http://clsj.ir

ارزیابی سبک رهبری پرستاران ثبت نام شده افغان-آمریکایی بر اساس عوامل فرهنگ پذیری

بلال احمد کیفی^۱، بهاءالدین غلام مجتبی^۲، مصطفی غلام مجتبی^۳، فرید یونس^۴

تاریخ دریافت: ۱۵ آذر خرداد ۱۴۰۱ تاریخ پذیرش: ۳۰ دی ۱۴۰۱

چکیده

تأثیر فرهنگ پذیری بر سبک رهبری موضوع مهمی برای جامعه جهانی است. در این پژوهش از طرح کمی، غیرتجربی، توصیفی – همبستگی با استفاده از داده های گذشته نگر اولیه استفاده شد. هدف این مطالعه این بود که ببیند آیا جنسیت، تحصیلات، درآمد، زبان اصلی که در خانه صحبت می شود، سطح فرهنگ پذیری آمریکایی، سبک های رهبری وظیفه محور و رابطه محور را پیش بینی می کنند یا خیر. پاسخ دهندگان بزرگسالان افغان آمریکایی بودند که در حال حاضر در سیستم بهداشت ایالات متحده به عنوان پرستار ثبت شده با یک یا هر دو والدین اصالتاً از افغانستان کار می کنند، تعداد شرکت کنندگان ۱۷۱ نفر. نتایج نشان داد که سطوح رهبری وظیفه مدار به طور مستقیم با دامنه کنترل (تعداد زیردستان تحت نظارت) مطابقت دارد. هر چه تعداد زیردستان بیشتر باشد، گرایش به رهبری وظیفه محور بیشتر می شود. هر چه تعداد زیردستان کمتر باشد، تمایل به رهبری وظیفه محور کمتر است. هیچ یک از متغیرهای دیگر به طور قابل توجهی به پیش بینی رهبری وظیفه محور کمک نکردند. با توجه به تغییر مداوم رشته پرستاری، نیروی کار متنوع و تقاضای رهبری وظیفه محور کمک نکردند. با توجه به تغییر مداوم رشته پرستاری، نیروی کار متنوع و تقاضای زیاد برای مدیران مراقبت های بهداشتی، برنامه درسی پرستاری باید بر اهمیت مهارت های رهبری تاکید کند. مفاهیم، محدودیتها و جهتگیریها برای تحقیقات آینده مورد بحث قرار گرفتهاند.

کلیدواژه: افغان آمریکایی; پرستار ثبت نام شده؛ عوامل فرهنگ پذیری؛ رهبری؛ فرهنگ؛ وابستگی نسلی؛ محدوده کنترل

۱ استاد مدیریت دولتی و مدیریت مراقبت های بهداشتی، دانشگاه ایالتی کالیفرنیا، خلیج شرقی، هیوارد، ایالات متحده آمریکا (نویسنده مسئول)

۲ دانشگاه نوا جنوب شرقی، فورت لادردیل، فلوریدا. ایالات متحده آمریکا

[ً] دانشیار میکروبیولوژی، گروه علوم زیستی، دانشگاه خلیج فلوریدا، ایالات متحده اَمریکا

^{*} استاد بازنشسته انسان شناسی فرهنگی، دانشگاه ایالتی کالیفرنیا، خلیج شرقی، هیوارد، ایالات متحده آمریکا

Assessing the Leadership Orientation of Afghan American Registered Nurses based on Acculturation Factors

Belal Ahmad Kaifi¹, Bahaudin Ghulam Mujtaba², Mustafa Ghulam Mujtaba³, Farid Younos⁴

Received: Nov. 6, 2022 Accepted: Jan. 20, 2023

Abstract

The impact of acculturation on leadership style is an important topic for the global community. A quantitative, non-experimental, descriptive-correlational design using primary retrospective data was employed in this study. The objective of the study was to see if gender, education, income, primary language spoken at home, level of Afghan acculturation, and level of American acculturation predict task- and relationship-oriented leadership styles. Respondents were Afghan American adults currently working in the U.S. Health System as registered nurses with one or both parents originally from Afghanistan, N = 171 participants. The results showed that levels of task-oriented leadership correspond to the span of control (number of subordinates overseen) directly. The more subordinates, the greater the tendencies toward task-oriented leadership. The fewer subordinates, the lower the tendencies toward task-oriented leadership. None of the other variables contributed significantly to predicting task-oriented leadership. Due to the constant changing nursing field, diverse workforce, and high demand for healthcare administrators, nursing curriculum should emphasize the importance of leadership skills. Implications, limitations, and directions for future research are discussed.

Keywords: Afghan American; registered nurse; acculturation factors; leadership; culture; generational affiliation; span of control.

¹ Professor of Public Administration and Health Care Administration, California State University, East Bay, Hayward, USA. *belal.kaifi@csueastbay.edu*

² Nova Southeastern University, Fort Lauderdale, USA. mujtaba@nova.edu

³ Associate Professor of Microbiology, Department of Biological Sciences, Florida Gulf Coast University, USA. mmujtaba@fgcu.edu

⁴ Retired Professor of Cultural Anthropology, California State University, East Bay, Hayward, USA. farid.younos@vahoo.com

1-Introduction

The United States is the land of opportunity for anyone who studies, works hard, stays on track toward his/her goals, and is entrepreneurial. When entering the U.S., theoretically everyone brings unique traditions, cultures, and customs to this land of opportunity and eventually becomes part of the American society. Non-native health field workers are making the workforces more culturally diverse, although in the United States, about 60% of new entrances into the job market are expected to be from the dominant culture: white, native-born Americans (Tjosvold & Leung, 2016). The focus of this study was Afghan American nurses practicing in the U.S. health system.

