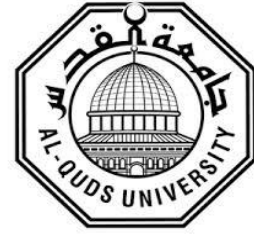**Deanship of Graduate Studies**

Al-Quds University

The Role of Leadership Empowerment in Achieving the Professional Creativity among Nurses Working at Governmental Hospitals in Gaza Strip

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M.Sc. Thesis

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The Role of Leadership Empowerment in Achieving the Professional Creativity among Nurses Working at Governmental Hospitals in Gaza Strip

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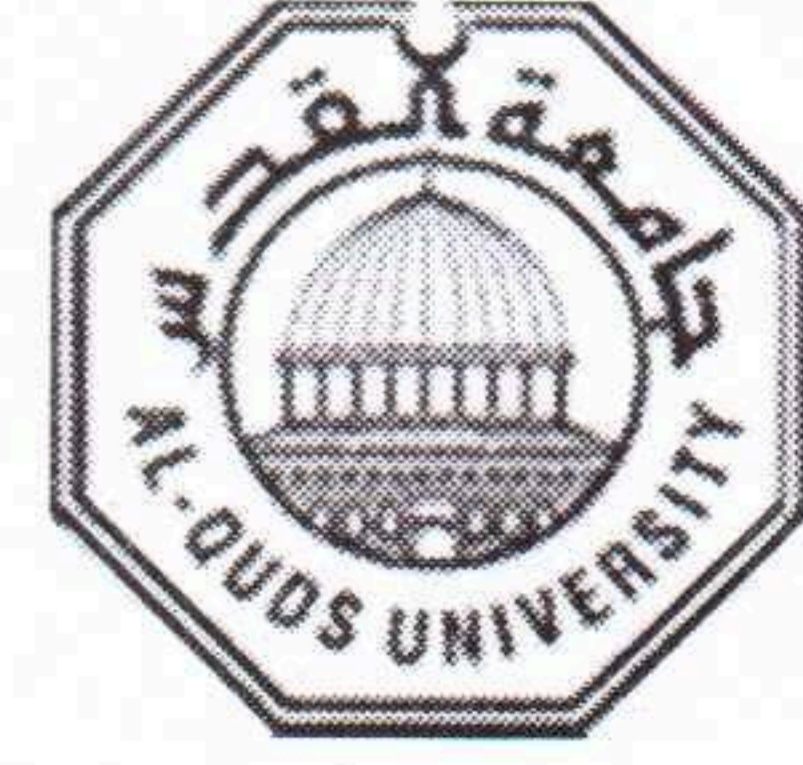Assistant Professor of Nursing Management,
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Thesis Approval

The Role of Leadership Empowerment in Achieving the Professional
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Dedication

To the greatest man I have in my life, the light of my life...

my lovely Father.

To the biggest heart with the most loving care, who

sacrificed a lot for me to become what I am now, my

Mother

To my Wife who supported me through each step of the

way and for being for me the greatest source of

inspiration...

To the light of my eyes... my Sons

To all those who encouraged, supported, and helped me all

the way.

I dedicate this research for all of them ...

Esam Sade Nabhan

Declaration

I certify that this thesis submitted for the degree of master is the result of my own research, except where otherwise acknowledged, and that this thesis or any of its parts has not been submitted for higher degree to any other university or institution.

Signed

Esam S. Nabhan

Date: /   /

Acknowledgment

Abstract

Leadership Empowerment is one of the critical issues in stimulating creative behavior and prepare it to meet the new changes in the healthcare working environment, the overall aim of this study is to assess level of leadership empowerment in achieving the professional creativity at governmental hospitals in Gaza governorates. The design of the study is a descriptive, analytical and cross-sectional study. All major governmental hospitals from each governorate was selected. The target population is classified into two groups: the first group was nursing supervisors (NS) which included head nurses and NS and the second group was supervisees (Senior nurses) "SN". All NS were included in the study and stratified systematic random sample was selected for the SN group. The response rate for NS was 80.0% and for the SN it was 93.5%.

Most of the sample were Male, they were representing 62% and 38% of them were females in NS and SN. Regarding Age group, most of the age group up to 30 years about 47.7% in SN, but in NS most of the age group was more than 41 years. According to the years of experience among SN the majority of SN (64%) had work experience up to 10 years, but NS 52.8% of the supervisors were having experience from 11-20 years. About 79.3% of them know rights of job and 88.9% know duty of nurse's job. These answers made 77.2% of participant reported work in favorite department. According characteristic of NS, the participation of heads nurse about 95 nurses by 53%, while the participation of clinical supervisors were 85 supervisors by 47%.

The level of leadership empowerment from point of view NS there is a high level of leadership empowerment (83.5%) for SN, which is a very high degree (73.9%) level of professional creativity among nurses as result of the leadership empowerment of them by NS. But, from view SN level of leadership empowerment is a moderate degree (63.5%) for SN from NS. and level of professional creativity is a high degree of professional creativity (76.5%) among SN.

According gender there is no significant difference to leadership empowerment attributable to the gender variable in relation to SN questionnaire, while there are differences on leadership empowerment by gender in the questionnaire of supervisors in three dimensions are (effective participation, supporting environment, cooperative work and total) and the differences were in favor to females. According to the age there are statistically significant differences on leadership empowerment. And the difference between age groups in favor of the 41-49 group in SN, while the differences in the questionnaire supervisors were in favor of the age group 32-40. According educational level and experience there is no statistically significant differences.

But the gender in professional creativity, there is no significant difference attributed to the gender variable in relation to SN questionnaire.

Keywords: Leadership Empowerment - professional creativity - Nursing Supervisors - Senior nurses

Table of Content

List of Tables

List of Figures

List of Annexes

List of Abbreviations

CBR	Crude Birth Rate
CDR	Crude Death Rate
EGH	European Gaza Hospital
GDP	Gross Domestic Product
GS	Gaza Strip
HN	Head Nurse
IMR	Infant Mortality Rate
MOH	Ministry of Health
NGOs	Non- Governmental Organizations
NS	Nursing Supervisor
PCBS	Palestinian Central Bureau of Statistics
PHCC	Primary Health Care Centers
PNGO	Palestinian Non-Governmental Organizations
RNAO	The Registered Nurses' Association of Ontario
SN	Senior Nurse
UNRWA	United Nations Relief and Works Agency
WB	West Bank
WHO	World Health Organization

Chapter One

Introduction

1.1   Background

The health care system is rapidly changing; so, changes resulting from improve technology, proliferating information available on the internet access, increasingly informed health care consumers, ongoing constraints of administrated care, nursing shortage, and the day to day health care delivery systems are converging to create unmatched challenges for nursing leadership. Additionally, the number and magnitude of challenges facing healthcare organizations are unmatched. Growing financial pressures, increase public and pay or expectations and the rising numbers of consolidations have placed hospitals, health networks, managed care plans and other healthcare organizations under high stress and pressure (Jackson et al, 2012).

There is no successful organization and nor successful system without leadership empowerment and initiation of the members' activities, stimulation of high motivation and engagement of people. Experience has shown that leadership efficiency differs depending on the leadership empowerment.

The newly trends in management have highlighted these practices to the human element and realized its value and impact in the institutions. It has enabled it to empower, motivate and involve it in planning, which contributed in achieving distinct results, which explained the interest of institutions and countries in the search for administrative leaders and consider them a reason for the excellence of institutions, leadership has been instrumental in achieving the objectives of institutions when it has focused attention on human-related practices at various levels of management (Institute of Medicine, 2011).

The most prominent of these active administrative trends that are concerned with human elements and the development of their performance and increase their effectiveness, competence and leadership empowerment, which is one of the most prominent features of the leader, and allows workers to participate actively in planning the future of the institution and the implementation of programs, projects and activities (Ramathy, 2018).

Traditionally dominated leadership practices should be balanced with leadership practices that are aimed at the empowerment of employees. Leadership empowerment is seen as an enabling process, rather than a delegating process and is conceptualized as the ability of leaders to delegate authority, encourage accountability and self-directed decision-making, developing skills and coaching of followers (Hakimi et al., 2010).

Giving nurses freedom to work, independence, entrepreneurship and participation contributes greatly to enhancing their professional creativity; empowering nurses and stimulates creativity. Several studies by a number of researchers have confirmed such as (AlKaryoty, 2004) and (Knight, 2006) noted that freedom of decision-making, freedom from regulatory restrictions and work constraints can enhance the creative energy of employee, and that the most creative staff are spotters who have a tendency towards curiosity, wishing towards learning, and have high cognitive flexibility, are willing to take risks and are more determined to face obstacles and challenges.

In Palestinian health care system, there is a great burden over the nurses especially in the hospitals due to the unstable political situation and the great strain on the health services so there is pressing need for the implementation of nursing Leadership Empowerment to support nurses particularly during crisis and to decrease work stress and tension. The absence of clear job description for health care providers especially for nurses makes nurses in dilemma; communication more difficult; complicated and effects on professional creativity.

So, leadership is a natural element of the nursing profession as the bulk of nurse practice is in units or work groups. Effective nursing leadership has been positively linked to professional creativity nurses, patients and organization outcomes.

In Palestine there is a great demand for high quality of care provided by nurses in order to deal with challenges facing the health system (PNGO, 2013). Nurses at hospitals are overloaded by heavy duties and responsibilities which need huge efforts for accomplishment and coordination (Hajaj, 2007).

This study assesses the leadership empowerment in achieving the professional creativity at governmental hospitals and focuses on the strength and weakness areas, perceptions of Nursing Supervisor (NS), Head Nurse (HN) and Senior Nurse (SN)about leadership empowerment nurses in achieving the professional creativity.

1.2   Justifications of the study

In Palestine, the nursing management system consists of three levels. The first level represents head nurse, the mid-level consists of NS, the top level consists of nursing directors. In each governmental hospital there is one nursing director. NS are assists the nursing director by the authority granted to them. After the end of the official working hours of the hospital (morning shift), the role of head nurse department and the director of nursing ends. NS is directing the nursing during evening and night shift in all departments, each one has a leadership which has limited powers. If there are problems in the department, they will communicate with the NS.

Senior nurses "SN" play a major role in improving the health care services, but they face many problems hindering their work and they cannot solve because of the power constraints. Other pressure can prevent creativity like, tenseness, anxiety and nervousness, so the needs of patients can't be accepted or understood. This will create a bad relationship between the nurse and the patient. Traditionally, nurses suffer from over load, long hours' work, deal with different kinds of people and work under pressure and this is the major effect of quality of care.

Nursing leadership and empowerment is one of the areas that requires further investigation (Williams and Irvine, 2009). Study concluded that nursing leadership empowerment needs the views of nurses to help formulate a positive work environment where they can make the most of their full potential and to advance nursing services (Eneh et al., 2012). An effective nurse manager should inspire and engage staff and leading empowering. This should result in high staff satisfaction and lower turnover rates and achieving professional creativity. While it has been said that organizational commitment is the essential key to a stable nursing workforce (Ward, 2001).

This study attempted to determine the level of leadership empowerment of the nursing staff and their level of professional creativity at governmental hospitals. To the best knowledge of the researcher this study is the first of its kind in the governorates of Gaza strip.

1.3 Problem Statement

Leadership empowerment is one of the critical issues in stimulating creative behavior and prepare it to meet the new changes in the working environment or the implementation of roles and tasks according to the standards of quality and excellence, as recent trends in the management of institutions indicate that empowering and delegating leadership to employees provides the opportunity for the creativity of employees, and enhances the total quality management of creative organizations. This type of leadership is one of the most compatible with creativity and the promotion of creativity and innovation among employees, as the employees who is independence and freedom to act is the candidate to be more creative and innovative (Greasly, 2005).

SN at hospitals are overloaded by heavy duties and responsibilities, which need huge efforts for accomplishment and coordination, in addition, the authority granted to nursing is very few, and during the occurrence of problems, the nurse must return to the higher authority NS and HN.

Most nurse management and leadership research dealt with the upper and middle levels of management as well as the nature of management and leadership styles used in management. Such as (Hassan, 2011) and (Turpan, 2007), which examined the role of NS in government hospitals. However, few studies have examined the leadership empowerment of nurses and the level of authority granted to them, especially in evening and night shifts. This study comes to identify the leadership empowerment of nurses working in government hospitals and their role in achieving professional creativity.

1.4 Aim of the Study

The overall aim of this study is to assess the level of leadership empowerment in achieving the professional creativity at governmental hospitals in Gaza governorates from the perspectives of NS, and SN to provide suggestions contributing to professional creativity, improving the quality of nursing services and thus positively impacting services outcomes.

1.4.1 Objectives of the Study:

- To identify the level of leadership empowerment and professional creativity among SN in governmental hospitals in GS.
- To identify the level of professional creativity and leadership empowerment among SN in governmental hospitals in GS.
- To detect the relationship between leadership empowerment and achieving the professional creativity among SN in governmental hospitals in GS.
- To identify the relationship between leadership empowerment, professional creativity and socio-demographic variables among SN in governmental hospitals in GS.
- To provide suggestions and recommendations that might increase professional creativity.

1.5 Research questions:

- What is the level of leadership empowerment from point of view of NS?
- What is the level of leadership empowerment from point of view of SN?
- What is the level of professional creativity from point of view of NS?
- What is the level of professional creativity from point of view of SN?
- Is there a relationship between leadership empowerment and professional creativity as perceived SN?
- Is there a relationship between leadership empowerment and professional creativity as perceived NS?
- Is there a relationship between leadership empowerment and socio-demographic variables as perceived SN?
- Is there a relationship between leadership empowerment and socio-demographic variables as perceived NS?
- Is there a relationship between professional creativity and socio-demographic variables?
- What is the recommendation needed for nursing directors to the increase leadership empowerment?

1.6 Context of the study

1.6.1 Gaza Governorate demographic characteristics

Palestine is a relatively small country; the total area of the historical Palestine is about 27.000 Km², it has been occupied in 1948 by Israel and the two remaining parts West Bank (WB) and Gaza Strip (GS) is separated geographically after the war in 1967. The total area of the WB is 5655 Km² with population living in is about 2.935.368 individuals. GS is a narrow piece of land lying in the coast of Mediterranean Sea. The total area of GS is about 365 Km² with population living in is about 1.899.291 individuals. GS is overcrowded area with population density of 5.203 capita/Km^2& about 67.1% of them are refugees as estimated by the year 2017 (PCBS, 2018).

GS is divided into five governorates: North Governorate, Gaza Governorate, Mid-zone Governorate, Khan-Younis Governorate, and Rafah Governorate (MOH, 2018). According to the annual report of Ministry of Health (MOH) in 2017, the Crude Birth Rate (CBR) in the Palestinian territory estimated about 32.1/1000 of population in 2016, distributed as 36/1000 in the WB and 31/1000 in GS, in the other hand the Crude Death Rate (CDR) was about 2.5/1000 of population, distributed as 2.54/1000 of population in GS and 2.53/1000 in WB (MOH, 2018), also the Infant Mortality Rate (IMR) in 2017 in GS was 15.5/1000 per live births (PCBC, 2018).

1.6.2 Socio-economical context

Preliminary estimates indicated a decrease in Gross Domestic Product (GDP) in Palestine by 5.4% during 2017. Unemployment is a critical problem in the Palestinian situation, since it has a rate of 29.2% in the year 2017, unemployment rates in GS is higher than WB, 46.6 and 19% respectively; this situation resulted from restrictions on Palestinian movement due to unilateral activities from Israeli occupation, and the siege on the GS, in addition to the Palestinian division between the WB and GS. Paid employment is the main source of income in the Palestinian territories (Nasr et al, 2017).

1.6.3 Palestinian Health Care system

Health care system in Palestine is complex, because health service delivery in Palestine is divided into five major health care providers: two public providers (Ministry of Health and the Ministry of Interior – Military health services), multiple private providers (hospitals,

clinics) and numerous Non- Governmental Organizations (NGOs) providers (the United Nations Relief and Works Agency-UNRWA and other local NGOs). In GS main provider MOH is operating 13 hospitals, 15 hospitals for NGOs, and 2 hospitals for Military health services (MOH, 2018).

The main roles and responsibilities of the MOH according to the Palestinian Public Health Law are: providing, regulating and supervising the provision of health care in Palestine. Also, MOH is responsible about planning the health care services in coordination with different stakeholders, enhancing health promotion to improve the health status, developing human resources in health sector, managing and disseminating health information, and others (MOH, 2018).

1.6.4 Primary Health Care Centers

Primary Health Care Centers (PHCC) is a major part of Palestinian health care system. PHC provides preventive, promotional, curative and rehabilitative health care to all Palestinian citizen especially for vulnerable groups through MOH, UNRWA, non-governmental and private centers. At the end of 2017, the total number of PHCC in GS was 50 centers guided by MOH represent the ratio 34%, 22 centers guided by UNRWA Represent the ratio 15%, 70 centers guided by NGOs Represent the ratio 47.6% and Military medical services 5 Represent the ratio 3.4% (MOH, 2018).

1.6.5 Governmental Hospital Services

MOH is the main provider of secondary care in the GS. It is responsible for 13 hospitals across the five governorates and the number of hospital beds in GS is about 2960 bed and at a rate of 15.6 beds per 10,000 citizens (MOH, 2017). The average occupancy rate at hospitals in the GS is about 90.2%. The unstable Palestinian political situation increases the load on the health care services in GS and WB.

In north of GS, the Indonesian hospital was established in 2015, locating in Jabalia - Tel Zaatar and providing medical, surgical, vascular, urology, nephrology, orthopedic and Intensive Cardio Care Unit, Intensive Care Unit services, and emergency services, the number of hospital beds is 110 beds, 10 of which are for the intensive care unit (MOH, 2018[B]).

In Gaza city Al-Shifa medical complex and considered the major medical organization of the Palestinian MOH that provide secondary health care delivery system and given some tertiary care services for population. The hospital was established in 1946 on an area of over 45.000 m^2. Where 774 nurses work in the hospital, Number of beds 478, Distributors as; Medical 86 beds, surgery 182, the women's section and obstetrics 133, intensive care 9, cardiac care unit 12, coronary artery care 7, heart surgery care 4, department of burns 3 and neonatal 42 beds (MOH, 2018).

In mid zone governorate, Al-Aqsa Hospital was established at 2001, the only hospital in the mid zone region that provides clinical treatment services. The hospital has 163 beds and the number of doctors (108), nursing (190), total hospital staff (474) employees (MOH, 2018).

In Khan Younis Governorate European Gaza hospital (EGH) is represented as one of the advanced medical centers in Palestine. The hospital project contains facilities for a full range of secondary, primary and planned tertiary patient care services for both inpatients and outpatients. The hospital has 261 beds, the number of doctors (160), nursing (274) and total hospital staff (691) employees (MOH, 2018[B]).

In 1960 Nasser hospital was established in Khan-Younis Governorate. The hospital has 330 beds and the number of doctors (169) and nursing (323) and total hospital staff is (880) employees (MOH, 2018[B]).

1.7   Theoretical and operational definition:

This part will contain the definition of terms included in this study:

– **Nursing**

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations (American Nurses Association, 2004).

‒ **Leadership**

A leader is a person that others follow voluntary and willingly. In 1959, Bennis defined leadership as the process by which an individual influence a follower to behave in adesired manner. Kouzes and Posner defined leadership as, "the art of mobilizing others to want to struggle for shared aspirations" (AL-Dossary,R, 2016)

‒ **Nursing Empowerment**

Nursing empowerment is defined as a condition in which the individual nurse takes control of own practice, successfully fulfilling the responsibilities within an organization by greater employee participation in decision-making and actions based on the mobilization of power throughout the organization (Rae, 2012).

‒ **Leadership Empowerment**

Is a combination of organizational conditions and leadership style that together empower staff? Social structures in the workplace influence employee attitudes and behaviors. Structural factors, in the work setting such as having access to information, receiving support, having access to the resources necessary to the job, and having the opportunity to learn and grow are foundational to empowerment (Registered Nurses' Association of Ontario "RNAO", 2006).

The researcher defines leadership empowerment operationally as the degree to which the sample gets the scale used in the study.

‒ **Professional creativity**

Creativity can be largely thought of as modern ideas, modern ways of looking at things, modern methods or outputs that have value. Creativity include the idea of output, of actually producing or acting something by differently, making something happen or implementing something modern. Creativity all time involves hard work; persistence and perseverance are necessary as many better ideas never get followed and developed (O'Sullivan, 2018).

The researcher defines professional creativity operationally as the degree to which the sample gets the scale used in the study.

- **Nursing supervisors**

NS is the individual can be regulates activities directed toward the subordinate nurse, nursing care of clients, application and implementation of over-all goals and policies within the aims of the health agency and provision of organization, personnel, and facilities to accomplish this goals in the most effective and economical manner through cooperative efforts of all members of the staff, coordinating the service with other departments of the institution and in this study Include (NS and HN) (Cherie & Gebrekidan,2005).

- **Senior nurse:**

Senior nurses perform many of the same tasks as staff nurses, but have authority when they are in charge of the ward or department area during a shift.

https://medicaldictionary.thefreedictionary.com

Senior nurses are working the wards with junior colleagues on a regular basis. (Times, Sunday Times, 2006).

Chapter Two

Literature Review

In this chapter the researcher discusses deeply the concept of leadership, NS style for nursing leadership, the benefits of leadership empowerment and some of domains that can help the nursing on leadership empowerment and is effects that on professional creativity. As well as, the researcher reviews result of some previous studies and experience of other researchers in this field.

2.1   Conceptual framework

Figure (2.1): Conceptual framework diagram "self-developed"

This conceptual framework was developed by the researcher to illustrate the leadership empowerment and role of NS style in improving and developing leadership empowerment in nursing leader and its effects that professional creativity for them as:

2.1.1 NS Leadership Style

The leadership style of a NS comprises combination of relationship behavior and task behavior. These two types of behaviors are depending on leadership style. Relationship behavior refers to the degree which leaders maintain relationships between themselves and their subordinates. Task behavior, on the other hand, refers to the degree which leaders arrange and define the roles of their subordinate's nurse.

Also, the leadership styles are employed by NS strongly influence the organizational outcomes. This is because they affect the employee motivation, innovation, attitudes, organizational culture, support and success of change initiatives.

2.1.2 Nursing Leadership

The effectiveness of nurse's leadership depends on the appropriateness of NS leadership style to the situations they deal with. That is stems from the matching of a leader's style to the task readiness, task relevant maturity of NS and empowerments for nursing leader.

2.1.3 Leadership empowerments & major elements

Leadership empowerment includes some behaviors, which enable leaders to lead groups of nursing. Therefore, it is possible to infuse NS in nursing leader some of empowerment and various behavioral skills that describe the leader's actions with nurse. Those behaviors include effective participation; provide independence, supporting environment, effective communication, cooperative work, leadership values, and professional development.

2.1.4 Demographical and organizational variables

The leadership empowerment is adopted by nursing leaders are influenced by their value orientations, perceptions, skills, knowledge, attitudes, experience, motivations, commitment and personality amongst other variables. This is organization variable and other demographical variable such as age, gender, education level and experience. These

variables are the link between leadership empowerment and professional creativity. Therefore, many studies have confirmed that NS should empower nursing people who have these variables of leadership and give them the appropriate empowerment so they can innovate at work and make them directors of the future. (Saleh et al, 2013).

2.1.5 Professional Creativity & Major Elements

There are some dimensions to the interests of nursing leaders in the process of professional creativity, and it's evident in the behavior of nurses in the performance of services provided to patients, in addition to ways to discover the problems of work and procedures to solve it.

There are creative abilities that distinguish the creative nurse with the outstanding leadership behavior that all nurses need to do with creative behaviors and access to professional creativity such as insisting on facing challenges, encouraging creativity, ability to analyze and evaluate, problem solving professionally, and the ability to make effective decisions.

2.2   Literature Review

2.2.1   Introduction

The past years have been characterized by tremendous developments and challenges that have had a positive impact on human resources management. Since the beginning of 1980, the concept of empowerment has received increasing attention from academics and practitioners interested in the issue of human resources. In light of the rapid changes in the environment of the organizations and the pressures associated with global competition, organizations have paid attention to the adoption of modern management concepts to achieve competitive advantage. It is not surprising, therefore, that many organizations have taking care of their human resources by adopting the concept of empowerment (Al-Otaibi, 2004). So, the concept of empowerment is mainly concerned with establishing and building trust between management and employees, motivating and participating in decision-making and breaking internal administrative and organizational boundaries between management and employees that leading them to professional creativity.

Therefore, successful organizations have one major quality that sets them apart from ineffective organizations, namely dynamic and effective leadership. In an era where nothing is more certain than change, leaders aren't only responsible for guiding their employees through change but they increasingly play a critical role in building a strong pool of talent that is central to organizational success. Successful and effective leadership is important because it is closely associated with organizational outcomes such as enhanced employee attitudes, increased performance and motivation (Kelloway et al., 2012).

So, the researcher agrees with the point of view of Hakimi et al (2010) the dominated leadership practices should be balanced with leadership practices that are aimed at the empowerment of employees. Leadership empowerment behaviour is seen as an enabling process, rather than a delegating process and is conceptualized as the ability of leaders to delegate authority, encourage accountability, make self-directed decision-making, develop skills and coach followers.

Therefore, involving nurses in decisions making relating to their work is a fundamental principle of good nursing management. With total quality, this principle is taken even further. First, employees are involved not only in decision making, but also in the creative thought processes that precede decision making. Second, employees are not just involved; they are empowered (Goetsch & Davis, 2016).

2.2.2 Concept of Leadership:

Term of leader has been using ago the 1300s, the leadership word was not known in the English language to the early of the 19th century. Despite its relatively new addition to the English language, leadership has multi-meanings. In the past, leadership viewed as a form of social influence, but recently it begins to be viewed as form of organizing (Marquis & Huston, 2012. So, Leadership can be defined in many different ways, partly because it has been examined from the perspective of so many different fields of endeavor. Leadership has been defined as it applies to the military, education, Health, business, industry, and many other fields (Goetsch & Davis, 2016).

Leading a team or group is a real skill that takes time, thought, and dedication. Leadership is the most studied aspect of organization because it is the one overarching topic that makes the difference between success and failure. At times it may seem very complicated, but by focusing on some fundamentals a team can be led with confidence and skill. The leader of any organization expectedly completes his role which is given by communicating the values of the organization that he or she represent it. (Qadri, 2016). Therefore, Marshall (2011) suggested simple definition of leadership, leadership is the discipline and art of guiding, directing, motivating, and inspiring a group or organization toward the achievement of common goals. It includes the management of people, information, and resources. It requires commitment, communication, creativity, and credibility. It demands the wise using of power. Leaders "are people who have a clear idea of what they want to achieve and why". They are usually identified by a title or position and they are often associated with a particular organization. Leaders are the resource for confidence, assurance, and guidance. "We look to them when we don't know what to do, or when we can't be bothered to work things out for ourselves" (Doyle & Smith, 2009).

So, the researcher sees that no one can teach you how to be a leader; neither this research nor your university. But you can prepare yourself and you can learn to be a leader. Others can support you like family, manager, supervisor, head nurse or someone who inspires you to be the leader.

2.2.3 Leadership Nursing:

Leadership is a natural and important element of the nursing profession as the bulk of nurse practice is in units or work groups. Effective nursing leadership has been positively linked to nurses, patients and organization outcomes (Alyami, 2013). So, professional nurses can't think of themselves alone as "just nurses." Nurses are increasingly expected to provide leadership, whether they hold staff positions or they are vice presidents, nurse practitioners, or nurse educators. Therefore, it is important for all professional nurses to be self-confident, have a high degree of self-esteem, and be visionary. The individuals with these strengths will be able to exert leadership in making decisions, facilitating partnerships with patients and other healthcare workers, accomplishing goals, and reaching stated visions (Grossman & Valiga, 2005).

Leadership nurse is the ability to guide others, whether they are colleagues, peers, clients, or patients, toward desired outcomes. A leader uses good judgment, wise decision making, knowledge, intuitive wisdom, and compassionate sensitivity to the human condition, to suffering, pain, illness, anxiety, and grief. A nursing leader is engaged and professional and acts as an advocate for health and dignity (Marshall, 2011).

Nursing leader would mean various aspects of nurse life. It may refer to nurses" communication skills, or their coordination skills with a team of nurses or other health care staffs on duty, under the direction of their nurse leader or it can also apply to their dealings with the patients and their relatives. The successful operation of the shift, staff morale and managing difficulty or challenging situations depends largely on the senior leader's skills or leadership style (Cherian & Karkada, 2017).

Nursing leadership skills focus on clients and healthcare teams such as those advocating for patients, communicating with the healthcare team, patients, and their families; compared to individuals reporting and working with a nurse in a formal leadership position. In fact, the nursing profession is very autonomous where it requires nurses to make decisions and take responsibility for their actions. Nurses are at the first level of decision- making, and granting them independence in this area will help them to form the foundations of leadership in the nursing role (AL-Dossary, 2017).

Therefore, researcher believes that nurse should be continuing to participate successfully healthcare system; nurses will need to persist in finding multiway to use all resources wisely, validate the effects of nursing interventions on clients care and outcomes, and develop new ways to provide high-quality and low cost-effective care. Mechanisms by which these goals can be accomplished include focusing on nurse's health provider to health promotion in all types of care settings, encouraging multidisciplinary collaboration between other health provider, integrating outcome assessment into our daily work as nurses, and "retooling", so that nurses can practice more autonomously and accountably as client's advocates.

Leadership in health care is a fundamental skill that allows healthcare provider navigate every changing healthcare system effectively in solving problems and decisions making related to issues in quality healthcare services and access. Consequently, it is essential that leaders are well equipped and trained to make the appropriate decisions at the perfect time (Al-Dossary, 2017).

2.2.4   Concept of Nursing Supervisor:

NS is increasingly important recognised as a core element of professional support for contemporary nursing and midwifery practice. There is consistent evidence that effective NS impacts positively on the professional development as well as the health and wellbeing of supervisees (Bambling et al, 2006), add to considered to be an important component of comprehensive clinical governance, increased quality care and improvement nursing leadership (Victorian Healthcare Association, 2010). All of that can be led to improved wellbeing of nurses and midwives which is considered vital for recruitment and retention and ultimately a healthy and sustainable workforce. There is also emerging evidence that Clinical Supervision of health-care staff impacts positively on outcomes for service-users (White & Winstanley, 2010).

Distinguishing between clinical supervision and other relationships helps to provide clarity around the meaning of this term. However, the confusion is existed about what NS is and is not, the need for a clear definition is evident. There is no one, universally agreed definition of NS. However, there are some despite some differences between definitions there are many similarities. Most definitions include themes about professional development, support, growth and learning, as well as of personal support. Common concepts of NS include:

NS is a process of professional support and learning in which nurses are assisted to develop their practice through regular time spent in reflective discussion with experienced and knowledgeable colleagues who are adequately trained in providing clinical supervision. This is done by way of a voluntary working alliance between two or more staff members, where the primary intention of the interaction is to enhance the knowledge, skills and attitudes of at least one staff member (State of Victoria, 2018).

Lynch and colleagues (2008) suggest that common concepts of NS include it being a supportive space for the individual nurses to reflect on their professional practice in such a way that growth, development and learning are promoted; that the essential ingredient in the process of establishing NS is the relationship between the supervisor and the supervisee, and it is this relationship that will influence the outcome of SN; and that SN is participated in on a voluntary basis and that all parties involved in supervision need to be fully committed to an open, honest process.

The UK Central Council for Nursing, Midwifery and Health Visiting defined NS as: "A formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations. It is central to the process of learning and to the scope of the expansion of practice and should be seen as a means of encouraging self-assessment and analytical and reflective skills. (UK Central Council for Nursing, Midwifery and Health Visiting, 1995).

2.2.5   Nursing Leadership Style:

There are many leadership styles that go beyond the primary ones. Avolio and Bass (2004) stated that the major leadership constructs, transformational leadership, transactional leadership, and Servant Leadership, form a new paradigm for understanding both the lower and higher order effects of leadership style. This paradigm builds on previous leadership paradigms such as those of autocratic, bureaucratic, democratic, and laissez-faire which have dominated selection, training, development, and research in this field for the past 50 years (Alyami, 2013). Different approaches toward leadership styles are based on different assumptions and theories. The style that leaders use will be based on a combination of their beliefs, values and preferences, as well as the organizational culture and norms, which encourage some leadership styles and discourage others (Marquis & Huston, 2008).

Leadership styles can be generally categorized as focusing on human relationships or task completion. Many nursing leadership style are developed on the basis of research about how people can carry out tasks healthily and efficiently. Many theories in leadership nursing focus on servant leadership; democratic leadership; autocratic leadership; laissez-faire leadership; transactional leadership and transformational leadership. The focus has shifted from the perspective of a single leader to the interaction between those involved in a given task in a wider context as an organization. This means that each stakeholder is fully responsible for his or her share of the task, for the group and/or for the whole organization (Cummingsa et al, 2018).

Several studies have mentioned these leadership styles that can be applied in nursing work, such studies: (Sfantou et al, 2018), (Cummingsa et al, 2018), (Alyami, 2013), (Al-Gamdi, 2012), (Al-Mousa, 2011) and other studies which will be mentioned later.

2.2.5.1 Democratic leadership

Democratic leadership is also called consulted or consensus leadership. People who take this approach involve the employees who will have to implement decisions in making them. The leader actually makes the final decision but only after receiving the input and recommendations of team members (Goetsch & Davis, 2016). So, democratic leader may be defined as "One who shares decision making with other members and it is associated with higher moral in most situations". Democratic leadership is related with higher satisfaction for the follower's higher productivity, participation and commitment. By democratic leadership, member's satisfaction and nominations are found to be greater. A key role for increasing the productivity of leadership is played by participation, in spite of the lengthy debate policy and time-consuming activities are considered to be the most important drawbacks to democratic leadership (Choi, 2007). Therefore, critics of this approach say that the most popular decision is not always the best decision and that democratic leadership, by its nature, can result in the making of popular decisions, as opposed to right decisions. This style can also lead to compromises that ultimately fail to produce the desired result (Goetsch & Davis, 2016). Though, researcher think this leadership style in nursing have some disadvantages as getting everyone's feedback is really time-consuming process. Also, the confident group of members always come ahead and give suggestions whereas apprehensive employees may never get opportunities to provide their feedback.

2.2.5.2 Autocratic Leadership

Autocratic leadership is also called directive or dictatorial leadership. People who take this approach make decisions without consulting the employees who will have to implement them or who will be affected by them. They tell others what do and expect them to comply obediently. Critics of this approach say that although it can work in the short run or in isolated instances, in the long run it is not effective (Goetsch & Davis, 2016).

