

## Effect of Resonant Leadership and Structural Empowerment on Nurses' Performance

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### Abstract

Resonant leadership is a positive relational leadership style based primarily on emotional intelligence and has been associated with effective work outcomes. Structural empowerment refers to the ability to mobilize resources and achieve goals through access to information, support, resources, and opportunities. The performance of nurses is enhanced when resonant leadership and structural empowerment are combined. **Aim:** to determine the effect of resonant leadership and structural empowerment on the nurses' performance. **Design:** A descriptive correlational, study design. **Setting:** The study was conducted at Dakhla General Hospital. **Subject:** Staff nurses and head nurses working in Dakhla General Hospital (n=260). **Tools:** **Tool (1): First part:** Personnel characteristics of the staff nurses and head nurses. **Second part:** Resonant leadership scale. **Tool (2):** The Conditions of Work Effectiveness Questionnaire. **Tool (3):** Nursing performance using observational checklist. **Results:** This study showed that the level of resonant leadership and structural empowerment is very high for the study participants and the extent of their impact on patient performance. **Conclusion:** There was a positive correlation between resonant leadership and structural empowerment and there was also a positive correlation between resonant leadership and nurses performance. However, there was a negative correlation between structural empowerment and nurses performance. **Recommendation:** Organize program for orientation of newly appointed head nurses about strategies for implementing resonant leadership. Apply the study at difference work place such as universities and health insurance hospitals to generalize the results.

**Keywords:** *Nursing performance, Nurses, Head nurses, Resonant leadership, &Structural empowerment*

### Introduction:

Resonant leaders are exhibited higher levels of interpersonal and emotional intelligence. Having the best or most skill is not what makes a leader effective; rather, it is the relationship a leader has with the people in their team. Employees have more faith in their leaders when they demonstrate concern for them throughout trying times, personal crises, and layoffs. In the face of extreme pressure, leaders motivate followers toward a mission and promote team cohesion. It is necessary for leadership to possess greater emotional intelligence. Along with having high emotional intelligence, a leader needs to be self-aware, empathetic, honest, and have strong communication skills (Rashmi, 2024).

Resonant leaders can also channel their emotions through optimism, compassion, and zeal in order to give the best resonance possible for fostering a positive company culture, claim (Gaan & Shin, 2022). According to Hassan & Qureshi (2019), leaders who possess the intuition to diligently cultivate self-awareness, self-management, social awareness management, and relationship management are capable of generating strong resonance. Resonant leaders must possess both intellectual and emotional intelligence to effectively

manage an organization. Emotional intelligence is particularly important when making decisions that affect subordinates (Gaan, et al., 2023).

According to Ali & Kashif (2020), leaders who connect well with their team members need to be aware of these elements and refrain from acting in a way that would negatively affect the atmosphere within the company. Since this is the primary attitude that affects employee behavior, every event or situation that a resonant leader encounters will be expressed and addressed in accordance with their actions and behaviors (Ramaswamy et al., 2023).

In the professional practice environments of nurses, empowerment is seen as one of the primary strategies for leadership and is essential. The concept of empowerment is approached from a variety of theoretical angles. Some of these include the theories of psychological, collective, and structural empowerment. Since it views empowerment as a social and political force that can affect organizational conditions and practices. (Moura et al., 2024).

The ability of an organization to give staff members access to the tools they require to support their work is known as structural empowerment. Taking into consideration the features of formal or informal

authorities, it refers to the particular social conditions and workplace policies that make it easier to access opportunities, information, support, and resources (Fragkos et al., 2020).

The sense of empowerment that nurses feel at work has an impact on their motivation and productivity. Structural empowerment for nurses can thus result in higher motivation, a feeling of self-assurance, autonomy, and favorable attitudes toward their jobs, including reduced attrition, job satisfaction, organizational commitment, and greater confidence. It also improves the atmosphere for patient safety, work effectiveness, and the delivery of high-quality patient care (Newberry, 2021).

The organizational frameworks, protocols, and tools that provide nurses with the ability to perform their jobs well are referred to as structural empowerment. Information availability, chances for professional growth, decision-making involvement, and supervisor support are all examples of this. Better performance and higher job satisfaction are the results of empowered nurses' improved sense of autonomy and control over their working environment (İspir-Demir et al., 2023).

The performance of nurses is enhanced when resonant leadership and structural empowerment are combined. Resonant leaders foster an environment that is conducive to the efficient use of structural empowerment measures. This makes nurses feel inspired, involved, and capable of giving patients the best care possible. Nurses are more likely to exhibit higher levels of work performance, including better clinical results, patient satisfaction, and overall organizational success, when they feel respected and supported by their leaders and the organization (Cougot et al., 2023).

