Head Nurses' Power Sources and Its Effect on Staff Nurses' Administrative Empowerment and Creativity

Sara Abdel-Mongy Mostafa [1], Sally Abdel-Mongy Mostafa [2]

[1,2] Lecturer of Nursing Administration, Faculty of Nursing, Tanta University, Egypt.

***Corresponding author:** dr.saraali863@yahoo.com or sara_mostafa@nursing.tanta.edu.eg

Abstract

Background: Nursing profession requires strong effective nursing leaders to establish a healthy work environment through exercising various forms of power sources to influence their staff nurses and encourage their administrative empowerment and creativity. **Aim:** Study head nurses' power sources and its effect on staff nurses' administrative empowerment and creativity. **Methods:** Descriptive correlational design was used. **Setting & Subjects:** All (n=275) staff nurses working in the Intensive Care Units at Tanta University International Teaching Hospital. **Tools:** Three tools were utilized for data collection, Head Nurses Power Sources, Administrative Empowerment, and Administrative Creativity Scale. **Results:** The highest mean score of staff nurses' perception about head nurses' power sources was legitimate power followed by reward, expert, referent power and lastly the lowest mean score was coercive power. Also, most of staff nurses perceived a moderate level of administrative empowerment and creativity. **Conclusion**: There was a statistically significant positive correlation between head nurses' power sources (legitimate, reward, expert and referent power) except coercive power had negative correlation with staff nurses' administrative empowerment and creativity. **Recommendations:** According to the findings, hospital administration need to maintain continuous offering staff development and training program to enforce head nurses leading role to be able to enhance their staff nurses' administrative empowerment and creativity.

Key words: Administrative Creativity, Empowerment, Head Nurses, Power.

Introduction

The health care environment, head nurses as a leader have an essential role in fostering a supportive environment for everyday professional practice and promoting their nurses' contributions for organizational work (Abd Elmawla et al., 2020 & Labrague, 2018). In addition, enabling them to cope with changing working environment, and encouraging participation in decision making (Abdallah & Mostafa, 2021 & 202). Head nurses to be an effective leader require the exercise of power to act in ways that cause others to follow their own guidance or adhere to their own decisions or act in accordance with their wishes (Helaly et al., 2022 & Nabhan, 2023).

Power is the ability of head nurses to influence and motivate their staff nurses to achieve organizational goals. It is the ability to gain access to effective support, information, opportunity, and needed resources. It enables head nurses to have control over their own practice (Abed et al., 2020). A powerful head nurses can give staff nurses a sense of empowerment to lead more effective staff functioning, and increase nurses' autonomy as well as positively linked to professional creativity of staff nurses and organizational outcomes (Polat &

Sönmez, 2018). The way that head nurses exercise power and how staff nurses perceive that power are necessary for comprehending head nurses and nurses' relationships so, effective head nurses must know and understand power sources and how to use it wisely (Fousiani & Wisse, 2022).

The two major sources of power are position and personal power. Position power is based on rank in an organizational structure and is given by superiors. It includes legitimate, reward, and coercive power (Alapo, 2018). Legitimate power is the power allowed by head nurses' organizational position and authority which they have the authority and right to give orders based on their position and staff nurses comply to this power based on head nurses' authority (Hofmann et al., 2017). Reward power is head nurses' ability to get work done through granting tangible or intangible rewards such as promotion, better work schedule, and formal recognition of accomplishments. Coercive power is head nurses' ability to obtain compliance though fear or punishment. Punishment may take the form of official reprimands, withhold rewards, suspensions, or even termination based on the nature of omission or commission (Ramidi, 2019 & Rabhi et al., 2023).

While personal power is based on a head nurses' characteristics and is given by subordinates. It includes expert and referent power. Expert power is head nurses' expertise or having specialized knowledge of a certain subject perceived as important to the hospital. Expertise becomes a potential base of power when staff nurses do not have specific knowledge or need advice from those who have that expertise (Jasemi et al., 2020). Referent power is the head nurses' ability to influence staff nurses based on personal liking, reputation, and charisma as like head nurses' personalities, admire their achievements or see them as role models (Alapo, 2018).