Researcher believes that the only advantage of this leadership is that it is the most effective during a crisis or emergency when a decision is needed immediately and there is very short time for debate. It is completely a bad idea to use this leadership style in nursing for routine operation as it fails to promote, communication, trust, and teamwork.

2.2.5.3 Laissez-faire leadership:

The laissez-faire leadership style is also known as the "hands-off ¨style. It is one in which the leader provides little or no direction and gives employees as much freedom as possible. All authority or power is given to the employees and they must determine goals, make decisions, and resolve problems on their own (Khan et al, 2015).

The laissez-faire leader provides little or no direction or supervision. Generally, its weak at supporting the mission and vision of the organization, this type of leader doesn't usually solve problem areas or empower others to celebrate their successes or identify areas for improvement. Laissez-faire leaders let things happen rather than make things happen (Pullen, 2016).

The researcher sees this style of leadership in nursing is successful just in the cases where the nurses staff members are highly experience, educated, motivated and they are ready to give their best work for the best results and successfully. Using this with the nurses who don't know how to manage time, who have low experience and new employee can result into negative results and outcome.

2.2.5.4 Transactional Leadership:

Transactional leadership focuses on the interchange that occur between leadership and any employee. These exchanges allow leaders to achieve their performance goals, complete desired tasks, maintain the develop organizational situation, increase motivate employee

through contractual agreement, direct behavior of employees toward achievement of established objective, emphasize extrinsic rewards, prevent unnecessary risks, and focus on better organizational efficiency. In turn, transactional leadership grant employee to achieve their own self-interest, reduce workplace stress, and focus on clear organizational goals such as improve quality, client service, decreased costs, and increased production (Sadeghi & Pihie, 2012). So. It can be transactional leaders help the followers to identify what must be done to accomplish the described results such as better-quality output, more services, and reduce cost of production. Transactional leadership is comprised of three dimensions which are contingent reward, management-by-exception active, and management-by-exception passive (Folakemi et al, 2016).

Therefore, researcher sees transactional leadership style in nursing is the one in which leaders give rewards or punishments to the subordinate nurse according of the way in which they achieve the tasks and procedure. It focuses on the importance of supervision, leadership, organization and performance of the team. It completely relies on the transactions held between the nurses and the leadership because it is based on the fact that both they are motivated by discipline and rewards which develop professional creativity.

2.2.5.5 Transformational Leadership:

A transformational leader has been defined as a leader who motivate employees to perform their full potential over time by influencing a change in perceptions and by providing a sense of direction. Transformational leadership focuses on changing the behaviors of employee and organizations by influencing as opposed to the direct exertion of authority (Alyami, 2013).

Transformational leaders can create significant organizational change and act as change agents, foster higher level of intrinsic motivation, and loyalty among employees, introduce a new image or view of the future and create a commitment to this image among employee (Kinicki & Kreitner, 2008). Transformational leadership is comprised of five dimensions which are idealized influence (attribute and behavior), inspirational motivation, intellectual stimulation, and individualized consideration. Where Idealized influence describes the degree in which leaders are perceived as an inspiring role model. These leaders are admired, respected, and trusted; followers identify and pursue their leaders (Bass et al, 2003). Idealized influence consists of two forms; idealized influence attribute in which

leaders receive trust plus respect, and idealized influence behavior in which leaders exhibit excellent behavior and might sacrifice their own needs to improve the objectives of their workgroup (Moss & Ritossa, 2007). Inspirational motivation describes the degree in which the leader states a vision that is attractive and encouraging to employees. Leaders strengthen employees by viewing the future by optimism, and act in ways that motivate those around them by providing meaning and challenge to their employees " work. Intellectual stimulation explains the degree in which the leaders stimulate their followers" endeavors to be innovative and creative (Limsila & Ogunlana, 2008) and consider old organizational problems with a new perspective. Individualized consideration refers to the degree in which leaders providing support, encouragement, and coaching to employees. The leaders listen carefully to individual needs of employees and may delegate certain responsibilities to help employees in developing grow through personal challenges (Northouse, 2016).

2.2.5.6 Servant Leadership:

Servant leadership begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead…. The difference manifests itself in the care is taken by the servant—first to make sure that other people's highest priority needs are being served (Northouse, 2016).

Servant leadership occurs when an individual influence other by developing relationships and team member skills. Servant leaders' value diverse opinions, cultivate a culture of trust, have excellent listening skills, think long-term, and respond to the needs of individuals and groups with humility (Pullen, 2016).

Servant leadership releases powerful energy and proposes skills that are particularly effective in healthcare disciplines where some degree of altruism is at the heart. It resonates in a special way within the discipline of nursing. It encourages the professional growth of the leader and clinician and promotes positive health outcomes. It facilitates collaboration, teamwork, shared decision making, values, and ethical behavior (Barbuto & Wheeler, 2007).

Eleven characteristics of servant leadership include having a sense of calling, listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, growth, and building community (Marshall, 2011).

Therefore, researcher thinks that gaining any success of the leadership style is the important resource to achieve the success in the organization. because this leader looks after for those who serve the clients and overwork hard to profit positive outcomes, and they pay special attention to their needs and ask the nurses if they want any type of help. All this is cupola for the professional and personal development of the nurse's team and a path towards professional creativity, and as well as they facilitate participate and offer a healthy working environment to the subordinate nursing professionals. A good servant leader is an active listener, aware, persuade others, build community, empathetic and is great at conceptualizing everything. It is a caring style of leadership and is often implied to build trust among the employees.

2.2.6   Senior Nurse:

Nurse is a one who has a completed basic a program, general nursing education and is authorized by the appropriate regulatory authority to practice nursing in country. Basic nursing education is a formally recognized programmed of study given a broad and sound foundation in the life, behavioural and many nursing sciences for general theory and practice for them to a leadership role, and post-basic education for specialty or advanced nursing practice. Nurse is prepared and authorized to share in the general scope of nursing practice, including the health promotion, illness prevention, care of ill patients, and disabled people of all ages and in all health care and other community settings; to carry out health care teaching; to participate fully as a member of the health care team; to supervise and train nursing and health care auxiliaries; and to be involved in research. (ICN, 1987).

The Senior nurse is expert nurse who provides direct patient care services including health assessment, diagnosis, health promotion and preventive interventions and management of health problems in a specialized area of nursing practice. The professional nurse promotes the improvement of nursing care through education, consultation, research, and in the role of change agent in the health care system (Jansen & Stauffacher, 2010).

Nursing can be described as both an art and a science; a heart and a mind. it's at heart, lies a fundamental respect for human dignity and an intuition for a patient's needs. This is supported by the mind, in the form of rigorous core learning. Due to the vast range of specialisms and complex skills in the nursing profession, each nurse will have a specific strength, passions, and expertise (ANA, 2019).

2.2.7 Empowerment:

The environment that encourages, supports, and expects leadership development can be thought of as an empowering environment. Empowerment is a process through which individuals feel strengthened, in control, and in possession of some degree of power. It often is "given" by someone in a position of power or authority (e.g., a nurse manager, NS and HD), but it also can be "taken" by an individual (Grossman & Valiga, 2005).

Empowerment is a feeling of having both the capability and chance to work by effectively. Empowerment is a process or strategy the goal of which is to develop the nature and allocation of power in a particular context. It is a group activity that raises political and social consciousness, is based on the autonomy, and is accomplished with keep going of assessment and action. Nursing administration seek to empower leader nurses; nurses attempt to empower clients to seek and improve healthy lifestyles. Likewise, nursing managers and supervisor take actions to empower nurses to achieve effective, rewarding, competent practice (Jones, 2007).

Nurses are empowered when a shared governance model is in place. In this environment, nurses set their own schedule, formulate their own goals for their unit or agency, set their own standards of excellence, participate actively in peer review, and support one another. The structure is more open and interactive than limiting and hierarchical, and the success or failure of the group is the responsibility of all members, not only the nurse manager or supervisor. Such a model requires that nurses are adequately prepared to assume such responsibility and that there is a mix of skills and experiences in the group to implement the model most effectively (Grossman & Valiga, 2005).

Through the above, the researcher believes that the development of health institutions will only be through improving leadership styles, from traditional style (Democratic, Autocratic, Laissez-faire) to modern leadership styles (Transactional, Transformational, Servant). Therefore, the management development becomes present in all nursing staff, and appears some nurses with a leadership character that needs managers support and leadership empowerment. the change in leadership style and empowerment for senior nurse appears results in health care provided to clients, and through the reputation of health institutions.

24

2.2.8 Type and Classification of Empowerment:

Many researchers have pointed out that there are several types of employee's empowerment in the working environment, which are included as the following:

Both Dewettinck (2007) and Samad (2007) have agreed that there are two types of empowerment:

– **Empowerment at the level of the organizational structure**: which focuses on management organizational practices aimed at empowering employees at the lower organizational levels, like delegating authority to the lowest levels and providing access to information and resources to the lowest level and giving them the freedom to act in solving the problems which they face. Creating factors and dimensions that encourage the empowerment of their members and enable them to accomplish the right action in the right situation.

– **Empowerment at the level of the individual:** focuses on the perception or psychological dimensions of the workers, and consists of four elements, first is the **meaning**, and is intended to value the mission or purpose and its relationship with the principles that the individual values and believes. The second element refers to **competence**, the degree to which an individual skillfully accomplishes his task. The third element is **impact** and is intended to the degree to which the individual views the behavior that makes a clear disparity in achieving the objectives of the task. The fourth element is **freedom of choice**, which includes the reason for the individual's responsibility towards his actions.

As for Bjertnaes (2007) divided the empowerment process into three types:

– **Apparent empowerment:** refers to the ability of the individual to express his opinion and clarify the point of view in the work and activities carried out, and participation in decision-making is the core component of the process of apparent empowerment.

– **Behavioral Empowerment:** refers to the ability of an individual to work in a group to solve problems, to define and identify them, as well as to collect data on work problems and proposals to solve them, and then teach the individual new skills that can be used in the performance of work.

- **Empowering work related to results**: This includes the ability of an individual to identify and solve the causes of problems, as well as the ability to improve and change the way business performs in a manner that increases the effectiveness of the organization (Latif, 2010).

    Karakoc, (2009) with Spritzer (2007) agrees that there are two types of empowerment in the work environment:

- **Communicative Empowerment:** It means the participation of the higher levels in the organizational structure of the lower levels of the authority, clarifying the vision, defining the lines of communication, explaining the objectives and plans needed, providing them with information, and the sources of needs to accomplish their work, then leaving them the opportunity to take decisions and actions related to the processes of change and development.

- **Catalytic Empowerment** focuses on the attitude of employees towards empowerment, which is reflected in the efficiency and confidence in the ability to perform tasks and a sense of the ability to influence the work and freedom of choice in how to perform tasks and sense of work and accept the risks, and allow the mistakes of workers.

Other type of empowerments has assumed special importance (**leadership empowerment**). Where Both Ramthey (2018) and Klerka & Standerb (2014) refer the six dimensions of leadership empowering as following:

Delegation of authority where empowering leaders share information and knowledge with their followers to enable them to fully contribute and make quality decisions that are valuable to the organization (Hakimi et al 2010). **Accountability for outcomes** focuses on leaders redistributing power and giving new responsibilities to followers, holding them accountable for outcomes. **Self-directed decision-making** is described as allowing and involving subordinates to participate in problem solving processes and enabling them to feel more empowered (Van Dierendonck and Dijkstra, 2012). With **information sharing**, managers share information with employees and employees also share information with one another. Furthermore, leaders play a vital role in **skills development and coaching for innovative performance** where they create opportunities for training and enhancing skills of subordinates (Klerka & Standerb, 2014).

Based on the above, the researcher believes that there are different designations for the types of empowerment, but it is noticeable in the presented types by the previous studies that they do not in any way deviate from the two main types: administrative (external) and psychological (internal), and to provide empowerment within these two inputs lead to making sure that the two types complement each other. But with leadership empowerment, this is a paradigm shift in empowerment and leadership.

2.2.9   Leadership Empowerment:

Empowering leadership means sharing power to improve employees' motivation and contribution in their work. It is a process of creating the environment that makes possible to share the power with an employee by outlining the importance of employee's role, giving him decision-making autonomy, showing trust in employee's potential and give them freedom to act and perform according to the current situation (Sonal et al, 2019).

Leadership empowerment is an effective process in directing the energies of individuals to achieve different goals, where this process is influenced by the practices taken by the leaders in their empowerment of their employees, or in the reception and exercise of the dimensions of empowerment and understanding of them. Amundsen and Martinsen (2014) define empowering leadership as motivating an employee intrinsically by sharing power and by providing support for the employee's development. There are many ways for appointed leaders to attempt to influence their followers, and empowering leadership can be seen as a somewhat unique way, because it's at core, the followers are leading themselves, a kind of downward power transfer (Amundsen & Martinsen, 2014).

Leadership Empowerment emphasizes follower's autonomy, participation, and development through the encouragement of self-direction, and thus empowering leaders are willing to share power with followers and support them. Accordingly, empowering leadership will elicit positive psychological reactions and attitudes from employees (Kim & Beehr, 2018). So, empowering leaders behave in ways that foster stimulation and efficacy among employees, add to promote them participate in the work processes, followers may sense more confident and have positive experiences and emotions about their job. Affective commitment especially develops through work experiences such as interactions with supervisors and work team (Özarall, 2015).

So, researcher think the employee development behaviours of empowering leadership include many dimensions like modelling, guiding, and coaching to give employees opportunities to increase their job-related skill, ability, and learning and mastery experiences, thereby promotion professional efficacy that can be provide personality leadership. This sense may be related to raising affective professional creativity.

2.2.10 Dimensions of leadership Empowerment:

The researchers' views on the dimensions of leadership empowerment are differed according to the concept adopted by empowerment, although the Tarawneh (2006) and Hassan (2008) agreed that the empowerment practices in any organization are determined by the following dimensions: task forces, devolution of authority, Motivation, effective communication, training, development of creative behaviour. Aldumur (2009) also confirmed a relationship between organizational factors (organizational structure, leadership style, information flow, the skill and willingness of subordinates to take responsibility) and the degree to which the concept of administrative empowerment is exercised. Melhem (2008) pointed out that empowering leadership gives employees the freedom to act and participate in decision-making, take responsibility, and ownership of the tasks they perform, and is based on mutual trust between the leader and subordinates, and gives subordinates the scope to develop their abilities and knowledge, with transparency, and flowered free of information, communication processes between different administrative levels.

Arnold et al. (2000) A-spoke about empowering leadership that features have 5 dimensions: coaching, informing, leading by example, showing concern/interacting, and participative decision-making. According to Ahearne et al.'s (2005) conceptualization, empowering leadership involves enhancing the meaningfulness of work, fostering participation in decision making, expressing confidence in high performance, and providing autonomy from bureaucratic constraints.

Similarly, Pearce and Sims (2002) stated the representative behaviours of empowering leadership as: encouraging independent action, opportunity thinking, teamwork, self-development, self-reward, and using participative goal setting. It can be followed from their conceptualizations that empowering leadership emphasizes the developing subordinate self-management or self-leadership skills.

Konczak et al (2000) identified the six dimensions of leaders empowering behaviour. Delegation of authority in which empowered leaders share information and knowledge with their employees to facilitate them to contribute their valuable suggestion and make quality decisions that are beneficial for the organization. Accountability for outcomes in which leaders concentrate on reallocating the power and giving new responsibilities to followers and make them accountable for outcomes (Hakimi et al, 2010). Self-directed decision-making is explained as permitting and connecting subordinates to involve themselves in problem solving processes and realizing them to feel more empowered. With information sharing, managers share information with subordinates and subordinates also share information with one another. Apart from this, leaders play an important role in developing the skills and coaching for innovative performance where they create opportunities for training and enhance their skills of assistants (Pearce & Sims, 2002).

Through the opinions of researchers about the dimensions of leadership empowerment, the researcher drew a set of dimensions agreed upon by most of the studies, through leadership empowerment which can be applied and practiced in health institutions in general, and the nursing body in particular, as following: (Provide Independence, Effective Participation, Professional Development, Leadership Values, Cooperative Work, Effective communication, Supporting Environment).

2.2.11 Professional Creativity:

Considering today's health organizations are facing a dynamic environment which are characterized by rapid technological change, and the link between health and technological development and globalization. So, creativity becomes an important and essential factor in the success and increase competitive advantage of health organizations. Today, almost all organizations, especially that institutions provide non-stop services, need to be more creative than before to increase quality (Özarall, 2015). Creativity is a serious skill for solve problem and produce new ideas. Nursing is a profession that often-facing unexpected situations and include taking care of clients with different backgrounds and health status, therefore nurses need to go beyond routine nursing and acquire creative to make useful decisions (Chan, 2012).

At the heart of organizational management and leadership lie creativity professional. Creativity in any organizations is a process by which new and multi-ideas that make professing and developed work. It is the ability to generate novel useful ideas and solutions to everyday problems and challenges and employees are the ones who generate, encourage, discuss, and realize these ideas (Khalili et al, 2015). The growing importance of creativity as a driver of innovation and organizational success forces organizations to create a work environment which supports creative. Promoting creativity, however, is a key to challenge that organizations are facing it specially health organization (Gumusluoglu & Ilsev, 2009).

2.2.12 Creativity Defined

Creativity has many definitions, and viewpoints vary whether creative people are born or made. In modern organizations, creativity can be viewed as an approach to problem solving and decision making that is imaginative, original, and innovative (Goetsch & Stanley, 2016).

The researchers differed in the definition of creativity in terms of its components, but all agreed on its effects on the development of institutions and their success and excellence. Al-Qahtani (2002) defined it in terms of the employee's creativity in his work as: "The employee's use of his creative personal skills in finding new management methods that will lead him to innovative solutions to an administrative or technical problem facing to get the work done, or new perceptions to address those problems based on Logical analysis, testing, experimentation and calendar. Spritzer (1995) deals with the creation of something new or different, a change-oriented behavior that involves finding new products, new services, new ideas, new procedures or a new process.

Creativity is the thinking work or action involved in bringing something new it's a key to growth of both health care and nursing. Leaders who wish to foster creative thinking and changing must recognize the importance of all the facets of creativity. They must understand their own and others' creative abilities (Farmer& Tierney, 2007). In order for the nurses to be creative, it is necessary that the organization provide a supportive process and environment. Reasons why people are motivated to be creative: need to novel, varied, and complex stimulation, need to communicate ideas and values, and need to solve problems (Saleh et al, 2013). Everyone has substantial creative ability, creativity has too often been suppressed through education, but it is still there and can be reawakened. Often, all that's needed to be creative to make a commitment to creativity and to take the time for it, (Carson et al., 2005).

So, the researcher believes that creativity is defined by the achievement of work, and excellence from others in ideas and implementation, moreover creativity goes beyond that by inspiring others to creativity and motivate them towards excellence.

2.2.13 Dimensions of Professional Creativity:

There is some dimension's interest of the organizations' in the creativity process, where the creative behavior of employees is shown in the performance of their work and ways of solving the problems of work and applying its procedures, so there are creative capabilities that distinguish the creative employee with a distinguished leadership behavior from other employees. Many studies, such as al-Ahmad (2008), Al-Salem (2005), have agreed on the dimensions of creative behavior: (exploring opportunities, generating ideas, verification, challenging, pursuing).

Abu Namous study (2016) finds that creative behavior is the ability to solve problems in a creative way, the capacity of communication, the ability to face and take risks, encouragement and moral support for creativity. While the study of Ramthi (2018) emphasized that creativity is represented in the following dimensions (Authenticity, fluency, cognitive resilience, insistence on meeting challenges and taking risks, ability to analyze, structure and evaluation, use of scientific methodology of thinking and problem solving, encouraging creativity, ability on persuasion, the ability to make decisions effectively, the desire for change.

2.2.14 Leadership Empowerment and Professional Creativity:

Effective leadership plays a major role in the growth of Institutions and has, been the subject of need more research. because now dynamic business environment is characterized by rivalry, rapid technological development and need quality demands, classic leadership have become inadequate in new settings and the emphasis on leadership has shifted from an assertion to control leadership as a source of motivation and employee development (Yukl, 2010).

Therefore, creativity become an important factor in the success and competitive of today's organizations which function in a fast-changing dynamic environment. So, creativity in organizations is defined as generating new, useful and valuable ideas for the products, processes, services and procedures by individuals and groups (Martins & Terblanche,

2003). Organizational creativity is the formation of a valuable and useful new product, service, idea, procedure or process by employees collaborating in a complex social system (Woodman, Sawyer & Griffin, 1993).

A wide range of factors has been found to stimulate creativity at the individual level and innovation at the organizational level. research identifies analytic summaries such factors on the individual level as employees' creative thinking capacity, technical knowledge and expertise, personality, motives, and the intellectual capabilities (Özarall, 2015). The group level factors include task structure, task autonomy, and communication types. Organization level determinants to stimulate creativity are such as organizational culture and climate, management support, strategy, a creativity-stimulating work environment, HRM practices, organizational structure, leadership practices and available resources (Shipton, et al., 2006).

The link between leadership style and creativity has been relatively established well in the literature. For example, study by Özarall (2015) encourages managers to stimulate their followers' creative performance by showing empowering behaviors. They should also make sure that their employees get involved in activities that they believe to be within their power. A valued cause or meaningful projects along with enhanced feelings of competence, autonomy and impact seem to contribute to employees' creative performance. Thus, empowering leadership and treating empowerment from the perspective of employees should be the subject of management training and development in Turkey to improve the innovation performance of the organizations.

Amabile et al., (2004) argued that non-controlling and supportive supervisors created a work environment that promoted creativity. Recent years have seen increased attention being given to transformational leadership, creativity and innovation behavior. Jung et al., (2003) have concluded that transformational leaders who articulate an appealing vision, show high expectations and confidence in followers' capabilities, and stimulate their intellect would enhance employee creativity and innovation. Other studies, however, have produced contrary results (Kahai, Sosik, & Avolio, 2003). Among the diverse leader behaviors, empowering leader behaviors have assumed special importance, consistent with the trend toward providing follower self-management and increased autonomy (Bennis & Townsend, 1997).

Empowering leadership refers to the set of leader behaviors that entails sharing power or designates more responsibility and autonomy to his/her subordinates which, in turn, raises the level of subordinates' intrinsic motivation. According to Ahearne et al (2005) conceptualization, empowering leadership involves enhancing the meaningfulness of work, fostering participation in decision making, expressing confidence in high performance, and providing autonomy from bureaucratic constraints .

Although empowering leadership seems to be relevant in enhancing employee's creativity, only a few studies investigate this relationship empirically. The present field study proposes a positive relationship between empowering leadership and nursing creativity primarily due to the creativity-enhancing behaviors displayed by this type of leadership.

Chapter Three

Methodology

This chapter presents the method of the study to answer the research questions. In this chapter different items were explained: study design, such as study population, sample size and sampling method, setting of the study, period of the study, inclusion and exclusion criteria, study tools, pilot study, validity and reliability, data collection, data management and analysis, ethical consideration, and limitation of the study.

3.1 Study design

This study utilized descriptive, analytical, cross-sectional design. This design is appropriate for describing the status of phenomena or for describing relationships among phenomena and involves the collection of data once the phenomena under study are captured during a single period of data collection (Polit and Beck, 2012).

3.2 Setting of the study

This study conducted at major governmental hospitals in GS. The researcher purposively selected major hospital from each governorate, the selected hospitals: European Gaza hospital, Nasser medical complex, Shohadaa Al-Aqsa hospital, Al-Shifa medical complex, Indonesian hospital and Nasr pediatric complex. Each hospital has more than 101 beds is considering a major hospital (Annex 2) (MOH,2019).

3.3 Study population

This study population consisted from both the SN and NS working at the selected governmental hospitals:

− The first target population are SN who are working at the selected governmental hospitals, the total number of nurses working in these governmental hospitals is about 1612 professional nurses according to the records of General Administration of Nursing, 2019.

− The second target population are NS whom are working at the selected governmental hospitals in Gaza governorates. The NS includes NS & HN. The total number of NS in these hospitals is 225 (97 NS and 128 HN) according to the records of General Administration of Nursing 2019.

3.4 Sample size and sampling method

For SN: The total number of SN in the selected hospitals (target population) was 1612 professional nurses. The researcher used www.raosoft.com.to calculated the sample senior nurse of the study population; thus, the sample size (356) SN at 93.5% confidence level. http://www.raosoft.com/samplesize.html

For NS: The researcher selected all NS in the target population for NS group (Census sample, all target population). The total number of NS in the selected hospitals was (225). NS divided into: (97) NS and (128) HN.

The researcher used the census survey method with NS to collect data from all part of study population, and used the stratified sampling method with SN.

For selecting SN, researcher used stratified sampling method with the following:

− The researcher obtained the number of nurses of each selected governmental hospital.
− The researcher refers to the HN and NS to determine the nursing leader in each department.

3.5 Period of the study

The study conducted at the mid of year 2019. After obtaining approval for the study proposal from the college of professional Health, an administrative letter sent to the General Directorate of Human Resource Development at MOH in Oct. 2019 to offer facilitation for conducting the study in MOH hospitals. Data collected started from first − Oct to first. Nov 2019. Data analysis and discussion is finished at first Nov, to first Des. 2019. The study took approximately 9 months in total from its beginning.

3.6 Eligibility Criteria

3.6.1 Inclusion Criteria:

− **For NS**: All NS and HN who were working at the selected governmental hospitals in Gaza governorates.
− **For senior nurse:**
  − Formally Nurse.

- Have more than one nurse every shift.
- Work in department more than one year.

3.6.2 Exclusion Criteria:

- Nurses working at the selected governmental hospitals who were not formally employed (volunteers, internship or on job creation program).
- Nursing working in evening & night shift by one nurse.
- Nurses work in department less than one years.

3.7 Ethical and Administrative Considerations

The researcher maintained all ethical and administrative requirements to conduct this study. An academic approval obtained from college of health professions at Al-Quds University (Annex 4), and Human resources development directorate generally in the MOH (Annex 5). Other ethical approval obtained from Helsinki committee to carry out the study (Annex 6). Additionally, an administrative approval obtained from Research Ethics Committee Approval Latte (Annex 7).

Every participant is provided with full explanatory form to attach the questionnaire. This form includes the purpose of the study, assurance about the confidentiality of their information, and instruction to respond the questionnaire. In additional, it included statement indicating to their participation is voluntary.

3.8 Study Tools

The researcher developed the questionnaire, it was initially designed based on the extensive literature review of previous studies, then two questionnaires were developed and validate by experts .

The questionnaire was provided with a covering letter explaining the purpose of the study, the way of responding, the aim of the research and the security of the information in order to encourage a high response. In (annex 10 and 11) there exist a copy of the questionnaire in both Arabic and English languages.

The questionnaire included Likert scales questions which are used widely in the questionnaire. The variety in these questions aims to meet the research objectives, and to collect all the necessary data that can support the discussion, results and recommendations in the research. The questionnaire self-developed was designed in the Arabic language and consisted of close-ended questions. The questionnaires change in simple language, avoiding duplication and parallel questions.

3.8.1 Senior nurse's questionnaire

First questionnaire investigated the two themes from the perspective of Senior nurse's (Leadership Empowerment and Professional Creativity). It also included socio-demographic data including: sex, age, marital status, place of residency, academic qualification and place of the study. Organizational data included place of work, nursing experience, having job description and other variables (Annex 11& 12).

−**Questionnaire of leadership empowerment contain multi-domains**:

    1. Provide independence (6 items) (1-6)

    2. Effective participation (7 items) (7-13).

    3. Leadership values (6 items) (14-19)

    4. Training and Professional development (7 items) (20-26).

    5. Supporting environment (5 items) (27-31).

    6. Cooperative work (5 items) (32-36)

    7. Effective communication (5 items) (37-41).

−**Questionnaire of professional creativity contain multi-domains:**

    1. Problem solving (6 items) (1-6)

    2. Confront of challenges & risks (6) (7-12)

    3. Cognitive flexibility (7) (13-19)

    4. Analysis & evaluation (5) (20-24)

    5. Change & development (5) (25-29)

    6. Decision making (6) (30-35).

    7. Persuasion & creativity (8) (36-43)

3.8.2 Nurse Supervisor questionnaire

The second questionnaire for NS was investigated by leadership empowerment and professional creativity of the SN from point of view of NS. It also contained socio-demographic data including: sex, age, marital status, place of residency, academic qualifications and place of study. Organizational data which includes: place of work, job title and years of experiences in nursing and supervisory variables including: numbers of nurses, years of experience in supervision, receiving training courses in supervision, having job description for their supervisory work, receiving incentives and level of satisfaction about their supervisory work (Annex 11 & 12).

- **Questionnaire of leadership empowerment contain multi-domains:**

    1. Provide independence (6 items) (1-6).

    2. Effective participation (7 items) (7-13).

    3. Leadership values (6 items) (14-19).

    4. Training and Professional development (8 items) (20-27).

    5. Supporting environment (5 items) (28-32).

    6. Cooperative work (5 items) (33-37).

    7. Effective communication (5 items) (38-42).

- **Questionnaire of professional creativity contain multi-domains:**

    1. Problem solving (6 items) (1-6).

    2. Confront of challenges & risks (6) (7-12).

    3. Cognitive flexibility (7) (13-19).

    4. Analysis & evaluation (5) (20-24).

    5. Change & development (5) (25-29).

    6. Decision making (6) (30-35).

    7. Persuasion & creativity (8) (36-44)

The headings of the dimensions were removed from the questionnaire during the collection of the sample, to ensure the credibility of the answer, and to avoid bias to some dimensions from the other.

The researchers have used a questionnaire to measure the responses of questionnaire's items as in the following, where 1 represented "the lowest scale" and 5 represented "the highest scale", as the case might be.

Response	Very low	Low	Moderate	High	Very high
Degree	1	2	3	4	5
Mean	1-<1.80	1.81-<2.60	2.61-<3.40	3.41-<4.20	4.21-5
RII%	20-<36%	37-<52%	53-<68%	69-<84%	85-100%

3.9 Reliability of study instruments

Reliability of an instrument is the degree of consistency with it measures to the attributes which is supposed to be measuring. The test is repeated to the same sample of people on two occasions and then compares the scores are obtained by computing a reliability coefficient. For the most purposes reliability coefficients above 0.7 are considered to be satisfactory. In order to measure the Reliability of the questionnaire, the researcher used Cronbach's coefficient alpha through the SPSS 24 software.

https://www.statisticssolutions.com/reliability-and-validity

- **Cronbach's Coefficient Alpha**

The normal range of Cronbach's coefficient alpha (Cα) value is between 0.0 and +1 and the higher value reflects a higher degree of internal consistency (Garson, 2013).

- **For Senior nurse's questionnaire:**

  – Questionnaire of leadership empowerment Cronbach's Alpha equation was used to compute the reliability coefficient, it was 0.976. It is considered as excellent reliability coefficient.

– Questionnaire of professional creativity Cronbach's Alpha equation was used to compute the reliability coefficient, it was 0.973. It is considered as excellent reliability coefficient.

Table (3.1) shows the reliability estimated of the derived factors for the Senior nurse's questionnaire.

Table (3.1): Reliability for Senior Nurse's Instrument

No.	Domains	No of items	Cronbach Alpha
leadership empowerment			
1.	Provide independence.	5	0.887
2.	Effective participation	6	0.891
3.	Leadership values.	9	0.896
4.	Training and Professional development.	8	0.894
5.	Supporting environment.	6	0.921
6.	Cooperative work.	6	0.918
7.	Effective communication.	6	0.917
All domains		**46**	**0.976**
Professional creativity			
1.	Problem solving.	7	0.902
2.	Confront of challenges & risks.	7	0.834
3.	3. Cognitive flexibility.	7	0.866
4.	4. Analysis & evaluation.	4	0.812
5.	5. Change & development.	5	0.724
6.	6. Decision making.	5	0.836
7.	7. Persuasion & creativity.	8	0.935
All domains		**43**	**0.973**

– **For NS questionnaire:**
  – Questionnaire of leadership empowerment Cronbach's Alpha equation was used to compute the reliability coefficient, it was 0.954. It is considered as excellent reliability coefficient.

– Questionnaire of professional creativity Cronbach's Alpha equation was used to compute the reliability coefficient, it was 0.977. It is considered as excellent reliability coefficient.

Table (3.2) shows the reliability estimated of the derived factors for NS questionnaire.

Table (3.2): Reliability for NS Instrument

No.	Domains	No of items	Cronbach Alpha
leadership empowerment			
1.	Provide independence.	6	0.823
2.	Effective participation	6	0.813
3.	Leadership values.	7	0.858
4.	Training and Professional development.	8	0.885
5.	Supporting environment.	5	0.889
6.	Cooperative work.	5	0.846
7.	Effective communication.	5	0.851
All domains		**42**	**0.954**
Professional creativity			
1.	Problem solving.	7	0.846
2.	Confront of challenges & risks.	6	0.881
3.	3. Cognitive flexibility.	7	0.911
4.	4. Analysis & evaluation.	5	0.911
5.	5. Change & development.	5	0.857
6.	6. Decision making.	6	0.904
7.	7. Persuasion & creativity.	8	0.933
All domains		**44**	**0.977**

3.10 Validity of study instruments

3.10.1 Face Validity

To increase the response rate, it is important to maintain good face validity for the questionnaire. The researcher constructed the questionnaire in an appealing design. And researcher asked the participants in the pilot study about their opinions regarding the structure, shape, clarity and format.

3.10.2 Content Validity:

The two constructed questionnaires sent to 11 experts (Annex 9) to validate the questions and its relation to the domains that reflect the study. Many useful and important modifications and comments were made and taken into consideration for the questionnaire.

3.10.3 Validity of the first questionnaire related to SN

Internal consistency of the questionnaire was measured by the scouting sample (the sample of pilot study), which consisted of 30 questionnaires. It was done by measuring the correlation coefficients (Pearson test) between each item in one field and the whole field (Garson, 2013).

Correlation coefficient and p-value for each item shows in (Annex 12 & 13). Table (3.3) below shows the correlation coefficient and p-value for each domain. As shown in this tables the P-values are less than 0.05, so the correlation coefficients of each domains are significant at $\alpha= 0.05$. Thus, it can be said that the domains of each item are consistent and valid to be measured what it was set for.

Table (3.3): correlation coefficient for domains of leadership empowerment & professional creativity to SN

No.	Domain	correlation coefficient	P-value
	leadership empowerment		
1.	Provide independence	0.813	0.000*
2.	Effective participation	0.800	0.000*
3.	Leadership values	0.916	0.000*
4.	Professional development	0.890	0.000*
5.	Supporting environment	0.894	0.000*
6.	Cooperative work	0.903	0.000*
7.	Effective communication	0.834	0.000*
	Professional creativity		
1.	Problem solving	0.802	0.000*
2.	Confront of challenges & risks	0.862	0.000*
3.	Cognitive flexibility	0.852	0.000*
4.	Analysis & evaluation	0.754	0.000*
5.	Change & development	0.705	0.000*
6.	Decision making	0.813	0.000*
7.	Persuasion & creativity	0.862	0.000*

3.10.4 Validity of the second questionnaire related to NS

Correlation coefficient and p-value for each item shows in (Annex 14 & 15). Table (3.4) below shows the correlation coefficient and p-value for each domain. As shown in this tables the P-values are less than 0.05, so the correlation coefficients of each domains are significant at α= 0.05. Thus, it can be said that the domains of each item are consistent and valid to be measured what it was set for.

