

Original Article

Impact of Head Nurses' Relationship – Based Care Model Application on Staff Nurses' Job Enjoyment

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Abstract:

Background: Working as a head nurse requires complex skills and competencies that could affect not only the nursing staff, but also patients, participating in the Relationship Based Care (RBC) Model Workshop is one way to help head nurses develop their autonomy, confidence, and capacity to become effective leaders. Aim: Evaluate the impact of head nurses' relationship – based care model application on job enjoyment, at Ras El-Teen General hospital, Alexandria. Methods: a quasi-experimental research design was utilized at Ras El-Teen General hospital affiliated to the Ministry of Health and Population (MOHP), at Alexandria Governorate (n=28). Subjects: two groups: nurses (n=200) divided into head nurses (n=30) and nurses (n=170). Tools: Four tools were used Leadership Personal Assessment; the Enjoy Scale; Relationship-Based Care Knowledge Assessment Questionnaire (RBCKAQ); and Relationship-Based Care Evaluation Questionnaire (RBCEQ). Results: there were highly statistically significant differences between the head nurse's total leadership mean score before and immediately after and two months post-implementation at (P= .000), and there is a highly statistically significant difference in staff nurse's perception of their head nurse's total leadership mean score between before and immediately after and two months post-implementation at (P= .000). Conclusion: The implementation of the head nurses' relationship-based care model had a positive impact on the leadership skills of head nurses and improved staff nurses' perceptions of their leadership capabilities and increased job enjoyment among both head nurses and staff nurses at Ras El-Teen Hospital, Alexandria." Recommendations: longitudinal study to examine the long-term impacts of the RBCM on nursing retention; patient satisfaction, and overall healthcare outcomes.

Keywords: Head nurses, staff nurses, job enjoyment, Relationship Based Care (RBC) Model.

Introduction:

The world is changing faster than ever before. Successful head nurses do more than just adapt to change or stay up with it. Being proactive, nimble, and visionary in their decision-making allows them to focus on the future while being ready to satisfy present demands ⁽¹⁾. Hospital head nurse plays a crucial role in influencing how the nursing staff conducts themselves within the healthcare institution ^(2,3).

The role of head nurses in healthcare institutions is crucial in shaping nursing staff conduct, ensuring patient safety, and improving overall healthcare outcomes ⁽⁴⁾. In an ever-evolving healthcare landscape, successful head nurses must be proactive, adaptable, and visionary in their leadership. They go beyond managing daily operations by inspiring their teams, fostering a positive work environment, and leading quality initiatives that enhance staff satisfaction and patient care ^(5,6).

Hospitals that recognize the importance of strong nurse leadership can drive change effectively, ensuring better job retention, higher staff morale, and improved healthcare services ⁽⁶⁾. A nurse's decision to remain in an organization is often influenced by the leadership they experience ⁽⁷⁾. Head nurses play a key role in guiding their teams through

transitions with minimal disruption, creating an environment that supports professional growth, job satisfaction and enjoyment ⁽⁶⁾.

Head nurses must integrate strategic leadership into their daily responsibilities, addressing challenges such as patient safety, financial constraints, and staffing shortages. They are responsible for building strong relationships with their teams, implementing effective strategies, and fostering a culture of accountability, authority, and responsibility ⁽⁸⁾.

One approach to enhancing leadership effectiveness is the Relationship-Based Care (RBC) Model, which focuses on improving relationships between nurses, patients, and environment. This model has been shown to enhance job satisfaction and enjoyment, patient outcomes, and overall staff engagement. Through workshops and training, head nurses can develop the autonomy, confidence, and leadership skills necessary to lead their teams successfully ^(9,10,11,13).

Work satisfaction and enjoyment is a key factor in retaining qualified nurses. Job dissatisfaction leads to higher turnover rates, lower morale, and a decline in patient care quality ^(11,12). In contrast, a positive work environment boosts job enjoyment, strengthens commitment, and enhances performance. Since nurses represent the largest workforce in healthcare, their satisfaction directly impacts overall healthcare delivery. A motivated nursing staff leads to better patient experiences, improved safety, and higher efficiency ^(13,14).

Relationship Based Care (RBC) Model is a holistic model of care delivery that emphasizes the importance of relationships—particularly those between caregivers and patients, among healthcare team members, and between staff and themselves—as the foundation for high-quality, compassionate, and effective care. The model will be described and implemented in this study to determine how much of an impact it exerts on head nurse and nurses' job satisfaction and enjoyment. Participating in workshops is one way to help head nurses develop their leadership skills, such as autonomy, confidence, and the ability to inspire others to lead others to the next level. It might strengthen nurse leaders' accountability, authority, and responsibility as key leadership traits. The hospital's nursing staff and patient care outcomes are positively impacted by their leadership and decision-making ^(11,13).

Koloroutis (2004) emphasized that the implementation of Relationship-Based Care (RBC) principles is associated with notable improvements in both staff satisfaction and patient outcomes. In the context of contemporary healthcare challenges—including workforce shortages, increased turnover, and rising levels of burnout—leadership has emerged as a critical factor in promoting organizational effectiveness ⁽¹¹⁾. Head nurses, in particular, play a vital role in creating a positive work environment by optimizing team performance and aligning staff efforts with institutional goals. Effective leadership is characterized by the ability to motivate, support, and guide healthcare teams toward shared objectives. Therefore, it is imperative that healthcare organizations prioritize leadership development through structured training programs and continuous professional education. Such initiatives not only enhance the leadership competencies of nursing personnel but also contribute to the overall quality of patient care.

Significance of the study:

The application of (RBC) model will focus on strategies to develop leadership competencies, leadership confidence, and leadership abilities of head nurses and how much of an impact it exerts on head nurse and nurses' job satisfaction and enjoyment.

