

# The Correlation between First –Line Nurse Managers’ Leadership Style and Staff Nurses ’Structural Empowerment and Work Engagement

**Sabah Ibrahim Mohamed, Nursing Specialist**

*B.Sc. in Nursing, Faculty of Nursing, Shoubrakhit general hospital, Egypt*

**Zeinab Mohamed Nabway, Professor**

*Nursing Administration, Faculty of Nursing, Alexandria University*

**Mohamed Saad Saleh, Assistant Professor**

*Nursing Administration, Faculty of Nursing, Alexandria University*

## Abstract

**Background:** Healthcare organizations are facing many complex challenges that affect organizational success like providing best health care within affordable cost and nursing staff retention. These challenges need well prepared nurse leader who adopt an effective leadership style to manage and overcome these challenges. Leadership styles of first –line nurse managers can have a favorable impact on staff nurses’ engagement and empowerment, resulting in increased nurses’ performance. **Aim:** To identify the correlation between first –line nurse managers’ leadership style and staff nurses ’structural empowerment and work engagement. **Settings:** This study was conducted in all inpatient’s medical units (24 units) and surgical units (15 units) at Alexandria Main University Hospitals, as it is the largest hospital, contained a large number of beds and staff nurses with different qualifications. **Subjects:** convenience sample of 340 staff nurses with 6 months experience and more who provided direct and indirect care to patients, and who worked in the previously mentioned units and available at the time of data collection. **Tools:** Three tools were used in this study Namely; The Multifactor Leadership Questionnaire 5X Short Form, Conditions of Work Effectiveness Questionnaire (CWEQ II) and Utrecht Work Engagement Scale (UWES). **Results:** The study showed there was significant positive high correlation between transformational leadership style and staff nurses ’structural empowerment where ( $r = 0.754, p = 0.000^*$ ), and significant positive moderate correlation between transformational leadership style and staff nurses ’ work engagement where ( $r = 0.575, p = 0.000^*$ ). Additionally, there was insignificant low correlation between transactional leadership style and staff nurses ’structural empowerment where ( $r = 0.047, p = 0.384$ ). furthermore, there was significant low correlation between transactional leadership style and staff nurses ’ work engagement where ( $r = 0.129, p = 0.017^*$ ). Also, there was significant negative correlation between laissez – faire leadership style and staff nurses ’structural empowerment and work engagement. **Recommendations: For the nursing administrators** Providing a healthy work environment that characterized with open communication through conducting a schedule for staff meeting and workshops with their managers to improve the ability of the manager to consider structural empowerment and work engagement. **For the first -line nurse manager** Conducting frequent meeting and open discussion with staff nurses to identify their needs and problems, discuss issues related to their clinical practice as well as facilitate their participation in decisions making regarding to their work environment and patient to improve their satisfaction & self- esteem.

**Keywords:** First-line nurse manager, Leadership style, Structural empowerment, Work engagement.

## INTRODUCTION

Healthcare organizations are facing many complex challenges that affect organizational success like providing best health care within  
ASNJ Vol.25 No.3, September 2023

affordable cost and nursing staff retention. These challenges need well prepared nurse leader who adopt an effective leadership style to manage and overcome these challenges (Coomber, Barriball, Leadership styles of first –line nurse managers can have a favorable impact on staff nurses’

engagement and empowerment, resulting in increased nurses' performance (Cowden & Cummings, 2012).

Leadership is defined as the ability to mobilize, influence and communicate the organizational mission and vision to motivate, empower and inspire others to act willingly toward achieving organizational goals (Aberese-Ako, Agyepong, & Van Dijk, 2018; Perfecto. Aquino, 2015). Leadership style is defined as the behavioral pattern used to influence staff nurses' motivation and drives performance (Gilitinane, 2013).

Leadership styles of first-line nurse managers include: transformational, transactional and laissez-faire leadership styles. Transformational leaders; work to enhance the motivation and engagement of nurses by directing behavior toward a shared vision, transactional leaders; focus on the role of supervision, organization, and group performance, laissez-faire leadership (passive/avoidant); is the nearest to the absence of leadership; laissez faire leader delays decisions, does not provide feedback and makes very little effort to satisfy the needs of staff nurses (Amegayibor, 2021).

Transformational leaders influence staff nurses through using five major factors namely: idealized influence attributes refers to the leaders' charismatic attributes, idealized influence behavior, refers to the leaders role modeling behaviors, inspirational motivation, refers to the leaders' visionary and inspirational behaviors, intellectual stimulation, refers to the leader's creative and innovative stimulation regarding challenges, and individualized consideration, refers to the leader's respect and recognition displayed by the leader to the staff nurses (Bayram, Dinç, 2015). Transactional leaders influence staff nurses using factors which are: contingent reward which characterized by the exchange between leaders and followers where there is an exchange for a specific reward, management by exception (active) refers to the

ASNJ Vol.25 No.3, September 2023

manner by which a leader watches for mistakes and takes corrective action soon after the mistake is identified, and management by exception (passive) refers to the manner by which the leader watches for mistakes and takes corrective action in a passive manner such as during staff nurses' evaluation (Rowold, & Schlotz, 2009). Laissez faire leadership style (passive/avoidant) can be described as a nondirective, passive and inactive style. The leader in this style sets few rules for processing the issues in the organization and then delegates them to the subordinates. The leader needs to know very well the level of knowledge, competence and integrity of followers to be able to delegate the tasks. This style helps the follower to invest their talents and abilities to the maximum. It is more effective if used with very mature and autonomous nurses, but mostly it is not an effective or productive style (Haile, 2017). Nurse manager leadership style can potentially result in significant positive impact on organization as well as nurses work engagement, structural empowerment.

