Power Distance Orientation and Empowering Leadership: its Relation to Staff Nurses Promotive and Prohibitive Voice

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`**Abstract: Background:** Nurses' power distance orientation shows how they accept inequality between levels and positions. It shapes their views of, and interactions with their managers and leaders in work environment. Nurse leaders often try to empower their staff by sharing knowledge, responsibility and power with them to increase their energy, investment in their work and motives to speak up. **Aim:** The study aims to assess staff nurses' power distance orientation, empowering leadership and its relation to their promotive and prohibitive voice. **Design:** descriptive, correlational research design was used to conduct this study. **Setting:** study was conducted in four main critical care units at Benha University Hospital. **Sample:** A simple random sample consisted of 110 staff nurses. **Instruments:** Three instruments were used in this study; Power distance orientation scale, empowering leadership questionnaire, and promotive and prohibitive voice questionnaire. **Results:** About half of staff nurses reported high power distance orientation and moderate empowering leadership, and the highest percentage of them have both promotive and prohibitive voice. **Conclusion:** There is a positive significant correlation between staff nurses' power distance orientation and promotive and prohibitive voice. Also, empowering leadership especially its development category signifcantlly and positively correlated with both promotive and prohibitive voice. **Recommendation**: Based on study finding it is recommends that managers and leaders in health care organizations should provide staff nurses with: Right mix of knowledge, information, rewards and power for energizing them to participate in decision making. Training programs in how power distributed between different classes to be able to build identity adjustments and to promote respect, and loyalty to their supervisors.

Key words: empowering leadership, power distance orientation, promotive and prohibitive voice, staff nurses.

Introduction

Power is having control, influence and domination over something and someone. It is the nurse' ability to get things done through allocating resources and to get and use whatever it is that he or she needs for the target fulfillment (Peltokorpi & Ramaswami, 2019 & Gottlieb, et al., 2021). Power distance is the level of power discrepancy between two nurses, one with greater power than the other (Fock et al., 2012). When nurses and supervisors interact, especially, power distance illustrates how authority is allocated unevenly (Bruynee et al., 2019). According to Zheng and Zhu (2019) power distance orientation can be defined as the extent to which nurses with less power expect and accept that power disseminated unequally in their organizations and institutions

Power distance orientation highlight nurses propensity to emphasize capability, a low-level relationship, gap in hierarchy, individual differences

and team support (Rafiei & Pourreza, 2013). It is a cultural dimension that can influence the behaviors of nurses and leaders in health care organizations. And values of power distance orientation are different from nurse to other even when in the same institution (Fleming & Spicer, 2014). In health care organizational context the difference in power distance orientation can influence nurses' perceptions and behaviors (Choi et al., 2019).

Nurse managers and leaders are in a position of power and are expected to use different strategies for empowering their staff (Kumar &Kumar 2017 and Hieu, 2020). Empowerment can be defined as a process that fosters power in persons to take action on issues they perceive as significant in their own lives, communities, and societies (Biemann et al., 2015). Nurse's empowerment is a motivational strategy that encourages nurses to be satisfied with their work and health care organization. It focuses on distributing authority and responsibility and gaining the loyalty of an organization's nursing staff (Gottlieb et al., 2021).

Empowering nurses encourages their involvement in decision-making, the creation of good ideas, and their execution. It acts as a guide to help them be more effective, productive, and satisfied in their work (Shariff, 2015). Also, nurses can be inspired to develop their skills and capabilities by taking on greater duties. Moreover, nurses that are dedicated and loyal accomplish organizational goals (Gottlieb et al., 2021).

The twenty-first century health care environment needs not only to empower nursing staff but it also should strive to enhance empowering leadership (Hao et al., 2018). Empowering leadership means the power sharing and inspiring nursing staff to be striving for performing the excellence in their work (Cheong et al., 2016). In health care organization an empowering leadership focus on clearly delineated goals, factual data, communication, delegating authority, nurses inclusion, rewarding system, , training, sense of trust, nurses suggestion schemes, self governance, interaction with top management and commitment to encourage staff speaking up and to have a influenced voice (Bobbio et al., 2012 & Mudallal et al., 2017).

Nurses voice is an informal voluntary form of upward communication intended to promote improvement or change (Xu & Wichaikhum, 2020). It is a type of extra role conduct and differs from upward impact because the intention is to benefit and improve the organization, not for personal gain (Zheng et al., 2019 & krenze et al., 2020). Nurse's voice is crucial for ensuring health care organization's smooth operation and ongoing growth and their leaders can directly encourage or inhibit this voice by influencing workplace norms about it (Wong et al., 2010 & Gong et al., 2021).

Nurses' voice can be either promotive / prohibitive or promotive and prohibitive (Chamberlin et al., 2017 & Zheng et al., 2019). Promotive is in which they convey and make proactive suggestions for improving the unit' work, and preemptively bring about positive and creative ideas that assist the unit in meeting its objectives. It aims to improving the procedure by change or adjusting the original one (Elizabeth.et al., 2018). Prohibitive voice is accompanied by health care organization' health through restricting and holding harms by alert peers about unacceptable conduct that could affect their ability to execute their jobs (MacMillan et al., 2020). It also, includes nurses expressing their

concerns in order to prevent health care organization from damaging events to be identified and rectified or proactively prevent it from occurring. (Chamberlin et al., 2017).