Table (3.4): correlation coefficient for domains of leadership empowerment & professional creativity to NS

No.	Domain	correlation coefficient	P-value
leadership empowerment			
1.	Provide independence	0.784	0.000*
2.	Effective participation	0.845	0.000*
3.	Leadership values	0.783	0.000*
4.	Professional development	0.790	0.000*
5.	Supporting environment	0.673	0.000*
6.	Cooperative work	0.800	0.000*
7.	Effective communication	0.766	0.000*
Professional creativity			
1.	Problem solving	0.871	0.000*
2.	Confront of challenges & risks	0.876	0.000*
3.	Cognitive flexibility	0.888	0.000*
4.	Analysis & evaluation	0.938	0.000*
5.	Change & development	0.870	0.000*
6.	Decision making	0.904	0.000*
7.	Persuasion & creativity	0.908	0.000*

3.11 Pilot study

The researcher performed a pilot study in Indonesian hospital after receiving the approval to perform it from the hospital general directorate. The researcher conducted the pilot study in order to refine the methodology of the larger study by using the same subjects, settings, and methods of data collection and analysis as those used in large study as recommended by (Fitzpatrick and Wallace, 2006) and researcher included pilot study participants from study population. 10 questionnaires for NS and another 20 questionnaires for SN. Cronbach's Alpha equation was used to compute the reliability coefficient for both questionnaires; it was more than 0.90; it is considered as excellent reliability coefficient.

The subjects are asked to determine any ambiguity or misunderstanding in words or sentences to avoid it in the study. Some minor changes and modifications were performed without any effect on the main domains.

3.12 Data Collection

Data are collected by using two self-administer questionnaires; one for NS and the other for the leadership SN in order to explore their perceptions toward the leadership empowerment and professional creativity at governmental hospitals. The researcher distributed the questionnaires to the participants at the working hours in the morning, evening and night work shifts and then receiving them after completion of the questionnaires. The average time for filling the questionnaire about 15 minutes. The covering letter of the two questionnaires outline the title and the purpose of the study and the identity of the researcher.

3.13 Response Rate

Senior nurse's part: the total number of target population was 356 subjects. 333 of them are positively responded with response rate of 93.5%.

NS part: the sample size was 225 subjects. 180 of them are positively responded with response rate of 80.0%. These response rates are considered satisfactory.

3.14 Data Management

3.14.1 Data Entry:

The collected data entered into the computer software "Statistical Package for Social Sciences" SPSS program by the researcher after coding of the questions and then cleaning of the entered data.

3.14.2 Data Analysis:

Analysis of the data was undertaken using IBM SPSS Statistics (Statistical Package for the social Science) Version 22 (IBM). The following quantitative measures were used for the data analysis:

- Reviewing the filled questionnaire.
- Coding the questionnaire
- Data entry model.
- Defining and recoding the continuous variable.

- Data cleaning.

- Frequency tables of all variables.

- Frequencies and Relative frequency

- Measures of central tendency (mean), and measurement of dispersion (standard deviation).

- Relative Important Index (RII)

- Pearson's correlation coefficient "product moment correlation coefficient."

- One sample t test

- Independent sample t test.

- One-way Analysis of Variance (ANOVA).

3.15 Limitation of the study:

- Scarcity of literatures and access to published articles.

- Limited published up-to-date reports especially from the MOH due to political conflict between Gaza and West bank.

- Limited data about nursing activities at governmental hospitals.

- Unstable political situations.

- Continuous electrical current cutting.

Chapter Four

Results and Discussion

This chapter included analysis and discussion of the results that have been collected from field surveys. The researcher used tables and figures to make the results clearer and easier to be understood. In addition, the researcher discussed the results in relation to literature and previous studies.

4.1 Socio-demographic characteristics of study participants:

The following table (4.1) shows the descriptive results of the socio-demographic variables of the totally SN (333) and NS (180), the nurses of working at governmental Hospitals in GS. The demographic characteristics of the sample are shown as following:

Table (4.1): Distribution of study participants by socio-demographic characteristics

No.	Variable	Categories	Senior Nurses N= 333		Nursing Supervisor's N=180	
			Count	%	Count	Percent
1.	Gender	Male	197	59.2	123	68.3
		Female	136	40.8	57	31.7
		Total	**Male: 320 (62%);**		**Female: 193 (38%)**	
2.	Age Group	Up to 30 years old	159	47.7	7	3.9
		31-40 years old	146	43.8	66	36.7
		41-49 years old	13	3.9	47	26.1
		Over 50 years old	15	4.5	60	33.3
		Mean = 32.8 SD= 6.04			Mean = 43.5 SD= 7.35	
3.	Marital status	Not married	60	18	2	1.1
		Married	273	82	178	98.9
4.	Place of Residency	North of Gaza	68	20.4	32	17.8
		Gaza	99	29.7	51	28.3
		Mid-zone	51	15.3	42	23.3
		Khan-Younis	76	22.8	35	19.4
		Rafah	39	11.7	20	11.1
5.	Academic qualification	Nursing Diploma	79	23.7	5	2.8
		Bachelor	236	70.9	112	62.2
		Postgraduate	18	5.4	63	35.0
6.	Place of graduation	Islamic University	167	50.2	110	61.0
		Al Azhar university	22	6.6	0	0.0
		Palestine College of Nursing	114	34.2	70	39.0
		University College of Applied Sciences	30	9.0	0	0.0

Table 4.1 shows the frequencies and percentages for demographic variables of the SN and NS. According to figure (4.1) 62% of participants were male and 38% were female. This percentage distributor to SN and NS, for SN male were 59.2% and female 40.8%, but NS male 68.3% and female 31.7%. These findings were consistent with the findings of Ahmed (2015) and Al Jabaly (2014) which showed the percentage of male was 64 % and 36% for female. This result could refer to changes at MOH towards hiring female nurses. This increase in the proportion of female nursing because of the policy of the MOH to separation female department.
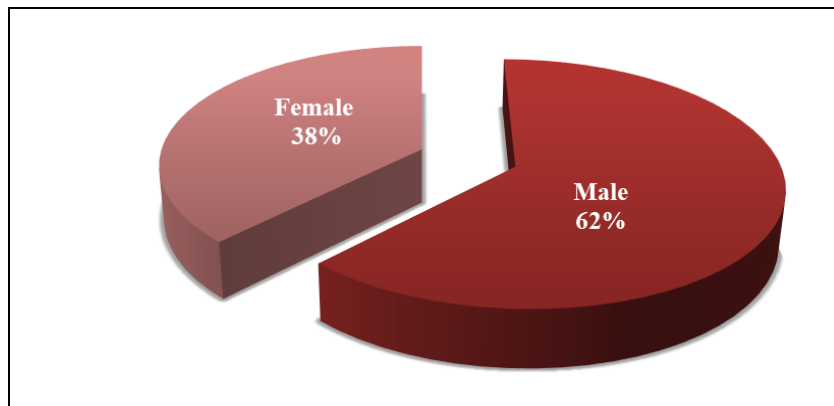
Figure (4.1): Distribution of participant by gender

Regarding Age group, most of the age group up to 30 years about 47.7% in SN, but in NS most of the age group more than 41 years. This percentage is consistent with the finding of Radwan (2012) who assessed factors hindering the implementation of quality improvement at the MOH-Gaza and found that was 64.2% of participants were up to 40 years. Therefore, the age structure represents an opportunity for decision makers for proper investment of those young employees and developing their capacity. On the other hand, the NS could provide to SN with the needed experience as NS often has the accumulated work experiences. About 82% of SN were married and 18% were not- married (single, divorced and widows). and about 98% of NS were married and 2% were not- married. These findings are consistent with the findings of Hamadah (2014) who found similar results.

Regarding academic qualifications of SN, 23.7% were getting at 2 & 3 years' diploma, while 70.9% have bachelor degree. Almost of the senior nurse hadn't postgraduate qualification. according to academic qualifications of NS that most of them from bachelor 62.2%, about 35% have been holding postgraduate. And 2.8% have been holding 3 years' diploma. This result agrees with study of Ahmed (2015) findings which showed that 64.5%

has a bachelor degree; and differs somewhat with Hassan (2011) findings which showed that 43.6% has a bachelor degree. This reflects an increase in the nurses' educational level and the positive attitudes of nurses towards the development of their qualifications and could be explained by the different upgrading programs which are enabled many nurses to hold Granted a bachelor degree.

Regarding place of graduation of SN, 50.2% were graduated from Islamic University, 34.2% were from Palestine College of Nursing, 9% from University College of Applied Sciences and 6.6% from Al Azhar University. While the place of NS about 61% were graduated from Islamic University and the rest were graduated from Palestine College of Nursing as 39%.

4.2   Characteristic of participant:

4.2.1   Characteristic of senior nurses:

Table 4.2 shows that highest participation rate in SN was for Shifa Medical Complex with 37.2%, while Nasser Medical Complex had 24% participation.

Table (4.2): Characteristic of Senior nurses

No.	Variable	Categories	SN = 333	
			Count	%
1.	Hospital	Indonesian Hospital	35	10.5
		Nasser paediatric Hospital	35	10.5
		Al Shifa Medical Complex	124	37.2
		Al Aqsa Martyrs Hospital	24	7.2
		Nasser Medical Complex	80	24.0
		European Gaza Hospital	35	10.5
2.	Experience in Nursing	Less than 10 Years	213	64.0
		11-20 Years	113	33.9
		More than 21 Years	7	2.1
		Mean = 9.65 , SD= 4.61		
3.	Do you work by job description?	Yes	208	62.5
		No	125	37.5
4.	Do you work as Job Description	Yes	192	57.7
		No	141	42.3
5.	Do you work in favorite Department	Yes	257	77.2
		No	76	22.8
6.	Are you know rights of job	Yes	264	79.3
		No	69	20.7
7.	Are you know duty of job	Yes	296	88.9
		No	37	11.1

The high percentage (64%) who had work experience less than 10 years could be explained as a result of the political division in 2007 most expert nurses left out their workplaces and recruited new nurses. These findings are congruent with the results of Ahmed (2015) and Radwan (2012) that showed nearly 50% of study sample had work experience of less than 10 years.

About 62.5% of respondents reported that they had knew job descriptions, 57.7% of them work as this job description. About 79.3% of them know rights of job and 88.9% know duty of nurse's job. These answers made 77.2% of participant reported work in favorite department. This finding agrees with study of Hassan (2011) findings which showed that 66.3% of respondents reported that they had job descriptions and 76.8% of them knew their job benefits package. So, researcher recommend clearly documenting to job description for all new nurses work in MOH in order to decrease the ambiguity ratio among nurses and improve accountability

4.2.2 Characteristic of Nursing Supervisor:

Shows in figure (4.2) participation of heads nurses about 95 nurses by 52.7%, while the participation of clinical supervisors 85 supervisors by 47.2%. Table 4.3 shows that highest participation rate in NS was for Shifa Medical Complex with 36.1%, while Nasser Medical Complex had 17.22%.
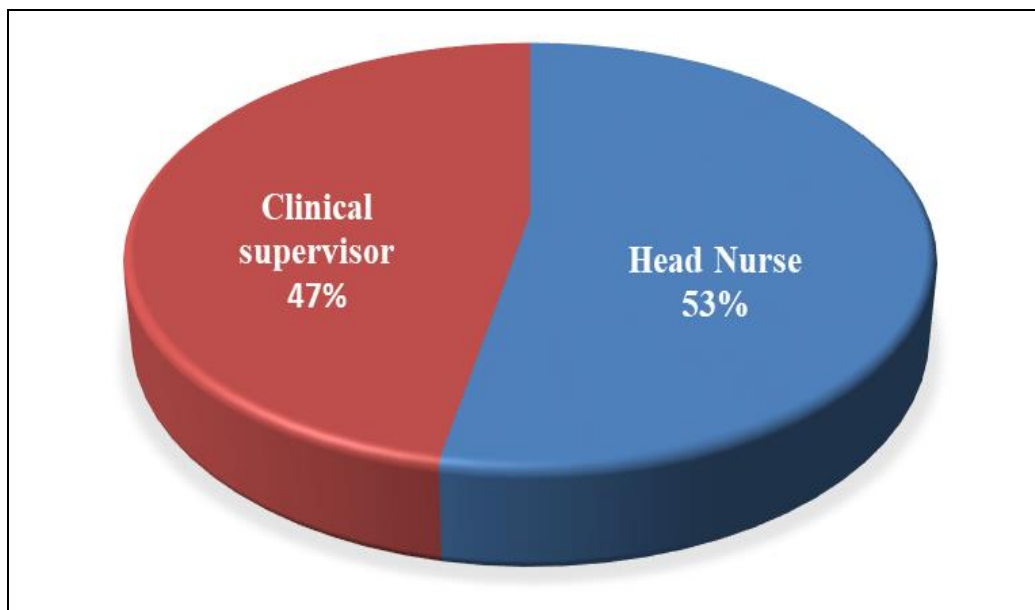
Figure (4.2): Distribution of nursing supervisors by job title

The Ministry of Health has become looking at a high quality of service provided to patients, so it has been working to increase the number of nursing supervisors according to the international protocols, as there was previously one nursing supervisor for every hospital, but now every building has several supervisors.

Regarding total experience in nursing, the mean of nursing experience was 18.4 years. About 52.8% of the supervisors were having experience from 11-20 years and 35.6% of them had experience more than 21 years. but about experience in NS figure (4.3) Appear 43% of the supervisors were having experience from 7-12 years, 37% of them had experience less than 6 years and 20 % of them had experience more than 13 years. This result indicates that the NS had satisfactory years of experience in nursing and this is considered as a strong point in the supervisors' characteristics. Supervisors need to be experts in the field of supervision to be as a good reference for nursing in clinical settings.

Table (4.3): Characteristic of Nursing Supervisor

| No. | Variable | Categories | NS = 180 | |
			Count	%
1.	**Hospital**	Indonesian Hospital	15	8.3
		Nasser paediatric Hospital	17	9.4
		Al Shifa Medical Complex	65	36.1
		Al Aqsa Martyrs Hospital	23	12.7
		Nasser Medical Complex	31	17.2
		European Gaza Hospital	29	16.1
2.	**Experience**	Less than 10 Years	21	11.7
		11-20 Years	95	52.8
		More than 21	64	35.6
		Mean = 18.4 , SD=7.40		
3.	**Have a job description for your work**	Yes	143	79.4
		No	37	20.6
6.	**Receiving training in supervision.**	Yes	142	79
		No	38	21
6.	**Satisfaction about supervisory work**	Satisfied	167	93
		Dont satisfied	13	7

Table 4.3 shows about 79.4% of NS reported they had known job descriptions, and about 79% of the respondents had receive a special training courses in supervision or management. This finding differs with study of Hassan (2011) findings which showed that approximately 77.3% of supervisors at MOH hospital didn't receive training courses. but result differs somewhat with Turban (2007) findings which showed that approximately 40% of supervisors in PHC didn't receive training courses.

After the 2008 war, the Palestinian Ministry of Health established a program to develop its human cadre, clearly focusing on training courses to raise the efficiency of employees.

More than 93% of the supervisors were satisfied about their supervisory work. This positive signal encourages efforts towards increasing the skills and knowledge of the supervisors for further improvement of the NS as they feel satisfied with their work. This result agrees with study by Hassan (2011) finding more than 89% of the supervisors were satisfied about work in NS.
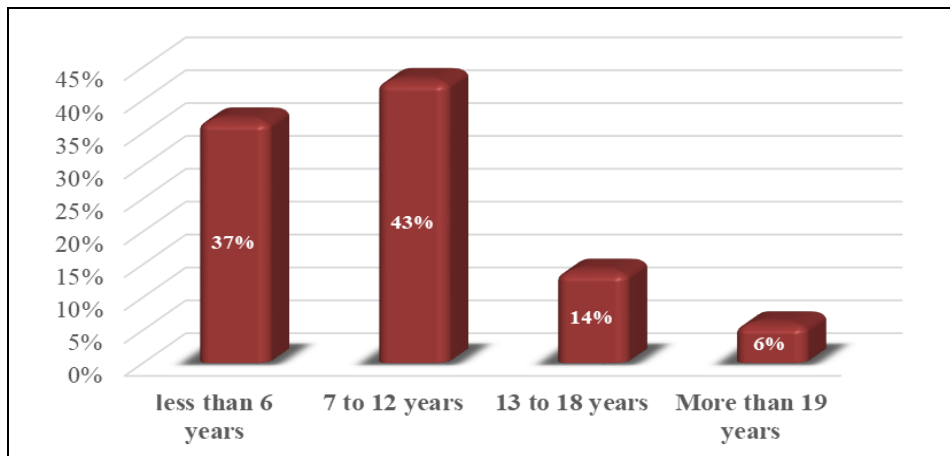
Figure (4.3): Years of experience in supervision

In this study at governmental hospitals, NS included both head nurses and clinical supervisors. The large number of nurses under NS may interfere with the implementation of effective clinical nursing supervision (Figure 4.4). So, we recommend increasing the number of NS to decrease the work load, improve the quality of supervisory work and differentiate between administrative supervisors and clinical supervisors especially in the major hospital like Shifa medical complex and Nasser medical complex. Special during evening and night shifts that all nurses at the hospital are supervised by one supervisor.
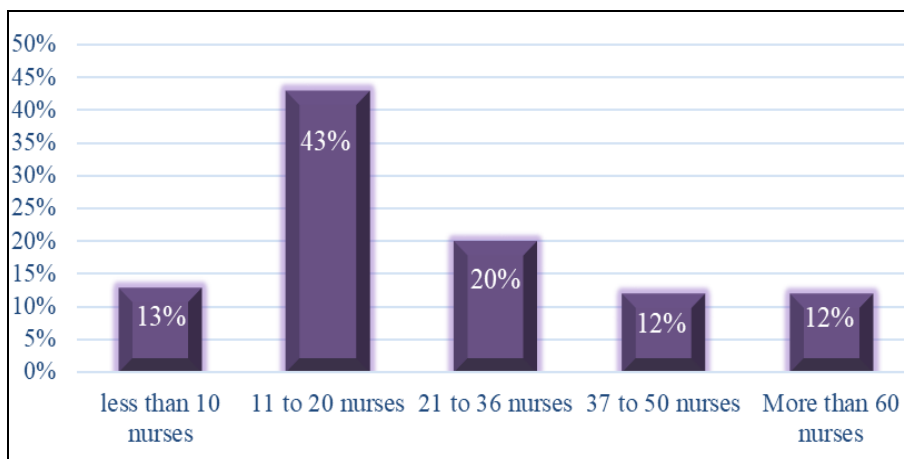
Figure (4.4): Distribution of supervisors by span of control

4.3   Research questions:

4.3.1   What is the level of leadership empowerment from point of view NS؟

Table (4.4) shows the relative weight and rankings of the leadership empowerment dimensions from the supervisors' point of view. The leadership values dimension ranked first with a relative weight of (87.2%), followed by the effective communication dimension (87.1%), while professional development ranked last with a relative weight of (79.4%). Although professional development has ranked last as one of the dimensions of leadership empowerment, it is a highly influential dimension. In general, we conclude that there is a high level of leadership empowerment for SN from point of views NS for nurses working under their supervision.

Table (4.4): The level of leadership empowerment among SN from point of view NS

No.	Dimension	Mean	SD	%	Rank
1.	Provide independence	4.19	0.52	83.7	4
2.	Effective participation	4.08	0.55	81.5	5
3.	Leadership values	4.36	0.50	87.2	1
4.	Professional development	3.97	0.63	79.4	7
5.	Supporting environment	4.06	0.70	81.1	6
6.	Cooperative work	4.21	0.60	84.3	3
7.	Effective communication	4.36	0.57	87.1	2
Total		**4.17**	**0.45**	**83.5 %**	

53

Empowerment is administration strategy that has been shown to be successful in creating positive work environments in health organizations. Therefore, no organization can survive without some employee empowerment, providing training and experience is needed to be effective in each employee's position. The practice of empowering SN is a principal component of administration and organizational effectiveness (Laschinger et al, 2009). Employee empowerment and motivation are positively associated with employees' participation, job satisfaction, organizational commitment and higher productivity. Iqbal et al (2013) emphasized that motivation provides a purpose and direction to the individual behavior and empowerment is concerned with having a role in professionalism (Gabra et al, 2019)

So, researcher thinks that the NS seeks to be empowering for SN by many responsibilities and tasks through which they can develop from their departments and performance in the nursing process in order to increased quality of nursing process, and to reach the best service for patients. Therefore, the relationship between NS and nurse perceptions of leadership empowerment is important for nursing administration that can create to a work environment that encourages and facilitate a high level of commitment among the nursing staff. This is particularly important, especially in the wake of the current challenges facing healthcare systems in relation to the shortages of health professionals, especially among nursing profession.

These results are consistent with findings from other previous studies such as (Trus, 2019); (Rega et al, 2017) and (Asiri et al, 2016). These findings suggest that the nurses may feel high motivated in the work when they perceive that their supervisor gave more empowerment. The empowerment and autonomy were the only statistically significant predictor of commitment, suggesting that nurse supervisor has an authentic commitment to full engagement of the nurses in appropriateness decision-making about patient care processes, patient safety and their working environment.

4.3.1.1 Provide independence

To answer this question, the researcher calculated the descriptive statistics, i.e. Means, Standard Deviations (SD), weighted percentage, and finally ranks were established for each paragraph of dimensions related to leadership empowerment from point of view NS.

Table (4.5): Mean, SD & weighted percentage for the field of provide independence.

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
		N (%)								
1.	Authorize the SN to perform the tasks as required.	0 (0.0)	0 (0.0)	17 (9.4)	83 (46.1)	80 (44.4)	4.35	0.65	87.0	2
2.	Authorize the SN part of my powers according to their ability.	0 (0.0)	5 (2.8)	31 (17.2)	102 (56.7)	42 (23.3)	4.01	0.72	80.1	6
3.	Give SN adequate powers to accomplish tasks better.	0 (0.0)	2 (1.1)	28 (15.6)	86 (47.8)	64 (35.6)	4.18	0.73	83.6	3
4.	Evaluate of the SN continuously in terms of making the right decisions during the work	0 (0.0)	4 (2.2)	31 (17.2)	94 (52.2)	51 (28.3)	4.07	0.74	81.3	5
5.	I am trying to remove the obstacles hindering the SN.	0 (0.0)	4 (2.2)	12 (6.7)	80 (44.4)	84 (46.7)	4.36	0.71	87.1	1
6.	Strengthen the success of SN with more empower & authority.	0 (0.0)	6 (3.3)	15 (8.3)	102 (56.7)	57 (31.7)	4.17	0.71	83.3	4
Total							4.19	0.52	83.7	

Table (4.5) showed that the highest phrases in this dimension 87.1% of NS stated that they are trying to remove the obstacles hindering the SN, 87.0% said that they authorize the SN to perform tasks as required.

After the 2008 war, the Palestinian Ministry of Health established a program to develop its human cadre, clearly focusing on training courses to raise the efficiency of employees. Therefore, granting the SN of independence in the nursing work qualifies them to innovate in work and find solutions in simple matters, addition gives them the participation of the NS in taking part of the responsibility towards the department, work and colleagues. So, the researcher believes that these results reflect the reality of the work of NS at governmental hospitals, and reflect the awareness of NS on the importance of their supervisory work in guiding nurses and hospital nursing management during the evening and night shifts. In addition to their awareness about their job descriptions and pursuit of creativity in their work, this is confirmed by Hassan study (2011).

4.3.1.2 Effective participation

Table (4.6): Mean, SD & weighted percentage for the field of effective participation

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	Involve the SN in developing work plans within the department.	0 (0.0)	2 (1.1)	27 (15.0)	91 (50.6)	60 (33.3)	4.16	0.71	83.2	2
2.	Involve the SN to participate in decision-making related to department management	2 (1.1)	3 (1.7)	22 (12.2)	95 (52.8)	58 (32.2)	4.13	0.77	82.7	3
3.	I listen and take into account the proposals of the SN in the development of work.	0 (0.0)	4 (2.2)	21 (11.7)	87 (48.3)	68 (37.8)	4.22	0.73	84.3	1
4.	I give feedback to the SN on their continuous work performance.	0 (0.0)	8 (4.4)	21 (11.7)	93 (51.7)	58 (32.2)	4.12	0.78	82.3	4
5.	Give SN enough time to discuss their ideas for business development.	0 (0.0)	2 (1.1)	28 (15.6)	99 (55.0)	51 (28.3)	4.11	0.69	82.1	5
6.	I involve the SN in continuing education in the hospital by giving lectures and participating in the workshops.	2 (1.1)	12 (6.7)	50 (27.8)	86 (47.8)	30 (16.7)	3.72	0.86	74.4	6
Total							**4.08**	**0.55**	**81.5**	

These results are associated with the reality of supervisory work, where the NS represents the protective shield of the nursing profession in hospitals, and the active participation of SN and effective training for them on the burden of NS, where the study stressed that supervisors always seek to listen to nurses and guide them to develop work and improve service, in order to share their responsibility.

4.3.1.3 Leadership values

Table (4.7): Mean, SD & weighted percentage for the field of leadership values

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	Development the trust between the nurses	0 (0.0)	0 (0.0)	10 (5.6)	59 (32.8)	111 (61.7)	4.56	0.60	91.2	1
2.	Give the SN an opportunity to take responsibility	0 (0.0)	6 (3.3)	12 (6.7)	83 (46.1)	79 (43.9)	4.31	0.74	86.1	6
3.	Follow the principle of transparency in various work procedures, especially in dealing with the SN	0 (0.0)	2 (1.1)	18 (10.0)	91 (50.6)	69 (38.3)	4.26	0.68	85.2	7
4.	I am trying to be fair in following the trade-off between the SN.	0 (0.0)	3 (1.7)	21 (11.7)	71 (39.4)	85 (47.2)	4.32	0.74	86.4	5
5.	I was impressed by any outstanding work done by the SN	0 (0.0)	4 (2.2)	16 (8.9)	59 (32.8)	101 (56.1)	4.43	0.75	88.6	2
6.	I use the dialog language when I instruct the SN	0 (0.0)	0 (0.0)	18 (10.0)	86 (47.8)	76 (42.2)	4.32	0.65	86.4	4
7.	I use constructive criticism	0 (0.0)	2 (1.1)	9 (5.0)	96 (53.3)	73 (40.6)	4.33	0.63	86.7	3
Total							**4.36**	**0.50**	**87.2**	

Leadership values represent characteristic of successful leadership, so NS, who is confirmed by Hassan (2011) that found NS possess the values of leadership, which makes them grow these values among head nurse by developing confidence between them and nurses, and by showing admiration and constructive criticism of outstanding achievements by the SN.

4.3.1.4 Professional development

Table (4.8): Mean, SD & weighted percentage for the field of professional development

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	Provide a clear plan for developing the professional performance of SN.	2 (1.1)	0 (0.0)	42 (23.3)	86 (47.8)	50 (27.8)	4.01	0.78	80.2	5
2.	Promote the spirit of competition among nurses' team.	2 (1.1)	4 (2.2)	41 (22.8)	78 (43.3)	55 (30.6)	4.00	0.85	80.0	6
3.	Develop opportunities for training and equitable development among SN	0 (0.0)	10 (5.6)	34 (18.9)	72 (40.0)	64 (35.6)	4.06	0.88	81.1	1
4.	I determine training needs for nursing according to field needs	0 (0.0)	2 (1.1)	38 (21.1)	93 (51.7)	14 (26.1)	4.03	0.72	80.6	2
5.	Provide vocational growth opportunities for nurses as adequately	0 (0.0)	8 (4.4)	35 (19.4)	82 (45.6)	55 (30.6)	4.02	0.83	80.4	3
6.	I follow the effectiveness of management plans based on nursing performance and commitment.	2 (1.1)	6 (3.3)	37 (20.6)	77 (42.8)	58 (32.2)	4.02	0.87	80.3	4
7.	I explain developmental lectures periodically for nursing both inside and outside the department.	2 (1.1)	16 (8.9)	54 (30.0)	75 (41.7)	33 (18.3)	3.67	0.91	73.4	8
8.	I am seeking to involve SN in nursing development programs & participation in external courses.	0 (0.0)	9 (5.0)	44 (24.4)	75 (41.7)	52 (28.9)	3.94	0.86	78.9	7
Total							**3.97**	**0.63**	**79.4**	

The NS is considered the high experience nurses in hospital, most familiar with the roles and procedures of nursing, and the teaching transfer of experience to other nurses, whether nurses, students or new nurses have not been exposed to these procedures

Therefore, NS confirmed that they discussed with the nurses how to implement management plans and methods of implementation and promote the spirit of competition among nurses and the involvement of nurses in scientific and professional development programs for the nursing team. This has led to a high level of professional development for nurses, demonstrating collaboration of NS with their staff in raising the level of nursing care.

4.3.1.5 Supporting environment

Table (4.9): Mean, SD & weighted percentage for the field of supporting environment

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	Provide an appropriate environment for the SN	6 (3.3)	2 (1.1)	31 (17.2)	83 (46.1)	58 (32.2)	4.03	0.92	80.6	4
2.	Provide the SN with all work requirements.	6 (3.3)	4 (2.2)	30 (16.7)	88 (48.9)	52 (28.9)	3.98	0.92	79.6	5
3.	Develop a career loyalty for the nurses	0 (0.0)	8 (4.4)	22 (12.2)	94 (52.2)	56 (31.1)	4.10	0.78	82.0	2
4.	I seek to enhance nurses' job satisfaction	0 (0.0)	8 (4.4)	16 (8.9)	103 (57.2)	53 (29.4)	4.12	0.74	82.3	1
5.	Contribute to reduce the pressure of work on the SN.	4 (2.2)	3 (1.7)	23 (12.8)	98 (54.4)	5 2 (28.9)	4.06	0.83	81.2	3
Total							**4.06**	**0.70**	**81.1**	

Table (4.9) showed that 82.3% of NS seeks to enhance the job satisfaction of nurses, while, 82% they develop professional loyalty to nurses, while 81.2% of NS contribute to relieving work pressure on SN, while 80.6 % of NS they provide a suitable environment for SN, and 79.6% said provide the SN with all work requirements

Providing a supportive environment for nurses is one of the most important factors, in creating a successful leader and institution, so NS strive to make the supportive work environment for nurses, the work place that meets the requirements of job satisfaction, professional creativity, and constructive and effective cooperation is a good work place and the people who are in this place are Featured people.

Therefore, the analysis of supporting environment table (4.9) showsthat NS in public hospitals provide a supportive environment for their nurses, which is making nurses with highest degree of job satisfaction and professional creativity.

4.3.1.6 Cooperative work

Table (4.10): Mean, SD & weighted percentage for the field of cooperative work

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
		N (%)								
1.	I support teamwork between hospital nurses.	0 (0.0)	0 (0.0)	26 (14.4)	64 (35.6)	90 (50.0)	4.36	0.72	87.1	2
2.	The SN has been involved with various teams and committees of work according to their abilities.	0 (0.0)	6 (3.3)	41 (22.8)	69 (38.3)	64 (35.6)	4.06	0.85	81.2	5
3.	I seek to make the teams and committees of nursing work integrative.	0 (0.0)	2 (1.1)	39 (21.7)	80 (44.4)	59 (32.8)	4.09	0.76	81.8	4
4.	I Identify tasks and responsibilities of each SN.	0 (0.0)	4 (2.2)	29 (16.1)	81 (45.0)	66 (36.7)	4.16	0.77	83.2	3
5.	I seek to promote collective action in service delivery	0 (0.0)	2 (1.1)	16 (8.9)	70 (38.9)	92 (51.1)	4.40	0.70	88.0	1
Total							**4.21**	**0.60**	**84.3**	

Table (4.10) showed that 88% of NS seek to promote collective action in service delivery, while, 87.1% said support teamwork between hospital nurses, whereas, 83.2% said of NS that they define tasks and responsibilities of each SN, whereas, 81.8% of NS said that they seeking to make the teams and committees of nursing work integrative and finally, about

81.2% of NS said that they involved SN with various teams and committees of work according to their abilities.

Working in the nursing profession requires teamwork as a family. Understanding colleagues about the current or emergency conditions of the nurse helps to feel stable and comfortable at work. In the event of a particular emergency, many colleagues take tasks, cooperation is the basis of work and the basis of psychological stability, and this requires the work and effort of NS.

Therefore, the existence of regulations for work and organization, administrative flexibility and cooperation between nursing and NS at work in addition to the support of NS, contributes greatly to reduce the level of obstacles and various obstacles which are facing the nurses, and are reflected on the productivity and skill of work and change the perception of society and increase awareness of the importance of this area from work (Akel, 2015).

4.3.1.7 Effective communication

Table (4.11): Mean, SD & weighted percentage for the field of effective communication

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	The SN has been informed of the instructions issued for the work on an ongoing basis.	0 (0.0)	0 (0.0)	20 (11.1)	76 (42.2)	84 (46.7)	4.36	0.67	87.1	3
2.	I seek to develop self-monitoring among nurses.	2 (1.1)	2 (1.1)	21 (11.7)	73 (40.6)	82 (45.6)	4.28	0.80	85.7	5
3.	I seek to prevent any appearance of conflict in the work environment.	0 (0.0)	4 (2.2)	20 (11.1)	75 (41.7)	81 (45.0)	4.29	0.75	85.9	4
4.	Provide instructions, procedures and advice for nursing clearly.	0 (0.0)	2 (1.1)	17 (9.4)	67 (37.2)	94 (52.2)	4.41	0.71	88.1	2
5.	The SN was able to communicate with me easily and in several ways.	0 (0.0)	2 (1.1)	11 (6.1)	72 (40.0)	95 (52.8)	4.44	0.66	88.9	1
	Total						**4.36**	**0.57**	**87.1**	

Akel (2015) showes that effective communication is a necessary factor for all professions in general and the nursing profession in particular, because this communication affects the relationship between NS, nurses and patients, especially in shifts and transferring patients from the department to another. In the process of communication shows the role of the nurse in providing advice and guidance, which is an important process in helping patients in dealing with psychological and social pressures. Therefore, this requires the effort of NS in improving communication with nurses.