Kanter & Nedd (2006) defined structural empowerment as a workplace structure that enables nurses to accomplish work in meaningful ways. For structural empowerment to take place Laschinger et al., (2003) classified structural empowerment into six dimensions which include: access to opportunity, means to the possibility for growth, movement within the organization, ability to increase knowledge and skills within the organization; access to resources, means the ability to acquire time, materials, supplies. and financial means necessary to do work successfully; access to information, means having the knowledge needed to be effective in work this includes an understanding of the organizational policies, expertise, and technical knowledge; access to support, means the guidance and feedback received from the subordinates, peers, and superiors in health care organization. Formal power, which is obtained from specific job characteristics such as

adaptability, flexibility, visibility, and centrality to organizational goals; informal power, which is obtained from developing communication with peers, subordinates, cross functional groups, and sponsors, social connections.

Bakker (2011) defined work engagement in nursing as a positive work-related state where an employee is fully connected with their job and is characterized by vigor, dedication and absorption: vigor is defined as high level of energy and mental resilience while working, dedication is defined as being strongly involved in ones' work, absorption is characterized by being fully concentrated and happily engrossed in work.

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

To identify the correlation between first –line nurse managers' leadership style and staff nurses 'structural empowerment and work engagement.

### **Research question:**

What is the correlation between first –line nurse managers' leadership style and staff nurses 'structural empowerment, work engagement and intent to stay?

## **MATERIALS AND METHOD**

### ***MATERIALS***

#### **Research Design**

A descriptive correlational design was used to conduct this study.

#### **Setting**

This study was conducted in all inpatient's medical units (24 units) and surgical units (15 units) at Alexandria Main University Hospitals, as it is the largest hospital, contained a large number of beds and staff nurses with different qualifications. It provides different services & specialties. It treats & receives large number of patients from different countries & governorates.

### **Subjects**

convenience sample of 340 staff nurses with 6 months experience and more who provided direct and indirect care to patients, and who worked in the previously mentioned units and available at the time of data collection.

### **Tools:**

Three tools were used in this study as follows:

#### **Tool (1): The Multifactor Leadership Questionnaire 5X Short Form:**

This tool was developed by Avolio & Bass (2004). It was adopted to measure three major leadership styles as perceived by staff nurses ;transformational, transactional and laissez –faire leadership styles of the first line nurse managers. The instrument contained (45) items with 4 scales, (3 leadership styles) and (one outcomes of leadership styles). The first scale included: Transformational leadership style with (5 sub-scales) consists of: Idealized influence attributes (4 items) ; idealized influence behavior (4 items) ; inspirational motivation (4 items) ; intellectual stimulation (4 items), and individual consideration (4 items). The second scale including: Transactional leadership style consists of (3 sub- scales), namely contingent reward (4 items) ; management by exception (active, 4 items), and management by exception (passive, 4 items).

The third scale included: Laissez- faire leadership style consists of (4 items) and finally leadership outcomes which comprised from (3 sub-scales) namely extra effort (3 items) ; effectiveness (4 items), and satisfaction (2 items). The responses were measured on 5 points – Likert scale ranging from (1) strongly disagree to (5) strongly agree. The overall score ranging from (45- 225), low scoring ranging from (45- 139), moderate scoring ranging from (140-184), and high scoring ranging from (185-225). Cronbach's

alpha Coefficient for internal consistency reliability of the tool was (0.95).

### **Tool (2): Conditions of Work Effectiveness Questionnaire (CWEQ II):**

This tool was developed by (Laschinger et al., 2001), it was adopted to measure nurses 'perception of structural empowerment in work place. It consists of (21 items) & six dimensions namely: access to opportunity (3 items) ; support (3 items) ; information (3 items) ; resources (3 items) ; formal power (3 items) ; informal power (4 items), and (2 items) to measure global empowerment. Responses to all items were measured on a 5-point Likert scale ranging from (1) none to 5 (a lot). The overall score ranging from (21-105), low scoring of empowerment ranging from (21-45), moderate scoring of empowerment ranging from (46-76), and high scoring of empowerment ranging from (77-105). Cronbach's alpha Coefficient for internal consistency reliability of the tool was (0.74).

### **Tool (3): Utrecht Work Engagement Scale (UWES):**

This tool was developed by Schaufeli and Bakker (2002) and then updated by them in (2006). It was adopted to measure work engagement of participating nurses; it consists of 9 items classified into three dimensions namely: vigor, dedication, and absorption. Each dimension was composed of three items. For purpose of ease response, the scale was adapted from seven-point Likert scale to 5-point Likert scale ranging from (0) never to (4) always. The overall score level ranging from (0 to 36). Low scoring of work engagement ranging from (0 -11), moderate scoring of work engagement ranging from (12-23), and high scoring of work engagement ranging from (24 -36). Cronbach's alpha Coefficient for internal consistency reliability of the tool was (0.90).