Significance of the study

Nurses' voice is crucial information for management decisions and added value for lower turnover, innovation in health care setting. It has the potentiality for contributing in creating sustainable health care organization and it plays an important role in its improvements (Xu & Wichaikhum, 2020). The absence of this voice may be a sign that health care organization loses freedom and morale. Thus, nurses' voice may tend to be influenced by their power distance orientation which can be reflected in the way they obey leaders instructions with or without question and how their leader empower them to carry out their tasks (Gong et al., 2021). From the researchers's readings in Egypt there is limited studies conducted to assess staff nurses' power distance orientation, empowering leadership and specifically investigate its relation to their voice. It is hoped that knowledge gaining from this study can help in more understanding of nurses' power distance orientation, empowering leadership and its contribution in encouraging nurses to voice their thoughts and to share their ideas in order to maintain health care organization success. Therefore, this study will be conducted to assess staff nurses' power distance orientation, empowering leadership and its relation to their promotive and prohibitive voice.

Aim of the study

This study aims to assess staff nurses' power distance orientation, empowering leadership and its relation to their promotive and prohibitive voice.

Research questions:

1. What is staff nurses' power distance orientation level?
2. What is the level of empowering leadership for staff nurses?
3. What is the type of staff nurses' voice?
4. Is there a relation between staff nurses' power distance orientation, empowering leadership and their promotive and prohibitive voice?

METHODS

Research design

A descriptive correlational research design was used to conduct this study.

Setting

The current study was conducted in the four main critical care units at Benha University Hospital as follows: (Intensive Care Unit (ICU), Emergency Care Unit (ECU), Coronary Care Unit (CCU), and Neonatal Intensive Care Unit (NICU)).

Subjects

A simple random sample of staff nurses which consisted of 110 staff nurses out of 153 who are working in the earlier mentioned hospital' units, disturbed as follows: (Intensive Care Unit (32 out of 45 staff nurses), Emergency Care Unit (29 out of 40 staff nurses), Coronary Care Unit (24 out of 33 staff nurses), and Neonatal Intensive Care Unit (25 out of 35 staff nurses)). The sample size was determined according to the following formula:
$n = N/1+N(e)2$. As, n = the sample size = (110), N = the total population of the study = (153), and e = the error tolerance level = (0.05).

Instruments

Three instruments were used in this study.

Instrument One: Power Distance Orientation Scale: The scale was developed by Earley & Erez, (1997) and translated by the researchers. It consisted of two parts:

- Part One: Personal data: It included personal information of staff nurses as (age, gender, marital status, and experience).
- Part Two: It consisted of eight items to assess staff nurses' power distance orientation level.

Scoring:

Five points likert scale used to measure responses. Ranging from; strongly disagree = 1 to strongly agree = 5. Scoring were calculated as follows; < 60% for low power distance orientation, ≥ 60% to < 75% for moderate power distance orientation and ≥ 75% for high power distance orientation.

Instrument Two: Empowering Leadership Questionnaire: It was developed by Amundsen & Martinsen, (2014) and translated by the researchers. To assess the level of empowering leadership for staff nurses. It consisted of 18 items divided into two dimensions; 12 items for autonomy and 6 items for development.

Scoring:

Five points likert scale used to measure responses. Ranging from; strongly disagree = 1 to strongly agree = 5. Score were calculated as follows; < 60% for low empowering leadership, from ≥ 60% to < 75% for moderate empowering leadership and ≥ 75% for high empowering leadership.

Instrument Three: Promotive and Prohibitive Voice questionnaire: It was developed by (Jian., et al. 2012) and translated by the researchers. To assess staff nurses' promotive and prohibitive voice. It consisted of 10 items divided into two dimensions: promotive and prohibitive voice; 5 items for each.

Scoring:

Five points likert scale used to measure responses. It Ranging from; strongly disagree = 1 to strongly agree = 5. Score were calculated that the nurse have a voice if his /her score ≥ 60% for the voice. (Chamberlin et al., 2017) as follows:

- Non defined voice: Nurses who have score < 60% for both voices.
- Promotive voice: Nurses who have score ≥ 60% for promotive and < 60% for prohibitive voice.
- Prohibitive voice: Nurses who have score ≥ 60% for prohibitive and < 60% for promotive voice.
- Promotive and prohibitive voice: Nurses who have score ≥ 60% for both promotive and prohibitive voice.

Data Collection procedures:

The preparation phase started from May 2021 to July 2021 and included a review of the national and international relevant literature for developing and selecting the study instruments. All insteruments were translated into Arabic format for better understanding and back translation to check its accuracy.

Validity:

The instruments were tested for face validity by jury of seven experts members in specialty of nursing administration from different faculties of nursing. All comments were taken into consideration and accordingly some items were re-phrased.

The pilot study:

It was conducted on 11 staff nurses that represent 10% of the total sample (110) for examining items' sequence, practicability, feasibility and applicability of them, language' clarity and for estimating the required time for filling them. It took about 20-25 minutes for the three instruments to fill it. The pilot study was included within main sample.

Reliability:

The instruments' reliability was tested using Cronbach's Alpha test to determine its internal consistency and homogeneity. Cronbach's Alpha was 0.85 for power distance orientation scale, 0.86 for empowering leadership questionnaire, and 0.82 for promotive and prohibitive voice questionnaire.