4.3.2 What is the level of professional creativity of SN from point of view NS؟

Table (4.12): Rank of professional creativity from point of view NS

No.	Dimension	Mean	SD	%	Rank
1.	Problem solving	3.56	0.69	71.1	7
2.	Confront of challenges & risks	3.73	0.78	74.5	3
3.	Cognitive flexibility	3.76	0.72	75.1	2
4.	Analysis & evaluation	3.67	0.82	73.5	5
5.	Change & development	3.65	0.85	72.9	6
6.	Decision making	3.80	0.70	75.9	1
7.	Persuasion & creativity	3.71	0.73	74.2	4
Total		**3.70**	**0.67**	**73.9**	

Table (4.12) shows the relative weight and rankings of the professional creativity dimensions for SN from the NS point of view. Decision making dimension ranked first with a relative weight of (75.9%), are followed by the Cognitive flexibility dimension (75.1%), while problem solving ranked last with a relative weight of (71.7%).

So, nursing managers have been aggressively encouraging to pursue creativity in nursing to improve nursing outcomes. The world of healthcare is changing. So, now health care organizations need creative more than past. Professional creativity are not new concepts to the nursing profession but correlate with nurses. Failure to acknowledge and encourage creativity in nurses may hinder development and innovations in nursing practice and nursing management. Nurses often encounters unexpected situations and involves taking care of patients with different backgrounds and health conditions; hence, they need to go beyond nursing routine and acquire creative thinking to make useful decisions (Chan, 2013). In most health systems, nurses are the main professional component of 'front line'

staff providing up to 80% of health care. As such, they are critically positioned to provide the creative solutions for current and future global health challenges in nursing (Isfahani et al, 2015).

In study by Pesut (2013) showed that nurses' creativity causes increased quality of health care, more cooperation and satisfaction of the team work, and facilitation of clients' healthcare. Achieving increased quality in patient care is important because of the pivotal role of delivering direct care in nursing as well as the growing emphasis on improving hospitals' credibility and clinical status. In addition, client's satisfaction is considered as an indicator of quality health care services.

Other study by Lane (2005) found that creativity gives the nurses feeling of empowerment. Empowerment energizes the people who are closest to the clients and the technology to continuously look for ways to provide increased quality in patient care and to improve processes. The accumulation of ideas, both great and little by many people, will result in better patient care and practical efficiencies. In addition, creative modalities offer to nurses a new perspective to care for patients. The link between creativity and healing is well-documented. Ultimately, fostering the ethics of change, innovation and creativity led to the development of professional nursing practices and advanced patient care.

4.3.2.1 Problem solving

To answer this question, the researcher calculated the descriptive statistics, i.e. Means, SD, weighted percentage, and finally ranks were established for each paragraph of the fields related to professional creativity from point of view NS.

Table (4.13): Mean, SD & weighted percentage for the field of problem solving

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
		N (%)								
1.	SN can solve problems countered by non-traditional solutions.	2 (1.1)	14 (7.8)	74 (41.1)	64 (35.6)	26 (14.4)	3.54	0.87	70.9	3
2.	SN can solve problems encountered by traditional solutions.	2 (1.1)	9 (5.0)	50 (27.8)	77 (42.8)	42 (23.3)	3.82	0.89	76.4	1
3.	SN try to develop plans and procedures to reduce problems at work.	5 (2.8)	22 (12.2)	54 (30.0)	70 (38.9)	29 (16.1)	3.53	0.99	70.7	5
4.	SN expect problems during work before they occur.	9 (5.0)	18 (10.0)	64 (35.6)	61 (33.9)	28 (15.6)	3.45	1.03	69.0	6
5.	SN analyze the causes of the problem accurately.	4 (2.2)	24 (13.3)	75 (41.7)	55 (30.6)	22 (12.2)	3.37	0.94	67.4	7
6.	SN propose innovative solutions to solve work problems in the light of available alternatives	5 (2.8)	20 (11.1)	52 (28.9)	63 (35.0)	40 (22.2)	3.63	1.04	72.6	2
7.	SN form an integrated perception of problems through discussion with colleagues at work	3 (1.7)	17 (9.4)	65 (36.1)	70 (38.9)	25 (13.9)	3.54	0.91	70.8	4
Total							3.56	0.69	71.1	

Therefore, Creativity is a serious skill for solve problem and produce new ideas. Nursing is a profession that often-facing unexpected situations and include taking care of clients with different backgrounds and health status, therefore nurses need to go beyond routine nursing and acquire creative to make useful decisions (Chan, 2012). The nursing profession cannot

afford to pressure work who just perform ''routine work and go off.'' Through the use of problem-solving skill, nursing profession will demonstrate greater independence of mind, intellectual curiosity, courage, empathy, and integrity, at the end of their work (Mangena and Chabeli, 2005).

In general, we conclude that there is a high degree of creativity in problems solving among SN from the point of view of NS, so the researcher believes that nurses have a high degree of leadership qualities skills and experience that makes them creative in solving the problems which they face it with the direct support of NS.

4.3.2.2 Confront of challenges & risks

Table (4.14): Mean, SD & weighted percentage for the field of confront of challenges & risks

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
		N (%)								
1.	SN encourage team members to innovate despite the risks that may be encountered.	5 (2.8)	16 (8.9)	49 (27.2)	78 (43.3)	32 (17.8)	3.64	0.97	72.9	5
2.	SN prefer to work with a team that is risk-taking	6 (4.3)	22 (15.8)	26 (18.7)	57 (41.0)	28 (20.1)	3.57	1.11	71.4	6
3.	SN prefer to work with a team that is in love with achievement	4 (2.2)	11 (6.1)	41 (22.8)	76 (42.2)	48 (26.7)	3.85	0.96	77.0	1
4.	SN take advantage of opportunities to deal with risks with distinction and accuracy	2 (1.1)	15 (8.3)	41 (22.8)	83 (46.1)	39 (21.7)	3.79	0.92	75.8	2
5.	SN apply distinct procedures; however difficult they may be	2 (1.1)	13 (7.2)	58 (32.2)	63 (35.0)	44 (24.4)	3.74	0.95	74.9	4
6.	SN look at the best ways to accomplish tasks if there are many options, not the easiest ones	1 (0.6)	15 (8.3)	49 (27.2)	74 (41.1)	41 (22.8)	3.77	0.91	75.4	3
Total							**3.73**	**0.78**	**74.5**	

Table 4.14, the results showed that the highest phrases in this dimension is third paragraph by 77%, the NS believes that the SN prefer to work with a team that is love to achievement, while, 75.8% of NS said the SN take advantage of opportunities to deal with risks with distinction and accuracy, whereas, 75.4% of NS said that SN look at the best ways to accomplish tasks if there are many options, not the easiest ones. While 74.9% of NS responded that SN applies distinct procedures; however difficult they may be. While 72.9 % of NS responded that SN encourage team members to innovate despite the risks that may be encountered. Finally, the lowest phrases he got this dimension is second paragraph by 71.4%, the NS said that they SN prefer to work with a team that is taking a risk.

We conclude that there is a high degree of confront of challenges & risks among SN from the point of view of NS, Therefore, the researcher believes that the ability of SN to face the challenges and risks is faced by them in the performance of their duty, demonstrates their awareness of the importance of their job, their practical place in their departments, and flexibility in dealing with different people, patients and colleagues.

4.3.2.3 Cognitive flexibility

Table 4.15, the highest paragraphs obtained in this dimension are first paragraph by 78% from NS said SN can work efficiently with different heads. While, 76.1% of NS said SN stimulate their team members to participate in work development programs and improve services. Whereas 75.8% said of NS that SN initiate new ideas at their work. While, the lowest phrases in this dimension is second paragraph by 72.8% the NS said that SN adapt quickly to change in the work environment.

Table (4.15): Mean, SD & weighted percentage for the field of cognitive flexibility

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
						N (%)				
1.	SN can work efficiently with different heads	1 (0.6)	7 (3.9)	41 (22.8)	91 (50.6)	40 (22.2)	3.90	0.81	78.0	1
2.	SN adapt quickly to changes in the work environment	2 (1.1)	11 (6.1)	57 (31.7)	90 (50.0)	20 (11.1)	3.64	0.80	72.8	7
3.	SN deal with crises and work pressures well	5 (2.8)	13 (7.2)	43 (23.9)	87 (48.3)	32 17.8)	3.71	0.94	74.2	5
4.	SN use informal communication channels to complete the work	4 2.2)	19 (10.6)	40 (22.2)	87 (48.3)	30 (16.7)	3.67	0.95	73.3	6
5.	SN ideas and suggestions are conducive to the development and improvement of work.	4 (2.2)	12 (6.7)	42 (23.3)	84 (46.7)	38 (21.1)	3.78	0.93	75.6	4
6.	SN initiate new ideas in their work	3 1.7)	11 (6.1)	47 (26.1)	79 (43.9)	40 (22.2)	3.79	0.92	75.8	3
7.	SN stimulate their team members to participate in work development programs and improve services	2 1.1)	12 (6.7)	45 (25.0)	81 (45.0)	40 (22.2)	3.81	0.90	76.1	2
	Total						3.76	0.72	75.1	

We conclude there is a high degree of cognitive flexibility among SN from the point of view of NS. The cognitive flexibility that SN must have a source of power for him and his team, SN who can handle his bosses diplomatically, adapts to a rapidly changing work environment, can with stand work stress, and encourages his team to produce, develop and perform work to the fullest. A discerning SN and may be a future head nurse or a NS.

4.3.2.4 Analysis & evaluation

Table (4.16): Mean, SD & weighted percentage for the field of analysis & evaluation

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
		N (%)								
1.	SN can analyze any problem they face to their primary components.	5 (2.8)	20 (11.1)	58 (32.2)	62 (34.4)	35 (19.4)	3.57	1.01	71.3	5
2.	SN deal with their colleagues as required by the situation	3 (1.7)	16 (8.9)	41 (22.8)	89 (49.4)	31 (17.2)	3.72	0.91	74.3	2
3.	SN seek to link ideas and attitudes to produce a new and distinctive idea	2 (1.1)	19 (10.6)	47 (26.1)	76 (42.2)	36 (20.0)	3.69	0.95	73.9	3
4.	SN assess the results of their decisions with the achievement they achieve	4 (2.2)	18 (10.0)	50 (27.8)	71 (39.4)	37 (20.6)	3.66	0.99	73.2	4
5.	SN develop their skills based on evaluation results	3 (1.7)	14 (7.8)	48 (26.7)	79 (43.9)	36 (20.0)	3.73	0.93	74.6	1
Total							**3.67**	**0.82**	**73.5**	

In general, we summarize that there is a high degree of analysis & evaluation by creativity way among SN from the point of view of NS, Therefore, the researcher believes that analysis and evaluation is the most important roles of the SN. The different situations are faced by nurses need to be assessed and analyzed quickly, to determine the priorities of work, and to know the department needs from supplies and medication, in addition to anticipating problems that may can occur and develop ideas to solve these problems.

4.3.2.5 Change & Development

Table (4.17): Mean, SD & weighted percentage for the field of change & development

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	SN seek a better position in the hospital	3 (1.7)	13 (7.2)	36 (20.0)	79 (43.9)	49 (27.2)	3.88	0.95	77.6	1
2.	SN accept mobility between departments that require their expertise	16 (8.9)	28 (15.6)	47 (26.1)	44 (24.4)	45 (25.0)	3.41	1.26	68.2	5
3.	SN support the development and development of their team members in the accomplishment of tasks and procedures	7 (3.9)	25 (13.9)	52 (28.9)	63 (35.0)	33 (18.3)	3.50	1.06	70.0	4
4.	SN always seek to participate in and out hospital courses to improve their work performance	6 (3.3)	15 (8.3)	47 (26.1)	71 (39.4)	41 (22.8)	3.70	1.02	74.0	3
5.	SN are always looking for new developments about their performance development	3 (1.7)	19 (10.6)	39 (21.7)	79 (43.9)	40 (22.2)	3.74	0.98	74.9	2
Total							**3.65**	**0.85**	**72.9**	

We conclude there is a high degree of change & development among SN from the point of view of NS, So, through the researcher job position in MOH. The researcher shows that SN continuously seeks to develop and change, through the improvement of certificates, many nurses complete their university studies whether from diploma to bachelor, or from bachelor to master, in addition to that many SN are trying to be the best leadership between others nurses, so that they can get for better positions. Therefore, these things make their competition between the SN to have a leading role and a distinctive mark in their nursing work, which makes the focus of the attention of NS.

4.3.2.6 Decision making

Table (4.18): Mean, SD & weighted percentage for the field of decision making

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	SN make sound decisions to solve problems in proportion to the job situation	4 (2.2)	9 (5.0)	57 (31.7)	74 (41.1)	36 (20.0)	3.72	0.92	74.3	5
2.	SN actively participate in the decision-making process of the department within the scope of job descriptions	5 (2.8)	11 (6.1)	48 (26.7)	86 (47.8)	30 (16.7)	3.69	0.92	73.9	6
3.	SN determine the requirements for effective implementation of decisions regarding patient care	5 (2.8)	9 (5.0)	39 (21.7)	93 (51.7)	34 (18.9)	3.79	0.90	75.8	3
4.	SN distribute work among their team members according to their abilities and skills	2 (1.1)	6 (3.3)	36 (20.0)	99 (55.0)	37 (20.6)	3.91	0.80	78.1	1
5.	SN support the ideas of colleagues to develop work and improve services	-	5 (2.8)	40 (22.2)	103 (57.2)	32 (17.8)	3.90	0.71	78.0	2
6.	SN carry out the opinion of their colleagues when they make a decision by a majority & be correct	3 (1.7)	5 (2.8)	57 (31.7)	79 (43.9)	36 (20.0)	3.78	0.86	75.6	4
	Total						**3.80**	**0.70**	75.**9**	

In general, we conclude that there is a high degree of decision making by creative way among SN from the point of view of NS. So, studies have confirmed that the skills of decision-making are not easy, but need experience and high skill. therefore, study of Mumford et al. (2010) indicated that decision making correlated positively of creative thinking, which include new idea origination, evaluation, and solution monitoring. At the administration level, creativity and changes are required to remove barriers and achieve demands (Schultz et al., 2012). As no any person can predict the future, nurses need use their creativity to imagine possible upcoming issues and result to prepare themselves for the work (Bunkers, 2011).

4.3.2.7 Persuasion & Creativity

Table (4.19): Mean, SD & weighted percentage for the field of persuasion & creativity

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	SN use logical methods to convince others of their point of view.	-	15 (8.3)	50 (27.8)	92 (51.1)	23 (12.8)	3.68	0.80	73.7	6
2.	SN present their ideas in a sequence that helps to persuade	1 (0.6)	10 (5.6)	56 (31.1)	82 (45.6)	31 (17.2)	3.73	0.83	74.7	3
3.	SN allow others to express their thoughts	3 (1.7)	12 (6.7)	46 (25.6)	87 (48.3)	32 (17.8)	3.74	0.89	74.8	2
4.	SN are fluent in conducting dialogue with others.	6 (3.3)	11 (6.1)	52 (28.9)	72 (40.0)	39 (21.7)	3.71	0.98	74.1	5
5.	SN help their colleagues meet the requirements for success	2 (1.1)	16 (8.9)	50 (27.8)	83 (46.1)	29 (16.1)	3.67	0.89	73.4	7
6.	SN participate in the department's development projects with enthusiasm	5 (2.8)	15 (8.3)	41 (22.8)	92 (51.1)	27 (15.0)	3.67	0.93	73.4	8
7.	SN provide quick, creative ideas for urgent topics	4 (2.2)	14 (7.8)	34 (18.9)	94 (52.2)	34 (18.9)	3.78	0.92	75.6	1
8.	SN respond to the team's queries with great skill	4 (2.2)	7 (3.9)	54 (30.0)	88 (48.9)	27 (15.0)	3.71	0.85	74.1	4
Total							**3.71**	**0.73**	**74.2**	

We conclude that there is a high degree of persuasion & creativity among SN from the point of view of NS, Therefore, the researcher believes that the ability of the SN to persuade to reach creativity is the pinnacle of professional creativity, so the study showed that SN have the ability to use logical methods to convince others of their views and present their ideas in a sequence that helps to convince them, in addition to their ability to find an Innovative quick ideas for pressing topics and also enable them to manage good

dialogue with others, when are combined with the SN, make them creative, and take firm steps towards advancing the nursing profession and serving patients with a high professionalism.

4.3.3 What is the level of leadership empowerment from point of view SN?

To answer this question, the researcher calculated the descriptive statistics, i.e. Means, SD, weighted percentage, and finally ranks were established for each paragraph of the fields related to leadership empowerment from point of view SN.

Table (4.20): Rank of leadership empowerment from point of view SN

No.	Dimension	Mean	SD	%	Rank
1.	Provide independence	3.49	0.97	69.8	2
2.	Effective participation	2.81	1.04	56.2	7
3.	Leadership values	3.15	0.84	63.0	4
4.	Professional development	2.91	0.93	58.3	6
5.	Supporting environment	3.11	1.01	62.3	5
6.	Cooperative work	3.28	1.00	65.5	3
7.	Effective communication	3.61	1.01	72.2	1
Total		**3.17**	**0.83**	**63.5**	

Table (4.20) shows the relative weight and rankings of the leadership empowerment dimensions from perspective of the SN. Effective communication dimension ranked first with a relative weight of (72.2%), which followed by the provide independence dimension (69.8%). These two dimensions took a medium degree of leadership empowerment. While the lowest dimension of leadership empowerment. cooperative work (65.5%); leadership values (63.0%); supporting environment (62.3%); professional development (58.3%); effective participation.(%56.2)

In general, we conclude that there is a moderate degree of leadership empowerment for SN from NS. And this level of leadership empowerment according to SN views (63.5%) differs from that of NS (83.5%), and this difference is due to a gap between current SN support and the real reality of SN empowerment .

The researcher explains that NS seek to enable SN but often fail to reach what they want, either because of the law and regulations that hold NS accountable for any mistakes but not reward them for success. Or because of the work pressure, over load work and the lack of staff, which represents the most important pressures which faced is NS. Or because nurses are not aware of the burdens assigned to NS.

There is no doubt that all these obstacles do not prevent NS from removing barriers between them and SN and seeking to increase confidence in SN, especially experienced nurses and higher degrees for them. They consulted them in many situations which they faced NS, and sought to build a young nurse who would be the leader of nursing future. Makers develop of the development and advancement of the nursing profession.

This result was consistent with the findings of Hassan (2007) and El-Salam et al (2008) who found that the leader's nurses had moderate access to empowerment factors in their work environment and with Comber & Barribal (2007) who reported that nurses perceived themselves to be highly empowered. While, El-Dahshan and Dorgham (2013), Fedai and Demir (2010), Bish, et al., (2012); Lautizi (2009) found that experienced nurses have moderate level of empowerment. In addition, Mosela (2012) revealed that most of nurses studied at Benha University Hospital were moderately empowered.

But the results of this study were its consistent with the findings of Gabra et al (2019) showed that the level of empowerment among nurses was (63.5%) that means is the lowest level. While more than of them have moderate empowerment (34%), and the minority of them have high empowerment level (4%). So, study findings revealed that less than half of the staff nurses in the study sample had empowerment in their work environment.

4.3.3.1 Provide independence

Table (4.21): Mean, SD & weighted percentage for the field of provide independence.

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	The NS assigns me the tasks based on my qualifications	22 (6.6)	35 (10.5)	55 (16.5)	124 (37.2)	97 (29.1)	3.72	1.18	74.4	1
2.	The NS gives me part of the powers to work	22 (6.6)	26 (7.8)	69 (20.7)	126 (37.8)	90 (27.0)	3.71	1.14	74.2	2
3.	The NS gives me sufficient powers to perform the tasks.	25 (7.5)	34 (10.2)	80 (24.0)	102 (30.6)	92 (27.6)	3.61	1.20	72.1	3
4.	The NS removes challenges and impediments.	32 (9.6)	49 (14.7)	79 (23.7)	113 (33.9)	60 (18.0)	3.36	1.21	67.2	4
5.	The NS promotes my accomplishments with more empower and authority.	38 (11.4)	57 (17.1)	115 (34.5)	93 (27.9)	30 (9.0)	3.06	1.13	61.2	5
	Total						**3.49**	**0.97**	**69.8**	

We conclude that there is a high degree of provide independence among SN from their point of view. This result is similar to the point of view of the supervisors, although there is some difference between the two view. But this difference is caused by dilemma between head nurse and clinical supervisors, which negatively affects the independence of nurses, especially in the evenings and at nights shift.

As McCarthy et al (2008) noted, middle managers must feel empowered if they are expected to provide their independence staff and thus achieve excellence in nursing. To empower middle managers, leadership must pay attention to those empowerment constructs that are often perceived as minor, such as providing an adequate and support time to work.

4.3.3.2 Effective participation

Table (4.22): Mean, SD & weighted percentage for the field of Effective participation

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
		N (%)								
1.	The NS is involved me in the development of work plans within the department.	74 (22.2)	41 (12.3)	111 (33.3)	72 (21.6)	35 (10.5)	2.86	1.28	57.2	3
2.	The NS allows me to participate in decisions making related to department management.	108 (32.4)	58 (17.4)	76 (22.8)	69 (20.7)	22 (6.6)	2.52	1.31	50.3	6
3.	NS takes into consideration my suggestions in developing the work.	65 (19.5)	49 (14.7)	81 (24.3)	109 (32.7)	29 (8.7)	2.96	1.27	59.3	2
4.	NS gives me enough time to discuss my thoughts on work development	72 (21.6)	92 (27.6)	76 (22.8)	67 (20.1)	26 (7.8)	2.65	1.24	53.0	5
5.	NS puts me leader to by the department if he is busy.	64 (19.2)	52 (15.6)	76 (22.8)	93 (27.9)	48 (14.4)	3.03	1.34	60.5	1
6.	NS selected me to give lectures and participate in workshops.	83 (24.9)	46 (13.8)	75 (22.5)	99 (29.7)	30 (9.0)	2.84	1.33	56.8	4
	Total						**2.81**	**1.04**	**56.2**	

In general, we conclude that there is a moderate degree (56.2%) of effective participation of SN from their point of view. However, this percentage disagreed with the view of NS which reached 81.5%. The researcher believes that this difference is the result of the SN do not understand the meaning of participation or in other words that the nurses believe that effective participation is the full implementation of their advice, and even take their opinion in all matters, and this if contrary to the job description of NS, who take responsibility for everything in hours the work, from my point of view the job description of a nursing supervisor does not contradict the active participation of nurses, but there is a misconception by nursing about active participation.

4.3.3.3 Leadership values

Table (4.23): Mean, SD & weighted percentage for the field of leadership values.

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	The NS develops trust among nurses.	43 (12.9)	75 (22.5)	83 (24.9)	93 (27.9)	39 (11.7)	3.03	1.22	60.6	8
2.	The NS gives me the opportunity to take responsibility when he is absent	33 (9.9)	48 (14.4)	99 (29.7)	105 (31.5)	48 (14.4)	3.26	1.17	65.2	5
3.	The NS follows the principle of transparency in the various work procedures	27 (8.1)	41 (12.3)	104 (31.2)	122 (36.6)	39 (11.7)	3.32	1.09	66.3	4
4.	The NS is able to make the right decisions at work	23 (6.9)	50 (15.0)	86 (25.8)	141 (42.3)	33 (9.9)	3.33	1.07	66.7	3
5.	The NS is just in making a trade-off between nursing	35 (10.5)	44 (13.2)	93 (27.9)	130 (39.0)	31 (9.3)	3.23	1.12	64.7	6
6.	The NS is impressed by any outstanding work I do	18 (5.4)	39 (11.7)	76 (22.8)	127 (38.1)	73 (21.9)	3.59	1.11	71.9	1
7.	The NS uses appropriate dialogue language when instructing nurses	27 (8.1)	31 (9.3)	120 (36.0)	109 (32.7)	46 (13.8)	3.35	1.09	67.0	2
8.	The NS uses constructive criticism	34 (10.2)	47 (14.1)	121 (36.3)	96 (28.8)	35 (10.5)	3.15	1.11	63.1	7
9.	The NS assigns me to perform some administrative tasks "Schedule"	160 (48.0)	51 (15.3)	71 (21.3)	39 (11.7)	12 (3.6)	2.08	1.22	41.5	9
	Total						**3.15**	**0.84**	**63.0**	

In table (4.23) the highest phrases in this dimension is sixth paragraph by rate 71.9% of SN said NS is impressed by any outstanding work which I do.

So, in general we summarized that there is a moderate degree of leadership values (63.0%) from the SN point of view, While the NS perspective on the development of leadership values among SN will be the ratio (87.2%), is which is highly rate. Therefore, the researcher believes that the concept of leadership values among NS is different from the concept of leadership values among SN, so when the NS develops the leadership values

among SN, the SN must be own a highly confidentiality, power and responsibility to bear this trust. So, when the NS develops the values of leadership of one of the nurses, he is thus given many of the secrets of work and management. This explains the gap between the opinion of SN and NS.

4.3.3.4 Professional development

In table (4.24) showed that 65.3% of SN said NS follows the management's plans for nursing performance and their commitment., whereas, least phrases he got in this dimension is eighth phrases by (56.2%), SN said NS will involve nurses in the development of other nurses at the hospital. and third phrases by (53.1%) SN said NS shall determine nursing training requirements according to field needs.

Table (4.24): Mean, SD & weighted percentage for the field of professional development

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
		N (%)								
1.	The NS provides a clear plan for the development of professional performance.	48 (14.4)	59 (17.7)	118 (35.4)	83 (24.9)	25 (7.5)	2.93	1.14	58.7	3
2.	The NS develops the spirit of competition among team members	50 (15.0)	87 (26.1)	93 (27.9)	72 (21.6)	31 (9.3)	2.84	1.20	56.8	5
3.	The NS shall determine nursing training requirements according to field needs.	93 (27.9)	52 (15.6)	91 (27.3)	71 (21.3)	26 (7.8)	2.65	1.30	53.1	7
4.	The NS shall distribute training and development opportunities between nurses.	58 (17.4)	59 (17.7)	70 (21.0)	80 (24.0)	66 (19.8)	3.11	1.38	62.2	2
5.	The NS provides the opportunity for professional growth of nurses sufficiently.	56 (16.8)	62 (18.6)	117 (35.1)	72 (21.6)	26 (7.8)	2.85	1.17	57.0	4
6.	The NS follows the management's plans for nursing performance and their commitment.	31 (9.3)	48 (14.4)	95 (28.5)	120 (36.0)	39 (11.7)	3.26	1.13	65.3	1
7.	The NS provides periodic developmental lectures for nursing.	74 (22.2)	53 (15.9)	88 (26.4)	88 (26.4)	30 (9.0)	2.84	1.29	56.8	5
8.	The NS will involve nurses in the development of other nurses in the hospital.	79 (23.7)	40 (12.0)	99 (29.7)	96 (28.8)	19 (5.7)	2.81	1.25	56.2	6
Total							**2.91**	**0.93**	**58.3**	

We conclude that there is a moderate degree (58.3%) of professional development among SN from their point of view. but NS view of empowering nurses in the professional development dimension of nurses was high (79.4%). This result from the viewpoint of the researcher does not differ from the point of view of nurses, as participation in training courses and scientific lectures when they are distributed to all nursing, the share of the SN is limited. So, there is no doubt that the pressure of work and lack of nursing staff may is busy many NS pay attention to this dimension, and focus on the completion of work and the quality of health care.

4.3.3.5 Supporting environment

Table (4.25): Mean, SD & weighted percentage for the field of supporting environment

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	The NS provides good working environment	37 (11.1)	51 (15.3)	101 (30.3)	91 (27.3)	53 (15.9)	3.22	1.21	64.3	1
2.	The NS provides nursing requirements in the work environment.	39 (11.7)	41 (12.3)	125 (37.5)	85 (25.5)	43 (12.9)	3.16	1.16	63.1	2
3.	The philosophy of NS at work develops loyalty to nurses.	45 (13.5)	51 (15.3)	117 (35.1)	81 (24.3)	39 (11.7)	3.05	1.19	61.1	6
4.	The SN applies the objective in the distribution of work to nurses.	40 (12.0)	57 (17.1)	106 (31.8)	97 (29.1)	33 (9.9)	3.08	1.16	61.6	4
5.	The NS plays an important role in promoting nurses' job satisfaction	42 (12.6)	54 (16.2)	113 (33.9)	89 (26.7)	35 (10.5)	3.06	1.16	61.3	5
6.	The NS contributes to reducing the pressure of work.	51 (15.3)	52 (15.6)	77 (23.1)	112 (33.6)	41 (12.3)	3.12	1.26	62.4	3
	Total						**3.11**	**1.01**	**62.3**	

In table (4.25) explain that the lowest phrases in this dimension is third paragraph by (61.1%) from SN said the philosophy of NS at work develops loyalty to nurses, the highest phrases in this dimension is first paragraph by 64.3% the SN said that NS provides a good working environment.

So, in general we conclude that there is a moderate degree of supporting environment (62.3%) among SN from them point of view, While the view of NS on the provider of supporting environment among the SN have rate (81.1%) consider that is high degree.

Therefore, the researcher shows the lack of medical supplies and the work of the NS in providing these resources, which have led to preoccupation of NS with some things that are related to nurses., such as their loyalty to work, their satisfaction and other work-related environment. But NS sense that it provides a positive and good working environment for nurses, this result of trying to provide a good environment which isn't accepted. Therefore, in general, results are not expected to be achieved in the absence of resources and the absence of any incentives for nurses in addition to informal salaries in SN and NS.

4.3.3.6 Cooperative work.

Table (4.26): Mean, SD & weighted percentage for the field of cooperative work

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	The NS supports teamwork among nurses.	30 (9.0)	42 (12.6)	79 (23.7)	138 (41.4)	44 (13.2)	3.37	1.14	67.4	2
2.	The NS shall engage in nursing in the various committees according to their wishes and abilities.	47 (14.1)	53 (15.9)	91 (27.3)	110 (33.0)	32 (9.6)	3.08	1.20	61.6	5
3.	The NS forms the teams and the various work committees in an integrative manner.	51 (15.3)	54 (16.2)	87 (26.1)	104 (31.2)	37 (11.1)	3.07	1.24	61.3	6
4.	The NS works to meet the nurses' wishes when writing the work schedule.	31 (9.3)	49 (14.7)	63 (18.9)	136 (40.8)	54 (16.2)	3.40	1.19	68.0	1
5.	The NS promotes teamwork in service delivery.	27 (8.1)	49 (14.7)	75 (22.5)	140 (42.0)	42 (12.6)	3.36	1.13	67.3	4
6.	NS seek to prevent any appearance of conflict in the work environment.	32 (9.6)	48 (14.4)	73 (21.9)	124 (37.2)	56 (16.8)	3.37	1.20	67.4	3
	Total						**3.28**	**1.00**	**65.5**	

Show in table (4.26) the highest phrases in this dimension is fourth paragraph by rate 68.0% of SN said NS works to meet the nurses' wishes when writing the work schedule. But the lowest phrases in this dimension is third paragraph by (61.3%), of SN said NS forms the teams and the various work committees in an integrative manner. followed by third phrases by 61.6% of SN said NS shall engage in nursing in the various committees according to their wishes and abilities.

We conclude that there is a moderate degree of empowering support environment (65.5%) among SN from them point of view. While the view of NS in the support of cooperative work among the SN have rate (84.3%), which is consider high degree. Therefore, the researcher believes that the promotion of teamwork in the nursing profession is essential, but some achievements are only achieved by a particular nurse and have certain qualities. But working as a team meet the demands of everyone at the work, and promote cooperative work, among nurses in the same department.

4.3.3.7 Effective communication

Table (4.27): Mean, SD & weighted percentage for the field of effective communication.

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	The Messages and instructions from the NS are clear.	14 (4.2)	38 (11.4)	76 (22.8)	136 (40.8)	69 (20.7)	3.62	1.06	72.5	3
2.	The NS shall inform the nursing staff of instructions issued in respect of the work.	20 (6.0)	26 (7.8)	65 (19.5)	107 (32.1)	115 (34.5)	3.81	1.17	76.3	1
3.	The NS develops self-censorship.	33 (9.9)	39 (11.7)	69 (20.7)	100 (30.0)	92 (27.6)	3.54	1.28	70.8	4
4.	The NS is keen to meet with the nurses whenever the opportunity arises.	33 (9.9)	45 (13.5)	75 (22.5)	101 (30.3)	79 (23.7)	3.44	1.26	68.9	6
5.	We do not find it difficult to communicate with the NS at all times.	28 (8.4)	39 (11.7)	73 (21.9)	113 (33.9)	80 (24.0)	3.53	1.21	70.7	5
6.	The NS uses all means of communication with us (verbal and nonverbal)	19 (5.7)	36 (10.8)	77 (23.1)	95 (28.5)	106 (31.8)	3.70	1.19	74.0	2
Total							**3.61**	**1.01**	**72.2**	

Table (4.27) explain that the lowest phrases in this dimension is fourth paragraph by (68.9%) from SN said NS is keen to meet with the nurses whenever the opportunity arises. While, (70.7%) of SN said we do not find it difficult to communicate with the NS at all times. Whereas (70.8%) of SN said that NS develops self-censorship. While, the highest phrases in this dimension is second paragraph by 76.3% the NS shall inform the nursing staff of instructions issued in respecting of the work.

We conclude that there is a moderate degree of effective communication (72.2%) between SN and NS from point view of SN. While the view of NS about the effective communication with SN have rate (87.1%) and this considered very high degree. Therefore, the researcher believes that the tasks assigned to NS are many and interrelated, in light of the shortage of nursing staff, and a huge amount of responsibilities, especially in the evening and night shifts, all this affects the effectiveness of communication with nurses, but nurses pointed out that the effectiveness of communication with NS in a language Medium degree, it is a good degree when compared to the workload and lack of nursing staff.

Effective communication with nurses in a regular basis, both formally or informally by informs nurses of work goals, policies, and work progress, so that the work of the health care is accomplished. If the nurses do not have regular contact and communication with NS, the confusion will be existed. Formal communication through organizational policies, mission, vision, and SN feedback that leads to work completion. Informal communication is necessary to remove obstacles, which may impede work, ensure departments within the organization are working well together, and address SN innovations in a timely manner (Cullen & Gordon, 2014).

4.3.4   What is the level of professional creativity from point of view SN؟

Table (4.28) shows the relative weight and rankings of the professional creativity dimensions from point view SN. It was the highest dimension and ranked first persuasion & creativity dimension with a relative weight of (79.5%), which is followed by the Decision-making dimension (78.8%), followed by the Confront of challenges & Risks (77.9%), followed by the Cognitive flexibility (76.1%), followed by the analysis & evaluation (75.9%), followed by the problem solving (74.3%), while change & development ranked last with a relative weight of (72.9%).