### Significance of the study:

Resonance in leadership and structural empowerment are essential to improve a nurse's performance in a hospital context. In order to promote a healthy work atmosphere, resonance leadership places a strong emphasis on emotional intelligence, empathy, and supportive communication. Resonant leaders connect with their team members on a deep level, fostering trust and inspiration. This strategy increases nurses' job satisfaction and dedication to providing high-quality care by helping them feel appreciated, understood, and empowered (Hall et al., 2022).

While searching the literature, the researcher found international studies about the effect of resonant leadership and structural empowerment on nurses' performance. Like "resonant leadership, workplace empowerment, and spirit at work: impact on RN job satisfaction and organizational commitment" was conducted by Wagner et al. (2013). The following one by Bawafaa (2014) is titled "the influence of

resonant leadership on the structural empowerment and job satisfaction of registered nurses".

Therefore, the researcher was interested in conducting this study to find out the impact of resonant leadership and structural empowerment, and whether it is related to the performance of nurses.

### Aim of the study

#### The aim of this study to:

Determine the effect of resonant leadership and structural empowerment on the nurses' performance. The aim of this study can be achieved through the following objectives:

1. Assess the effect of resonant leadership on the nurse's performance.
2. Assess the effect of structural empowerment on the nurse's performance.
3. Assess the relation between resonant leadership, structural empowerment and nurses' performance.

### Research Questions

#### To fulfill aim of present study the following research questions are formulated:

1. What is the effect of resonant leadership on the nurse's performance?
2. What is the effect of structural empowerment on the nurse's performance?
3. What are the relation between resonant leadership, structural empowerment and nurses' performance?

### Subjects and method

#### The study will be portrayed according to the following Design:

- I. Technical design
- II. Administrative design
- III. Operational design
- IV. Statistical design

#### Technical design

This design will involve the research design, setting, subjects and data collection tools.

#### Research design:

Descriptive & correlational design was used in the present study.

#### Setting of the study:

The present study was conducted on nurses and head nurses at Dakhla General Hospital. Dakhla General Hospital consists of three buildings: - the first building consists of two floors. The first floor contains the office of the hospital director, administrative staff, and the intensive care department. The second floor contains the office of the head of nursing, the operations department, the neonatal department, gastroenterology department, the surgery department, and the pediatric department. The second building consists of three floors and is called the Fever and Chest Hospital. The third building is one floor and contains the reception and

emergency departments, the dialysis department, outpatient clinics, and the physical therapy department. The bed capacity is (255) beds in Dakhla General Hospital, where the hospital serves the entire Dakhla Governorate and its villages.

#### Subjects of the study:

The present study included all nurses (head nurses and staff nurses) working in Dakhla General Hospital (n=260).

**Table (1): Subjects of the study**

Dakhla General Hospital	%	No. of nurses
Fever and chest department.	8.46	22
Surgical department	10	26
Outpatient department	13.46	35
Intensive care unit	8.85	23
Obstetrics and Gynecology department	5.77	15
Emergency department	7.69	20
Physiotherapy department	1.9	5
Neonatal unit	9.23	24
Pediatrics department	9.62	25
Operation department	6.9	18
Dialysis unit	8.46	22
Gastroenterology department	9.62	25
<b>Total</b>		260

#### Data Collection Tools:

The tools used to collect data consisted of three tools:

**First tool: Resonant leadership consisted of two parts**

**First part: Personal sheet** which consists of variables name age, gender, educational qualification, religion, marital status, area of working.

**Second part: Resonant leadership scale.**

Resonant leadership scale it was developed by **Cummings et al. (2010)** to examines the opinion of nurses about the resonant leadership Style. It was Included the four dimensions of resonant leadership styles: self-awareness (contains two items), social awareness (contains three items), self-management (contains three items), and relationship. Management (contains two items). The resonant leadership scale has 10 items, each item is rated on a five point Likert scale of 1 (strongly disagree) to 5 (strongly agree).

**Scoring system:**it was used according cut off point and includes the score ranged from 0 to 100% and was divided into three levels, low for less than 50%, and moderate ranged from 50% to 60%, and high for up to 70%.

**Second tool: The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II)**

The Conditions of Work Effectiveness Questionnaire it was developed by **Laschinger et al. (2001)** to measure structural empowerment. It was Included the four dimensions access to opportunities (contains

three items), support (contains three items), resources (contains three items) and information (contains three items) of structural empowerment. The CWEQ-II Questionnaire has 12 items, each of which is rated on a five-point Likert scale ranging from a low of 0 (none) to a high of 5 (a lot).

#### Scoring system:

It was used according cut off point the score ranged from 0 to 100% and was divided into three levels, low for less than 50%, and moderate ranged from 50% to 60%, and high for up to 70%

**Third tool: Nursing performance by using observational checklist.**

This scale was developed by Schwirian (1978) to assess nurses performance. The tool consists of 52 items grouped into Six Dimension Scale of Nursing Performance, namely: Leadership (five items), critical care (seven items), teaching/collaboration (eleven items), Planning/evaluation (seven items), Interpersonal relations/Communication (twelve items) and professional development (ten items) Liker point example done=1 not done =0

#### Scoring system:

The total scores were calculated according to the average of the items per sub-scale. Performance is considered excellent if the score is equal to or more than (85%), Good if between (75%<85%), fair if between (60%-75%), and poor if less than (60%).

