





Jordanian Nurse Leaders' Empowering Behaviors and Contributing Factors as Perceived by Staff Nurses

Rola H. Mudallal,¹ Hanan M. Al-Modallal,² Sukaina Alzyoud,³
and Rania Y. Abdel-Rahman⁴

Abstract

Background: Leader empowering behaviors have a positive effect on quality nursing care, nurses' job satisfaction and organizational outcomes. Leaders empower nurses through motivating staff, enhancing the meaningfulness of work, facilitating nurses' efforts to learn, grow and use their skills to participate in decision-making. They also exhibit confidence in employees' abilities and performance, support them with information and resources, and increase their work autonomy. This study aimed to evaluate Jordanian nurse leaders' empowering behaviors and shed light on the contributing factors as perceived by staff nurses.

Methods: Descriptive, cross-sectional, correlational designs were used. A convenience sample of 414 registered nurses from 12 hospitals in Jordan was recruited to complete the leader empowering behaviors scale developed by Hui.

Results: Jordanian staff nurses reflected moderate levels of leader empowering behaviors. Seven factors were found to affect Jordanian nurse leaders' empowering behaviors as perceived by staff nurses: shift work, staff participation in continuing education programs, leadership style, hospital type, nurses' age and experience, and daily census rate of the department. A multiple linear regression model debriefed three variables (continuing education programs, nurses' experience, and shift work). These variables explained approximately 55% of the variance in leader empowering behaviors.

Conclusion: This study deepens the understanding that nurses' capabilities and experience are the most important factors in nurse leader empowering behaviors as perceived by Jordanian nurses. For better empowerment, nurse managers should encourage staff nurse participation in different continuing education programs to advance their skills and abilities, and enhance professional development.

Keywords: Continuing education programs, Jordan, leader empowering behaviors, stepwise regression, work conditions

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¹ Community and Mental Health Department, Hashemite University, Zarqa, Jordan.

² Community and Mental Health Department, Hashemite University, Zarqa, Jordan; Department of Nursing, Fakeeh College for Medical Sciences, Jeddah, Saudi Arabia

³ Community and Mental Health Department, Hashemite University, Zarqa, Jordan

⁴ Maternal, Child, and Family Department, Hashemite University, Zarqa, Jordan

✉Corresponding author: rula@hu.edu.jo

BACKGROUND

In recent years, healthcare systems all over the world have faced inordinate changes and reform due to shortages in the nursing work force and accelerated advancements in health-related knowledge and technology, as associated with a lack of skills and codes of standards [1]. Specifically in Jordan, the healthcare system is facing a great challenge of increasing workload with insufficient support, as a result of hosting a large number of refugees from neighboring countries; this has inflated the population and increased the burden on the healthcare system [2]. Under this situation, an increase in interest in power and empowerment has evolved in the nursing field. Power in modern management is reflected through the ability to affect organizational processes and outcomes [3–6]. Because nurses comprise a large component of the healthcare workforce and work with clients 24 hours a day, they consequently have a direct influence on healthcare processes and outcomes, and thus they must gain power. Furthermore, empowered nurses are most likely to advocate for patients, colleagues and the profession and to participate in hospital policies and quality improvement [6–9]. Nurse managers usually acquire power through their position, education and experience. They are required to lead the situation and empower, motivate and enhance positive changes to accompany development and modernity in healthcare. Through empowerment, managers enhance nurses' autonomy and control over their practice by sharing information and decisions, training, motivation, and decentralization [4, 6–10].

The concept of nursing empowerment is complex, ambiguous and multidimensional. Three theoretical approaches were considered to understand nursing empowerment: first, the organizational/ management approach reflected through Kanter's theory; empowering behaviors are responses to the work environment that provide support, access to information and resources required for staff development, decision-making, and a feeling of accomplishment known as structural empowerment [11–15]. Second, the social psychological approach seen in Conger and Kanungo's work [16]; empowerment is a personal

development process that arises from personal experiences and socialization; it comes from inside the person and is known as psychological empowerment [16–17]. Third, the critical social approach perceives empowerment as associated with liberation from oppression; thus, nurses need to understand the historical development of the profession and its position now in relation to other professions [18].

