Relation between Arrogant Nursing Supervision and Work Effectiveness from Nurses' Prospective

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Abstract

Background: Arrogant nursing supervisor affect negatively on work effectiveness, they can lead to lower access to information, support, opportunity and resources. The Study **Aim:** was to assess the relation between arrogant nursing supervision and nurses' work effectiveness. **Method: Design:** A descriptive correlation research study design was used in this study. **Setting:** It was conducted in all departments at Tanta University Main Hospital. **Subject:** A convenience sample of nurses n=911 who were working in the previous setting **Tools:** Two tools were used to collect data Arrogant Nursing Supervision and Conditions for Work Effectiveness Structured Questionnaire. **Results:** 72.8% of nurses perceived a low level of total work effectiveness, 23.6% of nurses perceived a moderate level of personal traits dimension of arrogant supervision and 28.9% of nurses perceived a high level of relation with other dimension of arrogant supervision. 71.8%, 68.5%, 65.1% and 55.7% of nurses had a low level of access to information, support, opportunity and resources respectively. **Conclusion**: There was a statistically significant negative correlation between nurses' perception of arrogant nursing supervision and nurses' work effectiveness. **Recommendation**: it was recommended that **hospital administrators need to e**nsure open channels of communication between nursing supervisors and nurses to provide transparent flow of information, also nursing supervisors need to appreciate and recognize nurses' positive contributions.

Keywords: Arrogant Supervision, Nursing**,** work effectiveness

Introduction

The relationship between nursing supervision and the effectiveness of nurses' work is a critical aspect of healthcare management. A positive work environment is essential to ensure the delivery of high-quality patient care. However, an arrogant nursing supervisor can create a hostile work environment, leading to negative consequences for the nursing staff and the quality of patient care. [1]

Nursing supervision involves overseeing the work of nursing staff and ensuring that they meet the standards of patient care. However, when the supervisor displays arrogant behavior, it can negatively impact the morale of the nursing staff, leading to a decrease in work effectiveness. [2]

The relationship between nurses and supervisor may contribute to eliminate intention to leave workplace by nurses. Supervisor-nurse relationship and cooperative communication are positively related to team effectiveness. The supervisor is responsible for

maintaining close relationships with only a few subordinates due to time-pressure and lack of resources. [3]

Arrogance is defined as that species of pride which consists in exorbitant claims of rank, dignity, estimation of power or which exalts the worth or importance of the nurse to an undue degree. Arrogant behavior can be an especially challenging problem to deal with due to the fact that arrogant individuals consider own behavior acceptable and thus do not monitor own actions when interacting with others. [4,5]

A good supervisor avoids overconfidence and is prepared to admit personal fallibility while having confidence in team as a unit and ability to lead well. A bad and arrogant supervisor fears for job, is desperate to impress, and is not a team player. The arrogant supervisor usually act as if were better than the others and yearns to be admired and respected for special qualities and/or great achievements. [6-7]

Most nurses can tolerate subtle arrogance, especially if directed at everyone. People often learn to adapt, accept as one of the unfavorable aspects of job and keep going. Recognizing subtle arrogance in others and depersonalizing makes it tolerable. [8]

Arrogance supervision as the **personality trait** whereby a person has an obnoxiously elevated sense of self-worth. An arrogant supervisor is the one who acts more worthy, and more important than others. Therefore, tend to disrespect and put subordinates down. At the same time, want admiration and respect from others. Want to be appreciated for the great things have

done and for special qualities and abilities. [9]

Arrogant nursing supervisors characterized by tendency to engage in aversive interpersonal behaviors. Workplace arrogance is therefore likely to have a stronger impact on nurses outcomes compared to narcissism. Arrogant leadership may manifest itself in a variety of behaviors completely independent of abusive supervision. [10]**As a relation with others**, Caring too much about what others think, while natural to care about what others think, for an arrogant person it's a matter of life and death, may do irrational things to impress others, often seeming desperate. Arrogant supervisor may go to any extent to be in the good books of people consider above selves. Getting ignored or disapproved by subordinates may amount to humiliation. [11-12]

Work effectiveness is usually interpreted as the success achieved by an organization in efforts to achieve predetermined goals. The effectiveness is the achievement of goals set by cooperative effort. Clearly, if the target or goal has been achieved as is planned before, is called effective. Thus, if the target or goal is not completed within the allotted time, the work is not effective. [13-14]

The success and failure of the hospital to achieve intended goals depends on the ability of nurses to carry out duties and responsibilities for the assigned tasks. If the work results are in accordance with what has been determined, the situation can be said to be effective. Effectiveness is a successful work to achieve predetermined goals, because the word

"effective" is a state of success in achieving targets or goals that are really useful. [15]

