

## Nurses Managers' Decision Making styles and It's Effect on Staff Nurses' Job Performance

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**Abstract:** This study aimed at determining decision-making styles used by nurse managers at main Assiut university hospital, and the effect of these styles on technical nurses' job performance. **Methods:** the sample consisted of 96 technical nurses and 35 nurse managers from medical and surgical units, the data collected using structured questionnaire form and technical nurses' performance evaluation sheet. **Results:** The highest percentage of nurse managers were used authoritarian, and the lowest used delegative decision making style. Performance of technical nurses working with nurse managers who used authoritarian decision-making style was significantly effective in care planning and evaluation of patient condition, while with nurse managers who used participative decision making style was significantly effective in all dimensions except evaluation of patient condition. Lastly, with nurse managers used delegative decision making style staff was significantly effective in implementation of patient care and their role in education **Recommendation** Arrange for meetings on regular basis between nurse managers and employees and nurse managers and director of nursing to give feed back about employees' performance.

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### 1. Introduction

Everyday nurses make decisions that affect the health of the individuals, families, and communities they serve **Pierce and Gardner, (2002)**. They make decisions about the use of clinical interventions, the use of their political vote, the education of nurses, the application of new technologies, and a myriad of others as well. Yet when nurses make decisions, they often use decision-making frameworks that do not take into account past practices (**Lewenson & Londrigan, 2008**).

**Umiker (1999)** stated that, a decision is the last step in the process by which an individual chooses one alternative from several to achieve a desired objective. Decision-making also is a deliberative, cognitive process consisting of sequential steps that can be analyzed and refined (**Sullivan and Decker, 2009**).

Decision-making is a continuing responsibility of nurse leaders and managers who were confronted by a variety of situations so decision-making is one of the major functions of the nurse managers job, so effective nurse manager must use effective style in dealing with day living situations (**Kelly-Heidenthal, 2004**). Decision - making styles of nurse managers are similar to the leadership styles that the managers are likely to use. A manager who leans toward an autocratic style may choose that makes decision independent of the input or participation of others, this has been referred to as the “decide and announce” approach, an authoritative

style. On the other hand, a manager who uses democratic or participative approach to management involves the appropriate personnel in the decision - making process, however, followers are generally more supportive or consultative with group approaches (**Yoder-Wise, 2007**).

Decisions are made using one of the four styles. The most appropriate style for any given decision depends up on the situation and the readiness of the followers. The basic styles are: **Authoritative;** very useful when the manager is the only available resources, and have necessary experience and information to reach to a conclusion, **consultative;** when worker possess some degree of knowledge or expertise the manager still remain the one who makes the final decisions, **facilitative;** managers and followers work together in a cooperative effort to reach to decision, **and delegative style;** is most appropriate when followers with high degree of readiness, experience, and information, the followers own the problems and will make the decisions **Clark, 1998** summarized the consultative and facilitative decision-making styles into participative decision-making style.

Nurse Managers must use different decision - making styles in different situation to achieve high level of job performance, which is the quantity and quality of tasks accomplished by an individual or group at work. Some workers achieve high level of tasks performance and other does not (**Schermerhorn, 1999**).

Managers who are committed to managing for maximum performance recognize that one of their major responsibilities is to eliminate roadblocks to successful performance (**Gresing-Pophal, 2000 and 2001**). **Brockner (2002) and Cascio (2008)** they added that provide adequate resources, pay careful attention to selecting employees, all of which are part of performance facilitation.

The level of employee performance determines how successfully an organization operates. A key factor influencing performance is the manager's ability to help to develop the skills and knowledge of the staff, so they can perform job better, and this can be achieved through making high quality decisions by using appropriate decision - making styles during assessing the employees' performance, deciding which training programs are effective. The essence of management is getting things done through other people so the organizational goals and objectives, determines the type of intervention strategy the manager can use to assist employee development, so using effective decision - making style can achieve high level of work performance (**Sullivan & Decker, 2005**).

#### **Aims of the study**

This study aims at determine the decision-making styles used by nurse managers at Main Assiut University Hospital, and its effect on technical nurses' job performance.

## **2. Subjects and Methods**

### **1-Technical Design.**

**Research Design:** The present study was a descriptive study.

**Setting:** The present study was conducted at all Medical (16) and Surgical (20) departments it include (general and specialty departments) At Main Assiut University Hospital.