Acculturation is one of the frequently used variables in career development research because of its significance to many aspects of career development for immigrants (Kaifi, Mujtaba and Mujtaba, 2022). "Acculturation is when newcomers into a culture internalize and learn the values of the second culture, such as Afghan refugees coming to the United States as young children or teenagers" while "enculturation takes place during one's socialization process of being born and growing up in one's parent's dominant culture" (Mujtaba, 2022, p. 28; Royeen and Crabtree, 2006). While our audience in this study will have experienced both acculturation and enculturation, research shows that acculturation has been linked to a number of important career outcomes such as job choice and satisfaction, performance reviews, career decision self-efficacy, occupational stress (Miller and Kerlow-Myers, 2009; Mujtaba, 2022). As such, it is important to study the impact of acculturation of Afghan American registered nurses in the United States since it is critical for the Afghan Diaspora and employers.

While the initial descriptive content about the U.S. work society may appear as though the modern culture is being praised as a melting pot in some regards, we do understand that there are limitations and that some individuals of diverse communities (i.e., African Americans, Native-Americans, Hispanics, etc.) in the country would argue against any praiseworthy statements or assertions, as least for some parts of the American history. In fact, some may even argue the country's past has been a little racist toward non-White ethnicities. For example, as one reviewer pointed out, the Native Americans have not only been excluded from the general culture, but they were consciously exterminated with genocide. As such, we acknowledge the past limitations and any existing institutional discriminatory practices since arguing the nation is a complete melting pot might be seen as an exaggeration. Nonetheless, this study is limited to the experiences of the modern U.S. society and the Afghan diaspora. As such, the issue addressed in this study focuses on the dilemma facing immigrants and refugees settling in the United States, which is how much of their culture should they or can they maintain and still be able to function in their professional fields among the dominant culture. Historically immigrants will settle in communities where others from the same country reside (Hirschman, 2013). Therefore, many Afghans live in places like Fremont or Sacramento in California, and other states such as New York, Maryland, and Virginia to Researchers have attempted to examine the name a few. dominant leadership orientation of individuals from different contexts because of the implications for cross-cultural management, individuals who are expatriates, the repatriation process, and to help provide awareness and understanding of different cultural norms among individuals living and working in a global community (Mujtaba, 2019; Nguyen, Mujtaba, Tran, & Tran, 2014; Mujtaba & Balboa, 2010; Mujtaba, 2010; Nguyen, Mujtaba & Ruijs, 2014; Tajaddini & Mujtaba, 2011).

One challenge that non-native healthcare workers face is that they are often caught between two different cultures due to their multi-cultural backgrounds: deciding to assimilate into the dominant culture of the United States or to maintain elements of their own culture, which often results in personal familial and workplace struggles (Aseel, 2003; George, 1993; Ludwick & Silva, 2000). The following research questions are investigated in this study:

- **RQ 1:** Are there any correlations between Afghan and American acculturation levels, number of employees in department (coworkers), number of subordinates overseen, generation, religiousness, personality, and task-oriented/relationship-oriented leadership style?
- **RQ 2**: Can Afghan and American acculturation levels, number of employees in department (coworkers), number of subordinates overseen, generation, religiousness, and personality alone or in combination predict task-oriented/relationship-oriented leadership?

2-Literature

For this study, the authors gathered literature from various sources related to leadership styles, including studies that are associated to individuals with some level of association or cultural connection to the Afghan culture. Much of the literature comes from previously published literature where the authors and researchers have provided a cross-cultural view of respondents' task-orientation and relationship-orientation (Kaifi *et al.*, 2022; Cowsill and Grint, 2008; Judge *et al.*, 2004; Cann and Siegfried, 1990; Mujtaba and Alsua, 2011).

The topic of leadership has been written about and talked about by thousands of authors and researchers over the past century; however, there are certain studies that specifically focus on leadership orientation elements such as whether a manager leads by focusing more on tasks or his/her relationship with others in the workplace. For example, Cowsill and Grint (2008) discussed leadership style as being task or relationship oriented; they concluded that leaders of their study were both focused on the achievement of missions and goals, their relationships with subordinates, and at times the focus was both task and relationship oriented.

Judge et al. (2004) conducted a meta-analysis of the leadership behaviors of consideration and initiating structure. The authors concluded that both behaviors were linked to follower motivation and leader effectiveness, with consideration (relationship) being somewhat more important. Similarly, Cann and Siegfried (1990) examined the relationship between initiating structure and consideration leadership styles on the one hand and feminine and masculine behaviors on the other. The results showed that consideration is perceived as more feminine and initiating structure is perceived as more masculine. Politis et al. (2018) investigated the relationship between initiating structure and consideration leadership styles, but also creativity and innovation in organizations operating in Arabic and European cultures. The findings of the study revealed that managers with consideration leadership style influenced more positively and significantly the factors of creativity and innovation compared to the managers that exercise initiating structure leadership (Kaifi et al., 2022).

