

Leadership Empowerment Behaviors and Nurse's Intention to Leave in Al Wakra Hospital- HMC

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ABSTRACT

Nurse turnover is a global challenge that significantly impacts healthcare systems, leading to staffing shortages, increased workload, and compromised patient care. Despite growing literature on LEB, limited research exists on its impact on turnover intentions among nurses in Qatar. This study aims to examine the relationship between LEB and nurses' intention to leave in Al Wakra Hospital, Qatar. It also explores demographic, structural, and organizational factors contributing to turnover intentions. A cross-sectional study design was employed, surveying registered nurses at Al Wakra Hospital. The study utilized the Leadership Empowering Behavior Questionnaire (LEBQ) and the Turnover Intention Scale (TIS-6) to assess the relationship between leadership empowerment and nurses' intention to leave. Data were collected through an online survey and analysed using descriptive and inferential statistics, including Pearson correlation and multiple regression analysis. The study found a moderate level of perceived leadership empowerment (mean score 86.9 ± 20.4) and a significant turnover intention (mean score 45.1 ± 13.8). Nurses who perceived higher levels of leadership empowerment reported lower turnover intentions ($r = -0.28, p < 0.05$). Higher turnover intentions were observed among nurses holding advanced degrees ($p = 0.021$). No significant differences were found in turnover intentions based on age, gender, or shift type. Leadership empowerment behaviors are inversely related to turnover intentions among nurses in Qatar. Enhancing leadership empowerment strategies, particularly in areas such as information sharing and decision-making autonomy, may help reduce nurse turnover. The findings provide valuable insights for healthcare policymakers and administrators in developing targeted retention strategies.

INTRODUCTION

Globally, governments are increasingly challenged to develop a sustainable health workforce capable of meeting the diverse needs of populations through full-scope practice. Nurses and midwives are critical to the delivery of healthcare services and play a central role in achieving national and global health goals, including universal health coverage (UHC), non-communicable

disease (NCD) management, emergency preparedness, integrated population-centered care, and the Sustainable Development Goals (SDGs).

Evidence suggests that nurses and midwives represent over half of the global healthcare workforce, yet there is a critical shortage of healthcare workers worldwide, with an estimated shortfall of 18 million by 2030. Nurses and midwives will make up the majority of this gap. The shortage is exacerbated by multiple factors, including insufficient numbers of educators, high turnover rates, and inequitable workforce distribution.

Qatar, one of the wealthiest and most multicultural countries, with a population of approximately 2.69 million in 2022, faces similar challenges in maintaining a sustainable nursing workforce. In 2019, Qatar employed around 22,801 nurses and midwives across government, semi-government, and private sectors, with the majority working in organizations such as Hamad Medical Corporation (HMC) and Primary Health Care Corporation (PHCC) (Alnaeem et al., 2022). However, Qatar continues to face a nursing shortage, worsened by high turnover rates among registered nurses (RNs).

Globally, RN turnover contributes to healthcare shortages, with the U.S. alone projected to face a shortfall of approximately 500,000 nurses by 2030 (NSI Nursing Solutions, 2022). The turnover issue in Qatar has been exacerbated by the COVID-19 pandemic, which led to a significant percentage of nurses leaving for better opportunities abroad. Indicate that turnover intention rates among nurses in Qatar rose to 42.3% during the pandemic. Other studies, such as Alnaeem et al. (2022), have highlighted that stress and demographic factors, particularly among expatriate nurses, contribute significantly to turnover intentions.

High turnover is associated with increased workloads, nurse burnout, job dissatisfaction, and even depression, which negatively impacts both nurse well-being and the quality of patient care (Varghese et al., 2023). The financial impact of nurse turnover is also considerable. a 1% increase in nurse turnover costs hospitals an additional \$328,400, with overall turnover-related costs between \$4.4 million and \$6.9 million annually. This emphasizes the urgency of addressing nurse turnover as a critical issue in nursing management. Leadership empowerment theory suggests that empowering employees fosters a sense of value and motivates greater effort.

Leaders who express confidence in their employees and create empowering work environments have been shown to reduce turnover intentions and enhance job satisfaction. Empowerment strategies have been consistently linked to increased job satisfaction, productivity, and organizational commitment (Bass & Avolio, 1993; Laschinger & Wong, 1999). Research by Gold (2022) indicates that leadership empowerment behaviors are inversely related to nurses' intention to leave, suggesting that increased empowerment can reduce turnover intentions.