**Subjects:** Subjects of the present study included 35 nurse managers and representative number of technical nurses (n=96) nearly 20% from the total number working in the same selected departments they were systematic randomly selected.

**Data Collection Tools:** Data collection was done through a questionnaire form and technical nurses' performance evaluation sheet. **1- A structured questionnaire consists of two parts. Part one to measure demographic characteristics;** data about age, gender, marital status, educational level, job position, years of experience, shelter, and attendance of training programs. **Part two decision - making style questionnaire;** developed by **Clark (1998)** and updated it in December 2007, it is consisted of 30 statements each ten of them reflect one decision making style responses were measured on 5 points Likert scale ranged from 5 always true to 1 never true.

**2- Second tool Technical nurses' performance evaluation sheet:** an observational checklist for technical nurses' job performance developed by **Stevens (1978)** and modified by the researcher based on technical nurses' job description which was constructed by Ministry of Health and Population Egypt, 2009. It is consisted of six dimensions: patient assessment, patient care planning, implementation, evaluation of patient condition, role in education, and participation in research, responses for all sub items were measured on 4 points Likert scale ranged from 4 always to 1 never.

**2-Administrative Design:** An official approval to carryout the study was obtained from the responsible persons at main Assiut University Hospital to collect the necessary data for the present study.

### **3-Operational Design;**

**Pilot Study** A pilot study was fulfilled to test the questionnaire clarity, understandability and reliability by measuring its internal consistency using Cronbach's alpha coefficients method, it was carried out on ten technical nurses and five nurse managers from the selected department. Technical nurses and nurse managers included in the pilot study excluded from the study sample.

**Field Work** after Making the necessary modifications, the actual data collection from the nurse managers and technical nurses was started. Data collection was conducted by the investigator, through personal interview and observation for each technical nurses' performance in 7 consecutive days during a morning shift, the whole duration for data collection took about 15 months from July 2009 until September 2010.

### **4- Statistical Design;**

**Statistical Analysis:** Data entry and analysis was done using SPSS v.g 16.program statistical soft ware package for social sciences. Data were presented using descriptive statistics in the form of frequencies and percentages, also mean and standard deviation was calculated. For multiple group comparisons of quantitative data, one -way analysis of variance test (ANOVA) was used, statistical significance was considered at  $P$ -value  $<0.05$ .

## **3. Results**

**Table (1)** reveals that, more than one third of nurse managers (37.1%) were less than 35 years old, meanwhile (2.9%) of nurse managers were 50 years old and more. On the other hand, nearly half of technical nurses (49.0%) were less than 35 years old. The majority of nurse managers (85.7%) and about two thirds of technical nurses (66.7%) were females. Regarding to residence, less than three quarters of nurse managers (74.3%) and more than half of technical nurses (56.2%) living in urban areas. About

(68.6%) of nurse managers has bachelor degree while all technical nurses (100%) have diploma from secondary technical nursing school. The vast majority of nurse managers and technical nurses were married (97.1%) and (88.5%) respectively. As regards years of experience (34.3%) of nurse managers have from 5 - <

10 and 20 years and more experience while (31.2%) of technical nurses have more than 15 years of experience. The majority of nurse managers and technical nurses attended training program (97.1%) (88.5%) respectively.

**Table 1: Socio-demographic characteristics of the study subjects at Main Assiut University Hospital (n=131).**

Socio-demographic characteristics	nurse managers (n= 35)		Technical nurse (n= 96)	
	No.	%	No.	%
<b>Age:</b>				
< 35 y	13	37.1	47	49.0
35 - < 40	7	20.0	30	31.2
40 - < 45	7	20.0	11	11.5
45 - < 50	7	20.0	7	7.3
50 and more	1	2.9	1	1.0
<b>Gender:</b>				
Male	5	14.3	32	33.3
Female	30	85.7	64	66.7
<b>Residence:</b>				
Rural	9	25.7	42	43.8
Urban	26	74.3	54	56.2
<b>Education:</b>				
Diploma	10	28.6	96	100.0
Bachelor	24	68.6	0	0.0
Postgraduate education	1	2.9	0	0.0
<b>Marital status:</b>				
Single	1	2.9	11	11.5
Married	34	97.1	85	88.5
<b>Years of experience:</b>				
< 5	0	0.0	11	11.5
5 - < 10	12	34.3	15	15.6
10 - < 15	4	11.4	21	21.9
15 - < 20	7	20.0	30	31.2
20 and more	12	34.3	19	19.8
<b>Training programs:</b>				
Yes	34	97.1	85	88.5
No	1	2.9	11	11.5

**Table (2)** reveals that there is a statistical significant difference between nurse managers and technical nurses' as regarding to participative decision making style only ( $P < 0.004$ ).