#### Administrative design

To carry out this study An official approval was obtained from the Dean of the Faculty of Nursing- Assiut University. Director of Dakhla General Hospital and nurses or head nurses of each department to collect the necessary data.

#### Ethical considerations:

1. Research proposal approved from Ethical Committee at the Faculty of Nursing- Assiut University.
2. There was no risk for study participants during application of the research.
3. Written agreement taken from the participants in the present study.
4. Study participants had the right to refuse or to participate and/or withdraw from the study without any rational at any time.
5. Confidentiality and anonymity assured which achieved when the study participants' privacy considered during collection of data.
6. The study followed common ethical principles in clinical research.

#### Operational design

The study was conducted throughout three main phases: preparatory phase, pilot study and field work.

**Preparatory phase:**

This phase took about four months from September 2023 to December 2023 to end the proposal of the study.

After reviewed of the available literatures concerning the topic of the study, an Arabic translation of the study tools was done.

Face validity of the study tools was done to assure accurate comprehension of the study tool (Resonant leadership scale, The Conditions of Work Effectiveness Questionnaire & Nursing performance using observational checklist). It was done through (a jury expert committee) composed of five professors from the Nursing Administration Department, Faculty of Nursing, Assiut University. Also content validity was checked and analyzed by using confirmatory factor analysis test to assure (importance, clearness, and accountability of each items of the study tool) and all items in the study tool items was confirmed.

**Pilot study:**

A pilot study was collected within ten days from **10/9/2023 to 19/9/2023** on 26 nurses in Dakhla General Hospital which represent 10% from total study participants to ensure the clarity, accessibility and understandability of the study tools. The data obtained from the pilot study was analyzed and no changes were done for the study tools. The study tools were tested for its reliability by using Cronbach's Alpha Coefficient test, It was (**a=0.739**) for resonant leadership scale, and it was (**a = 0.704**) for the conditions of work effectiveness questionnaire, and it was (**a 0.928**) for nursing performance checklist. Thus indicates a high degree of reliability for the study tools.

**Field work:**

The researcher met with each nurse in the study sample to explain the purpose of the study and request participation. After obtaining verbal consent, the study instrument was delivered to nursing participants to be filled out via self-administration questionnaire to evaluate the effect of resonant leadership and structural empowerment on nurse's performance.

The resonant leadership and structural empowerment questionnaire were distributed to the selected nurses and head nurses in the units, and each participant took about thirty minutes to fulfill each questionnaire. The researcher manually collected the answer sheets in a large folder from the participants in their units. It took two weeks to complete data collection. Data privacy is taken into consideration.

Finally, nursing performance was observed in three different periods (morning, evening, and night) shift the researcher took about three months to collect the data.

The entire period of data collection for the three variables (resonant leadership, structural empowerment, and nursing performance) took approximately four months from September to December 2023.

**Statistical design:**

**All analyses were performed with the IBM SPSS 20.0 software.**

Categorical variables were described by number and percent (N. %), where continuous variables described by mean and standard deviation (Mean, SD). We are used Pearson correlation to appear the association between scores, univariate and multivariate linear regression used to determine the effect of resonant leadership and structural empowerment on nurse's performance A two-tailed  $p < 0.05$  was considered statistically significant.

## Results

The purpose of this research was to elucidate the connection between structural empowerment and resonant leadership, as well as the degree to which they influence nursing performance. The present study's target population is the general Dakhla hospital's staff nurses and head nurses, the sample of 260 staff nurses and head nurses completed and clarified personal sheet of the study. The personal sheet (age, gender, educational level, and years of experience) were described with mostly female participants. Frequency, standard deviation, percentage and mean values of demographic data in the measurement tool were obtained by using descriptive statistical methods.

**Table (1): Personnel characteristics of the staff nurses (n=260)**

Personnel characteristics	No	%
<b>Occupation</b>		
Head Nurse	35	13.5
Staff nurse	<b>225</b>	<b>86.5</b>
<b>Age group</b>		
Less than 30 years	<b>111</b>	<b>42.7</b>
From 30-40 years	69	26.5
More than 40 years	80	30.8
<b>Mean <math>\pm</math>SD</b>	<b>35.21<math>\pm</math>9.32</b>	
<b>Gender</b>		
Male	102	39.2
Female	<b>158</b>	<b>60.8</b>
<b>Years of Experience</b>		
Less than 10 year	<b>125</b>	<b>48.1</b>
From 10 -20 years	27	10.4
More than 20 year	108	41.5
<b>Mean <math>\pm</math>SD(range)</b>	<b>14.77<math>\pm</math>10.69</b>	
<b>Marital Status</b>		
Married	<b>215</b>	<b>82.7</b>
Single	42	16.2
Divorced	2	.8
Widow	1	.4
<b>Education qualification</b>		
Nursing Diploma	<b>128</b>	<b>49.2</b>
Bachelor of nursing science	53	20.4
Technical institute	77	29.6
Technical healthy institute	2	.8