Mujtaba and Alsua (2011) examined the management orientation of working adults and business students in the United States by comparing the leadership perception of 484 respondents from Alaska and Florida regions. The researchers reported that Americans had high scores on both task and relationship orientations but scored a little higher on the relationship-orientation, possibly because of the high emphasis on teamwork and collaboration in universities and the work environment.

2-1 Nursing and Leadership

The profession of nursing has evolved from a modest caretaker role to a dynamic and challenging profession which requires adaptation to constant change and coordination of personnel, policies, and procedures (Kaifi *et al.*, 2022). Like most other professions, and since hospitals get workers and patients from

people of all backgrounds, cultural and social awareness are crucial to effective nursing practice. The choices that nurses make in their careers communicate what they value (Blais, 2019). As such, identifying and developing nursing leaders is one of the greatest challenges faced by the nursing profession (Scully, 2015). The concept of leadership is a complex and multi-dimensional phenomenon because there are many definitions and theories of leadership but no universally accepted definitions or theories. However, there is increasing clarity surrounding what true nursing leadership is, and how it differs from management (Grossman & Valiga, 2012).

Leadership in the nursing profession includes the tasks of supporting clinical colleagues and inspiring followers to transform themselves and their situations through development of talents and formation of reciprocal relationships (Caplin-Davies, 2003; Kaifi *et al.*, 2022; Ali, Khan, Shakeel, and Mujtaba, 2022). One of the most important points to note is that leadership is not necessarily tied to a position of authority (Grossman & Valiga, 2012; Rigoloski, 2013). Due to a lack of authority, the high-usage of teams in healthcare settings, and constant changes in the healthcare industry, nurses can be considered informal leaders who rely upon authentic leading rather than power-wielding tactics available to formal leaders such as managers (Pielstick, 2000).

Modern researchers and practitioners must navigate the complexities of today's complex healthcare environment, and effective leadership practices should be assessed. Rogers (2017) emphasized that nurses must have informal clinical leadership skills to support and empower each other as they make important decisions at the point of care. Of course, transitioning into a professional role as a nurse can be challenging as it requires academic achievement, practical experience and certification, and a compassionate attitude to take care of people while working long hours under urgent circumstances. In addition, being able to learn new techniques and perform assigned tasks while getting to know and developing relationships with colleagues can be stressful (Frögéli *et al.*, 2019).

Furthermore, the complexities of today's healthcare environment that nurses and other healthcare professional navigate

through can be further compounded by global pandemics, as evidenced by the COVID-19 viral pandemic, caused by the SARS-CoV-2 virus, that has recently spread world-wide at an alarming rate (Chilamakuri and Agarwal, 2021; Tsang et al., 2021). According to the World Health Organization, the COVID-19 pandemic has resulted in approximately 5.9 million deaths worldwide thus far and continues to wreak havoc and stress healthcare systems globally (WHO Website Dashboard, 2022). Furthermore, nurses and other frontline workers are at a greater risk for contracting the SARS-CoV-2 virus (Ratiu et al., 2021; Sahebi et al., 2021). In addition, an increase in depression and anxiety as well as occupational burnout among nurses and other healthcare practitioners have been observed with the COVID-19 outbreak (Raudenská et al., 2020; Sahebi et al., 2021; Ślusarska et al., 2022). Thus, the profession of nursing continues to evolve to a dynamic and challenging profession due to the environmental stressors, such as pandemics, and constant procedural and policy changes that has been placed on it.

2-2-Leadership and Generational Affiliation

Generational affiliation is of particular importance to this research since Afghan American baby boomers were not included in the study. Most baby boomers were unable to obtain a formal education in the U.S. when they were forced to escape Afghanistan during the Soviet invasion from 1979 to 1989 due to language barriers (Stempel et al., 2017). As such, the progenies of the baby boomers will be studied. Aseel (2003) explains, "Career advancement was a distant goal, and became something that [Afghan] parents eventually wished for their children rather than for themselves" (p. 29). More specifically, Afghan American nurses who fall in the Generation X (born between 1965 to 1980) and Generation Y (born after 1980) groups were the two groups of focus for the present study. Aghamirza (2015) examined the acculturation levels and experiences of first-generation immigrant leaders at the district offices and school sites in the Mid-Atlantic region of the United The recommendation for future researchers of States.

acculturation was to focus on the age of immigrants upon arrival to the United States and levels of their education before and after immigration. Aghamirza also suggested evaluating familiarity with the English language before and after immigration. Lastly, Aghamirza endorsed the conduct of narrative or ethnographic studies to gain a deeper understanding of knowledge and experiences of first-generation immigrant leaders.

One major distinction, between Afghan Americans who fall in the Generation X category when compared to Generation Y category, is that the Generation X group were born in Afghanistan and the Generation Y group were born outside of Afghanistan. Consequently, evaluating age or generational affiliation is important for the purpose of this study.

2-3-Leadership and Acculturation

There have been many studies conducted on leadership and acculturation that we can link to this research (Zoppi, 2004; Iron Cloud, 2019; Trevino, 2010; Paris, 2003). For example, Zoppi's (2004) study used a quantitative, descriptive, and exploratory research approach and found that transformational leadership behaviors were significantly related to collectivism factors, whereas transactional leadership behaviors were significantly related to individualistic factors. The author mentioned that additional research should target sex differences in leadership and acculturation, including individualism versus collectivism styles. A study by Iron Cloud (2019) concluded that the participants found themselves in a time of rapid change, a time of biculturalism and multiculturalism. One of the primary questions of this study focused on whether acculturation predicts leadership styles. The levels of acculturation were low, traditional (17.6%), moderate, bicultural (68.6%) and high, assimilated (13.7%). Qualitative themes revealed leadership values similar to servant leadership among all six respondents regardless of acculturation level.