In the nursing context, empowering leadership is especially beneficial in mitigating stress, burnout, and turnover, particularly among nurses managing heavy workloads. According to Mudallal et al. (2017), found that nurses led by empowering leaders reported lower levels of burnout and emotional exhaustion, highlighting the potential of empowerment as a retention strategy. This is particularly pertinent in Qatar, where expatriate nurses constitute a substantial portion of the workforce, and turnover among foreign nurses presents a significant challenge to the healthcare system.

Study Objectives

This study seeks to examine the relationship between leadership empowerment behaviors and turnover intentions among registered nurses in Qatar, with the following specific objectives: (1) To investigate the association between leadership empowerment behaviors and registered nurses' intention to leave the organization; (2) To explore the relationship between demographic variables (e.g., age, gender, years of experience) and registered nurses' intention to leave the organization.

Study Design

The study employed a cross-sectional research design to examine the relationship between leadership empowerment behaviors and turnover intentions among registered nurses (RNs) working in Qatar.

Setting of the Study

This study will be conducted in Al Wakra hospital (AWH), a 384-bed capacity secondary general hospital and a part of Hamad Medical Corporation (HMC). Al Wakra Hospital consists of 30 units, including inpatients units, outpatients, operation theatre and Al Maha Centre for Pediatrics. The 30 units covered by 1800 RNs from different nationalities.

Participants and Sampling

The target population consisted of registered nurses and charge nurses employed at Al Wakra Hospital for more than one year, a prominent healthcare facility in Qatar, providing both inpatient and outpatient services.

Sample

A simple random sampling technique was used to ensure that every eligible nurse had an equal opportunity to participate. Based on a correlation coefficient

$r = 0.28$, a significance level of $\alpha = 0.05$

$\alpha = 0.05$, and a power of 80% ($\beta = 0.2$

$\beta = 0.2$), the sample size was calculated to be 100 participants. The sampling frame included 1,343 nurses employed at the hospital during the study period, ensuring a representative sample.

Data Collection Tools

Three key instruments were used for data collection:

Leadership Empowering Behavior Questionnaire (LEBQ)

A validated 17-item scale assessing leadership empowerment behaviors across six dimensions: delegation of authority, accountability, self-directed decision-making, information sharing, coaching for innovative performance, and encouraging team collaboration. Responses were captured on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating greater perceived leadership empowerment. The LEBQ was chosen for its proven reliability and validity in organizational behaviour research with reliability of $\alpha = 0.8$ (Arnold et al., 2000).

Turnover Intention Scale (TIS-6)

A six-item scale designed to measure an individual's intent to leave their organization. The TIS-6 items were rated on a 5-point Likert scale, where 1 represented a positive or favorable response and 5 indicated a negative or unfavorable response (Roodt, 2004). This scale was selected due to its predictive accuracy in determining actual turnover rates with reliability of $\alpha = 0.8$ (Bothma & Roodt, 2013).

Demographic Questionnaire

A structured section capturing demographic and professional characteristics, including age group, gender, highest educational qualification, years of experience, and working hours (e.g., 8-hour vs. 12-hour shifts).

Data Collection Procedure

Data were collected using an online survey platform (Microsoft Forms) to facilitate accessibility and convenience for participants. The survey link was distributed to the participants through their

official work email accounts. The survey was open from April 1, 2024, to May 31, 2024, with reminder emails sent every two weeks to encourage participation and ensure an adequate response rate.

Participants were provided with a brief introduction outlining the study's objectives, the voluntary nature of participation, and the assurance of confidentiality. Informed consent was obtained electronically before participants could proceed to the survey. To enhance response quality, the survey was designed to be concise and user-friendly, with an estimated completion time of 15–20 minutes.

Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee at Hamad Medical Corporation with approval number (MRC 01-23-182) The study adhered to the principles of the Declaration of Helsinki, Good Clinical Practice (GCP) guidelines, and Qatar Ministry of Public Health (MoPH) regulations. Participants were fully informed about the study's purpose, procedures, and their right to withdraw at any time without repercussions. Confidentiality was maintained by anonymizing responses and securely storing data on encrypted servers accessible only to the research team.

