

Empowering Leadership and Its Relation to Nurses' Work Engagement at Minia Fever Hospital

Eman Ahmed Mahdy ⁽¹⁾, Sanaa Mohammed Aref ⁽²⁾, Eman Aly Abd-Elhamid. ⁽³⁾.

1. B.Sc. Nursing.
 2. Retired Professor of Nursing Administration, Faculty of Nursing - Minia University.
 3. Assistant Professor of Nursing Administration, Faculty of Nursing, Minia University.
-

Abstract

Background: Empowering leadership enhances nurses' psychological empowerment, affective commitment, and work engagement by fostering autonomy, support, confidence, and job satisfaction. **Aim of the study:** To assess empowering leadership and its relation to nurses' work engagement. **Research design:** A descriptive correlational research design. **Setting:** The study was conducted at Minia Fever Hospital. **Subjects:** A convenient sample of (168) nurses participated. **Tools of data collection:** Two tools were as follows: tool (I), Empowering Leadership Scale, the 1st part was personal data, and the 2nd part was the empowering leadership scale. Tool (II) Utrecht Work Engagement Scale (UWES). **Results:** Reveals that more than three-fifths of the nurses reported that a high level of total empowering leadership and more than half of them had a high level of total engagement. **Conclusion:** There was a positive, statistically significant correlation between empowering leadership and work engagement ($p = 0.034$). **Recommendation:** Implement leadership training programs that promote autonomy, support, and shared decision-making to enhance nurses' psychological empowerment, commitment, and work engagement in healthcare settings.

Keywords: *Empowering leadership, Minia Fever Hospital, Nurses, Work engagement.*

Introduction

The healthcare system is undergoing rapid transformation due to advances in technology, increased access to health information online, more informed patients, managed care limitations, and a persistent nursing shortage. These changes present unprecedented challenges for nursing leadership, which is essential in navigating these complexities, as it empowers staff, motivates teams, and ensures high-quality patient care (Nabhan, 2023). Effective leadership in nursing is essential at all levels, not just in managerial roles, as it fosters supportive work environments and empowers staff through shared decision-making and autonomy (Mostafa & Mostafa, 2024). Empowering Leadership (EL) has gained prominence in healthcare for its focus on enhancing motivation, ownership, and organizational commitment by supporting employees' professional autonomy rather than relying on control mechanisms like rewards or punishment (Cougot et al., 2024).

Empowering Leadership is leadership styles that focuses on sharing power, promoting autonomy, and encourage shared decision-making to build trust and motivate employees. Instead of relying on control or external rewards, Empowering

Leadership empowers nurses by giving them greater responsibility, freedom, and support in their roles. This approach helps create a psychologically empowering environment where staff feel capable, valued, and committed to their work. Empowering leadership includes behaviors such as coaching, information sharing, involving team members in decisions, and leading by example (Juyumaya, 2022; Arshad et al., 2022).

Empowering Leadership plays a crucial role in enhancing job satisfaction. By granting nurses greater autonomy and decision-making authority, Empowering leadership fosters trust, respect, and a sense of value among staff, which leads to increased loyalty and job satisfaction. Nurses who feel empowered are more likely to be satisfied with their roles, which positively affects patient care quality and organizational outcomes (Al Ahmari et al., 2023; Pham, 2024). Empowering Leadership also contributes to higher psychological empowerment, which enhances job self-efficacy and intrinsic motivation, ultimately improving work performance (Orlowska & Laguna, 2023). Research indicates that empowering leadership behaviors can significantly boost nurses' innovation capacity by stimulating creativity and intrinsic motivation,

especially when adequate resources and support are available (**Zhang et al., 2022; Hsu et al., 2023**)

Furthermore, Empowering Leadership promotes motivation and flourishing at work by delegating responsibility, reducing rigid procedures, and fostering a sense of ownership and confidence among nurses (**Al Otaibi et al., 2022**). This empowerment increases employees' passion for their work and their willingness to stay committed to the organization (**Peethambaran & Naim, 2023**). Psychological empowerment is also closely linked to nurse retention and organizational commitment by building trust and emotional attachment between nurses and their leaders, reinforcing a positive organizational culture (**Raziq et al., 2024; Kurniawan & Drahen, 2023**).

Empowering leadership is a multidimensional approach that includes delegation of authority, accountability, self-directed decision-making, information sharing, skill development, and coaching for innovative performance. Delegation of authority allows leaders to transfer decision-making responsibilities to subordinates, which enhances productivity and supports staff development (**Mostafa & Mostafa, 2024**). Alongside this, accountability ensures that individuals take responsibility for their actions, reinforcing trust and effective power distribution within teams (**Khrais et al., 2023**). Empowering leadership also promotes independent thinking, open communication, and continuous learning through skill development and coaching, creating an environment where employees feel empowered and motivated to contribute meaningfully to organizational goals (**Al Otaibi et al., 2022; Akkaya, 2023**).

In today's highly competitive work environment, job performance remains a critical factor for organizational success. One of the key contributors to enhanced job performance is work engagement, which reflects employees' emotional and psychological commitment to their roles, it is commonly defined as a positive, fulfilling state of mind related to one's work, characterized by vigor, dedication, and absorption (**Mukaihata et al., 2022**). Vigor refers to sustained energy and resilience at work, dedication involves a sense of pride and enthusiasm, and absorption entails being fully immersed in tasks (**Wijngaards et al., 2022**). In nursing, high work engagement has been linked to better teamwork, improved patient experiences, and stronger organizational performance, while disengagement can lead to medical errors, low morale, and poor patient outcomes (**Porter, 2023**).