Ethical considerations:

A approval of the Ethical and Research Committee in the Faculty of Nursing, Benha University was obtained and presented to the hospital's administrators describing the purpose of the study. Subsequently the researchers meet with unit' supervisors to explain the study objectives to obtain their agreement, cooperation, as well as coordinating nurse's inclusion thus according to their role and task burden of each unit. The researchers then began by announcing themselves to every nurse group, explaining the goal of the study, and obtaining nurses' approval to take part in the study. In during data collection and meeting with nurses, they were notified about the objective and advantages of the study, as well as that their participation is completely voluntary and they have the right to participate / refuse in the study as well as to withdraw at any moment, without explanation. Furthermore, all data was coded to ensure the subjects' confidentiality and anonymity.

Field work: the data collection took around two months from the beginning of August until the end of September 2021.The researchers met with nurses and described the manner of filling out the instruments. This was done both individually and within groups depending on the feasibility of them. The researchers gave the instruments to the participating staff nurses to fill in the work periods that were previously agreed upon with the head nurse of each unit based on the type of work and work load. Data was collected two days per week in the researcher's presence to explain any misunderstanding or ambiguity. The weekly average number of collected sheets filled was 15-20 sheets.

Statistical analysis

Statistical software package for the Social Sciences (SPSS version 20) was used to conduct statistical analysis. Descriptive statistics such as numbers, frequency, means, and standard deviations, as well as Pearson correlation coefficients, were used to represent the data. When p-value $\leq$ 0.05, a significance level was considered, and when p-value $\leq$ 0.001 a highly significant level was considered, whereas p-value > 0.05 implies non-significant findings.

Results

Table 1: Presented personal characteristic of nurses. It indicated that 60.9% of them aged 30-40 years. Also, most of them (91.8% and 93.6%) were female and married respectively. Regarding years of experience, more than one third (36.4%) of study sample have $\geq$ 15 years of experiences

Table 2: Illustrates agreements of staff nurses regarding power distance orientation' items. It showed that about half of them (54.5%) agree that managers and leaders should take decisions without discussing their

nursing staff in most times. And about two thirds of them (60%) agree that staff nurses who frequently seek authority can make their managers and leaders less effective. Moreover, more than half (57.3%) disagree that managers and leaders who allow their staff to be involved in decision-making possibly lose power.

Figure 1: Presented staff nurses levels regarding power distance orientation. It showed that about half of them (48.3%) reported high power distance orientation.

Table 3: Revealed staff nurses agreements about empowering leadership' items. It showed that about half of them (51.8%) disagree that their leader provide them power, more than half of nurses (58.2 %) agree that the leader inspires them to be initiative, and realizes their both weaknesses and strengths. Also, about half of them (53.6%) agree that when necessary, the leader encourages them for using their strengths, and tell them the way to optimize their work style. While, about half of staff nurses (52.7 %) disagree that leader shows them the way he or she arranges his or her duties. And about two thirds of them (64.5 %) reported not sure regard leader informs them about how he or she controls his or her tasks.

Figure 2: Presented empowering leadership levels for staff nurses. It showed that about half of them (51.2%) reported moderate empowering leadership.

Table 4: Demonstrated staff nurses agreements regarding promotive and prohibitive voice items. For promotive items; it revealed that about half of them (53.6 %) agree that they develop and make proactive suggestions for concerns that may affect the unit' work.

Also, the majority of staff nurses agreements (70 %) were related to that they give useful criticism to enhance the performance of the unit. For prohibitive items; it showed that about half of them (51.8%) agree that they alert the peers about unacceptable conduct that could affect their ability to execute their jobs. While, about half of them (55.5%) were not sure that they strive to speak about issues as they arise in the unit, despite the fact that it might impair relations with other staff.

Figure 3: Presented staff nurses' percentage regard promotive and prohibitive voice. It showed that highest percentage of them (45.5%) have both promotive and prohibitive voice.

Table 5: Revealed staff nurses' mean scores regarding empowering leadership and voice. It showed that the highest mean score regarding empowering leadership was related to its development category (20.90± 7.49). In relation to their voice the highest mean score was related to promotive voice behavior (19.00± 6.19)

Table 6: Illustrates correlation between staff nurses' power distance orientation, empowering leadership and their promotive and prohibitive voice. It showed that there is a significant and positive correlation between staff nurses' power distance orientation and promotive and prohibitive voice. Also, empowering leadership especially its development category significantly and positively correlated with both promotive and prohibitive voice. Moreover, there is a positive significant correlation between power distance orientation and empowering leadership.

Table 1: Distribution of staff nurses regarding their personal characteristic (no=110)

Personal characteristic	Staff nurses	
	No	%
Age		
<30	8	7.3
30-40	67	60.9
>40	35	31.8
Gender		
Male	9	8.2
Female	101	91.8
Marital status		
Married	103	93.6
Unmarried	7	6.4
Years of experience		
<5	5	4.5
5- <10	33	30.0
10- <15	32	29.1
≥ 15	40	36.4

Table 2. Staff nurses' agreements regarding power distance orientation (no=110)

