

Head Nurses' Attitude and Preparedness Regarding Delegation and its Relation to their Performance at Benha University Hospital

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Abstract: Delegation is the assignment of authority to another person to carry out specific activities and to make decisions and complete specific tasks. Delegation is a vital skill to help head nurses spend their time in the most productive ways, save time and perform their duties better. **The Aim of the study** was to assess head nurses' attitude and preparedness regarding delegation and its relation to their performance at Benha University Hospital. **Design:** descriptive design was utilized in carrying out this study. **Setting:** the study was conducted in all units at Benha University Hospital in Qaliobia Governorate, Egypt. **Study Sample:** all available (110) head nurses were included. **Two instruments were used for data collection of this study;** self-administered questionnaire for head nurses' attitudes and preparedness regarding delegation and observational checklist of head nurses' performance regarding delegation. **Results:** indicated that about half of head nurses (51.8%) had a positive attitude, the majority (90.9%) of head nurses had high preparedness regarding delegation, the majority (86.4%) of head nurses' performance regarding delegation was satisfactory and there was a highly statistically positive correlation between head nurses' attitude, preparedness, and performance regarding delegation. **Recommendations:** Workshops should be held to raise head nurses' awareness about delegation and performance regarding delegation.

Keywords: Delegation, Head nurses Attitude, Preparedness, Performance

Introduction

Delegation is the assignment of authority to another person to carry out specific activities and to make decisions and complete specific tasks. Delegating appropriate tasks to staff can be effective method to ensure high-quality care and good patient outcomes (**American Nurses Association, 2017**).

Delegation is a complex process in professional practice, requiring advanced clinical judgment and accountability for patients 'care. The reality is that delegating is a necessary skill in nursing practice today due to nursing shortages, rising patient acuity, and the new emphasis on patient satisfaction. Delegation is a vital skill to help head nurses spend their time in the most productive ways, delegation can save time, can give them the ability to perform their duties better and build valuable skills

in those they delegate to, making it easier to delegate to them in the future (**Engard, 2017**).

Head nurses lead teams and are responsible for the nursing process and outcomes for patient care this require delegation skills because delegation is one of the key factors in effective teamwork (**Kaernsted and Bragadóttir, 2012**). For effective delegation, head nurses need to be aware of staff's legal job definitions and job descriptions, as well as their skills and willingness to accept the delegation (**Zakaria, 2016**). Successful delegation is influenced by various factors including effective communication, collaborative work relationship, level of competence and knowledge and role clarity. Head nurses need to work effectively with the staff through having the abilities to delegate, assign, and supervise (**National Council of State Boards of Nursing, 2016**).

Lack of delegation is one of the most common stressors; leading to work stress and turnover (**Gassas et al., 2017**). Delegation of authorities is partially practiced, some personnel fear to delegate due to personal perception, and subordinates fear to be delegated since they fail to understand what is to be done on the issue of delegation (**Swai, 2014**). Head nurses spend more time working on those activities which have no professional knowledge, when they do not delegate their tasks to subordinates (**Sayani, 2016**).

Some head nurses believe that the time is lost by delegating tasks and fear that a task delegated won't be performed to their high standards (**Innes, 2017**). A major reason for managerial failure is poor delegation of authority. The problem isn't a lack of understanding about what delegation actually but is with personal attitudes toward delegation on the part of managers, these attitudes that make it impossible for delegation to be successful (**Demers, 2015**). The process of delegation is an art, to be effective the head nurse need to perform some steps as the following; define the task, select the most capable person, assess ability and training needs, explain the reasons, state required results, consider resources required, agree deadlines, support and communicate feedback on happened results (**Clement, 2016**).

It is very important as a head nurse to consider all aspects that go into delegating tasks to others. When all the guidelines are followed correctly a good judgment is used when good choosing who to delegate a task. Delegation can be a great tool that nurses can use. To give more efficient care for their patients, it is most important that head nurse put the care and needs of the patients first when making decisions that could affect their treatment and ultimately their lives (**Hughes, 2017**).