Empowerment in the work environment is reflected through the empowering behaviors of leaders, referring to leaders' sharing power with subordinates through the delegation of authority, sharing information, and heightened staff efficacy; these factors allow subordinates to grant more decision-making power to complete their tasks [4–6]. Researchers in the nursing field have found that leader empowering behaviors play an essential role in team building [3, 16], enhancing employees' engagement, feelings of job security, creativity and efficacy [3, 5, 11, 12, 16, 18], creating a favorable work environment and improving job satisfaction, organizational trust, justice and communication [4, 15, 20–26]. Additionally, they reduce staff feelings of burnout and intent to leave [27–32]. Nurse empowerment also improves patient satisfaction and quality of care [6, 7, 33]. Hence, considering empowering behaviors in nursing management processes is an important factor in professional development and prosperity.

Several personal and environmental factors have been linked to nursing empowerment, such as age, educational level, work experience, staff capability, motivation, job satisfaction, leader behaviors, leader resilience skills and organizational climate [3, 15, 17, 33–39].

Although the nursing literature has abundant studies on the empowerment phenomenon, the concept of the leader empowering behaviors is a relatively new one in the nursing literature. There is a lack of studies assessing leader empowering behaviors and the factors affecting them, as well as their impacts on organizational outcomes.

In Jordan, the authors of [22] recently published a study on the effect of leader empowering behaviors and core self-evaluation

on job security among Jordan University Hospital nurses. Another study conducted in 2017 examined the influence of leader empowering behaviors, work conditions, and demographics on nurses' feelings of burnout [30]. These studies focused on leader empowering behaviors as an influence of other outcomes. However, nurses' empowerment is essential element in practices related to nursing care, changes in the work environment and profession development, in addition to healthcare system reform; therefore, it is important to understand leader empowering behaviors and their related factors to enhance its implementation in nursing. Hence, this study explores Jordanian nurse leaders' empowering behaviors and their related factors from the perspective of staff nurses. The research questions for this study are:

- What is the level of leader empowering behaviors exhibited by Jordanian nurse leaders as perceived by staff nurses?
- What are the leader empowering behaviors demonstrated by Jordanian nurse leaders as perceived by staff nurses?
- What are the factors affecting leader empowering behaviors as reflected by staff nurses?

METHODS

Design

A descriptive, cross-sectional, correlational design was used to evaluate nurse managers' empowering behaviors as perceived by staff nurses.

Sample and Setting

The sample size was estimated using statistical power procedures. Because this kind of study has not been previously conducted in Jordan, the researcher assumed relatively high power (0.90) to reflect higher precision and a small effect size (0.20) with alpha (0.05) [20]. The estimated sample size was 252 participants. A convenience sample of 414 registered nurses was recruited. Nearly 500 registered nurses were accessed; approximately 418 responded and 414 were included in the study. The response rate was approximately 83.6%. The inclusion criteria were: registered nurses who

had at least one year of experience in the investigated area and led by the same evaluated manager (nurse managers were not included).

The data for this study were collected from 12 hospitals in different teaching, private, and public sectors located in three major governorates in Jordan.

Ethical Considerations

Institutional review board (IRB) approval was obtained from the university and from each hospital included in the study. In addition, permission to use the leader empowering behaviors scale was obtained from the instrument developer. The consent form included the aim of the study, the estimated time needed to complete the survey, and the right to withdraw without consequences. To preserve anonymity, the questionnaire did not include any information regarding participant identity. After completing the questionnaire, the responses were coded and kept in closed envelope.

Measurement

The variables of this study include the scalar (dependent) variable of leader empowering behaviors, and the explanatory (independent) variables of staff nurses and work environment traits.