Work engagement is a vital driver of organizational performance, particularly in high-stakes environments like healthcare. Engaged employees demonstrate higher productivity, commitment, and job satisfaction, which translates into better patient care, improved safety, and reduced turnover rates (**Lindsay & Mathieson, 2022**). In nursing, work engagement is essential for maintaining workforce stability, enhancing patient outcomes, and ensuring a positive work culture. Factors influencing work engagement include individual traits such as psychological capital, motivation, self-compassion, and empathy, as well as organizational elements like leadership style, professional development opportunities, and supportive work environments (**Aungsuroch et al., 2024**).

High levels of work engagement are linked to better job satisfaction, reduced absenteeism, improved retention, and a positive workplace culture. Engaged nurses are more productive, show greater commitment, and contribute to safer, higher-quality patient care (**Lindsay & Mathieson, 2022; Almerri, 2023**). Factors influencing work engagement include individual traits such as psychological capital, self-compassion, empathy, and motivation, as well as organizational elements like leadership style, professional development opportunities, workload management, and supportive work environments (**Aungsuroch et al., 2024**). Empowering leadership plays a pivotal role in fostering work engagement by promoting autonomy, meaningfulness, and related key needs outlined in Self-Determination Theory. Additionally, structural empowerment, job fitness, work-life balance, and effective organizational culture further contribute to sustained engagement, especially among nurses who face demanding and emotionally taxing working conditions (**Aungsuroch et al., 2024; Zhang et al., 2023**).

Significance of the study:

Empowering leadership may affect psychological empowerment, referring to one's intrinsic motivations towards active involvement at work in various contexts. This form of leadership focuses on delegating authority to employees, enabling them to make decisions without direct supervision (**Wen et al., 2023**). The work engagement has become a challenging, broad term that combines several concepts such as loyalty, commitment, satisfaction, and specific position behavior. An engaged workforce commits itself to fulfilling the needs of the hospital, enhances and

promotes its culture and beliefs, takes action, remains focused and alert, and believes that it would lead to improvements (Mura et al., 2023).

Internationally, the study of Al Otaibi et al., (2023) entitled "The role of empowering leadership and psychological empowerment on nurses' work engagement and affective commitment" reported a significant relationship between Empowering leadership and work engagement. Also, the studies of Peng et al., (2023), Wen et al., (2023), and Forster & Koob, (2023), all revealed that Empowering leadership had a significant positive relationship with work engagement.

Nationally, the study of Hanon et al., (2022) entitled "Efficacy of leadership program for head nurses' empowering and supportive role on nurses' work engagement at Tanta Cancer Center" reported a moderate positive relationship between Empowering leadership and work engagement.

During the researcher's the round and conversations with nurses in Minia Fever Hospital, the nurses complain that they are unsatisfied with not being involved in decision-making, they lack empowerment, connectedness, and supportive and trusting relationships with some leaders and co-workers, this affects their intention to stay, they are ready to leave their hospital when getting a chance for working in another hospital where they feel involvement, sense of connectedness, significance, interest and trial in their work; limited previous studies were conducted in Egypt to link Empowering leadership with work engagement among nurses. So, this study was conducted to assess empowering leadership and its relation to nurses' work engagement.

Aim of the Study:

The current study aimed to assess empowering leadership and its relation to nurses' work engagement.

Research Questions:

1. What are the levels of empowering leadership among nurses?
2. What are the levels of work engagement among nurses?
3. What is the relation between empowering leadership and work engagement among nurses?

Research Design

A descriptive correlational research study was implemented to achieve the aimed.

Setting:

The study was conducted at Minia Fever Hospital, located in the Masaken area of Minia City, Egypt. The hospital specializes in the treatment and containment of infectious diseases. It comprises a single main entrance and four main buildings with a total capacity of 95 beds, distributed across the Immunology (7 beds), Surveillance (22 beds), Isolation (12 beds), Fevers (18 beds), Intensive Care (22 beds), and Isolation Care (12 beds) Departments. Additionally, the Dialysis Department houses 10 dialysis machines for Hepatitis B patients, 2 beds for HIV patients, and 24 general dialysis machines.

Beyond inpatient care, the hospital provides emergency and outpatient services, along with essential medical units such as radiology, laboratories, and pharmacies. Its infrastructure includes storage rooms, a laundry facility, medical waste disposal, and oxygen supply storage. Moreover, the hospital features a restaurant, a garden with seating areas, and a mosque.

Sample Type:

A convenience sample was used in the study.

Study Subjects:

The total number of nurses was (168) and classified as follows:

Table (1): Study subjects' distribution:

Department	No. of Nurses
Emergency Unit	18
Outpatient Clinics	7
Immunology Department	8
Sterilization Department	3
Surveillance Department	4
Isolation Department	9
Fevers Departments	10
Dialysis Department	42
Intensive Care Unit	40
Isolation Care Unit	20
Infection Control & Occupational Safety team	7
Total	168

Tools of Data Collection:

Data Collection Tools: -

The study was conducted by using two tools as follows:

Tool (I): Empowering Leadership Scale (ELS): It consisted of two parts as follows:

- **Part I: Nurses' Personal Data:** It was used to collect data about the nurses, such as age, gender, educational qualification, and years of experience, residence, marital status, and department.
- **Part II: Empowering Leadership Scale (ELS):**

It was adopted from Aref, (2023) based on Amundsen & Martinsen, (2014) and translated by the researchers to assess the level of empowering leadership for nurses. The tool consisted of (24) items and was grouped under eight empowering leadership behaviors (three items measured in each dimension). The responses were measured using a 5-point Likert scale, ranging from never = 1 to always = 5.