**Table (2): Mean and standard deviation distribution of the resonant leadership dimensions for study sample (n=260).**

Resonant leadership dimensions	Mean $\pm$ SD	Mean%	Sig
<b>Self-awareness</b>			
My department supervisor (leader) looks for feedback on ideas and initiatives even when they are difficult to hear.	4.3 $\pm$ 0.7	86.0	<0.001**
My supervisor in the department acts in accordance with the values, even if that on his personal account.	4.27 $\pm$ 0.75	85.4	<0.001**
<b>Total</b>	<b>4.28<math>\pm</math>0.64</b>	<b>85.6</b>	<b>&lt;0.001**</b>
<b>Social awareness</b>			
My supervisor in the department focuses on successes and potential rather than failures	4.4 $\pm$ 0.62	88.0	<0.001**
My supervisor in the department supports teamwork to achieve objectives and results.	4.51 $\pm$ 0.52	90.2	<0.001**
My supervisor in the department deals with stressful situations calmly.	4.35 $\pm$ 0.76	87.0	<0.001**
<b>Total</b>	<b>4.42<math>\pm</math>0.44</b>	<b>88.4</b>	<b>&lt;0.001**</b>
<b>Self-management</b>			
My supervisor in the department listens carefully, then acts constructively on requirements and interests.	4.48 $\pm$ 0.54	89.6	<0.001**
My department supervisor actively guides and coaches individual and team performance.	4.54 $\pm$ 0.56	90.8	<0.001**
My department supervisor effectively resolves conflicts that arise.	4.47 $\pm$ 0.54	89.4	<0.001**
<b>Total</b>	<b>4.49<math>\pm</math>0.38</b>	<b>89.8</b>	<b>&lt;0.001**</b>



Resonant leadership dimensions	Mean±SD	Mean%	Sig
<b>Relationship management</b>			
My supervisor in the department engages others in working towards a common vision.	4.42±0.59	88.4	<0.001**
My supervisor in the department allows the nursing staff to take important decisions at work freely.	4.39±0.63	87.8	<0.001**
<b>Total</b>	<b>4.41±0.5</b>	<b>88.2</b>	<b>&lt;0.001**</b>
<b>Resonant leadership scale(Total)</b>	<b>4.41±0.28</b>	<b>88.2</b>	<b>&lt;0.001**</b>

\*Statistically Significant Level at P. value <0.05

\*\*Statistically Significant Level at P. value <0.01

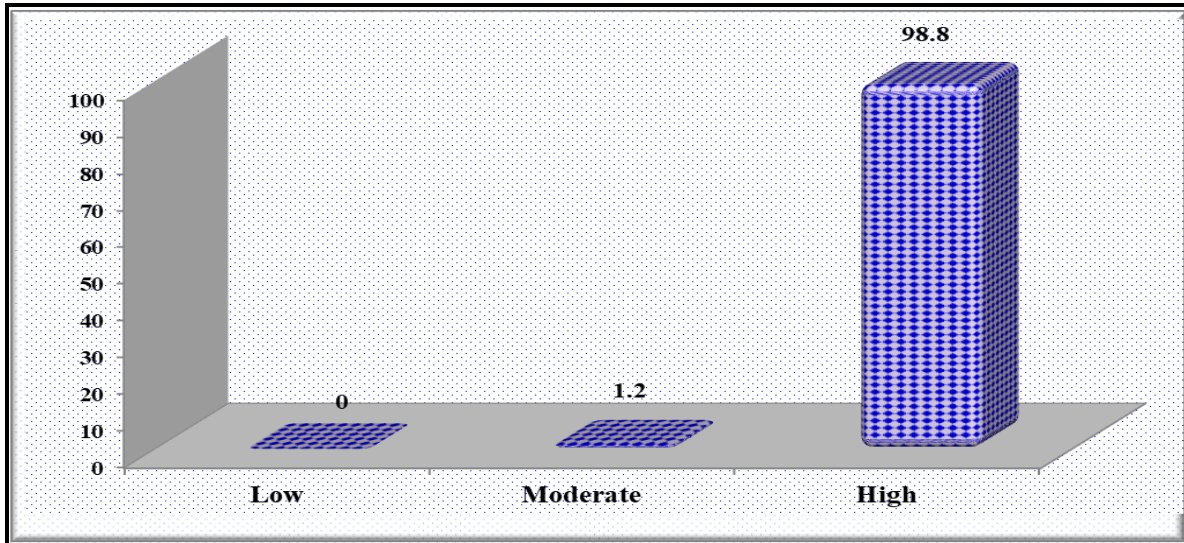


Figure (1): Distribution of resonant leadership level for the study sample (n=260)