Effectiveness is not based on how much costs to achieve goals, but on the success of an overall goal, because the hospital can be said to be effective if the organization can achieve goals properly. Effectiveness becomes one of the measurement standards in the hospital covering all areas of activity with individual capabilities within the hospital. Work effectiveness is the extent to which the hospital achieves the various goals and objectives that have been set, where the setting of goals and objectives reflects the strategic constituencies, subjective interest of assessors, and the stage of hospital growth. [16]

Staff nurses are empowered to achieve hospital goals and work effectiveness if their work environments are structural in ways that provide access to information, support and resources as well as opportunities to learn and grow. They are considered as job related empowerment factors. Empowerment is an active participatory process through which individuals and organizations gain greater control, efficacy and social justice Critical structural components of an empowered workplace can contribute to a healthy productive, and innovative nursing workforce that increase perceived work effectiveness. Structural empowerment is the presence of social structures in the workplace that enable employees to accomplish their work in meaningful ways. [17]

Power is derived not from an individual's characteristics and motives, but entirely from the structural conditions in the work environment. Job empowerment model by four structural factors such as: access to information, support, resources, and opportunity in the work setting that are posited to have a major influence on employee's ability to get work done. [18] **Access to Information**, refers to the data, technical knowledge, and expertise required to function effectively in staff nurse' position. Information is defined as knowledge about goals, plans, decisions, and policies of the hospital. [19]

Access to Support may be in forms as the feedback and guidance received from superiors, peers, and subordinates. Support is acknowledgment of achievements, authorization, legitimacy, approval, advice, and problem solving of the work. Also, material and psychosocial are the main categories of support. Material support as money, equipment, supplies and the physical environment where psychosocial support as advice from the manager or supervisor. [20]**Access to resources** refers to the ability to make influence in the hospital to bring in needed materials. Resources may be in the form of equipment, financial resources , supplies necessary for the job, Time available to accomplish job requirements, temporary help when needed Influence decisions about obtaining unit human resources, Influencing decisions about obtaining unit supplies. [21] **Access to opportunities** It refer to the chances to increase competencies of individuals, give them recognition and rewards, provide possibilities of their growth and

advancement in their positions and to participate on committees, task forces and interdepartmental work groups Managers at all levels in an organization's hierarchy due to societal change, scientific advancement and specialization are responsible for developing, upgrading nurse's knowledge, skills and attitudes to improve effectiveness and productivity of the organization. [22]

Arrogant nursing supervisor can be lead to a lot of nurse and hospital problems. They make interactions between nurses so difficult, make an uncomfortable and potentially stressful work environment for others, and have poor performance ratings. It is important for healthcare organizations to be aware of such behaviors and take steps to reduce these behaviors to reach common gales and enhance work and work effectiveness. [23]

Significance of the study

Arrogant supervision can be a destructive force within any hospital. With power over their nurses' work assignments, promotion opportunities and performance reviews, arrogant supervisors put subordinates in a helpless position. They do not mentor junior colleagues nor do they motivate a team to benefit the hospital as a whole, contributing to a negative social workplace effectiveness. [24]

Aim of the Study

This study aimed to assess the relation of arrogant nursing supervision and nurses' work effectiveness.

Research Questions
- What are the levels of nurses' perception of arrogant nursing supervision and work effectiveness?
- What is the relation between arrogant nursing supervision and nurses work effectiveness?

Subjects and Method

Study design

Descriptive correlation research design was utilized in this study.

Study setting

The study was conducted in all departments at Tanta University Main Hospital.

Subjects

The subject of this study will include a convenient sample of all nurses (N=911) working in the previously mentioned setting and distributed in the following units obstetric (165), cardiac (229), neurological and mental (163), plastic surgery (32), pediatric surgery (43), tropical (48), physiotherapy (10), dermatology (13), oncology (208) units.

Tool

Tool I: Arrogant nursing supervision structured questionnaire. This tool was developed by the investigator guided by Shyamsunder et al., (2007) [14] and other by recent related literature [25, 24]. It consisted of two parts as follow;

Part I: nurses' data age, gender, marital status, unit name, education level, years of experience. **Part II:** Arrogant Nursing Supervision Structured Questionnaire. It was used to assess nurses' perception of their supervisors' level of arrogance.[26] This tool consisted of 26 items divided into two subscales as follow:

− Personal traits included 5 items.
− Relation with others included 21 items.

Scoring system

Nurses' responses were measured on a three points Likert Scale ranging from 1= disagree, 2=neutral and 3= agree. The total score was calculated by cutoff point and summing scores of all categories. The total scores represent varying levels as follows:

- High level of arrogant supervision >75%
- Moderate level of arrogant supervision 60-75%
- Low level of arrogant supervision<60%

Tool II: Condition for work effectiveness questionnaire: this tool developed by the investigator guided by laschinger (2004) [27] and modified by recent literature.[28-29] It was used to assess level of nurse work effectiveness and classified into four subscales as follow;

-Opportunity as challenging work environment in hospital

-Information as specific information about thing do well

-Support as the current state of hospital

-Resources as having supplies necessary for the job

Scoring system

Nurses' responses were measured on a three points Likert scale ranging from 1= never, 2=sometimes and 3= always. The total score will be calculated by cutoff point and summing scores of all categories. The total scores represented varying levels as follows:

- High work effectiveness>75%
- Moderate work effectiveness60-75%
- Low work effectiveness<60%

Method

-Official permission to conduct the study was obtained from administrator of Tanta Main University Hospitals and was submitted to the responsible authorities of the selected units.