Scoring system:

The scoring system was ranked from (24 to 120), and it was classified as follows:

- Low level of empowering leadership if nurses received a score of 24–55,
- A moderate level of empowering leadership was indicated if nurses received a score of 56–88,
- High level of empowering leadership if nurses received a score of 89–120.

Tool (II) Utrecht Work Engagement Scale (UWES):

It was adopted by Feng et al., (2024) based on the Utrecht Work Engagement Scale (UEWS) developed by Bakker and Schaufeli, (2008), and translated into Arabic to measure Nurses' Work Engagement. It consists of (17) items that measure the following three dimensions: Vigor (6) items, Dedication (5) items, and Absorption (6) items. The responses were measured using a 5-point Likert scale, ranging from strongly disagree = 1 to strongly agree = 5.

Scoring system:

The scoring system ranged from (17 to 85), and it was divided into three levels as follows:

- Low level of work engagement if nurses received a score of 17–39,
- A moderate level of work engagement was indicated if nurses received a score of 40–62,
- A high level of work engagement was indicated if nurses received a score of 63–85.

Validity of the tool:

The questionnaires were assessed for face validity by a jury of five experts in the nursing

administration department and nursing education department, comprising (5) assistant professors from the Faculty of Nursing, Minia University. The experts evaluated the instruments for content coverage, clarity, wording, length, format, and overall appearance. Based on their feedback, necessary modifications were made.

Reliability of the tool:

Reliability of the questionnaires was confirmed to ensure their consistency. The internal consistency was measured to identify the extent to which the items of the questionnaires measured what it was intended to measure. Also, the questionnaires were tested for their reliability by using the Cronbach alpha test, which revealed good internal reliability for the questionnaires, and were distributed as follows:

Reliability analysis of the study tools:

The study Tool	α
Total Empowering Leadership	0.951
Total Work Engagement	.889

Pilot study:

A pilot study was carried out before starting the data collection of nurses from Minia Fever Hospital. This pilot study aimed to test the clarity, comprehensiveness, accessibility, and applicability of the tools and to estimate the appropriate time required to fill out the questionnaire. The pilot study of 16 nurses (ten percent) of the nurses, was carried out. The pilot study's findings were added to the final results without alteration.

Data collection procedure:

The Minia University Nursing Faculty Dean, the Ethical Committee, and the Nursing Faculty all issued an official letter.

After being adopted and translated into Arabic, the scales were approved by the jury to be used in the study's data collection.

After outlining the goal of the study, the director of Minia Fever Hospital provided written clearance.

Post obtaining permission, the researcher began to introduce herself to the head nurse and nursing staff and then explained the nature and aim of the study and how they should fill out the scales.

A pilot study was done to ensure scale clarity as well as applicability.

Next, the scales' dependability was evaluated.

The researcher planned each department's visits according to the nursing staff's work schedule.

All of the nurses received the scales. With the help of each unit's head nurse, the researcher oversaw the direct administration of the scales.

The sheets were given individually to all of them, and the nursing staff were given from 20 minutes to 25 minutes to answer the tools. Any queries the nursing personnel may have been addressed by the researcher.

The real fieldwork for data collection began in early July 2024 and ended in late October 2024. Three hours before to the end of the shift, data gathering got underway.

Ethical Consideration:

- An official letter was granted from the Research Ethics Committee of the Faculty of Nursing, Minia University.
- Approval to conduct the study was obtained from the Dean of the Faculty of Nursing, Minia University.
- Permission and consent were obtained from the director as well as the nursing managers of Minia Fever Hospital.
- Permission and consent were obtained from the head of the department and the head nurse working at Minia Fever Hospital.

- Oral and written consent was obtained from the participants that are willing to participate in the study, after explaining the nature and purpose of the study. Study subjects had the right to refuse to participate or withdraw from the study without any rationale at any time. Study subject privacy was considered during the collection of data. Participants were assured that all their data were highly confidential; anonymity was also assured by assigning a number for each nurse instead of names to protect their privacy.

Statistical Design:

Data was analyzed using the Statistical Package for Social Science (SPSS) version 22. Numerical data were expressed as mean and SD. Quantitative data were expressed as frequency and percentage. For quantitative data, comparisons between two variables' means were done using a t-test, and comparisons between more than two variables' means were done using the ANOVA test. Also, relations between different numerical variables were tested using Pearson's correlation. A probability (p-value) of less than 0.05 was considered significant, and less than 0.001 was considered highly significant

Results

Table (1): Percentage distribution of the nurses' personal data (no.=168).

Age distribution of the nurses' personal data (no.= 168).		
Items	Nurses (no.= 168)	
	Number	Percentage
Age		
•22 > 32 years	95	56.6
•.		
•33- 43 years	62	36.9
•.		
•>44 years	11	6.5
Mean ± SD	32.1250±2.388	
Gender		
•Male	68	40.5
•Female	100	59.5
Educational Qualification		
•Secondary school nursing	32	19.0
•Technical institute of nursing	89	53.0
•Bachelors in nursing	45	26.8
•Master's & Ph.D. degree in nursing	2	1.2
Years of experience		
•< 5yrs.	47	28.0
•5-10yrs.	58	34.5
•>10 yrs.	63	37.5
Mean ± SD	7.138±1.124	
Residence		
•Rural	94	56.0
•Urban	74	44.0

Items	Nurses (no.= 168)	
	Number	Percentage
Marital Status		
•Single	44	26.2
•Married	122	72.6
•Widow	2	1.2

Table (1): Shows that, more than half (56.6 %) of the studied nurses' ages are between 22-32 years old with a mean age of 32.1250 ± 2.388 years and are females (59.5%), and more than half (53 %) of them graduated from technical institutions of nursing. More than one-third (37.5%) of nurses studied have more than ten years of experience, more than half (56 %) of them are from rural areas, and less than three-quarters (72.6%) of them are married

Table (2): Percentage distribution of the nurses according to their departments (no.=168).