Data Analysis

The collected data were analysed using IBM SPSS Statistics software (Version 28). Descriptive statistics, including frequencies, percentages, means, and standard deviations, were utilized to summarize demographic variables and provide an overview of scores from the Leadership Empowering Behavior Questionnaire (LEBQ) and the Turnover Intention Scale (TIS-6). Inferential statistics were applied to explore relationships and predictive factors. Pearson’s Correlation Coefficient assessed the strength and direction of the relationship between leadership empowerment behaviors and turnover intentions, while multiple regression analysis evaluated the influence of demographic variables (e.g., age, gender, years of experience) on turnover intentions, identifying significant predictors.

RESULTS AND DISCUSSION

Table 1 presents the characteristics of the participants. Age distribution shows that most nurses are in the 31–40 age range (70%), followed by 41–50 years (22%), with smaller proportions in the 20–30 years (5%) and over-50 groups (2%). The workforce is predominantly female (74%), with males accounting for 26%. Regarding department distribution, the Surgical Division employs the largest group (45%), followed by the Critical Care and Pediatric Divisions (14% each), Obstetrics and Gynecology (9%), and the Ambulatory and Medical Divisions (7% each), with the smallest representation in the Operation Theater Division (3%).

In terms of educational qualifications, the majority hold a Bachelor of Science in Nursing (86%), while equal proportions hold either a diploma or a master’s degree in nursing (7% each). Most nurses work an 8-hour shift (83%), while 17% work 12-hour shifts. Shift duty is common (89%), with only 11% working day shifts exclusively. Regarding experience, 52% have 11–15 years in nursing, 36% have over 16 years, 9% have 6–10 years, and 3% have 1–5 years. For experience specifically within Hamad Medical Corporation (HMC), 40% have 6–10 years, 33% have 11–15 years, 20% have 1–5 years, and 7% have more than 16 years.

Table1. Participant Characteristics

Variables	Level	Value
N		98
Please select the age group you belong to:	20-30 Years	5 (5%)
	31–40 Years.	69 (70%)

	41–50 Years	22 (22%)
	Over 50 Years	2 (2%)
Gender	Female	73 (74%)
	Male	25 (26%)
Working department	Ambulatory Division	7 (7%)
	Critical Care Division	14 (14%)
	Medical Division	7 (7%)
	Obstetrics and Gynaecology Division	9 (9%)
	Operation Theatre Division	3 (3%)
	Pediatric Division	14 (14%)
	Surgical Division	44 (45%)
Level of Nursing Education	Bachelor of Science in Nursing	84 (86%)
	Diploma in nursing	7 (7%)
	Master's degree in nursing	7 (7%)
Hours of regular work shift	12 Hours	17 (17%)
	8 Hours	81 (83%)
Primary work shift	Day shift only	11 (11%)
	Shifts duty	87 (89%)
Total years of experience in nursing	1-5 Years	3 (3%)
	11-15 Years	51 (52%)
	6-10 Years	9 (9%)
	More than 16 Year's	35 (36%)
Years of experience in nursing in HMC	1-5 Years	20 (20%)
	11-15 Years	32 (33%)
	6-10 Years	39 (40%)
	More than 16 Years	7 (7%)

Table 2 presents descriptive statistics mean $\pm$ standard deviation and median with interquartile range) for different leadership and organizational factors among a sample of 98 participants. The moderate mean scores for delegation authorship (15 ± 4.3) and accountability (17.4 ± 2.8) suggest that leaders frequently delegate responsibilities and ensure accountability, reinforcing essential empowerment practices. The mean score for self-directed decision (14.4 ± 4.6) indicates a significant level of autonomy among employees, fostering empowered, independent decision-making. However, the lower mean for information sharing (11.1 ± 2.7) highlights potential limitations in transparency and access to critical information, which may hinder complete empowerment. Skill development and coaching innovative performance have similar means (14.6 ± 4.6 and 14.4 ± 4.6 , respectively), indicating a balanced focus on fostering team growth and encouraging innovation through guidance. The overall leadership empowerment score mean 86.9 ± 20.4 reflects a supportive environment where employees are encouraged to take responsibility, develop skills, and make decisions, though there is room for improvement in information sharing. The mean score for turnover intention (45.1 ± 13.8) suggests a notable level of intent among employees to consider leaving the organization.