-Ethical and legal consideration

Approval of The Scientific Research Ethical Committee Faculty of Nursing-Tanta University was obtained.

Nature of the study was not cause any harm or pain to the nurses. Nurses consent to participate in the study was obtained after informed them about the privacy of information obtained from them, nature of the study, their right to withdraw. Confidentiality and privacy was taken into consideration regarding data collection. A code number was used instead of names.

Tools I and II was translated to Arabic and modified by the investigator and presented to a jury of five experts in the area of specialty to check their content validity.

The experts were three professors, one assist professor, and one lecturer of Nursing Administration from the Faculty of Nursing Tanta University.

Face validity for tool (I) and (II) was 100%.

A pilot study was carried out on 10% of the subject (91) to test the clarity, reliability of tools, identify obstacles and problems that may be encountered during data collection and modification was done. Time estimation for tool (I) and (II) were twenty minutes.

Reliability of tools was tested using Cronbach's Alpha coefficient factor, its value for tool I was (0.898) and for tool II was (0.923).

Data was collected by the investigator who distributed the questionnaires on nurses individually at their work setting in a small group of five nurses during their work shifts morning and afternoon. The questionnaires were completed at the presence of the investigator.

-Data was collected within six months from January to June 2022.

Statistical analysis of the data

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0**.** (Armonk, NY: IBM Corp**)** Qualitative data were described using number and percent.

Results

Table (1): Nurses' Personal data. The table shows that around half (47.1%) of nurses fall in the age group between 20 to less than 30 years old while less than one fifth (16.6%) of nurses fall in the age group more than or equal 40 years old with mean age 31.56 ±6.81. The majority (93.2%) of nurses were female and also the majority of them were married (83.0%). Regarding nurses' work units, the highest percentage (28.9%) of nurses were working in neuropsychiatric unit followed by (22.7%) of nurses working in oncology unit while only (1.1%) were working in physiotherapy unit.

About their educational qualification more than two fifths (43.9%) of nurses had Associate Degree in Nursing, and around one third (29.3%) had Bachelor degree in Nursing sciences, according to years of experience in nursing profession around two thirds (64%) of nurses had less than 10 years while only 2.4% had ≥30 years of experience with Mean 8.91 ± 7.04 years of experience.

Figure (1):. Nurses' perception of total levels of arrogant nursing supervision. The figure shows more that than half (53.5%) of nurses had a low level of total perception of arrogance supervision. More than half (62.2% and 52.8%) of nurses had low level of perceived personal trait and relation with other dimensions of arrogant supervision respectively. Around one quarter (23.6%) of nurses perceived a moderate level of personal traits dimension of arrogant supervision and more than quarter (28.9%) of nurses perceived a high level of relation with other dimension of arrogant supervision.

Figure (2): Nurses' total levels of conditions for work effectiveness**.** Shows that a high percentage (72.8%) of nurses perceived a low level of total work effectiveness. More than half (71.8%, 68.5%, 65.1% and 55.7%) of nurses had low levels of access to information, support, opportunity and resources respectively.

Around one third (32.4%) of nurses had moderate level of access to resources and around one fifth (20.7%, 20.2% and17.7%) of nurses had moderate access to information, support and opportunity respectively.

Table (2): Correlation between arrogant nursing supervision and work effectiveness the table show that there was astatically significant negative correlation between total arrogant nursing supervision and their work effectiveness at P value (< -0.001[*]).

Table (1): Nurses' Personal data (n = 911)

| Nurses' data	No.	%
Age		
20-<30	429	47.1
30-<40	331	36.3
≥40	151	16.6
Min. – Max.	20.0 – 53.0	
Mean ± SD.	31.56 ± 6.81	
Median	30.0	
Gender		
Male	62	6.8
Female	849	93.2
Marital status		
Married	756	83.0
Un married	155	17.0
Work unit		
Obstetric	166	18.2
Cardiac	129	14.2
Neuropsychiatric	263	28.9
Plastic surgery	40	4.4
Pediatric surgery unit	34	3.7
Tropical unit	48	5.3
Physiotherapy unit	10	1.1
Dermatology Unit	14	1.5
Oncology unit	207	22.7
Level of Nursing Education		
Bachelor science	267	29.3
Associate degree	400	43.9
Diploma degree	244	26.8
Years of experience		
<10	583	64.0
10-<20	227	24.9
20-<30	79	8.7
≥30	22	2.4
Min. – Max.	1.0 – 33.0	
Mean ± SD.	8.91 ± 7.04	
Median	7.0	