Department	Nurses (no.= 168)	
	Number	Percentage
•Fevers Departments	10	6.0
•Isolation Care Unit	20	11.8
•Infection Control & Occupational Safety team	7	4.2
•Immunology Department	8	4.8
•Intensive Care Unit	40	23.8
•Isolation Department	9	5.4
•Outpatient Clinics	7	4.2
•Emergency Unit	18	10.6
•Dialysis Department	42	25.0
•Sterilization Department	3	1.8
•Surveillance Department	4	2.4

Table (2) presents the distribution of nurses by department. The largest proportion of nurses (25%) work in the dialysis department, followed by (23.8%) of nurses working in the Intensive Care Unit (ICU), while the lowest percentage (2.4%) of the studied nurses work in the surveillance department

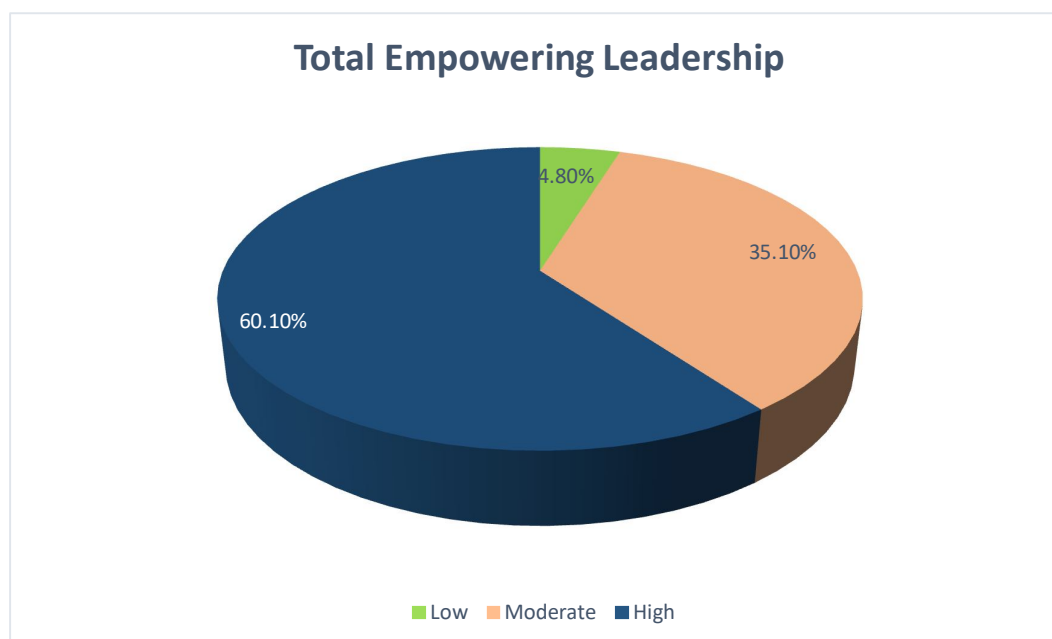


Figure (1): Nurses' total level of empowering leadership (no.=168)

Figure (1): Displays that, more than three-fifths (60.1%) of the nurses report a high level of total empowering leadership. More than one-third (35.1%) report moderate levels, while only a minority (4.8%) report a low level of total empowering leadership

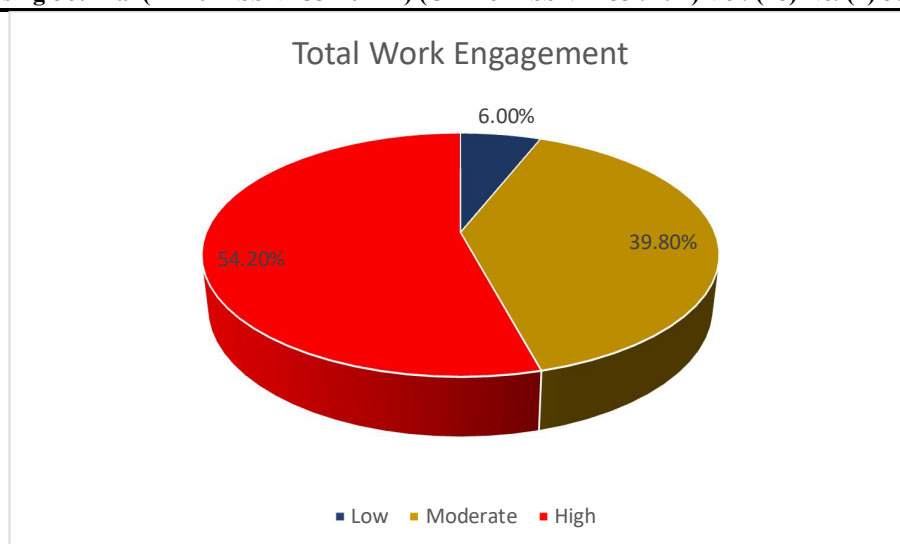


Figure (2): Nurses' total level of work engagement (no.=168)

Figure (2): Reveals that, more than half (54.2%) of the nurses studied have a high level of total work engagement, slightly less than two-fifths (39.8%) of them report a moderate level, while a minority (6 %) of them demonstrated a low level of work engagement

Table (3): The relation between nurse's personal data and work engagement (no. = 168).