## **METHOD**

An approval for conducting the study was obtained from the Research Ethics Committee of the Faculty of Nursing, Alexandria University. A Permission for conducting the study was obtained from the Vice-Dean Faculty of Nursing, University of Alexandria directed to the administrative authorities of the Main University Hospital after explanation of the aim of the study.

All the study tools were translated into Arabic language, a back-to-back translated (Arabic to English) was done. The study tools were tested for their content validity by (5) experts in the field of the study and some statements are reworded. A pilot study was carried out on 5% (n= 17) of the study sample in order to test the clarity and applicability of the research tools, all modifications were done. The study tools were tested for their reliability. using Cronbach's Alpha test. The reliability coefficient was .959 for tool one and .741 for tool two, .905 for tool three.

Data collection for this study was conducted through self-administered questionnaire. It was hand delivered to the study subjects in the work settings and the needed instructions were given before the distribution of the questionnaire, for completion of the questionnaire each study subjects consumed approximately (15-20 minutes). the data collected in a period of 2 months from 28 September 2021 to 25 November 2021. The confidentiality of the data and the anonymity of the study subjects were assured.

### **Statistical analysis:**

Suitable statistical analysis tests were used to determine the correlation between first –line nurse manager' leadership style and staff nurses ' structural empowerment and work engagement.

After collecting data, the data were revised, coded and fed to the computer using SPSS (Statistical Package for Social Science) program for statistical analysis version 20. The following statistical analysis measures were used:

- **Descriptive statistical measures**, included the mean with standard deviation and percentage and frequencies to describe the scale and categorical data and description of the study subjects' characteristics, respectively.
- **Statistical analysis tests**, which included: Chi square, T test and One way ANOVA (F-ratio test).

## RESULTS

**Table (1):** shows that: nurse's age enrolled in current study more than half of them (54.4%) were in the age group of 30-40 years old, In relation to nurse's gender revealed that; the majority were females (87.6%), also more than half of them (58.8%) had secondary technical nursing school diploma. In addition, more than half of nurses (57.4%) working in medical units, furthermore, the majority of nurses (40%) had 15 to 20 years of experience. Additionally, the majority of nurses (41.2%) had 15 to 20 years of experience. Moreover, more than half of nurses (89.1%) working more than or equal to 36 hours.

**Table (2):** shows that; the majority of nurses (72.4%) perceived that; first line nurse managers had high level of transformational leadership style. However, it can be seen that, (92.1%) perceived that first line – nurse manager had moderate level of transactional leadership style. while lowest percentage (80.3%) of nurses perceived that; laissez faire leadership style had a low level.

**Table (3):** shows that; there was a statistically significant difference between level of transformational leadership style of first line – nurse manager and nurses' demographic characteristics in the term of nurses' age, working unit, years of experience since graduation, years of experience in the working hospital, years of experience in the working unit where  $p = (0.001^*, 0.006^*, 0.000^*, 0.000^*, 0.019^*)$  respectively.

**Table (4):** shows that; there was statistically significant difference between nurse's

demographic characteristics and level of transactional leadership style of first –line nurse manager in the form of working unit, years of experiences since graduation, years of experience in the working unit and working hours where  $p = (0.009^*, 0.012^*, 0.000^*, 0.049^*)$  respectively.

**Table (5):** shows that; there was statistically significant difference between nurse's demographic characteristics and level of laissez-faire style of first –line nurse manager in term of years of experience since graduation, years of experience in the working hospital, years of experience in the working unit where  $p = (0.000^*, 0.000^*, 0.019^*)$  respectively.

**Table (6):** Shows that; there was statistically significant difference between nurse's demographic characteristics and level of structural empowerment in term of age, gender, working unit, years of experience since graduation, years of experience in the working hospital and years of experience in the working unit where  $p = (0.000^*, 0.001^*, 0.038^*, 0.000^*, 0.000^*, 0.000^*)$  respectively.

**Table (7):** shows that; there was a statistically significant difference between nurses' demographic characteristics and levels of work engagement in term of nurses' age, gender, working unit, years of experience since graduation, years of experience in the working hospital and years of experience in the working unit where  $p = (0.000^*, 0.001^*, 0.001^*, 0.000^*, 0.000^*, 0.000^*)$  respectively.

**Table (8):** demonstrates that; there was significant positive high correlation between transformational leadership style and staff nurses 'structural empowerment and its overall dimensions where ( $r = 0.754, p = 0.000^*$ ), and significant positive moderate correlation between transformational leadership style and staff nurses 'work engagement and its overall dimensions where ( $r = 0.575, p = 0.000^*$ ). Additionally, there was insignificant low correlation between transactional leadership style

and staff nurses 'structural empowerment and its overall dimensions where ( $r = 0.047$ ,  $p = 0.384$ ). Also, there was significant low correlation between transactional leadership style and staff nurses ' work engagement where ( $r = 0.129$ ,  $p = 0.017^*$ ) respectively. furthermore, there was significant negative Correlation between laissez – faire leadership style and staff nurses 'structural empowerment and work engagement. According to leadership style outcomes, there was significant positive high correlation between total outcomes and staff nurses 'structural empowerment where ( $r = 0.704$ ,  $p = 0.000^*$ ) whereas, there was significant positive low correlation between total outcomes and staff nurses' work engagement where ( $r = 0.478$ ,  $p = 0.000^*$ ).