Significance of the study:

Effective delegation creates more time for head nurse to perform the added

tasks and to focus on what is most important. Effective delegation skills are paramount for achieving the desired outcomes. Delegation facilitates the organization work and performance of the head nurse. If head nurses delegate effectively they can enhance their job satisfaction, performance and productivity. There is no study conducted for assessing the attitude and preparedness of head nurses regarding delegation at Benha University Hospital. So this research was conducted to assess head nurses' attitude and preparedness regarding delegation and its relation to their performance at Benha university hospital.

Aim of the study

This study aimed to assess head nurses' attitude and preparedness regarding delegation and its relation to their performance at Benha University Hospital.

Research questions

The research questions are the following:

- 1- What are the attitudes of head nurses' regarding delegation?
- 2- To what extent are head nurses prepared to delegate?
- 3- What is level of head nurses' performance?
- 4- Are there associations among head nurses' attitude & preparedness regarding delegation and their performance?

Methods

Study design: A descriptive correlational research design was utilized in carrying out the study to achieve the aim of the study. A descriptive correlational research design refers to a type of study in which information is collected without making any changes to the study subjects. Correlation is a statistical measure of a relationship between two or more variables

Setting: The study was conducted in all (110) units at Benha University Hospital, Qaliobia Governorate, Egypt. The hospital consisted of four buildings; medical building, surgical building emergency building and ophthalmic building.

Sampling: This study included all (110) available head nurses who were working at Benha University Hospital during the time of study.

Instruments: Data of the present study was collected by using two instruments:

First Instrument: Self-administered questionnaire for head nurses' attitudes and their preparedness regarding delegation: This instrument was developed by **Kaernsted and Bragadóttir (2012)**. It was used to assess head nurses' attitude and preparedness regarding effective delegation. It consisted of two parts:-

First part: It included personal characteristics of head nurses as age, educational qualification, years of experience, and years of experience in present nursing unit /department, marital status and attended training courses.

Second part: It consisted of head nurses' attitude regarding delegation which contained (14 items), and head nurses preparedness regarding delegation consists of two subscale, **subscale one** a geared toward principles and rights of delegation contained (13 items). **Subscale two**, reflected head nurses' preparedness to delegation, it contained (10 items).

Scoring system for head nurses' attitude:

Scoring items	Score
Strongly disagree	1
Disagree	2
Uncertain	3
Agree	4
Strongly agree	5

Scoring system for head nurses' preparedness:

Scoring items for subscale one	Score
Never	1
Sometimes	2
Always	3

Scoring items for subscale two	Score
Disagree	1
Unsure	2
Agree	3

Head nurses' responses were measured on a five points Likert Scale ranging from (1) strongly disagree to (5) strongly agree. Total scores of an attitude of head nurses regarding delegation were classified as follow;

- Negative if <60%
- Uncertain if 60-75% or
- Positive if > 75%

Head nurses' responses of preparedness regarding delegation were measured on a three points Likert Scale, **for subscale one** ranging from never (1) to always (3).

Subscale two from disagree (1) to agree (3).

Total scores of preparedness of head nurses regarding delegation were classified as follow; low preparedness < 60%, moderate preparedness 60-75%, and high preparedness > 75%.

Second Instrument: Observational checklist of head nurses' performance regarding delegation process. It was developed by **Mikhemer et al., (2016)**. It was used to assess performance of head nurses regarding delegation process. It included 55 items divided into 7 skills; selection and organization of the task (5 items), selection of appropriate person (6 items), explanation of the expectations to delegate (items), Maintenance control and

supervision (5 items), evaluation and following up (10 items), when delegate (9 items), and delegate & not delegate (14 items).

Scoring system:

Scoring items	score
Not done	0
Done incompletely	1
Done completely	2

Head nurses' responses were measured on a three points ranged from (0) for not done to (2) for done completely. Total scores of head nurse' performance regarding delegation were unsatisfactory when <60%, and satisfactory when ≥ 60%.