Table (4.28): Rank of professional creativity from point of view SN

No.	Dimension	Mean	SD	%	Rank
1.	Problem solving	3.71	0.81	74.3	6
2.	Confront of challenges & Risks	3.89	0.75	77.9	3
3.	Cognitive flexibility	3.80	0.75	76.1	4
4.	Analysis & evaluation	3.80	0.77	75.9	5
5.	Change & development	3.64	0.80	72.9	7
6.	Decision making	3.94	0.77	78.8	2
7.	Persuasion & creativity	3.98	0.73	79.5	1
Total		**3.83**	**0.63**	**76.5**	

In general, we conclude that there is a high degree of professional creativity among nurses with a relative weight of (76.5%). This percentage was in agreement with the view of the NS, which reach to (73.9%). Therefore, the researcher shows that NS agreed with SN on high level of professional creativity between SN. This indicates that the SN all time strive for excellence, and do their job to the fullest. Therefore, through the results of the study on professional creativity, professional creativity among the SN is a distinctive imprint, and an indication that they are fully aware of the nature of the nursing profession, and work to raise the level of health care and improve the nursing profession for the better.

Regarding to creativity among SN and staff nurses the study finding of Saleh et al (2013) revealed that there is slightly more than half of the leaders were upon average level of creativity, and slightly less than half of them were below average level of creativity. Meanwhile more than three quarters of staff nurses were below average level of creativity.

Study results disagreed with Farmer & Tierney (2007) who reported that, most employees are not ready to change there thinking because they don't have the courage to take risk and they hesitate to change themselves. The main factor is they are afraid of losing the things they have already got and they believe that god has already given them so much, then why they should try different things and take risk.

4.3.4.1 Problem solving

To answer this question, the researcher calculated the descriptive statistics, i.e. Means, SD, weighted percentage, and finally ranks were established for each paragraph of the fields related to professional creativity from point of view SN.

Table (4.29): Mean, SD & weighted percentage for the field of problem solving

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
		N (%)								
1.	I propose innovative solutions to solve problems in the light of available alternatives	11 (3.3)	36 (10.8)	70 (21.0)	114 (34.2)	102 (30.6)	3.78	1.10	75.6	4
2.	Choose the right solution for the problem	11 (3.3)	27 (8.1)	65 (19.5)	137 (41.1)	93 (27.9)	3.82	1.03	76.5	2
3.	I am able to solve the problems faced by traditional solutions.	16 (4.8)	42 (12.6)	86 (25.8)	149 (44.7)	40 (12.0)	3.47	1.02	69.3	8
4.	I can solve the problems faced by non-conventional solutions.	16 (4.8)	39 (11.7)	69 (20.7)	145 (43.5)	64 (19.2)	3.61	1.07	72.1	7
5.	I try to develop plans to reduce the occurrence of problems	16 (4.8)	34 (10.2)	71 (21.3)	124 (37.2)	88 (26.4)	3.70	1.11	74.1	6
6.	I anticipate problems during work before they occur	12 (3.6)	31 (9.3)	87 (26.1)	115 (34.5)	88 (26.4)	3.71	1.07	74.2	5
7.	I thoroughly analyze the causes of the problem	5 (1.5)	31 (9.3)	77 (23.1)	126 (37.8)	94 (28.2)	3.82	1.00	76.4	1
8.	Develop a clear vision of the problems that are discussed with colleagues at work.	9 (2.7)	32 (9.6)	70 (21.0)	124 (37.2)	98 (29.4)	3.81	1.05	76.2	3
Total							**3.71**	**0.81**	**74.3**	

Table (4.29) shows that the highest phrases in this dimension is 76.4% of SN said I thoroughly analyse the causes of the problem. while, 76.5% of SN said I choose the right solution for the problem. Finally, the lowest phrases in this dimension is 69.3% the SN said that I am able to solve the problems which are faced by traditional solutions.

In general, we conclude that there is agreement between SN and NS that the said SN able to problems solving by creativity way, so, the researcher believes that the SN represent a solid base for NS, and that they are considered the main assistant to the NS, because they are the best and most experienced nurses after the NS.

In study by Şen et al (2013) found nurses respond to the problem in a timely manner, taking into their consideration the holistic approach to the problems which they face in patient care and are resolving these problems in an effective and flexible way. So, very important that nurses use creative thinking to be able to see opportunities and possible consequences, find valid answers and to be able to expose creative action as the nature of professionalism. The complexity of the nursing profession requires nurses with a high level of creative problem-solving skills.

4.3.4.2 Confront of challenges & risks

Show in table (4.30) the highest phrases in this dimension is third and seventh paragraph by (81.6%), The SN said I love working with a team that likes risk and I look for the best ways to accomplish tasks if multiple options, not the easiest. Finally, the lowest phrases in this dimension is first paragraph by (66.5%), the SN said I encourage my colleagues to innovate despite the risks that may hinder achievement.

We conclude that the SN seeks to confront challenges & risks that faced them and can hinder achievement, this result agrees with point of view of NS, Therefore, the researcher attributes this result to the ability of the SN to take responsibility, and a good knowledge of the ability of their colleagues to accomplish, in addition to being able to influence others, and identify the needs of the situations which they are exposed.

Table (4.30): Mean, SD, & weighted percentage for the field of confront of challenges & risks

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	I encourage my colleagues to innovate despite the risks that may hinder achievement.	40 (12.0)	39 (11.7)	82 (24.6)	117 (35.1)	55 (16.5)	3.32	1.23	66.5	7
2.	I take responsibility for any failure of team member.	24 (7.2)	17 (5.1)	70 (21.0)	129 (38.7)	93 (27.9)	3.75	1.13	75.0	6
3.	I love working with a team that likes risk	6 (1.8)	13 (3.9)	54 (16.2)	135 (40.5)	125 (37.5)	4.08	0.92	81.6	1
4.	I like to work with a team that love the achievement	5 (1.5)	25 (7.5)	53 (15.9)	118 (35.4)	132 (39.6)	4.04	1.00	80.8	3
5.	I take advantage of opportunities in the face of risks with distinction and accuracy	8 (2.4)	28 (8.4)	58 (17.4)	109 (32.7)	130 (39.0)	3.98	1.06	79.5	5
6.	I have applied outstanding procedures; however difficult they may be.	14 (4.2)	13 (3.9)	61 (18.3)	116 (34.8)	129 (38.7)	4.00	1.05	80.0	4
7.	I look for the best ways to accomplish tasks if multiple options, not the easiest	7 (2.1)	20 (6.0)	48 (14.4)	123 (36.9)	135 (40.5)	4.08	0.99	81.6	2
	Total						3.89	0.75	77.9	

4.3.4.3 Cognitive flexibility

Table (4.31) shows that the highest phrases in this dimension is first paragraph by 79.4% of SN said I can work efficiently with various officials. Whilst, the lowest phrases in this dimension is third paragraph by 73.5% of SN said that I deal with crises and work pressures well.

We conclude that there is a moderate degree of cognitive flexibility among SN from their perspective and from the NS perspective. This result from the researcher's point of view represents the most important strengths of the SN. So, the ability to deal with different

people like colleagues, manager, patients, visitor or other, and adapt to others in professionally and creatively not easy, and therefore is the peak of professional creativity of nursing.

Table (4.31): Mean, SD & weighted percentage for the field of cognitive flexibility

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
		N (%)								
1.	I can work efficiently with various officials.	8 (2.4)	20 (6.0)	66 (19.8)	119 (35.7)	120 (36.0)	3.97	1.01	79.4	1
2.	Adapt quickly to changes in the work environment.	16 (4.8)	20 (6.0)	52 (15.6)	153 (45.9)	92 (27.6)	3.86	1.04	77.1	2
3.	I deal with crises and work pressures well.	20 (6.0)	25 (7.5)	76 (22.8)	134 (40.2)	78 (23.4)	3.68	1.10	73.5	7
4.	Use informal channels of communication when necessary to complete the work.	13 (3.9)	22 (6.6)	67 (20.1)	165 (49.5)	66 (19.8)	3.75	0.98	75.0	6
5.	Lead my thoughts and suggestions for developing and improving work.	7 (2.1)	32 (9.6)	62 (18.6)	155 (46.5)	77 (23.1)	3.79	0.97	75.8	4
6.	I introduce new ideas in my work.	13 (3.9)	29 (8.7)	57 (17.1)	160 (48.0)	74 (22.2)	3.76	1.02	75.2	5
7.	Encourage my colleagues to participate in programs to develop work and improve services.	9 (2.7)	18 (5.4)	61 (18.3)	180 (54.1)	65 (19.5)	3.82	0.90	76.5	3
Total							**3.80**	**0.75**	**76.1**	

4.3.4.4 Analysis & evaluation

Shown below in table (4.32) the highest phrases in this dimension is fourth paragraph 79.3% of SN said I develop my skills based on the evaluation findings. While ,75.9% of SN said I assess the results of my decisions according to my achievement, whereas, 74.4% of SN said I can analyse any problem which I face to initial elements. Finally, the lowest

phrases in this dimension is second paragraph by 74.1% of SN said I can link ideas and attitudes to produce a new and distinctive idea.

Table (4.32): Mean, SD & weighted percentage for the field of analysis & evaluation

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
				N (%)						
1.	I can analyze any problem I face to the initial elements.	12 (3.6)	20 (6.0)	68 (20.4)	182 (54.7)	51 (15.3)	3.72	0.92	74.4	3
2.	Link ideas and attitudes to produce a new and distinctive idea.	6 (1.8)	21 (6.3)	105 (31.5)	134 (40.2)	67 (20.1)	3.71	0.92	74.1	4
3.	I assess the results of my decisions according to my achievement.	10 (3.0)	18 (5.4)	87 (26.1)	134 (40.2)	84 (25.2)	3.79	0.98	75.9	2
4.	Develop my skills based on the evaluation findings.	10 (3.0)	18 (5.4)	72 (21.6)	106 (31.8)	127 (38.1)	3.97	1.04	79.3	1
Total							**3.80**	**0.77**	**75.9**	

In general, we conclude that there is a moderate degree of analysis & evaluation among SN from them point of view and from viewpoint NS. Therefore, the researcher attributes this result to the fact that the selection of SN is not random, but is in an orderly manner and according to the characteristics of the nurse and its leadership capabilities. Therefore, through my role as a NS, NS encourage head nurses to motivate and develop the qualities of the leader in nurse's team, and training them to lead departments and evaluate their performance later, all that in order to improve the level of nursing services and the quality of health care.

4.3.4.5 Change & development

Table (4.33) That the highest phrases in this dimension is fifth paragraph by (81.0%) of SN said I always look for any new work area and first paragraph by (63.9%) the SN said I seek forward to putting better position at hospital.

Table (4.33): Mean, SD & weighted percentage for the field of change & development

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
		N (%)								
1.	I seek forward to putting better position in hospital.	58 (17.4)	45 (13.5)	66 (19.8)	102 (30.6)	62 (18.6)	3.20	1.36	63.9	5
2.	I accept my transfer between departments that need my experience	10 (3.0)	30 (9.0)	90 (27.0)	127 (38.1)	76 (22.8)	3.69	1.02	73.8	3
3.	I support the development of my colleagues in accomplishing the tasks and procedures	63 (18.9)	25 (7.5)	52 (15.6)	110 (33.0)	83 (24.9)	3.38	1.42	67.5	4
4.	I always seek to participate in hospital or out-of-hospital courses to develop my work performance.	10 (3.0)	26 (7.8)	57 (17.1)	130 (39.0)	110 (33.0)	3.91	1.04	78.3	2
5.	I am always looking for any new work area	4 (1.2)	14 (4.2)	58 (17.4)	143 (42.9)	114 (34.2)	4.05	0.89	81.0	1
Total							**3.64**	**0.80**	**72.9**	

So, researcher concludes there is a desire from SN to change & develop, and this finding was confirmed by NS. Therefore, the researcher believes that if the nurses have the will to change and development, it means that the nursing profession can rise, the nature of people do not tend to change. Therefore, the ability of nursing to develop and change is one of the strengths and will of them and NS. Therefore, leaders who wish to foster and change creative thinking must recognize the importance of all the facets of creativity. Also, they must understand their own and others' creative abilities (Farmer & Tierney, 2007).

4.3.4.6 Decision making

In table (4.34) that the highest phrases in this dimension is fifth paragraph by (83.2%) from SN said I take the view of my colleagues when they make the right decision by a majority. While, (79.5%) of SN said I define the necessary requirements for the implementation of decisions with regard to patient care as effectively. Whereas (78.4%) of SN said I work among my team members according to their abilities and skills, and help them to do the job skill fully when they assigned. Whilst (77.9%) of SN said I am actively involved in the decision-making process in my department. While, the lowest phrases in this dimension is first paragraph by (75.0%) of SN said I make correct decisions in solving problems fitly to my job.

Table (4.34): Mean, SD & weighted percentage for the field of decision-making

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
		N (%)								
1.	I make correct decisions in solving problems in fits to my job.	20 (6.0)	22 (6.6)	70 (21.0)	131 (39.3)	90 (27.0)	3.75	1.11	75.0	5
2.	I am actively involved in the decision-making process of the department	5 (1.5)	20 (6.0)	61 (18.3)	166 (49.8)	81 (24.3)	3.89	0.89	77.9	4
3.	I define the necessary requirements for the implementation of decisions with regard to patient care as effectively	10 (3.0)	22 (6.6)	60 (18.0)	116 (34.8)	125 (37.5)	3.97	1.05	79.5	2
4.	I work among my team members according to their abilities and skills, and help them to do the job skill fully when assigned.	7 (2.1)	26 (7.8)	61 (18.3)	131 (39.3)	108 (32.4)	3.92	1.00	78.4	3
5.	I take the view of my colleagues when they make the right decision by a majority.	6 (1.8)	12 (3.6)	41 (12.3)	138 (41.4)	136 (40.8)	4.16	0.90	83.2	1
	Total						**3.8**	**0.7**	**78.8**	

In general, we conclude that there is a moderate degree of professional creativity in decision-making among SN from them point of view and from viewpoint NS. Therefore, the researcher believes that decision-making is not easy, and issues of decision-making are many, especially if it is in health care or the nursing process or administrative matters. The decision-making may have negative consequences, but the positive ones do not reap them alone, but are reaped by all. Therefore, NS should encourage the SN to make decisions, help them and guide them towards making the right decision, and this was confirmed results of the study where the NS agreed with the SN that the SN are creative in decision-making, and these are the result of work and serious cooperation between NS and SN with their real awareness in the integration of nursing and professional work.

4.3.4.7 Persuasion & creativity

Table (4.35): Mean, SD & weighted percentage for the field of persuasion & creativity

No.	Paragraph	Very low	Low	Medium	High	Very high	Mean	SD	%	Rank
		N (%)								
1.	I use logical methods to convince others of my point of view	6 (1.8)	16 (4.8)	90 (27.0)	133 (39.9)	88 (26.4)	3.84	0.93	76.9	7
2.	I present my thoughts in a sequence that helps to persuade	6 (1.8)	11 (3.3)	56 (16.8)	154 (46.2)	106 (31.8)	4.03	0.88	80.6	3
3.	I give the opportunity to others to express their ideas.	8 (2.4)	11 (3.3)	56 (16.8)	111 (33.3)	147 (44.1)	4.14	0.97	82.7	1
4.	I am good at managing dialogue with others	7 (2.1)	21 (6.3)	51 (15.3)	130 (39.0)	124 (37.2)	4.03	0.98	80.6	4
5.	I help my colleagues provide the requirements for success	10 (3.0)	18 (5.4)	58 (17.4)	136 (40.8)	111 (33.3)	3.96	1.00	79.2	6
6.	I participate in the development projects of the department enthusiastically	9 (2.7)	21 (6.3)	65 (19.5)	163 (48.9)	75 (22.5)	3.82	0.94	76.5	8
7.	Introduce innovative and quick ideas for urgent topics	3 (0.9)	19 (5.7)	67 (20.1)	129 (8.7)	115 (34.5)	4.00	0.93	80.1	5
8.	I respond to the questions of the team with great skill	0 (0.0)	3 (4.0)	11 (14.7)	36 (48.0)	25 (33.3)	4.11	0.80	82.1	2
Total							4.1	0.5	**79.5**	

In table (4.34) shows that the highest phrases in this dimension is third paragraph by (82.7%) of SN said I give the opportunity to others to express their ideas. While, (82.1%) of SN said I respond to the questions of the team with great skill. Whereas (80.6%) of SN said I present my thoughts in a sequence that helps to persuade and I am a good at managing dialogue with others. Whilst (80.1%) of SN said I Introduce innovative and quick ideas for urgent topics. Whereas (79.2%) of SN said I help my colleagues to provide the requirements for success, whereas (76.9%) of SN said I use logical methods to convince others of my point of view. While, the lowest phrases in this dimension is first paragraph by (76.5%) of SN said I participate in a development projects of the department enthusiastically.

In general, we conclude that there is a moderate degree of persuasion & creativity among SN from them point of view and from viewpoint NS. Therefore, the researcher was not surprised by this result, the SN have a skill and experience, which makes them able to persuade and creativity. In addition, the dealing with others gives them many experiences on communication and skilfully deal with others and accept the opinion of others.

4.3.5 Is there a relationship between leadership empowerment and professional creativity?

To find the relationship between leadership empowerment and professional creativity, the correlation coefficient between professional creativity on the one hand and each dimension in leadership empowerment was calculated separately.

Table (4.36): Correlation coefficient between leadership empowerment and professional creativity

Dimension			Statistics	SN	N S
				Professional Creativity	
Leadership Empowerment	1.	**Provide Independence**	Correlation coefficient (r)	0.540*	0.630*
			(Sig.)	0.000	0.000
	2.	**Effective Participation**	Correlation coefficient (r)	0.486*	0.625*
			(Sig.)	0.000	0.000
	3.	**Leadership Values**	Correlation coefficient (r)	0.515*	0.601*
			(Sig.)	0.000	0.000
	4.	**Professional Development**	Correlation coefficient (r)	0.466*	0.404*
			(Sig.)	0.000	0.000
	5.	**Supporting Environment**	Correlation coefficient (r)	0.515*	0.563*
			(Sig.)	0.000	0.000
	6.	**Cooperative Work**	Correlation coefficient (r)	0.515*	0.553*
			(Sig.)	0.000	0.000
	7.	**Effective communication**	Correlation coefficient (r)	0.531*	0.633*
			(Sig.)	0.000	0.000

* a significant correlation at $\alpha = 0.05$.

The results showed in table (4.36) that the probability value (p-value) is less than 0.05 and this indicates that there is a statistically significant relationship between leadership empowerment and professional creativity. This indicates the impact of leadership

empowerment on the professional creativity of the SN, meaning that the greater the leadership empowerment, greater the more professional creativity among SN.

It agreed with the results of the current research, study of Gabra et al. (2019) which indicated Near two third of staff nurses have low empowerment and have low motivation level among staff nurses in Minia University Hospital.this study indicates to positive correlation between empowerment and motivation. This is confirmed by our current study, to a positive relationship between leadership empowerment and professional creativity of nurses.

This finding was in accordance with Nyakano (2010) who stated that Empowerment has positively impacts on creativity and motivation, in this respect, Andrea et al (2007) who found that Employee empowerment has become increasingly common as a motivational approach to management. And, Zhang and Kathryn (2010) reported that empowered employees have a greater sense of job satisfaction, organizational loyalty and professional creativity. In this respect, Toode et al (2015) who discovered that a strong correlation between empowerment and motivation of supervisors at the hospital nurses. This also was consistent with Mosela (2013) who indicates a positive association between perceptions of empowerment and creativity. And Ergeneli et al (2010) who mentioned that empowering leadership positively affected psychological empowerment, which in turn influenced both intrinsic motivation and creative process engagement.

So the researcher summarizes that leadership empowerment is sharing power with SN, thus enhancing their confidence in their ability to perform their functions and their belief that they are influential contributors to the hospital, add to that empowerment is one of the most effective tools for increasing nurse's productivity and making effective use of individual and group capacities according to the goals of health institutions. So, process of leadership empowerment increases professional creativity and initiative of nurses and individuals committed to work more. Therefore, result of study represent is a power factor for the nursing administrators of governmental hospitals, empowering the SN gives nursing administrators work with professional creativity and accuracy in achieving of work without any problems, and a joint collaboration between NS and SN in order to raise the nursing profession towards quality

4.3.6 Is there a relationship between leadership empowerment and socio demographic variables NS and SN?

This question analyzes the differences among opinions of respondents toward leadership empowerment due to respondents' profiles (gender, age, academic qualification and experience).

To test a variable, we use Independent samples t test. Test was used to examine if there was a statistically significant difference between two means among the respondents. Also, one-way Analysis of variance (ANOVA) test were used to find whether there were statistically significant differences between opinions of respondents or not.

4.3.6.1 Leadership empowerment analysis according gender

Table (4.37): Result of independent samples test according gender

No.	Dimensions	Participants	P-value (Sig.)	Means Male	Means Female
1.	Provide independence	SN	0.626	3.47	3.52
		NS	0.717	4.18	4.21
2.	Effective participation	SN	0.406	2.77	2.87
		NS	0.000	3.98	4.29
3.	Leadership values	SN	0.079	3.08	3.25
		NS	0.053	4.31	4.47
4.	Professional development	SN	0.223	2.86	2.99
		NS	0.318	3.94	4.04
5.	Supporting environment	SN	0.164	3.05	3.21
		NS	0.007	3.96	4.26
6.	Cooperative work	SN	0.122	3.21	3.38
		NS	0.018	4.14	4.37
7.	Effective communication	SN	0.231	3.55	3.69
		NS	0.304	4.33	4.42
Total		SN	**0.153**	**3.12**	**3.25**
		NS	**0.019**	**4.11**	**4.28**

To test a variable, we use the Independent Samples Test and the result illustrated in table (4.37) shows that there is no significant difference among the respondents to leadership empowerment attributable to the gender variable in relation to SN questionnaire, while there are differences on leadership empowerment by gender in the questionnaire of supervisors in three dimension is (effective participation, supporting environment, cooperative work and total). In other words, there is no relationship between the leadership empowerment and the gender of SN, while there was a relationship between leadership empowerment and gender with NS, and the differences were in favor of females.

There results agreed with study of Hassan (2011) which indicates that female nursing supervisees had more positive perceptions than male about clinical nursing supervision they received. This is inconsistent with Turban (2007) who found that there were no statistical significances in gender in reference to the perceptions toward supervisory domains in her study.

Therefore, the researcher believes that NS do not view to gender as a factor affecting leadership empowerment, but the first consideration is the power of the nurse to control the department and its ability to lead, achievement and creativity.

4.3.6.2 Leadership empowerment analysis according age

ANOVA was used to test the differences among opinions of respondents with respect to age. According to the results of the test as shown in Table (4.38), the P-value for each dimension of as well as the all dimensions are significant together (P-value < 0.05). Thus, there is statistically significant differences attributed to age at the level of $\alpha \leq 0.05$. In other words, there is a relationship between the leadership empowerment and the age of nurses.

According to the results of the test as shown in table (4.38), the P-value for all dimension are significant (P-value< 0.05). Thus, there are statistically significant differences due to age at the level of $\alpha \leq 0.05$ between the means of their views on leadership empowerment. And therefore, Scheffe test was used for multiple comparisons between the means of the opinions of the respondents taking into account age of respondents. According to the results of the test as shown in table (4.39), there is a difference between age groups in favor of the 41-49 group, while the differences in the questionnaire supervisors were in favor of the age group 32-40.

Table (4.38): One-way ANOVA results according age

No.	Dimension	Participant	F-test	value (Sig.)	22-31	32-40	41-49	50-58
1.	**Provide Independence**	**SN**	3.39	0.018	3.44	3.44	4.11	3.99
		NS	1.96	0.122	4.07	4.30	4.08	4.16
2.	**Effective Participation**	**SN**	3.24	0.022	2.66	2.89	3.31	3.21
		NS	6.26	0.000	3.55	4.27	3.96	4.02
3.	**Leadership Values**	**SN**	2.79	0.040	3.09	3.14	3.75	3.33
		NS	5.61	0.001	3.84	4.51	4.26	4.34
4.	**Professional Development**	**SN**	2.64	0.049	2.83	2.92	3.40	3.32
		NS	3.29	0.022	3.77	4.15	3.82	3.91
5.	**Supporting Environment**	**SN**	2.18	0.090	3.03	3.12	3.55	3.56
		NS	5.88	0.001	3.74	4.32	3.99	3.85
6.	**Cooperative Work**	**SN**	3.11	0.026	3.20	3.26	3.95	3.66
		NS	4.17	0.007	3.71	4.38	4.09	4.18
7.	**Effective Communication**	**SN**	1.97	0.118	3.60	3.55	4.23	3.77
		NS	3.12	0.027	3.97	4.50	4.34	4.26
Total		**SN**	**3.30**	**0.021**	**3.10**	**3.17**	**3.73**	**3.51**
		NS	**6.47**	**0.000**	**3.81**	**4.34**	**4.06**	**4.10**

Therefore, the researcher believes that age has a direct impact on leadership empowerment, so, there is no doubt that the period which the nurse spent in his department the greater the awareness of them about job, so the point view of the SN empowerment was towards older nurse, in my view, when the nursing supervisor is old, he works as a daily routine and does not search for new things vice versa , but the vision of NS was towards young people. Therefore, through the experience of the researcher in nursing supervision, he feels creative at work when the SN at all hospital department are young, they are more flexible and active in dealing with achievement, this result agreed with several studies as Gabra et al. (2019), Asiri et al. (2016), and Saleh et al. (2013), which indicated that nursing managers and supervisors tend to empower and even grant young nurses in leading positions at hospitals.

Table (4.39): Results of Scheffe test for multiple comparisons according age.

Participant	SN				NS			
Mean difference	Up to 30	31-40	41-49	Over 50	Up to 30	31-40	41-49	Over 50
22-31								
32-40					0.531*		0.273*	0.236*
41-49	0.636*	0.564*						
50-58								

4.3.6.3 Leadership empowerment analysis according education level

According to the results of the test as shown in table (4.40), the P-value for all dimension are not significant (P-value > 0.05). Thus, there is no statistically significant differences due to education level at the level of $\alpha \leq 0.05$ between the means of their views on leadership empowerment.

Table (4.40): One-way ANOVA results according education level

No	Dimension	Participant	F-test	value (Sig.)	2 and 3 years diploma	Bachelor	Postgraduate
1.	Provide Independence	SN	0.421	0.657	3.57	3.46	3.56
		NS	0.220	0.802	4.07	4.20	4.17
2.	Effective Participation	SN	0.478	0.620	2.84	2.78	3.02
		NS	0.109	0.896	4.10	4.06	4.10
3.	Leadership Values	SN	0.013	0.987	3.14	3.15	3.15
		NS	0.350	0.705	4.54	4.35	4.37
4.	Professional Development	SN	1.778	0.171	3.03	2.85	3.17
		NS	0.651	0.523	3.83	4.01	3.91
5.	Supporting Environment	SN	0.863	0.423	3.11	3.09	3.42
		NS	1.427	0.243	3.64	4.03	4.14
6.	Cooperative Work	SN	1.269	0.283	3.26	3.25	3.64
		NS	0.517	0.597	4.00	4.20	4.26
7.	Effective Communication	SN	0.555	0.574	3.60	3.59	3.85
		NS	0.209	0.812	4.52	4.35	4.35
Total		**SN**	**0.643**	**0.526**	**3.20**	**3.15**	**3.37**
		NS	**0.058**	**0.943**	**4.10**	**4.17**	**4.17**

Therefore, the researcher explains this result that the leadership qualities when they are in a person, the educational level does not significantly affect the assumption of leadership positions. In light of the nursing profession is a practical profession that requires careful thought, speed of work and achievement and accuracy in the implementation. Many nurses are with high levels of education but they aren't able to act in many situations, especially in emergency. In addition to their level of education reflect on their practical performance. but many nursing diploma holders have leading personalities and the ability to lead an entire hospital and not a department nursing care.

Studies vary in relation to leadership and educational level, Ebraheem (2017) found more than two thirds of studied sample have bachelor of nursing. And the minority of them was post graduate nursing education and no statistically significant about leadership empowerment

4.3.6.4 Leadership empowerment analysis according years of experience

According to the results of the test as shown in table (4.41), the P-value for all dimensions are not significant (P-value > 0.05). Thus, there is no statistically significant differences attributed to years of experience in nursing at the level of $\alpha \leq 0.05$. In other words, there is no relationship between all dimensions and years of experience in nursing.

Table (4.41): One-way ANOVA results according years of experience in nursing

No.	Dimension	Participant	F-test	value (Sig.)	Less than 10 years	11-20	More than 21 years
1.	Provide independence	SN	0.705	0.495	3.49	3.46	3.91
		NS	0.417	0.741	4.23	4.16	4.18
2.	Effective participation	SN	1.850	0.159	2.73	2.96	2.79
		NS	1.542	0.205	4.16	4.06	3.89
3.	Leadership values	SN	0.338	0.713	3.14	3.16	3.40
		NS	1.735	0.162	4.43	4.37	4.19
4.	Professional development	SN	1.281	0.279	2.87	2.97	3.38
		NS	1.394	0.246	3.95	4.03	3.92
5.	Supporting environment	SN	2.248	0.107	3.09	3.12	3.90
		NS	1.915	0.129	4.20	3.96	3.90
6.	Cooperative work	SN	1.356	0.259	3.25	3.28	3.88
		NS	0.588	0.624	4.27	4.19	4.10
7.	Effective communication	SN	0.848	0.429	3.61	3.59	4.10
		NS	1.669	0.175	4.46	4.32	4.26
Total		SN	**1.049**	**0.351**	**3.15**	**3.20**	**3.59**
		NS	**1.239**	**0.297**	**4.23**	**4.16**	**4.06**

Therefore, the researcher explains this finding that the experience years' in nursing did not hinder the nurses in proving their competence in leading the departments, although some sections (ED ,ICU, OR) need a highly experienced leader to face many situations that need a nursing leadership with experience to success in confronting it, but some studies have found that years of experience is an influential factor in the selection of SN, the new nurses do not have the leader skill to manage the departments or deal with difficult situations or major problems, such as study by Saleh et al (2013) which found positive correlation in both nurses leaders and staff nurses according experience to select leader nurse.

But study of Hassan (2011) found no significant correlation between experience in NS and overall perceptions of NS about the clinical nursing supervision. This result means that perception about supervisors is not affected by their experience in supervision. This result disagreed with Turban (2007) who found no statistical differences between experiences in organization and perceptions of supervisors regarding domains of the study.

4.3.7   Is there a relationship between professional creativity and socio-demographic variables?

This question analyzes the differences among opinions of respondents toward professional creativity due to respondents' profiles (gender, age, educational level and year of experience).

4.3.7.1 Professional creativity analysis according gender of SN and NS?

To test a variable, we used independent samples T test and the result illustrated in table (4.42) shows that there is no significant difference among the respondents to professional creativity attributable to the gender variable in relation to SN questionnaire, while there are differences on professional creativity by gender in the questionnaire of NS. In other words, there is no relationship between the professional creativity according gender of SN, while there is a relationship with the gender of NS, and the differences were in favor of females.

Therefore, the researcher believes that professional creativity is not linked with a person without other, or linked with sex alone, and creativity has no limits, and creative nurse does not look to other, but makes all his focus towards his work and creativity. Several studies have indicated that creativity is not among male nurses without female nurses, but creativity is produced through the internal sensation of nurses to make sure that it is the best, such studies of Isfahani et al (2015), Saleh et al (2013), Chan (2012).

Table (4.42): Result of independent samples test according gender

No.	Dimensions	Participant	P-value (Sig.)	Means	
				Male	**Female**
1.	Problem solving	**SN**	0.368	3.75	3.67
		NS	0.002	3.45	3.79
2.	Confront of challenges & risks	**SN**	0.543	3.87	3.92
		NS	0.000	3.56	4.08
3.	Cognitive flexibility	**SN**	0.198	3.76	3.87
		NS	0.010	3.66	3.96
4.	Analysis & evaluation	**SN**	0.674	3.78	3.82
		NS	0.002	3.54	3.95
5.	Change & development	**SN**	0.894	3.65	3.64
		NS	0.000	3.47	4.03
6.	Decision making	**SN**	0.801	3.95	3.93
		NS	0.000	3.65	4.11
7.	Persuasion & creativity	**SN**	0.761	3.99	3.96
		NS	0.023	3.63	3.89
Total		**SN**	**0.940**	**3.83**	**3.83**
		NS	**0.000**	**3.57**	**3.96**

4.3.7.2 Professional creativity analysis according age

According to the results of the test as shown in table (4.43), the P-value for dimension of as well as the all dimensions significant are together (P-value < 0.05) for NS. Thus, there is statistically significant differences attributed to age at $\alpha \leq 0.05$. In other words, there is a relationship between professional creativity and the age of NS, while there are no statistically significant differences attributed to the age of SN.

Therefore, Scheffe test was used to multiple comparisons between the Means of the supervisor's opinions. According to the test finding as shown in table (4.44), there is a difference between age groups (Up to 30) and each of (41-49 and over 50) in favor of group (22-31), also there is a difference between age groups (32-40) and each of (41-49 and 50-58) in favor of the group (32-40).

Table (4.43): One-way ANOVA results according age

No.	Dimension	Participant	F-test	value (Sig.)	Up to 30	31-40	41-49	Over 50
1.	Problem solving	SN	2.308	0.076	3.66	3.70	4.15	4.03
		NS	4.197	0.007	4.02	3.72	3.51	3.36
2.	Confront of Challenges & Risks	SN	2.981	0.032	3.85	3.90	4.47	3.75
		NS	3.617	0.014	4.33	3.87	3.69	3.53
3.	Cognitive Flexibility	SN	1.861	0.136	3.78	3.77	4.25	3.93
		NS	6.966	0.000	4.43	3.97	3.54	3.61
4.	Analysis & Evaluation	SN	0.073	0.974	3.79	3.81	3.77	3.72
		NS	3.406	0.019	4.14	3.87	3.49	3.55
5.	Change & Development	SN	1.094	0.352	3.64	3.65	3.92	3.37
		NS	0.663	0.576	3.60	3.74	3.67	3.53
6.	Decision Making	SN	1.593	0.191	3.89	3.95	4.35	4.05
		NS	2.675	0.049	4.19	3.94	3.65	3.72
7.	Persuasion & Creativity	SN	0.370	0.774	3.97	3.96	4.17	4.04
		NS	4.229	0.006	4.36	3.86	3.57	3.58
	Total	SN	1.556	0.200	3.80	3.82	4.19	3.87
		NS	4.067	0.008	4.18	3.86	3.58	3.55

Therefore, the researcher believes that professional creativity among young people more than the elderly, giving is at the age of the youth, and the top of the activity of the person is in his youth, and this is confirmed by this study. And several studies have found that creativity, motivation and productivity are in the middle age less than 40 years, including Gabra et al. (2019) and Saleh et al. (2013), while other studies have found that creativity does not have a certain age. But creative people remain creative at all ages and times, and from these studies Isfahani et al. (2015), Jokari et al. (2012).