Table 2. Descriptives of Leadership Empowerment and Turnover Intention

	N	Mean $\pm$ SD	Median (IQR)
Delegation authorship	98	15 $\pm$ 4.3	15 (12,18)

Accountability	98	17.4 ±2.8	18(16, 19)
Self-directed decision	98	14.4±4.6	15 (11,18)
Information sharing	98	11.1±2.7	12(10,12)
Skill development	98	14.6±4.6	15 (12,18)
Coaching innovative performance	98	14.4±4.6	14 (11,18)
Leader empowering	98	86.9 ±20.4	89 (71,102)
Turnover intention	98	45.1±13.8	45.5 (37,55)

Table 3 showed the relationship between leadership empowerment dimensions and turnover intention across different demographic and professional variables. Among departments, *accountability* scores are higher in divisions like critical Care (18.1 ± 2.6) and surgical (17.7 ± 2.4), compared to areas such as pediatrics (16.5 ± 2.7), though these differences are not statistically significant ($p=0.54$).

Turnover intention varies significantly by education level, with nurses holding master's degrees reporting the highest turnover intention (58.0 ± 5.6) compared to diploma holders (33.7 ± 12.7), ($p=0.021$). This suggests that higher-educated nurses may experience greater dissatisfaction or aspirations for career advancement, leading to increased turnover intentions.

Nurses with more years of experience in the field demonstrate significant differences in *accountability* scores, where those with over 16 years of experience score the highest (17.8 ± 2.3), while those with 6–10 years report the lowest (14.7 ± 3.9), ($p=0.012$). However, no significant differences are observed across other leadership dimensions or turnover intention by age, gender, work shifts, or experience levels.

Table 3. Association Between Leadership Empowerment and Turnover Intention with the Socio Demographic Variables

Variables	N	Delegation authorship	Accountability	Self-directed decision	Information sharing	Skill development	Coaching innovative performance	Leader empowering	Turnover intention
Age in Years									
20-30 Years	5	14.4 (4.9)	15.0 (4.7)	13.8 (6.0)	11.2 (3.0)	15.2 (4.4)	13.2 (6.4)	82.8 (27.3)	41.6 (19.7)
31–40 Years.	6 9	14.6 (4.3)	17.3 (2.7)	14.3 (4.7)	11.0 (2.7)	14.1 (4.7)	14.4 (4.5)	85.7 (20.5)	46.8 (13.6)
41–50 Years	2 2	16.0 (3.9)	18.0 (2.4)	14.6 (4.2)	11.1 (2.9)	15.7 (4.4)	15.0 (4.2)	90.3 (18.6)	42.2 (12.0)
Over 50 Years	2	19.5 (2.1)	19.5 (2.1)	16.5 (6.4)	13.0 (1.4)	19.5 (2.1)	15.0 (8.5)	103.0 (22.6)	25.5 (9.2)
p-value		0.27	0.11	0.90	0.80	0.23	0.88	0.52	0.091
Gender									
Female	7 3	15.2 (4.2)	17.5 (2.8)	14.6 (4.6)	11.1 (2.7)	14.9 (4.3)	14.6 (4.5)	88.0 (20.0)	44.5 (14.6)
Male	2 5	14.3 (4.5)	17.1 (2.8)	13.7 (4.4)	11.1 (2.8)	13.9 (5.3)	13.9 (4.9)	84.0 (21.8)	46.7 (11.2)
p-value		0.36	0.56	0.37	0.97	0.34	0.50	0.41	0.49
Working department									
Ambulatory Division	7	14.3 (4.9)	17.1 (2.7)	13.7 (3.5)	11.6 (2.1)	13.4 (5.3)	12.1 (3.8)	82.3 (18.4)	47.7 (14.6)