**Table (3)** depicts that, there is a statistical significant difference as regard to age, level of education ( $P < 0.04$ ), and years of experience ( $P < 0.004$ ) in nurse managers used participative decision-making style, meanwhile there is a statistical significant difference regarding to years of experience in nurse managers used delegative decision-making style ( $P < 0.02$ ).

**Table (4)** illustrates that the highest percentage (95.8%) of technical nurses always-examining completeness of patient record and laboratory findings, meanwhile, the lowest percentage (22.9%) checking record completeness of patient's health history on admission.

**Table(5)** illustrates that, the highest percent score were related to never construct a plan to meet patient's needs, and never construct patient outcome goals based on needs and priorities (100%, 94.8%) respectively. While it was (71.9%, 57.3%) respectively for always Communicate with staff member for patient care, and determination of nursing interventions to achieve desired patient outcome.

**Table (6)** shows that, all percent score were high with all the items of the implementation of patient care except for perform or direct significant others (family member) in planning educational intervention and orient new admitted patient to the department, (66.7%) and (37.5%) respectively.

**Table (7)** shows that the highest percent score was for measuring patient ability for self care (90.6%) and

the lowest percent score was to compare costs of alternatives supplies, equipment for patient care (14.6%).

**Table (8)** depicts that, the majority of technical nurses (90.6%) share in orienting newly hired (auxiliary and nurses) to their units and serve as preceptor (87.5%) for undergraduate nursing students.

**Table (9)** displays that, all technical nurses (100%) never share in implementing research findings to improve clinical practice, design simple studies for investigating problems found through quality monitoring activity, and Inform coworkers of research reports relating to unit problems. In addition, about 97.9% never notifies nurse managers or others of researchable clinical problems. Meanwhile, more than half (55.2%) always volunteers to gather data for other studies

**Table (10)** displays that, there was a statistical significant difference between nurse managers used authoritarian and un-authoritarian decision-making style regarding to evaluation of patient condition ( $P < 0.006$ ) and patient care planning ( $P < 0.03$ ).

**Table (11)** shows that, there were statistical significant differences between nurse managers used participative and un-participative decision making styles regarding to all items of nurses performance dimension except for evaluation of patient's condition.

**Table (12)** reveals that, there was a statistical significant difference between nurse managers used delegative and un-delegative decision making in relation to implementation of patient care ( $P < 0.007$ ) and technical nurse role in education ( $P < 0.05$ ).

**Table2: Decision making styles used by nurse managers as perceived by themselves and by technical nurses at Main Assiut University Hospital (n=131).**

Decisions making styles	Nurse managers (n= 35)			Technical nurses (n= 96)			P-value
	No.	%	Mean $\pm$ SD	No.	%	Mean $\pm$ SD	
Authoritarian	25	71.4	33.97 $\pm$ 5.68	67	69.8	34.48 $\pm$ 6.43	0.675
Participative	26	74.3	53.37 $\pm$ 8.02	42	43.8	29.66 $\pm$ 9.85	0.004*
Delegative	13	37.1	26.28 $\pm$ 9.47	25	26.0	22.98 $\pm$ 9.81	0.089

(\*) Statistically significant at  $P < 0.05$

**Table 3: The relationship between Socio-demographic characteristics and nurse managers decision-making styles at Main Assiut University Hospital (n= 35).**