Aim of the study

Evaluate the impact of head nurses' relationship – based care model application on job enjoyment, at Ras El-Teen General Hospital, Alexandria.

Research Hypotheses

1. The application of head nurses' relationship-based care model will have a positive impact on head nurses' leadership skills and staff nurses' perceptions of their leadership skills, at Ras El-Teen Hospital, Alexandria.
2. The application of head nurses' relationship-based care model will have positive impact and will increase head nurses and staff nurses' job enjoyment at Ras-El-teen Hospital, Alexandria

II. Materials and Methods

Research Design:

A quasi-experimental research design was used to conduct this study.

Setting:

The study was conducted in all critical care, inpatient, and outpatient units at Ras El-Teen Hospital in Alexandria Governorate (n=28). The hospital is affiliated with the Ministry of Health and Population (MOHP), with a bed capacity (N =150). It is classified into critical care units (N=6): intensive care units (n=4), neonate, and emergency; inpatient care units (N=8): medical (n=2), surgical (n=2), operation room, dialysis, burn, pediatric; and finally, outpatient units (N=14): medical (n=2), surgical (n=2), burn, pediatric, obstetric, rheumatology and rehabilitation, dental, urology, nose, ear and throat, orthopedics, dermatology and ophthalmology.

Subjects:

The subject of this study was composed of two groups, namely:

- 1- All head nurses and their assistants, who were working in the previously mentioned settings and available during data collection were included in the study. (n=30)
- 2- All staff nurses, who were working in the previously mentioned settings and who were available during the time of data collection, were included in the study. (n=170)

Study Tools:

Four tools were used in this study to collect the necessary data:

Tool (I): Leadership Personal Assessment

This tool was adopted from Koloroutis M. (2004) ⁽¹¹⁾. It was used to measure the leadership skills of the head nurses based on the RBC model. It consists of 29 items grouped into five dimensions, namely: (a) articulated expectations includes 6 items; (b) responsibility, authority, and accountability includes 5 items; (c) building relationships includes 7 items; (d) developing capacity includes 5 items; and (e) leading change includes 6 items. The responses were measured on a 5-point Likert scale, scores ranged from 29 to 145. The higher score ranges from (4) to (5) "strongly agree" the moderate score ranges from (3) and the low score ranges from (2) to (1) "strongly disagree"

Tool (II): The Enjoy Scale:

This tool was adopted from Davidson (2018) ⁽¹²⁾. It was used to measure nurses' job enjoyment. It consists of 25 items composing five subscales, (5 items for each subscale): (a) pleasure; (b) relatedness; (c) competence; (d) challenge improvement; and (e) engagement. The responses were measured on a 7-point Likert scale. Scores will range from 25 to 175. The higher score ranges from (5) to (7) "strongly agree"; the moderate score ranges from (3) to (4); and the low score ranges from (2) to (1) "strongly disagree".

Tool III: Relationship-Based Care Knowledge Assessment Questionnaire (RBCKAQ):

This tool was developed by the researcher based on the review of related literature. It was used to assess the head nurses and their assistants' knowledge, as pre/post-test, regarding the RBC model and its modules as charge nurse role and job description, leadership styles, effective and ineffective communication, and lean methodology. This tool included questions, such as: What are the 8 wastes of lean? How can you be a smart communicator? What is the content of a job description? ^(2,8,9,11,16). All questions were prepared by raising awareness of workshop content. Scoring system: the score "two" has been given for each correct and complete answer; "one" has been given for each correct and incomplete answer and "zero" for each incorrect answer. For each section of knowledge, the score of the items was summed up and the total score was divided by the number of items. These scores were converted into a percent score, as follows:

| Score | Interpretation |
|--------|----------------|
| < 50 % | Poor knowledge |

| | |
|------------|----------------|
| 50 % < 75% | Fair knowledge |
| ≥ 75% | Good knowledge |

Tool IV: Relationship-Based Care Evaluation Questionnaire (RBCEQ):

It was developed by the researcher based on the review of related literature, ^(12,19,20,24,28,31,33) to evaluate model outcomes from the head nurse's point of view. It included questions to measure strengths and weakness points related to the RBC model raising-awareness workshop, namely: objectives, time, content, and methods of teaching. The RBC model workshop enriched their leadership skills, they were fully engaged and had interesting conversations throughout the workshop. RBC model workshop improves their work willingness and satisfaction. The questions were scored on a 5-point Likert scale ranging from (1) very unsatisfied to (5) very satisfied. The answers to all questions were scored and then summed together, then, the total score was converted into percent score as follows:

| Score | Interpretation |
|------------|------------------|
| < 50 % | Very Unsatisfied |
| 50 % < 75% | Neutral |
| ≥ 75% | Very Satisfied |

II- Methods

An approval to carry out the study was obtained from the Dean, Faculty of Nursing- Damanhour University and the responsible authorities after explanation of the purpose of the study.

1. Tools I, II, III and IV were translated into Arabic and tested for its content validity and translation by five experts from the field of the study. Accordingly, the necessary modifications were done. (Appendix IV)
2. The tools were tested for their reliability, using Cronbach's Alpha Correlation coefficient to measure the internal consistency of the items composing each dimension of the tool. The results proved to be reliable ($\alpha = 0.890$), and for leadership Personal Assessment ($\alpha = 0.913$) for the Enjoy Scale indicating good and excellent reliability, respectively.
3. A pilot study was carried out on (10%) of the total sample size for head nurses ($n=3$) and staff nurses ($n=17$), rather than the study sample; to check and ensure the clarity and feasibility of the developed tool and to identify obstacles and problems that may be encountered during data collection. No modifications were done.
4. The RBC Model raising awareness workshops was developed, implemented, and the evaluation of its impact on job enjoyment was examined based on the following phases:

Phase (1): Assessment:

This initial assessment was done to recognize the studied subjects' demographic characteristics; the RBC model assessment, leadership skills and job enjoyment; to ensure the initial data before the model application; to assess a) head nurses' knowledge and practices regarding RBC and job enjoyment; and b) staff nurses' perceptions of RBC and job enjoyment.