The Leader Empowering Behaviors Scale

The leader empowering behaviors scale was developed by Hui in 1994 [41]. It was used to empirically evaluate Jordanian nurse managers' empowering behaviors. This scale consists of 27 Likert scale items designed to address five domains of empowering behaviors [27, 41]:

1. *Enhancing the meaningfulness of work*: Six items measure leader behaviors that give purpose and meaning to employees' work; consequently, this will increase employees' sense of worth and motivate them [27, 41].
2. *Fostering opportunity to participate in decision-making*: Five items measure leader behaviors that offer employees the opportunity to share in the decision-making process [27, 41].
3. *Expressing confidence in high performance*: Five items measure leader behaviors that exhibit confidence in employees' abilities and performance and recognize

employees' achievements [27, 41].

4. *Facilitating the attainment of organizational goals*: Six items measure leader behaviors that support employees with resources, knowledge and skills that allow mastering organizational goals [26, 40].

5. *Providing autonomy and freedom from bureaucratic restrictions*: Five items measure leader behaviors that increase employees' work autonomy by reducing constraints and enhancing efficiency and creativity [27, 41].

The responses for each item ranged from one 'strongly disagree' to seven 'strongly agree'. The summation of responses for the total scale represents the level of leader empowering behaviors; high scores of 135–189 reflect a high level of empowering behaviors. Scores of 82–134 reflect moderate levels. However, scores of 27–81 reflect a low level of leader empowering behaviors. Each subscale was summed to obtain the level of leader empowering behaviors score in relation to a specific domain.

The validity and reliability of this scale has been analyzed in many studies in which it was used [27, 41]. Cronbach's alpha coefficient (internal consistency) values for the overall scale and subscales ranged from 0.71–0.96 [27, 41]. For this study, Cronbach's alpha values for the total scale and subscales ranged from 0.88–0.94.

Participants and Work Environment Traits

The participants' traits in this study consisted of gender, age, marital status, education level, and years of experience. Work environment traits included hospital type, department type, nursing care delivery model, head nurse leadership style, receiving a continuous education program (learning experiences obtained after initial licensure, and designed by professional agencies, for the purpose of professional growth and development to augment nurses' contributions to quality healthcare) [42], nurses' work shift (fixed: on A—morning shift from 8 AM to 4 PM; rotating on different shifts: A, B, C; or day, night), and daily census (the average number of inpatients in the department).

Analysis

Screening the data revealed a few random missing data that were treated by imputation. Incomplete questionnaires or those with univariate or multivariate missing data were excluded from the study. **Descriptive statistics** (frequencies (n), mean (M), standard deviation (SD), percentages (%)) were employed to describe nurses' demographics, work conditions of the sample and perceptions of their leader empowering behaviors. **Inferential statistics** (Pearson correlation coefficients (Pearson r), one-way analysis of variance (ANOVA), independent samples t test and stepwise regression analysis) were used to understand the influence of work conditions and nurses' traits on the head nurses' (leaders') empowering behaviors. The researchers conducted: (1) Pearson correlation coefficients (Pearson r) to assess the relationship between leader empowering behaviors and independent continuous variables (daily census, age, and nursing experience); (2) ANOVA and t test for categorical independent variables. To determine significant differences among groups, post hoc analysis (Bonferroni) was employed. Moreover, to reduce potential statistical errors, only significant variables were included in (3) the regression model, taking into consideration that the data for multiple regression assumptions were tested before running the regression model. An alpha level of $p < .05$ was considered statistically significant in all tests [43].

Results

Nurses' and Work Traits

A total of 414 registered nurses contributed to the study results. Approximately 58.5% ($n=242$) of the participants were female. The mean age of the nurses was 28.43 years ($SD=6.18$) with a mean of 6.97 years ($SD=6.06$) of experience. Nearly half of the participants were married ($n=219$, 52.90%). Most nurses ($n=379$, 91.55%) had a baccalaureate degree, and 282 (68.12%) had participated in continuing education programs.