Socio-demographic characteristics	No.	%	Authoritarian	Participative	Delegative
			Mean $\pm$ SD	Mean $\pm$ SD	Mean $\pm$ SD
<b>Age: (years)</b>					
<40	20	57.15	32.95 $\pm$ 5.68	33.00 $\pm$ 8.15	24 $\pm$ 9.33
$\geq$ 40	15	42.85	35.33 $\pm$ 5.59	38.53 $\pm$ 6.88	29.33 $\pm$ 9.08
<b>P-value</b>			<b>0.220</b>	<b>0.040*</b>	<b>0.100</b>
<b>Gender:</b>					
Male	5	14.3	32.4 $\pm$ 7.26	39 $\pm$ 10.79	29 $\pm$ 11.24
Female	30	85.7	34.23 $\pm$ 5.48	34.76 $\pm$ 7.53	25.83 $\pm$ 9.29
<b>P-value</b>			<b>0.513</b>	<b>0.281</b>	<b>0.497</b>
<b>Residence:</b>					
Rural	9	25.7	32.66 $\pm$ 6.28	36.22 $\pm$ 8.81	29.11 $\pm$ 10.95
Urban	26	74.3	34.42 $\pm$ 5.52	35.08 $\pm$ 7.89	25.30 $\pm$ 8.93
<b>P-value</b>			<b>0.433</b>	<b>0.718</b>	<b>0.307</b>
<b>Education:</b>					
Diploma	10	28.6	34.10 $\pm$ 7.15	39.60 $\pm$ 8.39	28.90 $\pm$ 10.54
Bachelor & postgraduate	25	71.4	33.92 $\pm$ 5.15	33.68 $\pm$ 7.37	25.24 $\pm$ 9.03
<b>P-value</b>			<b>0.934</b>	<b>0.040*</b>	<b>0.309</b>
<b>Years of experience:</b>					
<15	16	45.7	33.93 $\pm$ 5.47	31.25 $\pm$ 6.70	22.37 $\pm$ 8.01
$\geq$ 15	19	54.3	34 $\pm$ 6.00	38.84 $\pm$ 7.50	29.57 $\pm$ 9.54
<b>P-value</b>			<b>0.975</b>	<b>0.004*</b>	<b>0.020*</b>

(\*) Statistically significant at  $P < 0.05$ .

**Table 4: Assessment of technical nurses' performance regarding to patient assessment at Main Assiut University Hospital (n=96).**

Patient Assessment	Never		Always	
	No	%	No	%
1.Records complete patient's health history on admission.	74	77.1	22	22.9
2. Records findings of complete physical assessment on admission.	69	71.9	27	28.1
3.Record all nursing care done for the patient in the patient charts.	6	6.2	90	93.8
4. Examines patient daily.	20	20.8	76	79.2
5. Examine completeness of patient record and laboratory findings (she is responsible for it daily).	4	4.2	92	95.8

**Table 5: Assessment of technical nurses' performance regarding to the patient care planning at Main Assiut University Hospital (n=96).**

Patient care planning	Never		Always	
	No	%	No	%
1-Consult patients and significant other to identify and prioritize care.	46	47.9	50	52.1
2-Construct a plan to meet patients needs.	96	100	-	-
3-Construct patient outcome goals based on needs and priorities.	91	94.8	5	5.2
4-Determine nursing interventions to achieve desired patient outcome.	41	42.7	55	57.3
5- Communicate with staff member about patient care.	27	28.1	69	71.9

**Table 6: Assessment of technical nurses' performance regarding to implementation of patient care at Main Assiut University Hospital (n=96).**

Implementations of patient care	Never		Always	
	No	%	No	%
1-Apply infection control principles.	3	3.2	93	96.8
2-Inform infection control nurse about any infectious cases.	7	7.3	89	92.7
3-Attend doctors round and inform the doctor with any abnormality in the patient condition.	2	2.1	94	97.9
4-Perform or direct others in planned physical care measures (perform all basic nursing care).	9	9.4	87	90.6
▪ Giving all types of drugs (oral, IM,SC,ID,IV, and locally).	-	-	96	100
▪ Dressing patient wound as doctor order.	13	13.6	83	86.4
▪ Collect different patient specimen and send it to the laboratory).	-	-	96	100
▪ Prepare all equipment and supplies, keep equipmentsterilized.	7	7.3	89	92.7
▪ Measure and record vital signs.	-	-	96	100
▪ Orient new admitted patient to the department.	60	62.5	36	37.5
▪ Help doctors in any medical care and examination as he ordered.	1	1.0	95	99
Bed making.	3	3.1	93	96.9
1. Perform or directs others in planned educational interventions.				
- Patient.	10	10.4	86	89.6
- Significant others (family member).	32	33.3	64	66.7
2. Guides auxiliary staff in implementing assigned care measures.	10	10.4	86	89.6
7. Provide needed psychological support.	6	6.2	90	93.8

**Table 7: Assessment of technical nurses' performance regarding to evaluation of patient conditions at Main Assiut University Hospital (n=96).**