Power Distance Orientation	Strongly agree		agree		Not sure		Disagree		Strongly disagree	
	No	%	No	%	No	%	No	%	No	%
In most situations, managers and leaders should make decisions without discussing with their nursing staff.	15	13.6	60	54.5	12	10.9	17	15.5	6	5.5
Managers and leaders have the right to expect compliance from their nursing staff in work-related matters.	27	24.5	47	42.7	14	12.7	14	12.7	8	7.3
Staff nurses who frequently seek authority can make their managers and leaders less effective.	16	14.5	66	60.0	12	10.9	12	10.9	4	3.6
When a top-level manager makes a decision, staff nurses must not discuss it.	33	30.0	42	38.2	15	13.6	13	11.8	7	6.4
Staff nurses must not disagree with their managers or leaders.	7	6.4	13	11.8	15	13.6	42	38.2	33	30.0
Managers and leaders must be capable of making sound choices without discussing their staff.	30	27.3	16	14.5	43	39.1	14	12.7	7	6.4
Managers and leaders who allow their staff to be involved in decision-making possibly lose power.	0	0	20	18.2	6	5.5	63	57.3	21	19.1
A hospital's rules should not be broken, even if the nursing staff believes it is not in the greatest advantage of the hospital.	30	27.3	25	22.7	22	20.0	21	19.1	12	10.9

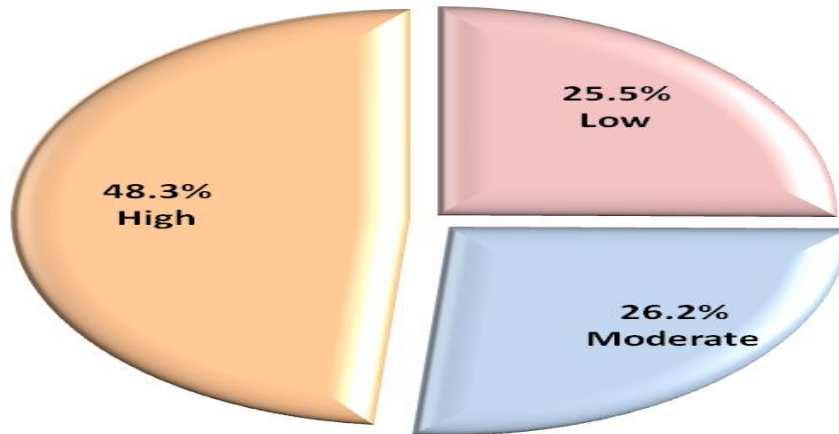**Figure 1: Staff nurses levels regarding power distance orientation**

Table 3. Staff nurses agreements regarding empowering leadership (no=110)

Empowering leadership	Strongly agree		Agree		Not sure		Disagree		Strongly disagree	
	No	%	No	%	No	%	No	%	No	%
Autonomy										
The leader conveys that I will accept responsibilities.	14	12.7	47	42.7	21	19.1	18	16.4	10	9.1
The leader provides power to me.	7	6.4	4	3.6	32	29.1	57	51.8	10	9.1
Leader delegates power over concerns in my department to me.	6	5.5	14	12.7	29	26.4	50	45.5	11	10.0
The leader shows good views towards me, beginning with my own tasks.	14	12.7	25	22.7	43	39.1	18	16.4	10	9.1
The leader inspires me to be initiative.	2	1.8	64	58.2	40	36.4	3	2.7	1	.9
The leader is interested that I meet my objectives.	18	16.4	20	18.2	12	10.9	53	48.2	7	6.4
The leader is worried about my goal-oriented work pattern.	17	15.5	29	26.4	42	38.2	7	6.4	15	13.6
The leader pays attention to me.	20	18.2	16	14.5	44	40.0	15	13.6	15	13.6
The leader realizes both my weaknesses and my strengths.	36	32.7	64	58.2	2	1.8	0	0	8	7.3
When necessary, the leader encourages me for using my strengths.	11	10.0	59	53.6	23	20.9	11	10.0	6	5.5
The leader conveys a positive vision for future.	14	12.7	30	27.3	35	31.8	17	15.5	14	12.7
The leader and I talk about common issues.	0	0	27	24.5	21	19.1	49	44.5	13	11.8
Development										
The leader shows me the way he or she arranges his or her duties.	0	0	23	20.9	18	16.4	58	52.7	11	10.0
I can see how the leader plans his or her work.	21	19.1	16	14.5	29	26.4	37	33.6	7	6.4
I learn how my leader handles his or her workday.	30	27.3	20	18.2	20	18.2	9	8.2	31	28.2
The leader tells me the way to optimize my work style.	23	20.9	59	53.6	11	10.0	11	10.0	6	5.5
The leader advises me on how to accomplish my task most effectively.	23	20.9	47	42.7	18	16.4	11	10.0	11	10.0
The leader informs me about how he or she controls his or her tasks.	15	13.6	7	6.4	71	64.5	10	9.1	7	6.4

Figure 2: Empowering leadership' levels for staff nurses
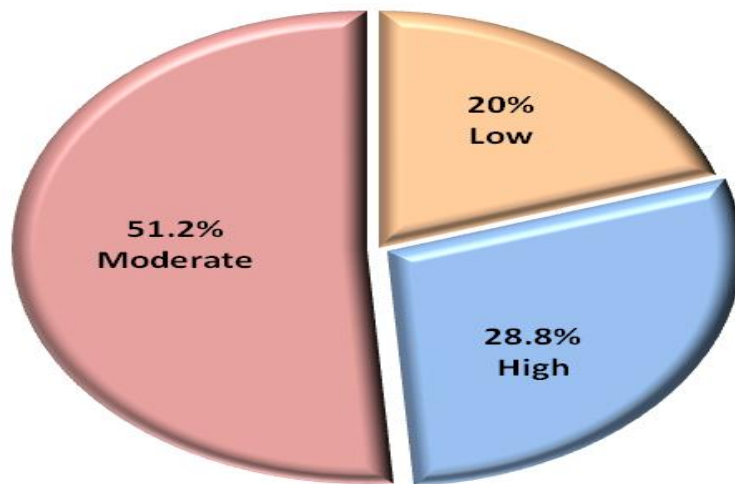