SD: **Standard deviation**
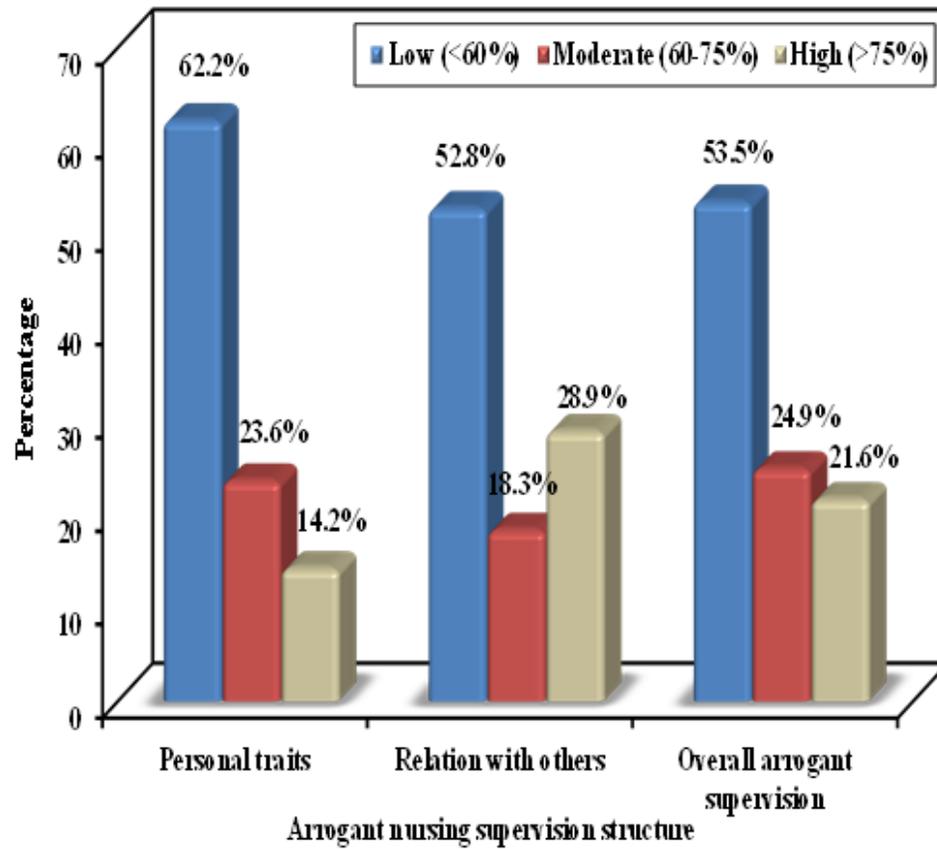
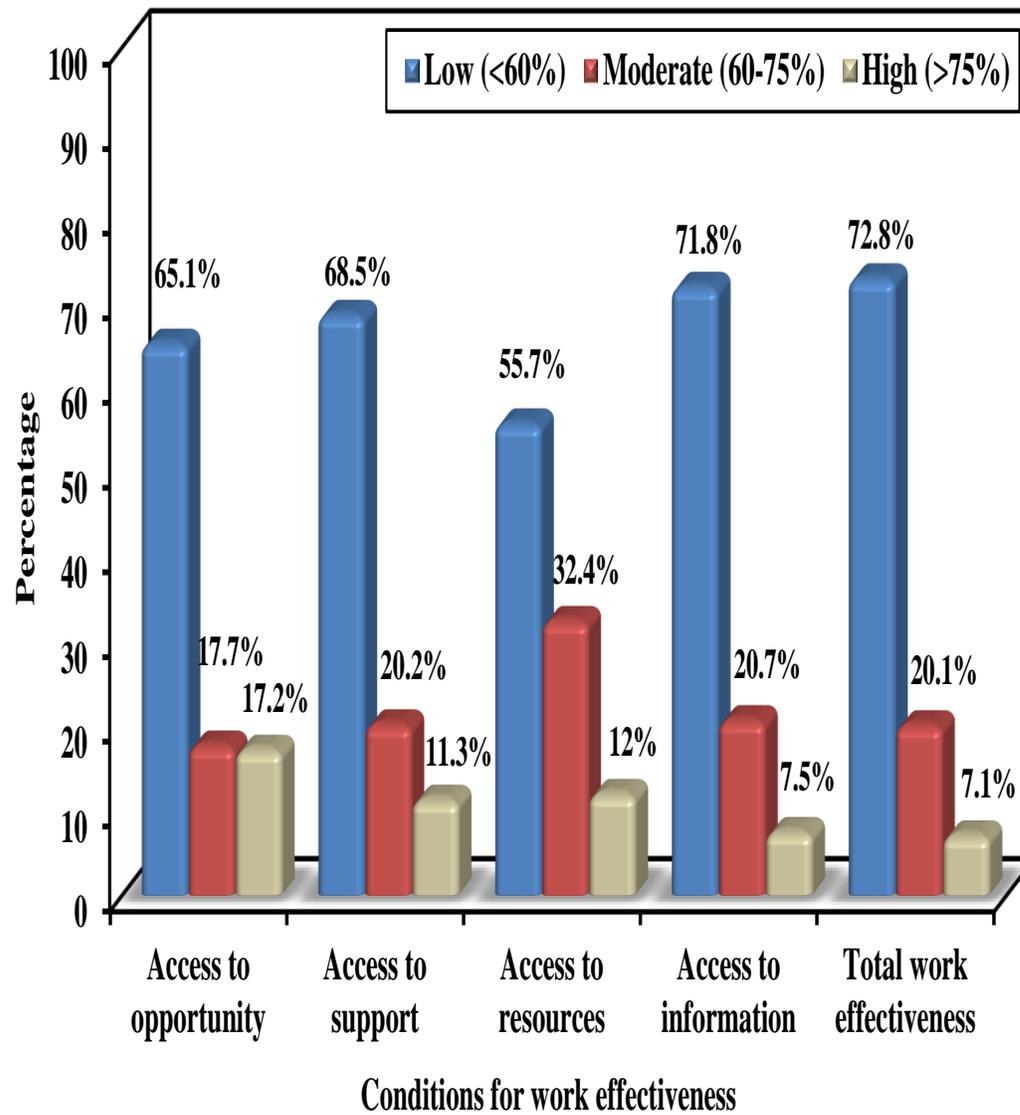**Figure (1):   Nurses' perception of total levels of arrogant nursing supervision.**