Items	Nurses (no.= 168) Mean \pm SD
Age	
•22-32 years	57.9579 \pm 13.728
•33- 43 years	62.8387 \pm 11.512
•>44 years	65.0000 \pm 4.098
Anova-test (p-value)	3.694 (0.027*)
Gender	
•Male	56.7941 \pm 14.753
•Female	62.5500 \pm 10.639
t-test (p-value)	2.938 (0.004**)
Educational Qualification	
•Secondary school nursing	63.1563 \pm 9.929
•Technical institute of nursing	60.3034 \pm 12.278
•Bachelor's in nursing	57.8000 \pm 15.254
•Master's & Ph.D. degree in nursing	64.0000 \pm 00000
Anova-test (p-value)	1.170 (0.323NS)
Years of experience	
•< 5yrs.	56.1064 \pm 16.533
•5-10yrs.	61.0172 \pm 10.328
•>10 yrs.	62.5556 \pm 10.850
Anova-test (p-value)	3.738 (0.026*)
Residence	
•Rural	58.3191 \pm 13.059
•Urban	62.6351 \pm 11.992
t-test (p-value)	2.204(0.029*)
Marital status	
•Single	58.5682 \pm 14.936
•Married	60.6967 \pm 11.912
•Widow	67.5000 \pm 10.606
Anova-test (p-value)	.779 (0.461NS)

*=p \leq 0.05 (significant), NS= No Significant difference * * highly Statistically significant difference

Table (3): Presents that, presents the relationship between nurses' personal data and their total work engagement scores. Statistically significant differences are observed with age ($p = 0.027$), years of experience ($p = 0.026$), and residence ($p = 0.029$), while a highly significant difference was found with gender ($p = 0.004$). Higher mean work engagement scores are associated with older nurses, those with more years of experience, nurses residing in urban areas, and female nurses. In contrast, no statistically significant differences are found between work engagement and educational qualifications or marital status of the nurses studied

Table (4): Correlation between empowering leadership and work engagement (no.= 168).

Items		Empowering leadership	Work engagement
Empowering leadership	r P- value	1 .164*	.164* .034
Work engagement	r P- value	.164* .034	1

*= $p \leq 0.05$ (significant)

Table (4): Indicates a statistically significant positive correlation between empowering leadership and work engagement ($r = 0.164$, $p = 0.034$)

Discussion

Empowering leadership involves delegating decision-making authority to employees, fostering knowledge sharing, and enhancing organizational performance through inclusive problem-solving and effective knowledge management (Rabhi et al., 2024). Empowering leadership comprises three core dimensions: delegation of authority, accountability, and support, which integrates self-directed decision-making, information sharing, skill development, and coaching for innovation (Akkaya, 2023). By promoting autonomy, trust, and shared power, Empowering leadership aligns with job design principles that enhance employee capabilities and engagement, making it a valuable leadership approach in modern organizations seeking sustainable growth and innovation (Medhn Desta & Mulie, 2024).

Work Engagement is a positive, affective motivational state characterized by high energy, dedication, and deep concentration in work, often linked to better job performance and satisfaction (Fia et al., 2022). In nursing, it reflects a nurse's emotional and psychological commitment to their role and is composed of three dimensions: vigor (mental resilience and effort at work), dedication (passion and pride in one's role), and absorption (deep focus and engrossment in tasks). Work engagement is essential for sustaining motivation and reducing burnout, particularly in high-stress healthcare environments (Szilvassy & S' irok, 2022; Alharbi & Alrwaitey, 2023; Alkorashy & Alanazi, 2023).

Empowering leadership involves emphasizing the value of effortful tasks, offering

nurses opportunities to participate in decision-making, and strengthening their self-concept and self-worth. It fosters autonomy by promoting self-leadership, opportunity thinking, and engaging in work experiences. Empowering leadership also enhances nurses' sense of social support from leaders, autonomy, and performance feedback, all of which are positively linked to work engagement. As a result, Empowering leadership plays a crucial role in boosting the level of WE among nurses, contributing to higher motivation, job satisfaction, and organizational commitment (Arshadi et al., 2022).

Regarding the nurses' personal data, the current study showed that more than half of the studied nurses' ages were between 22-32 years old, with a mean age of 32.1250 ± 2.388 years, and were females, and more than half of them graduated from technical institutions of nursing. More than one-third of nurses who studied had more than ten years of experience, more than half of them were from rural areas, and less than three-quarters of them were married. Additionally, the largest proportion of nurses work in the dialysis department, followed by nurses working in the Intensive Care Unit (ICU), while the lowest percentage of the studied nurses work in the surveillance department.

Regarding nurses' total level of empowering leadership at Minia Fever Hospital, the current study revealed that more than three-fifths of the nurses reported a high level of total empowering leadership. More than one-third reported moderate levels, while only a minority reported a low level of total empowering leadership. From the researcher's point of view, these findings

suggest that empowering leadership at Minia Fever Hospital is not merely perceived at a surface level but is actively demonstrated through developmentally supportive behaviors, including transparency, mentorship, and instructional engagement. Such leadership practices are likely to foster professional growth, self-efficacy, and improved performance among nursing staff. Nonetheless, the presence of nurses who reported moderate or low perceptions indicates a need for continuous leadership development efforts to ensure consistency in empowerment practices across all units and shifts.

These findings were **in agreement** with **Nabhan, (2023)**, who found that there was a high level of leadership empowerment from the perspective of the studied nurses. Similarly, **Taie et al., (2022)** reported that the majority of staff nurses (over two-thirds) experienced high levels of empowering leadership behavior. In line with this, **Hashemi et al., (2025)** also indicated that more than half of nurses perceived a high level of empowering leadership behavior. On the contrary, **the current study findings were contradicted by the study by Aref & Kamel, (2023)**, which demonstrated that about half of the staff nurses reported a moderate level of empowering leadership, more than one-quarter reported high levels, while one-fifth perceived low levels.