Evaluation of patient condition	Never		Always	
	No	%	No	%
1-Measure patient's outcome of nursing care.	50	52.1	46	47.9
2-Measure patient's ability for self care.	9	9.4	87	90.6
3-Measure significant of other's (family members)in mastery of care giving skills before patient discharge.	40	41.7	56	58.3
4-Compare costs of alternative supplies, equipment, for patient care.	82	85.4	14	14.6

**Table 8: Assessment of technical nurses' performance regarding to their role in education at Main Assiut University Hospital n=96.**

Technical nurse role in education	Never		Always	
	No	%	No	%
1-Share in orienting newly (auxiliary and nurses) to unit.	9	9.4	87	90.6
2-Serve as preceptor for undergraduate nursing students	12	12.5	84	87.5

**Table 9: Assessment of technical nurses' performance regarding to participation in researches at Main Assiut University Hospital (n=96).**

Participation in research	Never		Always	
	No	%	No	%
1. Notifies nurse managers or others of researchable clinical problems.	94	97.9	2	2.1
2. Volunteers to gather data for other studies.	43	44.8	53	55.2
3. Implements research findings to improve clinical practice.	96	100	-	-
4. Designs simple studies for investigating problems found through quality monitoring activity.	96	100	-	-
5. Informs coworkers of research reports relating to unit problems.	96	100	-	-

**Table 10: Performance of technical nurses working with nurse managers using authoritarian decision-making style at Main Assiut University Hospital (n=96).**

Nurses performance dimension	Authoritarian style		P-value
	Authoritarian	Un-authoritarian	
	Mean ± SD	Mean ± SD	
• Patient assessment	9.52±3.04	9.17±2.60	0.591
• Patient care planning	7.08±4.05	5.24±3.55	0.036*
• Implementation of patient care	42.76±5.06	42.13±5.24	0.585
• Evaluation of patient condition	6.79±2.53	5.10±3.10	0.006*
• Role in education	5.38±1.29	5.34±1.63	0.890
• Participation in Research	1.64±1.29	2.00±1.41	0.323

(\*) Statistically significant at  $P < 0.05$ **Table 11: Performance of technical nurses working with nurse managers using participative decision-making style at Main Assiut University Hospital (n=96).**

Nurses performance dimension	Participative style		P-value
	Participative	Un Participative	
	Mean ± SD	Mean ± SD	
• Patient assessment	9.66±3.29	7.22±2.58	0.004*
• Patient care planning	6.90±4.34	5.24±3.68	0.042*
• Implementation of patient care	43.25±4.24	40.69±5.96	0.053*
• Evaluation of patient condition	6.40±2.95	6.18±2.72	0.707
• Role in education	5.16±1.51	4.53±1.28	0.059*
• Participation in Research	2.42±1.28	0.88±1.61	0.000*

(\*) Statistically significant at  $P < 0.05$ **Table (12): Performance of technical nurses working with nurse managers using delegative decision-making style at Main Assiut University Hospital (n=96).**

Nurses performance dimension	Delegative style		P-value
	Delegative	Un-delegative	
	Mean ± SD	Mean ± SD	
• Patient assessment	8.68±2.98	9.67±2.85	0.142
• Patient care planning	6.80±5.02	6.43±3.58	0.697
• Implementation of patient care	43.39±3.98	40.24±7.01	0.007*
• Evaluation of patient condition	5.96±3.24	6.39±2.66	0.510
• Role in education	5.59±1.16	4.76±1.78	0.050*
• Participation in Research	1.36±1.86	1.88±1.51	0.163

(\*) Statistically significant at  $P < 0.05$

#### 4. Discussion

Making decisions in the twenty-first century required reflective thought, interdisciplinary focus, global perspectives, use of technology, and comfort with ambiguity (**Hammond, et al, 2008**). Nurse Managers face challenges every day when supervising their employees. A choice for one person may not be appropriate for another.

In this study 96 technical nurses and 35 nurse managers belonging to Main Assiut University Hospital were surveyed with the aims of determine the decision making styles used by nurse managers at Main Assiut University Hospital and study the effect of these styles on technical nurses 'job performance.