Trevino's (2010) study on acculturation and leadership styles of elected Latino leaders examined how a group of elected Latino leaders scored on an acculturation and leadership scale. This research defined acculturation levels as individuals progressing through the process of socialization changes in thinking about their values and traditions. The stages everyone goes through represent levels of adaptation to the dominant society often involving religious practices, diet, healthcare, and social institutions (Kaifi *et al.*, 2022). The findings add to the current body of literature on Latino leadership because it confirmed an association between acculturation level and leadership style. Trevino pointed out that the absence of sex in the study was attributed to the lack of a single probing question on sex within the current research surveys utilized.

Finally, Paris's (2003) study on acculturation, assimilation, leadership styles, and its consequences on job satisfaction indicated that the six cultural groups (American, Chinese, Filipino, Japanese, Part-Hawaiian, and "others") showed evidence of assimilation. The overall results indicated that most groups were satisfied with job location and physical working conditions but were less satisfied with personal growth and the least satisfied with leadership styles and earnings (Kaifi et al., 2022). For this current study on registered nurses in the United States, our focus is to determine whether there any correlations between Afghan and American acculturation levels, number of employees in department (coworkers), number of subordinates overseen, generation, religiousness, personality, and taskoriented/relationship-oriented leadership style. Furthermore, we want to know if Afghan and American acculturation levels, number of employees in the department (coworkers), number of overseen, generation, religiousness, subordinates predict task-oriented/relationship-oriented personality can leadership.

3-Methodology

Participants were Afghan American adults currently working in

the U.S. healthcare system as nurses with one or both parents originally from Afghanistan. Sampling combined purposeful convenience and targeted snowball samples recommended for hard-to-reach populations (Dusek, Yurova, & Ruppel, 2015). Potential participants were invited to participate through social media and professional networks specific to Afghans. The primary source was the Facebook group *Afghan Health Initiative*, comprised of 2,500 Afghan Americans working in healthcare. The invitation included the link to the SurveyMonkey survey. Data were collected with the 61-item Acculturation and Leadership Survey for Nurses, created by the first author as a compilation of validated, published surveys on acculturation and leadership that included select demographic questions.

Levels of acculturation were collected for both the Afghan and American cultures with statements from Cuéllar and colleagues' (1995) Acculturation Rating Scale Questionnaire for Hispanics/Latinos (ARSMA-II). The ARSMA-II's survey statements were modified with permission by substituting Latino references with Afghan references (e.g., "My thinking is done in the Dari/Pashto language") or American references (e.g., "My thinking is done in the English language"). For each culture, participants rated how often they engaged in the behavior stated on 12 survey items using a 5-point Likert frequency scale (1 = not at all, 5 = extremely often or almost always). Numeric values were summed for a possible range of 12-60 acculturation points.

Leadership orientation was collected for task-oriented and relationship-oriented leadership styles with Northouse's (2004) Leadership Style Questionnaire (LSQ). Participants rated how often they engaged in the behavior stated in 10 task-oriented survey items (e.g., "Tells group members what they are supposed to do") and 10 relationship-oriented survey items ("Help others feel comfortable in the group") using a 5-point Likert frequency scale of frequency (1 = never, 5 = always). Numeric values are summed for a possible range of 10-50 points. Total scores can be interpreted categorically (10-24 = very low; 25-29 = low; 30-34 = moderately low; 35-39 = moderately high; 40-44 = high; 45-50 = very high).

Dummy coded demographic variables included primary language spoken at home (reference category Dari/Pashto vs. English), generation (reference category Gen X vs. Gen Y), gender (reference category men vs women), religiousness (reference category no vs. yes), and personality (reference category Type A vs. Type B). Education was measured categorically with 6 levels ranging from high school/vocational to graduate school. Income was measured on a continuous scale as thousands of US\$ annually. Four participants did not provide income data (one man, case 134, and three women, cases 100, 137 and 142).

Screening for normality, linearity, homoscedasticity, and outliers (Tabachnick & Fidell, 2019) showed that one man, case 50, was an extreme low outlier on both acculturation measures and was removed from further analyses, N = 171 participants.

There were two research questions. Both were addressed for task-oriented leadership and for relationship-oriented leadership styles, respectively. Research question 1 was, are there any correlations between Afghan and American acculturation levels, number of employees in department (coworkers), number of subordinates overseen (span of control), generation, religiousness, personality, and task-oriented/relationship-oriented leadership style? Correlations were bivariate Pearson product-moment correlations. The generic correlation null hypothesis was H₀: The correlation between X and Y was not statistically significant.

