

Inclusive Leadership as A predictor of Social Responsibility and Work Place Belongingness

Islam Sameh AbdElhay⁽¹⁾ Reda Elshahat Elmeghawri⁽²⁾ Zieneb Ibrahim Ismail⁽³⁾

1) Lecturer, Nursing Administration, Faculty of Nursing, Mansoura University, Egypt

2) Lecturer, Nursing Administration, Faculty of Nursing, Fayoum University, Egypt

3) Assistant professor, Nursing Administration, Faculty of Nursing, Benha University, Egypt

Abstract

Background: Inclusive leadership significantly predicts workplace belongingness by fostering a respectful, supportive, and open environment where diverse perspectives are valued and integrated. This creates a sense of inclusion, meets employees' fundamental needs for belonging, and leads to stronger trust and identification with the organization. **Aim:** to find out whether inclusive leadership can be a predictor of social responsibility and workplace belongingness. **Design:** An exploratory descriptive. **Setting:** Inpatient medical, surgical, and intensive care units at Benha University Hospital. **Subjects:** A simple random sample of all available head nurses and staff nurses who met inclusion criteria; their final size was 40 head nurses and 300 staff nurses. **Data collection:** Three tools were utilized; Inclusive Leadership Scale, Nurses' Social Responsibility Questionnaire, and Workplace Belongingness Scale. **Results:** The current study findings reveal that there was a moderate level of inclusive leadership as reported by more than half of head nurses. Also, there was a moderate level of social responsibility as reported by less than three quarters of staff nurses. Additionally, there was a high level of workplace belongingness as reported by nearly two thirds of staff nurses. **Conclusion:** inclusive leadership can be a significant predictor of nurses' social responsibility and workplace belongingness. **Recommendations:** Enhancing leadership accessibility via open-door policy and technology-facilitated communication is advocated. Future studies should investigate the long-term impacts of inclusive leadership on nurse retention, job satisfaction, and patient care.

Keywords: Inclusive Leadership, Social responsibility, Workplace belongingness

Introduction:

Health care organizations require Strong management and leadership which are essential for organizations to function at their best. Head nurses can influence others by creating future-focused visions. These executives encourage, empower, and inspire employees to achieve the organization's goals. Effective leadership plays a significant role in the dynamic of these companies. Particularly in the highly complex and international healthcare Environment of today, effective leadership has remained essential to the performance and sustainability of organizations (Shokry *et al.*, 2024).

According to Buskirk (2020) inclusive leadership is the use of words and actions by a leader to value and promote the contributions of others. It promotes employees for participation in the organization and decision-making process while simultaneously acknowledging and appreciating their uniqueness (Cohen, 2022).

It supports the inputs and outputs of the staff members and pays attention to their wants and expectations (Bannay *et al.*, 2020). The term "inclusive leadership" describes actions that can strengthen members' sense of belonging to the organization as well as strategies that promote group members' participation in order to attain favorable organizational outcomes. Therefore, an inclusive leader should be people-oriented, encourage individuality and diversity, value leadership-employee relationships, and pay attention to the thoughts and contributions of staff members (Roberson, 2022). By considering the requirements and perspectives of the followers, this strategy extends beyond the conventional and long-term focus on the traits, abilities, attitudes, and attributes that a leader must possess. It emphasizes the value of accountability, respect, and acknowledgment in addition to the followers' participation and not their manipulation (Katsaros *et al.*, 2020).

When assessing inclusive leadership, three key characteristics—availability, accessibility, and openness—are frequently employed as sub-scales (**Choi et al., 2017; Jin et al., 2017; Li, 2021; Zhao et al., 2020**). Availability is a measure of how much a leader is available to his staff. The degree to which the leader is reachable at all time is known as accessibility. On the other hand, openness describes how much a leader encourages staff members to share their thoughts and opinions (**Sung, 2021**). Therefore, inclusive leadership fosters justice based on a sense of uniqueness and belonging while establishing a secure workplace for a variety of viewpoints and beliefs (**Javed et al., 2019; Korkmaz et al., 2022**).

According to **Qi et al., (2019)** inclusive leaders pay close attention to the opinions and mistakes of their staff members, accept their faults, and offer support and encouragement when necessary. Above all, inclusive leaders exhibit fair attitudes and treat their staff members fairly, taking into consideration their needs and interests. Similarly, **Liu et al., (2016)** contend that inclusive leadership is always focused on people, demands fair treatment for all workers, and supports organizational unity. Furthermore, according to **Randel et al., (2018)** inclusive leadership is "a set of leader behaviors that give the chance for facilitating group members feeling part of the group (belongingness) and retaining their sense of individuality (uniqueness) while contributing to group processes and outcomes."

Nowadays, one of the most important markers of a hospital's supremacy over rivals is the accountability degree and duty (but especially social responsibility) of its employees, such as its nurses. Nursing performance criteria, which include social responsibility, must be taken into account in order to deliver the highest caliber of nursing care and ensure patient satisfaction. One of the most crucial abilities that people require is social responsibility. It is impossible to build a suitable future without raising responsible individuals. A sense of responsibility enables a person to be successful, active, in charge of his inner and outward environment, self-reliant, wise, and emotionally connected to others at the same time. Social responsibility is crucial for

these traits in nurses because of their professional sensitivity (**Jazi et al., 2019**).

Hospitals appear to be able to respond to the demands of work and social work contexts more skillfully, but they might also enhance their social responsibility if they give their services while honoring the values of society, leadership, employees, and work environments. In fact, a critical analysis of the extensive research done to elucidate the idea of social responsibility in the nursing profession reveals two things: first, this idea is central to many different fields; second, there is a specific perspective on this idea in each field, but not enough focus has been placed on it specifically in nursing (**Beikzad, 2014**).

Clarifying the idea of social responsibility in nursing can help nurses take greater accountability and eliminate any opportunity for patient complaints. Furthermore, this enables nurses to handle professional issues in an efficient and lawful manner which boosts their self-esteem and job happiness while also improving the standard of care they provide to patients.

Belonging and Social connectedness in clinical nursing practice may be considered one protective factor helps in addressing the issue of nursing shortages (**Pressley and Garside, 2023**). The sense of belongingness that employees have at work is different from other related categories such as identification, faith at work, and satisfaction. It has a fundamental difference in its orientation (e.g. sense of pride and ownership) and so, it demands a differentiated method and interpretation (**Jena & Pradhan, 2018**). Employees' sense of belonging is perhaps one of the most important elements that can improve organizational performance, but none of the leadership philosophies that have been proven to be successful in the workplace have sufficiently addressed this need (**Herbert, 2020**).

Research indicates that a variety of factors impact the conduct of individuals. Employee behaviors in an organizational setting are influenced by a number of organizational characteristics. In this context, it was discovered that a successful leadership style might influence employee behavior in the workplace as an organizational factor (**Deng et al., 2022**).

