the nursing administrator of the selected hospital, Investigators started to clarify the aim, nature, and the importance of the study for every eligible nurse to obtain her/his acceptance to participate in the study and to the administrator to get better cooperation during the implementation phase of the research; also an individual oral consent was obtained from each participant in the study after explaining the purpose of the study. During data collection investigators handed questionnaires individually to the study participants at their units at different shifts, investigators explained the way of answering and asked them to complete them. Time consumed to complete the questionnaires ranged between 20 to 30 minutes. Data were collected with duration of three months from August to the end of October 2019.

Statistical design:
Data entry and statistical analysis were done using computer software the statistical package for social studies (SPSS), version 21. Descriptive statistics were used such as frequencies, and percentages for qualitative variables, means, and standards deviations for quantitative variables. Correlation coefficient (r) test was used to estimate the closeness association between variables. For all the tests used, statistical significance was considered at p–value <0.05.

III. Result
Table (1) Frequency and percentage distribution of nurses according to   personal characteristics (n=118)

Personal characteristics		No	%
Department	Medical units	55	46.6
	Surgical units	30	25.4
	Critical care units	33	28.0
Age	20 < 25	17	14.4
	26 < 30	28	23.7
	30 < 35	24	20.3
	35 < 40	35	44
	> 40	14	11.9
Gender	Male	46	39.0
	Female	72	61.0
Marital status	Married	90	76.3
	Single	28	23.7
Years of experience	5 < 10	21	17.8
	10 <15	17	14.4
	> 15	80	67.8

Table (1) depicts the frequency and percentage distribution of nurses according to   personal characteristics. With regard to the department that around half of the nurses (46.6 %) from medical and regard to the age(44.0%) ranged from (35 < -40). Regarding to gender the table shows that (61%) of them were female, and (76.3%) of study sample were married. Also, (67.8%) of them had (> -15) years of experience.

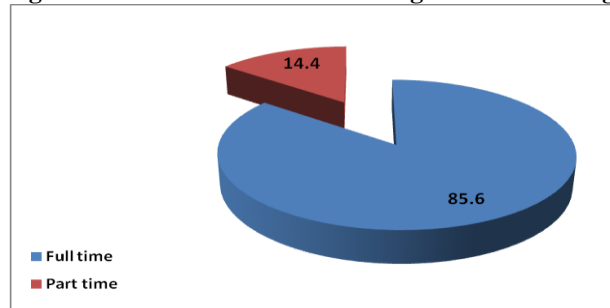**Figure (1) Percentage distribution of nurses according to their working condition (n=118)**

Figure (1) displays that the majority of nurses (85.6%) work full time. while, only (14.4%) of them part time worker.

Figure (2) Percentage distribution of nurses according to their educational level in nursing (n=118)
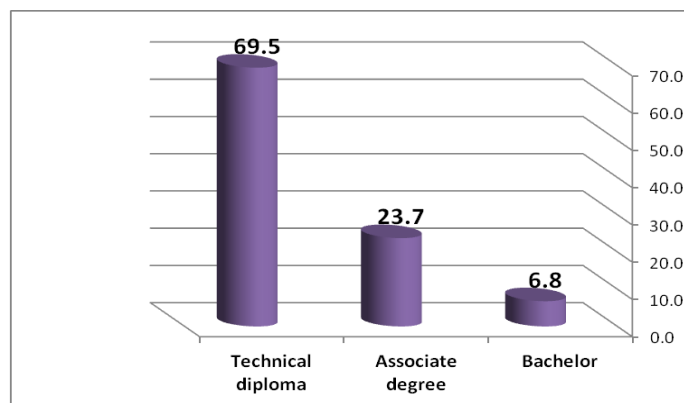

Figure (2) indicates that more than two thirds (69.5%) of nurses had technical diploma and the lowest percentage (6.8%) of them had bachelor degree.

Table (2) Mean and Mean percentage of nurses perception regarding nurse manager delegation skills dimensions (n=118)

Delegation skills dimensions	Min	Max	Mean ± SD	Mean%
1- Allow all worker to learn	0	3	2.76 ± 0.66	92.09
2- Establish a firm priority at work.	0	4	2.93± 1.08	73.31
3-Concentrates on workers' strengths	0	4	3.57± 0.9732	89.4075
4- Give instructions and supervise continuously.	0	4	3.43 ± 0.88	85.805
5- Tell delegate don't be afraid to learn new skills	0	2	1.81± 0.45	90.68
6- Trust but verify.	0	3	2.73 ± 0.70	91.24
7- Use feedback loops to improve delegation.	0	4	3.38 ± 1.19	84.535
8-Evaluate her/ himself in delegating process.	0	5	4.14 ± 1.26	82.882
Total	0	29	24.77 ± 4.66	85.44

Table (2) displays that nurses highly perceived all the domains of delegation skills. The highest mean percent (92.09%) for the domain of allowing all workers to learn followed by (91.24%) for trust but verify domain. While, (73.31%) mean percent for establish a firm priority at work.