Research question 2 was, can Afghan and American employees acculturation levels. number of in department (coworkers), number of subordinates overseen (span of control), generation, religiousness, and personality alone or in combination predict task-oriented/relationship-oriented leadership? RQ 2 was addressed with separate multiple linear regressions, one for each of the two leadership styles, respectively. The data were screened and found to meet regression assumptions of adequate sample size, linear relationships between leadership styles and predictor variables, univariate normality, absence of outliers. normality homoscedasticity of residuals, multivariate normality, absence of multicollinearity, adequate tolerance values, and absence of autocorrelation. In addition to drawing on the leadership literature to justify including the listed predictors on theoretical grounds, several chi square tests, t tests, and correlations were run and inspected to identify potential quadratic and interaction effects between predictors. Interactions were indicated when one predictor's impact on leadership

orientation depended on the specific value of a second predictor. Potential predictors that were measured on continuous scales were centered on the mean before entering them into the regression to improve interpretation.

The regression analysis tested two hypotheses. The first regression null hypothesis referred to the significance of the overall model (H_0 : $R^2=0$) where R^2 measured the percentage of explained variance in leadership scores. Adjusted R^2 statistics are given in models with more than one predictor. The second regression null hypothesis referred to the statistically significant impact of individual predictors on leadership (H_0 : $\beta=0$), where β was the regression coefficient or weight contributed by the predictor. The statistical significance of the null hypothesis regarding the individual predictors (H_0 : $\beta=0$) was based on the outcome of a t test.

4-Results

Overall, 63% of participants held a 4-year college degree. Annual income was highly variable (M = \$93,802, SD = \$31,110, min = \$30,000, max = \$300,000). The overall sample was split by the dominant language used at home (49% participants spoke Dari/Pasto, 51% spoke English). Participants exhibited Afghan cultural behaviors moderately often on average (Afghan acculturation M = 38.93, SD = 8.15, Cronbach's $\alpha = .94$) and American cultural behaviors very often (American acculturation M = 47.03, SD = 7.33, Cronbach's $\alpha = .84$). Task-oriented leadership behaviors were used sometimes on average (M = 35.40, SD = 7.40, Cronbach's $\alpha = .90$) whereas relationshiporiented leadership behaviors were used frequently (M = 39.27, SD = 8.12, Cronbach's $\alpha = .95$).

4-1-Task-oriented Leadership RQ 1 Correlations

The correlation between task-oriented and relationship-oriented leadership was inverse, of medium magnitude, and significant (r(169) = -.44, p < .001); the correlation null hypothesis was rejected. The top row of correlations on Table 1 shows that task-oriented leadership was also correlated with American acculturation, number of coworkers, and number of subordinates overseen. For these variables, the correlation null hypothesis was rejected. The inverse correlation with American acculturation indicated that higher levels of American

acculturation were associated with lower levels of task-oriented leadership. The direct correlations between task-oriented leadership and coworkers, and between task-oriented leadership and subordinates overseen, indicated that higher levels of task-oriented leadership were associated with higher numbers of coworkers and subordinates overseen and vice versa. Because numbers of employees in department (coworkers) and subordinates were directly and significantly correlated (r(164) = .37, p < .001), and leadership orientation seemed more likely to be associated with the number of subordinates overseen, the number of coworkers was not entered into regressions to avoid collinearity.

 Table 1 - Pearson Correlation for Leadership Orientation

Leadership							Personalit
	Af	Am	Coworkers	Subords	Gen	Religious	у
Task	.13	18*	.20**	.40**	09	.10	11
Relationshi	.32**	.21**	20**	32**	.30**	.08	16*
p							

Note. Leadership: leadership orientation dichotomous.

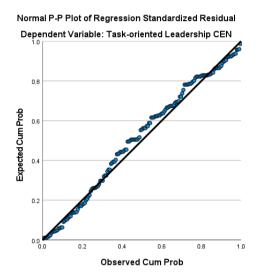
Af: Afghan Acculturation. Am: American Acculturation. Coworkers: Number of Coworkers. Subords: Number of Subordinates Overseen. Gen: Generation dichotomous Gen X, Gen Y. Religious: Consider Myself Religious dichotomous yes no. Personality: Personality Type dichotomous Type A, Type B.

4-2-Task-oriented leadership RQ 2 Regression

Figure 1 shows that the task-oriented leadership residuals met the regression assumptions of normal and homoscedastic distributions. Predictors listed in the RQ 1 (Afghan acculturation, American acculturation, numbers of subordinates overseen, generation, gender, religiousness, and personality) were entered into the model along with task-oriented leadership and several interaction terms that were theoretically relevant (generation by Afghan acculturation, generation x American acculturation, generation x numbers of subordinates overseen, American acculturation x Afghan acculturation, and Afghan acculturation x religiousness). The only significant predictor was the number of subordinates overseen so the model was re-specified as a simple regression.

The number of subordinates overseen accounted for 13% of the variance in task-oriented leadership ($R^2 = .13$), which was statistically significant (F(1, 165) = 24.96, p < .001). The overall model null hypothesis was rejected. The formula for predicting task-oriented leadership from number of subordinates overseen = 0.42 (number of subordinates) – 0.11.

Figure 1 - Normal P-P Plot of Residuals for Predicting Task-oriented Leadership



4-3-Relationship-oriented Leadership RQ 1 Correlations

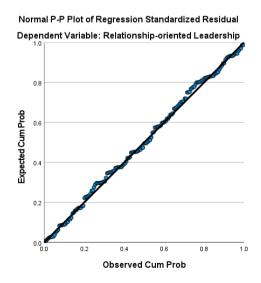
The bottom row of correlations on Table 1 showed that relationship-oriented leadership was directly correlated with Afghan acculturation, American acculturation, and generation, and inversely correlated with number of coworkers, number of subordinates overseen, and personality type. For these variables, the correlation null hypothesis was rejected. The generation variable was dichotomous, so the direct correlation indicated that relationship-oriented leadership was more closely associated with Gen Y than Gen X participants. Personality type was also dichotomous; the inverse correlation indicated that relationship-oriented leadership was more

closely associated with Type A personalities than Type B personalities.