Table (4). Agreements of the staff nurses regarding promotive and prohibitive voice (no=110)

Nurses voice	Strongly agree		Agree		Not sure		Disagree		Strongly disagree	
	No	%	No	%	No	%	No	%	No	%
Promotive voice										
Develop and make proactive suggestions for concerns that may affect the unit' work.	29	26.4	59	53.6	13	11.8	9	8.2	0	0
Preemptively propose new programs that will benefit the unit' work.	22	20.0	22	20.0	13	11.8	50	45.5	3	2.7
Make recommendations for bettering the unit's operating standards.	30	27.3	34	30.9	22	20.0	20	18.2	4	3.6
Preemptively bring about positive ideas that will assist the unit in meeting its objectives.	35	31.8	30	27.3	25	22.7	3	2.7	17	15.5
Give useful criticism to enhance the performance of the unit.	23	20.9	77	70	6	5.5	4	3.6	0	0
Prohibitive voice										
Alert the peers about unacceptable conduct that could affect their ability to execute their jobs.	27	24.5	57	51.8	18	16.4	8	7.3	0	0
Speaking openly and freely about issues that could result in significant loss to the unit' work, however if opposing perspectives emerge.	31	28.2	52	47.3	17	15.5	2	1.8	8	7.3
Strive to express thoughts on issues that may impair unit' work effectiveness, regardless of the possibility that they could insult colleagues.	7	6.4	19	17.3	41	37.3	29	26.4	14	12.7
Strive to speak about issues as they arise in the unit, despite the fact that it might impair relations with other staff.	0	0	25	22.7	61	55.5	24	21.8	0	0
Preemptively communicate coordinated issues in the work area to authorities.	10	9.1	27	24.5	34	30.9	39	35.5	0	0

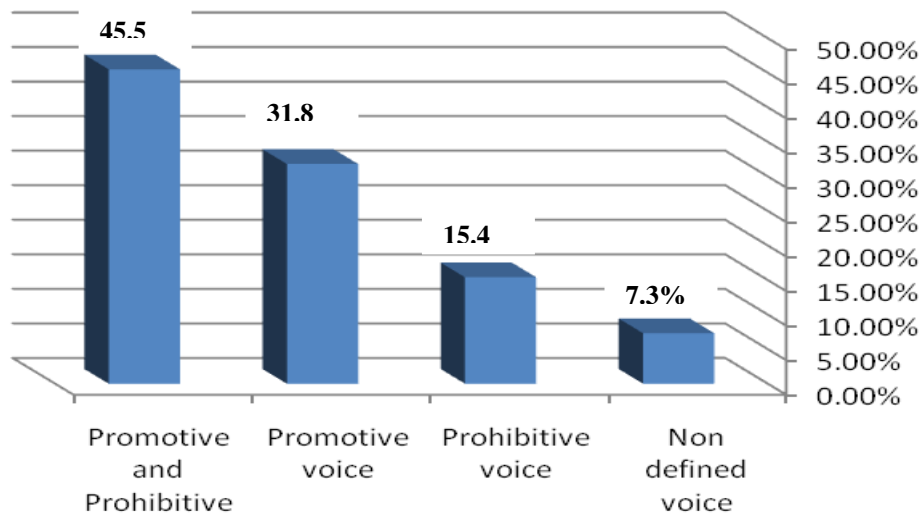**Figure 3: Staff nurses distribution regarding promotive and prohibitive voice.**

Table 5. Staff nurses' mean scores regarding empowering leadership and voice behavior.

Variables	Item score	Min - Max	X ± SD
Empowering leadership			
Autonomy	60	11.00- 59.00	38.36± 12.91
Development	30	5.00- 30.00	20.90± 7.49
Voice behavior			
Promotive voice	25	5.00- 25.00	19.00± 6.19
Prohibitive voice	25	5.00- 25.00	17.53± 5.53

Table 6. Correlation between staff nurses' promotive and prohibitive voice, power distance orientation, and empowering leadership.

Study Variables		Power distance orientation	Autonomy	Development	Total empowering leadership
Autonomy	r	.115			
	P	.232			
Development	r	.278**	.033		
	P	.003	.728		
Total empowering leadership	r	.242*	.861**	.480**	
	P	.011	.000	.000	
Promotive voice	r	.298**	.034	.750**	.412**
	P	.004	.726	.000	.000
Prohibitive voice	r	.537**	.116	.218*	.213*
	P	.000	.228	.022	.026

Discussion

Nurse's power distance orientation may be reflected in their voice (Choi et al., 2019). Also, when knowledge and power are shared in an empowering form of leadership can encourages nurses to raise suggestions and increase their participation in organizational improvement (Gottlieb et al., 2021). The study aims to assess power distance orientation, empowering leadership and its relation to staff nurses voice.