Table (3) Frequency distribution of perceived nurses job empowerment level (n= 118)

job empowerment level	No	%
Low	50	42.4
Moderate	30	25.4
High	38	32.2

Table (3) illustrates that around half of the sample had low empowerment level (42.4%). While, around one quarter of them (25.4%) perceived moderate empowerment level. Also, lowest percent (32.2%) had high level of empowerment.

Table (4) Frequency distribution of nurses loyalty level (n= 118)

Level of loyalty	No	%
Low	41	34.7
Medium	40	33.9
High	37	31.4

Table (4) displays that around one third of the nurses (34.7%, 33.9% & 31.4) respectively perceived low, medium and high level of loyalty.

Table (5) Correlation between Total Nurses' Perception of Nurse Managers delegation skills and their Job empowerment and Employee loyalty (n=118)

Variables		Delegation	Empowerment	Loyalty
Nurse manger delegation skills	r	1	.355[**]	.396[**]
	p	-	.000	.000
Job Empowerment	r	-	1	.511[**]
	p	-	-	.000
Employee Loyalty	r	-	-	1
	p	-	-	-

Table (5) illustrates that there is a positive statistical significant correlation among perceived nurse manager delegation skills and nurses empowerment and loyalty (p= 0.00).

Table (6) Correlation between nurses' personal data and their perceived nurse manager delegation skills, empowerment and loyalty (n= 118)

Personal data		Delegation skills	Empowerment	Loyalty
Unit	f	0.06	3.14	1.98
	P	0.80	0.07	0.16
Age	f	-0.37-	0.23	0.03
	P	0.00	0.00	0.69
Gender	t	2.40	-0.67-	-0.45-
	P	0.01	0.50	0.64
Marital status	t	1.82	0.55	0.73
	P	0.07	0.58	0.46
Job status	t	-1.91-	-1.04-	0.42
	P	0.0	0.29	0.67
Educational level	f	-0.04-	0.18	0.03
	P	0.61	0.04	0.70
Years of experience	f	0.39	0.35	-0.22-
	P	0.00	0.00	0.01

Table (6) shows that there is significant negative statistical correlation between nurse managers delegation skill as perceived by nurses and their age (f= - 0.37-, p=0.00) , nurses empowerment and their age (f= 0.23, p= 0.00) and loyalty and nurses years of experience. Also, positive statistical correlation between nurses perception of nurses manager delegation skills and their gender (t= 2.40, p=0.01) and years of experience (f=0.39, p= 0.00). Finally, there is a positive statistical association between nurses empowerment and years of experience (f= 0.35, p= 0.00).

IV. Discussion

Nowadays, nurse managers are advised to improve the skills and knowledge of subordinate nurses and the needed learning opportunities to boost their confidence and competency of doing skills with minimum guidance to achieve effective and satisfactory delegation. Consequently, patients care outcomes and satisfaction can achieved (Khadim, Ali, Ijaz, & Rooman, 2018).Additionally, Abdul-Aziz, Elhosany& Ibrahim (2020) emphasized that development of skills and enhancement, increase employee loyalty as there are career growth opportunities, increase and improve motivation and job empowerment.

The present study results revealed that the mean and mean percentage of nurses' perception regarding delegation skills of nurse manager displayed that nurses highly perceived all the domains of delegation skills. The possible explanation of this result could be due to most of nurse manager who worked at the study setting had a bachelor degree; therefore, they might have qualification and skills of delegation. Also, they used delegation skills to fulfill their activities. The present study result in agreement with Kærnested and Bragadóttir, (2012) who revealed that most of participants have a positive attitude towards delegation.

This result in contrast with a study done in Egypt at Suez Canal University Hospitals by Abdul-Aziz, Elhosany& Ibrahim (2020) who found respondents disagreement about most items of delegation questionnaire. Clarifying that this may be due to head nurses demonstrated that no one care about work like them, and they must supervise every detail in the work, also they should account of the impact of delegated tasks on team, and they must watch the time to end the task. in the same context Schofield, (2018) who declared that the all nurses agreed that they did not feel comfortable with delegation.