This study included 12 hospitals from three healthcare sectors: public ($n=150$, 35.23%), private ($n=208$, 50.24%) and teaching ($n=56$, 13.53%). Approximately 292 (70.53%)

committed to work on rotating shifts (A, B, C or day and night), and n=122 (29.47%) were on a fixed A shift. Most nurses in the sample were working in general medical and/or surgical departments (n=240, 57.97%), while others were from intensive care units and obstetric, maternity and pediatrics departments. The average daily census for these departments was 20.75 patients (SD=17.46). In terms of

leadership style in the department, 160 (38.65%) head nurses assumed a democratic style, 99 (23.91%) were autocratic, and 72 (17.39%) employed a delegative leadership style. In addition, nursing care models varied; approximately 179 (43.23%) nurses were assigned to teams, and 158 (38.16%) to total patient care. Nurses and work traits are shown in both Table 1 and Table 2.

Table 1: Nurses’ Perception of Leader Empowering Behaviors in Relation to Nurses’ and Work Traits (n=414)

Nurses’ and Work Traits	N	%	Nurses’ Perception of Leader Empowering Behaviors	
			Mean	F/ t-test
Nurses’ Traits				
Gender				0.777
Male	172	41.50	118.17	
Female	242	58.50	115.36	
Marital Status				2.476
Single	183	44.20	119.55	
Married	219	52.90	115.26	
Widowed/Separated	12	2.90	99.33	
Level of Education				0.600
Baccalaureate	379	91.55	116.85	
Master	35	8.45	113.00	
Work Conditions				
Shift Worked				3.624**
Fixed A (8 hours)	122	29.47	126.39	
Rotating	292	70.53	112.40	
Participated in Cont. Edu.				22.017**
Yes	282	68.12	134.77	
No	132	31.88	77.55	
Department				1.380
Medical & Surgical	240	57.97	114.16	
Intensive Care Units	92	22.22	117.96	
Obstetric/Maternity	40	09.66	126.05	
Pediatric	42	10.15	117.18	
Nursing Care Model				2.127
Total Patient Care	158	38.16	114.31	
Team	179	43.23	121.32	
Functional	77	18.61	110.25	
Leadership Style				7.646**
Autocratic	99	23.91	100.01	
Democratic	160	38.65	122.65	
Delegative	72	17.39	124.72	
Situational	83	20.05	117.40	
Hospital Type				
Public	150	35.23	108.95	
Private	208	50.24	122.51	
Educational	56	13.53	113.67	

*ANOVA or t-test significant at $\alpha=0.05$, 2-tailed. **ANOVA or t-test significant at $\alpha=0.01$, 2-tailed

Table 2: Correlations between Nurses’ Perception of Leader Empowering Behaviors in Relation to Nurses’ and Work Traits (n=414)

Nurses’ and Work Traits	Nurses’ Perception of Leader Empowering Behaviors		Pearson <i>r</i>
	Mean	Standard Deviation	
Nurse Age	28.43	6.18	0.167**
Nurse Experience	6.97	6.06	0.165**
Daily Census Rate	20.75	17.46	-0.106**

*Correlation significant at $\alpha=0.05$, 2-tailed. **Correlation significant at $\alpha=0.01$, 2-tailed

Nurses’ perceptions of their leaders’ empowering behaviors

Jordanian nurses perceived their first-line managers as having a relatively moderate level of empowering behaviors in general (M=116.52,

SD=36.31). Congruently, all leader empowering behavior varieties reflected moderate levels (Table 3). However, a large standard deviation reflects great variation in the sample.

Table 3: Clarification of Leader Empowering Behaviors Levels (n= 414)

Leader Empowering Behavior Categories	Leader Empowering Behavior Levels				
	Mean	Standard Deviation	Low	Moderate	High
Total Leader Empowering Behaviors	116.52	36.31	27–81	82–134	135–189
Enhancing the meaningfulness	26.94	9.27	6–18	19–29	30–42
Fostering decision making	20.98	7.84	5–15	16–24	25–35
Confidence in high performance	21.84	7.31	5–15	16–24	25–35
Facilitating the attainment of organizational goals	25.69	8.56	6–18	19–29	30–42
Providing autonomy	21.32	6.86	5–15	16–24	25–35