Procedure:

- 1- An official permission was taken from the dean of the faculty of nursing and approval was taken from the director of Benha University Hospital.
- 2- The data collection instrument was developed after a review of available literature concerning with the topic of the study using books, scientific thesis, articles, exploring internet and periodicals to obtain instruments for data collection and write a review of literature for this study.
- 3- **Content validity:** Instruments content validity was done by five experts in the related field to check the relevancy, clarity, comprehensiveness, and applicability of the tools of data collection. Jury experts involved four assistant professors of nursing administration working at Ain-Shams University and one lecturer of nursing administration working at Benha University. According to experts' opinions, minor modifications were done and the final form was prepared.
- 4- **Reliability** of the instruments of data collection was done by using the Cronbach's Alpha test for measuring the consistency of the study result. Result equal, attitude reliability was (0.78), preparedness internal reliability

was (0.874) and performance reliability was (0.826).

- 5- **A Pilot study** was done on 10% of the total subjects, they were (11) participants. Data which obtained from the pilot study were analyzed. As a result of the pilot study, no modification is done, and items were understandable. The time needed to fill the questionnaire was about (10-15) minutes. The subjects who participated in the pilot study were included in the study sample.
- 6- **For ethical consideration** an oral acceptance was obtained from head nurses after clarifying the aim of the study. Privacy and confidentiality of the study participants' data were assured. Participation in the study was voluntary and participants were assured that withdrawing from the study at any stage without responsibility.
- 7- The actual data collection took about three months from September to end of November 2017.
- 8- **Data analysis:** Data analysis was performed using SPSS statistical software version 22. The data were explored. Descriptive statistics with mean and standard deviation (SD) for continuous variables and frequency for categorical variables were analyzed. Qualitative variables were compared using chi square test (χ^2) as the test of significance, independent (t) test and ANOVA test was used to compare mean score between more two groups respectively. Correlation coefficient (r) was used to evaluate association between studied variables. The p-value is the degree of significant. A significant level value was considered when $p\text{-value} \leq 0.05$ and a highly significant level value was considered when $p\text{-value} \leq 0.001$, while $p\text{-value} > 0.05$ indicates non-significant results.

Results

Table (1) clarifies that more than two thirds (69.1%) of head nurses aged more than 30 years and more than three

quarters (83.6%) of them had bachelor degree in nursing .In relation to years of experience more than one quarter (30.9 %) of head nurses had more than 15 years of experience .As regards to marital status, the majority (90.9%) of them were married. The majority (85.5%) of them had received training course.

Figure (1) reveals that more than half (51.8%) of head nurses had positive attitude. While less than half (48.2%) of them had uncertain attitude.

Table (2) illustrates that the head nurses' principles and rights regarding delegation was with mean scores 34.4 ± 3.2 and preparedness of head nurses regarding delegation was with mean scores 28.54 ± 2.27 .

Figure (2) reveals the total score of preparedness, that the majority (90.9%) of head nurses had high level of preparedness regarding delegation process.

Table (3) clarifies that the head nurses' performance regarding delegation. It shows that when not delegate had maximum scores (27) with mean scores 24.7182 ± 3.20588 . As regard to head nurses' performance regarding select and organize the task had minimum scores 6.00 with mean $9.4727 \pm .83181$ and head nurses' performance regarding select appropriate person had minimum scores 6.00 with mean 8.2455 ± 0.51020 .

Figure (3) reveals a total performance score of head nurses. It illustrates that the majority (86.4%) of head nurses had satisfactory performance, while the minority (13.6%) of them got unsatisfactory performance.

Table (4) shows that there were no statistical significant differences between characteristics of head nurses and attitude regarding delegation process expect for educational qualification ($p < 0.05$).

Table (5) shows that there were no statistical significant differences between head nurses' characteristics and preparedness regarding delegation process ($P = > 0.05$).

Table (6) shows there were no statistical significant difference between head nurses' characteristics and their performance regarding delegation process ($P = > 0.05$).