Phase2: Planning and Preparatory:

The model was applied through the raising awareness workshop, to assist head nurses and their assistants in their usage of the model. Based on the assessment phase, the workshop sessions' content, and media (in the form of handouts and visual materials) were prepared by the researcher, after a thorough review of related literature. ^(2,7,9,12,15,16,17,18,19,20,21,22,23,24,25,26,27,28) In the English Language based on subject requests; as all of them were professional nurses and found it easier to apply than the Arabic Language, to outfit head nurses' level of understanding and to improve their application of the model. The RBC model is applied by using theoretical knowledge and illustrative pictures.

Phase 3: Implementation:

Tools (I, II, III) were filled in the clinical area in the presence of the researcher. The workshop sessions were held in the hospital setting for all head nurses and their assistants ($n=30$) by the researcher. The handout was delivered to each participant before implementation. The raising awareness workshop was conducted through four training sessions: an introductory session lasting one hour, followed by RBC model initial session lasting 3 hours; followed, circa 3 weeks intervals, by two follow-up sessions lasting one hour each.

The introductory session was divided into two days; each day, fifteen head nurses started on 15/1/2024 for the first group and 17/1/2024 for the second group setting the agenda: from 11:00 am to 12.00 md introducing the aim of the workshop and assessing the head nurses' knowledge. Then, the RBC model initial session was divided into two days each day fifteen head nurses 22/1/2024 and 24/1/2024 composed of four parts, namely: part one included concepts; course objectives and an overview; from 9:00 am to 9:15 am part two, head nurse role and job description, and leadership styles. 9:15 am to 10 am Part three, disciplines of execution, building trusting relationships, crucial confrontations, effective and ineffective communication; from 10:15 to 11:30 and lastly, part four, application method and ways to implement the model effectively, and summary from 11:30 to 12 md Afterwards, the two follow-up sessions for the two groups 12/2/2024 and 19/2/2024 for the first group and 14/2/2024 and 21/2/2024 for the second group lasting one hour from 11:00 am to 12.00 md each were conducted after they applied the model to discuss any obstacles or problems that were faced during the implementation of the model and to share experiences with others.

First, the introductory session involved three parts, as follows: The first part the purpose and general overview of the RBC model raising awareness workshop; part two, assessing the head nurses' knowledge using the RBC Knowledge Assessment Questionnaire; and lastly, the Self-Assessment Pretest using Leadership Personal Assessment and The Enjoy Scale.

Second, RBC model initial session, which was composed of four parts, as follows: the first part included concepts of RBC, and course objectives. Part two, concerns the head nurse's role, job description, leadership styles, foundations of empowerment, responsibility, authority, and accountability. Part three, disciplines of execution, building trusting relationships, crucial confrontations, communication skills, Lean methodology, hospital Nuts and Bolts, Part four: Self-Assessment Posttest using Leadership Personal Assessment and The Enjoy Scale, assessing the head nurses' knowledge using the RBC Knowledge Assessment Questionnaire, Program Evaluation using the RBC Evaluation Questionnaire.

Finally, After 3 weeks' interval two follow-up sessions; where each head nurse shared the experience of applying the model within her department and some points were re-explained as how to evaluate her staff's performance using open discussion. Additionally, in the second follow-up session: each head nurse discussed how she applied the model how they use leadership styles when and why they use each style, How they use lean and 5s in rearranging supplies and equipment and working paper, how they use communication skills and how they started to use good listening to their staff, how they apply performance evaluation, building a team by the researcher consisting of director of nursing services, the quality supervisor, the infection control team and the technical training supervisor to equip Nursing Core Competency, head nurses of ICU, CCU, PICU, NICU and BURN ICU for Modification and approval of nursing core competency and start of implementation in there units and the other unit.

Phase 4: Evaluation:

The evaluation phase was emphasized by using the study tools (I, II, III, IV) to assess the impact of the RBC model through the awareness workshop for head nurses their assistants and staff nurses immediately and two months post-implementation: The head nurses' knowledge was tested by tool III, before and immediately after raising awareness workshop. Tool IV was used immediately after the raising awareness workshop.

Data was collected three times (pre, immediately post, and post-two months from raising awareness workshop implementation). It took six months from the beginning of 12/2023 to the end of 5/2024.

Ethical considerations:

- The research approval was obtained from the ethical committee of the Faculty of Nursing, Damanhour University, before the start of the study.
- An informed written consent was obtained from the study subject after an explanation of the aim of the study.
- Privacy and the right to refuse to participate or withdraw from the study were assured during the study.
- Confidentiality and anonymity regarding data collected were maintained.

Statistical Analysis:

- The collected data was coded and entered in a special format to be suitable for computer feeding.
- Following data entry, a checking and verification process was carried out to avoid any errors.

- Data was analyzed using the statistical package for social science SPSS (version 20).
- Statistical analysis tests, which included: T-test and ANOVA test, B: Unstandardized Coefficients, C.I: Confidence interval, R²= Coefficient of multiple determination, Df= degree of freedom

Results:

Table (1): Distribution of head nurses and staff nurses according to their demographic characteristics. shows that 50% of head nurses had aged more than 40 years old and more than half of nurses (55.3%), had less than 30 years old. In relation to working units, the highest percentage of head nurses and nurses (40.1%, 54.7%) were working in critical care units consecutively. Regarding gender, the majority of head nurses and nurses were female (93.3%, 92.4%), respectively. As regards their experience, 40% of head nurses had experience of more than 15 years whereas, 38.2% of nurses had experience of more than 10 years. Concerning educational qualification, most of the head nurses got a bachelor's degree in sciences in nursing (96.7%); whereas less than half of the nurses (44.8%) got a Diploma of the Technical Institute of Nursing. According to attending leadership training courses, the majority of head nurses (86.7%) have not attended training courses about leadership, consecutively.