Figure (2):   **Nurses' total levels work effectiveness (n = 911)**

Table (2):   Correlation between arrogant nursing supervision and work effectiveness (n = 911)

Work effectiveness		Arrogant nursing supervision		
		Personal traits	Relation with others	Total
Access to opportunity	r_s	0.015	-0.237[*]	-0.213[*]
	P	0.644	<0.001[*]	<0.001[*]
Access to support	r_s	-0.088[*]	-0.415[*]	-0.396[*]
	P	0.008[*]	<0.001[*]	<0.001[*]
Access to resources	r_s	-0.087[*]	-0.415[*]	-0.396[*]
	P	0.008[*]	<0.001[*]	<0.001[*]
Access to information	r_s	-0.193[*]	-0.437[*]	-0.438[*]
	P	<0.001[*]	<0.001[*]	<0.001[*]
Overall	r_s	-0.119[*]	-0.485[*]	-0.467[*]
	p	<0.001[*]	<0.001[*]	<0.001[*]

r: Pearson coefficient
*: Statistically significant at $p \leq 0.05$

Discussion

Nursing supervisors' behaviors have a profound impact on a wide range of outcomes for subordinate nurses, including their feedback-seeking behavior, burnout, morale, job satisfaction, commitment to their hospital and overall work effectiveness. Workplace arrogance can be a serious problem. Arrogant nurse supervisors are poor performers who negatively impact social exchange in the workplace. They make little effort to engage in nurses'

behaviors and discount feedback that would otherwise help improve nurses' performance. [30,31]

Around half of nurses perceived moderate and low levels of of arrogant supervision. This can be justified as around one quarter of them had a moderate level regarding personal trait dimension and more than quarter of them perceived a high level regarding relation with other dimension of arrogant supervision. Moreover this may be

related to some supervisor have sense of superiority that can lead to a feeling of entitlement and disregard for the feelings or rights of nurses. They may also feel that they are above the rules, dominant and nurses have to follow their orders, as they know better them every one in any situation. This result was supported by **Durrah et al. (2021)[32] ;Low et al. (2021) [33]; Sarwar et al. (2020) [34]**, they found that the studied subject perceived that they experienced a moderate level of arrogance from their supervisors. This result disagreed with **Sim and Ling (2020)[35]; Orunbon et al., (2021) [36]** they reported that staff nurses had low level of arrogance leadership. This result showed that around one quarter of nurses perceived a moderate level of supervisors' arrogance regarding personal trait dimensions of arrogant supervision.

Our study results revealed that around quarter of nurses had moderate level of perception regarding total personal trait dimension of arrogant nursing supervision. This can be justified as some nurses' supervisors take themselves too seriously and take decision without nurses' input.

Our study result supported by **Toscano et al. (2018)[37]; Peltokorpi et al. (2017)[38]** reported that the study subjects perceived a moderate level about personal trait dimensions of arrogant supervision. This result was contradicted with **Alan and Baykal (2012)[39]** who found that the study subjects perceived a low levels about personal trait dimensions of arrogant supervision.

The present study result was showed that more than quarter of nurses perceived a high level regarding total relation with other dimension of arrogant supervision. This can be due to the nurse supervisor didn't find it

necessary to explain their decisions and they discredit nurse's ideas during meetings to make the staff nurses look bad.