### **Discussion:**

In any health care organization, the nursing staff plays a crucial role for organizational achievement and success. Therefore, it is very important for the nurse managers to recognize nurses' work and provide them with opportunities to grow and to look after their comfort (Alam & Mohammad, 2010). Structural empowerment is a vital organizational strategy that contributes to a healthy, productive, and innovative nursing environment which increases job satisfaction and nurses' engagement.

The finding of the present study revealed that majority of nurses perceived higher level of transformational leadership of their leaders. this could be related to the transformational leader has a vision of the future, pursues change, develops the potential of every collaborator and accepts challenges and also, their decisions guided by internal moral and values without external effect from their peers, organization, or society. This study was consistent with Al-Yami et al. (2018) who reported similar findings.

Also, the finding of the present study revealed that transformational leadership style of first-line nurse managers had significant positive

high correlation on staff nurses' structural empowerment and play a significant role in increasing nurses' work engagement (Asif et al., 2019). This study is study is consistent with the result of Laschinger et al. (2014) in relation to transformational leadership style of first- line nurse managers which revealed that supportive and empowering leadership styles as transformational and transactional leadership styles play significant role in increasing staff nurses 'structural empowerment.

On the other hand, the findings of the present study were inconsistent to some extent with Phillips et al. (2018) as only congruent with transformational leadership style had positive impact on staff nurse's structural empowerment, his study revealed that transformational leader and transactional leader had positive impact on staff nurses 'structural empowerment and the result of laissez faire leader with poor management skills had negative impact. Transactional leadership style and staff nurses ' work engagement. Also, there was statistically significant negative low correlation between laissez – faire leadership style and staff nurses ' work engagement

The result of the study is inconsistent with result of Khan, etal (2018) which revealed that the transformational leadership behaviors of nurse managers were moderately correlated to staff nurses' structural empowerment. transactional leadership behaviors were linked with staff nurses' structural empowerment to a lesser degree.

The current study result revealed that there was a significant positive high correlation between transformational style and total outcomes and there was a significant positive low correlation between transactional style and total outcomes. Also, there was a significant moderate negative correlation between laissez faire style and total outcomes. This study was supported by Avolio

and Yammarino (2013) which indicated that transformational leader has positive impact on staff nurses' outcomes. Transformational leaders encourage staff nurses to become more committed to their tasks, leading to higher levels of organizational commitment (Chai et al., 2017).

The demographic characteristics play significant role on staff nurses' perception of transformational leadership style and also, its related dimension as the study indicates that there was statistically significant relation between nurses' demographic characteristics as age, working unit, years of experience. The result was supported by study of Suratno (2018) who clarified that perception of transformational leadership style depends on the nurses' age, gender, and years of experiences.

Also, some demographic characteristics play as a factor in nurses' perception to the level of transactional leadership style of first –line nurse manager. in the form of working unit, years of experiences and working hours. This was supported by Bajaj et al. (2018), and Wang et al. (2016) studies which revealed that increase autonomous personal characteristics and increasing individual feeling of success, was the cause for increasing in their motivation at work.

Furthermore, some demographic characteristics does n' t play a factor in nurses 'perception of laissez – faire leadership style except years of experience. This was supported by Breevaart and Zacher (2019), & Duwayri (2019) who stated that demographic characteristics don't have effect on nurses' perception of laissez- faire, due to lack of support, trust in their leader feedback and evaluation of staff performance.

Additionally, some demographic characteristics play as a factor in perceiving structural empowerment in term of age, gender, working unit, years of experience. This was supported by, Spence Laschinger et al. (2012) which revealed

that supportive work environments and demographic characteristics and effective leadership style promote structural empowerment in staff nurses.

Also, there was statistically significant relation between work engagement and nurses' demographic characteristics in term of age, gender, working unit, years of experiences.

This was supported by (Bakker & Schaufeli, 2008) revealed that employees who are engaged with their work tend to have more positive emotions and think about their work more positively.

### Conclusion

Transformational leadership style of first-line nurse managers has positive impact on staff nurses' structural empowerment and work engagement.

### RECOMMENDATIONS

Based on the findings of the study, the following recommendations are suggested and directed to the different levels of hospital management ; nursing administrators, first –line nurse managers.

**For the nursing administrators**, providing a healthy work environment that characterized with open communication through conducting a schedule for staff meeting and workshops with their managers to improve the ability of the manager to consider structural empowerment and work engagement. **For the first -line nurse manager**, conducting frequent meeting and open discussion with staff nurses to identify their needs and problems, discuss issues related to their clinical practice as well as facilitate their participation in decisions making regarding to their work environment and patient to improve their satisfaction, self- esteem & intent to stay.