Table (3): Distribution of mean and standard deviation of the structural empowerment dimensions for study sample (n=260)

Structural empowerment dimensions	Mean±SD
<b>Opportunities</b>	
Nursing personnel have the opportunity to work hard .	4.49±0.53
Nursing personnel acquires new skills and knowledge on the job.	4.46±0.54
The nursing profession provides duties that lead to the use of the information and skills they have.	4.45±0.62
<b>Total</b>	<b>4.47±0.41</b>
<b>Support</b>	
Nursing personnel have access to information about the current status of the organization.	4.21±0.69
Nursing understands the values of senior management.	4±0.79
Providing information regarding the goals of senior management to nursing.	4.02±0.81
<b>Total</b>	<b>4.07±0.64</b>
<b>Resources</b>	
Providing specific information about the things I do well.	4.49±0.54
Nursing personnel use feedback about what can be improved.	4.32±0.63
I am provided with advice to solve problems.	4.52±0.52
<b>Total</b>	<b>4.44±0.41</b>
<b>Information</b>	
I have enough time to do the necessary paperwork.	4.11±0.77
I have the time necessary to fulfill my job requirements.	4.04±0.78
I get temporary help when needed.	4.56±0.55
<b>Total</b>	<b>4.24±0.51</b>
<b>Structural Empowerment (CWEQ-II) (Total)</b>	<b>17.22±1.33</b>

**Table (4): Distribution of mean and standard deviation of the nursing performance dimensions for study sample (n=260)**

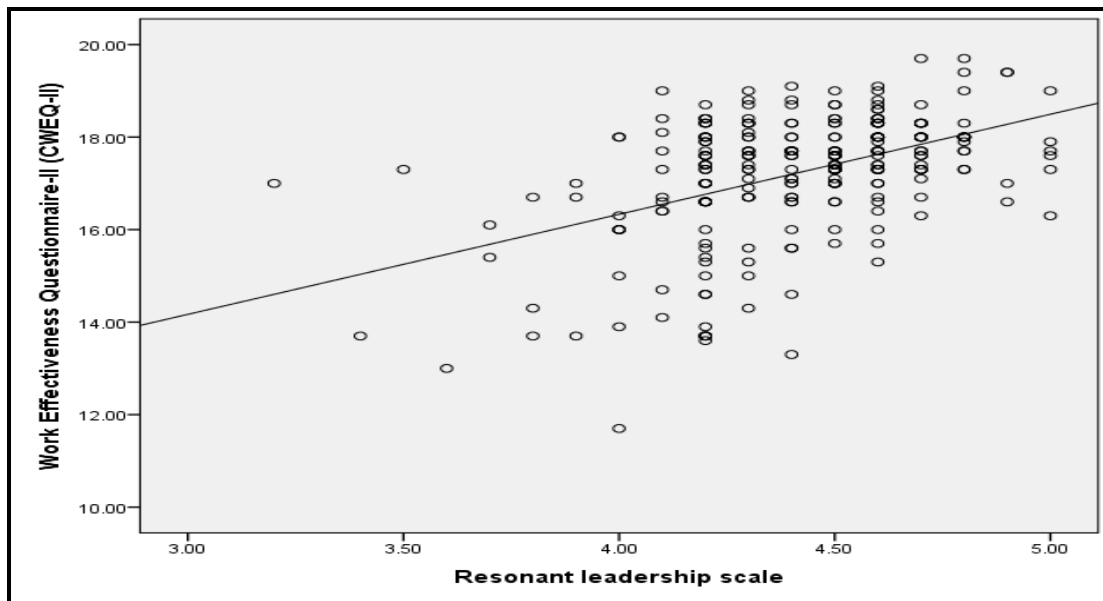
Nursing performance dimensions	Mean±SD	Mean%	Level
Leadership	2.46±0.1	81.98	Good
critical care	2.75±0.14	91.56	excellent
teaching/collaboration	2.66±0.08	88.61	excellent
Planning/evaluation	2.59±0.08	86.27	excellent
Interpersonal relations/Communication	2.81±0.09	93.73	excellent
professional development	2.86±0.11	95.26	excellent
Nursing performance using observational checklist	16.12±0.44	89.57	excellent

**Table (5): Correlation co-efficient between resonant leadership, structural empowerment and nursing performance for study sample (n=260)**