Table (4.44): Results of Scheffe test for multiple comparisons according to age of NS.

Mean difference	Up to 30	31-40	41-49	Over 50
Up to 30			0.594*	0.628*
31-40			0.272*	0.306*
41-49				
Over 50				

4.3.7.3 Professional creativity analysis according education level

According to the results of the test as shown in table (4.45), the P-value for all dimensions are not large (P-value>0.05). Thus, there is no statistically significant differences according education level at the level of α ≤ 0.05 between Professional creativity and education level

Table (4.45): One-way ANOVA results regarding education level

No.	Dimension	Participant	F-test	value (Sig.)	2 and 3 years diploma	Bachelor	Postgraduate
1.	Problem solving	SN	0.200	0.818	3.76	3.71	3.65
		NS	2.185	0.116	3.20	3.63	3.45
2.	Confront of challenges & risks	SN	0.303	0.739	3.93	3.87	3.99
		NS	2.252	0.108	3.41	3.82	3.59
3.	Cognitive flexibility	SN	0.210	0.811	3.85	3.79	3.83
		NS	1.885	0.155	3.14	3.78	3.76
4.	Analysis & evaluation	SN	0.483	0.617	3.82	3.80	3.63
		NS	3.239	0.042	2.84	3.74	3.61
5.	Change & development	SN	0.629	0.534	3.58	3.67	3.52
		NS	2.144	0.119	2.64	3.62	3.78
6.	Decision making	SN	0.287	0.751	3.91	3.94	4.07
		NS	1.245	0.178	2.90	3.81	3.85
7.	Persuasion & creativity	SN	0.141	0.869	4.01	3.97	3.94
		NS	0.809	0.447	3.35	3.75	3.68
Total		**SN**	**0.048**	**0.953**	**3.85**	**3.82**	**3.81**
		NS	**2.285**	**0.105**	**3.10**	**3.74**	**3.67**

The researcher believes that creativity is not teaching in school, scientific colleges, and is not related to educational level, but even the word creativity has not been included in the curriculum of nursing schools. So, creativity and innovation in nursing is widespread, also the work of nursing is a creative work professional creativity work, not randomize. but in health care and managed isn't seen as a part of the work that nurses must do, but is seen as something additional to the "real work" of nurses.

Everyone has substantial creative ability, creativity has been suppressed through education, but it is still there and can be reawakened. Often, all that is needed to be creative to make a commitment to creativity and to take the time for it, (Carson et al., 2005). So, in the education process, creativity should be developed with interesting and motivational activities. The nurses who have developed creativity will find creative and practical solutions that can cope more easily with the crisis situations in the health-care environment where the changes and competition are increasing. In the field of creativity in nursing (Durmaz et al, 2018).

4.3.7.4 Professional creativity analysis according years of experience

According to the results of the test as shown in table (4.46), the P-value for all dimensions is not significant (P-value > 0.05). Thus, there is no statistically significant differences attributed to years of experience in SN at the level of $\alpha \leq 0.05$. In other words, there is no relationship between all dimensions and years of experience in SN.

Therefore, the researcher attributes the lack of correlation between professional creativity and years of experience of nurses to the fact that professional creativity is not related to the number of years of work in a particular field, but rather the motivation of the person towards creative work. So, through the work of the researcher and according to his point of view, years of experience were not an obstacle in front of the nurses to prove their professional creativity and motivation towards work. but in many times, the new nurses were trying to prove their ability to be creative and of compete with old nurses.

Table (4.46): One-way ANOVA results according years of experience in SN.

No.	Dimension	Participant	F-test	value (Sig.)	Less than 10 years	11-20	More than 21 years
1.	Problem solving	SN	2.102	0.124	3.68	3.75	4.29
		NS	1.525	0.210	3.69	3.44	3.56
2.	Confront of challenges & risks	SN	0.264	0.768	3.88	3.93	3.80
		NS	2.039	0.110	3.90	3.58	3.70
3.	Cognitive flexibility	SN	0.177	0.837	3.79	3.83	3.88
		NS	2.754	0.044	3.94	3.62	3.62
4.	Analysis & evaluation	SN	0.814	0.444	3.81	3.80	3.43
		NS	1.316	0.271	3.76	3.54	3.69
5.	Change & development	SN	1.515	0.221	3.67	3.62	3.14
		NS	3.445	0.018	3.79	3.43	3.75
6.	Decision making	SN	1.621	0.199	3.95	3.89	4.43
		NS	1.729	0.163	3.91	3.67	3.76
7.	Persuasion & creativity	SN	0.648	0.524	4.00	3.92	4.16
		NS	2.885	0.038	3.89	3.55	3.64
Total		**SN**	**0.087**	**0.917**	**3.82**	**3.83**	**3.92**
		NS	**2.546**	**0.058**	**3.85**	**3.55**	**3.66**

In study by Isfahani et al (2014) the findings are indicated good information about the unique experiences and perspectives of creative nurses and showed that creativity has many benefits for the patients, nurses, their colleagues, as well as the hospitals and the universities. Also, it had some negative effects on nurses that sometimes led to discouragement and displeasure. However, nurses' experiences indicated that positive aspects outweighed the negative ones. Therefore, we can say that nurses' creativity for health care system is a privilege, not a disadvantage.

Chapter Five

Conclusion and Recommendation

5.1 Conclusion

This study aims to assess level of leadership empowerment in achieving the professional creativity at governmental hospitals in Gaza governorates from the perspectives of NS, and SN. It was a descriptive, analytical and cross-sectional study. All major governmental hospital from each governorate was selected. The target population is classified into two groups: the first group was NS which included HN and NS and the second was supervisees (SN). All NS were included in the study and proportional systematic random sample was selected for the senior nurse's group. The response rate for NS was 83.1% (180) from total 213 NS and for the SN it was 93.5% (333) from total 356 nurses. The study tool was a self-administered questionnaire for both NS and SN. Both questionnaires contained socio-demographic variable, organizational variable and other variables in addition to the study domains that reflect the reality of leadership empowerment for SN and their impact in achieving the professional creativity.

Most of the sample was Male, which is representing 62% and 38% of were females. This percentage to SN and NS, for SN male 59.2% and female 40.8%, but NS male 68.3% and female 31.7%. Regarding Age group, most of the age group up to 30 years about 47.7% in SN, but in NS most of the age group more than 41 years about 59.4%. Regarding the residency place between SN, 29.7% were from Gaza Governorate, 20.4 % from North of Gaza Governorate, 15.3% Mid-zone of Gaza Governorate, 22.8% were from Khan-Younis and 11.7% were from Rafah governorate. but about NS, 28.3% were from Gaza Governorate, 17.8% were from North of Gaza Governorate, 23.3% Mid-zone of Gaza Governorate, 19.4% were from Khan-Younis and 11.1% were from Rafah governorate.

Regarding academic qualifications of SN, 23.7% have been holding 2 & 3 years' diploma, while 70.9% have bachelor degree. Almost of the senior nurse hadn't postgraduate qualification. While about NS all most of academic qualifications from bachelor degree as 62.2%, about 35% have been holding postgraduate. And 5.4% have been holding 3 years' diploma. Regarding place of graduation of SN, 50.2% were graduated from Islamic University, 34.2% were graduated from Palestine College of Nursing, 9% from University

College of Applied Sciences and 6.6% from Al Azhar university. While about NS most of graduated from Islamic University as 61% and rest graduated from Palestine College of Nursing as 39%. The highest participation rate among SN in Shifa Medical Complex with 37.2%, while Nasser Medical Complex had 24% participation, while the participation in the Indonesian Hospital, Al Nasser pediatric Hospital and the European Gaza Hospital was equal to 10.5%. Finally, the participation rate in Al-Aqsa Martyrs Hospital represented 7.2%. According to the years of experience among SN the majority of SN (64%) had work experience up to 10 years, while 33.1% of participants had a total work experience ranged from 11 to 20 years, and other (2.1%) had a total work experience of more than 20 years. From SN about 62.5% of respondents reported that they had knew job descriptions, 57.7% of them work as this job description. 79.3% of them know rights of job and 88.9% know duty of nurse's job. These answers made 77.2% of participants reported work in favorite department.

According to the characteristic of NS, the participation of heads nurse about 95 nurses by 53%, while the participation of clinical supervisors 85 supervisors by 47%. The highest participation among NS was in Shifa Medical Complex which had 36.1% participation, while Nasser Medical Complex had 17.2% participation, while the participation from European Gaza Hospital was 16.1%, the participation rate from Al-Aqsa Martyrs Hospital represented 12.8%, while the participation of Indonesian Hospital represented 8.33% and Al Nasser pediatric Hospital represented 9.45%. Regarding the total experience in nursing, the mean of nursing experience was 18.4 years. About 52.8% of the supervisors were having experience from 11-20 years and 35.6% of them had experience more than 21 years. but about experience in NS 43% of the supervisors were having experience from 7-12 years, 37% of them had experience less than 6 years and 20 % of them had experience more than 13 years and about 79.4% of NS reported they had known job descriptions, and about 79% of the respondents had receive special training courses in supervision or management.

According to the level of leadership empowerment from point of view NS there is a high level of leadership empowerment (83.5%) for SN from point of view NS for nurses working under their supervision. And the relative weight and rankings of the leadership empowerment dimensions. The leader values dimension ranked first with a relative weight of (87.2%), followed by the effective communication dimension (87.1%), while professional development ranked last with a relative weight of (79.4%). Although professional development has ranked last as one of the dimensions of leadership empowerment, it is a highly influential dimension

According to the level of professional creativity of SN from point of view NS, there is a high degree of professional creativity represented (73.9%) among nurses as result of the leadership empowerment of them by NS, and the relative weight and rankings of the professional creativity dimensions. Decision making dimension ranked first with a relative weight of (75.9%), followed by the Cognitive flexibility dimension (75.1%), followed by confront of challenges & risks (74.5%), followed by persuasion & creativity (74.2%), followed by analysis & evaluation (73.5%), followed by change & development (72.9%), while problem solving ranked last with a relative weight was (71.7%).

According to the level of leadership empowerment from point of view SN, there is a moderate degree of leadership empowerment (63.5%) for SN from NS. The relative weight and rankings of the leadership empowerment dimensions. Effective communication dimension ranked first with a relative weight of (72.2%), followed by the provide independence dimension (69.8%). These two dimensions are taken a medium degree of leadership empowerment. While the lowest rankings dimension of leadership empowerment. cooperative work (65.5%); leadership values (63.0%); supporting environment (62.3%); professional development (58.3%); effective participation (56.2%).

According to the level of professional creativity from point of view SN, there is a high degree of professional creativity represented (76.5%) among SN. the relative weight and rankings of the professional creativity dimensions. It was the highest dimension and first ranked is persuasion & creativity dimension with a relative weight of (79.5%), followed by the Decision-making dimension (78.8%), followed by the Confront of challenges & Risks (77.9%), followed by the Cognitive flexibility (76.1%), followed by the analysis & evaluation (75.9%), followed by the problem solving (74.3%), while change & development ranked last with a relative weight of (72.9%).

According the relationship between leadership empowerment and professional creativity there is a statistically significant relationship between leadership empowerment and professional creativity. This indicates to the impact of leadership empowerment on the professional creativity of the SN, that's meaning the greater leadership empowerment, is more professional creativity among SN.

According to the relationship between leadership empowerment and socio demographic variables (gender, age, academic qualification and experience). According gender there is no significant difference to leadership empowerment to the gender variable in relation to SN questionnaire, while there are differences leadership empowerment by gender in the

questionnaire of supervisors in three dimensions is (effective participation, supporting environment, cooperative work) and the differences were in favor to females. According age there are statistically significant differences leadership empowerment. And the difference between age groups in favor of the 41-49 group in SN, while the differences in the questionnaire supervisors were in favor of the age group 32-40. According educational level and experience there is no statistically significant differences.

According the relationship between professional creativity and socio demographic variables (gender, age, academic qualification and experience). According gender there is no significant difference to professional creativity attributable to the gender variable in relation to SN questionnaire, while there are significant differences on professional creativity by gender in the questionnaire of NS differences were in favor to females. According age there is a relationship between professional creativity and the age of NS, and difference between age groups (Up to 30) and each of (41-49 and over 50) in favor of group (22-31), also there is a difference between age groups (32-40) and each of (41-49 and 50-58) in favor of group (32-40). While there are no statistically significant differences attributed to the age of SN. According educational level and experience there is no statistically significant differences.

5.2   Recommendations

Based on the study finding, the researcher would provide useful recommendations as outlined below. Decision makers, health managers, nursing supervisor, nursing leaders, professionals and researchers need to consider these recommendations and intensively work to address them.

- Increase awareness and understanding among nursing directors and nursing supervisor about concept of leadership empowerment and different factors that create opportunities for safe and effective empowerment.
- Enhance the nursing work environment by practicing appropriate leadership styles and empowering strategies, including greater participation of nursing staff in the decision-making process. Ultimately, more effective nursing management should result in improved nursing staff creativity, job satisfaction, and work commitment all that can led to professional creativity.

- Nursing Managers should assess the structures in the organization to identify barriers of staff nurses to be professional creativity and ensure empowering factors at organization.

- Demonstrate a strong orientation toward creativity and change, which is clearly communicated and enacted, from the highest levels of management, throughout the hospital.

- Encourage creative activities by provide incentives and focus on immediate reward for the creative work to motivate the staff to continue.

- Match nurses' skills, interests and personality to the right job, so that each employee can make the most of his/her expertise, thereby stimulating intrinsic motivation and diminish role ambiguity, consequently increasing creativity.

- Implement and maintain education and training programs that aimed to increase awareness of all staff member about importance of empowerment and professional creativity.

- Nursing staff should be involved in decision-making processes at all levels of the health organization, particularly where these affect their practice and profession.

- Nursing staff should learn about the vision, mission, and goals of their own health organization as this will increase their commitment to it.

- Nursing administrators must take the lead in breaking down barriers to success by providing necessary resources, improving communication, and displaying support, that is can increase empowerment.

- Nursing manager and supervisor should create a productive working environment that enhances staff commitment by public recognition and appreciation of endeavor. This may include non-financial but tangible incentives, such as time off, preferred work, and extra holiday time, to intangible incentives such as recognition, visibility, and praise.

- A good professional nursing body structure should be established that clearly defines the positions and relative roles of nurses with respect to experience and qualifications. Such a system will encourage staff development and eventual retention.

5.3   Recommendations for further studies

- The researcher would recommend conducting further research studies covering the following areas:

- Future research should further investigate any direct link between nursing leadership and staff nurse creativity.

- A research study to assess the nursing manager leadership style at all levels should be conducted.

- A research study to examine the effectiveness of developmental training programmers of effective leadership should be conducted.

- The correlation of transformational and transactional factors with other organizational outcomes such as performance should be investigated.

- Further quantitative and qualitative research should be conducted to acquire a better understanding of empowerment issues among nurse managers and nursing staff, with the aim of developing appropriate and successful retention strategies.

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Annexes

Annex (1) Map of Palestine

Annex (2) Distribution of Hospital in Gaza Strip

Hospital ID	Name	No. of Beds	Type	Region
1	Al Ahlly Arabi Hospital	80	NGOs	Gaza
2	Al - Aqsa Martyrs Hospital	207	MOH	Midzone
3	Al Awda	82	NGOs	North Gaza
4	Al Najar Hospital	102	MOH	Rafah
5	Al Quds Hospital (PRCS)	100	NGOs	Gaza
6	Al - Durrah Hospital	85	MOH	North Gaza
7	Beit Hanoun Hospital	86	MOH	North Gaza
8	European Hospital	301	MOH	Khan Yunis
9	Indonesian Hospital	122	MOH	North Gaza
10	Nasser Medical Complex	346	MOH	Khan Yunis
11	Al Nasr Children's Hospital	142	MOH	Gaza
12	Ophthalmic Hospital	32	MOH	Gaza
13	Patient Friends hospital	42	NGOs	Gaza
14	Shifa Medical Complex	594	MOH	Gaza
15	Tall as Sultan Hospital	58	MOH	Rafah

Annex (3) Distribution of Governmental hospitals according location

Gaza Governorates
- Rafah Governorate
  - Al-Najjar Hospita
  - Al Hilal Emirates Hospital
- Khan Younis Governorate
  - Nasser hospital
  - European Gaza hospital
- Mid-zone Governorate
  - Shohadaa Al-Aqsa hospital
- Gaza Governorate
  - Al Shifa Medical Complex
  - Nasser Pediatric Hospital
  - Al Dourra Pediatric Hospital
  - Specialized Pediatric Hospital
  - Ophthalmic Hospital
  - Psychiatric Hospital
- North Gaza Governorate
  - Indonesian Hospital
  - Beit Hanoun Hospital

MOH, 2019

Annex (4) Al-Quds University Approval Latter

Al-Quds University
Faculty of Health Professions
Nursing Dept. —Gaza

كلية المهن الصحية
دائرة التمريض – غزة

التاريخ:2019/9/14

حضرة الأخ/ د. رامي العبادلة
مدير عام الإدارة العامة لتنمية القوى البشرية   حفظه الله
السلام عليكم ورحمة الله وبركاته

الموضوع: تسهيل مهمة الطالب عصام تبهان

تهديكم كلية المهن الصحية بجامعة القدس أطيب التحيات، ويرجو من حضرتكم مساعدة الطالب المذكور بخصوص جمع معلومات خاصة بموضوع:

دور التمكين القيادي في تحقيق الابداع المهني لدى الممرضين العاملين في المستشفيات الحكومية في قطاع غزة

وذلك من مستولي التمريض (مشرف القسم/ونائب قسم/الممرض مسئول الفترة بالقسم) في مستشفيات وزارة الصحة (الأندونيسي + الشفاء + الأقصى + النصر + الأوروبي) وذلك ضمن رسالة الماجستير الخاصة به لبرنامج إدارة التمريض.

وتفضلوا بقبول وافر الاحترام والتقدير

د. حمزة محمد عيد الجواد
استاذ مساعد في علوم التمريض
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دائرة التمريض
Nursing Department

Annex (5) MOH Approval Latter

التاريخ:2019/10/13

رقم المراسلة 378793

السيد : رامي عيد سليمان العبادلة   المحترم

مدير عام بالوزارة /الإدارة العامة لتنمية القوى البشرية ــ /وزارة الصحة

السلام عليكم ,,,

الموضوع/ تسهيل مهمة الباحث// عصام نبهان

التفاصيل //
بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ عصام سعدي نبهان
الملتحق ببرنامج ماجستير التمريض – تخصص إدارة التمريض – جامعة القدس أبوديس في إجراء بحث بعنوان:ــ
"دور التمكين القيادي في تحقيق الإبداع المهني لدى الممرضين العاملين في المستشفيات الحكوميةـ قطاع غزة"
حيث الباحث بحاجة لتعبئة استبانة من عدد من ذوي المسميات الاشرافية في التمريض في مستشفيات قطاع غزه (
مجمع الشفاء الطبي – مجمع ناصر الطبي – مستشفى غزه الأوربي – مستشفى النصر للأطفال –مستشفى الاندونيسي –
مستشفى شهداء الأقصى، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، ودون تحمل الوزارة أي
أعباء أو مسئولية.
وتفضلوا بقبول التحية والتقدير،،،
ملاحظة /
1. البحث المذكور حصل على موافقة لجنه اخلاقيات البحث الصحي (لجنة هلسنكي)
2. تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 3 أشهر من تاريخه.

محمد ابراهيم محمد السرساوي
مدير دائرة/الإدارة العامة لتنمية القوى البشرية ــ

التحويلات

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إجراءاتكم بالخصوص(2019/10/13)	عبد السلام محمد عيد صباح(مدير عام بالوزارة) ⟵	▪ رامي عيد سليمان العبادلة(مدير عام بالوزارة)
إجراءاتكم بالخصوص(2019/10/14)	محمد خليل محمد زقوت(مدير) ⟵	▪ عبد السلام محمد عيد صباح(مدير عام بالوزارة)
إجراءاتكم بالخصوص(2019/10/14)	شوقي ابراهيم عبد القادر سالم(مدير مستشفى) ⟵	▪ عبد السلام محمد عيد صباح(مدير عام بالوزارة)
إجراءاتكم بالخصوص(2019/10/14)	مصطفى سليم عبد الكحلوت(مدير مستشفى) ⟵	▪ عبد السلام محمد عيد صباح(مدير عام بالوزارة)
إجراءاتكم بالخصوص(2019/10/14)	محمد محمد عبد الحليم ابوسلمية(مدير مستشفى) ⟵	▪ عبد السلام محمد عيد صباح(مدير عام بالوزارة)
إجراءاتكم بالخصوص(2019/10/14)	كمال عواد محمد خطاب(مدير مستشفى) ⟵	▪ عبد السلام محمد عيد صباح(مدير عام بالوزارة)

126

Annex (6) Helsinki Committee Approval Latter

املجـلـس الفلسطيــني للبحــث الصحـــي
Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee
For Ethical Approval

Date: 2019/10/7

Number: PHRC/HC/628/19

الاسم:

Name: Esam Sade Abed Nabhan

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم
حول:

The Role of Leadership Empowerment in Achieving the Professional Creativity among Nurses Working at Governmental Hospitals in Gaza Strip

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/628/19 in its meeting on 2019/10/7

و قد قررت الموافقة على البحث المذكور عاليه
بالرقم والتاريخ المذكوران عاليه

Signature

Member

Member

Dr. Yehia Abed

Chairman

Genral Conditions:-
1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail:pal.phrc@gmail.com

Gaza - Palestine

غزة ــ فلسطين
شارع النصر ــ مفترق العيون

127

Annex (7) Research Ethics Committee Approval Latter

Al-Quds University
Jerusalem
Deanship of Scientific Research

بسم الله الرحمن الرحيم

جـامـعـة الـقـدس
القدس
عمـادة البحث العلمي

Research Ethics Committee
Committee's Decision Letter

Date: October 21, 2019
Ref No: 88/REC/2019

Dear Dr. Yousif M. Awad, Mr. Isam S. A. Nabhan

Thank you for submitting your application for research ethics approval. After reviewing your application entitled **"The Role of Leadership Empowerment in Achieving the Professional Creativity among Nurses Working at Governmental Hospitals in Gaza Strip ".**

The Research Ethics Committee confirms that your application is in accordance with the research ethics guidelines at Al-Quds University.

Please inform us if there will be changes in your research methodology, subjects, and plan. We would appreciate receiving a copy of your final research report/ publication.

Thank you again and wish you a productive research that serves the best interests of your subjects.

Nuha El Sharif, PhD.
Research Ethics Committee Chair
Scientific Research Deanship

Cc. Prof. Imad Abu Kishek - President
Cc. Members of the committee
Cc. file

Abu-Dies, Jerusalem P.O.Box 20002
Tel-Fax: #970-02-2791293
research@admin.alquds.edu
أبوديس، القدس ص.ب. 20002
تلفاكس: 970-02-2791293#

128

Annex (8) The initial form of questionnaire

<div dir="rtl">

تحكيم استبانة

الأستاذ الدكتور: .... المحترم

تحية طيبة وبعد......

بين ايديكم استبانة خاصة برسالة الماجستير التي أقوم بإجرائها وهي بعنوان: "**دور التمكين القيادي في تحقيق الإبداع المهني لدى الممرضين العاملين في المستشفيات الحكومية في قطاع غزة**"، وذلك استكمالاً لمتطلبات الحصول على درجة الماجستير في إدارة التمريض من جامعة القدس.

وحسب مكانتكم العلمية وخبرتكم الواسعة في مجال الإدارة والقيادة في التمريض فإنني أرجو منكم التكرم بتحكيم فقرات الاستبانة من حيث:

– مدى ملاءمة الفقرات لمجالات الدراسة.

– مدى وضوح الفقرات.

– سلامة الصياغة اللغوية.

– أي تعديلات أو مقترحات ترونها مناسبة.

شاكرين لكم حسن تعاونكم

مع خالص التقدير والاحترام

الباحث

عصام سعدي نبهان
Issam197824@hotmail.com
0598665055
0569191581

</div>

استبانة (1) خاصة بالممرضين

"تقييم مستوى التمكين القيادي في تحقيق الإبداع المهني لدى الممرضين العاملين في المستشفيات الحكومية في قطاع غزة"

أولاً: المعلومات الشخصية:

1- **الجنس:** ذكر ☐   أنثى ☐   2- **العمر** : [ ]   سنة

3- **الحالة الاجتماعية:** أعزب/ة ☐   متزوج/ة ☐   مطلق/ة ☐   أرمل/ة ☐

4- **السكن:**   محافظة شمال غزة ☐   محافظة غزة ☐   محافظة الوسطى ☐

محافظة خانيونس ☐   محافظة رفح ☐

5- **المؤهل العلمي:** دبلوم سنتان ☐   دبلوم 3 سنوات ☐   بكالوريوس ☐

ماجستير ☐   دكتوراه ☐   أخرى [ ]

6- **مكان التخرج:** الجامعة [ ]   الكلية / البلد [ر]

ثانياً: معلومات عن المؤسسة:

7- **مكان العمل:** المستشفى [ ]   القسم [ ]

8- **سنوات الخبرة في مهنة التمريض:** [ ]   سنة

9- **هل لديك وصف وظيفي لمهنتك:**   نعم ☐   لا ☐

10- **هل تعمل في قسمك المفضل؟**   نعم ☐   لا ☐

11- **هل تعرف حقوقك الوظيفية؟**   نعم ☐   لا ☐

12- **هل تعرف واجباتك الوظيفية؟**   نعم ☐   لا ☐

13- **هل أنت راض عن أداء رئيس قسمك؟**   نعم ☐   لا ☐

14- **هل أنت راض عن أداء مشرف التمريض؟**   نعم ☐   لا ☐

ثالثاً: مقياس مستوى التمكين القيادي لدى الممرضين:

التعديل المطلوب	تحتاج لتعديل	غير صالحة	صالحة	الفقرات	الرقم
				توفير الاستقلالية:	
				يفوضني مشرفين التمريض بالمهمات بناء على أسس موضوعية.	1-
				يوفر لي مشرفين التمريض متطلبات تفعيل الصلاحيات في بيئة العمل.	2-
				يفوضني مشرفين التمريض بسلطات كافية لإنجاز المهمات.	3-
				يقيم مشرفين التمريض قدرتي على اتخاذ القرارات الصحيحة في ضوء الصلاحيات الممنوحة.	4-
				يعالج مشرفين التمريض التحديات والمعوقات التي تعترض إنجازي للمهمات.	5-
				يعزز مشرفين التمريض انجازي للمهمات بالمزيد من الصلاحيات والسلطة.	6-
				المشاركة الفعالة:	
				يشركني مشرفين التمريض في وضع الخطط الإدارية للقسم.	7-
				يتيح لي مشرفين التمريض المشاركة في صناعة القرارات التي تتعلق بإدارة القسم	8-
				يأخذ مشرفين التمريض مقترحاتي في تطوير العمل.	9-
				يسمح لي رئيس قسمي بالمشاركة في تقييم أدائي.	10-
				يتيح لي مشرفين التمريض الوقت الكافي لمناقشة أفكاري في تطوير العمل.	11-
				يراجعني مشرفين التمريض عن تقصيري في العمل.	12-
				يعزز مشرفين التمريض تميز أدائي في العمل بمزيد من الصلاحيات	13-
				قيم القيادة	
				ينمي مشرفين التمريض الثقة بين الممرضين	14-
				يتيح لي مشرفين التمريض فرصة لتحمل المسئولية	15-
				يتبع مشرفين التمريض مبدأ الشفافية في إجراءات العمل المختلفة.	16-
				يعدل مشرفين التمريض بين الممرضين في إجراءات المفاضلة المختلفة.	17-
				يبدي مشرفين التمريض إعجابهم عن أي عمل مميز أقوم بإنجازه.	18-

131

						النص	#
					يستخدم مشرفين التمريض لغة الحوار عند توجيه التعليمات للممرضين.	19-

التنمية المهنية

					يوفر مشرفين التمريض خطة واضحة لتطوير أدائي المهني.	20-
					يوزع مشرفين التمريض فرص التدريب والتطوير بالعدل بين الممرضين.	21-
					يحدد مشرفين التمريض الاحتياجات التدريبية للتمريض وفق أسس موضوعية.	22-
					يتيح مشرفين التمريض فرصة النمو المهني للممرضين بصورة كافية.	23-
					يتابع مشرفين التمريض فاعلية خطط الإدارة على أداء التمريض والتزامهم.	24-
					بوفر مشرفين التمريض محاضرات تطويرية بشكل دوري للتمريض.	25-
					يشركني مشرفين التمريض في برامج تطوير الممرضين الاخرين في المستشفى.	26-

البيئة الداعمة

					يوفر مشرفين التمريض مناخ تنظيمي داعم في بيئة العمل.	27-
					يُؤمن مشرفين التمريض متطلبات التمريض في بيئة العمل.	28-
					يحرص مشرفين التمريض على تنمية الولاء الوظيفي للتمريض.	29-
					يحقق مشرفين التمريض الرضا الوظيفي لدى التمريض.	30-
					يخفف مشرفين التمريض من ضغوط العمل على التمريض.	31-

العمل التعاوني

					يدعم مشرفين التمريض العمل التعاوني بين أفراد المستشفى.	32-
					يشركني مشرفين التمريض بفرق ولجان العمل المتنوعة وفقاً لقدراتي.	33-
					يشكل مشرفين التمريض فرق ولجان العمل المتنوعة بصورة تكاملية.	34-
					يحدد مشرفين التمريض مهام ومسئوليات كل فرد في التمريض.	35-
					يعزز مشرفين التمريض تعاون التمريض في تقديم الخدمة للمرضى.	36-

الاتصال الفعال:

التعديل المطلوب	تحتاج لتعديل	غير صالحة	صالحة		الرقم
				يُطلعني مشرفين التمريض عن المعلومات المهمة في العمل.	37-
				ينمي مشرفين التمريض لدي أسلوب الرقابة الذاتية.	38-
				يسعى مشرفين التمريض إلى منع ظهور أي مظهر للصراع في بيئة العمل.	39-
				يقدم مشرفين التمريض التعليمات والإجراءات والنصائح للتمريض بشكل واضح.	40-
				يسمح مشرفين التمريض بالاتصال والتواصل معهم من خلال عدة قنوات بسهولة.	41-

رابعاً: مقياس الإبداع المهني لدى الممرضين:

التعديل المطلوب	تحتاج لتعديل	غير صالحة	صالحة	الفقرات	الرقم
				حل المشكلات	
				أستطيع حل المشكلات التي توجهني بحلول غير تقليدية.	1-
				أحاول وضع خطط وإجراءات للحد من وقوع المشكلات أثناء العمل.	2-
				أتوقع حدوث المشكلات أثناء العمل قبل حدوثها.	3-
				أحلل أسباب المشكلة بدقة	4-
				أقترح حلولاً ابتكارية لحل مشكلات العمل في ضوء البدائل المحددة	5-
				أكون تصوراً متكاملاً عن المشكلات التي تناقش مع الزملاء في العمل.	6-
				مواجهة التحديات والمخاطر	
				أشجع زملائي على الإبداع رغم المخاطر التي قد تعترض الإنجاز.	7-
				أتحمل مسئولية الإخفاق عن فريقي.	8-
				أحب العمل مع فريق تسوده روح المجازفة وحب الإنجاز	9-
				أستغل الفرص المتاحة في مواجهة المخاطر بتميز ودقة	10-
				أطبق الإجراءات المتميزة مهما كانت صعوبتها	11-
				أبحث عن أفضل الطرق لإنجاز المهمات إذا ما تعددت الخيارات، وليس أسهلها.	12-
				المرونة الإدراكية	

133

					أستطيع العمل بكفاءة مع مختلف الرؤساء	13-
					أتكيف سريعاً مع المتغيرات التي تطرأ على بيئة العمل	14-
					أتعامل مع الأزمات وضغوط العمل بصورة جيدة	15-
					أستخدم سلطات غير رسمية لأداء العمل بصورة جيدة ومهنية	16-
					تؤدي أفكاري ومقترحاتي لتطوير العمل وتحسينه.	17-
					أبادر بتقديم أفكار جديدة متعدد في مجال عملي	18-
					أحفز زملائي في المشاركة في برامج تطوير العمل وتحسين الخدمات.	19-
التحليل والتقييم						
					أستطيع تحليل أي مشكلة تواجهي إلى عناصرها الأولية.	20-
					أتعامل مع زملائي بما يتطلبه الموقف	21-
					أربط بين الأفكار والمواقف لإنتاج فكرة جديدة ومميزة	22-
					أقيم نتائج قراراتي التي أتخذها بما تحققه من إنجاز	23-
					أطور مهاراتي بناء على نتائج التقييم.	24-
التغيير والتطوير						
					أتطلع لوضع أفضل لي في المستشفى	25-
					أتقبل نقلي بين الأقسام التي تحتاج خبرتي	26-
					أدعم تنمية وتطوير زملائي في العمل لأساليب إنجازهم للمهمات والإجراءات.	27-
					أسعى دائماً لمشاركة في دورات داخل المستشفى أو خارجه لتطوير أدائي في العمل.	28-
					أبحث دائما عن أي جديد حول مجال عملي	29-
اتخاذ القرار						
					أتخذ قرارات صائبة في أثناء حدوث المشكلات	30-
					أشارك بفاعلية في صناعة القرارات التي تخص القسم	31-
					أحدد المتطلبات اللازمة لتنفيذ القرارات بشكل فعال.	32-
					أوزع العمل بين أفراد فريقي حسب قدراتهم ومهاراتهم وأساعدهم لأنجاز العمل بمهارة.	33-
					أدعم أفكار زملائي لتطوير العمل وتحسين الخدمات.	34-
					أعمل برأي زملائي حين يتخذوا قرار بأغلبية ويكون صائب.	35-

					الإقناع والإبداع
				أستخدم أساليب منطقية لإقناع الأخرين بوجهة نظري.	36-
				أعرض أفكاري بتسلسل يساعد على الإقناع	37-
				أتيح الفرصة للأخرين في التعبير عن أفكارهم	38-
				أجيد أدارة الحوار مع الأخرين	39-
				أساعد زملائي في توفير متطلبات النجاح	40-
				أشارك في المشاريع التطويرية للقسم بحماس	41-
				أقدم أفكار سريعة مبدعة لموضوعات عاجلة	42-
				أستجيب لاستفسارات الفريق بمهارة عالية	43-

استبانة (2) خاصة بمشرفين التمريض

"تقييم مستوى التمكين القيادي في تحقيق الإبداع المهني لدى الممرضين العاملين في المستشفيات الحكومية في قطاع غزة"

أولاً: المعلومات الشخصية:

1- **الجنس:** ذكر ☐   أنثى ☐   2- **العمر:** ☐☐☐☐☐ سنة

3- **الحالة الاجتماعية:** أعزب/ة ☐   متزوج/ة ☐   مطلق/ة ☐   أرمل/ة ☐

4- **السكن:** محافظة شمال غزة ☐   محافظة غزة ☐   محافظة الوسطى ☐

محافظة خانيونس ☐   محافظة رفح ☐

5- **المؤهل العلمي:** دبلوم 3 سنوات ☐   بكالوريوس ☐   ماجستير ☐

دكتوراه ☐   أخرى ☐☐☐☐☐

6- **مكان التخرج:** الجامعة ☐☐☐☐☐   الكلية / البلد ☐☐☐☐☐

ثانياً: معلومات عن المؤسسة:

7- **مكان العمل:** المستشفى ☐☐☐☐☐   القسم ☐☐☐☐☐

8- **المسمى الوظيفي:** رئيس قسم ☐   مشرف تمريض ☐

9- **سنوات الخبرة في مهنة التمريض:** ☐☐☐☐☐ سنة

10- **سنوات الخبرة في المسمى الإشرافي:** ☐☐☐☐☐ سنة

11- **عدد الممرضين المشرف عليهم:** ☐☐☐☐☐

12- هل لديك وصف وظيفي لمهامك الإشرافية؟   نعم ☐   لا ☐

13- هل تلقيت دورات تدريبة في مجال الإدارة؟   نعم ☐   لا ☐

14- **هل أنت راض عن عملك الإشرافي؟**   أوافق بشدة ☐   أوافق ☐

غير موافق ☐   غير موافق بشدة ☐

مقياس الإبداع المهني لدى الممرضين من وجهة نظر مشرفين التمريض:

الرقم	الفقرات	صالحة	غير صالحة	تحتاج لتعديل	التعديل المطلوب
حل المشكلات					
1-	يستطيعوا حل المشكلات التي تواجههم بحلول غير تقليدية.				
2-	يحاولوا جاهدين لوضع خطط وإجراءات للحد من وقوع المشكلات أثناء العمل.				
3-	يتوقعوا حدوث المشكلات أثناء العمل قبل حدوثها.				
4-	يحللوا أسباب المشكلة بدقة				
5-	يقترحوا حلولاً ابتكارية لحل مشكلات العمل في ضوء البدائل المحددة				
6-	يشكلوا تصوراً متكاملاً عن المشكلات التي تناقش مع الزملاء في العمل.				
مواجهة التحديات والمخاطر					
7-	يشجعوا أفراد فريقهم على الإبداع رغم المخاطر التي قد تعترض الإنجاز.				
8-	يتحملوا مسئولية الإخفاق عن فريقهم.				
9-	يفضلوا العمل مع فريق تسوده روح المجازفة وحب الإنجاز				
10-	يستغلوا الفرص المتاحة في مواجهة المخاطر بتميز ودقة				
11-	يطبقوا الإجراءات المتميزة مهما كانت صعوبتها				
12-	يبحثوا عن أفضل الطرق لإنجاز المهمات إذا ما تعددت الخيارات، وليس أسهلها.				
المرونة الإدراكية					
13-	يستطيعوا العمل بكفاءة مع مختلف الرؤساء				
14-	يتكيفوا سريعاً مع المتغيرات التي تطرأ على بيئة العمل				
15-	يتعاملوا مع الأزمات وضغوط العمل بصورة جيدة				
16-	يستخدموا سلطات غير رسمية لأداء العمل بصورة جيدة ومهنية				
17-	تؤدي أفكارهم ومقترحاتهم لتطوير العمل وتحسينه.				
18-	يبادرون بتقديم أفكار جديدة متعدد في مجال عملهم.				
19-	يحفزوا أفراد فريقهم في المشاركة في برامج تطوير العمل وتحسين الخدمات.				
التحليل والتقييم					
20-	يستطيعوا تحليل أي مشكلة تواجههم إلى عناصرها الأولية.				