Table (7) clarifies that there was no significant relation between head nurses' attitude, preparedness and performance regarding delegation process and their working years of experience.

Table (8) clarifies that there was a highly statistically significant correlation between head nurses' attitude, preparedness and performance regarding delegation process ($p = .000$).

Table (1): Frequency and percentages distribution of the studied head nurses according to their socio-demographic characteristics (No. =110)

Socio-demographic Characteristics	Frequency	%
Age in years		
20-25	5	4.5
26-30	29	26.4
>30	76	69.1
Mean \pm SD		
Educational qualification		
Secondary degree in nursing	10	9.1
Technical degree in nursing	3	2.7
Bachelor degree in nursing	92	83.6
Postgraduate	5	4.5
Years of experience in the hospital		
1-<5	21	19.1
5-<10	22	20.0
10-<15	33	30.0
>15	34	30.9
Marital status		
Single	6	5.5
Married	100	90.9
Divorced	2	1.8
Widow	2	1.8
Training course regarding delegation		
Yes	94	85.5
No	16	14.5

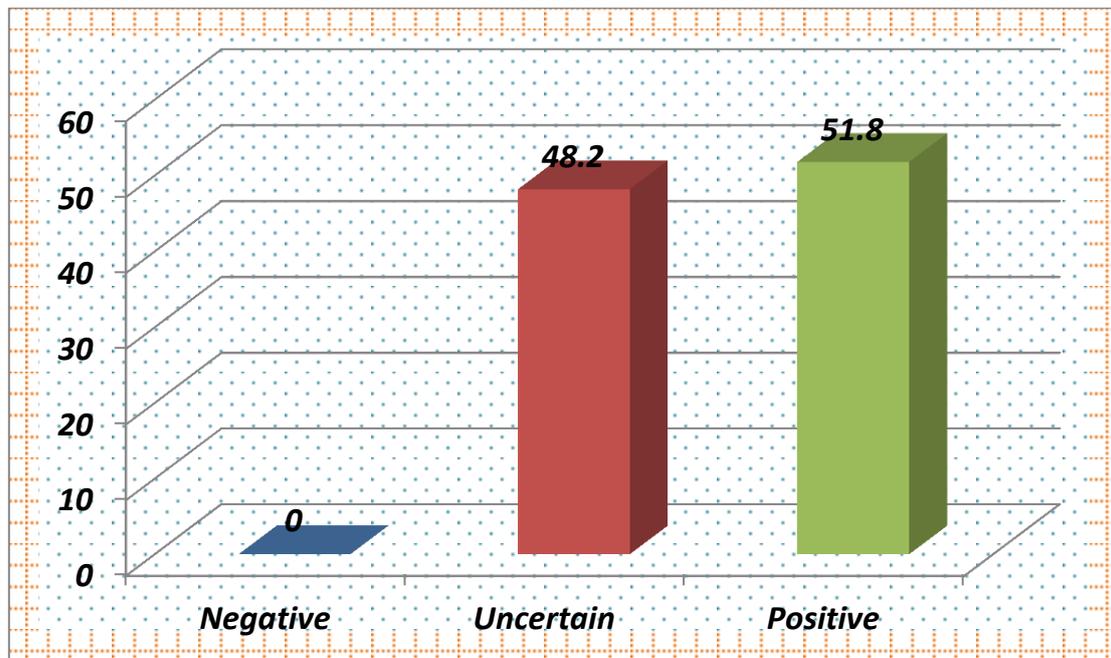


Figure (1): percentage distribution of attitude scores among the head nurses regarding delegation process (No. 110).