Discussion of obtained results arranged as follows; staff nurses agreements regarding power distance orientation and empowering leadership, staff nurses promotive and prohibitive voice, the correlation among staff nurses' power distance orientation, empowering leadership, promotive and prohibitive voice.

I. Staff nurses agreements regarding power distance orientation:

Regarding agreements of the staff nurses to power distance orientation. The result showed that about half of them agree that managers and leaders should take decisions without discussing their nursing staff in most times. And about two thirds of staff nurses agree that nurses who frequently seek authority can make their managers and leaders less effective. This result agree with Bruynee et al., (2019) who stated that critical care nurses face challenging workplace environment that improves their way of thinking, orientation level and their acceptance of power inequality between healthcare personnel and become differ from their colleagues in other settings. In the same respect Khatri et al., (2009) reported that oriented and skillful subordinates show deference, respect, and loyalty to supervisors.

Moreover, more than half of them disagree that managers and leaders who allow their staff to be involved in decision-making possibly lose power. From researcher point of view there is deference between manager's authority and empowerment. Staff nurses when accept inequality in power distribution this doesn't mean that they have no right or willingness to participate in decisions making especially which may affect their work.

In relation to staff nurses levels regard power distance orientation. It showed that about half of them reported high power distance orientation. This result agreed with Choi et al., (2019) and Peltokorpi & Ramaswami (2019) who stated that most nurses were with high level of power distance orientation and show respect in communicative process with the leaders to maintain that distance and they are more likely to accept and to avoid disagreement with every policy and decision from superiors. From researcher point of view many nurses view their leaders as the responsible person for determine the direction for implementation and achievement of organizational goals.

II. Staff nurses agreements regarding empowering leadership:

Regarding agreements of the staff nurses to empowering leadership. The study result showed that about half of them reported disagree that their leader provide them power. From researcher point of view in critical care areas most of decisions are taken rapidly and on time and leaders can't all time depend on participative leadership, sharing power or decisions. The result also, supported by Fleming & Spicer (2014). Who stated that the sharing power is ranked as lowest form of empowering leadership strategies used.

The study result showed more than half of nurses agree that leader inspires them to be initiative and realizes their both weaknesses and strengths. Also, about half of them agree that when necessary, the leader encourage them for using their strengths, and tell them the way to optimize their work style. The study result highlight what was reported by Biemann et al., (2015) & Gottlieb et al., (2021) That many empowering leaders depend on encouragement of staff to be organized and initiative in their work areas. Also, Mudallal et al., (2017) emphasized that empowering nursing leaders build closed relation and communication with their subordinates and become knowledgeable about their strength and weakness area.

On the other hand, the study result showed that about half of staff nurses (52.7%) disagree that leader shows them the way he or she arranges his or her duties. And about two thirds of them (64.5 %) reported not sure regard leader informs them about how he or she controls his or her tasks. This result agree with Kumar & Kumar (2017) who stated that most leaders consider their duties and tasks are own to them and staff have no right or no benefit to learn how it being organized or done. In the same line Wadhwa & Verghese (2015) reported disagreement of staff that they leader share their own work organizing with them.

In relation to distribution of the staff nurses levels regard empowering leadership. It showed that about half of them reported moderate empowering leadership. The study result supported by Bobbio et al., (2012) who pointed that highest percent of study nurses reported moderate empowering leadership. From researcher point of view this may be related to in critical units leaders view empowering leadership is important act for

coaching their nurses and help them feel more confident in their work and believe they are competent enough to carry out their special challenges job demands.

III. Staff nurses agreements regarding promotive and prohibitive voice:

Regarding agreements of the staff nurses to promotive voice. Study result revealed that about half of them agree that they develop and make proactive suggestions for concerns that may affect the unit' work. Also, the majority of staff nurses agree that they give useful criticism to enhance the performance of the unit. This result agree with Krenze et al., (2020) & Gong et al., (2021) Who stated that leaders in health care organizations continuously encourage staff nurses to express their thoughts and to share their ideas to enhance their participation, communication and performance. In the same respect Burris (2012) focused that employee voice is an informal voluntary form upward communication aims improvement and upgrad work done.

In relation to staff nurses agreement regarding prohibitive voice. It showed that about half of them agree that they alert the peers about unacceptable conduct that could affect their ability to execute their jobs. This result is congruent with Xu et al., (2020) who stated that most nurses concentrate about how to express their concerns in order to prevent the organizations from harmful events. From researcher point of view this may be referred to; when nurses are empowered, they acquired more positive outlook on their job and role in a hospital. It offers internal motivation to them and they find more meaning in their work which supported by their management. This support in

turn leads to the nurses having a voice for their concerns.

On the other hand, about half of study participants were not sure that they strive to speak about issues as they arise in the unit, despite the fact that it might impair relations with other staff. The study result agrees with Zhang et al., (2015) who stated that staff is sometimes reluctant to speak up. Instead, they frequently choose silence due to the perceived futility of changing the status quo or the associated personal dangers, such as being judged poorly and destroying important work relationships. Also, it agree with Wang et al., (2012) who mentioned that when problem or work issues can affect employees social relations or interactions they become confused about the suitable decision. While, it disagree with Morrison (2014) who stated that the majority of study participants reported that they notify about any arising problem even it affect their relation within work group.