Inferential statistics (independent samples *t* test, ANOVA, Pearson *r*) presented seven factors affecting leader empowering behaviors: worked shift ($t=3.624, p\leq0.01$), as nurses fixed on A-shift were empowered better than rotating shift nurses; staff participation in continuing education programs ($t=22.017, p\leq0.01$); leadership style of the first-line manager ($F=7.646, p\leq0.01$); delegative leaders exhibited the highest levels of leader empowering behaviors; and hospital type ($F=6.363, p\leq0.01$), as nurse managers of private hospitals were the highest (Table 1). Additionally, leader empowering behaviors were significantly positively correlated with nurses’ age and experience ($r=0.167$ and $r=0.165$, respectively) and significantly negatively correlated with the daily census rate of the department ($r= -0.106$) (Table 2).

Predictors of leader empowering behaviors

Multiple linear regression analyses were implemented to identify the predictors of leader empowering behaviors. All the significant variables associated with leader empowering behaviors categories were entered into the regression model in step one. Nurses’ age and experience were highly correlated, and therefore we omitted age. The overall model revealed three important factors that could predict leader empowering behaviors as perceived by staff nurses: *staff participation in continuing education programs*, which was responsible for approximately 54% of the variance; *nurses’ experience* 1.2%; and, *nurses’ work shift* 0.4%. These variables accounted for approximately 55% of the variance in leader empowering behaviors (Table 4).

Table 4: Predictors of Nurses’ Leader Empowering Behaviors as Perceived by Jordanian Nurses (n=414)

Leader Empowering Behaviors	Predictors	B	Adjusted r^2	r^2 - Change	F	p
	Receiving Continuing Education	-.724	0.539	0.541	484.764	0.000
	Nurses’ Experience	0.077	0.551	0.012	11.444	0.001
	Working Shift	0.075	0.554	0.004	4.088	0.044

Predictors of leader empowering behaviors final model produced at $\alpha= 0.05$

DISCUSSION

From the results of this study, Jordanian nurses’ first-line managers reflected moderate levels of empowering behaviors compared to high levels reported by nurses in other countries [7, 11, 12, 18, 33–36, 44]. However, these results are congruent with Moura et al. and recent Jordanian studies, through which nurses reported moderate levels of empowerment [17, 22, 26]. These results mean that nurses may feel less autonomous and confidence in their performance, have relatively moderate impact on decisions related to their work, do not have enough sense of worth and motivation, and have insufficient facilities and resources to master organizational goals. When nurses make a great deal of effort but feel unappreciated and lack motivation, this negatively affects nurse and patient outcomes [3–7, 11, 12, 17, 19–23, 27, 29, 30, 32]. Although Jordan has achieved a quantum leap in the nursing profession, the healthcare system still faces great challenges that may affect nurses’ power and empowerment, such as a bureaucratic structure, centralization, and relatively poor work conditions, specifically a lack of different resources (human and fiscal), and poor access to information.

In relation to the third research question, this study chiefly investigated the factors influencing Jordanian nurse leaders’ empowering behaviors. Seven factors were found to be significant: nurses’ working shift, nurses’ participation in continuing education programs, nurses’ age and experience, head nurse leadership style, hospital type and daily census rate of the department.

Nurses on a fixed A-shift were significantly better empowered than nurses on rotating shifts. According to hospital culture and policies in

Jordan, nurses usually fixed on the A-shift after long-term experience in the field. In fact, the A-shift usually experienced an enormous managerial and clinical workload, which means more delegation to the next senior who is usually the nurse fixed on A-shift. Delegation and leader empowering behaviors are often considered on the same continuum, as *delegation* of authority is one of the main dimensions of *leader empowering* behaviors mentioned in different studies [4, 6, 13, 16, 20, 36, 39, 44].