Items	Max Score	Mean±SD	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12
self-awareness	5	4.28±0.64	1											
social awareness	5	4.42±0.44	.285**	1										
self-management	5	4.49±0.38	.125*	.219**	1									
relationship management	5	4.41±0.5	.011	-.024	.175**	1								
Resonant leadership (total)	5	4.41±0.28	.641**	.674**	.619**	.418**	1							
Opportunities	5	4.47±0.41	.209**	.257**	.179**	.022	.293**	1						
Support	5	4.07±0.64	.306**	.257**	.070	.200**	.357**	.232**	1					
Resources	5	4.44±0.41	.077	.095	.218**	.113	.206**	.268**	.103	1				
Information	5	4.24±0.51	.281**	.279**	.109	.142*	.352**	.265**	.443**	.262**	1			
Structural empowerment (total)	20	17.22±1.33	.342**	.338**	.197**	.192**	.459**	.602**	.752**	.537**	.758**	1		
Nursing performance (total)	18	16.12±0.44	.268**	.104	-.081	.158*	.120**	.013	.180**	-.023	.157*	.058	1	

\*Statistically Significant Correlation at P. value <0.05

\*\*Statistically Significant Correlation at P. value <0.01



**Figure (2): Correlation between resonant leadership and structural empowerment (CWEQ-II) (n=260)**

**Table (1):** It shows that the occupations of study participants are staff nurses and about 42.7% have an age group (>30 years) with an average age of (35.21±9.32), respectively. Regarding their gender, less than three-fifths (60.8%) are female. Nearly half (48.1% and 49.2%) had less than 10 years of experience. The majority (82.7% and 86.5%) of the study participants were married and had a nursing diploma.

**Table (2):** Declares the mean and standard deviation for the four subdomains of resonant leadership and reports that the rate of resonant leadership is very high (4.41±0.28). Self-awareness (4.28±0.64), social awareness (4.42±0.44), self-management (4.49±0.38), and relationship management (4.41±0.5).

**Figure (1):** This figure illustrates that 1.2 have a moderate and 98.8% have high level of the studied participants respectively.

**Table (3):** Shows mean and standard deviation for the four dimensions of structural empowerment. This table indicated the total mean score of structural empowerment represents 17.22 mean scores ± 1.33). As well as the highest mean was found for opportunities 4.47 mean scores and followed by resources and information 4.44 and 4.24 mean scores respectively.

**Table (4):** Declares the mean and standard deviation for the six dimensions of nursing performance and reports that the rate of nursing performance is very high (16.12±0.44). Leadership (2.46±0.1), critical care (2.75±0.14), teaching/collaboration (2.66±0.08), planning/evaluation (2.59±0.08), interpersonal relations/communication (2.81±0.09) and professional development (2.86±0.11).

**Table (5):** Shows correlation between three variables (Resonant Leadership, Structural Empowerment and Nursing Performance). There is a positive correlation between resonant leadership and structural empowerment and there is also a positive correlation between resonant leadership and nursing performance. However, there is a negative correlation between structural empowerment and nursing performance.

**Figure (2):** Illustrates a positive correlation between resonant leadership and structural empowerment ( $r=0.459^{**}$ ).

### Discussion:

Effective work outcomes have been linked to resonance leadership, a positive relational leadership style that is primarily focused on emotional intelligence. At every stage of the healthcare system, resonant leadership that is effective inspires nurses to think creatively (El-Sayed et al., 2023).

Encouraging a healthy work environment and a greater sense of empowerment among nursing staff

can all be significantly influenced by nurse leaders and their leadership style. Employee engagement, motivation, and accountability all rise when resonant leaders give nurses more autonomy, support and responsibility over their job, which are critical components of empowerment (Kranthi et al., 2024). The ability to mobilize resources and accomplish goals by having access to opportunities, resources, support, and information is known as structural empowerment. Knowledge about organizational modifications and policies, in addition to the technical know-how required to complete the task, is referred to as access to information. Autonomous decision making is made possible for nurses by the feedback and direction they receive from superiors, colleagues, and subordinates. The ability of the nurses to acquire the tools, resources, and materials required to meet organizational objectives is referred to as access to resources. The opportunities pertain to the potential for nurses' education and career advancement (Moura et al., 2020).

This study set out to define the relationship between structural empowerment and resonant leadership as well as the degree to which they affect nursing performance.

Regarding the resonant leadership in the study sample, It was observed that the rate of resonant leadership was very highly positive statistical significant for the four dimensions of resonant leadership. According to the researcher's point of view, the contrast between the four dimensions in resonant leadership emphasizes the importance of recognizing one's strengths and weaknesses and help in managing emotions and behaviors effectively.

This result is in the same line with Boyatzis & McKee's. (2024), as he reported that, to create a resonant leadership culture, leaders must develop emotional intelligence in both their groups and themselves. Improving social awareness, self-regulation, self-awareness, and relationship management are all part of this.

On the other hand, this finding contradicts a study by Da Fonseca et al. (2022) who stated that leaders who lack self-awareness affect followers' attitudes, behaviors, and engagement, leading to destructive leadership. Good leaders need to be aware of their own emotions as well as those of others. Leaders' emotions have a fully self-aware effect on their interactions with others. Additionally, Thomas (2020), expressed disagreement with the study's findings, pointing out that effective resonant leaders at the strategic level are less self-aware than leaders at any other level. However, ineffective resonant leaders are less self-aware than effective ones at the operational, business, management, and senior management levels.