Table (2): Mean scores distribution of the studied head nurses' regarding their preparedness for delegation (No. =110)

Preparedness	Mean	Std. Deviation	Minimum	Maximum
Principles	34.4182	3.26050	25.00	39.00
Preparedness	28.5455	2.27324	20.00	30.00
Total preparedness	62.9636	4.61535	48.00	69.00

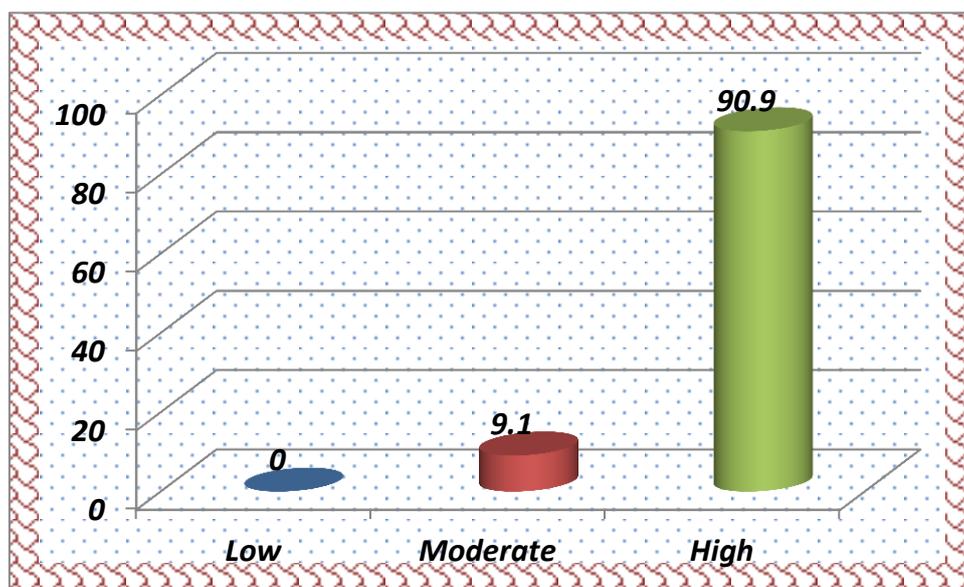


Figure (2): percentage distribution of total preparedness scores of the studied head nurses regarding delegation process (No.=110)

Table (3): Mean scores distribution of the studied head nurses' performance regarding delegation (No. =110)

Practice	No of items	Mean	Std. Deviation	Minimum	Maximum	Mean percentage
Selection and organization of the task	5	9.4727	0.83181	6.00	10.00	94.72%
Selection of appropriate person	6	8.2455	0.51020	6.00	9.00	68.71%
Explanation of the expectation//s to delegate	6	4.9487	1.82816	0.00	11.00	41.24%
Maintenance control and supervision	5	7.3182	1.21860	0.00	8.00	73.18%
Evaluation and following up	10	9.6909	2.14496	0.00	14.00	48.46%
When delegate	9	5.6455	2.60411	0.00	12.00	31.33%
Delegate & not delegate	14	24.7182	3.20588	0.00	27.00	88.28%
Total practice score	55	70.3545	6.77094	19.00	89.00	63.96%

* Minimum and maximum obtained from studied head nurses' performance.