Head nurses need to use power appropriately to have a positive influence on others, better emphasize work collaboration by developing rewarding strategies, empower them by delegating responsibilities and create a challenging workplace environment (Setiawan et al., 2020). Empowerment is the processes of acquiring the power necessary to make decisions and use of existing expertise to improve healthcare setting performance. Therefore, staff nurses are taken care by enriching their knowledge and skills and developing their capabilities to make appropriate decisions (Elbab et al., 2020).

Administrative empowerment is head nurses' ability to give authority, sufficient powers, and trust to their staff to perform their duties freely according to job description, increasing their decision-making participation, emphasizing the importance of teamwork, and developing creative behavior (Asiri & Al Sharqi, 2020). Administrative empowerment has a vital role in increasing level of staff nurses' confidence to call all internal capabilities and transferred it to significant output through inspiring administrative empowerment dimensions which are delegation of authority, teamwork, training, effective communication, and motivation. Delegation of authority is method used by head nurses to transfer specific powers to their staff in which each nurse can make appropriate operational decisions and practice assigning tasks with tolerate the consequences of responsibility for an acceptable performance of these tasks (Al Maani et al., 2020, & Alkaser, 2021).

Teamwork is a group of staff nurses forming a system of interconnected with a common goal that has complementary skills to each other. Training is an ongoing process of providing staff nurses with all the means of learning and knowledge management for promoting their knowledge and skills (Maswadeh, 2022).

Effective communication is one of the basic keys for empowering staff nurses, which enables them to express their opinions and exchange ideas efficiently and appropriately at the right time and place (Alfadli & Al-Mehaisen, 2019 & Saber, 2018). Finally, motivation is the main driver of nurses' activity that stimulates their behavior to satisfy needs and desires. Recognition, meaningful work, and flexible work environment are strong motivating factors (Hassan et al., 2019 & Hussein & Abboud, 2021).

On the other hand, head nurses exercise various forms of power to influence their nurses to think creatively through provision of guidance, and information and enable them to generate new ideas to solve problems in the workplace **(**Awad et al., 2021). Administrative creativity is nurses' ability of creating new ideas to be successfully implemented through inspiring administrative creativity dimensions which are originality, fluency, flexibility, risk taking, analysis capability and sensitivity to problems (Khawaldeha et al., 2021 & Masa'd & Aljawarneh, 2020).

Originality is nurses' ability to come up with new ideas that are unusual and useful and not related to repetition of previous ideas. Fluency is nurses' ability to display many ideas as possible that meet certain demands at a given time. Flexibility is nurses' ability to think in different ways as looking at problem from several angles. Risk taking is

nurses' ability to provide new ways of doing work, accepting risk resulting from actions taken and take responsibility for its consequences (Khadich & Merabti, 2022). Analysis capability is nurses' ability to detail elements of any work into simple units to be reorganized in a unique and creative way. Finally, sensitivity to problems is nurses' ability to quickly understand a situation, analyze it and solve complex problems to take actions (Hjorth et al., 2018). Nurses' administrative creativity can be nurtured by head nurses as leaders exert a strong influence and power to promote a creative atmosphere thus, they can find creative solutions for complex problems at their workplace (Khawaldeha et al., 2021).

Significant of the study

Hospital' success is determined by their leaders' role through having the ability to influence (Albagawi, 2019). Head nurses play a vital role in a hospital setting in accomplishing their goals in terms of teamwork, empowerment, problem solving, creativity, and decision making. Therefore, they need to exercise various forms of power and select the most one in line with their leadership style, character traits and working environment as well as know how to use it wisely to have the ability to empower their staff toward goals achievement, control their performance and encourage the spirit of initiation and creativity revealed by (Alapo, 2018 & Abd Elmawla et al., 2020). Thus, this study is directed to study the influence of head nurses' sources of power on staff nurses' administrative empowerment and creativity.