Our study findings showed that, there were no statistical significant differences between nurse managers and technical nurses' perception of decision making styles used by nurse managers as regard authoritarian, and delegative decision making styles. While there were a statistical significant difference regarding to participative decision-making style (**Table 2**), these findings were compatible with **Stewart (1989)** who the effect of decision-making styles on openness and satisfaction. On the other hand these findings are in inconsistent with **Mohammed (1999)** as he found that, there was agreement between managers opinions and subordinates opinions regarding to participative decision making style as well as other styles.

In the same line findings of the present study showed that, there was a slight agreement between nurse managers and technical nurses' opinions as regards authoritarian, and delegative decision making styles. This could be interpreted as it reflects the real decision making styles used by nurse managers when making decisions, however the difference in their opinions regarding to participative decision making style does not reflect the real situation. In addition, the decision making styles used by nurse managers, and analysis of technical nurses' opinions showed that, the highest percentage of them were used authoritarian decision making style followed by participative decision making style and lastly delegative decision making style (**Table 2**).

This finding goes in the same line with studies done by **Jones (1982)** and **Tricamol (1984)** they reported that, managers tend to be more autocratic in their decision-making styles. On the contrary, a study done by **Mann (1982)** who noted that, analytical directive decision-making style considered the highest style practiced by managers. Also **Leon (1989)**; **Keller (1995)**; and **Carlson (1995)** they concluded that participative decision-making style represents the highest style used by managers. Moreover, studies done by **Muna (1979)**,

**Ali & Swiercz (1985)**; **Stewart (1989)**; **Cobelli & Muth, (1990)** they found that, consultative decision making styles were the highest style used by managers.

The results of the present study revealed that, there were statistical significant differences among age, education, and years of experience with nurse managers using participative decision-making styles. Meanwhile there were statistical significant differences regarding to delegative decision-making styles and years of experience. At the same time there were no statistical significant differences among gender, residence and nurse managers' decision making styles. From these results, it could be concluded that, nurse managers become more participative when age, and years of experience increased also see that secondary technical nurse managers (diploma) are participative than bachelor degree nurse managers (**Table 3**).

This finding was consistent with **Mohammed, (1999)** who found that, there were a statistical significant differences regarding to decision making styles and age, and years of experience while disagreed with the present study result regards to level of education as he found that, there was no statistical significant difference between level of education and decision making styles. A study done by **Chusmir, et al (1989)** who disagreed with the present study findings as they found that, there was no impact of age on decision-making styles. On the same line, **Parker (1985)** and **Dupper (1993)** in their studies found that, there were not statistical significant differences in relation to years of experience, age and level of education.

Regarding to gender **Carmody (1987)** goes in the same line with the present study results, who referred that there was no impact of gender on decision making styles. Meanwhile the present study findings were in consistent with **Tofany (1988)** who studied the impact of gender on decision making styles and found that, there were a statistical significant differences between decision making styles and gender.

This might be attributed to that, technical nurses who have diploma degree from secondary technical nursing school and have promoted to administrative positions based on their years of experience in the current department mostly they were using participative decision making style as they were sharing and involving their staff members (technical nurses) in decision making more than bachelor degree nurse managers were doing. This leads to that nurse managers who have diploma degree may feel more safe and secure when they delegating responsibilities and work burden as

solving current work problems among the team and they increase degree of participation to avoid taking the risks of doing mistakes and, intentionally to avoid others blame in the future.

Regarding to technical nurses' performance, analysis of data recorded from the observation revealed that, there was a statistical significant difference between nurse managers using authoritarian and un-authoritarian decision-making style as regarding to care planning and evaluation of patient care **table (10)**. These results were in agreement with study done by **Mohammed (1999)** who found that, performance of employees increased obviously with managers using authoritarian decision-making style. From the researchers' point of view, care planning and evaluation of patient care increased with authoritarian decision-making style due to nurse's fear from punishment and sanction that nurse managers may use by their authority.

Concerning to participative decision making style and technical nurses' performance, there were statistical significant differences as regard all items of performance dimensions except for evaluation of patient condition, there is a marked increase in the level of technical nurses' performance with managers using participative decision making style than managers using un-participative decision making style and it is the highest style in achieving high level of employees' work performance (**Table 11**).