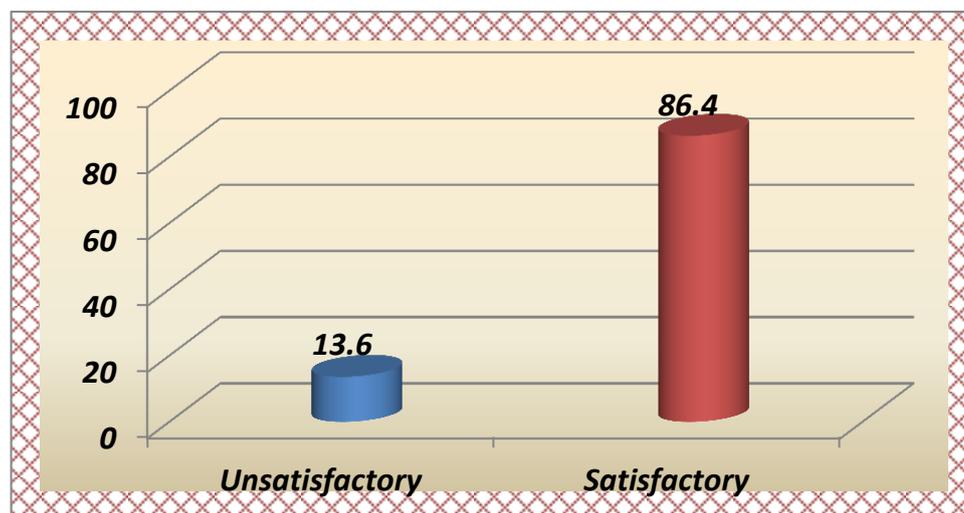


Figure (3): percentage distribution of total performance scores of the studied head nurses regarding delegation process (No. =110)

Table (4): Associative relation between the studied head nurses' characteristics and their attitude scores regarding delegation process (No. =110)

Characteristics	Mean \pm SD	F test	P value
Age in years			
20-25	37.8000 \pm 2.58844	1.79	>0.05
26-30	36.9310 \pm 3.57502		
>30	35.3947 \pm 4.68495		
Educational qualification			
Secondary degree in nursing	38.9000 \pm 3.95671	2.77	<0.05*
Technical degree in nursing	37.0000 \pm 6.24500		
Bachelor degree in nursing	35.4022 \pm 4.31980		
Postgraduate	38.6000 \pm 2.70185		
Years of experience			
1-<5	36.5714 \pm 3.93156	0.456	>0.05
5-<10	36.0455 \pm 3.73500		
10-<15	35.2121 \pm 4.56041		
>15	36.0882 \pm 4.93821		
Marital status			
Single	33.8333 \pm 2.31661	1.98	>0.05
Married	35.8500 \pm 4.43898		
Divorced	40.0000 \pm 2.82843		
Widow	41.0000 \pm 1.41421		
Training course			
Yes	36.6250 \pm 3.55668	0.569	>0.05
No	35.7872 \pm 4.51966		

* Significance at p <0.05

Table (5): Associative relation between the studied head nurses ' characteristics and their preparedness scores regarding delegation (No. =110)

Characteristics	Mean \pm SD	F test	P value
Age in years			
20-25	64.2000 \pm 2.94958	0.666	>0.05
26-30	63.6207 \pm 3.89518		
>30	62.6316 \pm 4.94461		
Educational qualification			
Secondary degree in nursing	64.9000 \pm 6.99921	2.25	>0.05
Technical degree in nursing	63.6667 \pm 5.50757		
Bachelor degree in nursing	62.5109 \pm 4.27488		
Postgraduate	67.0000 \pm 2.12132		
Years of experience			
1-<5	63.5714 \pm 3.12364	0.344	>0.05
5-<10	62.8636 \pm 5.09244		
10-<15	62.3636 \pm 4.70251		
>15	63.2353 \pm 5.08151		
Marital status			
Single	59.8333 \pm 4.07022	1.36	>0.05
Married	63.0500 \pm 4.60868		
Divorced	66.0000 \pm 4.24264		
Widow	65.0000 \pm 5.65685		
Training course			
Yes	63.1875 \pm 3.58178	0.044	>0.05
No	62.9255 \pm 4.78402		

Table (6): Relation between the studied head nurses' characteristics and their performance scores regarding delegation process (No.=110)

Characteristics	Mean \pm SD	F test	P value
Age in years			
20-25	72.4000 \pm 5.07937	0.251	>0.05
26-30	70.4483 \pm 4.44479		
>30	70.1842 \pm 7.58720		
Educational qualification			
Secondary degree in nursing	69.5000 \pm 3.20590	0.321	>0.05
Technical degree in nursing	73.3333 \pm 2.51661		
Bachelor degree in nursing	70.2717 \pm 7.22952		
Postgraduate	71.8000 \pm 4.76445		
Years of experience			
1-<5	70.5238 \pm 5.02612	1.77	>0.05
5-<10	70.4545 \pm 3.68688		
10-<15	72.1818 \pm 5.01532		
>15	68.4118 \pm 9.78904		
Marital status			
Single	71.5000 \pm 1.22474	0.061	>0.05
Married	70.2900 \pm 7.09146		
Divorced	70.0000 \pm 1.41421		
Widow	70.5000 \pm .70711		
Training course			
Yes	71.2500 \pm 3.80351	0.325	>0.05
No	70.2021 \pm 7.15809		