Aim of the study

Study head nurses' power sources and its effect on staff nurses' administrative empowerment and creativity.

Research questions

- What is the most power type adopted by head nurses as perceived by staff nurses?
- What are the levels of staff nurses' administrative empowerment and creativity?
- What is the influence of head nurses' power sources on staff nurses' administrative empowerment and creativity?

Subjects and method

Research Design

Descriptive correlational research design was used.

Setting

The study was conducted in Intensive Care Units (ICUs) at Tanta University International Teaching Hospital involving (Anesthesia, Cardiac, Medical, Pediatric, Neonates and Burn ICUs).

Subjects

The study subjects consisted of all (n=275) staff nurses working in the previously mentioned setting.

Tools of the study

It consisted of three tools as the following: -

Tool (1): Head Nurses' Power Sources Scale.

This tool was developed by the researchers based on Parvez et al. (2017) to assess the most power type adopted by head nurses as perceived by staff nurses. The tool included two parts: Part (1): personal data including department, age, years of experience, marital status, and level of education. Part (2): Head nurses' power sources scale to assess the most power type adopted by head nurses as perceived by staff nurses through (27) items distributed into five subscales: legitimate power (4 items), reward power (4 items), coercive power (6 items), expert power (6 items) and referent power (7 items). Staff nurses' responses were measured in a five points Likert Scale ranging from 1 (strongly disagree) to 5 (strongly agree). A sum of scores for each respondent were calculated to determine power sources adopted by head nurses. The ranking of power sources to determine the most frequent type adopted by head nurses based on the number of participants' responses.

Tool (2): Administrative Empowerment Scale

This tool was developed by the researchers based on Omar (2014) and Abdeldayem and Al Deeb (2020) to assess levels of staff nurses' administrative empowerment through (33) items distributed into five subscales: delegation of authority (7 items), teamwork (7 items), training (6 items), effective communication (6 items) and motivation (7 items). Scoring system: Staff nurses' were measured on a 5-points Likert Scale ranging from strongly agree (5) to strongly disagree (1). Total score was calculated by summing the scores of all categories, and classified according to the statistical cut-off point for: high level > 75%, moderate level 60 - 75%, and low level < 60%.

Tool III: Administrative Creativity Scale

This tool was developed by the researchers based on El-Demerdash and Mostafa (2018) to assess levels of staff nurses' administrative creativity through (24) items distributed into six subscales: originality (4 items), fluency (4 items), flexibility (4 items), risk taking (4 items), analysis capability (4 items), and sensitivity to problems (4 items). Scoring system: Staff nurses' were measured on a 5-points Likert Scale ranging from strongly agree (5) to strongly disagree (1). Total score was calculated by summing the scores of all categories, and classified according to the statistical cut-off point for: high level > 75%, moderate level 60 - 75%, and low level < 60%.

Method:

1.Ethical considerations

- Approval from the Scientific Research Ethical Nursing Committee at Faculty of Nursing was obtained with no 299-9-2023. Moreover, official permission was obtained from the Dean of Faculty of Nursing to Tanta University International Teaching Hospital. The aim of the study was explained to staff nurses to gain their cooperation with the right to withdraw, as well as informed about the confidentiality of their information.

- Data collected by the researcher. The researcher met staff nurses individually at their work setting to distribute the tools. The questionnaire was completed in the presence of the researcher to ascertain all questions were answered. The questionnaire sheets took 20-30 minutes for each staff nurse to fill. The data was collected in a period of two months.

2 .Validity and reliability

- The questionnaire was translated into Arabic and presented to a jury of five experts in specialty to check their content validity. The content validity was 97.86%, 90.37% and 97.95 % for tools I, II and III respectively. Reliability of tools was tested using Cronbach Alpha Coefficient test, its value = 0.897 for head nurses' power sources scale and 0.818 for administrative empowerment scale and 0.803 for administrative creativity scale.