Furthermore, the results of this study revealed that nurse participation in continuing education programs is a significant antecedent of leader empowering behavior, which means that improving staff knowledge and skills has a strong impact on leader empowering behaviors. Also, being older and getting more experience have a great influence on nurses’ feelings of empowerment. However, these three factors reflect part of the psychological empowerment as defined by Conger and Kanungo [16], that empowerment is an intrinsic motivation for personal development through experiences and socialization. These are manifest in four cognitions related to work role: meaning, competence, self-determination, and impact. Hence, increasing nurses’ knowledge and experience is expected to increase their feelings of self-confidence, competency and autonomy, which will influence leaders to trust their abilities and promote leader empowering behaviors. Nurses with a higher level of education and who promoted continuous professional development also reflected higher empowerment levels in previous studies [3, 14–17, 20, 21, 24, 26, 31, 34–36, 44]. In contrast to our results, the study by Gold [32] reported that nurse demographics, including age and

experience, did not affect leader empowering behaviors.

According to the current study there was a significant positive relationship between delegative leadership style of the head nurse and the level of leader empowering behaviors. This agrees with the results of other studies [3, 33–39] which indicated that there was a relationship between the nurse leadership behaviors and nurses' feelings of empowerment. However, this result is congruent with the philosophy and application of this style of leadership, taking into consideration that this style requires team members to be competent, initiative-taking, motivated, and responsible; this is consistent with the results of the Tang, Chen, Knippenberg and Yu study, in which empowering leadership was positively associated with team capabilities and team empowerment [3].

As shown in the analyzed data, nurses of private hospitals reflected a higher perception of leader empowering behaviors than other investigated hospital types. This may be because of the relatively small organizational size and low workload compared to public and university-affiliated hospitals. Lastly, a low daily census rate created the chance to exhibit leader empowering behaviors. A low census rate means a low workload and therefore a better chance for staff development and participation in the decision-making process. According to Kanter, [11] work conditions are part of structural empowerment; this means that positive workplace characteristics enhance leader empowering behaviors; these findings are parallel to others [8, 14, 15, 29, 33, 35].

Finally, a regression model was used to explore the plausible factors in developing leader empowering behaviors among Jordanians' head nurses. *Receiving continuing education programs* was found to be the most influential factor perceived by Jordanian nurses, followed by *nurses' experience* and then *nurses' working shifts*. However, all of these factors are indirectly linked to an increased level of knowledge and experience among staff nurses. These results are congruent with those of Tang, Chen, Knippenberg and Yu

[3], who found team capabilities to be an antecedent for empowering leadership behaviors; our results also support other studies' findings [3, 14–17, 20, 21, 24, 26, 31, 34–36, 44]. This may explain why most nurses reflected moderate levels of leader empowering behaviors rather than high levels, as most nursing workers in Jordan are young [2]. Actually, a young workforce is attributed to an increase in the annual turnover rate either related to leaving the profession or migration for better work conditions. However, studies have revealed that nursing empowerment and a favorable work environment decrease turnover rates and encourage nurse retention [7, 13, 17, 19, 25, 26, 29, 30].

Limitations

Jordan has recently strengthened its commitment to empowerment at different levels to enhance autonomy and creativity. In nursing, this study is important because it provides nursing researchers, policymakers and managers with information about factors that enhance leader empowering behaviors. Nevertheless, this study has some limitations that may affect the generalizability of the results. First, using a nonprobability sampling procedure made it difficult to use randomization because of the target and accessible populations. In addition, this is typical of outcomes studies, in which many uncontrolled factors are expected to influence leader empowering behaviors. However, statistical approaches were used by the researchers to overcome these limitations.

CONCLUSION

Leaders play an essential role in empowering nurses to ensure positive outcomes. Jordanian nurses feel moderately empowered by their leaders and therefore nurse leaders are required to adopt empowering behaviors to support nurses in achieving required outcomes. Also, the results of this study highlight the main factors influencing nurse leader empowering behaviors as perceived by nurses. Nurses' abilities and experience were found to be the most important factors of leader empowering behaviors.