Critical Care Division	14	16.1 (3.0)	18.1 (2.6)	14.8 (3.6)	12.1 (1.6)	15.3 (4.3)	15.1 (4.5)	91.5 (16.2)	44.5 (13.1)
Medical Division	7	12.9 (4.5)	16.9 (3.1)	11.9 (4.1)	9.3 (3.1)	11.3 (3.8)	13.3 (3.1)	75.4 (15.0)	54.0 (10.3)
Obstetrics and Gynecology Division	9	15.3 (5.1)	17.0 (4.5)	14.6 (5.8)	11.4 (3.0)	15.0 (5.5)	14.0 (6.7)	87.3 (29.0)	42.2 (18.9)
Operation Theater Division	3	12.0 (3.0)	15.3 (2.5)	12.7 (4.7)	12.0 (0.0)	14.3 (4.7)	11.7 (3.1)	78.0 (13.7)	38.3 (9.6)
Pediatric Division	14	13.0 (4.2)	16.5 (2.7)	12.1 (4.5)	9.6 (3.1)	13.4 (4.1)	12.6 (3.3)	77.1 (17.7)	46.5 (13.9)
Surgical Division	44	15.9 (4.2)	17.7 (2.4)	15.6 (4.6)	11.3 (2.7)	15.5 (4.5)	15.7 (4.6)	91.7 (20.7)	44.0 (13.5)
p-value		0.15	0.54	0.16	0.092	0.30	0.15	0.14	0.59
Level of nursing education									
Bachelor of Science in Nursing	84	14.8 (4.3)	17.2 (2.8)	14.3 (4.6)	11.1 (2.7)	14.6 (4.6)	14.3 (4.6)	86.3 (20.5)	45.6 (13.6)
Diploma in nursing	7	17.7 (2.1)	18.3 (1.9)	17.0 (4.1)	11.1 (3.2)	16.7 (3.8)	16.4 (3.2)	97.3 (15.7)	33.7 (12.7)
Master's degree in nursing	7	14.1 (5.4)	18.3 (3.1)	13.0 (4.8)	11.3 (2.9)	13.4 (5.6)	14.9 (5.6)	85.0 (23.5)	49.6 (13.2)
p-value		0.20	0.40	0.23	0.98	0.39	0.47	0.38	0.058
Hours for regular work shift									
12 Hours	17	14.9 (3.7)	17.5 (3.2)	13.7 (4.0)	11.6 (2.4)	15.1 (4.0)	14.3 (4.5)	87.2 (18.3)	45.1 (12.1)
8 Hours	81	15.0 (4.4)	17.3 (2.7)	14.5 (4.7)	11.0 (2.8)	14.5 (4.7)	14.5 (4.6)	86.9 (20.9)	45.1 (14.2)
p-value		0.95	0.78	0.50	0.42	0.64	0.88	0.96	1.00
Primary working shift									
Day shift only	11	16.5 (5.0)	17.5 (3.1)	15.5 (5.2)	11.1 (3.5)	16.3 (4.9)	13.9 (5.5)	90.9 (25.6)	42.1 (15.7)
Shifts duty	87	14.8 (4.2)	17.3 (2.7)	14.3 (4.5)	11.1 (2.6)	14.4 (4.5)	14.5 (4.5)	86.4 (19.8)	45.4 (13.6)
p-value		0.20	0.81	0.38	0.99	0.21	0.68	0.50	0.45
Years of experience in Nursing									
1-5 Years	3	14.0 (6.9)	16.0 (3.5)	13.0 (8.7)	9.3 (6.4)	13.0 (8.7)	13.3 (9.0)	78.7 (43.0)	53.7 (15.0)
11-15 Years	51	15.2 (4.0)	17.6 (2.6)	15.0 (4.2)	11.4 (2.3)	15.1 (4.4)	14.9 (4.6)	89.1 (19.4)	45.0 (12.9)
6-10 Years	9	13.8 (5.1)	14.7 (3.9)	12.4 (5.5)	11.1 (2.7)	12.7 (4.8)	12.7 (4.7)	77.3 (22.1)	45.3 (18.1)

More than 16 Year's	3 5	15.1 (4.4)	17.8 (2.3)	14.1 (4.6)	10.9 (2.9)	14.7 (4.5)	14.3 (4.2)	87.0 (19.4)	44.4 (14.0)
p-value		0.80	0.012	0.41	0.59	0.49	0.56	0.39	0.74

Discussion

The primary objective of this study was to investigate the association between leadership empowerment behaviors and registered nurses' intention to leave the organization. The results of the current study are consistent with various studies that explored the relationship between LEB and nurses' intention to leave but expanded on the previous work by demonstrating a considerable level of leadership empowerment behaviors that emphasize the need for empowerment behaviors such as 'delegating responsibilities' and ensuring 'accountability' by nursing leaders. The results depicted that supportive leadership behaviors such as delegating responsibilities and ensuring accountability was commonly practiced in Qatar. Whereas participative decision making is less commonly practiced as evidenced by the low scores obtained for the domain of 'information sharing'.

The study findings are in line with a previous study conducted by Gold (2022) which stated that empowering behaviors like "delegation" and "accountability" fosters greater engagement and job satisfaction. Similarly, Laschinger et al (2006) demonstrated that "accountability" in leadership improves job satisfaction and reduces intention to leave, supporting the idea that these empowerment practices are vital in healthcare settings. The current study also reported lower scores for the domain 'information sharing' that underscores potential limitations in transparency and access to critical information, which may impede full empowerment.