These results were consistent with studies done by **Chusmir, et al (1989); Keller (1995); Herrines (1995); Carlson (1995) and Mohammed (1999)** as they found that, participative decision making style achieve the highest level of employees' satisfaction. On the other hand, this finding was contradictory with studies done by **Muna (1979); Parke (1985); Ali and Swiercz (1985) Stewart (1989); Ali (1989) and AL Shalan, (1991)** who found that, there were another decision making styles that achieve high-level of work performance than participative decision making style as (delegative, consultative, facilitative, integrative, analytical, directive .....and etc). This could be ascribed to participative decision making style which permits employees participation in goal setting and decision making, gives employee a sense of commitment toward achieving organizational goals, which considered as a motive for them to achieve high level of work performance. The results yielded by this study also revealed that, technical nurses working with nurse managers using delegative decision making style achieve high level of work performance as regarding to implementation of patient care and the role of technical nurse in education than technical nurse who working with nurse managers using un-delegative decision making style **table (12)**. This

result was in agreement with studies done by **Szilogyi and Andrew (1981) Driver (1983) and Weinberg (1989)** as they found that, managers who using delegative decision-making style during supervising their employees achieve high level of work performance in all items of performance evaluation sheet pertaining to their employees. Meanwhile, the present study findings were contradictory with studies done by **Ali and Swiercz (1985) and Mohammed (1999)** who found that, delegative decision -making style has no significant effect on employees' performance

This may be attributed to that, studies which revealed that managers using delegative decision making style not have any positive significant effect on subordinates performance are Arabic studies and most of Arabic employees can work effectively with managers using authoritarian and participative decision making styles. While in the other side, studies done in European countries where employees working with managers using delegative style may achieve high level of work performance as a fact that most European employees are self- directed and goal-directed, have commitment toward their work, as the work already satisfied their needs.

### Recommendation(s)

Arrange for meetings on regular basis between nurse managers and employees and nurse managers and director of nursing to give feed back about employees' performance, Form a committee its primary role is to take into account rights of employees and their achievement, and Formulating a system that permits employees to evaluate the work of their managers in an objective manner and, provide ongoing support by board of director to nurse managers who perform well.

### References

1. **AL Shalan, A. (1991):**" Participation in Managerial Decision-Making Styles in Saudi Public Sector (Saudi Arabia)", Unpublished Dissertation for the Ph. D. Degree University of Pittsburgh. U.S.A.
2. **Ali, J. and Swiercz, B. (1985):** Managerial Decision-Making Styles and Work Satisfaction in Saudi Arabia'.*Management Decision* 23, (1) P.p 12-19.
3. **Brockner, J. (2002):** Making Sense of Procedural Fairness: *Academy of Management Review*, 27 (1), P.P 58-76.
4. **Carlson R. (1995):** " Chief Executive Officers in A School District Community College District, and A Profit Organization: A