Although a number of leadership philosophies have been proven successful in the workplace, none have sufficiently taken into account the fundamental desires of organizational members to blend in and feel like they belong. Since inclusive leadership refers to a collection of actions aimed at assisting individuals of the organizations in experiencing a sense of belonging and contributing to shared objectives, it might be the solution. In other words, by fostering a sense of belonging among group members, making sure that justice and equity are a part of each member's experience, and offering chances for collaborative decision-making on pertinent issues, inclusive leadership has the potential to be very advantageous to employees (Randel *et al.*, 2018).

The term "workplace belongingness" describes how people feel connected, accepted, and included in their workplace. Healthcare professionals, especially nurses, believe that workplace belongingness—the feeling of acceptance and inclusion within an organization—is essential for their well-being, productivity, and job satisfaction (Canlas & Williams, 2022). James, (2023) contends that interpersonal interactions among coworkers are the source of a sense of belonging which is required for a relational value to exist in that system. A person's sense of personal recognition, respect, inclusion, and support from their coworkers can also be used to characterize their sense of belonging at work. According to the concept of belonging, when justice is done, one feels incredibly close to and connected to other members of the organization.

Significance of the study

Recently, more attention has been paid to the inclusive characteristics of leadership. Head nurses have one of the most challenging and important leadership roles in healthcare (Correa, Bacon and Thornton, 2018). Inclusive leadership seeks the generic goals of providing opportunities for staff development, mentorship and role modeling that aim to allow the same opportunities for all to take organizational responsibility and achieve their potentials - ultimately to engage staff and promote staff perception of being valued leading to increased stability, productivity and potential success in planning. If they do not feel included in

the organization, they are unlikely to reach their full potentials (Dijk, 2020).

Inclusive leadership is a relatively new leadership style to be investigated in nursing which became a necessity with changing demographics of the nursing workforce. In Egypt, and as regards the nursing field, research on inclusive leadership is limited and needs further investigation. However, despite the importance of inclusive leadership in relation to social responsibility and workplace belongingness; almost few studies have examined the role that inclusive leadership has on relation between nurses' sense of social responsibility and work-place belongingness.

Theoretical frame work

Since the idea of inclusive leadership has gained popularity and its introduction by Nembhard and Edmondson in (2006) (as cited in Byrd, 2022), as a cutting-edge method of leadership that prioritizes teamwork, fostering relationships, and eschewing traditional hierarchical structures (Byrd, 2022). Despite the fact that inclusive leadership is acknowledged as a relatively new idea, there is disagreement on its conceptual nature and theoretical foundations. assert that relational leadership theory, which values individual contributions, diversity appreciation, and active involvement in decision-making processes, is the foundation for its development (Bortini *et al.*, 2018; Roberson & Perry, 2021).

The essence of inclusive leadership, which include fostering healthy relationships, fostering emotional intelligence, supporting social justice, and being dedicated to advancing social justice, are what make inclusive leadership what it is. As the healthcare paradigm changes from the conventional biomedical model to the "biology-psychosocial" model and adopts the idea of "patient-centered" medical services, the value of humanistic care behaviors among medical personnel—especially nurses—has grown to be essential. One innovative leadership approach that creates a supportive work environment for staff members is inclusive leadership. According to social exchange theory, people balance costs and benefits when determining how to behave in social situations. They behave in exchanges by balancing the advantages and disadvantages (Ahmad *et al.*, 2021).

Social exchange theory is widely used to examine how members of an organization interact and behave. It looks at how leadership styles affect workers' performance, organizational commitment, and job satisfaction. It also looks at how workers use exchange behaviors to get support and organizational resources (Chernyak & Rabenu, 2018). The idea clarifies interaction patterns including friendship, intimacy, and cooperative behavior in studies of interpersonal relationships (Thomas & Morrison, 2018). The hypothesis states that people are more likely to form intimate bonds with people who provide similar benefits. In the nursing profession, inclusive leadership—which is defined by empathy, trust, and support—is a crucial incentive that helps nurses feel valued and supported (Wang *et al.*, 2024).

According to Yang *et al.*, (2024) nurses who work in this supportive environment frequently experience intrinsic incentives like increased job commitment and loyalty to leaders, which are less expensive inputs. At the same time, nurses' caring actions benefit patients or coworkers, boosting their social capital and reputation in the workplace (Emiralioglu *et al.*, 2021). Further benefits may also come from the approval and confidence of patients and coworkers (Zanchetta, 2016).

Aim of the Study:

The present study aimed to explore the possibility of inclusive leadership as a predictor of social responsibility and workplace belongingness

Research questions

- What is the level of head nurses' inclusive leadership as reported by them at Benha University Hospital?
- What is the level of staff nurses' social responsibility and workplace belongingness as reported by them at Benha University Hospital?
- Is an inclusive leadership a significant predictor of nurses' social responsibility and workplace belongingness?

2. Subjects and Method

2.1. Research Design

An exploratory descriptive design was utilized to achieve the aim of the current study.

2.2. Study Setting

The study was done in all In-patient medical, surgical departments at Benha University Hospital, Qualubya Governorate, Egypt. It provides free and economical services to all patients, including a wide range of ambulatory care services, such as outpatient care. The hospital's capacity was 880 beds distributed as follows; Medical building includes 478 beds; Surgical building includes 384 beds; and the ophthalmology building, 18 beds. The number of inpatient units included in the study was 43 units, divided into 14 medical units, 11 intensive care units, and 18 surgical units.

2.3. Subjects

2.3.1. Subject Size

It included two samples as follows; Head nurses and staff nurses.

- A simple random sample of all available head nurses and staff nurses with at least two years of experience in the study setting who were available at the time of data collection and accepted to participate in the research. Their total number was 60 head nurses and 1220 nurses.
- The sample size was calculated using the "Epi info program version 7"; it was based on a variance of 5%, a confidence level of 95%, and a power of 0.80. The final number was 40 head nurses and 300 nurses distributed as follows; Medical departments (n=100 nurses, 13 head nurses), Intensive care units (n=100 nurses, 13 head nurses), and Surgical departments (n=100 nurses, 14 head nurses).

2.3.2. Study Variables

- Dependent variable: Social Responsibility and Workplace Belongingness
- Predictor: Inclusive leadership.

2.4. Tools of Data Collection

Three tools were utilized to collect the data as follows:

2.4.1. Inclusive Leadership Scale:

It included two parts;

Part I: Personal data of Head nurses, including age, gender, marital status, place of work, educational qualifications, and years of work experience.

Part II: Inclusive Leadership Scale

This part was developed by **Carmeli *et al.*, (2010)** to assess the level of head nurses' inclusive leadership behaviors. It covered three dimensions including nine items; Openness (3 items), Accessibility (2 items), and Availability (4 items).

Scoring System: Answers of head nurses were scored using a Five-points Likert Scale ranging from "1" strongly disagree to "5" strongly agree which was converted into three points as follows: Agree (3 degrees), Neutral (2 degrees), and Disagree (one degree). Scores were calculated by adding an average for the items in each dimension, and they varied from 9 to 27, with a cut point of 60 percent = 16.2. Hence, scores that reflect the level of inclusive leadership behaviors among head nurses were categorized as the following; "High level," if the percent $\geq 75\%$ equal ≥ 20 points, "Moderate level" if the percent from 60% to less than 75% equal 16.2 - < 20 points, and "Low level" if the percent < 60 % those equal to < 16.2 points.