3 .Pilot study

- A pilot study will be carried out on 10% of staff nurses (n= 28) to test the clarity, reliability of tools, and identify problems that may be encountered during data collection and make modifications.

Results

Table (1) shows distribution of staff nurses according to their personal characteristics. The table revealed that the highest percent 20.7% and 19.6% of staff nurses worked at Neonatal and Cardiology ICUs, respectively. Staff nurses' age ranged from 22-58 years which more than half (53.8%) of them aged from 20 to less than 30 years with mean age 31.88 ± 8.78. The majority (88.0%) of them were married. Regarding their years of experiences, the majority (74.9%) of them had ≤15 years with mean years of experiences 11.23 ± 6.81. Less than half (46.5%) of staff nurses had bachelor degree of science in nursing.

Table (2) represents mean scores, mean percent and ranking of staff nurses' perception regarding head nurses' power sources. The table revealed that the highest mean score 4.56 ± 0.50 with a mean percent 89.09 ± 12.42 of staff nurses' perception about head nurses' power sources was legitimate power and the lowest mean score 2.70 ± 0.51 with a mean percent 42.41 ± 12.65 was coercive power.

Figure (1) shows staff nurses' total administrative empowerment levels. The table showed that the majority (84.0%) of staff nurses had moderate level of administrative empowerment while, 10.9% & 5.1% them had high and low level of administrative empowerment respectively.

Table (3) shows levels of staff nurses' administrative empowerment dimensions. The table showed that the majority (90.2%, 88.7%, 87.3%, and 85.5%) of staff nurses had moderate level of in effective communication, delegation of authority, training and teamwork of administrative empowerment dimensions respectively.

Figure (2) shows staff nurses' total administrative creativity levels. The table showed that high percent (73.8%) of staff nurses had moderate level of administrative creativity while, 15.3% & 10.9% them had

high and low level of administrative creativity respectively.

Table (4) shows levels of staff nurses' administrative creativity dimensions. The table showed that the majority (84.7%, equal percent 83.6%, 81.8%, and 81.5%) of staff nurses had moderate level in analysis capability, fluency, sensitivity to problems, originality and flexibility of administrative creativity dimensions respectively.

Table (5) shows correlations between head nurses' power sources and staff nurses' administrative empowerment and creativity. The table showed that there was a statistically significant positive correlation between head nurses' legitimate, reward, expert and referent power) except coercive power had negative correlation with staff nurses' administrative empowerment and creativity at ($p \leq 0.001$).

Table (1): Distribution of staff nurses' personal data (N= 275)

Staff nurses' personal data	No.	%
Department		
Anesthesia ICU	51	18.5
Cardiac ICU	54	19.6
Medical ICU	51	18.5
Pediatric ICU	31	11.3
Neonates ICU	57	20.7
Burn ICU	31	11.3
Age (years)		
20-<30	148	53.8
30-<40	82	29.8
40->50	45	16.4
Min. – Max.	22.0 – 58.0	
Mean ± SD.	31.88 ±8.78	
Marital status		
Married	242	88.0
Unmarried	33	12.0
Years of experience		
≤15	206	74.9
>15	69	25.1
Min. – Max.	1-39	
Mean ± SD.	11.23 ± 6.81	
Level of education		
Diploma of nursing	5	1.8
Associate degree in nursing	120	43.6
Bachelor of nursing	128	46.5
Postgraduate studies	22	8.0

Table (2): Mean scores, mean percent and ranking of staff nurses' perception regarding head nurses' power sources (n=275)

| Head nurses' power sources	Average score Min – Max.	% score Min – Max.	Rank
Legitimate power	4.56 ± 0.50 4.0 – 5.0	89.09 ± 12.42 75.0 – 100.0	**1**
Reward power	3.55 ± 0.15 3.50 – 4.0	63.82 ± 3.85 62.50 – 75.0	**2**
Coercive power	2.70 ± 0.51 1.33 – 3.0	42.41 ± 12.65 8.33 – 50.0	**5**
Expert power	3.42 ± 0.38 3.0 – 4.0	60.42 ± 9.61 50.0 – 75.0	**3**
Referent power	3.29 ± 0.02 3.29 – 3.57	57.17 ± 0.43 57.14 – 64.29	**4**