Our study result was supported by **Kumar et al. (2023) [40]; Johnson et al., (2010)[41]** reported that their study subjects perceived a high level regarding relation with other dimension of arrogant supervision.

The current study results reflected a high percentage of the studied nurses had a low level of total work effectiveness. This can be justified as more than half of nurses had low access to information, support, opportunity and resources .This may be due to some nurse supervisors didn't share their knowledge, skills and ideas with nurses, there is lack of opportunity for nurses to learn and grow.

This result was congruent with **Zohaib et al. (2022)[42]; Borden et al.(2018)[31] Panares et al.(2013)[43];** they found that study subjects had a low level of total work effectiveness .This result disagreed with **Cardoso et al. (2021) [44]; Moura et al. (2020)[45]; Lashinger et al. (2017)[46]** they found that the study subjects had a high level of total work effectiveness.

Our study result showed that more than half of nurses had low levels of access to information, support, opportunity and resources. This may be due to lack of communication skills of some supervisors, and lack in their abilities to recognize and provide the required support and resources for their staff nurses to accomplish their work tasks. This result was congruent with **Ullah et al. (2022) [47]; Roji and Jooste (2020)[48]; Lashinger et al. (2020) [49]; Ali (2018)[50]** they found that the staff nurses had a low access to information, support, opportunity and resources. This result disagreed with **Mota (2015)[51]; Kassem**

and Gaber (2015)[52]; Cummings et al. (2014)[53] they found that the staff nurses had access to information, support, opportunity and resources.

Regarding correlation between arrogant nursing supervision and work effectiveness, the results of the current study revealed that there was a statically significant negative correlation between the nurses' total perception of their supervisions' arrogance and their work effectiveness. This can be interpreted as perception of total work effectiveness can be influenced by their supervisors' behaviors and leadership styles. Arrogant supervisors are more likely to be involved in counterproductive work behaviors. Also, they can limit nurses access to information and opportunity to develop. Moreover arrogant supervisor are not supportive for their staff and disregard nurses concern about availability of resources. Arrogant supervisors' behaviors are associated with an array of nurses and hospital problems including damage organizational productivity and affect work effectiveness (Griffin et al., 2022).[54]

This finding was supported by **Tamzini and Ayed (2018)** [55]; **Herbin (2018)** [56]; **Johnson et al. (2010)**[57] whose study revealed that there was a high significant negative correlation between arrogant supervision and work effectiveness. Conversely **La and Luu (2018)**[58] stated that exposure to leader arrogant supervisor can lead to significant changes in terms of how an organization functions internally, as manifest in its subject' attitudinal and behavioral responses and work effectiveness.

Recommendations
Hospital administrator
- Ensure open channels of communication between nursing supervisors and nurses to provide transparent flow of information.
- Orient nurses about hospital policies, goals and value.

Faculty
- Include arrogance in nursing curriculum.
- Training program about arrogant supervision for nursing.
- Early detection of signs of arrogant supervision and how hospital administration early detect arrogant supervision and deal with them.

Nurse supervisor
- Appreciates and recognize nurses' positive contributions.
- Welcome contractive feedback from all nurses.
- Share decisions, ideas, skills and knowledge with nurses.
- Provide feedback in a positive immediate and private manner

References

1. Adams A M., Chamberlain D., Giles T M."The perceived and experienced role of the nurse unit manager in supporting the wellbeing of intensive care unit nurses: An integrative literature review." Australian Critical Care 32, no. 4 2019: 319-329.

2. Dillon R S. "Old-Fashioned Vices in Contemporary." Oxford Studies in Normative Ethics Volume 12, 2022: 10.

3. Edwardson C L., Yates T, Stuart JH , Melanie J. Davies, David W. Dunstan, Dale W. Esliger, Laura J. Gray et al. "Effectiveness of the Stand More AT (SMART) Work intervention: cluster

randomized controlled trial." British Medical Journal, 363 2018.

4. Guo L., Ryan B., Leditschke I A., Haines K J., Cook K., Eriksson L., ... & Ramanan M. Impact of unacceptable behaviour between healthcare workers on clinical performance and patient outcomes: a systematic review. British Medical Journal, quality & safety, 31(9). 2022: 679-687.

5. Andersson A, Graneheim U H, and Nilsson M S. "Newly-graduated nurses' work-integrated learning: A qualitative study from an educational and occupational perspective." Nurse education in practice 59 2022: 103290.

6. Ssemugenyi F. "Auxiliaries and Supervisors at War: The Spillover Effect of Supervisor-Subordinate Aggression on University Staff Productivity." International Journal of Business Strategy and Social Sciences 5, no. 2 (2022): 34-50.