2.4.2. Nurse Social Responsibility Questionnaire (NSRQ)

It included two parts;

Part I: Personal data of staff nurses including age, gender, marital status, educational qualifications, and years of work experience.

Part II: A structured questionnaire

This part was developed by **Jazi, Peyrovi, and Zareiyan (2020)** and then was modified by the researchers to assess the level of staff nurses' social responsibility. It involved 23 items within four dimensions as follows; Dedicated to others (10 items), Efforts to improve social conditions (6 items), Holistic vision (4 items), and Favorable relationship (3 items).

Scoring System: The comments of staff nurses were rated on a Likert scale with five points, namely "Absolutely essential" (scored 5), "Somewhat important" (scored 4), "Moderately

important" (scored 3), "Mildly important" (scored 2) and "Not important" (scored 1) which was transformed into three points as follows; Moderate important (3), Mild important (2) and Not important (1). Scores were calculated by adding an average for the items in each dimension, and they varied from 23 to 69, with a cut point at 60 percent = 41.4 points. Accordingly, scores that reflects the level of social responsibility were categorized as the following; "High level" if the percent $\geq 75\%$ equals ≥ 52 points, "Moderate level" from 60% to less than 75% equals 41.1 - < 52 points, and "Low level" < 60 % equals to < 41.4 points.

2.4.3. Workplace Belongingness Scale

It was adopted from **Blau, Goldberg & Kyser, (2023)** to assess the level of staff nurses' workplace belongingness. It consists of 4 dimensions covering 16 items; Be Myself (7 items), Acceptance (4 items), Diversity (3 items) and Connection (2 items).

Scoring System: The comments of staff nurses were assessed using 6-points Likert scale ranging from 1 strongly disagree to 6 strongly agree, where higher scores represent a greater degree of belonging in the workplace, which was transformed into three points as follows: Agree (3), Neutral (2), and Disagree (1). Scores were calculated by adding an average for the items in each dimension, and they varied from 16 to 48, with a 60 percent = 21.6 cut point. Thus, the level of workplace belongingness was considered as follows; "High level" if the percent $\geq 75\%$ that equals ≥ 27 points, "Moderate level" from 60% to less than 75% equals 21.7 - < 27 points, and "Low level" < 60 % which equals < 21.6 points.

2.5. Data Collection Procedure

2.5.1. Administrative Approval

Ethical permission was first granted by the Scientific Research Ethical Committee of the Faculty of Nursing at Benha University (IRB approval number: Rec-NA-p68). Then, official permission for data collection was obtained from the Dean of the Faculty of Nursing, Benha University and Director of Benha University Hospital.

Before conducting the study, the researchers met head nurses and staff nurses to clarify the nature and aim of the study. They were informed that participation in the study is voluntary and that they can withdraw from the study at any time. In addition, the researchers ensured privacy of the obtained data, the sheets were coded, and the study would not affect the work. The time for data collection was determined based on their views and workload to gain their approval and cooperation. The current research suggestions will be forwarded to the hospital management.

2.5.2. Operational design

It included preparatory phase, pilot study and fieldwork which will take place from start of August to middle of January 2025.

Preparatory phase

It lasted from start of August to the end of October 2024 including reviewing the national and international related literature, such as journals, textbooks, internet, and theoretical knowledge concerning the topic of the study. The contents of the tools were prepared, translated into Arabic, and tested for content validity and reliability.

Tool Reliability and Validity

Data collection tools were developed and tested for content validity by five experts in Nursing Administration at various universities: two professors from Mansoura University, two from Ain Shams University, and one from Benha University. The validity of the tools aimed to examine its clarity, relevance, simplicity, and accuracy. Based on their reviews, minor corrections were made, and the researchers developed the final validated tools. Internal consistency was tested using the Cronbach alpha coefficient. Cronbach alpha results were ($\alpha = 0.914, 0.825 \text{ \& } 0.871$) for the inclusive leadership Scale, Social responsibility Questionnaire, and Workplace belongingness Scale, respectively, reflecting the tools' accepted internal consistency. It was done at the end of Sept 2024.

Pilot Study

Before collecting data, in October 2024, the revised tools were piloted with 10% of the total subjects (30 staff nurses and 4 head nurses) to test the clarity of the sheets and estimate the time needed to complete them. No modifications were

made, and pilot subjects were included in the main study.

Fieldwork

The actual data collection covered two months from mid of October to mid of December 2024. The researchers collected data on three days per week (Sunday, Tuesday, and Thursday) from 10.30 a.m. to 12.30 p.m. The average number of filled sheets was 18 to 20 sheets. The time required to complete each data collection sheet ranged from 5 to 10 minutes. The filled forms were collected on time and revised.

2.6. Statistical analysis

SPSS (version 25) software computer package was used for data entry and analysis. Descriptive statistics were applied, e.g., Frequency, Percentages, Mean, and Standard deviation. Paired T-test, Person Correlation, and Correlation coefficient (r) were used. Significant difference was considered at $p\text{-value} \leq 0.05$ and highly statistically significant when $p \leq 0.005$. To calculate the Cronbach alpha coefficient, the variance of the scores of each questionnaire and the total variance were calculated. Pearson's correlations and multiple linear regression analysis were conducted, and a path analysis by Amos software was utilized to define the direct/indirect role. We employed structural equation modeling via path analysis to examine the causal relationships among the independent (X_1), moderator (W_1), and dependent (Y_1). Path coefficients were judged significant when their p -values fell below 0.05 and corroborated by t -statistics whose absolute values exceeded the critical t (1.96 at $\alpha = 0.05$). To probe the moderating effect of W_1 on the $X_1 \rightarrow Y_1$ link, we ran Hayes' PROCESS Macro (Model 1) in SPSS v.25, allowing us to determine whether and how W_1 alters the strength or direction of that relationship.

Results:

Table (1) indicates a predominantly young and experienced nursing workforce, with less than half of nurses 30-40 years of age (41%) and a mean age of 38.34 years. The workforce was overwhelmingly female (90.2%), with a high proportion of married nurses (77%). Educationally, around half of nurses hold an Associated Degree in nursing (49.2%). Regarding years of experience, less than half of them (45.9%) had 5-10 years, and the mean experience was 7.98 years, reflecting a moderately experienced staff.

Figure (1): It is evident that there was a moderate level of inclusive leadership as reported by more than half of head nurses (53.5%). Also, there was a moderate level of social responsibility as reported by slightly less than three quarters of staff nurses (72.1%). Moreover, there was a high level of workplace belongingness as reported by nearly two thirds of staff nurses (62.7%).