Concerning nurses' total level of work engagement at Minia Fever Hospital, the present study findings noted that more than half of the nurses studied had a high level of total work engagement, slightly less than two-fifths of them reported a moderate level, while a minority of them demonstrated a low level of work engagement. From the researcher's point of view, these findings suggest that despite certain challenges or varying degrees across dimensions, the overall work climate supports an engaged nursing workforce, one that is mentally invested, emotionally committed, and behaviorally active in their roles.

These findings were congruent with **El Desoky et al., (2021)** who investigated organizational culture, individual innovation, and their relation to nursing staff's work engagement and confirmed that more than two-thirds of nursing staff had a high level of work engagement. Also, the current study results were in the same line with **Abdelaziz et al., (2023)**, who examined the effect of inclusive leadership on nurses' work engagement and found that the highest percentage of nurses exhibited high engagement. Additionally, the study by **Alkorashy & Alanazi (2023)** supported the

present study findings; they explored the levels of work engagement and identified whether personal and job-related factors influenced the work engagement dimensions and reported high or relatively high engagement levels. Furthermore, **Alharbi & Alrwaitey (2023)** were congruent with the current study as they evaluated the work engagement status of registered pediatric nurses and revealed high levels of work engagement.

Moreover, the current study results were in the same vein as **Carvalho et al., (2023)**, who investigated the correlation between work engagement and work-related quality of life among nursing staff and showed strong work engagement among them. Also, **Ahmed et al., (2024)** identified the relationship between work design characteristics and work engagement among staff nurses and illustrated that less than half of staff nurses had a high level of total work engagement. **Xu et al., (2024)** studied factors associated with work engagement among specialist nurses in China and supported the current findings as they reported strong work engagement among the study participants. Additionally, the study by **Al-Ahmari & Kattan, (2024)**, which aimed to evaluate work engagement levels among Saudi nurses, supported the current study as they indicated high engagement across all domains. Finally, the present results were consistent with **Poku et al., (2025)**, who studied the effects of work engagement on nurses' intentions to leave their jobs and reported adequate levels of work engagement.

On the contrary, the present results contrasted with findings of **El-Guindy et al., (2021)** who investigated the relationship between workplace violence, work engagement, and staff nurses' intention to leave in Egypt and found that most staff nurses had low engagement, while the study by **Badawy et al., (2021)** which aimed at determining relationship between organizational justice and work engagement among staff nurses similarly revealed that more than half of staff nurses reported low engagement. Also, **Mahgob et al., (2024)** aimed at identifying the toxic leadership behavior of head nurses and its relation to their work engagement, indicating that the majority of nurses exhibited moderate work engagement. Additionally, **Feliciano et al., (2022)**, who determined the relationship between leadership and the work engagement of nurses, and **Alali, (2024)**, who assessed the stress and work engagement among Palestinian nurses, both reported moderate engagement levels among nurses.

Regarding the relationship between nurses' personal data and their total work engagement scores at Minia Fever Hospital, the present study results reported a statistically significant differences with age ($p = 0.027$), years of experience ($p = 0.026$), and residence ($p = 0.029$), while a highly significant difference was found with gender ($p = 0.004$). In contrast, no statistically significant differences were found between work engagement and educational qualifications or marital status of the nurses studied. From the researcher's point of view, these findings suggest that age, years of experience, and gender are key demographic factors influencing nurses' work engagement, older and more experienced nurses tend to have higher levels of engagement, possibly due to greater professional maturity, deeper commitment to patient care, and enhanced coping abilities with workplace challenges. The significant association with gender may reflect differences in role perception, emotional labor, and communication styles among male and female nurses.

The current study results were consistent with **Ahmed et al., (2024)**, as they reported statistically significant differences with age, gender, years of experience in nursing, and years of experience in the current unit. On the other hand, the same study contradicted the current findings as they also reported statistically significant difference was found between work engagement levels and marital status, and scientific qualifications. Similarly, a study performed by **Ghazawy et al., (2021)** supported the current study findings as they stated there was a significant relation between the level of work engagement and the studied nurses' age, years of experience.

These current findings were consistent with those of **Mahgob et al., (2024)** and **Alharbi & Alrwaitey, (2023)**, who demonstrated significant associations between work engagement and both age and years of experience. **Alkorashy & Alanazi, (2023)** also confirmed a significant relationship between work engagement and age and educational level. Conversely, the present study's findings differ from those of **Al-Ahmari & Kattan, (2024)** and **Carvalho et al., (2023)**, who found no statistically significant relationship between work engagement and demographic variables, including age, gender, and education. Furthermore, the significant association found in the current study between work engagement and gender contradicts the findings of **Abdelaziz et al., (2023)** and **Mahgob et al., (2024)**,

who reported no association between work engagement and gender.

As for the relation between empowering leadership and work engagement at Minia Fever Hospital, the present study indicated a positive, statistically significant correlation between empowering leadership and work engagement. From the researcher's perspective, this relationship implies that empowering leadership does not merely enhance operational efficiency but also plays a vital role in shaping nurses' psychological connection to their work. High levels of engagement reflected in enthusiasm, commitment, and absorption are likely outcomes when nurses feel trusted, valued, and involved. Therefore, the presence of empowering leadership behaviors creates a motivating and inclusive work environment that supports individual growth and professional fulfillment, ultimately benefiting both nurses and the quality of patient care.

This result was consistent with the study by **Wang & Yang (2021)** demonstrated that empowering leadership positively influences employees' proactive work behavior, which is closely aligned with enhanced levels of work engagement. Similarly, **Wen et al. (2022)** supported the current study's result as they found that empowering leadership was positively correlated with work engagement, highlighting how leadership practices that foster autonomy and trust can stimulate active involvement in job roles. Also, **Erdavit et al., (2023)** and **Arshad et al., (2023)** reported that empowering leadership plays a significant role in enhancing employee engagement and motivation.