Table (7): Correlation between the studied head nurses' attitude, preparedness and performance scores regarding the delegation process and their working years of experience (No. =110)

Variables	Correlation test	Working years of experiences
Attitude	r	.095
	P value	.326
Preparedness	r	.075
	P value	.433
Performance	r	-.048
	P value	.617

Table (8): Correlation between the studied head nurses' attitude, preparedness and performance scores regarding delegation process (No. =110)

Variables	Correlation test	Attitude	Preparedness	Performance
Attitude	R	1	.469**	.110
	P value		.000	.251
Preparedness	R	.469**	1	.054
	P value	.000		.576
Performance	R	.110	.054	1
	P value	.251	.576	

** Correlation is significant at the 0.01 level (2-tailed).

Discussion

Head nurses are responsible for the nursing processes and outcomes of patient care. This requires management and delegation skills. Delegation is essential in effective teamwork; it could be a great benefit to improve the delegation skills of the head nurse. Good delegation skills can have a positive effect on teamwork and job satisfaction; provide the head nurse with more time to perform their professional role. Effective delegation may reinforce job satisfaction, responsibility, and productivity, as well as the personal and professional growth of staff (Karnested and Bragadottir, 2012).

The attitude of head nurses regarding delegation

In relation to head nurses' attitudes, the result of this study found that more than half of head nurses had a positive attitude regarding delegation. It may be due to the majority of head nurses gave clear instruction when they delegate; get upset when the task delegated isn't done right. They would delegate more if they were more confident in delegating, they would delegate more but the tasks they delegate never seem to get done by the way they want to be done and they would delegate more if they have more confident in delegate. While less than half of them had an uncertain attitude, it may be due to less than half of head nurses disagree that the delegation does not save any time. This finding could be

attributed to that; the head nurses lack self-confidence in their subordinates.

These findings are consistent with **Karnested and Bragadottir (2012)**, who found that overall results on participants' attitude towards delegation are positive. However, these findings are inconsistent with the earlier findings with **Gassas et al., (2017)**, where participants reported unsure attitude regarding delegation. Also, **Baddar et al., (2016)** and **Mohammadi et al., (2013)** study are inconsistency with the present study results and they found that nurse managers' attitude towards delegation was neutral.

In relation to the preparedness of head nurses to delegate effectively

The findings indicated that head nurses' preparedness towards delegation was high. It may be due to the majority of head nurses make clear who do the task in delegation, take into account staff's individual skills prior to delegation, make clear when, where, how, and why to do the task in delegation, make clear which the tasks will be delegated in delegation, seek to take comments from delegatee to improve their delegation skill, give delegatee comments following delegation results and seek to take comments from delegatee on whether the task was explained sufficiently.

The current result is congruent with **Gassas et al., (2017)** who found that participants were competent and ready to delegate. While inconsistent with **Baddar et al., (2016)** and **Karnested and Bragadottir (2012)**, study that revealed that nurse manager's preparedness towards delegation was positive, and to some extent prepared for effective delegation, but they in need of strengthening their delegation skills.

Relation between head nurses' characteristics and their attitude scores regarding delegation process

In respect of head nurses attitudes and their characteristics, the findings revealed that there were no significant

relation between several characteristics including age, years of experience, marital status and having training course ($p > 0.05$). Therefore, characteristics were not a good indicator for head nurses' attitude towards delegation. Supporting this finding **Baddar et al., (2016)**, who revealed that all the personal and work related characteristics were not a significantly predictor on nurse managers' attitude towards delegation.