**Table (1): Demographic characteristics of nurses in medical and surgical inpatient care units:**

Nurses' demographic' characteristics	Total N=340	
	No.	%
<b>Age (years)</b>		
▪ 20-	71	20.9
▪ 30-	185	54.4
▪ ≥40	84	24.7
<b>Gender</b>		
▪ Male	42	12.4
▪ Female	298	87.6
<b>Level of education</b>		
▪ Secondary technical nursing school diploma	200	58.8
▪ Technical Institute of nursing diploma	133	39.1
▪ Bachelor degree of nursing	7	2.1
<b>Working unit</b>		
▪ Medical	145	57.4
▪ Surgical	195	42.6
<b>Years of experience since graduation</b>		
▪ <5	14	4.1
▪ 5-	36	10.6
▪ 10-	31	9.1
▪ 15-	136	40.0
▪ ≥20	123	36.2
<b>Years of experience in the working hospital</b>		
▪ <5	8	2.4
▪ 5-	26	7.6
▪ 10-	53	15.6
▪ 15-	140	41.2
▪ ≥20	113	33.2
<b>Years of experience in the working unit</b>		
▪ <5	8	2.4
▪ 5-	23	6.8
▪ 10-	42	12.4
▪ 15-	135	39.7
▪ ≥20	132	38.8
<b>Working hours</b>		
▪ <36	37	10.9
▪ ≥36	303	89.1

Table  
The

(2):  
level of

**nurses' perception to first line nurse managers leadership style:**

Leadership styles	Levels of Multifactor Leadership					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
<b>1- Transformational leadership style</b>	<b>18</b>	<b>5.3</b>	<b>76</b>	<b>22.4</b>	<b>246</b>	<b>72.4</b>
▪ Idealized influence attributes	22	6.5	87	25.6	231	67.9
▪ Idealized influence behavior	8	2.4	57	16.8	275	80.9
▪ Inspirational motivation	24	7.1	104	30.6	212	62.4
▪ Intellectual simulation	19	5.6	111	32.6	210	61.8



Leadership styles	Levels of Multifactor Leadership					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
▪ Individualized consideration	6	1.8	69	20.3	265	77.9
<b>2- Transactional leadership style</b>	<b>0</b>	<b>0.0</b>	<b>313</b>	<b>92.1</b>	<b>27</b>	<b>7.9</b>
▪ Contingent reward	3	0.9	41	12.1	296	87.1
▪ Management by active exception	18	5.3	169	49.7	153	45.0
▪ Management by passive exception	220	64.7	104	30.6	16	4.7
<b>3- Laissez faire leadership style:</b>	<b>273</b>	<b>80.3</b>	<b>47</b>	<b>13.8</b>	<b>20</b>	<b>5.9</b>
<b>4- Outcome of leadership:</b>	<b>13</b>	<b>3.8</b>	<b>74</b>	<b>21.8</b>	<b>253</b>	<b>74.4</b>
▪ Extra effort	19	5.6	65	19.1	256	75.3
▪ Effectiveness	13	3.8	81	23.8	246	72.4
▪ Satisfaction	22	6.5	58	17.1	260	76.5

**Table (3): Relationship between the studied nurses’ demographic characteristics and levels of transformational leadership style:**

Nurses’ characteristics	Levels of Transformational Style						Total N=340		Test of Significance
	Low (N= 18)		Moderate (N= 76)		High (N= 246)				
	No.	%	No.	%	No.	%	No.	%	
<b>Age (years)</b>									
▪ 20-	4	5.6	23	32.4	44	62.0	71	20.9	X <sup>2</sup> =19.468 P=0.001*
▪ 30-	14	7.6	44	23.8	127	68.6	185	54.4	
▪ ≥40	0	0.0	9	10.7	75	89.3	84	24.7	
<b>Working unit</b>									
▪ Medical	5	3.4	44	30.3	96	66.2	145	57.4	X <sup>2</sup> =10.171 P=0.006*
▪ Surgical	13	6.7	32	16.4	150	76.9	195	42.6	
<b>Years of experience since graduation</b>									
▪ <5	0	0.0	9	64.3	5	35.7	14	4.1	X <sup>2</sup> =78.081 P=0.000*
▪ 5-	0	0.0	21	58.3	15	41.7	36	10.6	
▪ 10-	4	12.9	15	48.4	12	38.7	31	9.1	
▪ 15-	9	6.6	20	14.7	107	78.7	136	40.0	
▪ ≥20	5	4.1	11	8.9	107	87.0	123	36.2	
<b>Years of experience in the working hospital</b>									
▪ <5	0	0.0	3	37.5	5	62.5	8	2.4	X <sup>2</sup> =69.407 P=0.000*
▪ 5-	0	0.0	11	42.3	15	57.7	26	7.6	
▪ 10-	4	7.5	31	58.5	18	34.0	53	15.6	
▪ 15-	9	6.4	23	16.4	108	77.1	140	41.2	
▪ ≥20	5	4.4	8	7.1	100	88.5	113	33.2	
<b>Years of experience in the working unit</b>									

▪ <5	0	0.0	3	37.5	5	62.5	8	2.4	X <sup>2</sup> =18.255 P=0.019*
▪ 5-	0	0.0	8	34.8	15	65.2	23	6.8	
▪ 10-	4	9.5	16	38.1	22	52.4	42	12.4	
▪ 15-	9	6.7	29	21.5	97	71.9	135	39.7	
▪ ≥20	5	3.8	20	15.2	107	81.1	132	38.8	

**Table (4):**

**Table (4): Relationship between the studied nurses’ demographic characteristics and levels of transactional leadership style:**