4-4-Relationship-oriented Leadership RQ 2 Regression

Predictors listed in the RO 1 (Afghan acculturation, American acculturation, numbers of subordinates overseen, generation, gender, religiousness, and personality) were entered into the model along with task-oriented leadership and several interaction terms that were relevant (generation by Afghan acculturation, theoretically generation x American acculturation, generation x numbers of overseen. American acculturation subordinates acculturation, and Afghan acculturation x religiousness). Figure 2 shows that the residuals met the regression assumptions of normal and homoscedastic distributions. The overall null hypothesis (H_0 : R^2 = 0) was rejected because the final model accounted for a statistically significant (44.2%) percentage of the variance in relationshiporiented leadership ($R^2 = .442$), which was significantly better than chance (F(6, 160) = 22.91, p < .001).

Figure 2 - Normal P-P Plot of Residuals for Predicting Relationship-oriented Leadership



The β null hypothesis regarding the significance of individual predictors was supported for all of the interactions, personality, and religiousness because they emerged as non-significant predictors. However, the β null hypothesis was rejected for task-oriented leadership (β = -0.20, t = -2.66, p < .001), Afghan acculturation (β = 0.46, t = 6.87, p < .001), American acculturation (β = 0.33, t = 4.29, p < .001), generation (β = 2.08, t = 1.92, p = .057), and gender (β = 5.22, t = 5,18, p < .001), showing a strong trend toward significance for numbers of subordinates overseen (β = -1.57, t = -1.71, p = .089). The final regression model included particularly strong impacts of generation and gender: 35.43 + 2.08 (generation) + 5.22 (gender) + 0.46 (Afghan acculturation) + 0.33 (American acculturation) - 0.20 (task-oriented leadership) - 0.16 (subordinates overseen). Table 2 lists the regression models for predicting relationship-oriented leadership for participants classified by generation and gender.

Table 2 - Regression Models for Predicting Relationship-oriented Leadership for Participants Classified by Generation and Gender

Participants	Relationship-oriented Leadership Regression Models					
For Gen X men	35.43 + 0.46(Afghan acculturation) + 0.33(America					
	acculturation) - 0.20(task-oriented leadership) -					
	0.16(subordinates overseen)					
For Gen X women	35.43 + 5.22(gender) + 0.46(Afghan acculturation) +					
	0.33(American acculturation) - 0.20(task-oriented					
	leadership) - 0.16(subordinates overseen)					
For Gen Y men	35.43 + 2.07(generation) + 0.46 (Afghan acculturation) +					
	0.33(American acculturation) - 0.20(task-oriented					
	leadership) - 0.16(subordinates overseen)					
For Gen Y women	5.43 + 2.07(generation) + 5.22 (gender) + 0.46 (Afghan					
	acculturation) + 0.33(American acculturation) -					
	0.20(task-oriented leadership) - 0.16(subordinates					
	overseen).					

5-Discussion

The levels of task-oriented leadership correspond to the number of subordinates overseen directly. The more subordinates, the greater the tendencies toward task-oriented leadership. The fewer subordinates, the lower the tendencies toward task-oriented leadership. It is understandable that managers with a large span of control will be time deficient as they will be responsible for overseeing the work of more healthcare professionals. Consequently, managers with a wide or large span of control should be given more help, such as several "assistant managers," who can lead groups of employees based on their shift, floor, function, or other such commonalities. It is very important that nurses with a large span of control should also be provided with more technology so they can use data more effectively in making timely decisions. Furthermore, nurses with a wide span of control should be provided proper "time management" and delegation skills so they can efficiently manage their jobs and levels of stress at any given time.

None of the other variables, assessed in this research, contributed significantly to predicting task-oriented leadership, not even the variables that were significantly correlated with it. As such, we have limited our discussion to the topic of span of control for nursing managers and leaders in the healthcare industry.

According to Cupit *et al.* (2019), nurse managers play a vital role within nursing services administration. For the nurse manager to provide the level of service defined by their job description, a practical span of control is necessary. "In non-healthcare industries, an average span of control for a manager is nine direct reports"; but "in healthcare organizations it is not unusual for nursing unit managers to have spans of up to 200 staff" (Tolentino, 2020, p. 16). Naturally, a person with such a large span of control under difficult and urgent circumstances would have to proactively manage by providing much training to all staff ahead of schedule right after the hiring process.

Gulick and Urwick asserted that there were three principles of management, including division of labor, span of control, and unity of command (Gulick et al., 1937). McCutcheon (2004) found that wider spans of control decreased the positive effects of transformational and transactional leadership and enhanced the negative impact of laissez-faire leadership. The second author spent 16 years in retail management with a span of control that varied between 20-50 employees at any given time. His personal experiences confirm McCutcheon's empirical findings that both transformational and transactional styles of leadership might be too time-consuming when a manager is responsible for many employees. As such,

managing and leadership through a laissez-faire style of leadership might become a necessity. However, the second author also observed that transformational leadership is more important than ever when a manager's span of control is large because it provides employees hope as well as direction, while simultaneously increasing their levels of commitment to the job.