According to total resonant leadership scale, the current study's findings, a high degree of resonant leadership was exhibited by most of the participants. This may be due to, this could be explained by the emotional intelligence abilities that are mentioned as a necessary characteristic of a competent leader or nurse. Nurse supervisors had high level of resonant leadership because they might seek feedback, focus on success rather than failure, support teamwork to achieve goals and effectively resolve conflicts that arise.

This result was similar to **Reynolds et al. (2022)** who found that highly percentage of studied nurses perceived high level of resonant leadership. This study results is agreed with **Fathy et al. (2023)** who revealed that more than half of studied nurses had high level perception of resonant leadership. But the findings of this study were in contrast with those of a study conducted by **Azizi-Nejad (2019)**, which discovered that resonant leadership was used in the hospital's acute care setting on a moderate level. But, the study's conclusions were at disagreements with those of a study by **El-Sayed et al. (2023)** which found that nurse managers exhibited a low degree of resonant leadership knowledge and practice, and that none of the nurses had reported high resonant leadership practices from their nurse managers.

Regarding the structural empowerment in the studied sample, the current study revealed that the rate of structural empowerment is very high with support is a lowest dimension, but opportunities and resources is a highest dimension in structural empowerment. This may be due to, structural empowerment is very important as it encourages innovation and advocacy, enabling nurses to contribute to policy and practice improvements within the healthcare system. While opportunities and resources domains are crucial, the support from leadership, peers, and the organizational culture provides the emotional and professional backing needed to navigate challenges and maintain high performance and it is being associated with improved role outcomes, particularly in individuals with higher negative work effect.

This result is consistent with a study by **Aggarwal et al. (2018)**, which discovered that nurses had a high degree of structural empowerment. This finding may be the consequence of organizations encouraging a professional atmosphere and encouraging dedication. But disagree with **Moura et al. (2020)** who found that, in a study to assess the level of structural empowerment of nurses working in a university hospital, the nurses had a moderate level of access to opportunities, resources, support, and information. The opportunity dimension received the highest value, followed by the resources and informal power dimensions, while the scores for support, formal power, and information were lower.

In addition on contrast, **Monje-Amor et al. (2021)** found the same outcome in a study carried out in the United Kingdom to look into the mediating role of empowerment in the positive relationship between structural empowerment and work engagement among employees in the UK and Spain. This relationship was linked to better task performance and a lower intention to quit.

Also incongruent with a study conducted by **AL-Ghwary et al. (2024)**, which found that nurses exhibited a moderate degree of structural empowerment, indicating restricted access to opportunities, resources, support, and information. Furthermore, the results of this study suggest that the degree of structural empowerment was impacted by the internal disempowerment that Jordanian nurses experienced. The study's findings showed that the access to opportunity subscale scored the highest while the access to information subscale scored the lowest.

The results presented here were not in agreement with those of **Abdelhamied et al. (2017)**, who demonstrated that a statistically significant difference existed between the minority group (high empowerment) and the majority (low empowerment) in terms of job satisfaction. Additionally, over two thirds of the sample reported moderate job satisfaction and low empowerment. The lack of support, resources, and information that people need to accomplish their jobs well could be the cause of this. Furthermore, individuals lack prospects for internal advancement within the company and for learning and development through demanding work environments or educational experiences.

Regarding the nursing performance in the studied sample, the current study revealed that the rate of nursing performance is very high and there is a highly statistical significant relation. This result may be due to hospital round, observation from manager and supervisors. This may be because, this result emphasizes the significance of shift scheduling in influencing nursing effectiveness, emphasizing the importance of optimizing schedules to enhance overall performance.

This result is consistent with **Vitale, et al. (2022)**, who demonstrated that work resulted in significant differences being recorded in the "critical care-frequency," with nurses reporting higher levels of performance. In addition, nurses who worked "interpersonal relations-frequency" scores reported higher performance.

In terms of the six-dimension scale measuring nursing performance, nurses reported having a high level of performance. **Al-Hasnawi & Aljebory (2023)** disagreed with this result, stating that there was no statistically significant relationship regarding nursing

performance; but incongruent with **Di Muzio, et al. (2023)** who found that no significant statistical correlation between various nurse work and performance levels.