Nurses’ characteristics	Levels of Transactional Style				Total N=340		Test of Significance
	Moderate (N= 313)		High (N= 27)		No.	%	
	No.	%	No.	%			
<b>Working unit</b>							
▪ Medical	127	87.6	18	12.4	145	57.4	X <sup>2</sup> =6.918 P=0.009*
▪ Surgical	186	95.4	9	4.6	195	42.6	
<b>Years of experience since graduation</b>							
▪ <5	11	78.6	3	21.4	14	4.1	X <sup>2</sup> =12.783 P=0.012*
▪ 5-	33	91.7	3	8.3	36	10.6	
▪ 10-	28	90.3	3	9.7	31	9.1	
▪ 15-	133	97.8	3	2.2	136	40.0	
▪ ≥20	108	87.8	15	12.2	123	36.2	
<b>Years of experience in the working unit</b>							
▪ <5	8	100.0	0	0.0	8	2.4	X <sup>2</sup> =20.018 P=0.000*
▪ 5-	23	100.0	0	0.0	23	6.8	
▪ 10-	42	100.0	0	0.0	42	12.4	
▪ 15-	129	95.6	6	4.4	135	39.7	
▪ ≥20	111	84.1	21	15.9	132	38.8	
<b>Working hours</b>							
▪ <36	31	83.8	6	16.2	37	10.9	X <sup>2</sup> =3.889 P=0.049*
▪ ≥36	282	93.1	21	6.9	303	89.1	

**Table (5): Relationship between the studied nurses’ demographic characteristics and levels of Laissez - Faire leadership style:**

Nurses’ characteristics	Levels of Laissez Faire Style						Total N=340		Test of Signific ance
	Low (N= 273)		Moderate (N= 47)		High (N= 20)				
	No .	%	No .	%	No .	%	No .	%	
<b>Years of experience since graduation</b>									
▪ <5	8	57.1	3	21.4	3	21.4	14	4.1	X <sup>2</sup> =91.84 6 P=0.000*
▪ 5-	12	33.3	18	50.0	6	16.7	36	10.6	
▪ 10-	24	77.4	0	0.0	7	22.6	31	9.1	
▪ 15-	121	89.0	15	11.0	0	0.0	136	40.0	
▪ ≥20	108	87.8	11	8.9	4	3.3	123	36.2	
<b>Years of experience in the working hospital</b>									
▪ <5	8	100.	0	0.0	0	0.0	8	2.4	X <sup>2</sup> =70.00 5 P=0.000*
▪ 5-	14	0	12	46.2	0	0.0	26	7.6	
▪ 10-	31	53.8	9	17.0	13	24.5	53	15.6	
▪ 15-	119	58.5	18	12.9	3	2.1	140	41.2	
▪ ≥20	101	85.0	8	7.1	4	3.5	113	33.2	
<b>Years of experience in the working unit</b>									
▪ <5	8	100.	0	0.0	0	0.0	8	2.4	X <sup>2</sup> =18.31 5 P=0.019*
▪ 5-	14	0	9	39.1	0	0.0	23	6.8	
▪ 10-	32	60.9	6	14.3	4	9.5	42	12.4	
▪ 15-	114	76.2	15	11.1	6	4.4	135	39.7	
▪ ≥20	105	84.4	17	12.9	10	7.6	132	38.8	

**Table (6): Relationship between the studied nurses’ demographic characteristics and levels of structural empowerment:**

Nurses’ characteristics	Levels of structural empowerment						Total N=340		Test of Significance
	Low (N= 7)		Moderate (N= 170)		High (N= 163)				
	No.	%	No.	%	No.	%	No.	%	
<b>Age (years)</b>									
▪ 20-	4	5.6	42	59.2	25	35.2	71	20.9	X <sup>2</sup> =27.741 P=0.000*
▪ 30-	3	1.6	103	55.7	79	42.7	185	54.4	
▪ ≥40	0	0.0	25	29.8	59	70.2	84	24.7	
<b>Gender</b>									
▪ Male	4	9.5	16	38.1	22	52.4	42	12.4	X <sup>2</sup> =14.526 P=0.001*
▪ Female	3	1.0	154	51.7	141	47.3	298	87.6	
<b>Working unit</b>									
▪ Medical	0	0.0	79	54.5	66	45.5	145	57.4	X <sup>2</sup> =6.531 P=0.038*
▪ Surgical	7	3.6	91	46.7	97	49.7	195	42.6	
<b>Years of experience since graduation</b>									
▪ <5	0	0.0	9	64.3	5	35.7	14	4.1	X <sup>2</sup> =64.019

▪ 5-	0	0.0	30	83.3	6	16.7	36	10.6	P=0.000*
▪ 10-	4	12.9	21	67.7	6	19.4	31	9.1	
▪ 15-	3	2.2	71	52.2	62	45.6	136	40.0	
▪ ≥20	0	0.0	39	31.7	84	68.3	123	36.2	
<b>Years of experience in the working hospital</b>									
▪ <5	0	0.0	3	37.5	5	62.5	8	2.4	X <sup>2</sup> =60.77 P=0.000*
▪ 5-	0	0.0	20	76.9	6	23.1	26	7.6	
▪ 10-	4	7.5	43	81.1	6	11.3	53	15.6	
▪ 15-	3	2.1	68	48.6	69	49.3	140	41.2	
▪ ≥20	0	0.0	36	31.9	77	68.1	113	33.2	
<b>Years of experience in the working unit</b>									
▪ <5	0	0.0	3	37.5	5	62.5	8	2.4	X <sup>2</sup> =36.467 P=0.000*
▪ 5-	0	0.0	17	73.9	6	26.1	23	6.8	
▪ 10-	4	9.5	28	66.7	10	23.8	42	12.4	
▪ 15-	3	2.2	71	52.6	61	45.2	135	39.7	
▪ ≥20	0	0.0	51	38.6	81	61.4	132	38.8	