McCutcheon and colleagues (2009) found that the positive effect on nurse and patient satisfaction for transformational and transactional leadership style decreased as span of control increased and that the negative impact of laissez-faire leadership was greater as span of control widened. According to Williams (2014), research findings and recommendations "may also assist nurse administrators in making difficult decisions regarding organizational structures by focusing on other characteristics of the nurse leader that may have an impact on that leader's ability to be successful rather than solely focusing on span of control" (p. 96).

According to Holm-Petersen and colleagues (2017)."Leadership will be spread out too thinly when it is divided among many followers and tasks...Given there is a need for high quality leadership in hospital wards to enhance quality and patient outcomes, the association between leadership and structural conditions for leadership should perhaps attract more scientific and practical attention than it does today" (p. 202). When the leadership is spread out too thin to be responsible for many followers, the level of stress can be high on the leader. Similarly, such a stressful workplace can reduce employee retention as well. We know that "Nurse managers in the organization with large spans of control were overwhelmed by administrative functions that took them away from daily interactions patients. families. and staff. Management roles responsibilities were not clearly defined, resulting in role confusion and role blending" (Tolentino, 2020, p. 1). According to Cupit and colleagues (2019), the environment that nurse managers work in is heavily determined by their span of control; as such, to "meet organizational goals while leading a unit that meets industry expectations for patient and staff satisfaction and safety, nurse managers must have the resources to create an environment that is conducive to productivity and success" (pp. 103-104). It has been said that "In future, there will be a need to balance the expectations of frontline leadership both up and down the system and hence to address the questions of role, function and capacity of the frontline leader" (Holm-Petersen et al., 2017, p. 202). Ultimately, we recommend that future research focus on finding out what is an appropriate span of control in the nursing profession under various circumstances, such as during the Covid-19 coronavirus infection pandemic times.

Like all studies, this research was limited in scope due to time limitations. Also, it was challenging to find qualified professional nurses who met the criteria of being Afghan American and socialized in both cultures. The significant limitations of the current study include a lack of external verification that each participant was a nurse of Afghan descent. Finally, participants provided self-reported data, which could not be verified by the researchers. As emphasized by Kaifi *et al*, (2022), future researchers should include a qualitative element to such research when it is being replicated with respondents of diverse populations.

6-Conclusion

This research has been about the impact of acculturation on leadership styles of Afghan American registered nurses working in the United States. The goal of the researchers was to see if gender, education, income, primary language spoken at home, level of Afghan acculturation, and level of American acculturation can predict the leadership styles of Afghan American nurses currently working in the U.S. Health System.

The findings of this research demonstrated that levels of task-oriented leadership correspond to the span of control. In other words, the more subordinates a nurse is managing or leading at any given time, the greater his/her tendencies will be towards using a task-oriented style of leadership. Similarly, the fewer subordinates a nurse is responsible for in the department, the lower will be his/her tendencies toward using a task-oriented style of leadership. Implications, limitations, and directions for future research were discussed.

References

- Aseel, M. Q. (2003). *Torn Between Two Cultures*. Capital Books Inc.: Herndon, VA.
- Ali, I., Khan, M.M., Shakeel, S. and Mujtaba, B. G. (2022). Impact of Psychological Capital on Performance of Public Hospital Nurses: The Mediated Role of Job Embeddedness. *Public Organization Review*, 22, 135–154. Link: https://doi.org/10.1007/s11115-021-00521-9 or: https://link.springer.com/article/10.1007/s11115-021-00521-9
- Chilamakuri, R., & Agarwal, S. (2021). COVID-19: Characteristics and Therapeutics. *Cells*, 10(2), 206.
- Cupit, T., Stout-Aguilar, J., Cannon, L., & Norton, J. (2019). Assessing the Nurse Manager's Span of Control: A Partnership Between Executive Leadership, Nurse Scientists and Clinicians, *Nurse Leader*, 17(2), 103-108.
- Gulick, L., Urwick, L., Mooney, J. D., Fayol, H., Dennison, H. S., Henderson, L. J., Graicunas, V. A. (1937). In L. Gulick & L. Urwick (Eds.), Papers on the science of administration (183–187). New York: Institute of Public Administration.
- Hirschman, C. (2013). The contributions of immigrants to American culture. *Daedalus*, *142*(3), 1-19.
- Holm-Petersen, C., Østergaard, S., & Andersen, P. B. N. (2017). Size does matter span of control in hospitals. Journal of Health Organization and Management, 31(2), 192-206. doi:http://dx.doi.org/10.1108/JHOM-04-2016-0073
- Iron Cloud, R. (2019). Leadership values and acculturation among the Oglala Lakota leadership (Order No. 22621056). Available from ProQuest One Academic. (2314265466).
- Judge, T. A., Piccolo, R. F., & Ilies, R. (2004). The forgotten ones? The validity of consideration and initiating structure in leadership research. *Journal of Applied Psychology*, 89(1), 36-51.
- Kaifi, B. A., Mujtaba, B. G.; and Mujtaba, M.G. (2022). The Impact of Acculturation on the Leadership Style of Afghan American Registered Nurses Working in the United States' Healthcare System. *Public Organization Review*, 22, 173–191. Link: https://doi.org/10.1007/s11115-021-00525-5 or:

- https://link.springer.com/article/10.1007/s11115-021-00525-5?utm_source=toc&utm_medium=email&utm_campaign=toc_11115_22_1&utm_content=etoc_springer_20220222#cite as
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8149924/
- Ludwick, R., & Silva, M. (2000). Ethics: Nursing around the world: Cultural values and ethical conflicts. *Online Journal of Issues in Nursing*, *5*(3), 1-10.
- McCutcheon, A. (2004). Relationships between leadership style, span of control and outcomes (Doctoral dissertation). Retrieved from ProQuest. (305070684)
- McCutcheon, A. S., Doran, D., Evans, M., Hall, L. M., & Pringle, D. (2009). Effects of leadership and span of control on nurse's job satisfaction and patient satisfaction. Nursing Leadership, 22(3), 48–67.
- Miller, M. J., & Kerlow-Myers, A. E. (2009). A content analysis of acculturation research in the career development literature. *Journal of Career Development*, *35*(4), 352-384.
- Mujtaba, B. G. (2022). Workforce Diversity Management: Inclusion and Equity Challenges, Competencies and Strategies (3rd edition). ILEAD Academy: Florida.
- ______, (2010). An examination of Bahamian respondents' task and relationship orientations: Do males have a significantly different score than females? *Journal of Diversity Management*, 5(3), 35-41.
- ______, & Alsua, C. J. (2011). Task and relationship orientation of Americans: A study of gender, age, and work experience. *Journal of Behavioral Studies in Business*, *3*(1), 27-36.
- ______, & Kaifi, B. A. (2010). An inquiry into eastern leadership orientation of working adults in Afghanistan. *Journal of Leadership Studies*, 4(1), 36-46.

- _______, & Sadat, S. K. (2010). Leadership knowledge of local and expatriate Afghans: Are they leaning more toward tasks or relationships? *Journal of Business Studies Quarterly*, *1*(3), 1-12.
- Nguyen, L. D., Mujtaba, B. G., & Ruijs, A. (2014). Stress, task, and relationship orientations of Dutch: Do age, gender, education, and government work experience make a difference? *Public Organization Review*, 14(3), 305-324.
- Nguyen, L. D., Mujtaba, B. G., Tran, Q. H. M, & Tran, C. N. (2014). Do age and management experience make a difference in leadership orientations? An empirical study of Omani and Vietnamese working adults. *Academy of Business Disciplines Journal*, 6(1), 1-16.
- Northouse, P. (2004). *Leadership: Theory and practice* (3rd edition). Thousand Oaks, CA: SAGE Publications.
- Ratiu, L., Curseu, P. L., & Fodor, O. C. (2021). Death anxiety, job satisfaction and counterproductive work behaviors during the COVID-19 pandemic: a comparative study of healthcare and non-healthcare professionals. *Psychology, Health & Medicine*, 1–13. Advance online publication.
- Raudenská, J., Steinerová, V., Javůrková, A., Urits, I., Kaye, A. D., Viswanath, O., & Varrassi, G. (2020). Occupational burnout syndrome and post-traumatic stress among healthcare professionals during the novel coronavirus disease 2019 (COVID-19) pandemic. Best practice & research. *Clinical Anaesthesiology*, 34(3), 553–560.
- Royeen, M. and Crabtree, J. L. (2006). *Culture in Rehabilitation:* from competency to proficiency. Prentice Hall: New Jersey.
- Sahebi, A., Nejati-Zarnaqi, B., Moayedi, S., Yousefi, K., Torres, M., & Golitaleb, M. (2021). The prevalence of anxiety and depression among healthcare workers during the COVID-19 pandemic: An umbrella review of meta-analyses. *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, 107, 110247.
- Ślusarska, B., Nowicki, G. J., Niedorys-Karczmarczyk, B., & Chrzan-Rodak, A. (2022). Prevalence of Depression and Anxiety in Nurses during the First Eleven Months of the COVID-19 Pandemic: A Systematic Review and Meta-Analysis.

- International Journal Of Environmental Research and Public Health, 19(3), 1154.
- Tajaddini, R. & Mujtaba, B. G. (2010). Stress and leadership tendencies of respondents from Iran: Exploring similarities and differences based on age and gender. *Public Organization Review*, 11, 219-236.
- Tjosvold, D., & Leung, K. (2016). *Cross-cultural management:* Foundations and future. London: Routledge.
- Tolentino, M. C. (2020). An innovative nurse leader redesign to improve span of support. Available from ProQuest One Academic.
- Tsang, H. F., Chan, L., Cho, W., Yu, A., Yim, A., Chan, A., Ng, L., Wong, Y., Pei, X. M., Li, M., & Wong, S. C. (2021). An update on COVID-19 pandemic: the epidemiology, pathogenesis, prevention and treatment strategies. *Expert Review of Anti-Infective Therapy*, 19(7), 877–888.
- Williams, D. J. (2014). *The relationship between span of control and leadership style of nurse leaders* (Order No. 3631496). Available from ProQuest One Academic. (1566188323). Retrieved from https://www.proquest.com/dissertations-theses/relationship-between-span-control-leadership/docview/1566188323/se-2
- World Health Organization COVID-19 Dashboard. Geneva: World Health Organization, 2022. Available online: https://covid19.who.int/ (last cited: [February 22, 2022]).