Table (1): Distribution of head nurses and staff nurses according to their demographic characteristics.

| Demographic characteristics | Head nurses (N=30) | | Staff nurses (N=170) | |
|------------------------------------|-----------------------|------|-------------------------|------|
| | NO | % | NO | % |
| Age (Years) | | | | |
| 21 | 8 | 26.7 | 94 | 55.3 |
| >30 | 7 | 23.3 | 30 | 17.6 |
| >40 | 15 | 50 | 46 | 27.1 |
| Working department | | | | |
| General medicine | 2 | 6.7 | 12 | 7.1 |
| Surgical | 2 | 6.7 | 13 | 7.6 |
| General ICU | 3 | 10 | 21 | 12.4 |
| dialysis | 2 | 6.7 | 11 | 6.5 |
| OR | 3 | 10 | 10 | 5.9 |
| Burn | 3 | 10 | 14 | 8.2 |
| NICU | 3 | 10 | 18 | 10.6 |
| pediatric | 2 | 6.7 | 6 | 3.5 |
| ER | 3 | 10 | 16 | 9.4 |
| CCU | 2 | 6.7 | 9 | 5.3 |
| Intermediate ICU | 2 | 6.7 | 13 | 7.6 |
| PICU | 2 | 6.7 | 16 | 9.4 |
| Out Patient Unit | 1 | 3.3 | 11 | 6.5 |
| Gender | | | | |
| Male | 2 | 6.7 | 13 | 7.6 |
| Female | 28 | 93.3 | 157 | 92.4 |
| Years of nursing experience | | | | |

| | | | | |
|--|----|------|----|------|
| <5 | 10 | 33.3 | 46 | 27.1 |
| >5 | 2 | 6.7 | 65 | 38.2 |
| >10 | 12 | 40 | 42 | 24.7 |
| ≥15 | 6 | 20 | 17 | 10 |
| Education | | | | |
| Bachelor of Nursing Sciences | 29 | 96.7 | 47 | 27.6 |
| Diploma of Technical Nursing Institute | 1 | 3.3 | 76 | 44.8 |
| Diploma of Secondary School of Nursing | - | - | 47 | 27.6 |
| Attending leadership Training courses | | | | |
| Yes | 4 | 13.3 | NA | - |
| No | 26 | 86.7 | NA | - |

Table (2): Mean Distribution of head nurses Leadership skills, working at Ras El Teen Hospital before and immediately after and two months post-implementation of Relationship-Based Care Model (RBCM) raising awareness workshop

illustrates that there are highly statistically significant differences between the head nurse's total leadership mean score before and immediately after and two months post-implementation at ($P=.000$). Moreover, there is a highly statistically significant difference between before and immediately after and two months' post-implementation regarding the studied head nurse's total mean scores of responsibility, authority, and accountability, articulated expectations, building relationships, developing capacity and leading change at ($p=.000$).

The highest Mean \pm SD was for the "Building Relationships" dimension before and immediately after and two months post-implementation (21.27 ± 6.395 , 30.7 ± 3.405 , 31.47 ± 2.897), respectively. However, the lowest Mean \pm SD was for the "Responsibility, Authority, and Accountability" dimension before and immediately after and two months post-implementation (11.8 ± 3.537 , 18.47 ± 1.676 , 18.57 ± 1.675), consecutively.

Table (2): Mean Distribution of head nurses Leadership skills, working at Ras El Teen Hospital before and immediately after and two months post-implementation of Relationship-Based Care Model (RBCM) raising awareness workshop

| Leadership Personal Assessment | Before | Immediately After | Two Months' Post-Implementation | F P |
|---|--------------------|--------------------|---------------------------------|------------------|
| | Mean/SD | Mean/SD | Mean/SD | |
| Responsibility, Authority, and Accountability | 11.8 \pm 3.537 | 18.47 \pm 1.676 | 18.57 \pm 1.675 | 74.862 .000** |
| Articulated Expectations | 18.93 \pm 6.883 | 26.5 \pm 2.945 | 26.6 \pm 2.699 | 27.485 .000** |
| Building Relationships | 21.27 \pm 6.395 | 30.7 \pm 3.405 | 31.47 \pm 2.897 | 47.701 .000** |
| Developing Capacity | 15.73 \pm 4.274 | 22.6 \pm 2.191 | 22.6 \pm 2.191 | 50.752 .000** |
| Leading Change | 19.5 \pm 5.674 | 27.53 \pm 2.488 | 27.63 \pm 2.371 | 44.558 .000** |
| Total leadership Skills | 87.23 \pm 23.708 | 125.8 \pm 10.074 | 126.87 \pm 9.361 | 61.092 .000** |

(**) Highly significant at $p<0.01$ (*) statistically significant at $p\leq0.05$

Table (3): Mean Distribution of head nurses' job enjoyment before and immediately after and two months post-implementation of Relationship-Based Care Model (RBCM) raising awareness workshop demonstrates that there is a highly statistically significant difference in the head nurse's total job enjoyment mean score between before and immediately after and two months post-implementation at ($P= 0.000$). Additionally, there

is a highly statistically significant difference between before and immediately after and two months post-implementation regarding the head nurse's total mean scores of pleasures, relatedness, competence, challenge/improvement, and engagement at ($p = .000$). The highest Mean \pm SD was for the "Competence" dimension before, (14.27 \pm 6.214) "Engagement" dimension immediately after (30.17 \pm 5.670) and "Challenge/Improvement" after two months post-implementation (31.33 \pm 5.523), respectively. However, the lowest Mean \pm SD was for the "Engagement" dimension before (12.97 \pm 5.223), Additionally, the lowest Mean \pm SD was "Competence" immediately after and after two months post-implementation (29.23 \pm 6.745, 29.7 \pm 6.793), consecutively.