**Table (7): Relationship between the studied nurses’ demographic characteristics and levels of ‘work engagement:**

Nurses’ characteristics	Levels of Work Engagement						Total N=340		Test of Significance
	Low (N= 23)		Moderate (N= 76)		High (N= 241)		No.	%	
	No.	%	No.	%	No.	%			
<b>Age (years)</b>									
▪ 20-	4	5.6	27	38.0	40	56.3	71	20.9	X <sup>2</sup> =38.864 P=0.000*
▪ 30-	19	10.3	45	24.3	121	65.4	185	54.4	
▪ ≥40	0	0.0	4	4.8	80	95.2	84	24.7	
<b>Gender</b>									
▪ Male	8	19.0	12	28.6	22	52.4	42	12.4	X <sup>2</sup> =13.830 P=0.001*
▪ Female	15	5.0	64	21.5	219	73.5	298	87.6	
<b>Working unit</b>									
▪ Medical	3	2.1	26	17.9	116	80.0	145	57.4	X <sup>2</sup> =13.417 P=0.001*
▪ Surgical	20	10.3	50	25.6	125	64.1.	195	42.6	
<b>Years of experience since graduation</b>									
▪ <5	0	0.0	3	21.4	11	78.6	14	4.1	X <sup>2</sup> =49.712 P=0.000*
▪ 5-	0	0.0	9	25.0	27	75.0	36	10.6	
▪ 10-	8	25.8	14	45.2	9	29.0	31	9.1	
▪ 15-	6	4.4	38	27.9	92	67.6	136	40.0	
▪ ≥20	9	7.3	12	9.8	102	82.9	123	36.2	
<b>Years of experience in the working hospital</b>									
▪ <5	0	0.0	0	0.0	8	100.0	8	2.4	X <sup>2</sup> =29.898 P=0.000*
▪ 5-	0	0.0	11	42.3	15	57.7	26	7.6	
▪ 10-	8	15.1	15	28.3	30	56.6	53	15.6	
▪ 15-	6	4.3	38	27.1	96	68.6	140	41.2	
▪ ≥20	9	8.0	12	10.6	92	81.4	113	33.2	

Years of experience in the working unit									
▪ <5	0	0.0	0	0.0	8	100.0	8	2.4	X <sup>2</sup> =37.736 P=0.000*
▪ 5-	0	0.0	11	47.8	12	52.2	23	6.8	
▪ 10-	8	19.0	9	21.4	25	59.5	42	12.4	
▪ 15-	6	4.4	41	30.4	88	65.2	135	39.7	
▪ ≥20	9	6.8	15	11.4	108	81.8	132	38.8	

**Table (8): Correlation matrix among multifactor leadership style, structural empowerment and work engagement.**

		Transformational Style	Transactional Style	Laissez faire Style	Total outcome	Structural empowerment	Work Engagement
Transformational Style	R						
	P						
Transactional Style	R	0.192					
	P	0.000*					
Laissez- faire Style	R	-0.681	0.213				
	P	0.000*	0.000*				
Total outcome	R	0.796	0.105	-0.699			
	P	0.000*	0.054*	0.000*			
Structural empowerment	R	0.754	0.047	-0.711	0.704		
	P	0.000*	0.384	0.000*	0.000*		
Work Engagement	R	0.575	0.129	-0.319	0.478	0.562	
	P	0.000*	0.017*	0.000*	0.000*	0.000*	

**REFERENCES**

- Aberese-Ako, M., Agyepong, I. A., & van Dijk, H. (2018). Leadership styles in two Ghanaian hospitals in a challenging environment. *Health Policy and Planning*, 33(suppl\_2), ii16-ii26. <https://doi.org/10.1093/heapol/czy038>.
- Alam, M. M., & Mohammad, J. F. (2010). Level of job satisfaction and intent to leave among Malaysian nurses. *Business Intelligence Journal*, 3(1), 123-137.
- Asif, M., Jameel, A., Hussain, A., Hwang, J., & Sahito, N. (2019). Linking transformational leadership with nurse-assessed adverse patient outcomes and the quality of care: assessing the role of job satisfaction and structural empowerment. *International journal of environmental research and public health*, 16(13), 2381. <https://doi.org/10.3390/ijerph16132381>.
- Amegayibor, G. K. (2021). Leadership styles and employees' performance: A case of family-owned manufacturing company, Cape Coast. *International Journal of Financial, Accounting, and Management*, 3(2), 149-164. <https://doi.org/10.35912/ijfam.v3i2.624>.
- Avolio, B. J., & Bass, B. M. (2004). Examining the full range model of leadership: Looking back to transform forward. *The International Journal of*

Industrial, Occupational, Organizational Psychology and Behavior, 25(8), 951-968.