SD: Standard deviation
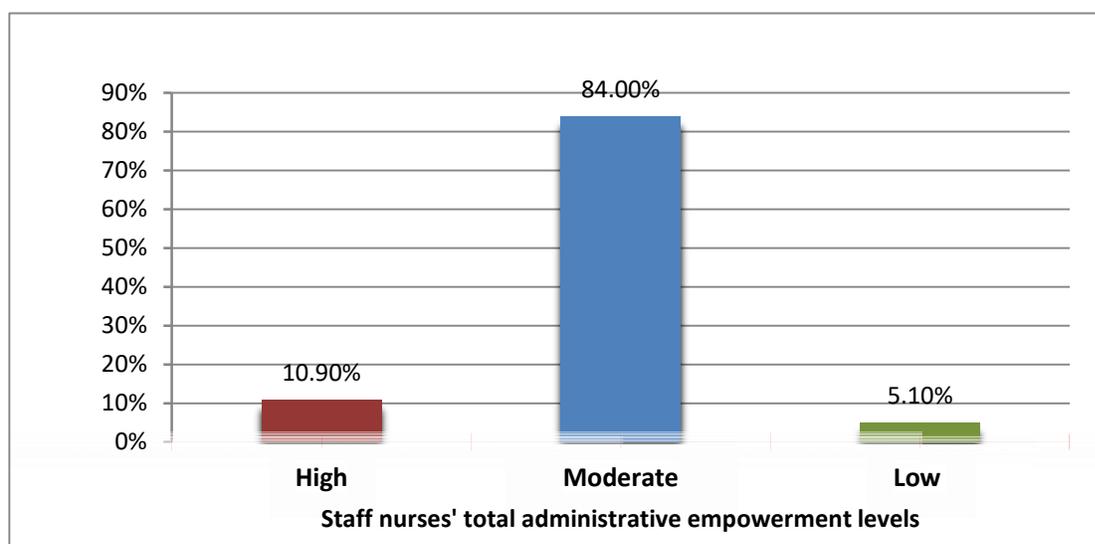
Figure (1): Staff nurses' total administrative empowerment levels (N=275)

Table (3): Levels of staff nurses' administrative empowerment dimensions (N=275)

Administrative empowerment dimensions	Levels of staff nurses						Mean ± SD.
	Low		Moderate		High		
	No	%	No	%	No	%	
Delegation of authority	25	9.1	244	88.7	6	2.2	3.53 ± 0.27
Teamwork	21	7.6	235	85.5	19	6.9	3.79 ± 0.37
Training	8	2.9	240	87.3	27	9.8	4.05 ± 0.41
Effective communication	2	0.7	248	90.2	25	9.1	3.82 ± 0.38
Motivation	40	14.5	214	77.8	21	7.6	3.95 ± 0.43

SD: **Standard deviation**
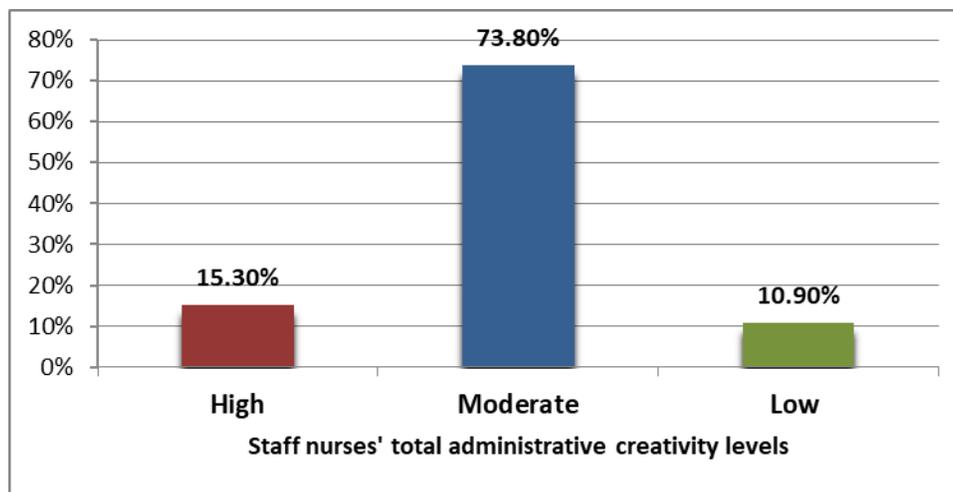
Figure (2): Staff nurses' total administrative creativity levels (N=275)