7. Tanesini A. "Ignorance, arrogance, and privilege: Vice epistemology and the epistemology of ignorance." In Vice Epistemology. 2020: 53-68

8. Shah D. "Arrogance in countertransference."In Arrogance, pp. 115-129.

9. Cowan N, Eryn J. Adams S B, Corcoran M, Decker R, Ciera E. Dockter A T. Eubank et al. "Foundations of arrogance: A broad survey and framework for research." Review of General Psychology 23, no. 4 2019: 425-443.

10. Gauglitz I K., Schyns B, Fehn T, and Schütz A. "The dark side of leader narcissism: the relationship between leaders' narcissistic rivalry and abusive supervision." Journal of Business Ethics 2022: 1-16.

11. Sohail A, Shafiq UR , Khan M, Shrafat, and Mehboob I. "Impact of Supervisor and Co-worker Incivility on Organizational Citizenship Behaviour through the Mediating Role of Interpersonal Deviance and the Moderating Effect of Perceived Organizational Support in the Banking Sector of Pakistan." no. 2 2020: 87-92.

12. Pittman P. "Rising to the challenge: Re-embracing the Wald model of nursing." The American Journal of Nursing 119, no. 7 .2019: 46-52.

13. Cosby M F., and Tricia W. "The Legal Nurse Consultant as Expert Witness." In Legal Nurse Consulting Principles and Practices, pp. 737-774. Routledge, 2019

14. Cohen Y L, and Dafna R "The effectiveness and contribution of art therapy work with children in 2018-what progress has been made so far? A systematic review." International Journal of Art Therapy 24, no. 3 .2019: 100-112.

15. Heddini A, Josefin S, Magnus E, and Christer J. "Effectiveness trials: critical data to help understand how respiratory medicines really work?." European Clinical Respiratory Journal 6, no. 1 (2019): 1565804.

16. El-mohamady M. Oncology Nurses' perceived level of work effectiveness and their readiness for change, (2016) , unpublished master thesis ; Faculty of nursing Tanta University .

17. Teixeira A, Barbieri-Figueiredo MD. Nursing empowerment and job satisfaction: an integrative review according the Structural Theory. Revista de Enfermagem Referência. 2015;4(6):151-60.

18. Kanter M. Men and women of the corporation. New York, NY: Basic Books, Inc,2004.

19. Davies N. Perception of work related empowerment of nurse manager. Journal for Nurses in Staff Development. 2018; 22(2): 78-86.

20. Choi I. Moving beyond mandates: Organizational learning culture, empowerment, and performance. International Journal of Public Administration. 2020; Jun 10;43(8):724-35.

21. Dore C. Burnout and empowerment in hemodialysis nurses working in Quebec, International Journal of Environmental Research and Public Health. 2018; (1):14-27.

22. Colomer A, Valery N, Thomas J, and Jose M. Mossi. "Evaluation of fractal dimension effectiveness for damage detection in retinal background." Journal of Computational and Applied Mathematics 337 .2018: 341-353.

23. Akhtar S, Smolen A, editors. Arrogance: developmental, cultural, and clinical realms. Taylor & Francis; 2018; 4.

24. Silverman SB, Johnson RE, McConnell N, Carr A. Arrogance: A formula for leadership failure. Ind Organ Psychol. 2012; 50(1):21-8.

25. Borden L, Levy PE, Silverman SB. Leader arrogance and subordinate outcomes :The role of feedback processes. J Bus Psychol.2018; 33(3):345-64.

26. Al-Hawari MA, Bani-Melhem S, Quratulain S. Do frontline employees cope effectively with abusive supervision and customer incivility? Testing the effect of employeeresilience. J Bus Psychol. 2019; 35:223-40.

27. Laschinger HK, Finegan J, Shamian J, Wilk P. A longitudinal analysis of the impact of workplace empowerment on work satisfaction. J Organ Behav.2004; 25:527-45.

28. Wallace, J. C., Johnson, P. D., Mathe, K., & Paul, J. Structural and psychological empowerment climates, performance, and the moderating role of shared felt accountability: A managerial perspective. 2011; 34-53.

29. Wong, C., &Laschinger, H. K. S. (2013). Authentic leadership, performance, and job satisfaction: The mediating role of empowerment. Journal of Advanced Nursing, 69, 947-959.

30. De Clercq D, Fatima T, Jahanzeb S. Gossiping about an arrogant leader: Sparked by inconsistent leadership, mitigated by employee resilience. The Journal of Applied Behavioral Science. 2021;57(3):269-89.

31. Borden L, Levy PE, Silverman SB. Leader arrogance and subordinate outcomes: The role of feedback processes. Journal of Business and Psychology. 2018 Jun;33:345-64.

32. Durrah O, Allil K, Gharib M, Hannawi S. Organizational pride as an antecedent of employee creativity in the petrochemical industry. European Journal of Innovation Management. 2021 18;24(2):572-88.

33. Low YM, Sambasivan M, Ho JA. Impact of abusive supervision on counterproductive work behaviors of nurses. Asia Pacific Journal of Human Resources. 2021;59(2):250-78.