Table (3): Mean Distribution of head nurses' job enjoyment before and immediately after and two months post-implementation of Relationship-Based Care Model (RBCM) raising awareness workshop

| Job enjoyment subscales | Before | Immediately after | Two months' post-implementation | F P |
|-------------------------|--------------------|--------------------|---------------------------------|-------------------|
| | Mean/SD | Mean/SD | Mean/SD | |
| Pleasure | 13.57 \pm 7.065 | 29.97 \pm 4.679 | 30.8 \pm 4.752 | 90.054 .000** |
| Relatedness | 14.23 \pm 6.689 | 30.1 \pm 6.205 | 30.43 \pm 6.185 | 63.495 .000** |
| Competence | 14.27 \pm 6.214 | 29.23 \pm 6.745 | 29.7 \pm 6.793 | 53.248 .000** |
| Challenge/Improvement | 13.4 \pm 5.295 | 30.03 \pm 6.156 | 31.33 \pm 5.523 | 93.314 .000** |
| Engagement | 12.97 \pm 5.223 | 30.17 \pm 5.670 | 31.07 \pm 5.252 | 107.631 .000** |
| Total job enjoyment | 68.43 \pm 25.436 | 149.5 \pm 26.419 | 153.33 \pm 25.793 | 102.931 .000** |

(**) Highly significant at $p < 0.01$ (*) statistically significant at $p \leq 0.05$

Table (4): Mean Distribution of head nurses' job enjoyment before and immediately after and two months post-implementation of relationship-based care model (RBCM) raising awareness workshop portrays that there is a highly statistically significant difference in staff nurse's total job enjoyment mean score between before and immediately after and two months post-implementation at ($P = 0.000$). Additionally, there is a highly statistically significant difference between before and immediately after and two months post-implementation regarding staff nurses' total mean scores of pleasures, relatedness, competence, challenge/improvement and engagement at ($p = .000$).

Table (4): Mean Distribution of head nurses' job enjoyment before and immediately after and two months post-implementation of relationship-based care model (RBCM) raising awareness workshop

| Items | Before | Immediately after | Two months post-implementation | F P |
|-----------------------|--------------------|---------------------|--------------------------------|-------------------|
| | Mean/SD | Mean/SD | Mean/SD | |
| Pleasure | 14.90 \pm 6.820 | 21.75 \pm 9.730 | 21.44 \pm 9.424 | 33.172 .000** |
| Relatedness | 15.61 \pm 6.711 | 25.68 \pm 8.997 | 25.76 \pm 8.360 | 88.695 .000** |
| Competence | 15.52 \pm 6.996 | 28.01 \pm 7.871 | 28.17 \pm 6.521 | 175.123 .000** |
| Challenge/Improvement | 15.91 \pm 6.459 | 26.88 \pm 7.710 | 27.41 \pm 7.117 | 141.671 .000** |
| Engagement | 15.62 \pm 6.048 | 23.88 \pm 7.776 | 25.99 \pm 6.997 | 105.008 .000** |
| Total job enjoyment | 77.55 \pm 24.725 | 126.19 \pm 32.389 | 128.78 \pm 32.067 | 157.930 .000** |

(**) Highly significant at $p < 0.01$ (*) statistically significant at $p \leq 0.05$

Table (5): Distribution of head nurses regarding their total Relationship-Based Care Evaluation Questionnaire score before and immediately after implementation.

figures that there is a highly statistically significant difference in the head nurse's total Relationship-Based Care Model Evaluation Questionnaire score between before and immediately after implementation. Where ($X^2=94.526$, $P=0.000$).

Table (5): Distribution of head nurses regarding their total Relationship-Based Care Evaluation Questionnaire score before and immediately after implementation.

| Items | Before | | Immediately after | | X ² P |
|-------|--------|-----|-------------------|------|---------------------|
| | No | % | No | % | |
| Poor | 30 | 100 | 0 | 0 | 94.526 0.000** |
| Fair | 0 | 0 | 1 | 3.3 | |
| Good | 0 | 0 | 29 | 96.7 | |

(**) Highly significant at $p<0.01$ (*) statistically significant at $p\leq 0.05$

Table (6): Correlation matrix between head nurses working at Ras El Teen Hospital leadership skills and job enjoyment before implementation of relationship-based care model (RBCM) raising awareness workshop elicits that there is a highly statistically significant correlation between head nurses' total leadership and their total job enjoyment before implementation, at ($p= 0.005$). There is no statistically significant correlation between head nurses' total Relationship-Based Care Knowledge Assessment Questionnaire score and their total leadership and total job enjoyment before implementation at ($p> 0.05$).

Table (6): Correlation matrix between head nurses working at Ras El Teen Hospital leadership skills and job enjoyment before implementation of relationship-based care model (RBCM) raising awareness workshop

| Study Variables | | Total leadership | Total job enjoyment | Total RBCM Knowledge Assessment Questionnaire |
|--|--------|------------------|---------------------|---|
| Total leadership | r p | | | |
| Total job enjoyment | r p | .498 .005** | | |
| Total Relationship-Based Care Knowledge Assessment Questionnaire | r p | .121 .523 | .227 .228 | |

(**) Highly significant at $p<0.01$ (*) statistically significant at $p\leq 0.05$

Table (7): Correlation matrix between head nurses' leadership skills and job enjoyment at immediately after implementation, working at Ras El Ten Hospital

shows that there is a statistically significant correlation between head nurses' total leadership and their total job enjoyment at immediately after implementation ($p= 0.03$). While, there is no statistically significant correlation between head nurses' total Relationship-Based Care Knowledge Assessment Questionnaire score and their total leadership score and total job enjoyment score immediately after implementation at ($p> 0.05$).