Table (4): Levels of staff nurses' administrative creativity dimensions (N=275)

Administrative creativity dimensions	Levels of staff nurses						Mean ± SD.
	Low		Moderate		High		
	No	%	No	%	No	%	
Originality	19	6.9	225	81.8	31	11.3	4.01 ± 0.44
Fluency	10	3.6	230	83.6	35	12.7	3.69 ± 0.52
Flexibility	10	3.6	224	81.5	41	14.9	3.71 ± 0.55
Risk taking	34	12.4	200	72.7	41	14.9	3.68 ± 0.59
Analysis capability	30	10.9	233	84.7	12	4.4	3.88 ± 0.39
Sensitivity to problems	35	12.7	230	83.6	10	3.6	3.89 ± 0.40

SD: **Standard deviation**

Table (5): Correlations between head nurses' power sources and staff nurses' levels of overall administrative empowerment and creativity.

Head nurses' power sources	Overall administrative empowerment		Overall administrative creativity	
	r	p	r	p
Legitimate power	0.220*	<0.001*	0.170*	0.005*
Reward power	0.700*	<0.001*	0.303*	<0.001*
Coercive power	-0.550*	<0.001*	-0.752*	0.005*
Expert power	0.681*	<0.001*	0.270*	<0.001*
Referent power	0.176*	0.003*	0.177*	<0.003*
Total	0.310	<0.001*	0.450*	<0.001*

r: Pearson coefficient

*: Statistically significant at p ≤ 0.05

Discussion

Most health care settings need to have strong effective nurse leaders if they want to remain successful over time to achieve their goals in a cohesive way (Cortellazzo et al., 2019 & Mugira, 2022). Head nurse is one of nurse leader in the hospital who is responsible for organizing nursing unit so, they need to exercise the appropriate and effective power base to lead their staff nurses and influence them to understand and agree about what needs to be done and how it can be done effectively (Dirik & Eryılmaz, & Maurissa et al., 2018).

Results of present study revealed that the highest mean score of staff nurses' perception regarding head nurses' power sources was legitimate power. This could be because of the official authority of head nurses' position gives them the right to carry out their roles and responsibilities towards the work as well as influence their staff nurses, give orders and directions. So, staff nurses must obey and comply with their orders. This result agrees with Polat and Sönmez (2018) who found that nurses perceived that head nurses used legitimate powers more frequently. On the other hand, Vatan et al. (2015) not support the study finding and reported that nurse managers were the most use of reinforced power with their staff nurses.

While the lowest mean score of staff nurses' perception about head nurses' power sources was coercive power as it may be due to head nurses aware that coercive power is less effective method as it has negative undesirable side effects in the long term such as anxiety and resentment. Head nurses resort only to this power to modify staff nurses' behavior and alert them when organizational policies are ignored or to prevent them from mistakes or negligence at their work but, coercive power cannot be exercised without having legitimate authority. This result agrees with Abou Hashish (2015) who found that first-line nurse managers perceived that coercive powers were the least frequently types of power they utilized at their work place.

The present study results displayed that the majority of staff nurses had moderate level of administrative empowerment, and most of them had a moderate level in all dimensions of administrative empowerment. This result may be due to staff nurses perceive that they have opportunity to make decisions and take the initiative independently also, to set goals for their own works within the limits of their

responsibilities as well as head nurses as empowering leaders allow for expressing confidence to their staff nurses' abilities to perform their jobs autonomously and express their thoughts in a clear and innovative way to facilitate goal accomplishment.