On other hand, **Kaernested and Bragadottir (2012)** reported a relation between age and delegation that older nurses were more comfortable with the delegation and younger nurses and recent graduates often feel uncomfortable to delegation. There was a significant relation between head nurses' characteristics and their educational qualification ($p < 0.05$). This result is supported by **Gassas et al., (2017)** who reported a relation between educational level and delegation. Additionally, **Ruff (2011)** confirmed the relationship between delegation and education, observing that education is key to ensuring proper delegation.

Relation between head nurses' characteristics and their preparedness scores regarding delegation process

The current study showed that there was no significant relation between characteristics and head nurses' preparedness to delegate. That illustrates there was no effect of characteristics on head nurses' preparedness to delegate. The current study was inconsistency with **Baddar et al., (2016)** who showed an only significant relation between nationalities, years of experience and nurse manager's preparedness to delegate.

Head nurses' performance regarding delegation process

Findings of this study showed that the majority of head nurses had satisfactory performance regarding delegation process. This result may be indicated that their performance regarding

delegation process is a good performance. Also, this result may be due realize of head nurses about importance of delegation process. In addition, the majority of head nurses receiving training courses about delegation that improve their knowledge and skills about delegation.

This finding agrees with **Mikhemer et al., (2016)**, who found that above two-thirds of head nurses had satisfactory performance related to delegation process and agrees with, **Kaernsted and Bragadottir (2012)**, who found that the majority of participants indicated that they were relatively confident regarding their performance toward delegation process. This finding is inconsistent with **Diab et al., (2008)**, who found that more than three fourths of participants had inadequate performance.

Correlation between head nurses' attitude, preparedness and performance scores regarding delegation process and their working years of experience.

This study revealed that there was no significant correlation between head nurses' attitude, preparedness, and performance regarding delegation process and their working years of experience, it may be due to background of head nurses about the more experienced nurse achieve the task quickly than a less experienced one. This result is incongruent with the result of **Baddar et al., (2016)** who revealed a significant correlation between the total number of years of experience and nurse manager's preparedness to delegate. Also, **Kaernsted and Bragadottir (2012)** showed that previous experience and education of participants on delegation are significantly related to attitude and preparedness.

Correlation between head nurses' attitude, preparedness and performance scores regarding delegation process

This study revealed that there was a high significant correlation between head nurses' attitude and preparedness, regarding delegation process. It may be due to more than half of head nurses had positive attitude, majority of them had high level of preparedness, and majority of them had satisfactory performance regarding delegation process. This result was incongruent with the study of **Gassas et al., (2017)** who revealed that attitudes re and competency are decidedly related to each other .

Eschak et al., (2013) mentioned that effective delegation which promotes safe, quality outcomes for patients and improves the benefits of a delegation of the head nurses, subordinates, and the health care system. Moreover, **Kaernsted and Bragadottir, (2012)** who found that attitudes and competency were the basis of the delegation

Effective delegation is an essential component of a head nurse job. It is a critical leadership skill for improving the efficiency and motivation of supervisors and staff. Head nurses must empower staff and hold them more accountable. They must be able to maximize staff knowledge and experience to get the desired results (**Smith, 2012**).

Conclusion

In the light of the foregoing present study results, it can be concluded that more than half of head nurses had a positive attitude, while less than half had an uncertain attitude. Also, the majority of head nurses had high preparedness regarding delegation process. The majority of head nurses' performance regarding delegation process was satisfactory. Meanwhile, there was a highly significant correlation between head nurses' attitude, and preparedness regarding delegation process. These findings answer all research questions.

Recommendations

In the light of the findings obtained from the present study, the following recommendations are suggested:

- Workshops and seminars should be held to raise head nurses' awareness about delegation that help to improve their attitude and focus on increase training and education about scope of nursing practice, increase knowledge, skills and nursing principles, solve problems with delegatee , encourage team work and develop trust in the capabilities of their staff.
- Encourage head nurses about importance of evaluation and follow up.
- Head nurse should create positive work environment that facilitate the delegation process through good communication, motivation, conflict resolution, negotiation, team work, and trust.

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