Table (7): Correlation matrix between head nurses' leadership skills and job enjoyment at immediately after implementation, working at Ras El Ten Hospital

| Study Variables | | Total leadership | Total job enjoyment | Total Relationship-Based Care Knowledge Assessment Questionnaire |
|---------------------|--------|------------------|---------------------|--|
| Total leadership | r p | | | |
| Total job enjoyment | r p | .397 .030* | | |

| | | | | |
|--|----------|------|------|--|
| Total Relationship-Based Care Knowledge Assessment Questionnaire | r | .080 | .287 | |
| | p | .676 | .124 | |

(**) Statistically significant at $p < 0.01$. *r* Pearson correlation

Table (8): Correlation matrix between staff nurses' perception of their head nurses' leadership skills related to RBC model and job enjoyment before immediately after and two months post- implementation, working at Ras El Teen Hospital

presents that there is no statistically significant correlation between staff nurses' total perception of their head nurses' leadership score and their total job enjoyment at before implementation of ($p = 0.140$). There is a highly statistically significant correlation between the stu studied staff nurses' total perception of their head nurses' leadership score and their total job enjoyment score immediately after implementation at ($p = 0.000$) Also, the table shows that there is a highly statistically significant correlation between staff nurses' total perception of their head nurses' leadership and their total job enjoyment two months' post-implementation, at ($p = 0.000$).

Table (8): Correlation matrix between staff nurses' perception of their head nurses' leadership skills related to RBC model and job enjoyment before immediately after and two months post- implementation, working at Ras El Teen Hospital

| Study Variables | | before | | immediately after | | two months' post-implementation | |
|---------------------|----------|------------------|---------------------|-------------------|---------------------|---------------------------------|---------------------|
| | | Total leadership | Total job enjoyment | Total leadership | Total job enjoyment | Total leadership | Total job enjoyment |
| Total leadership | r | | | | | | |
| | p | | | | | | |
| Total job enjoyment | r | .114 | | .471 | | .657 | |
| | p | .140 | | .000** | | .000** | |

(**) Statistically significant at $p < 0.01$. *r* Pearson correlation

Table (9): Multivariate regression analysis to illustrate total leadership related to RBC model among head nurses ($n=30$) displays the result of multiple regression analysis between total leadership among head nurses age, gender, and experience year as a dependent variable, where adjusted $R^2=0.358$. This means that 35.8% of the explained variance of total leadership is related to age, gender, and experience year where the model is highly significant ($F = 2.678$, $P = 0.046$). However, the coefficients table of regression analysis has displayed that the variables of age, and gender are highly significant predictors of total leadership among head nurses, where ($P=.005$, $.036$), respectively; and experience year is a significant predictor of total leadership among head nurses where ($P=.002$).

Table (9): Multivariate regression analysis to illustrate total leadership related to RBC model among head nurses ($n=30$)

| | Unstandardized Coefficients | | standardized Coefficients | T | P. value |
|------------|-----------------------------|-----|---------------------------|----------|----------|
| | B | | | | |
| Age | -1.171- | | -28.181- | -3.131- | .005 |
| gender | .487 | | 45.470 | 2.227 | .036 |
| experience | 1.135 | | 23.075 | 3.467 | .002 |
| ANOVA | | | | | |
| Model | R ² | Df. | F | P. value | |
| Regression | 0.358 | 5 | 2.678 | .046* | |

a. Dependent Variable: total leadership

b. Predictors: (constant): Age, Years of experience at nursing.

***Significant $P \leq 0.05$**

****Highly significant $P \leq 0.01$**

Df= degree of freedom

F=One Way Anova

T=Independent samples t-test

R²= Coefficient of multiple determination

Table (10) : Multivariate regression analysis to illustrate total job enjoyment among head nurses (n=30) displays the result of multiple regression analysis between job enjoyment among head nurses age, and experience years as an independent variable, where adjusted R²= 0.257. This means that 25.7% of the explained variance of job enjoyment among head nurses is related to age and experience years where the model is highly significant (F = 2.413, P = .05). However, the coefficients table of regression analysis has displayed that the variable of age is a highly significant predictor of total job enjoyment among head nurses, where (P=0.012), respectively; and experience year is a significant predictor of total job enjoyment among head nurses where (P=0.02).

Table (10) : Multivariate regression analysis to illustrate total job enjoyment among head nurses (n=30)

| | Unstandardized Coefficients | | standardized Coefficients | T | P. value |
|------------|-----------------------------|-----|---------------------------|----------|----------|
| | B | | B | | |
| Age | 1.124 | | 27.421 | 5.123 | .012 |
| experience | 1.145 | | 23.133 | 4.235 | .02 |
| ANOVA | | | | | |
| Model | R ² | Df. | F | P. value | |
| Regression | 0.257 | 4 | 2.413 | .05* | |

a. Dependent Variable: total job enjoyment

b. Predictors: (constant): Age, gender, Years of experience at nursing.