				يتعاملوا مع زملائهم بما يتطلبه الموقف	21-
				يسعوا لربط الأفكار والمواقف لإنتاج فكرة جديدة ومميزة	22-
				يقيموا نتائج قراراتهم بما يحققوه من إنجاز	23-
				يطورا مهاراتهم بناء على نتائج التقييم.	24-
التغيير والتطوير					
				يسعوا لوضع ومكانة أفضل في المستشفى	25-
				يقبلوا التنقل بين الأقسام التي تحتاج خبرتهم	26-
				يدعموا تنمية وتطوير أفراد فريقهم في العمل لأساليب إنجازهم للمهمات والإجراءات.	27-
				يسعوا دائماً لمشاركة في دورات داخل المستشفى أو خارجه لتطوير أدائهم في العمل.	28-
				يبحثوا دائما عن أي جديد حول مجال تطوير أدائهم	29-
إتخاذ القرار					
				يتخذوا قرارات صائبة في أثناء حدوث المشكلات	30-
				يشاركوا بفاعلية في صناعة القرارات التي تخص القسم	31-
				يحددوا المتطلبات اللازمة لتنفيذ القرارات بشكل فعال.	32-
				يوزعوا العمل بين أفراد فريقهم حسب قدراتهم ومهارات.	33-
				يدعموا أفكار زملائي لتطوير العمل وتحسين الخدمات.	34-
				ينفذوا رأي زملائهم حين يتخذوا قرار بأغلبية ويكون صائب.	35-
الإقناع والإبداع					
				يستخدموا أساليب منطقية لإقناع الأخرين بوجهة نظرهم.	36-
				يعرضوا أفكارهم بتسلسل يساعد على الإقناع	37-
				يسمحوا للأخرين بالتعبير عن أفكارهم	38-
				يجيدوا أدارة الحوار مع الأخرين	39-
				يساعدوا زملائهم في توفير متطلبات النجاح	40-
				يشاركوا في المشاريع التطويرية للقسم بحماس	41-
				أقدم أفكار سريعة مبدعة لموضوعات عاجلة	42-
				يستجيبوا لاستفسارات الفريق بمهارة عالية	43-

Annex (9) List of expert's names who reviewed the study questionnaire:

No.	Name	Scientific Degree	Workplace
1-	**Taleeb Abo Emala**	PhD Assistant Prof. in psychology nurse	Shifa complex
2-	**Khalel Shaqfa**	PhD Assistant Prof. in Nursing Management	MOH
3-	**Hala Aiash**	PhD Assistant Prof. in Nursing Management	MOH
4-	**Mohamed Moshtaha**	PhD Assistant Prof. in nurse community	Doura hospital
5-	**Mootasem Salah**	PhD Assistant Prof. in Nursing Management	MOH
6-	**Mahmoed Radwan**	PhD In Heath Policy	WHO
7-	**Ahmed Eljabale**	MSN in public heath	Shifa complex
8-	**Hesham Ahmed**	MSN in public heath	
9-	**Mohmmed Keheel**	PhD Assistant Prof in clinical nutrition	Shifa complex
10-	**Maher Soluman**	MSN in public heath	Indonesian hospital
11-	**Mohammed Omar Al-Kahlout**	MSN in public heath	Indonesian hospital

الموافقة على إجراء دراسة علمية

دور التمكين القيادي في تحقيق الإبداع المهني لدى الممرضين العاملين في المستشفيات الحكومية في قطاع غزة"

الإخوة والأخوات الحكماء الأفاضل.......

تحية طيبة وبعد

بين ايديكم استبانة خاصة برسالة الماجستير التي أقوم بإجرائها وهي تهدف إلى تقييم دور التمكين القيادي في تحقيق الإبداع المهني في المستشفيات الحكومية، وذلك كمتطلب للحصول على درجة الماجستير في إدارة التمريض من جامعة القدس/ أبو ديس.

يود الباحث التأكيد على انه تم اختياركم للمشاركة في الدراسة وأن رأيكم يهمنا، ولكم كل الحق بقبول أو رفض المشاركة في هذه الدراسة.

الباحث يشكر لكم حسن تعاونكم وتكرمكم بالمشاركة في هذه الدراسة التي نأمل أن تأتي بالفائدة لتحسين الخدمات التمريضية المقدمة في مستشفيات محافظات غزة الحكومية. ونعلمكم انه لا داعي لكتابة الاسم ونؤكد على ضمان سرية المعلومات واستخدامها لأغراض البحت العلمي.

شكراً لكم حسن المشاركة

الباحث

عصام سعدي نبهان
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0598665055
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استبانة (1) خاصة بالممرضين

دور التمكين القيادي في تحقيق الإبداع المهني لدى الممرضين العاملين في المستشفيات الحكومية في قطاع غزة"

الرقم التسلسلي: (..............) لاستخدام الباحث

ملاحظة: يقصد بمشرف التمريض: رؤساء الاقسام في الفترة الصباحية ومشرفي التمريض في الفترتين المسائية والليلية.

التمكين القيادي: تزويد مشرفين التمريض ورؤساء الاقسام للممرضين بالسلطة والمعرفة والتدريب والموارد اللازمة وتحميلهم المسؤولية في اتخاذ القرار مع توفير البيئة التنظيمية المناسبة من اجل تحقيق مشاركتهم في تحقيق الاهداف وإطلاق ابداعاتهم وتحفيزهم وتمكينهم تحت متابعة اداراتهم.

أولاً: المعلومات الشخصية:

1- **الجنس:** ذكر ☐   أنثى ☐   2– **العمر:** ☐ سنة

2- **الحالة الاجتماعية:** أعزب/ة ☐   متزوج/ة ☐   مطلق/ة ☐   أرمل/ة ☐

3- **السكن:** محافظة شمال غزة ☐   محافظة غزة ☐   محافظة الوسطى ☐

محافظة خانيونس ☐   محافظة رفح ☐

3- **المؤهل العلمي:** دبلوم سنتان ☐   دبلوم 3 سنوات ☐   بكالوريوس ☐

ماجستير ☐   دكتوراه ☐   أخرى ☐ ☐

4- **مكان التخرج:** الجامعة ☐   الكلية / البلد ☐   ر ☐

ثانياً: معلومات عن المؤسسة:

5- **مكان العمل:** المستشفى ☐   القسم ☐

6- **سنوات الخبرة في مهنة التمريض:** ☐ سنة

7- **هل لديك وصف وظيفي لمهنتك:** نعم ☐   لا ☐

8- **هل تعمل في قسمك المفضل؟** نعم ☐   لا ☐

9- **هل تعرف حقوقك الوظيفية؟** نعم ☐   لا ☐

10- **هل تعرف واجباتك الوظيفية؟** نعم ☐   لا ☐

11- **هل أنت راض عن أداء رئيس قسمك؟** نعم ☐   لا ☐

141

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12- هل أنت راض عن أداء مشرف التمريض؟   نعم ☐   لا ☐

ثالثاً: مقياس مستوى التمكين القيادي لدى الممرضين:

رقم	الفقرات	أوافق بشدة	أوافق	أوافق بدرجة متوسطة	لا أوافق	لا أوافق بشدة
-1	يفوضني مشرف التمريض بالمهام بناء على كفاءتي.					
-2	يقوم مشرف التمريض بإعطائي جزء من الصلاحيات في العمل					
-3	يعطيني مشرف التمريض سلطات كافية لإنجاز المهام.					
-4	يقوم مشرف التمريض بتذليل التحديات والمعيقات.					
-5	يعزز مشرف التمريض انجازاتي للمهام بالمزيد من الصلاحيات والسلطة.					
-6	يشركني مشرف التمريض في وضع خطط العمل داخل القسم.					
-7	يتيح لي مشرف التمريض المشاركة في صناعة القرارات التي تتعلق بإدارة القسم.					
-8	يأخذ مشرف التمريض بعين الاعتبار مقترحاتي في تطوير العمل.					
-9	يتيح لي مشرف التمريض الوقت الكافي لمناقشة أفكاري في تطوير العمل.					
-10	يكلفني مشرف التمريض بقيادة القسم في حال انشغاله.					
-11	يقوم مشرف التمريض بترشيحي للقيام بإعطاء محاضرات والمشاركة في ورشات العمل.					
-12	ينمي مشرف التمريض الثقة بين الممرضين.					
-13	يتيح لي مشرف التمريض فرصة لتحمل المسئولية عند غيابه.					
-14	يتبع مشرف التمريض مبدأ الشفافية في إجراءات العمل المختلفة.					
-15	يقوم مشرف التمريض قدرتي على اتخاذ القرارات الصحيحة إثناء العمل.					
-16	مشرف التمريض عادل في إجراء المفاضلة بين التمريض.					
-17	يبدي مشرف التمريض إعجابه عن أي عمل مميز أقوم بإنجازه.					
-18	يستخدم مشرف التمريض لغة الحوار المناسبة عند توجيه التعليمات للممرضين.					
-19	يقوم مشرف التمريض باستخدام النقد البناء.					
-20	يكلفني مشرف التمريض بإنجاز بعض المهام الإدارية "الجدول"					
-21	يوفر مشرف التمريض خطة واضحة لتطوير الاداء المهني.					
-22	ينمي مشرف التمريض روح المنافسة بين أعضاء الفريق.					
-23	يحدد مشرف التمريض الاحتياجات التدريبية للتمريض وفق الاحتياجات الميدانية.					

لا أوافق بشدة	لا أوافق	أوافق بدرجة متوسطة	أوافق	أوافق بشدة	الفقرات	رقم
					يوزع مشرف التمريض فرص التدريب والتطوير بالعدل بين الممرضين.	24-
					يتيح مشرف التمريض فرصة النمو المهني للممرضين بصورة كافية.	25-
					يتابع مشرف التمريض خطط الإدارة على أداء التمريض والتزامهم.	26-
					يوفر مشرف التمريض محاضرات تطويرية بشكل دوري للتمريض.	27-
					يشرك مشرف التمريض الممرضين والممرضات في برامج تطوير الممرضين الآخرين في المستشفى.	28-
					يتيح مشرف التمريض بيئة صالحة للعمل.	29-
					يُؤمن مشرف التمريض متطلبات التمريض في بيئة العمل.	30-
					فلسفة مشرف التمريض في العمل تنمي الولاء عند الممرضين.	31-
					يتبع مشرف التمريض الموضوعية في توزيع العمل على الممرضين.	32-
					يلعب مشرف التمريض دورا هاما في تعزيز الرضا الوظيفي لدي الممرضين.	33-
					يساهم مشرف التمريض بالتخفيف من ضغوط العمل.	34-
					يدعم مشرف التمريض العمل بروح الفريق بين الممرضين.	35-
					يعمل مشرف التمريض على إشراك التمريض في اللجان المختلفة حسب رغباتهم وقدراتهم.	36-
					يشكل مشرف التمريض فرق ولجان العمل المتنوعة بصورة تكاملية.	37-
					يعمل مشرف التمريض على تلبيه رغبات الممرضين عند كتابه جدول العمل.	38-
					يقوم مشرف التمريض بتعزيز العمل الجماعي في تقديم الخدمة.	39-
					يسعى مشرفين التمريض إلى منع ظهور أي مظهر للصراع في بيئة العمل.	40-
					الرسائل والتعليمات التي يوجهها مشرف التمريض واضحة.	41-
					يقوم مشرف التمريض بإبلاغ التمريض بالتعليمات الصادرة بخصوص العمل.	42-
					ينمي مشرف التمريض لدي أسلوب الرقابة الذاتية.	43-
					يحرص مشرف التمريض على اللقاء مع الممرضين كلما سنحت الفرصة.	44-
					لا نجد صعوبة في التواصل مع مشرف التمريض في كل الأوقات.	45-
					يستخدم مشرف التمريض جميع وسائل التواصل (لفظي- غير لفظي).	46-

رابعاً: مقياس الإبداع المهني لدى الممرضين:

لا أوافق بشدة	لا أوافق	أوافق بدرجة متوسطة	أوافق	أوافق بشدة	الفقرات	رقم
					أقترح حلولاً ابتكاريه لحل مشكلات العمل في ضوء البدائل المتاحة.	1-
					أقوم باختيار الحل المناسب للمشكلة.	2-
					أقوم بحلول المشكلات التي تواجهني بحلول تقليدية.	3-
					أحاول وضع خطط لتقليل حدوث المشكلات.	4-
					أتوقع المشكلات أثناء العمل قبل حدوثها.	5-
					أقوم بتحليل أسباب المشكلة بدقة.	6-
					أضع تصوراً واضحا عن المشكلات التي تناقش مع الزملاء في العمل.	7-
					أشجع زملائي على الإبداع رغم المخاطر التي قد تعترض الإنجاز.	8-
					أتحمل مسئولية إي إخفاق من أعضاء الفريق.	9-
					أحب العمل مع فريق تسوده روح المجازفة.	10-
					أحب العمل مع فريق تسوده حب الإنجاز.	11-
					أستغل الفرص المتاحة في مواجهة المخاطر بتميز ودقة.	12-
					أطبق الإجراءات المتميزة مهما كانت صعوبتها.	13-
					أبحث عن أفضل الطرق لإنجاز المهام إذا ما تعددت الخيارات، وليس أسهلها.	14-
					أستطيع العمل بكفاءة مع مختلف المسئولين.	15-
					أتكيف سريعاً مع المتغيرات التي تطرأ على بيئة العمل.	16-
					أتعامل مع الأزمات وضغوط العمل بصورة جيدة.	17-
					استخدم قنوات التواصل الغير رسمية عند الضرورة لإنجاز العمل.	18-
					تؤدي أفكاري ومقترحاتي لتطوير العمل وتحسينه.	19-
					أبادر بتقديم أفكار جديدة متعدد في مجال عملي.	20-
					أحفز زملائي للمشاركة في برامج تطوير العمل وتحسين الخدمات.	21-

لا أوافق بشدة	لا أوافق	أوافق بدرجة متوسطة	أوافق	أوافق بشدة	الفقرات	رقم
					أستطيع تحليل أي مشكلة تواجهني إلى عناصرها الأولية.	-22
					أربط بين الأفكار والمواقف لإنتاج فكرة جديدة ومميزة.	-23
					أقيم نتائج قراراتي التي أتخذها بما تحققه من إنجاز .	-24
					أطور مهاراتي بناء على نتائج التقييم.	-25
					أتطلع لوضع أفضل لي في المستشفى.	-26
					أتقبل نقلي بين الأقسام التي تحتاج خبرتي.	-27
					أدعم تنمية وتطوير زملائي في لإنجاز المهام والإجراءات.	-28
					أسعى دائماً للمشاركة في دورات داخل المستشفى أو خارجه لتطوير أدائي في العمل.	-29
					أبحث دائما عن أي جديد حول مجال عملي.	-30
					أتخذ قرارات صائبة في حل المشكلات بما يتناسب مع وضعي الوظيفي.	-31
					أشارك بفاعلية في صناعة القرارات التي تخص القسم.	-32
					أحدد المتطلبات اللازمة لتنفيذ القرارات بخصوص العناية بالمريض بشكل فعال.	-33
					أوزع العمل بين أفراد فريقي حسب قدراتهم ومهارات، وأساعدهم لإنجاز العمل بمهارة عندما يوكل.	-34
					أتبنى رأي زملائي حين يتخذوا قراراً صائباً بأغلبية.	-35
					أستخدم أساليب منطقية لإقناع الآخرين بوجهة نظري.	-36
					أعرض أفكاري بتسلسل يساعد على الإقناع.	-37
					أتيح الفرصة للآخرين في التعبير عن أفكارهم.	-38
					أجيد أدارة الحوار مع الآخرين.	-39
					أساعد زملائي في توفير متطلبات النجاح.	-40
					أشارك في المشاريع التطويرية للقسم بحماس.	-41
					أقدم أفكار سريعة مبدعة لموضوعات عاجلة.	-42
					أستجيب لاستفسارات الفريق بمهارة عالية.	-43

استبانة (2) خاصة بمشرفين التمريض

دور التمكين القيادي في تحقيق الإبداع المهني لدى الممرضين العاملين في المستشفيات الحكومية في قطاع غزة"

الرقم التسلسلي: (.............) لاستخدام الباحث

ملاحظة: يقصد بمشرف التمريض: رؤساء الاقسام في الفترة الصباحية ومشرفي التمريض في الفترتين المسائية والليلية.

التمكين القيادي: تزويد مشرفين التمريض ورؤساء الاقسام للممرضين بالسلطة والمعرفة والتدريب والموارد اللازمة وتحميلهم المسؤولية في اتخاذ القرار مع توفير البيئة التنظيمية المناسبة من اجل تحقيق مشاركتهم في تحقيق الاهداف وإطلاق ابداعاتهم وتحفيزهم وتمكينهم تحت متابعة اداراتهم.

أولاً: المعلومات الشخصية:

1- **الجنس:** ذكر ☐ أنثى ☐   2- **العمر:** ☐ سنة

3- **الحالة الاجتماعية:** أعزب/ة ☐ متزوج/ة ☐ مطلق/ة ☐ أرمل/ة ☐

4- **السكن:** محافظة شمال غزة ☐ محافظة غزة ☐ محافظة الوسطى ☐

محافظة خانيونس ☐ محافظة رفح ☐

5- **المؤهل العلمي:** دبلوم 3 سنوات ☐ بكالوريوس ☐ ماجستير ☐

دكتوراه ☐ أخرى ☐ _____

6- **مكان التخرج:** الجامعة _____ الكلية / البلد _____

ثانياً: معلومات عن المؤسسة:

7- **مكان العمل:** المستشفى _____ القسم _____

8- **سنوات الخبرة في مهنة التمريض:** _____ سنة

9- **سنوات الخبرة في المسمى الإشرافي:** _____ سنة

10- **عدد الممرضين المشرف عليهم:** _____

11- **هل لديك وصف وظيفي لمهامك الإشرافية:** نعم ☐ لا ☐

12- **هل تلقيت دورات تدريبية في مجال الإدارة ؟** نعم ☐ لا ☐

13- **هل أنت راض عن عملك الإشرافي؟** أوافق بشدة ☐ أوافق ☐

غير موافق ☐ غير موافق بشدة ☐

ثالثاً: مقياس مستوى التمكين القيادي لدى الممرضين من وجهة نظر مشرفين التمريض:

لا أوافق بشدة	لا أوافق	أوافق بدرجة متوسطة	أوافق	أوافق بشدة	الفقرات	رقم
					أفوض مسئول الفترة بالمهام بناء على كفائتة.	1-
					أفوض مسئول الفترة بجزء من صلاحياتي حسب مقدرتهم.	2-
					أمنح مسئولي الفترات سلطات كافية لانجاز المهام بشكل أفضل.	3-
					أقيم أداء مسئولي الفترات بشكل مستمر من ناحية اتخاذ القرارات الصحيحة أثناء العمل.	4-
					أحاول إزالة العقبات المعيقات التي تواجه مسئولي الفترات.	5-
					أعزز نجاح مسئولي الفترات في القيادة بالمزيد من الصلاحيات والسلطة.	6-
					أشرك مسئول الفترة في وضع خطط العمل داخل القسم.	7-
					أشرك مسئول الفترة بالمشاركة في صناعة القرارات التي تتعلق بإدارة القسم.	8-
					أستمع وأخذ بعين الاعتبار مقترحات مسئول الفترة في تطوير العمل.	9-
					أقدم تغذية راجعة لمسئول الفترة عن أداءهم في العمل بشكل مستمر.	10-
					أمنح مسئول الفترة الوقت الكافي لمناقشة أفكارهم لتطوير العمل.	11-
					أقوم بإشراك مسئول الفترة بالتعليم المستمر في المستشفى من خلال إعطاء محاضرات والمشاركة في ورشات العمل.	12-
					أنمي الثقة بين الممرضين.	13-
					أمنح مسئول الفترة فرصة لتحمل المسئولية.	14-
					أتبع مبدأ الشفافية في إجراءات العمل المختلفة خصوصاً في التعامل مع مسئولي الفترات.	15-

لا أوافق بشدة	لا أوافق	أوافق بدرجة متوسطة	أوافق	أوافق بشدة	الفقرات	رقم
					أسعى إلى أن أكون عادل في إتباع المفاضلة بين مسئول الفترة.	16-
					أبدي إعجابي عن أي عمل مميز يقوم بإنجازه مسئول الفترة.	17-
					أستخدم لغة الحوار عند توجيه التعليمات لمسئول الفترة.	18-
					أقوم باستخدام النقد البناء.	19-
					أوفر خطة واضحة لتطوير الأداء المهني للممرضين.	20-
					أنمي روح المنافسة بين مسؤولي الفترات.	21-
					أوزع فرص التدريب والتطوير بالعدل بين مسؤولي الفترات.	22-
					أحدد الاحتياجات التدريبية للتمريض وفق الاحتياجات الميدانية.	23-
					أتيح فرص النمو المهني للممرضين بصورة كافية.	24-
					أتابع فاعلية خطط الإدارة بناء على أداء التمريض والتزامهم.	25-
					اقوم بشرح محاضرات تطويرية بشكل دوري للتمريض سواء داخل القسم أو خارجه.	26-
					أسعى لإشراك مسؤولي الفترات في برامج تطوير الممرضين والمشاركة في الدورات الخارجية.	27-
					أوفر لمسؤول الفترة بيئة مناسبه للعمل.	28-
					أوفر لمسؤول الفترة كل متطلبات العمل.	29-
					انمي الولاء الوظيفي لمسئول الفترة.	30-
					أسعى لتعزيز الرضا الوظيفي لدي الممرضين.	31-
					أساهم بتخفيف ضغوط العمل على مسئول الفترة.	32-
					أدعم العمل بروح الفريق بين الممرضين في المستشفى.	33-
					أشرك مسؤول الفترة بفرق ولجان العمل المتنوعة وفقاً لقدراتهم.	34-
لا أوافق بشدة	لا أوافق	أوافق بدرجة متوسطة	أوافق	أوافق بشدة		

لا أوافق بشدة	لا أوافق	أوافق بدرجة متوسطة	أوافق	أوافق بشدة	الفقرات	رقم
					أسعى لأن تكون فرق ولجان العمل التمريضية بصورة تكاملية.	-35
					أحدد مهام ومسئوليات كل فرد من مسؤولي الفترات.	-36
					أسعى لتعزيز العمل الجماعي في تقديم الخدمة.	-37
					ابلغ مسؤول الفترة بالتعليمات الصادرة بخصوص العمل بشكل مستمر.	-38
					أسعى إلى تنمية أسلوب الرقابة الذاتية لدى الممرضين.	-39
					أسعى إلى منع ظهور أي مظهر للصراع في بيئة العمل.	-40
					أقدم التعليمات والإجراءات والنصائح للتمريض بشكل واضح.	-41
					أتيح لمسؤول الفترة الاتصال والتواصل معي بسهولة ومن خلال عدة طرق.	-42

رابعاً: مقياس الإبداع المهني لدى الممرضين من وجهة نظر مشرفين التمريض:

لا أوافق بشدة	لا أوافق	أوافق بدرجة متوسطة	أوافق	أوافق بشدة	الفقرات	رقم
					يستطيع مسؤول الفترة حل المشاكل التي تواجههم بحلول غير تقليدية.	-1
					يستطيع مسؤول الفترة حل المشاكل التي تواجههم بحلول تقليدية.	-2
					يحاول مسؤول الفترة وضع خطط وإجراءات للحد من وقوع المشاكل أثناء العمل.	-3
					يتوقع مسؤول الفترة حدوث المشكلات أثناء العمل قبل حدوثها.	-4
					يحلل مسؤول الفترة أسباب المشكلة بدقة.	-5
					يقترح مسؤول الفترة حلولاً ابتكارية لحل مشاكل العمل في ضوء البدائل المتاحة.	-6

لا أوافق بشدة	لا أوافق	أوافق بدرجة متوسطة	أوافق	أوافق بشدة	الفقرات	رقم
					يشكل مسؤول الفترة تصوراً متكاملاً عن المشاكل من خلال النقاش مع الزملاء في العمل.	-7
					يشجع مسؤول الفترة أفراد فريقه على الإبداع رغم المخاطر التي قد تعترض الإنجاز.	-8
					يفضل مسؤول الفترة العمل مع فريق تسوده روح المجازفة.	-9
					يفضل مسؤول الفترة العمل مع فريق تسوده حب الإنجاز.	-10
					يستغل مسؤول الفترة الفرص المتاحة في مواجهة المخاطر بتميز ودقة.	-11
					يطبق مسؤول الفترة الإجراءات المتميزة مهما كانت صعوبتها.	-12
					يبحث مسؤول الفترة عن أفضل الطرق لإنجاز المهام إذا ما تعددت الخيارات، وليس أسهلها.	-13
					يستطيع مسؤول الفترة العمل بكفاءة مع مختلف الرؤساء.	-14
					يتكيف مسؤول الفترة سريعاً مع المتغيرات التي تطرأ على بيئة العمل.	-15
					يتعامل مسؤول الفترة مع الأزمات وضغوط العمل بصورة جيدة.	-16
					يستخدم مسؤول الفترة قنوات التواصل الغير رسمية لإنجاز العمل.	-17
					تؤدي أفكار ومقترحات مسؤول الفترة لتطوير العمل وتحسينه.	-18
					يبادر مسؤول الفترة بتقديم أفكار جديدة متعدد في مجال عملهم.	-19
					يحفز مسؤول الفترة أفراد فريقهم في المشاركة في برامج تطوير العمل وتحسين الخدمات.	-20
					يستطيع مسؤول الفترة تحليل أي مشكلة تواجههم إلى عناصرها الأولية.	-21
					يتعامل مسؤول الفترة مع زملائه بما يتطلبه الموقف.	-22
					يسعي مسؤول الفترة لربط الأفكار والمواقف لإنتاج فكرة جديدة ومميزة.	-23
					يقيم مسؤول الفترة نتائج قراراتهم بما يحققوه من إنجاز.	-24
					يطور مسؤول الفترة مهاراتهم بناء على نتائج التقييم.	-25
					يسعي مسؤول الفترة لوضع مكانة أفضل في المستشفى.	-26
لا أوافق بشدة	لا أوافق	أوافق بدرجة متوسطة	أوافق	أوافق بشدة		

لا أوافق بشدة	لا أوافق	أوافق بدرجة متوسطة	أوافق	أوافق بشدة	الفقرات	رقم
					يقبل مسؤول الفترة التنقل بين الأقسام التي تحتاج خبرتهم.	-27
					يدعم مسؤول الفترة تنمية وتطوير أفراد فريقهم في إنجاز المهام والإجراءات.	-28
					يسعي مسؤول الفترة دائماً لمشاركة في دورات داخل المستشفى أو خارجه لتطوير أدائهم في العمل.	-29
					يبحث مسؤول الفترة دائما عن أي جديد حول مجال تطوير أدائهم	-30
					يتخذ مسؤول الفترة قرارات صائبة في حل المشاكل بما يتناسب مع الوضع الوظيفي.	-31
					يشارك مسؤول الفترة بفاعلية في صناعة القرارات التي تخص القسم في حدود الوصف الوظيفي.	-32
					يحدد مسؤول الفترة المتطلبات اللازمة لتنفيذ القرارات بخصوص العناية بالمريض بشكل فعال.	-33
					يوزع مسؤول الفترة العمل بين أفراد فريقهم حسب قدراتهم ومهارات.	-34
					يدعم مسؤول الفترة أفكار زملائهم لتطوير العمل وتحسين الخدمات.	-35
					يقوموا مسؤول الفترة بتنفيذ رأي زملائهم حين يتخذوا قرار بأغلبية ويكون صائب.	-36
					يستخدم مسؤول الفترة أساليب منطقية لإقناع الأخرين بوجهة نظرهم.	-37
					يعرض مسؤول الفترة أفكارهم بتسلسل يساعد على الإقناع.	-38
					يسمح مسؤول الفترة للآخرين بالتعبير عن أفكارهم.	-39
					يجيد مسؤول الفترة أدارة الحوار مع الآخرين.	-40
					يساعد مسؤول الفترة زملائهم في توفير متطلبات النجاح.	-41
					يشارك مسؤول الفترة في المشاريع التطويرية للقسم بحماس.	-42
					يقدم مسؤول الفترة أفكار سريعة مبدعة لموضوعات عاجلة.	-43
					يستجيب مسؤول الفترة لاستفسارات الفريق بمهارة عالية.	-44

The Role of Leadership Empowerment in Achieving the Professional Creativity among Nurses Working at Governmental Hospitals in Gaza Strip

Dear participant:

This study aims to assess role of leadership empowerment in achieving the professional creativity at governmental hospitals in Gaza governorates from the perspectives of NS, HN and SN in Gaza Strip as a requirement to obtain a master degree in nursing management – faculty of Health Professions at the Al-Quds University – Palestine.

The researcher ascertains that you are selected randomly and you have the right to refuse participation in this study.

Researcher thanks you for your participation and collaboration in this study that we hope to improve the nursing care at governmental hospital.

The researcher would like to emphasize that the information will remain confidential and for the purpose of scientific research that does not need to mention your name.

Thank you for your participation

Researcher
Esam Sade Nabhan
Issam197824@hotmail.com
0598665055
0569191581

Questionnaire (1) Senior Nurse's

The Role of Leadership Empowerment in Achieving the Professional Creativity among Nurses Working at Governmental Hospitals in Gaza Strip

Serial Number: (...............) For researcher use.

Note: Nursing supervisor means: Heads Nurse in the morning shifts and NS in the evening and night shifts.

Leadership Empowerment: providing the HN & NS for SN to knowledge, training, and necessary resources, and hold them accountable in decision making, while providing the appropriate regulatory environment; to achieve their participation in the achievement of the goals and the creation of creativity, motivation and empowerment under follow-up NS.