- Al-Yami, M., Galdas, P., & Watson, R. (2018). Leadership style and organisational commitment among nursing staff in Saudi Arabia. *Journal of nursing management*, 26(5), 531-539. <https://doi.org/10.1111/jonm.12578>.
- Avolio, B. J., & Yammarino, F. J. (2013). Introduction to and overview of, transformational and charismatic leadership. *Transformational and charismatic leadership. Journal of Leadership & Organizational Studies*, 24(3), 405-413.
- Bajaj, S., Garg, R., & Sethi, M. (2018). Total quality management: a critical literature review using Pareto analysis. *International Journal of Productivity and Performance Management*, 67(1), 128-154. <https://doi.org/10.1108/IJPPM-07-2016-0146>.
- Bakker, A. B. (2011). Work engagement: Further reflections on the state of play. *European Journal of Work and Organizational Psychology*, 20(1), 74-88. <https://doi.org/10.1080/1359432X.2010.546711>.
- Bayram, H., & Dinc, M. (2015). Role of transformational leadership on employee's job satisfaction: The case of private universities in bosnia and herzegovina. *European Researcher*, 93, 270-281. <https://doi.org/10.13187/er.2015.93.270> CrossRef.
- Breevaart, K., & Zacher, H. (2019). Main and interactive effects of weekly transformational and laissez-faire leadership on followers' trust in the leader and leader effectiveness. *Journal of Occupational and Organizational Psychology*, 92(2), 384-409. <https://doi.org/10.1111/joop.12253>.
- Coomber, B., & Barriball, K. L. (2007). Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: a review of the research literature. *International Journal of Nursing Studies*, 44(2), 297-314. <https://doi.org/10.1016/j.ijnurstu.2006.02.004>.
- Cowden, T., Cummings, G. (2012). Leadership practices and staff nurses' intent to stay: a systematic review. *Journal of nursing management*, 19(4), 461-477. <https://doi.org/10.1111/j.1365-2834.2011.01209.x>.
- Chai, D. S., Hwang, S. J., & Joo, B.-K. (2017). Transformational leadership and organizational commitment in teams: The mediating roles of shared vision and team-goal commitment. *Performance Improvement Quarterly*, 30(2), 137-158. <https://doi.org/10.1002/piq.21244>.
- Duwayri, T. S. (2019). Leadership styles of nurse managers/leaders and staff nurses job satisfaction and outcome pattern in workforce: A systematic review. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 8(2), 1-24.
- Giltinane, C. L. (2013). Leadership styles and theories. *Nursing Standard*, 27(41), 35-39. <https://doi.org/10.7748/ns2013.06.27.41.35.e7565>.
- Haile, A. (2017). Leadership styles at Haramaya University and implications for corporate success. *East African Journal of Sciences*, 11(1), 51-58.

- Khan, B. P., Quinn Griffin, M. T., & Fitzpatrick, J. J. (2018). Staff Nurses' Perceptions of Their Nurse Managers' Transformational Leadership Behaviors and Their Own Structural Empowerment. *The Journal of Nursing Administration*, 48(12), 609-614. <https://doi.org/10.1097/nna.00000000000000690>.
- Laschinger, H. K. S., Almost, J., & Tuer-Hodes, D. (2001). Workplace empowerment and magnet hospital characteristics: making the link. *JONA*:
- Laschinger, H. K., Almost, J., & Tuer-Hodes, D. (2003). Workplace empowerment and magnet hospital characteristics: making the link. *The Journal of Nursing Administration*, 33(7-8), 410-422.
- Laschinger, H. K. S., Nosko, A., Wilk, P., & Finegan, J. (2014). Effects of unit empowerment and perceived support for professional nursing practice on unit effectiveness and individual nurse well-being: A time-lagged study. *International Journal of Nursing Studies*, 51(12), 1615-1623. <https://doi.org/10.1016/j.ijnurstu.2014.04.010>.
- Nedd, N., & Kanter. (2006). Perceptions of empowerment and intent to stay. *Nursing Economic*, 24(1), 13-18.
- Phillips, T., Evans, J. L., Tooley, S., & Shirey, M. R. (2018). Nurse manager succession planning: A cost-benefit analysis. *Journal of Nursing Management*, 26(2), 238-243. <https://doi.org/10.1111/jonm.12512>. 6), pp. 101-103
- Rowold, J., & Schlotz, W. (2009). Transformational and transactional leadership and followers' chronic stress. *Leadership Review*, 9(1), 35-48.
- Spence Laschinger, H. K., Wong, C. A., & Grau, A. L. (2012). The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes: a cross-sectional study. *International Journal of Nursing Studies*, 49(10), 1266-1276. <https://doi.org/10.1016/j.ijnurstu.2012.05.012>.
- Suratno, K. (2018). The relationship between transformational leadership and quality of nursing work life in hospital. *International Journal of Caring Sciences*, 11(3), 1416-1422.
- Wang, H., Demerouti, E., & Bakker, A. B. (2016). A review of job-crafting research: The role of leader behaviors in cultivating successful job crafters. *Proactivity at Work*, 1(28), 95-122. *The Journal of Nursing Administration*, 33(7/8), 410-422.