Leadership empowerment is characterized by adequate access to resources, information, support, and opportunities, that is crucial for staff well-being and their intent to stay (Choi et al., 2016; Kyambade & Namatovu, 2025; Laschinger et al., 2006). The study suggests a strong influence of structural empowerment on maintaining a positive workplace environment. The workplace environment in turn influences the nurses and midwives' intent to stay in the organization. Nurses led by empowering leaders reported lower levels of burnout and exhaustion that highlights the importance of empowering behaviors as a strategy for nurse retention (Mudallal et al., 2017). In fact, nurses need to be autonomous to make independent decisions and to have access to the critical information and resources that are necessary to accomplish their work.

The study supports the notion that "autonomy" is a critical component of empowering leadership, contributing to increased job satisfaction and reduced turnover intention. In the context of healthcare, autonomy in decision-making resulted in improved job satisfaction, lower burnout, and lower turnover intention among nurses (Kim & Fernandez, 2017). The link in the current study between LEB and nurses' intention to leave is important, considering the current challenges of nursing profession: increased rates of nurse intention to leave, sickness absenteeism, less motivation and job dissatisfaction. The current study reported a high mean turnover intention score (45.1) raising concerns related to nurse retention. Nurses in Qatar have higher TO intentions during COVID-19.

Additionally, these findings aligns with previous study suggesting that nurses frequently consider leaving their organizations due to stress, workload, or limited career advancement opportunities (Ouyang et al., 2020). The study also depicted a positive correlation between LEB and nurse intention to leave. These findings are consistent with a study conducted by Bobbio et al.

(2012), where staff nurses perceived their leaders to be empowering, and a moderate and positive correlation was found between leader empowering behavior and nurses' intent to stay. These findings are further supported by Khan et al. (2024), that shows leadership empowerment behavior's positively impact employee motivation and reduces turnover intention.

High levels of turnover intention was noted among nurses with higher level of educational qualification, that can be attributed to dissatisfaction stemming from unmet career aspirations, less motivation or limited opportunities for leadership roles. A systematic review conducted by Jibin. among nurses in Qatar, identified that nursing practice environment, work position, personal accomplishments, lack of protective equipment, long working hours, shift work and interest in attending the organization were important factors associated with nurse turnover intention. This argument was further supported by Smama'h et al. (2023) study, which depicted that motivation and improving quality of life of registered nurses will enhance nurses' retention. Hence healthcare organizations need to look for strategies to develop leadership empowering behaviors among nurse managers that will motivate staff nurses and enhance nurse retention.

Additionally, the years of experience were the only factor among the socio-demographic factors that were able to predict the nurse's intention to leave. On the other hand, the findings of the current study revealed that other socio-demographic variables were unable to predict leadership empowering behaviors and turnover intentions of nurses. This is consistent with other previous studies that reported no relationship between socio-demographics and the intention to leave the organization. This study examined the characteristics of nursing professionals, leadership empowerment practices, and turnover intentions within a healthcare organization. The findings offer important insights into workforce dynamics and the interplay between leadership practices and staff retention.

Leadership Empowerment Behaviours

The moderate mean scores for delegation (15 ± 4.3) and accountability (17.4 ± 2.8) suggest that leaders in the organization frequently delegate responsibilities and ensure accountability, which are core components of leadership empowerment. Recent studies show that leadership practices that emphasize accountability and the delegation of responsibilities can improve job satisfaction and reduce turnover intention. Gold (2022) found that empowering leadership, which includes delegation and holding employees accountable, fosters greater engagement and job satisfaction. Their findings reinforce the importance of these practices in improving retention, as empowered employees are more likely to feel a sense of ownership and responsibility, reducing their intent to leave. The lower mean score for information sharing (11.1 ± 2.7) underscores potential limitations in transparency and access to critical information, which may impede full empowerment. This finding aligns with a study conducted by Engström et al. (2022) which emphasized that structural empowerment characterized by adequate access to resources, information, support, and opportunities is crucial for staff well-being, effectiveness, and reducing turnover.

Turnover Intention

The mean turnover intention score (45.1 ± 13.8) is indicative of notable concerns regarding staff retention. This finding aligns with studies suggesting that nurses frequently consider leaving their organizations due to stress, workload, or limited career advancement opportunities (Ouyang et al., 2020). The significant variation in turnover intention by educational qualification higher scores among master's degree holders (58.0 ± 5.6 , $p=0.021$) may reflect dissatisfaction stemming from unmet career aspirations, no or less motivation or limited opportunities for leadership roles which supported by the result of the study of Smama'h, et al. (2023), motivation and improving quality of life of registered nurses will enhance their retention.