Present study results supported by Aref and Kamel (2023), and Nabhan (2023) who reported that more half of staff nurses had moderate level of empowering leadership which nurse supervisor seeks to empower their nurses by many responsibilities through developing their performance in nursing process to reach the best services for patients. Contrasting findings were reported by Amini et al. (2015) who found that the mean score of nurses' administrative empowerment was low as they do not have enough power and not receive adequate support.

The present study results displayed that the majority of staff nurses had moderate level of administrative creativity and, most of them had moderate level in all dimensions of administrative creativity. This result may be related to head nurse exercise various forms of power which fostering their staff nurses' creativity and motivating them to learn how to describe and diagnose the problems from all angels accurately through collecting sufficient data from several resources with choosing the best and efficient solution to work problems as well as avoid duplication of efforts and form of new thoughts which contribute to administrative creativity.

The study result is agreed with result of El-Demerdash and Mostafa (2018) who displayed that above half of nurses had moderate level of total administrative creativity with moderate level in all dimensions of administrative creativity. Also, Yossef and Rakha (2017) showed that study subjects had an intermediate level of

administrative creativity with sensitive to problems with a high level, followed by flexibility, and analysis capability. On contrary, Hamouda and Abd El-Aliem (2020) and Nabhan (2023) reported that there is a high degree of professional creativity among nurses as result of their leadership empowerment of them.

According to the findings, there was a statistically significant positive correlation between head nurses' power sources (legitimate, reward, expert, and referent power) with staff nurses' administrative empowerment and creativity. These attributed to the importance of head nurses' power sources in raising the level of their staff nurses' administrative empowerment and creativity, which it is one of the requirements of leaders that needs for continuous strengthening and development and establishing a positive relationship with their staff to increase their performance and alter their work attitudes and actions as well as influencing them to come up with new creative ideas.

In agreement with these study findings, Hassan and Din (2019) and Zehir and Narcıkara (2016) who indicated that nurse leaders had a considerable impact on staff nurses' creativity and performance through demonstrating leading role and behaviors. Nwankwo et al. (2017) found that managers who have legitimate, reward, expert powers, can establish positive relationship with their staff and increase their performance.

While, there was a statistically negative correlation between head nurses' coercive power with staff nurses' administrative empowerment and creativity because empowerment and creativity comes from encouragement, reinforcement, and support, not through punishment or threats so, head nurses exercise this power only for

punishing who have undesirable behavior or who do not comply with instructions and orders.

Along with this finding Nwankwo et al. (2017) found that managers who have coercive power had negative effect on their staff performance. Also, Hofmann al. (2017) indicated that coercive power has a negative impact on staff' trust and initiates the perception of an antagonistic climate and enforced compliance.

Conclusion

Findings of the current study concluded that the highest mean score of staff nurses' perception regarding head nurses' power sources was legitimate power followed by reward, expert, referent power and lastly the lowest mean score was coercive power. Also, most of staff nurses perceived a moderate level of administrative empowerment and creativity. There was a statistically significant positive correlation between head nurses' power sources (legitimate, reward, expert and referent power) except coercive power had negative correlation with staff nurses' administrative empowerment and creativity.

Recommendations

Based on the findings of the present study it was concluded that:

Hospital administration

- Conduct educational and training programs for nursing directors about leadership power to know how to use it wisely and skillfully in each situation.

Head nurses

- Periodical attend leadership program to update their empowering role and to handle adverse working conditions.
- Promote nursing staff creative thinking through designing training program to allow them to learn actively and convert their thoughts into actions.

Nursing educators

- Conduct ongoing educational programs about leadership power as a valuable strategy to enhance their sense of responsibility.
- Involve the concept of leaders' power, administrative empowerment and creativity in students' curriculum.
- **Further research studies** are needed to prove the current study results in different health care organizations.

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