Table (2): Illustrates that the total mean score and standard deviation of inclusive leadership among head nurses was 39.75 ± 4.76 , and the highest mean score was 12.52 ± 2.12 related to "availability" domain. In contrast, the lowest mean score was 7.63 ± 2.56 related to "Accessibility" domain. Regarding nurses' social responsibility total mean score was 66.58 ± 8.29 , and the highest mean score was 21.21 ± 6.23 related to "Favorable relationship" domain. Unlikely, the lowest mean score was 13.75 ± 3.46 related to "holistic vision" domain. Concerning nurses' workplace belongingness, the total mean score was 26.98 ± 5.36 , and the highest mean score was 22.01 ± 9.23 related to "Acceptance" domain. Conversely, the lowest mean score was 9.63 ± 2.91 related to "Connection" domain.

Table (3): clarifies that there was a highly statistically significant positive correlation between total levels of inclusive leadership, social responsibility and workplace belongingness (p -value $< .01$).

Figure (2): Path analysis depicts a simple predictor model in which inclusive leadership both directly and indirectly fosters nurses' belongingness at work. Specifically, inclusive leadership had a strong direct positive effect on workplace belongingness ($\beta = 0.547$), and it also significantly enhances nurses' social responsibility ($\beta = 0.354$), which in turn boosts belongingness ($\beta = 0.430$).

Table (4): From linear regression analysis, we can predict social responsibility and workplace belongingness from the total score of inclusive leadership. Therefore, It is evident that inclusive leadership was a highly significant predictor of social responsibility and workplace belongingness at (p -value < 0.000).

Table 1: Frequency distribution of personal data of studied subjects (n=340)

Personal data	No.	%
Age (years)		
- < 30	120	33.0
- 30- 40	150	41.0
- > 40	70	26.0
Mean $\pm$ SD	38.34 $\pm$ 9.23	
Gender		
- Male	40	9.8
- Female	300	90.2
Marital Status		
- Married	280	77.0
- Un-married	60	23.0
Educational qualifications		
- Nursing Diploma	90	24.6
- Associated Degree of Nursing	180	49.2
- Bachelor of Nursing Science	60	23.5
- Other post-graduate qualifications	10	2.7
Department		
- Medical	113	33.23
- Surgical	114	33.52
- Intensive care units	113	33.23
Experience years		
- < 5	65	17.8
- 5- 10	165	45.9
- > 10	110	36.3
Mean $\pm$ SD	7.98 $\pm$ 4.60	

SD: Standard Deviation

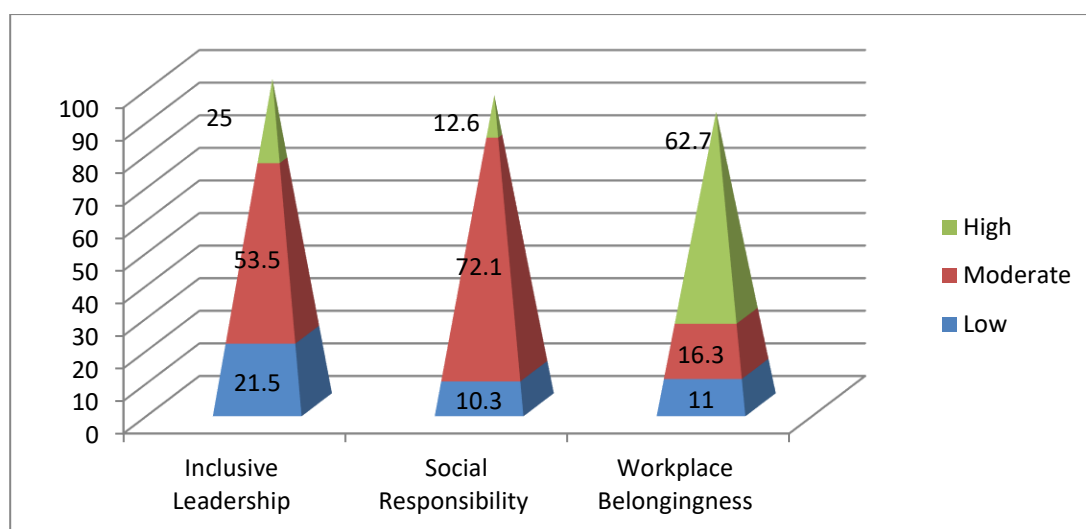


Figure1. Total levels of inclusive leadership, social responsibility, and workplace belongingness as reported by the studied subjects

Table (2): Mean and standard deviation of inclusive leadership, social responsibility, and workplace belongingness as reported by the studied subjects (n=340)

Variables	Maximum Score	Mean± SD	Mean%
Inclusive leadership			
- Openness	15	9.01±2.61	60.0
- Accessibility	12	7.63±2.56	63.6
- Availability	15	12.52±2.12	83.5
Total Inclusive Leadership	57	39.75±4.76	
Social responsibility			
- Dedicated to others	33	17.40±2.81	52.7
- Efforts to improve social conditions	24	14.20±2.37	59.2
- Holistic vision	21	13.75±3.46	65.5
- Favorable relationship	30	21.21±6.23	70.4
Total Social responsibility	108	66.58±8.29	
- Be Myself	22	20.50±8.56	56.6
- Acceptance	32	22.01±9.23	70.4
- Diversity	33	14.20±2.37	59.2
- Connection	42	9.63±2.91	63.6
Total Workplace Belongingness	45	26.98±5.36	

SD: Standard Deviation

Table (3): Correlation among total levels of inclusive leadership, social responsibility, and workplace belongingness (n=340)

Variables		Total Social responsibility	Total Workplace belongingness
Total inclusive leadership	r	.313	.235
	P	.000**	.000**

**highly significant at $P < 0.01$

r: Pearson coefficient

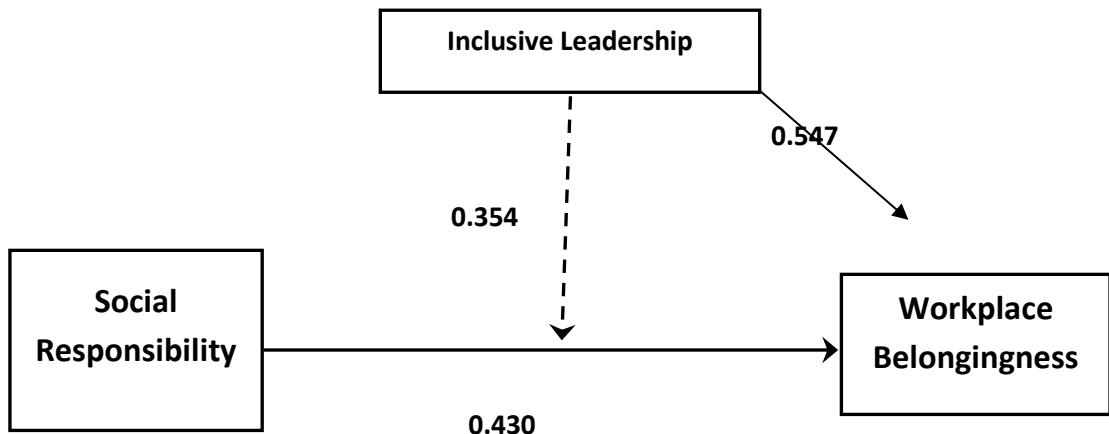


Figure 2: Path analysis of inclusive leadership, social responsibility, and workplace belongingness

Table (4): Standardized and unstandardized simple regression coefficients of Inclusive Leadership predicting social responsibility and workplace belongingness levels

Hypotheses	Path	Standardized coefficient	Standard error	T-statistic	P values
<i>H₁</i>	<i>Social Responsibility --> Workplace Belongingness</i>	0.430	0.054	9.424	0.000
<i>H₂</i>	<i>Inclusive Leadership -> Workplace Belongingness</i>	0.547	0.017	14.517	0.000
<i>H₃</i>	<i>Social Responsibility * Inclusive Leadership --> Workplace Belongingness</i>	0.354	0.022	16.09	0.000

Discussion

Inclusive leadership, characterized by openness, accessibility, and availability, significantly influences nurses' sense of belonging in the workplace. Nurses who see their leaders as approachable and open are likelier to feel connected and valued in their work environment. This research examines the relationship between inclusive leadership among nursing managers and the levels of workplace belonging and social responsibility among nurses at Benha University Hospital.