Associations Between Leadership Empowerment and Turnover Intention

Accountability and delegation authorship scores were higher in divisions like Critical Care and Surgical, highlighting effective leadership practices in high-demand areas. However, the absence of significant differences across most leadership dimensions by age, gender, or work shifts indicates that empowerment practices are uniformly implemented. This finding aligns with previous studies indicating that leadership practices fostering employee empowerment, particularly through delegation and accountability, lead to greater job satisfaction and retention. For instance, a study by Khan et al. (2024) highlighted that empowerment through delegation positively impacts employee motivation and reduces turnover intention. Similarly, Laschinger et al. found that accountability in leadership roles improves job satisfaction and reduces intentions to leave, supporting the idea that these empowerment practices are vital in healthcare settings.

Supports the notion that autonomy is a critical component of empowering leadership, contributing to increased job satisfaction and reduced turnover intention. In the context of healthcare, Kim found that greater autonomy in decision-making resulted in improved job satisfaction, lower burnout, and lower turnover intention among nurses (Kim & Fernandez, 2017). Interestingly, nurses with more than 16 years of experience exhibited higher accountability scores (17.8 ± 2.3 , $p=0.012$), suggesting that experienced nurses may thrive in environments fostering clear responsibility and autonomy. Yet, these same groups also displayed moderate turnover intentions, indicating potential dissatisfaction despite their expertise (Bester et al., 2015).

Study Limitations

Although the study yields significant findings, its results are influenced by several limitations. **Sample Size and Generalizability:** The study sample comprised nurses from a single hospital in Qatar, which may limit the generalizability of the findings to other regions or healthcare settings. **Cross-sectional Design:** As a cross-sectional study, the research captures associations at a single point in time, which prevents causal inferences regarding the relationships between leadership behaviors and turnover intentions. **Self-reported Data:** The reliance on self-reported measures may introduce biases, such as social desirability or recall bias, potentially affecting the accuracy of responses. **Limited Scope of Variables:** The study primarily focused on leadership empowerment behaviors and demographic factors. Other influential variables, such as organizational culture, external job opportunities, or financial incentives, were not assessed. **Contextual Limitations:** The findings are influenced by the unique cultural and organizational context of Qatar, which has a predominantly expatriate nursing workforce. This demographic peculiarity may affect the applicability of results in countries with a more homogeneous workforce. **Pandemic-related Factors:** The study occurred during or shortly after the COVID-19 pandemic, which could have amplified turnover intentions due to heightened stress, workload, and global demand for nurses.

Implications for Practice

The findings suggest several actionable strategies for healthcare organizations. Addressing gaps in information flow is critical for fostering trust and enabling informed decision-making among staff. Support for advanced education holders tailored strategies to engage and retain master's degree holders such as leadership training, mentoring, and opportunities for career advancement could mitigate turnover intentions in this group. Implementing mentorship programs and leadership roles for experienced nurses can leverage their expertise while addressing job satisfaction concerns. Focus on divisions with higher turnover intention or lower leadership scores may benefit from customized interventions to foster empowerment and engagement.

Recommendations for Future Research

Conduct longitudinal studies to examine causal relationships between leadership behaviors and turnover intentions. Expand the study across multiple healthcare institutions and regions to enhance generalizability. Explore the role of organizational culture, job satisfaction, and external market dynamics as additional variables influencing turnover intentions. Investigate the specific needs and aspirations of advanced degree holders to devise tailored retention strategies.

CONCLUSION

This study highlights the complex relationship between leadership empowerment, demographic factors, and turnover intentions in a nursing workforce. By addressing identified gaps, particularly in information sharing and support for advanced education holders, healthcare organizations can enhance staff retention and overall organizational effectiveness.

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AUTHORS CONTRIBUTION

All authors contributed significantly to the work reported, whether through conception, study design, execution, data acquisition, analysis and interpretation, or a combination of these areas. They participated in drafting, revising, or critically reviewing the article, approved the final version for publication, consented to the journal submission, and accepted accountability for all aspects of the work.