In relation to staff nurses distribution regard promotive and prohibitive voice. It showed that the highest percentage of them had high score for both promotive and prohibitive voice behavior followed by those who had high score for promotive voice only. In the same respect Krenze et al., (2020) & Gong et al., (2021) Mentioned that many nurses at many levels can hold both promotive and prohibitive voice behavior. Also, Lam & Mayer (2014) suggested that employees who feel more powerful are more likely to speak up for change and improvement.

Regarding mean score of staff nurses empowering leadership and voice categories. It showed that the highest mean score was related to empowering leadership' development category and promotive voice. In the same respect Wadhwa & Verghese (2015) reported that many leaders when they empower

staff depend mainly in developmental areas than autonomy or power granted one. They try to help them to become more creative and initiative in task done and how to develop their work capabilities. Which reflected indirectly in staff promotive behavior. On the other hand, the result contradicted with Morrison (2014) who mentioned that employees feel high responsibility for prohibitive than promotive one and they always become more occupied to stop the procedure and process that can cause harm to the institution.

IV. Correlation between staff nurses' power distance orientation, empowering leadership and their voice.

Regarding correlation between staff nurses' power distance orientation, empowering leadership and promotive and prohibitive voice. It showed that there is a positive significant correlation between staff nurses' power distance orientation and prohibitive and promotive voice. The result agree with Wong (2010) & Hanna (2020) who found that the perceived level of power distance by nurses had a significant relationship with their commitment and participation in form of promotive and prohibitive voice. On the other hand, Fleming & Spicer (2014) reported that people oriented with power distance sometimes have concerns over the consequences of expressing ideas and opinions in decision making and build closeness with guidance in decision making. Also, Bruynee (2019) stated that, nurses in health care organizations when feel that power distributed in equally may become more likely to lose their commitment to work.

Also, empowering leadership especially its development category significantly and positively correlated with both promotive and prohibitive

voice. In the same respect Bobbio & Bellan, (2012) and Nwachukwu, (2016) stated that empowering leadership promotes employee to participate in decision making, generation of good idea and its execution and enhancing their abilities and willingness to speak up to prevent potential organizational harm and promote its development. Also, Gong (2019) & Burris (2012) explained that the voice process is likely depending on the unique relationship between the leader and employee. From researcher point of view empowering leadership can create a strong impact on nurses voicing as it would provides them with the scope to express thoughts and opinions even about basic work related issues.

The study result also showed that there is a positive significant correlation between staff nurse's power distance orientation and empowering leadership. The result supported by Fock et al., (2012) and Rafiei &Pourreza (2013) who stated that empowerment consider an important and pivotal advantageous strategy which can affect individuals and organizations with high and low in power distance orientation, depending on the level of empowerment involved.

Conclusion

This study highlights the usefulness of power distance orientation and empowering leadership for promotive and prohibitive voice through its findings. It revealed that about half of staff nurses reported high power distance orientation and moderate empowering leadership and highest percentage of them had both promotive and prohibitive voice. There is a positive significant correlation between staff nurses' power distance orientation and prohibitive and promotive voice. Also, empowering leadership significantly and positively correlated with both prohibitive and promotive voice. Furthermore, there is a positive significant correlation between power distance orientation and empowering leadership.

Recommendations:

Based on study finding it recommends that:
Managers and leaders in health care organizations should provide staff nurses with:
- Right mix of knowledge, information, rewards and power for energizing them to participate in decision making.
- Training programs in how power distributed between different classes to be able to build identity adjustments and to promote respect, and loyalty to their supervisors.
- Opportunities to speak up to feel more responsibility for prohibitive and promotive voice.
- Safety climate which can help them to notify about issues as they arise in the unit, despite the fact that it might impair relations with others.

Reference

Amundsen, S., & Martinsen, L. (2014). Empowering leadership: Construct clarification, conceptualization, and validation of a new scale. The Leadership Quarterly, 25(3), 487–511.

Biemann, T., Kearney, E., & Marggraf, K. (2015). Empowering leadership and managers' career perceptions: Examining effects at both the individual and the team level. Leadership Quarterly, 26(5), 775-789.

Bobbio, A., Bellan M., & Manganelli, A. (2012). Empowering leadership, perceived organizational support, trust and job burnout for nurses: a study in an Italian general hospital.

Health Care Manager Review, 37(1), 77-87.

Bruynee, L., Lesaffre, E., Meuleman, B., & Sermeus, W. (2019). Power distance and physician–nurse collegial relations across 14 European countries: national culture is not merely a nuisance factor in international comparative research. Journal of Nursing Scholarship, 51(6), 708-716.

Burris, E. (2012). The risks and rewards of speaking up: Managerial responses to employee voice. Academy of Management Journal, 55(4), 851–875.

Chamberlin, M., Newton, D., & Lepine, J. (2017). A meta-analysis of voice and its promotive and prohibitive forms: Identification of key associations, distinctions and future research directions. Personnel Psychology, 70(1), 11–71.

Cheong, M., Spain, S., Yammarino, F., & Yun, S. (2016). Two faces of empowering leadership: Enabling and burdening. Leadership Quarterly, 27(4), 602-616.

Choi, C., Cook, C., & Brunton, N. (2019). Power distance and migrant nurses: The liminality of acculturation. Nursing Inquiry, 26(2).