The current study findings reveal that over half of the nurses reported a moderate level of inclusive leadership. This acceptable moderate level of perceived inclusive leadership may be attributed to nursing leaders implementing more accessible, transparent, and accessible communication strategies with their nursing staff, which increased the perceived inclusive leadership qualities. These results are consistent with those of Shokry et al., (2024), who found that most nurses perceived inclusive leadership at moderate level.

This highlights the importance of inclusive leadership, as it has been shown to reduce psychological distress among nurses, especially during times of crisis, it creates a psychologically safe environment that encourages innovation and lowers turnover intentions (Taie & Zoromba, 2022; Ahmed et al., 2020; Zeng et al., 2023).

Additionally, the high ratings for nursing social responsibility, more than two thirds and workplace belongingness more than half emphasize the positive impact of inclusive leadership at Benha University Hospital. This might be outcome of all nursing staff's overall effective operations rather than a single nurse's actions. Nurses who work in hospitals with supportive cultures experience a sense of belongingness and collaborate and support each other effectively. Elevated social responsibility among nurses is associated with their dedication to patient care and ethical standards, fostered by inclusive leadership that promotes a sense of belonging and empowerment (Merlini et al., 2024; Lee & Seo, 2024).

Evidence supports the link between inclusive leadership and workplace belongingness, showing that inclusive environments enhance workplace belongingness, allowing nurses to voice concerns and contribute to organizational development without fear of reprisal (**Shokry et al., 2024; Lee & Dahinten, 2021**). Additionally, the present study illustrates the highest mean score of inclusive leadership was related to availability domain. In contrast, the lowest mean score was related to accessibility domain. A fundamental element of inclusive leadership is availability, whereby leaders are easily reachable to hear the needs and opinions of their followers and foster an atmosphere that is psychologically secure for staff members to voice their thoughts and worries (**Lee & Shin, 2024** and **Abdeen & Mohamed, 2023**). Availability particularly highlights the leader's presence and openness to discussion and assistance (**Korkmaz et al. 2022**). The high mean score of availability is vital for boosting work engagement and satisfaction among nurses (**Abualruz et al., 2022**). In align with our study findings **Carmeli et al. (2010)** placed a stronger focus on leaders' availability, openness, and accessibility, whereas **Nemphard and Edmondson (2006)** focused more on their recognition of employee contributions.

The mean score for social responsibility among nurses regarding their workplace's social responsibility efforts, indicating that a high mean score was favorable relationship in contrast to holistic vision was the lowest mean score. These results suggest that although nurses understand social responsibility and work actively to fulfill social expectations, they rarely conceptualize social responsibility as a holistic vision that encompasses ethical values and economic issues.

In the same line with current study findings **Rodríguez-Pérez et al., (2022)** and **Davis et al., (2024)** they found differences in nurses' perceptions regarding social responsibility highlight the necessity to enhance awareness of its holistic vision. Consequently, it is advised that nursing education, at both undergraduate and graduate levels, incorporates a focus on social responsibility through this multifaceted lens.

Additionally concerning nurses' workplace belongingness, the highest mean score was related to "Acceptance" domain. The higher score within the acceptance domain highlights nurses' receipt of positive responses from others upon joining the workplace. This raises inquiry into the specific experiences and processes facilitating stranger acceptance. Despite limited research on workplace belongingness, prior studies on belongingness identify openness to others, peer acceptance, safety, inclusion, and trust as integral components (**Chang & Lee, 2022**).

On the other hand, the connection domain's lowest mean score indicates that nurses may not have many opportunities to have a sense of belonging that is based on group characteristics rather than personal characteristics. **Mellinger et al. 2024** and **Allen et al., 2021**; supporting our finding by characterizing acceptance as the sense of being liked and connection as the certainty of a common goal, belongingness theory distinguishes between the two. Individual nurses rarely find themselves in a collective orientation on shared objectives, according to the moderate Connection score, which may lead to feelings of social exclusion and alienation.

Moreover, the study results highlight how crucial inclusive leadership is in creating a positive work environment and enhancing social responsibility among nurses. A moderate positive correlation was found for social responsibility and workplace belongingness, both statistically significant, suggesting that inclusive leadership is instrumental in promoting these positive outcomes.

This might be due to collaboration between nursing staff and nursing leaders in the interchange of clinical information about patients, the nature of their cooperation, and decision-making. This influence may stem from the alignment between nurses' values and those upheld by inclusive leadership. As **Ferdman (2020)** notes, inclusive leadership is a basic predictor that magnifies inclusion while promoting equity and fairness among diverse groups, thus enhancing social responsibility and belongingness in the workplace.

Furthermore, the relationship between inclusive leadership and social responsibility is reinforced by the concept of socially responsible leadership, which underscores the importance of leadership in achieving comprehensive development and fostering a sense of citizenship and shared purpose (Liu *et al.*, 2024).

Inclusive leadership also cultivates a healthy workplace by enhancing social capital, characterized by trust, shared understanding, and social cohesion, which are all crucial for fostering a sense of belonging (Xu *et al.*, 2020). The positive effects of inclusive leadership on workplace belongingness are further demonstrated by its capacity to improve psychological ownership and reduce turnover intention, particularly in challenging situations, such as during the COVID-19 pandemic (Zeng *et al.*, 2023).

This leadership approach is essential for advancing diversity, equity, inclusion, and belonging (DEIB) strategies, as it requires understanding diverse perspectives, maintaining engagement, and making evidence-based decisions to enact change (King *et al.*, 2023). The findings align with previous research emphasizing that inclusive leadership positively influences nurses' voice behavior, which is vital for organizational development and effectiveness (Shokry *et al.*, 2024).

The present findings from the path analysis indicate that inclusive leadership was significantly predictor that enhances nurses' sense of belonging at work through both direct and indirect pathways. Specifically, inclusive leadership demonstrates a strong direct positive predictor on workplace belongingness and fosters social responsibility among nurses, which subsequently boosts their sense of belonging. This aligns with findings from various studies emphasizing the importance of inclusive leadership in creating environments where nurses feel valued and connected. Inclusive leadership is shown to improve retention and foster a sense of belonging by promoting authentic leadership, social justice, and team unification (Johnson & Steed, 2023; Traver *et al.*, 2024).