First: Personal Information:

1- **Gender:** Male ☐ Female ☐ **2- Age:** [   ] year

3- **Marital status:** Single ☐ Married ☐ Divorced ☐ Widowed ☐

4- **Place of Residence:** North Gaza ☐ Gaza city ☐ Mid-Zone ☐

   Khan Younis ☐ Rafah ☐

5- **Educational Level:** 2 years Diploma ☐ 3 years Diploma ☐ Bachelor ☐

   Master ☐ PhD ☐

6- **Place and Year of Graduation:** [   ]

   Second: Information of Hospital:

7- **Place of work: Hospital** [   ] Department [   ]

8- **Total Experience in the nursing:** [   ] Year

9- **Do you have a job description?** Yes ☐ No ☐

10- **Do you work in your favorite department?** Yes ☐ No ☐

11- **Do you know your job rights?** Yes ☐ No ☐

12- **Do you know your job duties?** Yes ☐ No ☐

13- **Are you satisfied with the performance of your Head Department?** Yes ☐ No ☐

14- **Are you satisfied with the performance of the Nursing Supervisor?** Yes ☐ No ☐

Third: Scale of leadership empowerment among Senior Nurse's:

Explain your agreement with the following items:
Very High Degree (VHD); **High Degree** (HD); **Medium Degree** (MD);
Low Degree (LD); **Very Low Degree** (VLD)

No.	Items	VHD	HD	MD	LD	VLD
1.	The NS assigns me the tasks based on my qualifications					
2.	The NS gives me part of the powers to work					
3.	The NS gives me sufficient powers to perform the tasks.					
4.	The NS removes challenges and impediments.					
5.	The NS promotes my accomplishments with more empower and authority.					
6.	The NS is involved me in the development of work plans within the department.					
7.	The NS allows me to participate in decisions making related to department management.					
8.	NS takes into consideration my suggestions in developing the work.					
9.	NS gives me enough time to discuss my thoughts on work development					
10.	NS puts me leader to by the department if he is busy.					
11.	NS selected me to give lectures and participate in workshops.					
12.	The NS develops trust among nurses.					
13.	The NS gives me the opportunity to take responsibility when he is absent					
14.	The NS follows the principle of transparency in the various work procedures					
15.	The NS is able to make the right decisions at work					
16.	The NS is just in making a trade-off between nursing					
17.	The NS is impressed by any outstanding work I do					
18.	The NS uses appropriate dialogue language when instructing nurses					
19.	The NS uses constructive criticism					
20.	The NS assigns me to perform some administrative tasks "Schedule"					
21.	The NS provides a clear plan for the development of professional performance.					
22.	The NS develops the spirit of competition among team members					
23.	The NS shall determine nursing training requirements according to field needs.					
24.	The NS shall distribute training and development opportunities between nurses.					
25.	The NS provides the opportunity for professional growth of nurses sufficiently.					

No.	Items	VHD	HD	MD	LD	VLD
26.	The NS follows the management's plans for nursing performance and their commitment.					
27.	The NS provides periodic developmental lectures for nursing.					
28.	The NS will involve nurses in the development of other nurses in the hospital.					
29.	The NS provides good working environment					
30.	The NS provides nursing requirements in the work environment.					
31.	The philosophy of NS at work develops loyalty to nurses.					
32.	The SN applies the objective in the distribution of work to nurses.					
33.	The NS plays an important role in promoting nurses' job satisfaction					
34.	The NS contributes to reducing the pressure of work.					
35.	The NS supports teamwork among nurses.					
36.	The NS shall engage in nursing in the various committees according to their wishes and abilities.					
37.	The NS forms the teams and the various work committees in an integrative manner.					
38.	The NS works to meet the nurses' wishes when writing the work schedule.					
39.	The NS promotes teamwork in service delivery.					
40.	NS seek to prevent any appearance of conflict in the work environment.					
41.	The Messages and instructions from the NS are clear.					
42.	The NS shall inform the nursing staff of instructions issued in respect of the work.					
43.	The NS develops self-censorship.					
44.	The NS is keen to meet with the nurses whenever the opportunity arises.					
45.	We do not find it difficult to communicate with the NS at all times.					
46.	The NS uses all means of communication with us (verbal and nonverbal)					

Four: Scale of Professional Creativity among Senior Nurse's:

No.	Domain	VHD	HD	MD	LD	VLD
1.	I propose innovative solutions to solve problems in the light of available alternatives					
2.	Choose the right solution for the problem					
3.	I am able to solve the problems faced by traditional solutions.					
4.	I can solve the problems faced by non-conventional solutions.					
5.	I try to develop plans to reduce the occurrence of problems					
6.	I anticipate problems during work before they occur					
7.	I thoroughly analyze the causes of the problem					
8.	Develop a clear vision of the problems that are discussed with colleagues at work.					
9.	I encourage my colleagues to innovate despite the risks that may hinder achievement.					
10.	I take responsibility for any failure of team member.					
11.	I love working with a team that likes risk					
12.	I like to work with a team that love the achievement					
13.	I take advantage of opportunities in the face of risks with distinction and accuracy					
14.	I have applied outstanding procedures; however difficult they may be.					
15.	I look for the best ways to accomplish tasks if multiple options, not the easiest					
16.	I can work efficiently with various officials.					
17.	Adapt quickly to changes in the work environment.					
18.	I deal with crises and work pressures well.					
19.	Use informal channels of communication when necessary to complete the work.					
20.	Lead my thoughts and suggestions for developing and improving work.					
21.	I introduce new ideas in my work.					
22.	Encourage my colleagues to participate in programs to develop work and improve services.					
23.	I can analyze any problem I face to the initial elements.					
24.	Link ideas and attitudes to produce a new and distinctive idea.					
25.	I assess the results of my decisions according to my achievement.					
26.	Develop my skills based on the evaluation findings.					

No.	Domain	VHD	HD	MD	LD	VLD
27.	I seek forward to putting better position in hospital.					
28.	I accept my transfer between departments that need my experience					
29.	I support the development of my colleagues in accomplishing the tasks and procedures					
30.	I always seek to participate in hospital or out-of-hospital courses to develop my work performance.					
31.	I am always looking for any new work area					
32.	I make correct decisions in solving problems in fits to my job.					
33.	I am actively involved in the decision-making process of the department					
34.	I define the necessary requirements for the implementation of decisions with regard to patient care as effectively					
35.	I work among my team members according to their abilities and skills, and help them to do the job skill fully when assigned.					
36.	I take the view of my colleagues when they make the right decision by a majority.					
37.	I use logical methods to convince others of my point of view					
38.	I present my thoughts in a sequence that helps to persuade					
39.	I give the opportunity to others to express their ideas.					
40.	I am good at managing dialogue with others					
41.	I help my colleagues provide the requirements for success					
42.	I participate in the development projects of the department enthusiastically					
43.	Introduce innovative and quick ideas for urgent topics					
44.	I respond to the questions of the team with great skill					

Questionnaire (2) Nursing supervisor's

The Role of Leadership Empowerment in Achieving the Professional Creativity among Nurses Working at Governmental Hospitals in Gaza Strip

Serial Number: (...............) For researcher use.

Note: Nursing supervisor means: Heads Nurse in the morning shifts and NS in the evening and night shifts.

Leadership Empowerment: providing the HN & NS for SN to knowledge, training, and necessary resources, and hold them accountable in decision making, while providing the appropriate regulatory environment; to achieve their participation in the achievement of the goals and the creation of creativity, motivation and empowerment under follow-up NS.

First: Personal Information:

1- **Gender:** Male ☐   Fema ☐   **2- Age:** [　　　　] year

3- **Marital status:** Single ☐ Married ☐   Divorced ☐   Widowed ☐

4- **Place of Residence:**   North Gaza ☐   Gaza city ☐   Mid-Zone ☐

Khan Younis ☐   Rafah ☐

5- **Educational Level:** 3 years Diploma ☐   Bachelor ☐

Master ☐   PhD ☐

6- **Place and Year of Graduation:** [　　　　　　　　　　　　　]

Second: Information of Hospital:

7- **Place of work: Hospital** [　　　　　] Department [　　　　　]

8- **Total Experience in the nursing:** [　　　　　] Year

9- **Years' experience in the supervisory job:** [　　　　　] Year

10- **Number of supervised nurses:** [　　　　　]

11- **Do you have a job description of your supervisory tasks?** Yes ☐   No ☐

12- **Have you received training courses in management?** Yes ☐   No ☐

13- **Are you satisfied with your supervisory work?**

Strongly Agree ☐   Agree ☐   Disagree ☐   Strongly disagree ☐

Third: Scale of leadership empowerment among SN from the point of view of NS:

Explain your agreement with the following items:

Very High Degree (VHD); **High Degree** (HD); Medium **Degree** (MD);
Low Degree (LD); **Very Low Degree** (VLD)

No.	Items	VHD	HD	MD	LD	VLD
1.	Authorize the SN to perform the tasks as required.					
2.	Authorize the SN part of my powers according to their ability.					
3.	Give SN adequate powers to accomplish tasks better.					
4.	Evaluate of the SN continuously in terms of making the right decisions during the work					
5.	I am trying to remove the obstacles hindering the SN.					
6.	Strengthen the success of SN with more empower & authority.					
7.	Involve the SN in developing work plans within the department.					
8.	Involve the SN to participate in decision-making related to department management					
9.	I listen and take into account the proposals of the SN in the development of work.					
10.	I give feedback to the SN on their continuous work performance.					
11.	Give SN enough time to discuss their ideas for business development.					
12.	I involve the SN in continuing education in the hospital by giving lectures and participating in the workshops.					
13.	Development the trust between the nurses					
14.	Give the SN an opportunity to take responsibility					
15.	Follow the principle of transparency in various work procedures, especially in dealing with the SN					
16.	I am trying to be fair in following the trade-off between the SN.					
17.	I was impressed by any outstanding work done by the SN					
18.	I use the dialog language when I instruct the SN					
19.	I use constructive criticism					
20.	Provide a clear plan for developing the professional performance of nurses.					
21.	Promote the spirit of competition between team work					
22.	Develop opportunities for training and equitable development among SN					
23.	I determine training needs for nursing					

No.	Items	VHD	HD	MD	LD	VLD
	according to field needs					
24.	Provide vocational growth opportunities for nurses as adequately					
25.	I follow the effectiveness of management plans based on nursing performance and commitment.					
26.	I explain developmental lectures periodically for nursing both inside and outside the department.					
27.	I am seeking to involve SN in nursing development programs and participation in external courses.					
28.	Provide an appropriate environment for the SN					
29.	Provide the SN with all work requirements.					
30.	Develop a career loyalty for the nurses					
31.	I seek to enhance nurses' job satisfaction					
32.	Contribute to reduce the pressure of work on the SN.					
33.	I support teamwork between hospital nurses.					
34.	The SN has been involved with various teams and committees of work according to their abilities.					
35.	I seek to make the teams and committees of nursing work integrative.					
36.	I Identify tasks and responsibilities of each SN.					
37.	I seek to promote collective action in service delivery					
38.	The SN has been informed of the instructions issued for the work on an ongoing basis.					
39.	I seek to develop self-monitoring among nurses.					
40.	I seek to prevent any appearance of conflict in the work environment.					
41.	Provide instructions, procedures and advice for nursing clearly.					
42.	The SN was able to communicate with me easily and in several ways.					

Fourth: Scale of professional creativity among SN from the point of view of NS:

No.	Items	VHD	HD	MD	LD	VLD
1.	SN can solve problems countered by non-traditional solutions.					
2.	SN can solve problems encountered by traditional solutions.					
3.	SN try to develop plans and procedures to reduce problems at work.					
4.	SN expect problems during work before they occur.					
5.	SN analyze the causes of the problem accurately.					
6.	SN propose innovative solutions to solve work					

No.	Items	VHD	HD	MD	LD	VLD
	problems in the light of available alternatives					
7.	SN form an integrated perception of problems through discussion with colleagues at work					
8.	SN encourage team members to innovate despite the risks that may be encountered.					
9.	SN prefer to work with a team that is risk-taking					
10.	SN prefer to work with a team that is in love with achievement					
11.	SN take advantage of opportunities to deal with risks with distinction and accuracy					
12.	SN apply distinct procedures; however difficult they may be					
13.	SN look at the best ways to accomplish tasks if there are many options, not the easiest ones					
14.	SN can work efficiently with different heads					
15.	SN adapt quickly to changes in the work environment					
16.	SN deal with crises and work pressures well					
17.	SN use informal communication channels to complete the work					
18.	SN ideas and suggestions are conducive to the development and improvement of work.					
19.	SN initiate new ideas in their work					
20.	SN stimulate their team members to participate in work development programs and improve services					
21.	SN can analyze any problem they face to their primary components.					
22.	SN deal with their colleagues as required by the situation					
23.	SN seek to link ideas and attitudes to produce a new and distinctive idea					
24.	SN assess the results of their decisions with the achievement they achieve					
25.	SN develop their skills based on evaluation results					
26.	SN seek a better position in the hospital					
27.	SN accept mobility between departments that require their expertise					
28.	SN support the development and development of their team members in the accomplishment of tasks and procedures					
29.	SN always seek to participate in and out hospital courses to improve their work performance					
30.	SN are always looking for new developments about their performance development					
31.	SN make sound decisions to solve problems in proportion to the job situation					
32.	SN actively participate in the decision-making process of the department within the scope of job descriptions					
33.	SN determine the requirements for effective implementation of decisions regarding patient care					
34.	SN distribute work among their team members according to their abilities and skills					

No.	Items	VHD	HD	MD	LD	VLD
35.	SN support the ideas of colleagues to develop work and improve services					
36.	SN carry out the opinion of their colleagues when they make a decision by a majority & be correct					
37.	SN use logical methods to convince others of their point of view.					
38.	SN present their ideas in a sequence that helps to persuade					
39.	SN allow others to express their thoughts					
40.	SN are fluent in conducting dialogue with others.					
41.	SN help their colleagues meet the requirements for success					
42.	SN participate in the department's development projects with enthusiasm					
43.	SN provide quick, creative ideas for urgent topics					
44.	SN respond to the team's queries with great skill					

Annex (12): Ccorrelation coefficient related to SN' questionnaire between each item in the field and the whole field of leadership empowerment.

No.	Domain	correlation coefficient	p-value
1.	**Provide independence**		
1.	The NS assigns me the tasks based on my qualifications	0.777	0.000*
2.	The NS gives me part of the powers to work	0.864	0.000*
3.	The NS gives me sufficient powers to perform the tasks.	0.859	0.000*
4.	The NS removes challenges and impediments.	0.854	0.000*
5.	The NS promotes my achievements of tasks of authority and authority	0.795	0.000*
2.	**Effective participation**		
6.	The NS is involved in the development of work plans within the department.	0.858	0.000*
7.	The NS allows me to participate in making decisions related to department management	0.838	0.000*
8.	The NS takes into consideration my suggestions in developing the work.	0.851	0.000*
9.	My supervisor gives me enough time to discuss my thoughts on work development	0.789	0.000*
10.	The NS is leader to me by the department if he is busy.	0.759	0.000*
11.	The NS will give me lectures and participate in workshops.	0.740	0.000*
3.	**Leadership values**		
12.	The NS develops trust among nurses.	0.696	0.000*
13.	The NS gives me the opportunity to take responsibility when he is absent	0.780	0.000*
14.	The supervisor of nursing follows the principle of transparency in the various work procedures	0.805	0.000*
15.	The NS is able to make the right decisions at work	0.833	0.000*
16.	The supervisor of nursing is just in making a trade-off between nursing	0.798	0.000*
17.	The NS is impressed by any outstanding work I do	0.789	0.000*
18.	The NS uses appropriate dialogue language when instructing nurses	0.791	0.000*
19.	The NS uses constructive criticism	0.785	0.000*
20.	The NS assigns me to perform some administrative tasks "Schedule"	0.714	0.000*
4.	**Professional development**		
21.	The NS provides a clear plan for the development of professional performance.	0.784	0.000*
22.	The NS develops the spirit of competition among team members	0.752	0.000*
23.	The NS shall determine nursing training requirements according to field needs.	0.629	0.000*
24.	The NS shall distribute training and development opportunities between nurses.	0.809	0.000*
25.	The NS provides the opportunity for professional growth of nurses sufficiently.	0.811	0.000*
26.	The NS follows the management's plans for nursing performance and their commitment.	0.723	0.000*
27.	The NS provides periodic developmental lectures for nursing.	0.754	0.000*
28.	The NS will involve nurses in the development of other nurses	0.811	0.000*

No.	Domain	correlation coefficient	p-value
	in the hospital.		
5.	**Supporting environment**		
29.	The NS provides a working environment	0.862	0.000*
30.	The NS provides nursing requirements in the work environment.	0.830	0.000*
31.	The philosophy of NS at work develops loyalty to nurses.	0.859	0.000*
32.	The supervisor of nursing applies the objective in the distribution of work to nurses.	0.851	0.000*
33.	The NS plays an important role in promoting nurses' job satisfaction	0.844	0.000*
34.	The NS contributes to reducing the pressure of work.	0.834	0.000*
6.	**Cooperative work**		
35.	The NS supports teamwork among nurses	0.859	0.000*
36.	The NS shall engage in nursing in the various committees according to their wishes and abilities.	0.846	0.000*
37.	The NS forms the teams and the various work committees in an integrative manner.	0.852	0.000*
38.	The NS works to meet the nurses' wishes when writing the work schedule.	0.812	0.000*
39.	The NS promotes teamwork in service delivery.	0.839	0.000*
40.	NS seek to prevent any appearance of conflict in the work environment.	0.846	0.000*
7.	**Effective communication**		
41.	The messages sent by the NS are clear.	0.812	0.000*
42.	The NS shall inform the nursing staff of instructions issued in respect of the work.	0.847	0.000*
43.	The NS develops self-censorship.	0.871	0.000*
44.	The NS is keen to meet with the nurses whenever the opportunity arises.	0.825	0.000*
45.	We do not find it difficult to communicate with the NS at all times.	0.820	0.000*
46.	The NS uses all means of communication with us (verbal and nonverbal)	0.873	0.000*

Annex (13): Ccorrelation coefficient related to SN' questionnaire between each item in the field and the whole field of professional creativity.

No.	Domain	correlation coefficient	p-value
1.	**Problem solving**		
1.	I propose innovative solutions to solve problems in the light of available alternatives	0.791	0.000*
2.	Choose the right solution for the problem	0.836	0.000*
3.	I am able to solve the problems faced by traditional solutions.	0.696	0.000*
4.	I can solve the problems faced by non-conventional solutions.	0.741	0.000*
5.	I try to develop plans to reduce the occurrence of problems	0.812	0.000*
6.	I anticipate problems during work before they occur	0.796	0.000*
7.	I thoroughly analyze the causes of the problem	0.758	0.000*
8.	Develop a clear vision of the problems that are discussed with colleagues at work.	0.729	0.000*
2.	**Confront of challenges & risks**		
9.	I encourage my colleagues to innovate despite the risks that may hinder achievement.	0.634	0.000*
10.	I take responsibility for any failure of team member.	0.748	0.000*
11.	I love working with a team that likes risk	0.698	0.000*
12.	I like to work with a team that love the achievement	0.798	0.000*
13.	Take advantage of opportunities in the face of risks with distinction and accuracy	0.803	0.000*
14.	I have applied outstanding procedures, however difficult they may be.	0.758	0.000*
15.	Look for the best ways to accomplish tasks if multiple options, not the easiest	0.660	0.000*
3.	**Cognitive flexibility**		
16.	I can work efficiently with various officials	0.731	0.000*
17.	Adapt quickly to changes in the work environment	0.749	0.000*
18.	I deal with crises and work pressures well	0.730	0.000*
19.	Use informal channels of communication when necessary to complete the work	0.792	0.000*
20.	Lead my thoughts and suggestions for developing and improving work.	0.789	0.000*
21.	I introduce new ideas in my work	0.739	0.000*
22.	Encourage my colleagues to participate in programs to develop work and improve services.	0.685	0.000*
4.	**Analysis & evaluation**		
23.	I can analyze any problem I face to the initial elements.	0.772	0.000*
24.	Link ideas and attitudes to produce a new and distinctive idea.	0.826	0.000*
25.	The results of my decisions have been made with the achievement achieved.	0.829	0.000*
26.	Develop my skills based on the evaluation findings.	0.775	0.000*

5.	**Change & development**		
27.	I look forward to putting my best in the hospital	0.681	0.000*
28.	I accept my transfer between departments that need my experience	0.730	0.000*
29.	I support the development of my colleagues in accomplishing the tasks and procedures	0.764	0.000*
30.	I always seek to participate in hospital or out-of-hospital courses to develop my work performance.	0.766	0.000*
31.	I am always looking for any new work area	0.621	0.000*
6.	**Decision making**		
32.	I make correct decisions in solving problems in Fits to my career	0.743	0.000*
33.	I am actively involved in the decision-making process of the department	0.801	0.000*
34.	I define the necessary requirements for the implementation of decisions with regard to effective patient care.	0.818	0.000*
35.	I work among my team members according to their abilities and skills, and help them to do the job skillfully when assigned.	0.739	0.000*
36.	I adopted the decision of my colleagues and the decision is correct and dumplings	0.805	0.000*
7.	**Persuasion & creativity**		
37.	I use logical methods to convince others of my point of view	0.711	0.000*
38.	I present my thoughts in a sequence that helps to persuade	0.765	0.000*
39.	There was an opportunity for others to express their ideas	0.804	0.000*
40.	I am good at managing dialogue with others	0.796	0.000*
41.	I help my colleagues provide the requirements for success	0.777	0.000*
42.	I participate in the development projects of the department enthusiastically	0.787	0.000*
43.	Introduce innovative and quick ideas for urgent topics	0.780	0.000*
44.	I respond to the questions of the team with great skill	0.831	0.000*

Annex (14): Ccorrelation coefficient related to NS's questionnaire between each item in the field and the whole field of leadership empowerment.

No.	Domain	correlation coefficient	p-value
1.	**Provide independence**		
1.	Authorize the period administrator to perform the tasks as required.	0.772	0.000*
2.	Authorize the period official part of my powers according to their ability.	0.647	0.000*
3.	Give period officials adequate powers to accomplish tasks better.	0.708	0.000*
4.	Performance of the period officials continuously in terms of making the right decisions during the work	0.769	0.000*
5.	I am trying to remove the obstacles hindering the officials of the periods.	0.756	0.000*
6.	Strengthen the success of officials in periods of leadership with more powers and authority.	0.726	0.000*
2.	**Effective participation**		
7.	Involve the period administrator in developing work plans within the department.	0.710	0.000*
8.	Involve the period administrator to participate in decision-making related to department management	0.713	0.000*
9.	I listen and take into account the proposals of the period administrator in the development of work.	0.778	0.000*
10.	I report back to the period administrator on their continuous work performance.	0.787	0.000*
11.	Give the time administrator enough time to discuss their ideas for business development.	0.748	0.000*
12.	I involve the period administrator in continuing education in the hospital by giving lectures and participating in the workshops.	0.609	0.000*
3.	**Leadership values**		
13.	Development the trust between the nurses	0.676	0.000*
14.	Give the period administrator an opportunity to take responsibility	0.734	0.000*
15.	Follow the principle of transparency in various work procedures, especially in dealing with the officials of the periods.	0.717	0.000*
16.	I am trying to be fair in following the trade-off between the official periods.	0.733	0.000*
17.	I was impressed by any outstanding work done by the period administrator	0.772	0.000*
18.	I use the dialog language when I instruct the period administrator	0.793	0.000*
19.	I use constructive criticism	0.729	0.000*
4.	**Professional development**		
20.	Provide a clear plan for developing the professional performance of nurses.	0.670	0.000*
21.	Promote the spirit of competition between officials of the periods.	0.751	0.000*
22.	Develop opportunities for training and equitable development among period officials.	0.737	0.000*

No.	Domain	correlation coefficient	p-value
23.	I determine training needs for nursing according to field needs	0.771	0.000*
24.	Vocational growth opportunities for nurses were provided adequately.	0.754	0.000*
25.	I follow the effectiveness of management plans based on nursing performance and commitment.	0.778	0.000*
26.	I explain developmental lectures periodically for nursing both inside and outside the department.	0.750	0.000*
27.	I am seeking to involve period officials in nursing development programs and participation in external courses.	0.758	0.000*
5.	**Supporting environment**		
28.	Provide an appropriate environment for the administrator of the period.	0.860	0.000*
29.	Provide the period administrator with all work requirements.	0.883	0.000*
30.	Develop a career loyalty for the period administrator	0.834	0.000*
31.	I seek to enhance nurses' job satisfaction	0.799	0.000*
32.	Contribute to reduce the pressure of work on the official period.	0.792	0.000*
6.	**Cooperative work**		
33.	I support teamwork among hospital nurses.	0.689	0.000*
34.	The period administrator has been involved with various teams and committees of work according to their abilities.	0.846	0.000*
35.	I seek to make the teams and committees of nursing work integrative.	0.841	0.000*
36.	I assign the functions and responsibilities of each period officer	0.812	0.000*
37.	I seek to promote collective action in service delivery	0.740	0.000*
7.	**Effective communication**		
38.	The period officer has been informed of the instructions issued for the work on an ongoing basis.	0.804	0.000*
39.	I seek to develop self-monitoring among nurses.	0.803	0.000*
40.	I seek to prevent any appearance of conflict in the work environment.	0.740	0.000*
41.	Provide instructions, procedures and advice for nursing clearly.	0.852	0.000*
42.	The administrator of the period was able to communicate with me easily and in several ways.	0.773	0.000*

Annex (15): Ccorrelation coefficient related to NS's questionnaire between each item in the field and the whole field of professional creativity.

No.	Domain	correlation coefficient	p-value
1.	**Problem solving**		
1.	Nurses can solve problems encountered by non-traditional solutions.	0.669	0.000*
2.	Nurses can solve problems encountered by traditional solutions.	0.643	0.000*
3.	Nurses try to develop plans and procedures to reduce problems at work.	0.704	0.000*
4.	Nurses expect problems during work before they occur.	0.730	0.000*
5.	Nurses analyze the causes of the problem accurately	0.731	0.000*
6.	Nurses propose innovative solutions to solve work problems in the light of available alternatives	0.854	0.000*
7.	Nurses form an integrated perception of problems through discussion with colleagues at work	0.855	0.000*
2.	**Confront of challenges & risks**		
8.	Nurses encourage team members to innovate despite the risks that may be encountered.	0.772	0.000*
9.	Nurses prefer to work with a team that is risk-taking	0.773	0.000*
10.	Nurses prefer to work with a team that is in love with achievement	0.804	0.000*
11.	Nurses take advantage of opportunities to deal with risks with distinction and accuracy	0.824	0.000*
12.	Nurses apply distinct procedures; however difficult they may be	0.848	0.000*
13.	Nurses look at the best ways to accomplish tasks if there are many options, not the easiest ones	0.809	0.000*
3.	**Cognitive flexibility**		
14.	Nurses can work efficiently with different heads	0.808	0.000*
15.	Nurses adapt quickly to changes in the work environment	0.765	0.000*
16.	Nurses deal with crises and work pressures well	0.874	0.000*
17.	Nurses use informal communication channels to complete the work	0.754	0.000*
18.	Nurses' ideas and suggestions are conducive to the development and improvement of work.	0.809	0.000*
19.	Nurses initiate new ideas in their work	0.828	0.000*
20.	Nurses stimulate their team members to participate in work development programs and improve services	0.822	0.000*
4.	**Analysis & evaluation**		
21.	Nurses can analyze any problem they face to their primary components.	0.837	0.000*
22.	Nurses deal with their colleagues as required by the situation	0.848	0.000*
23.	Nurses seek to link ideas and attitudes to produce a new and distinctive idea	0.862	0.000*
24.	Nurses assess the results of their decisions with the achievement they achieve	0.902	0.000*

No.	Domain	correlation coefficient	p-value
25.	Nurses develop their skills based on evaluation results	0.846	0.000*
5.	**Change & development**		
26.	Nurses seek a better position in the hospital	0.774	0.000*
27.	Nurses accept mobility between departments that require their expertise	0.717	0.000*
28.	Nurses support the development and development of their team members in the accomplishment of tasks and procedures	0.836	0.000*
29.	Nurses always seek to participate in in-hospital and out-of-hospital courses to improve their work performance	0.852	0.000*
30.	Nurses are always looking for new developments about their performance development	0.850	0.000*
6.	**Decision making**		
31.	Nurses make sound decisions to solve problems in proportion to the job situation	0.823	0.000*
32.	Nurses actively participate in the decision-making process of the department within the scope of job descriptions	0.842	0.000*
33.	Nurses determine the requirements for effective implementation of decisions regarding patient care	0.884	0.000*
34.	Nurses distribute work among their team members according to their abilities and skills	0.827	0.000*
35.	Nurses support the ideas of colleagues to develop work and improve services	0.808	0.000*
36.	The nurses carry out the opinion of their colleagues when they make a decision by a majority and be correct	0.763	0.000*
7.	**Persuasion & creativity**		
37.	Nurses use logical methods to convince others of their point of view.	0.801	0.000*
38.	Nurses present their ideas in a sequence that helps to persuade	0.844	0.000*
39.	Nurses allow others to express their thoughts	0.818	0.000*
40.	Nurses are good at conducting dialogue with others	0.821	0.000*
41.	Nurses help their colleagues meet the requirements for success	0.844	0.000*
42.	Nurses participate in the department's development projects with enthusiasm	0.830	0.000*
43.	Nurses provide quick, creative ideas for urgent topics	0.862	0.000*
44.	Nurses respond to the team's queries with great skill	0.787	0.000*

Annex (16) Arabic abstract

عنوان الدراسة: دور التمكين القيادي في تحقيق الإبداع المهني لدى الممرضين العاملين في المستشفيات الحكومية في قطاع غزة.

إعداد: عصام سعدي نبهان

إشراف: د. يوسف محمود عوض

ملخص الدراسة:

يعد التمكين القيادي إحدى أهم القضايا الحاسمة في تحفيز السلوك الإبداعي وإعداده لمواجهة التغييرات المتسارعة في أنظمة الرعاية الصحية، لذا هدفت الدراسة الحالية إلى تقييم دور التمكين القيادي في تحقيق الإبداع المهني في المستشفيات الحكومية في محافظات غزة. وقد استخدم الباحث المنهج الوصفي التحليلي (دراسة وصفية وتحليلية مستعرضة). وتم اختيار جميع المستشفيات الحكومية الكبرى من كل محافظة. وقد تم تقسيم عينة الدراسة إلى مجموعتين: المجموعة الأولى كانت المشرفين على التمريض حيث شملت الدراسة جميع المشرفين على التمريض (رؤساء أقسام ومشرفي التمريض)، أما المجموعة الثانية فتكونت من مسؤولي الفترات، حيث تم اختيارهم بالطريقة العشوائية المنظمة. وكان معدل الاستجابة لمشرفين التمريض 80.0%، أما مسؤولي الفترات فبلغت نسبة الاستجابة 93.5 %.

قام الباحث بإعداد أداة الدراسة لكل من مشرفين التمريض ومسؤولي الفترات لتعكس مستوى التمكين القيادي للممرضين وأثره في تحقيق الإبداع المهني. شمل الاستبيان: المتغيرات الاجتماعي الديموغرافي، المتغير التنظيمي ومتغيرات أخرى بالإضافة إلى مجالات الدراسة. وقد تم عرض أداة الدراسة على مجموعة من المحكمين للتأكد من مدى صلاحيتها كأداة دراسة، كما تم إجراء دراسة استطلاعية وتبين أن معامل الثبات ألفا كرونباخ بلغ 0.976، وقد تم استخدام برنامج (SPSS) لتحليل البيانات.

أظهرت نتائج الدراسة أن معظم أفراد العينة كانوا من الذكور بنسبة 62 %، بينما 38 % من الإناث. حيث وزعت هذه النسبة على مسؤولي الفترات ومشرفي التمريض، وفيما يتعلق بالفئة العمرية،

171

فإن معظم الفئة العمرية أقل من 30 سنة حوالي 47.7٪ لمسؤولي الفترات، اما مشرفي التمريض فمعظم الفئة العمرية أكثر من 41 سنة بنسبة 59.5%.

وفيما يتعلق بالمستوى التعليمي لمسؤولي الفترات، فإن 23.7٪ يحملون دبلوم سنتين أو ثلاث سنوات، بينما حصل 70.9٪ على درجة البكالوريوس، بينما معظم مشرفي الفترات لم يحصلوا على مؤهل دراسات عليا. في حين أن 62.2% من مشرفي التمريض يحملون درجة البكالوريوس، وحوالي 35 ٪ يحملون درجة الماجستير. وفقًا لسنوات الخبرة فغالبية مسؤولي الفترات لديهم عدد سنوات خبرة عمل تصل إلى 10 سنوات بنسبة 64%، في حين أن 33.1٪ من مسؤولي الفترات لديهم خبرة عمل بين 11– 20 عامًا. أجاب مسؤولي الفترات أن حوالي 62.5٪ أنهم يعرفون الوصف الوظيفي.

مشاركة رؤساء الأقسام بلغت حوالي 95 رئيس قسم بنسبة 53٪، فيما بلغ مشرفون التمريض 85 مشرفًا بنسبة 47٪. وفيما يتعلق بسنوات الخبرة، كان متوسط سنوات الخبرة في التمريض 18.4 سنة. حيث كان أكثر من نصف مشرفين التمريض لديهم خبرة من 11–20 عامًا بنسبة 52.8٪.

مستوى التمكين القيادي من وجهة نظر مشرفي التمريض 83.5% وهي درجة مرتفعة، بينما بلغ مستوى الابداع المهني لمسؤولي الفترات (73.9٪)، وهي درجة مرتفعة. ومن وجهة نظر مسؤولي الفترات بلغ مستوى التمكين القيادي (63.5٪) وهي درجة متوسطة، فيما بلغ مستوى الإبداع المهني (76.5 ٪)، وهي درجة مرتفعة، كما أكدت الدراسة على وجود دلالة إحصائية موجبة بين التمكين القيادي والإبداع المهني.

ووفقا للعلاقة بين التمكين القيادي والمتغيرات الديمغرافية الاجتماعية (الجنس والعمر والمستوى التعليمي وسنوات الخبرة). حيث وفقا للجنس، لم تجد الدراسة فروق ذات دلالة احصائية تعزى لمتغير الجنس حسب مسؤولي الفترات، في حين توجد فروق ذات دلالة احصائية تعزى لمتغير الجنس في استبيان المشرفين وكانت الفروق لصالح الإناث. أما فيما يتعلق بمتغير العمر توجد فروق ذات دلالة احصائية تعزى لمتغير العمر. فيما لا توجد فروق ذات دلالة احصائية تعزى لمتغير المستوي التعليمي وسنوات الخبرة.

ووفقا للعلاقة بين الإبداع المهني والمتغيرات الديمغرافية الاجتماعية (الجنس والعمر والمستوى التعليمي وسنوات الخبرة). حيث وفقا للجنس، لم تجد النتائج فروق ذات دلالة احصائية تعزى لمتغير

الجنس باستبيان مسؤولي الفترات، في حين توجد فروق ذات دلالة احصائية تعزى لمتغير الجنس باستبيان مشرفي التمريض في حين لا توجد فروق ذات دلاله إحصائية تعزي إلى عمر مسؤولي الفترات. فيما لا توجد فروق ذات دلالة احصائية تعزى لمتغير المستوي التعليمي وسنوات الخبرة.

لذا يوصي الباحث بان يأخذ مشرفي التمريض زمام القيادة في إزالة الحواجز التي تعترض النجاح من خلال توفير الموارد اللازمة، وتحسين التواصل، ودعم تمكين القيادة لتعزيز الإبداع المهني لدى مسؤولي الفترات بشكل خاص والممرضين بشكل عام.

الكلمات المفتاحية: التمكين القيادي – الابداع المهني – مشرفي التمريض – مسؤولي الفترات