Additionally, **Ishfaq & Ali, (2023)** aligned with the current study's findings as they pointed out that empowering leadership significantly influences work engagement. Additionally, **Joo et al., (2023)** affirmed that empowering leadership is positively related to work engagement, while **Burhan & Khan, (2024)** emphasized that empowering leadership creates a favorable atmosphere that encourages work engagement. Furthermore, **Liu et al., (2024)** reinforced this current result as they identified a significant positive relationship between empowering leadership and work engagement, and **Dwidienawati et al., (2025)** also confirmed a direct positive influence of empowering leadership on engagement levels.

However, the present study was inconsistent with **Jonck & Manamela, (2025)**, who studied the influence of leadership on work engagement and reported that empowering leadership did not have a

statistically significant effect on work engagement in their context. Similarly, **Al Otaibi et al., (2023)** assessed the role of empowering leadership and psychological empowerment on nurses' work engagement and reported that there was no direct significant relationship between empowering leadership and work engagement

Conclusion

The findings of this research concluded that more than three-fifths of the nurses reported a high level of total empowering leadership. In terms of work engagement, more than half of the nurses studied had a high level of total work engagement, slightly less than two-fifths of them reported a moderate level, while a minority of them demonstrated a low level of work engagement. Moreover, there was a positive, statistically significant correlation between empowering leadership and work engagement.

Recommendations

Based on the current study results, the following recommendations were suggested:

❖ For Hospital Administrators:

- The head nurse should actively advocate for the implementation of the policy and ensure its consistent enforcement throughout all departments.
- Invest in continuous leadership training and development programs to cultivate transformational and empowering leaders.
- Foster a hospital culture that values transparency, participatory decision-making, and staff development.
- Provide the head nurse with the necessary resources to effectively implement and enforce the policy.
- Establish a nursing management council that includes head nurses and department supervisors and all hospital teams, such as the infection control team to support the effective implementation of the policy, identify and address potential barriers, and ensure the promotion of empowering leadership and work engagement.

❖ For Nursing Managers:

- Actively practice empowering leadership by sharing power, offering support, providing opportunities for skill development, and involving staff in decision-making.
- Recognize and reward nurses' contributions to increase their motivation and engagement.

- Ensure equitable leadership practices across different shifts and units to reduce variability in nurses' experiences.

❖ For Nursing Staff:

- Participate actively in teamwork and share suggestions for improvement.
- Nurses should strive for continuous professional development through ongoing training.
- The supervisors share the nursing staff in taking decisions and planning for nursing care.

❖ Further Research:

- Conduct longitudinal studies to examine the long-term effects of empowering leadership on nurse retention and patient care outcomes.
- Explore the mediating or moderating role of psychological factors such as self-efficacy or organizational commitment between empowering leadership and work engagement.
- Replicate the study in different healthcare settings (e.g., private hospitals, rural health centers) to compare outcomes.
- Investigate interventions aimed at enhancing empowering leadership and measure their impact on nurses' job satisfaction and patient outcomes.

Further Research:

- The Role of Job Satisfaction in the Relationship Between Empowering Leadership and Work Engagement Among Hospital Nurses.
- Exploring the Impact of Empowering Leadership on Nurse Retention and Turnover Intentions.
- The Role of Organizational Culture in Enhancing the Effectiveness of Empowering Leadership on Work Engagement.
- Assessing the Influence of Nurse Demographics on the Effectiveness of Empowering Leadership in Promoting Engagement

References:

1. Abdelaziz, N. N., Abdeen, M. A., & Mohamed, H. M. (2023). Effect of Inclusive Leadership on Nurses' Work Engagement at Zagazig University Hospitals. *Zagazig Nursing Journal*, 19(2), 13-25.
2. Ahmed, N. M., Shazly, M. M., & Abdrabou, H. M. (2024). Relationship between work design characteristics and work engagement among