The significant positive predictor and relationship of social responsibility on nurses'

workplace belongingness, aligns with findings across various studies that emphasize the importance of social responsibility in enhancing workplace belongingness. In the same line Park's (2024) research highlights a strong correlation between social responsibility and career preparation behavior among nursing students, suggesting that social responsibility fosters a sense of belonging and professional identity. Similarly, Mohamed (2017) illustrated that supportive workplace culture, which includes social responsibility, enhances nurses' feelings of belonging, motivation, and job satisfaction.

The study results also indicate that inclusive leadership significantly enhances nurses' sense of belonging. This may be due to inclusive leadership fostering a positive organizational climate, which is crucial for promoting belongingness among nurses, as evidenced by a strong correlation between inclusive leadership and sense of belonging in various studies (Zeng *et al.*, 2023; Traver *et al.*, 2024).

Also, Zeng *et al.*, (2023) highlighted that inclusive leadership not only improves psychological ownership but also reduces turnover intention by enhancing nurses' sense of belonging. Similarly, Traver *et al.*, (2024) found that a climate for inclusion is predictive of belongingness, emphasizing the importance of leadership actions that make nurses feel valued and heard.

Furthermore, Elgazar *et al.*, (2025) and Saleh *et al.*, (2024) corroborated that inclusive leadership correlates positively with work engagement and commitment, further reinforcing the notion that such leadership styles are essential for cultivating a supportive work environment that enhances belongingness among nursing staff.

Moreover, in this study the interaction between inclusive leadership and social responsibility significantly enhances workplace belongingness among nurses, as evidenced by a positive predictor relationship. Inclusive leadership fosters a supportive environment that not only encourages nurses' engagement but also strengthens their sense of belonging, particularly in high-pressure contexts like the COVID-19

pandemic (Zeng *et al.*, 2023). This leadership style promotes psychological ownership and reduces turnover intentions, further linking to organizational citizenship behaviors through mechanisms such as organizational justice (Li *et al.*, 2024; Yu *et al.*, 2020). The findings align with Elsaied, (2020) who suggested that as inclusive leadership practices are implemented, they amplify the positive relationship between nurses' social responsibility and their workplace belongingness, ultimately contributing to a more cohesive and motivated nursing workforce.

Conclusion:

Based on findings of the current study, it was concluded that there was a highly positive statistically significant correlation between inclusive leadership, nurses' social responsibility and workplace belongingness. Additionally, inclusive leadership was significant predictor of nurses' social responsibility and workplace belongingness

Recommendations:

Based on findings of the current study, the following are suggested;

1. Creation of specialized leadership programs that highlight competencies such as empathy, active listening, and cultural competency in conjunction with mentoring efforts for ongoing development.

2. Enhancing leadership accessibility via open-door policy and technology-facilitated communication is advocated.

3. Health care organizations should cultivate community outreach initiatives and include ethical objectives in performance assessments to enhance social responsibility.

4. Enhancing workplace belongingness through team-building initiatives, peer support groups, and platforms for nurses' feedback.

5. Future studies should investigate the long-term impacts of inclusive leadership on nurse retention, job satisfaction, and quality of patient care.

Limitations:

This research depends on self-reported data, which may be influenced by social desirability and memory bias. Additionally, external variables such as workload, personnel numbers, and institutional rules were not regulated, possibly influencing the outcomes.

References:

- Abdeen, M., and Mohamed, H. (2023): Effect of Inclusive Leadership on Nurses' Work Engagement at Zagazig University Hospitals. *Zagazig Nursing Journal* (Print), 19(2), 13–25. <https://doi.org/10.21608/znj.2023.303880>.
- Abualruz, H., El-Gazar, H., Al-Ghabeesh, S., Tabar, N., Alshariah, H., and Abozoliman, A. (2022): The Impact of Utilizing Inclusive Leadership on Nurses during Crises: A Multisite Comparative Study. Ferdman, B. M. (2020): *Inclusive Leadership: The Fulcrum of Inclusion* (pp. 3–24). Routledge. <https://doi.org/10.4324/9780429449673-1>
- Ahmad, R., Nawaz, M., Ishaq, M., Khan, M.M., and Ashraf, H. (2020): Social exchange theory: Systematic review and future directions. *Front Psychol.* 2023 Jan 12; 13:1015921. <https://doi.org/10.3389/fpsyg.2022.1015921>.
- Ahmed, F., Zhao, F., and Faraz, N., (2020): How and When Does Inclusive Leadership Curb Psychological Distress During a Crisis? Evidence From the COVID-19 Outbreak. *Frontiers in Psychology*, 11(11), 1898. <https://doi.org/10.3389/fpsyg.2020.01898>
- Ahmed, F., Zhao, F., Faraz, N. and Qin, Y. (2021): "How inclusive leadership paves way for psychological well-being of employees during trauma and crisis: A three-wave longitudinal mediation study," *Journal of Advanced Nursing*, 77 (2): 819–831.
- Allen, K. A., Kern, M. L., & Roze, C. S. (2021): Belonging: A review of conceptual issues, an integrative framework, and directions for future research. *Australian journal of* [tandfonline.com](https://www.tandfonline.com)