Earley, P., & Erez, M. (1997). The transplanted executive: Why you need to understand how workers in other countries see the world differently. Oxford University Press.

Elizabeth, J., Martin, S., Emich, K., & Woodruff, C. (2018). The social consequences of voice: An examination of voice type and gender on status and subsequent leader emergence. Academy of

Management Journal, 61(5), 1869–1891.

Fleming, P., & Spicer, A. (2014). Power in management and organization science. The Academy of Management Annals, 8(1), 237–298.

Fock, H., Hui, M., & Bond, M. (2012). Moderation effects of power distance on the relationship between types of empowerment and employee satisfaction. J. Cross-Cult. Psychol, 44 (2), 281–298.
Gong, .Z., Swol, L., & Gilal, G. (2021). Relationship between nurse's voice and self leadership: A time lagged study. Nurse Open, 8(3), 1038–1047.

Gong, Z., & Li, T. (2019). Relationship between feedback environment established by mentor and nurses' career adaptability: A cross-sectional study. Journal of Nursing Management, 27(7), 1568–1575.

Gottlieb, L., Gottlieb, B., & Bitza, V. (2021). Creating empowering conditions for nurses with workplace autonomy and agency: how healthcare leaders could be guided by strengths-based nursing and healthcare leadership. Journal of Health Care Leadership, 27(13), 169-181.

Hao, P., He, W., & Long, L. (2018). Why and when empowering leadership has different effects on employee work performance: the pivotal roles of passion for work and role breadth self-efficacy. Journal of Leadership & Organizational Studies, 25(1), 85-100.

Hieu,V. (2020) Employee empowerment and empowering leadership: A literature review. Technium Journal, 2(7), 20-28.

Jian, L., Crystal, I., & Jiing-lih, F. (2012). Antecedents of promotive and prohibitive voice: a two-wave examination. The Academy of Management Journal, 55 (1),71-92.

Khatri, N., & Templer, K., & Budhwar, P. (2009). Consequences of power distance orientation in organizations. Manag. Vision. The Journal of Business Perspective, 13(1), 1-9.

Kumar, P., & Kumar, A. (2017). Employee Empowerment – an empirical study. Global Journal of Management And Business Research: Administration and Management, 17(4), 59-64.

Krenze, H., Josef, B., Bastian, B., & Michaela, K. (2020). Nurses' voice: the role of hierarchy and leadership. leadership in Health Services, 33(1), 12-26.

Lam, C., & Mayer, D. (2014). When do employees speak up for their customers? A model of voice in a customer service context. Personnel Psychology, 67(3), 637-666.

MacMillan, K., Hurst, C., Kelley, K., Howell, J., & Jung.Y. (2020). Who says there's a problem?Preferences on the sending and receiving of prohibitive voice. Human Relations, 73(8), 1049–1076.

Morrison, E. (2014). Employee voice and silence. Annual Review of Organizational Psy- chology and Organizational Behavior, 1(1), 173–197.

Mudallal, H., Othman, M., & Al Hassan, N. (2017). Nurses' Burnout: The Influence of Leader Empowering Behaviors, Work Conditions, and Demographic Traits. INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 54(27), 1-10.

Nwachukwu, C. (2016). The impact of performance management and employee empowerment on organizational culture of selected banks in Nigeria. Ekonomika A Management, 2016(2).

Peltokorpi, V., & Ramaswami, A. (2019). Abusive supervision and subordinates' physical and mental health: the effects of job satisfaction and power distance orientation, International Journal of Human Resource Management, 32(2),1-27.

Rafiei, S., & Pourreza, A. (2013). The moderating role of power distance on the relationship between employee participation and outcome variabless. International Journal of Health Policy and Management, 1(1), 79-83.

Shariff, N. (2015). Empowerment model for nurse leaders' participation in health policy development: an east African perspective. BMC Nursing, 14(31).

Wadhwa, D., & Verghese. M. (2015). Impact of employee empowerment on job satisfaction and organizational commitment: An empirical investigation with special reference to selected cement industry in Chhattisgarh. International Journal in Management and Social Science, 3(3), 280-286.

Wang, A., Hsieh, H., Tsai, C., & Cheng, B. (2012). Does value congruence lead to voice?Cooperative voice and cooperative silence under team and differentiated trans-formational leadership. Management and Organization Review, 8(2), 341–370.

Wong, C., Laschinge, H., & Cummings, G. (2010). Authentic leadership and nurses'

voice behavior and perceptions of care quality. Journal of Nursing Management, 18(8), 889-900.

Xu, S., Wichaikhum, O., & Abhicharttibutra, K. (2020). Organizational Justice and Voice Behavior of Nurses in Tertiary Hospitals of Dali, the People's Republic of China. Nursing Journal, 47 (2), 502-513.

Zhang, Y., Huai, M., & Xie, Y. (2015). Paternalistic leadership and employee voice in China: A dual process model.

The Leadership Quarterly, 26(1), 25–36.

Zheng, X., Li, N., Harris, T., & Liao, H. (2019). Unspoken yet understood: An introduction and initial framework of subordinates' Moqi with supervisors. Journal of Management, 45(6), 955–983.

Zheng, X., & Zhu, M. (2019). The roles of power distance orientation and perceived insider status in the subordinates' moqi with supervisors and sustainable knowledge-sharing sustainability, 11(5), 1421.