Therefore, managers should support nurses' professional development and participation in different continuing education programs. Finally, this is a baseline study; further studies are required to explore the influence of leader empowering behaviors on nurse and patient outcomes.

Implications for Nursing

Nursing empowerment has a great influence on the caring process, organizational outcomes and profession flourishing. This study revealed that continuous staff development is a main factor of nursing empowerment. Hence, at the organization level, nurses should have the chance for professional development, participating in different continuing education programs and attending national and international nursing conferences. Managers should shed light on the traits of a favorable

nursing work environment to decrease turnover rates among expert nurses. At the national level, policymakers must consider continuous staff development, support residency programs and develop policies and legislation to support specialty and advanced roles in nursing [31].

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Conflict of Interest

None of the authors have any declared conflicts of interest.

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السلوكيات التمكينية لقادة التمريض الأردنيين والعوامل المؤثرة فيها من وجهة نظر الممرضين القانونيين

رولا مدلل¹، حنان المدلل^{1,3}، سكينه الزبيد¹، رانيا عبدالرحمن²

¹ الجامعة الهاشمية، كلية التمريض، قسم تمريض صحة المجتمع و الصحة النفسية

² الجامعة الهاشمية، كلية التمريض، قسم تمريض صحة الأم و الطفل

³ المملكة العربية السعودية، جدة، كلية الفقيه للخدمات الطبية، قسم التمريض

الملخص

خلفية الدراسة و أهدافها : السلوكيات التمكينية للقائد لها تأثير إيجابي على جودة الرعاية التمريضية و مدى الرضى الوظيفي للممرضين ومخرجات المؤسسة الصحية. حيث يمكن القادة الممرضين والمرضات من خلال تحفيز الموظفين، وتعزيز معنى العمل، وتسهيل جهود الممرضين للتعلم والنمو واستخدام مهاراتهم للمشاركة في صنع القرار. إلى جانب إظهار الثقة في قدرات الموظفين وأدائهم، ودعم الموظفين بالمعلومات والموارد اللازمة لعملهم، وزيادة استقلالية الموظفين في العمل. تهدف هذه الدراسة إلى تقييم السلوكيات التمكينية لقادة التمريض الأردنيين، وتسلط الضوء على العوامل المؤثرة عليها من وجهة نظر الممرضين القانونيين.

منهجية البحث: تم استخدام التصميم الوصفي الارتباطي. حيث تم توظيف عينة ملائمة من 414 ممرض و ممرضة قانوني من 12 مستشفى في الأردن لإكمال استبانة (مقياس) "سلوكيات تمكين القائد" الذي طوره هوي.

نتائج البحث: عكست الممرضات الأردنيات مستويات معتدلة من سلوكيات تمكين القائد. وقد وجد أن هناك سبعة عوامل تؤثر على السلوكيات التمكينية لقادة التمريض كما يراها الممرضون: نوبة العمل، ومشاركة الموظفين في برامج التعليم المستمر، وأسلوب القيادة، ونوع المستشفى، وعمر الممرضات وعدد سنوات الخبرة، ومعدل تعداد المرضى اليومي في القسم. من خلال الانحدار الخطي المتعدد تم استخلاص أهم ثلاثة متغيرات (برامج التعليم المستمر ؛ تجربة الممرضات ؛ والعمل بنظام الورديات). حيث تفسر هذه المتغيرات ما يقرب من 55% من التباين في سلوكيات تمكين القائد.

الاستنتاجات : وجدت هذه الدراسة أن قدرات الممرضات وخبراتهم هي أهم العوامل المؤثرة في سلوكيات التمكين لقادة التمريض كما يراها الممرضون الأردنيون. لذا و من أجل تمكين أفضل، يجب على مديري التمريض تشجيع مشاركة الممرضات في برامج التعليم المستمر المختلفة لتطوير مهاراتهم وقدراتهم وتعزيز التطوير المهني لديهم.

الكلمات الدالة: برامج التعليم المستمر، الأردن، سلوكيات تمكين القائد، الانحدار التدريجي، ظروف العمل.

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