- Bannay, D., Hadi, M. and Amanah, A. (2020):** "The impact of inclusive leadership behaviors on innovative workplace behavior with an emphasis on the mediating role of work engagement," *Problems and Perspectives in Management*, 18(3),479–491.
- Beikzad, J., Hoseinpour, A., Hejazi Babil ,M. (2014):** A Survey on the Relationship between responsibility and job satisfaction of nurses working in Teaching Hospitals Affiliated with Tabriz University of Medical Sciences 13(1),53–60.
- Bortini, P., Paci, A., Rise, A., and Rojnik, I. (2018):** Inclusive leadership theoretical frame-work, p. 19. <https://inclusiveleadership.eu/il-theoretical-framework>.
- Buskirk, M. (2020):** Inclusive Leadership, Psychological Empowerment, and Affective Organizational Commitment: A Mediated Model, M.Sc. Thesis, San Jose State University. Master Theses. 5166
- Byrd, M. (2022):** Creating a culture of inclusion and belongingness in remote work environments that sustains meaningful work. *Human Resource Development International*, 25(2), 145–162, <https://doi.org/10.1080/13678868>.
- Blau, G., Goldberg, D., c Kyser, D. (2023):** Organizational belonging – Proposing a new scale and its relationship to demographic, organization, and outcome variables. *Journal of Workplace Behavioral Health*, 38(3), 226–253. <https://doi.org/10.1080/15555240.2023.2178448>
- Canlas A. ., and Williams, M. (2022):** Meeting belongingness needs: an inclusive leadership practitioner's approach," *Advances in Developing Human Resources*, 24(4):225–241.
- Carmeli, A., Reiter-Palmon, R., and Ziv, E. (2010):** Inclusive leadership and employee involvement in creative tasks in the workplace: The mediating role of psychological safety. *Creat. Res. J.*, 22, 250–260.
- Chang, W. Y. & Lee, Y. H. (2022):** A Model to Explore how Communal Traits Affects Stay Intent Amongst Taiwanese Nurses. ncbi.nlm.nih.gov.
- Chernyak-Hai, L., Rabenu, E. (2018):** The new era workplace relationships: is social exchange theory still relevant? *Ind Organ Psychol.*;11(3),456e81.<https://doi.org/10.1017/iop.2018.5>.
- Choi, S., Tran, T. and Kang, S. (2017):** "Inclusive Leadership and Employee Well-Being: The Mediating Role of Person-JobFit," *Journal of Happiness Studies*, 18(6), 1877–1901.
- Cohen, R. (2022):** The Relationships between Dimensions of Inclusive Leadership and Aspects of Employee Engagement: Crucial Connections for Organizational Success, Ph.D. Dissertation, Antioch University244p.
- Cooper-Thomas, H., andMorrison, R. (2018):** Give and take: needed updates to social exchange theory. *Ind Organ Psychol.*;11(3):493e8. <https://doi.org/10.1017/iop.2018.101>.
- Correa, CT Bacon .(2019):** The effect of leadership interventions on staff Nurse job enjoyment and Leadership Perception JONA: The Journal of Nursing Administration 49 (4), 215-220.
- Davis, S., Jester, M., Yoder, C. M., Kaylor, S., Tapp, J., Finn-Romero, D., ... & Ferraro, A. (2024).** Introducing the “Nursing Education Integrating Social Change for Health Equity (NISCHÉ)” framework for nursing education. *Nursing outlook*, 72(5), 102263.
- Deng, Y.; Cherian, J.; Ahmad, N.; Scholz, M.,and Samad, S. (2022):** Conceptualizing the Role of Target-Specific Environmental Transformational Leadership between Corporate Social Responsibility and Pro-Environmental Behaviors of Hospital Employees. *Int. J Environ. Res. Public Health*, 19, 3565.
- Dwertmann, D. ,and van Dijk, H. (2020):** A leader's guide to fostering inclusion by creating a positive diversity climate. In

- Inclusive Leadership, Routledge,, (pp. 149-161)
- Elgazar, H. A. E. A., Abd El Rahman, R. M., and Elksas, E. (2025).** The Relationship between Head Nurses' Inclusive Leadership and Nurses' Work Engagement. Deleted Journal, 16(1), 156–174. <https://doi.org/10.21608/ejhc.2025.405524>.
- Elsaied, M.M. (2020).** A moderated mediation model for the relationship between inclusive leadership and job embeddedness. *American Journal of Business*, 35, 191–210. <https://doi.org/10.1108/AJB-06-2019-0035>.
- Emiralioglu, R., and Sonmez, B. (2021):** The relationship of nursing work environment and innovation support with nurses' innovative behaviours and outputs. *J Nurs Manag.* 2021;29(7):213–241. <https://doi.org/10.1111/jonm.13354>
- Fang, Y. (2023):** Does inclusive leadership affect the organizational socialization of newcomers from diverse backgrounds? The mediating role of psychological capital. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1138101>.
- Ferdman, B. (2020):** Inclusive Leadership: The Fulcrum of Inclusion (3–24). Routledge. <https://doi.org/10.4324/9780429449673-1>
- Herbert, C. (2020):** Belonging: the new top driver of employee engagement in 2021", available:<https://www.qualtrics.com/blog/belonging-at-work/> (accessed 18 june2025)
- James, (2023):** The importance of belonging and recognition, "Communication for Constructive Workplace Conflict, vol. 109b, 2023.
- Javed, B., Fatima, T., Khan, A., and Bashir, S. (2021):** Impact of Inclusive Leadership on Innovative Work Behavior: The Role of Creative Self-Efficacy," *Journal of Creative Behavior*, 55(3), 769–782.
- Jazi, Z., Peyrovi, H., and Zareian, A. (2019):** Nurse's social responsibility: A hybrid concept analysis in Iran. *Medical journal of the Islamic Republic of Iran.*; 33:44.
- Jena, L., and Pradhan, S. (2018):** "Conceptualizing and validating workplace belonging nessscale," *Journal of Organizational Change Management*, 31 (2) pp. 451-462.
- Jin, M., Lee, J., and Lee, M. (2017):** "Does leadership matter in diversity management? Assessing the relative impact of diversity policy and inclusive leadership in the public sector", *Leadership and Organization Development Journal*, 38 (2) 303–319.
- Johnson, R., and Steed, J. (2023).** Inclusion and Belonging at the Bedside and Beyond. *American Journal of Nursing*, 123(6), 15–16. <https://doi.org/10.1097/01.NAJ.0000938704.72146.cb>.
- Katsaros, K., Tsirikas, A., and Kosta, G. (2020):** "The impact of leadership on firm financial performance: the mediating role of employees' readiness to change," *Leadership and Organization Development Journal*, 41(3), 333–347.
- King, S., Roberts-Turner, R., and Floyd, T. T. (2023):** Inclusive Leadership: A Framework to Advance Diversity, Equity, Inclusion, and Cultivate Belonging. *Nurse Leader. Nurse Leader*, 22(2), 132–139. <https://doi.org/10.1016/j.mnl.2023.11.006>.
- Korkmaz, A., van Engen, M., Knappert, L. and Schalk, R. (2022):** "About and beyond leading uniqueness and belongingness: A systematic review of inclusive leadership research," *Human Resource Management Review*, 32(4), 1899 <https://doi.org/10.1016/j.hrmr.2022.100894>.
- Lee, S., and Dahinten, V. (2021):** Psychological Safety as a Mediator of the Relationship Between Inclusive Leadership and Nurse Voice Behaviors and Error Reporting. *Journal of Nursing Scholarship*, 53(6), 737–745. <https://doi.org/10.1111/JNU.12689>.
- Lee, S., and Seo, J. (2024):** Effects of nurse managers' inclusive leadership on nurses' psychological safety and innovative work behavior: The moderating role of