Concerning correlation between resonant leadership and structural empowerment, the current study results illustrated that there was a positive correlation between resonant leadership and structural empowerment. This may be due to that these results demonstrate the value of resonant leadership in promoting structural empowerment and developing a work atmosphere that encourages employee happiness and organizational commitment. Additionally, the relationship between resonant leadership and structural empowerment is reinforced by the fact that resonant leaders are capable of effectively maintaining organizational missions and mobilizing their workforce, which eventually leads to better results and employee empowerment. The enhanced level of structural empowerment among staff nurses could be attributed to resonant leadership. This result was similar with **Bawafaa et al. (2015)** who found that nurses' knowledge of their leaders' resonant leadership was positively and significantly associated with workplace empowerment. This study results supported with **Wagner et al. (2013)** who showed that there was a positive connection between resonant leadership and structural empowerment. Also, these results similar with a study conducted by **Laschinger et al. (2014)** who indicated that resonant leadership had a strong positive direct impact on workplace empowerment and had both a direct and indirect impact on job satisfaction by fostering a better sense of empowerment and, in turn, lowering incivility and burnout. These results supported with **Boyatzis & McKee's (2024)** who demonstrated how resonant leaders build productive workplaces where their subordinates feel empowered. These results agreed with **Obied (2023)** who discovered a positive and statistically significant connection between functional empowerment and resonant leadership. But, this result is different with **Shaheen et al. (2021)** who reported no direct relationship between resonant leadership and structural empowerment; in a study that examined participants' views of structural empowerment, leadership self-efficacy, and staff nurse clinical leadership in one university health system in order to assess the effects of an established leadership development program.

Regarding correlation between resonant leadership and nursing performance, the current study result illustrated that there was a positive correlation between resonant leadership and nursing performance. This indicates that through influencing nurses' access to empowerment mechanisms at work, resonant leaders have an impact on nurses'

performance both directly and indirectly. From researcher' point of view, the positive correlation between resonant leadership and performance suggests that effective leadership practices contribute significantly to overall employee well-being and organizational success.

This results in the same line with **Aljebory & Al-Hasnawi (2023)** who showed that there was statistically significant relationship between leadership styles and nurses' performance. Ongoing with the study results, **Boyatzis & McKee (2024)** who showed that resonant leaders create a positive emotional climate that inspires and motivates their teams to perform at their best in their teams and lead to organizational success related to high-performance; while this result was disagreed with **Ibrahim, et al. (2016)** who reported that the staff nurses' performance was comparatively low. A statistically significant correlation between nurses' performance and leadership styles was not seen.

As regard to relationship between structural empowerment and performance of nursing, the current study result showed that there was no significant correlation between structural empowerment and nursing performance. From researcher' point of view, nurses with greater empowerment perform better than those with less empowerment. In order to effectively promote nurses' job performance through structural empowerment, nurse supervisors must provide an empowering work environment. In order to provide the best possible patient care, boost nurses' productivity, and accomplish organizational objectives, structural empowerment must be implemented in the workplace.

These results agreed with **Kumudhavalli & Karthi (2019)** who revealed that there is moderately positive link between staff nurses' performance and structural empowerment. But disagreed with **Hassona (2013)** who showed that the results indicate a highly statistically significant positive link between job satisfaction and both structural empowerment and work engagement. This study examined the relationship between structural empowerment, work engagement, and job happiness. This result was on contrasted with **Wafa'a et al. (2020)** who showed that there was a significant positive correlation between structural empowerment and job performance. And supported by **Saleh & Saif (2013)** who reported empowerment had a significant effect on overall employee job satisfaction.

The researcher thinks that because, the varying demands and dynamics of nursing shifts can significantly influence the impact of resonant leadership and structural empowerment on nursing performance. During the morning shift, patient loads tend to be more predictable and manageable, with fewer critical cases or emergencies, potentially

diminishing the immediate effects of leadership and empowerment initiatives. Additionally, the presence of a larger staff and more resources during the day shift may mitigate the necessity for strong leadership and empowerment practices. However, during evening and night shifts, when staffing levels are lower, and resources are limited, resonant leadership and structural empowerment become crucial factors in maintaining nursing performance. Effective leadership and an empowering work environment are essential for managing stress, fostering teamwork, and making autonomous decisions with smaller teams and fewer support resources available. Nurses who feel supported and empowered are better equipped to handle the challenges of these shifts, ultimately leading to improved performance and patient care outcomes.

### Conclusion:

**Based on the results of present study, it can be concluded that:**

The vast majority of the studied participants have high level of the resonant leadership. There was a positive correlation between resonant leadership and structural empowerment and there was also a positive correlation between resonant leadership and nursing performance. However, there was a negative correlation between structural empowerment and nursing performance.

### Recommendations:

**Based on the findings of current study, the following recommendations were suggested:**

- Organize program for orientation of newly appointed nurse managers about strategies for implementing resonant leadership.
- Improve work environment for motivate staff nurses and enhances the nurses' job satisfaction may also yield benefits in terms of increased performance, productivity and improved quality of care.
- Apply the study at difference work place such as universities and health insurance hospitals to generalize the results.
- Future research using longitudinal studies should be conducted to examine causal relationships between resonant leadership, structural empowerment & nursing performance and turnover and absenteeism among nurses.

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