***Significant $P \leq 0.05$**

****Highly significant $P \leq 0.01$**

Df= degree of freedom

F=One Way Anova

T=Independent samples t-test

R²= Coefficient of multiple determination

Table (11) Univariate linear regression analysis for the parameters affecting the enjoy subscale (n = 30) for head nurses before implementation of relationship-based care model (RBCM) raising awareness workshop displays the result of multiple regression analysis with job enjoyment among the leadership as an independent variable, where adjusted R² = 0.270. This means that 27% of the explained variance of leadership among head nurses' job enjoyment was highly significant (F = 10.351, P = 0.003). However, the coefficients table of regression analysis shows that leadership is a highly significant predictor of total job enjoyment among head nurses, where (P=0.003), respectively

Table (11) Univariate linear regression analysis for the parameters affecting the enjoy subscale (n = 30) for head nurses before implementation of relationship-based care model (RBCM) raising awareness workshop

| | Unstandardized Coefficients | | standardized Coefficients | T | P. value |
|--------------------------------|-----------------------------|--|---------------------------|-------|----------|
| | B | | B | | |
| Leadership personal assessment | 0.543 | | 0.520 | 3.217 | 0.003* |
| ANOVA | | | | | |

| Model | R ² | Df. | | F | P. value |
|------------|----------------|-----|--|--------|----------|
| Regression | 0.270 | 1 | | 10.351 | 0.003* |

B: Unstandardized Coefficients

t: Independent samples t-test

C.I: Confidence interval

LL: Lower limit

UL: Upper Limit

R²= Coefficient of multiple determination

Df= degree of freedom

*: Statistically significant at $p \leq 0.05$

Table (12) Univariate linear regression analysis for the parameters affecting the enjoy subscale (n = 170) for staff nurses at before implementation of relationship-based care model (RBCM) raising awareness workshop displays the result of multiple regression analysis between job enjoyment among staff nurses as an independent variable, where adjusted R²= 0.016. This means that 1.6% of the explained variance of leadership among staff nurses job enjoyment where no significant (F = 2.674, P = 0.104).

Table (12) Univariate linear regression analysis for the parameters affecting the enjoy subscale (n = 170) for staff nurses at before implementation of relationship-based care model (RBCM) raising awareness workshop

| | Unstandardized Coefficients | | standardized Coefficients | t | P. value |
|--------------------------------|-----------------------------|-----|---------------------------|-------|----------|
| | B | | B | | |
| Leadership personal assessment | 0.150 | | 0.125 | 1.635 | 0.104 |
| ANOVA | | | | | |
| Model | R ² | Df. | | F | P. value |
| Regression | 0.016 | 1 | | 2.674 | 0.104 |

B: Unstandardized Coefficients

t: Independent samples t-test

C.I: Confidence interval

LL: Lower limit

UL: Upper Limit

R²= Coefficient of multiple determination

Df= degree of freedom

Discussion:

The present study results of implementing the Relationship-based Care (RBC) Model at Ras El-Teen Hospital show a dramatic improvement in the head nurses' leadership skills. also, responsibility, authority, accountability, building relationships, developing capacity, and leading change were tested with the Leadership Personal Assessment tool, the results showed a notable increase in overall leadership scores from pre-intervention to two months post-implementation. These findings confirm that the RBC model effectively enhances leadership competencies, aligning with studies by Mahmoud (2011)⁽⁹²⁾ and Jurdy (2008)⁽⁹³⁾, which demonstrated the efficiency of leadership training programs in Egyptian healthcare institutions.

Among the evaluated leadership dimensions, "Building Relationships" showed the highest improvement, reflecting RBC's emphasis on relational skills necessary for effective leadership. This finding is consistent with Broussard (2017)⁽⁹¹⁾, who observed similar outcomes in rural hospitals, where RBC led to

better communication and stronger relationships. Additionally, the "Articulated Expectations" dimension improved, indicating that head nurses became more effective in setting structured expectations for their teams, a result supported by Sharpnack and Koppelman (2016)⁽⁸¹⁾.

As RBC promotes transformational leadership, the "Leading Change" dimension also experienced substantial growth. This highlights how RBC equips head nurses with the skills to manage and implement change creatively. Laschinger et al. (2014)⁽¹⁴⁾, further support this by demonstrating that transformational leadership reduces emotional exhaustion and enhances change management. These findings align with global research on leadership development programs in healthcare. Similar studies by Broussard (2017)⁽⁹¹⁾ and Sharpnack & Koppelman (2016)⁽⁸¹⁾ showed that RBC training improves self-awareness and self-care capabilities among nurse leaders. The consistency of these results reinforces the RBC model's effectiveness and applicability across various healthcare environments.

Overall, this study highlights the RBC model's crucial role in enhancing leadership skills, fostering better relationships, and promoting effective change management. Its implementation creates a collaborative and supportive work environment, leading to higher staff engagement, job satisfaction, and improved patient care outcomes. The findings of this study highlight the significant role of the Relationship-Based Care (RBC) Model in enhancing leadership skills and job enjoyment among head and staff nurses at Ras El-Teen Hospital. The model effectively fosters a supportive and collaborative work environment, as evidenced by improvements in key dimensions such as "Building Relationships" and "Leading Change." These enhancements contribute to increased staff engagement and improved patient outcomes, aligning with previous studies by Krugman et al. (2013)⁽⁴⁴⁾ and Mahmoud (2011)⁽⁹²⁾, which demonstrated that leadership training positively impacts job satisfaction and employee engagement in healthcare settings.

Regarding job enjoyment, the study found a significant increase in satisfaction levels among both head nurses and staff nurses after RBC implementation. Using the Enjoy Scale, job satisfaction was measured across multiple dimensions—pleasure, relatedness, competence, challenge/improvement, and engagement—all of which showed notable improvements. These findings support the American Nurses Association's assertion⁽⁶⁸⁾ that higher job satisfaction leads to better overall care quality.

The most significant improvements were observed in the "Engagement" and "Challenge/Improvement" dimensions. Increased nurse engagement in decision-making and stronger nurse-patient relationships were evident immediately after RBC implementation and sustained over two months. Similarly, the Challenge/Improvement dimension saw consistent growth, indicating that continuous professional development and skill enhancement are key factors in nurses' perception of career growth opportunities. These findings align with Broussard (2017)⁽⁹¹⁾ and Sharpnack & Koppelman (2013)⁽⁴⁴⁾, who noted that leadership training boosts job satisfaction and professional growth.