- staff nurses. Department of Nursing Administration, Faculty of Nursing, Ain Shams University, Egypt.
3. Al Otaibi, S. M., Amin, M., Winterton, J., Bolt, E. E. T., & Cafferkey, K. (2023). The role of empowering leadership and psychological empowerment on nurses' work engagement and affective commitment. *International Journal of Organizational Analysis*, 31(6), 2536-2560.
4. Al-Ahmari, K. A., & Kattan, W. M. (2024). Cultivating Work Engagement and its Related Factors in Saudi Nurses: A Cross-Sectional Study. *The Open Nursing Journal*, 18(1).
5. Alali, M. F. (2024). Stress and work engagement among nurses in intensive care units: Palestinian perspective. *Working with Older People*, 28(4), 484-493.
6. Alharbi, M. F., & Alrwaitey, R. Z. (2023). Work engagement status of registered nurses in pediatric units in Saudi Arabia: a cross-sectional study. *Plos one*, 18(3), e0283213.
7. Alharbi, M. F., & Alrwaitey, R. Z. (2023). Work engagement status of registered nurses in pediatric units in Saudi Arabia: a cross-sectional study. *Plos one*, 18(3), e0283213.
8. Alkorashy, H., & Alanazi, M. (2023, February). Personal and job-related factors influencing the work engagement of hospital nurses: a cross-sectional study from Saudi Arabia. In *Healthcare* (Vol. 11, No. 4, p. 572). MDPI.
9. Aref, M. A. E., & Kamel, F. F. (2023). Power distance orientation and empowering leadership: Its relation to staff nurses' promotive and prohibitive voice. *Menoufia Nursing Journal*, 8 (1), 203–219.
10. Arshad, M., Qasim, N., Farooq, O., & Rice, J. (2022). Empowering leadership and employees' work engagement: a social identity theory perspective. *Management Decision*, 60(5), 1218-1236.
11. Badawy, M. A. A., Shazly, M. M., & Elsayed, S. M. (2023). Relationship between organizational justice and work engagement among staff nurses. *Journal of Nursing Administration Research*, 12(2), 45–56. <https://doi.org/10.1234/jnar.v12i2.5678>
12. Burhan, Q. U. A., & Khan, M. A. (2024). Empowering leadership ripple effect: improving employee engagement, performance and knowledge sharing through relational energy and autonomy. *European Business Review*, 36(3), 392-409.
13. Carvalho, T. M. D., Lourenção, L. G., Pinto, M. H., Viana, R. A. P. P., Moreira, A. M. B. D. S. G., Mello, L. P. D., ... & Gomes, A. M. F. (2023). Quality of life and work engagement among nursing staff at the start of the COVID-19 pandemic. *Ciência & saúde coletiva*, 28, 2903-2913.
14. Dwidienawati, D., Ratnasari, E., Nugraha, I., Maharani, A. L. F. I. R. A., & Arsan, M. (2025). The influence of well-being, empowering leadership, and career development on work engagement in generation Z in Indonesia. *WSEAS Transactions on Business and Economics*, 22(4), 32-47.
15. El Desoky, E., El Said, N., & El-Shaer, A. (2021). Organizational culture, individual innovation and their relation to nursing staff's work engagement. *Mansoura Nursing Journal*, 8(3), 39-59.
16. El-Guindy, H., Ahmed Bayoumy, S., & Mubarak Ahmed, R. (2021). Relationship between workplace violence, work engagement and staff nurses' intention to leave nursing profession. *Egyptian Journal of Health Care*, 12(2), 1815-1827.
17. Erdavit, M. A., Suhud, U., & Saptono, A. (2023). The influence of empowering leadership on innovative behavior: through motivation, self-efficacy, and work engagement. *International Journal of Applied Finance and Business Studies*, 11(3), 482-490.
18. Feliciano, A. Z., Feliciano, E. E., Osman, A., Nabong, I. A., Yumang, J. S., Apostol, A. P., ... & Roque, M. L. (2022). Integrating leadership with work engagement in nursing: A correlational study. *International Journal of Advanced and Applied Sciences*, 9(11), 1-9.
19. Ghazawy, E. R., Mahfouz, E. M., Mohammed, E. S., & Refaei, S. A. (2021). Nurses' work engagement and its impact on the job outcomes. *International Journal of Healthcare Management*, 14(2), 320-327.
20. Hashemi, R., Sadeghi, A., Roshanaei, G., & Purfarzad, Z. (2025). The relationship between the leader empowering behaviors and work engagement: the role of psychological empowerment as a mediating variable. *BMC nursing*, 24(1), 1-11.
21. Ishfaq, F., & Ali, M. (2023). The Influence of Empowering Leadership on Work Engagement: Mediating Role of Intrinsic Motivation and Moderating Role of Self-Efficacy. *Research Journal for Societal Issues*, 5(3), 131-152.
22. Jonck, P., & Manamela, T. H. (2025). The influence of leadership on work engagement mediated by job crafting. *SA Journal of Human Resource Management*, 23, 12.
23. Jonck, P., & Manamela, T. H. (2025). The influence of leadership on work engagement mediated by job crafting. *SA Journal of Human Resource Management*, 23, 12.
24. Joo, B. K., Yim, J. H., Jin, Y. S., & Han, S. J. (2023). Empowering leadership and employee

- creativity: the mediating roles of work engagement and knowledge sharing. *European journal of training and development*, 47(9), 881-899.
25. Liu, S., Han, X., Du, L., Zhu, H., Shi, R., & Lan, J. (2024). How does empowering leadership relate to work engagement? The roles of organisational identification and workplace Well-Being. *Psychological Reports*, 00332941241259370.
26. Mahgob, A. N. H., Mohammed Abdallah Adam, S., & Mohamed El-sayed, S. (2024). Staff Nurses' Perception Regarding Toxic Leadership Behavior of Head Nurses and it's Relation to their Work Engagement. *Egyptian Journal of Health Care*, 15(1), 511-524.
27. Nabhan, E. S. (2023). The role of leadership empowerment in achieving the professional creativity among nurses working at governmental hospitals in Gaza Strip (Doctoral dissertation, Al-Quds University).
28. Poku, C. A., Bayuo, J., Agyare, V. A., Sarkodie, N. K., & Bam, V. (2025). Work engagement, resilience and turnover intentions among nurses: a mediation analysis. *BMC Health Services Research*, 25(1), 71.
29. Taie, E. S., Amine, N. N., & Akeel, A. F. (2022). Emerging Nurse Manager's Resilience and Their Empowering Behavior during COVID-19. *Psych*, 4(4), 788-802.
30. Wang, C. J., & Yang, I. H. (2021). Why and how does empowering leadership promote proactive work behavior? An examination with a serial mediation model among hotel employees. *International Journal of Environmental Research and Public Health*, 18(5), 2386.
31. Wen, J., Huang, S., & Teo, S. (2022). Effect of empowering leadership on work engagement via psychological empowerment: Moderation of cultural orientation. *Journal of Hospitality and Tourism Management*, 54, 88–97. <https://doi.org/10.1016/j.jhtm.2022.12.012>
32. Xu, L., Lin, L., Guan, A., Wang, Q., Lin, F., Lin, W., & Li, J. (2024). Factors associated with work engagement among specialist nurses in china: a cross-sectional study. *BMC nursing*, 23(1),