- collectivism. *Journal of Nursing* 56(4), 554–562. <https://doi.org/10.1111/jnu.12965> Scholarship. <https://doi.org/10.1111/jnu.12965>.
- Lee, J., & Shin, H. (2024).** Effects of Inclusive Leadership on the Diversity Climate and Change-Oriented Organizational Citizenship Behavior. *Behavioral sciences* (Basel, Switzerland), 14(6), 491. <https://doi.org/10.3390/bs14060491>
- Li, A. (2021):** Inclusive Leadership Questionnaire: The Design and Validation of a Theory-based Instrument, Ph.D.Dissertation, Columbia University.
- Li, Z., Chen, K., Meng, Q., Meng, Z., Zhao, Y., and Li, D. (2024).** Challenge-Oriented Organizational Citizenship Behaviors among Nurses: The Influence of Perceived Inclusive Leadership and Organizational Justice in High-Intensity Work Environment. *Journal of Nursing Management*. <https://doi.org/10.1155/2024/3032694>.
- Liu, H., Han, H., Hsu, D., Han, C., Huang, D., Chen, H., Li, Y., Lin, C., and Chao, C. (2024):** Socially responsible leadership as perceived by nursing students and non-nursing students in Taiwan. 8(2):E174, 16 <https://doi.org/10.21203/rs.3.rs-5380511/v1>
- Liu, Y., Zhu, W. and Zhao, S.. (2016):** "Research on the influence of inclusive leadership relationship of employment relationship and employees' active behavior", *Management Representative*, .. 10 (1) , 1482-1489
- Merlini, K., Moon, N. ., McKenzie-James, A., Caylor, J., Redmond, A., Nguyen, D., and Richardson, P. (2024):** An Unmet goal? A Scale Development and Model test of the role of Inclusive Leadership. *Journal of Business and Psychology* 40 (2), 333–357. <https://doi.org/10.1007/s10869-024-09955-6>.
- Mellinger, C., Fritzson, A., Park, B., & Dimidjian, S. (2024).** Developing the sense of belonging scale and understanding its relationship to loneliness, need to belong, and general well-being outcomes. *Journal of Personality assessment*, 106(3), 347-360. <https://doi.org/10.1037/0022-006X.106.3.347> researchgate.net
- Mohamed, Z. (2017).** Belongingness: Malaysian nurses' experiences in the clinical workplace. <https://doi.org/10.4225/03/58B50077BF954>.
- Nembhard, I., and Edmondson, A. (2006):** Making it safe: The effects of leader inclusiveness and professional status on health care teams' psychological safety and improvement efforts. *Journal of Organizational Behavior*; 27(7): 941–966. doi: 10.1002/job.413
- Park, M (2024):** The Effect of Social Responsibility and Career Resilience on Career Preparation Behavior among Nursing Students. *Korean Association For Learner-Centered Curriculum And Instruction*, 24(22), 1095–1106. <https://doi.org/10.22251/jlcci.2024.24.22.1095>.
- Pressley, C & Garside, J (2023):** Safeguarding the retention of nurses: A systematic review on determinants of nurse's intentions to stay. *Nursing open*, 10(5): 2842-2858. doi: 10.1002/nop2.1588 University of Huddersfield, Queensgate, Huddersfield HD1 3HD, UK.
- Qi, L., Liu, B., Wei, X. and Hu, Y. (2019):** "Impact of inclusive leadership on employee innovative behavior: perceived organizational support as a mediator," *PLoS ONE*, 14 (2), 1-14
- Randel, A. E., Galvin, B. M., Shore, L. M., Ehrhart, K.H., Chung, B. G., Dean, M. A., & Kedharnath, U. (2018):** Inclusive leadership: Realizing positive outcomes through belongingness and being valued for uniqueness. *Human Resource Management Review*, 28(2), 190-203.
- Roberson, Q., and Roberson, Q.(2006):** Disentangling the meanings of diversity and inclusion in organizations *Group & Organization Management*, (31), 212-236.
- Rodríguez-Pérez, M., Mena-Navarro, F., Domínguez-Pichardo, A., & Teresa-Morales, C. (2022):** Current Social Perception of and Value Attached to Nursing Professionals' Competences: An Integrative Review. *International Journal of Environmental*

- Research and Public Health, 19(3):1817. <https://doi.org/10.3390/ijerph19031817>
- Saleh, M., Abd-Elhamid, Z., Aldhafeeri, N., Dailah, H., Alenezi, A., Zoromba, M., and Elsabahy, H. (2024):** Appreciative leadership, workplace belongingness, and affective commitment of nurses: the mediating role of job crafting. *Journal of Nursing Management*, 2024(1). <https://doi.org/10.1155/2024/2311882>
- Shokry, W., Safia, S., and Elsayah, E. (2024):** Inclusive Leadership and Cultural Intelligence as an Approach for Fostering Nurses' Voice Behavior. *Deleted Journal*, 34(3), <https://doi.org/10.21608/tsnj.2024.375868>.
- Taie, E., and Zoromba, M. (2022):** The COVID-19 Pandemic Highlights the Importance of Inclusive Leadership in Egyptian Hospitals to Improve Nurses' Psychological Distress. *Psych*, 4(3), 537–548. <https://doi.org/10.3390/psych4030041>.
- Traver, J., Yeaman, S., Arenas, C., Daugherty, J., and Davidson, J. (2024):** Organizational Climate for Inclusion Among Nurses: A Mixed-Methods Analysis. *Journal of Nursing Administration*, 54(5), 292–298. <https://doi.org/10.1097/nnal.1426>.
- Wang, T., Qin, H., Zhang, Z., and Qin, Y. (2024):** The moderating effect of perceived organizational support on presenteeism related to inclusive leadership. *BMC Nurs.*; 23(1), 139. <https://doi.org/10.1186/s12912-024-01816-0>.
- Xu, J., Kunaviktikul, W., Akkadechanunt, T., Nantsupawat, A., and Stark, A. (2020):** A contemporary understanding of nurses' workplace social capital: A response to the rapid changes in the nursing workforce. *Journal of Nursing Management*, 28(2), 247–258. <https://doi.org/10.1111/JONM.12914>.
- Yang, Z., Huang, H., and Li, G. (2024):** Status and influencing factors of work stress among nurse managers in western China: a cross-sectional survey study. *BMC Nurs*, 23(1), 68. <https://doi.org/10.1186/s12912-024-01731-4>.
- Yıldırım, N., Aydoğan, A., and Bulut, M. (2021):** A qualitative study on the experiences of the first nurses assigned to COVID-19 units in Turkey. *Journal of nursing management*, 29(6):1366-1374.
- Yu, S., Rhyoo, J., and Cha, J. (2020):** The effect of inclusive leadership on affective commitment and organizational citizenship behavior: Moderated mediation effect of group size. *Hotel Gyeong' yeonhag Yeon'gu*, 29(7): 17–35. <https://doi.org/10.24992/kjht.2020.10.29.07.17>.
- Zacccone, M., and Pedrini, M. (2024):** cultivating inclusive leadership: a catalyst for enhanced organizational citizenship, <<CORPORATE GOVERNANCE>>, 2024; ahead-of-print (ahead-of-print): 1-20. [doi:10.1108/CG-01-2024-0065] [<https://hdl.handle.net/10807/297283>]
- Zanchetta, M., Edwards, S., Salami, B., Osino, E., Yu, L., and Babalola, O. (2016):** Partnership, trust, and leadership among nursing researchers. *Nurs Leadersh Tor Ont* 29(2):82–97. <https://doi.org/10.12927/cjnl.2016.24804>
- Zeng, D., Wang, B., and Chen, W. (2023):** Inclusive leadership can improve nurses' psychological ownership and reduce their turnover intention under the normalization of COVID-19 prevention. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.1100172>.
- Zhao, F., Ahmed, F., and Faraz, N. (2020):** "Caring for the caregiver during COVID-19 outbreak: Does inclusive leadership improve psychological safety and curb psychological distress? A cross-sectional study", *International Journal of Nursing Studies*, 1(110)103725. doi: 10.1016/j.ijnurstu.2020.103725 110.