Additionally, staff nurses reported a significant increase in job enjoyment, particularly in the Competence and Relatedness dimensions. Nurses who perceived their head nurses as engaging in effective leadership practices felt more competent and supported, reducing overall dissatisfaction. Furthermore, a strong correlation was observed between leadership improvements and job enjoyment, reinforcing Laschinger et al. (2014)⁽³⁵⁾, which found that transformational leadership fosters a supportive work environment, ultimately enhancing job satisfaction.

The study confirms that the Relationship-Based Care (RBC) Model plays a significant role in developing leadership skills and improving job satisfaction among nurses. By emphasizing professional development, relationship-building, and active engagement, RBC creates a work environment where nurses feel valued and motivated. These findings align with international standards, such as Krugman et al. (2013)⁽⁴⁴⁾, which highlight professional growth and empowerment as key factors in nurse satisfaction and retention. A notable outcome of this study was the positive shift in staff nurses' perceptions of head nurses' leadership abilities after RBC implementation at Ras El-Teen Hospital. There was a statistically significant increase in leadership evaluation scores from pre-intervention to two months post-implementation, confirming that RBC enhances leadership quality, a finding also supported by Mahmoud (2011) and Jurdy (2008)^(92,93).

The study further revealed that key RBC model, such as relationship-building and accountability, showed considerable improvements. The Building Relationships dimension saw a significant rise, reinforcing that RBC promotes head nurses centered on trust and strong interpersonal connections. These results align with Broussard (2017)⁽⁹¹⁾, who found that RBC training improved nurses' perceptions of their leaders' communication and trust-building skills. Additionally, the Responsibility-Authority-Accountability dimension also showed statistical improvement, but ongoing support is needed for long-term sustainability. Sharpnack

and Koppelman (2016)⁽⁸¹⁾, emphasized that to maintain leadership perception improvements, continuous leadership development programs should be implemented.

Additionally, the study revealed that the RBC model enhances nurses' sense of competence, as job competence scores significantly improved post-implementation. These results indicate that providing opportunities for self-development allows nurses to feel more confident in their professional roles, leading to greater overall job satisfaction Krugman et al. (2013)⁽⁴⁴⁾.

The study also establishes statistical correlations between leadership dimensions and job enjoyment, demonstrating how the RBC model enhances leadership skills and overall job satisfaction among nurses at Ras El-Teen Hospital. Key leadership dimensions, including responsibility, authority, accountability, relationship-building, and leading change, were strongly associated with higher job enjoyment levels among head and staff nurses. Expanding leadership competencies through RBC not only improves workplace satisfaction but also fosters an organizational culture that sustains these benefits long-term.

Another critical dimension that improved job enjoyment was "Articulated Expectations", suggesting that effective communication and clear leadership guidance contribute to higher job satisfaction. Sharpnack & Koppelman (2013)⁽⁸¹⁾ support this finding, stating that transparent communication and well-defined expectations help employees feel more valued and competent, making work more enjoyable.

Further regression analysis confirmed that "Building Relationships" and "Leading Change" were strong predictors of job enjoyment. Broussard (2017)⁽⁹¹⁾ similarly found that relationship-based leadership models significantly improved engagement and job satisfaction among nurses. The study also explored the long-term stability of these improvements, showing that strong correlations between leadership skills and job enjoyment persisted two months post-intervention. Krugman et al. (2013)⁽⁴⁴⁾ reinforced this finding, emphasizing that continuous leadership development prevents job dissatisfaction and turnover.

Conclusions and Recommendations:

Conclusions:

Based on the results of this study, The implementation of the head nurses' relationship-based care model had a positive impact on the leadership skills of head nurses and improved staff nurses' perceptions of their leadership capabilities and increased job enjoyment among both head nurses and staff nurses at Ras El-Teen Hospital, Alexandria." it has been concluded that there were highly statistically significant differences between head nurses' relationship-based care model application on staff nurses' job enjoyment at Ras El Teen General Hospital Also, there were highly statistically significant differences between head nurse's total leadership mean score between before and immediately after and two months' post-implementation Moreover, there is a highly statistically significant difference in staff nurse's perception of their head nurse's total leadership mean score between before and immediately after and two months' post-implementation.

These results also emphasize the significant role of nursing leaders in creating a nurturing and motivating work environment for nursing staff in medical workplaces. Additionally, RBCM allows head nurses to maintain meaningful relationships with them, making them happy and motivated at work. Consequently, happier nurses may offer higher-quality, more compassionate care because they'll have a positive impact on the patient's end.

Recommendations:

Based on the findings of this study, the following recommendations are proposed:

1. **Integration of Relationship-Based Care Model (RBCM) into Nursing Education and Training**
Healthcare organizations should incorporate structured RBCM workshops into head nurses' training programs, emphasizing relationship-building, communication, and leadership skills. Additionally, nursing curricula should include RBCM concepts to prepare future nurses to foster positive professional relationships, thereby improving job satisfaction and patient care quality.
2. **Regular Monitoring and Feedback**
Nurse Managers should regularly evaluate the implementation of RBCM using validated tools such as the Leadership Personal Assessment and Enjoyment Scale. Establishing formal feedback mechanisms

will enable nursing staff to contribute insights on RBCM practices and areas for improvement, supporting ongoing refinement of leadership and care approaches.

3. Establishment of Leadership Development Standards

Nursing regulatory bodies are encouraged to develop standardized leadership competencies based on RBCM principles. These standards will ensure consistent, high-quality leadership development across healthcare institutions.

4. Support for Longitudinal Research

Future research should employ longitudinal designs to assess the sustainability of RBCM's effects on nurse retention, patient satisfaction, and overall healthcare outcomes. Comparative studies across various healthcare settings will further clarify the model's applicability and impact.

Future Research

- Investigate the long-term impact of RBCM on nursing workforce stability and patient care quality.
- Utilize longitudinal and comparative methodologies to explore RBCM's effectiveness in diverse healthcare environments

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