The highest percentage of nurses had highest mean score regarding trust but verify domain. This could be interpreted as that developing trust is an important step in delegation as it develop employee self confidence, satisfaction, autonomy which indirectly empower an employee to achieve delegated task. The result was contradicted to a study done by Marx, (2012) who found that only around one third of participants indicated that development of trust in the employee and confidence in subordinates' capabilities are important in effective delegating. Moreover, a study done in Saudi Arabia by Badder, Salem and Hakami (2016) who found that nurse managers attitude toward delegation and their preparedness to delegate were lacking of self-confidence and trust, especially from younger nurses and those with little experience.

Also, present study showed that the highest percentage of nurses agreed that highest mean percent of "allowing all workers to learn regarding delegation skills". This could attribute to awareness of nurse managers of the valuable use of available manpower resources and to avoid their accountability about performance of imperfect employee. In the same line, Kærnested & Bragadóttir (2012) documented that the highest percentage had education in delegation and they were interested in further training or education in the delegation. In the same context a study done by Gassas , Mahran and Banjar (2017) reported that around two thirds of the

participants get upset when delegated task is not done and is incomplete after a thorough delegation instructions. Also, Gonaim, (2017) stated that effective delegation required assigning tasks with a concise clarification of the probable result, and then leaving employee to use their creativity without intrusion.

Concerning perceived level of nurses' job empowerment, the present study revealed that around half of the sample had low empowerment level. This might be due to lack of nurse involvement in problem solving and decision making processes and unfair incentives. Also, culturally nurse had improper image and status. As well as, they work at improper and not well equipped work environment. This result was supported by a study done in Egypt t at Minia University Hospitals by Ali, El, Mostafashazly, & Abdelrahman (2018) who found low level of empowerment among their study participant. Additionally, a study done at Ain Shams University by Gamal, Adam & Abd El Azim (2020) showed that the majority of them are not empowered

Opposite to this study done in Bangladesh by Ukil, (2016) who found employee perceived high level of empowerment. In addition to that Ageiz, Eid, & Ismael (2020) who reported that nearly half of nurses reported a high level of empowerment, In this respect a study in Saudi Arabia by Alfadli & Al-mehaisen (2019) found a medium level of administrative empowerment .

As regards to nurses perception of employee loyalty the present study results showed that nurses perceived nearly the same percentage around one third for low, medium and high level of loyalty. This could be explained by unsupported culture of the organization, fragmented communication lines, low salaries, rewards, chances for career development and promotion. These finding supported by Onsardi (2018) whose results demonstrated low level of employee loyalty. Previous result was contradicted with Poddar & Seema (2017) & Dede (2018) who mentioned that the highest percentage of the respondents consider themselves to be loyal to their organization.

However, result illustrated that there was a statistical significant correlation between perceived nurses of delegation skills, nurses empowerment and employee loyalty. This could be inferred that nurses participation in delegated tasks provide them with career development, improvement of their performance, building trust and sense of dignity ,which in turn lead to development of their job empowerment and their loyalty to their working setting.

This result with match with Zhang et al.(2017) who revealed that delegation is positively associated with empowerment. Also, in the same line with Onsardi (2018) and Dede, (2018) who concluded that there is a association between empowerment and employee loyalty. Previous result was contradicted by a Patah, Rashdi, Zain, Abdullah & Mohd Radzi (2009) who showed that empowered employee does not have any significant impacts on loyalty.

Regarding nurses perception of studied variables and their personal characteristics the present study results showed that there is a statistical significant negative correlation between nurse managers delegation skill as perceived by nurses and their age (f= 0.37-, p=0.00). This was incongruent with Kurt, Kose, Balik, & Ozturk (2018) who found no statistically significant correlation between total delegation score and age. Also, nurses empowerment positively correlated with their age (f= 0.23, p= 0.00). This study opposite to Rashed &Fekry (2015) who evidenced that, there was no statically significant relationship between perception of empowerment and respondents age.

V. Conclusion:

The present study results concluded that nurses highly perceived delegation skills of nurse managers and they had low empowerment and loyalty level. There is a positive statistical significant correlation between perceived nurse manager delegation skills as perceived by nurses and their empowerment and loyalty.

VI. Recommendations
Based on the study results finding the researchers recommended the following:
- Hospital administrators should develop a plan to improve nurse's empowerment level.
- Hospital administrator must develop a strategy to elevate nurses' loyalty level.
- Nurse managers should practice trust, role model, empathy and behavioral consistency to enhance nurses job empowerment and loyalty.
- Develop an essential guidelines for policy of delegation skills
- An educational program for nurse about responsibility and accountability of delegated tasks.
- Repeat the study on large sample size and in different hospital setting to facilitate generalization of results.

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