34. Sarwar A, Naseer S, Zhong JY. Effects of bullying on job insecurity and deviant behaviors in nurses: Roles of resilience

and support. Journal of Nursing Management. 2020 Mar;28(2):267-76.

35. Sim JP, Ling YL. The relationship of arrogance leadership, job commitment, and job satisfaction in higher educational organisations in sarawak. Online Journal for TVET Practitioners. 2020 Sep 28;5(2):42-56.

36. Orunbon NO, Ibikunle GA, Lawal RO. Arrogance leadership, teachers'job satisfaction and organizational commitment in lagos state tertiary institutions, Nigeria. African Journal of Educational Management. 2021;22(2):1-8.

37. Toscano R, Price G, Scheepers C. The impact of CEO arrogance on top management team attitudes. European Business Review. 2018 ;8.

38. Peltokorpi, V. The moderating effect of interaction avoidance between abusive supervision and subordinates' job promotions. International Journal of Organizational Leadership 2017. 151(7), 669-684.

39. Alan H, Baykal Ü. Personality traits of nurse managers and evaluation of their traits by their subordinates. Florence Nightingale Journal of Nursing. 2021;29(3):379.

40. Kumar S, Kang S, Chand AP. Arrogant leader, knowledge hiding behavior, and the role of perceived insider status. The Journal of Behavioral Science. 2022 Jan 30;17(1):72-84.

41. Johnson RE, Silverman SB, Shyamsunder A, Swee HY, Rodopman OB, Cho E, Bauer J. Acting superior but actually inferior?: Correlates and consequences of workplace arrogance. Human Performance. 2010 ;29;23(5):403-27.

42. Zohaib Khan M, Batool I. Workplace Arrogance, Need for Power, and Counterproductive Work Behaviors in Corporate Managers: The Mediating Role of Humility. International Journal of Organizational Leadership. 2022; 1;11(4):462-82.

43. Sarmiento T. Nurses educates work force empowerment, burnout and job satisfaction. Journal of advanced nursing, 2014; 46(2): 134-143.

44. Cardoso T A, Nogueira A, Nunes JR, Teixeira L, do Céu Barbieri-Figueiredo M. Professional empowerment among Portuguese nursing staff: A correlational study. Journal of Nursing Management. 2021;29(5):1120-9.

45. Moura LN, Camponogara S, Santos JL, Gasparino RC, Silva RM, Freitas ED. Structural empowerment of nurses in the hospital setting. 2020 ; 6;28.

46. Laschinger, H., Almost, J., and Tuer-Hodes, D. Workplace empowerment and Magnet hospital characteristics: making the link. Journal of Nursing Administration, 2017; 33(7/8): 410-422.

47. Ullah S, Nasim S, Rattani S, Peerwani N, Hooda K. The Vision of Structural Empowerment of Nurses and its Implication in Pakistan: A Position Paper.2022

48. Roji G., Jooste K. Perceptions of nurses on access to structural empowerment in a hospital in the Western Cape, 2020; 43 (11).

49. Lashinger H., finegan J., Shamian. The impact of workplace empowerment, organizational trust on staff nurses' work satisfaction ,2020 ;3:59-85.

50. Ali A. relationship between empowerment and organizational commitment among staff nurses. Journal

of nursing and Health science, 2018; 7(1): 17- 24.

51. Mota A, "Structural Empowerment: A Qualitative Inquiry Into the Work Life of the Oncology Nurse, 2015; Education Doctoral.

52. Kassem A., Gaber H. Organizational climate and its impact on nurse's job empowerment at Main Mansoura University Hospital and Urology and Nephrology Center. Journal of Nursing and Health Science, 2015; 4(2): 40-48‹

53. Dunker K.& Lanschinger H.Resonant leadership and work place empowerment , the value of positive organizational cultures in reducing workplace inactivity. Journal of nursing economics, 2014;32:(1): 5-14. 83

54. Griffin RW, Hanna AA, Smith TA, Kirkman BL. How Bad Leaders Impact Organizational Effectiveness. Overcoming Bad Leadership in Organizations. 2022:224.

55. Tamzini K, Ayed TL, editors. Analyzing Workplace Arrogance and Organizational Effectiveness: Emerging Research and Opportunities: Emerging Research and Opportunities.2018

56. Herbin III CV. Measuring organizational arrogance: Development and validation of a theory-based instrument (Doctoral dissertation, Regent University). 2018

57. Johnson RE, Silverman SB, Shyamsunder A, Swee HY, Rodopman OB, Cho E, Bauer J. Acting superior but actually inferior?: Correlates and consequences of workplace arrogance. Human Performance. 2010 29;23(5):403-27.

58. - La HL, Luu TT. A literature review on organizational culture and organizational effectiveness. Can Tho University Journal of Science. 2018 Nov 3;54(8):24-36.