REFERENCES

- Alnaeem, M. M., Hamdan-Mansour, A. M., Nashwan, A. J., Abuatallah, A., & Al-Hussami, M. (2022). Healthcare providers' intention to leave their jobs during COVID-19 pandemic: A cross-sectional study. *Health science reports*, 5(6), e859. <https://doi.org/10.1002/hsr2.859>
- Arnold, J. A., Arad, S., Rhoades, J. A., & Drasgow, F. (2000). The empowering leadership questionnaire: The construction and validation of a new scale for measuring leader behaviors. *Journal of organizational behavior*, 21(3), 249-269. [https://doi.org/10.1002/\(SICI\)1099-1379\(200005\)21:3%3C249::AID-JOB10%3E3.0.CO;2-%23](https://doi.org/10.1002/(SICI)1099-1379(200005)21:3%3C249::AID-JOB10%3E3.0.CO;2-%23)
- Bass, B. M., & Avolio, B. J. (1993). Transformational leadership and organizational culture. *Public administration quarterly*, 112-121.
- Bester, J., Stander, M. W., & Van Zyl, L. E. (2015). Leadership empowering behaviour, psychological empowerment, organisational citizenship behaviours and turnover intention in a manufacturing division. *SA Journal of Industrial Psychology*, 41(1), 1-14.
- Bobbio, A., Bellan, M., & Manganelli, A. M. (2012). Empowering leadership, perceived organizational support, trust, and job burnout for nurses: A study in an Italian general hospital. *Health care management review*, 37(1), 77-87. <https://doi.org/10.1097/HMR.0b013e31822242b2>
- Bothma, C. F., & Roodt, G. (2013). The validation of the turnover intention scale. *SA journal of human resource management*, 11(1), 1-12.
- Choi, S. L., Goh, C. F., Adam, M. B. H., & Tan, O. K. (2016). Transformational leadership, empowerment, and job satisfaction: the mediating role of employee empowerment. *Human resources for health*, 14(1), 73. <https://doi.org/10.1186/s12960-016-0171-2>
- Engström, M., Mårtensson, G., Pålsson, Y., & Strömberg, A. (2022). What relationships can be found between nurses' working life and turnover? A mixed-methods approach. *Journal of nursing management*, 30(1), 288-297. <https://doi.org/10.1111/jonm.13494>

- Gold, T. K. (2022). Leadership empowerment behavior and psychiatric nurses' intent to leave. *Issues in Mental Health Nursing*, 43(10), 923-928. <https://doi.org/10.1080/01612840.2022.2072548>
- Khan, A. N., Soomro, M. A., Khan, N. A., & Bodla, A. A. (2024). Psychological dynamics of overqualification: career anxiety and decision commitment in STEM. *BMC psychology*, 12(1), 686. <https://doi.org/10.1186/s40359-024-02061-5>
- Kim, S. Y., & Fernandez, S. (2017). Employee empowerment and turnover intention in the US federal bureaucracy. *The American review of public administration*, 47(1), 4-22. <https://doi.org/10.1177/0275074015583712>
- Kyambade, M., & Namatovu, A. (2025). Pleasurable emotional states in health-care organizations: the mediation role of employee wellbeing on transformational leadership and job satisfaction. *Leadership in Health Services*, 38(2), 299-317. <https://doi.org/10.1108/LHS-06-2024-0052>
- Laschinger, H. K. S., & Wong, C. (1999). Staff nurse empowerment and collective accountability: effect on perceived productivity and self-rated work effectiveness. *Nursing Economic\$,* 17(6).
- Laschinger, H. K. S., Wong, C. A., & Greco, P. (2006). The impact of staff nurse empowerment on person-job fit and work engagement/burnout. *Nursing Administration Quarterly*, 30(4), 358-367.
- Mudallal, R. H., Othman, W. A. M., & Al Hassan, N. F. (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, 0046958017724944. <https://doi.org/10.1177/0046958017724944>
- Ouyang, C., Zhu, Y., & Guo, M. (2020). Effect of empowering leadership on the turnover intention of industrial workers. *Social Behavior and Personality: an international journal*, 48(8), 1-11. <https://doi.org/10.2224/sbp.9124>
- Smama'h, Y., Eshah, N. F., Al-Oweidat, I. A., Rayan, A., & Nashwan, A. J. (2023). The impact of leadership styles of nurse managers on nurses' motivation and turnover intention among Jordanian nurses. *Journal of Healthcare Leadership*, 19-29. <https://doi.org/10.2147/JHL.S394601>