- Comparative Study. Unpublished Dissertation for the E.D.D. Degree University of California U.S.A.
5. **Cascio, W. (2008):** Managing Human Resources, Productivity, Quality of work life, Profits; performance (7<sup>th</sup> ed) Management chapter 9 TATA McGRAW- Hill P.p 329-331.
  6. **Carmody, S. (1987):** Educational Administrative Decision-Making Style: Men Women, Administrators and Trainees, Brigham Young University
  7. **Chusmir, H.; Kobery, L.; and Mills, R (1989):** Male- Female Difference in the Association of Managerial Styles and Personal Values. The Journal of Social Psychology 129 (1) February P.p 65-78
  8. **Clark, D.(1998):** Originating a movement. Cicely Saunders and the development of St. christopher's Hospice, 1957-1967. Mortality, 3 (1), 43-63 from [Http://www.nwlink.com/donclark/leader/survstyle.html](http://www.nwlink.com/donclark/leader/survstyle.html).
  9. **Cobelli, J. and Muth, R. (1990):** "Administrative Decision-Making Styles in Higher Education" Paper Presented at the Annual Meeting of the American Education Research Association (Boston, MA., April 16-20).
  10. **Dupper, C. (1993):** " A Descriptive Analysis of Decision-Making & Leadership Style of the Executives in A Private Utility Company: University of Gonzaga, U.S.A.
  11. **Hammond, J. Keeney, R. & Raiffa, H. (2008):** The Hidden Traps in Decision Making. Harvard Business Review 76(5):47-58.
  12. **Herrines, K. (1995):** Decision-Making Styles Used by Nursing Department in Acute Care Hospital in One Metropolitan Area: Duquesne University U.S.A.
  13. **Jones, A. (1982):** An Analysis of Perception about the Processes of Executive Decision-Making in Four Complex Organizations" Unpublished Dissertation for the E.E.D. Degree. Temple University U. S. A.
  14. **Keller, M.(1995):** " Organizational Decision-Making Styles of Nebraska School Broad Members and School Superintendents University of Nebraska, U.S.A.
  15. **Keller, R.(1995):**A Longitudinal Study of Leaders Reward Behavior Subordinates Expectancies Decision-Making styles and Satisfaction Personnel Psychology Vol 3 (1).
  16. **Kelly- Heidenthal, P. (2004):** Essentials of Nursing Leadership and Management, Decision-Making and Critical Thinking, Delmar Learning, A division of Thomson Learning, Inc. Thomson, Chapter 11 P.p. 222-240.
  17. **Leon, O (1989):** "Leadership Styles of Decision-Making in the Academic Department," Unpublished Dissertation for the M.A. Degree, University of Louisville, U.S.A.
  18. **Lewenson, S. & Londrigan, M. (2008):** Decision making in nursing thoughtful approaches for practice: by Jones and Bartlett Publisher, Inc. Library of Congress.
  19. **Mann, R. (1982):** " Relationships between the Decision-Making Styles of Corporate Planners and other Planning Executives: their Environmental Focus. Organizational Structure and Task Requirements" Unpublished Dissertation for the Ph. D. Degree, University of Southern California, U.S.A.
  20. **Mohammed, R. (1999):** the Impact of Decision-Making styles on job performance thesis submitted for the attainment of doctor of Philosophy in Business Administration P.p 164-191
  21. **Muna, A. (1979):** The Arab Executives, University of London London Business School fundamental of management 2<sup>nd</sup>ed, New P.p. 43-61 Jersey: Prentice-Hall International, Inc.
  22. **Parke, J. (1985):** "Comparisons of Decision-Making Styles of Florida Community and Junior College Department Chairperson and Division Directors" Unpublished Dissertation for the E.D.D. Degree, the University of North Carolina at Greensboro, U.S.A.
  23. **Parker, P. (2003):** computerized order entry goes beyond safety net. Nursing management 34(2), 45-46.
  24. **Pierce, J.& Gardner, D. (2002):** Management And Organizational Behavior An Integrated Perspective, Organizational Decision-Making Chapter9; Job Satisfaction Chapter 6 P.P 192-200; Job Performance Chapter 8 P.P 260- 271 and by South-Western, A Division of Thomson Learning.
  25. **Schermerhorn, J. (1999):** Management, Individual Performance and Job Design 6th ed. By John Willey Publisher, Chapter 15: P.p. 308-310.
  26. **Stevens, W.(1978):** Management and leadership in Nursing. New York. McGraw-Hill, pp. 145-143 Cited by Gillies (1994).
  27. **Stewart, L. (1989):** The Effect of Decision-Making Styles on Openness and Satisfaction within Japanese's Organization "communication monographs Vol.35, (3) Sept.
  28. **Sullivan, E& Decker, P.(2005):** Effective Leadership And Management In Nursing, 5<sup>th</sup> ed. Upper. Saddle River, Prentice Hall.

29. **Sullivan, E& Decker, P.(2009):** Effective Leadership and Management In Nursing, 7<sup>th</sup> ed. P.p 104-119 by Pearson Education, Inc. Upper. Saddle River, New Jersey Pearson Prentice Hall.
30. **Szilogyi, J. and Andrew, L. (1981):** Management and Performance, Santa Monica California: Good Years Publishing Co. Inc.
31. **Tofany, M. (1988):** "The Relationship between Sex, Sex Role and Decision Making", Unpublished Dissertation for the E.D.D. Degree, the University of Rochester, and U.S.A.
32. **Tricamo, T. (1984):** "Department Decision Making, the Relationship of Prestige and Paradigm Development to Control and Consensus", Stanford University, U.S.A.
33. **Umiker, W. (1999):** Decision-Making and Problem Solving by the Busy Professional. Health Care Supervisor, 7(4):33-40.
34. **Weinberg, S. (1989):** Decision-Making Styles of Japanese's American Managers and Performance of Their Employees "Unpublished Dissertation for the Ph.D. Degree California School of Professional Psychology U.S.A.
35. **Yoder-Wise, P. (2007):** leading and managing in nursing 4<sup>th</sup> ed part I chapter 5 making decisions and solving problems P.p. 94-96 Mosby Elsevier.

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