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ASSESSMENT OF HEAD NURSES' ATTITUDES AND DELEGATION PRACTICES IN HOSPITAL SETTINGS

Original Research (ID: 1699)

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ABSTRACT

Background: Delegation is an essential leadership function in nursing management and supports effective workload distribution, timely patient care, and professional development of nursing staff. In busy hospital settings, head nurses are expected to assign tasks appropriately while maintaining accountability and supervision. However, negative attitudes, lack of confidence, fear of criticism, and trust-related concerns may affect delegation behavior and reduce its effectiveness in clinical practice.

Objective: To assess the attitudes of head nurses toward delegation and evaluate their delegation practices in a hospital setting.

Methods: A descriptive cross-sectional study was conducted at Services Hospital Lahore over nine months, from June 2025 to February 2026. A total of 100 head nurses were selected through purposive sampling. Data were collected using a structured questionnaire consisting of demographic information, attitude-related items, and delegation practice-related items. Responses were recorded on a five-point Likert scale ranging from strongly disagree to strongly agree. Participants who could read and understand English completed the questionnaire independently, while those requiring assistance were guided by the researchers. Data were coded and analyzed using SPSS version 25. Frequencies, percentages, means, and standard deviations were calculated.

Results: Among 100 participants, 53% were aged 26–30 years, 39% were 31–35 years, and 8% were older than 35 years. Females represented 90% of the sample, while males represented 10%. Regarding education, 46% had BSN, 36% had Post RN, and 18% had GNM qualification. Most participants had 4–10 years of experience (54%), while 46% had more than 10 years of experience. Overall, 64% of head nurses had a negative attitude toward delegation and 36% had a moderate attitude, while no participant showed a positive attitude. In contrast, 84% demonstrated good delegation practices and 16% demonstrated moderate practices. The mean attitude score was 3.45 ± 0.63, while the mean delegation practice score was 3.52 ± 0.78.

Conclusion: The study concluded that head nurses demonstrated generally good delegation practices, but their attitudes toward delegation remained negative to moderate. This mismatch indicates the need for structured delegation training, confidence-building strategies, clearer role expectations, and supportive nursing leadership to improve effective delegation in hospital settings.

Keywords: Attitude of Health Personnel; Delegation, Professional; Hospitals; Leadership; Nurse Administrators; Nursing Staff; Task Performance and Analysis.

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INTRODUCTION

Delegation is a central component of nursing leadership and an essential function of head nurses in hospital settings. It involves assigning appropriate responsibilities to nursing staff while maintaining accountability, supervision, and patient safety. In modern healthcare systems, where hospitals are facing increasing patient loads, higher patient acuity, staffing shortages, and growing expectations for quality care, effective delegation has become even more important for smooth clinical operations (1). When performed appropriately, delegation helps distribute workload, improves teamwork, supports timely patient care, and creates opportunities for professional growth among nurses. It also encourages confidence, independent decision-making, and a stronger sense of responsibility among nursing staff (2). Despite its importance, delegation remains a challenging leadership practice in many healthcare settings. Poor delegation, unclear communication, inadequate supervision, and confusion regarding authority may negatively affect both patients and healthcare workers. Inappropriate delegation can contribute to delays in care, reduced patient safety, increased staff stress, dissatisfaction, burnout, and even clinical errors (3). Evidence suggests that hospitals with clear delegation policies and structured leadership practices demonstrate better staff productivity, improved team performance, and lower levels of work-related burnout compared with settings where delegation is poorly understood or inconsistently applied (4). Similarly, delegation training has been shown to improve the decision-making ability, confidence, and managerial competence of head nurses, with a large proportion of participants reporting improvement in their delegation skills after structured training (5).

The attitude of head nurses toward delegation plays a major role in how effectively delegation is practiced. Some head nurses may view delegation as a useful leadership tool that enhances teamwork and staff development, while others may hesitate to delegate due to fear of accountability, lack of trust in junior staff, unclear role boundaries, or concern that delegated tasks may not be performed properly. Previous evidence has shown that a considerable number of head nurses retain authority unnecessarily, which may limit staff development, reduce efficiency, and affect the overall quality of patient care (6). Therefore, understanding both the attitudes and actual delegation practices of head nurses is important for identifying leadership gaps within hospital nursing services. Although delegation has been widely discussed in international nursing literature, local evidence remains limited regarding how head nurses perceive and practice delegation in tertiary care hospital settings. Most available studies emphasize general leadership behavior, workload management, or nursing performance, while fewer studies specifically explore the relationship between attitude, authority sharing, confidence, and practical delegation behavior among head nurses (1,2,4). This gap is important because delegation practices are influenced by local hospital culture, staffing patterns, administrative support, workload demands, and professional training opportunities. Generating context-specific evidence may help nursing administrators design more practical leadership training programs, improve supervision systems, and promote safer and more efficient patient care (7,8).

The present study is therefore designed to answer the research question: what are the attitudes and delegation practices of head nurses working in hospital settings? By focusing on head nurses at Services Hospital Lahore, the study aims to assess their attitudes toward delegation and evaluate the delegation practices they adopt in routine clinical nursing management. The findings may provide useful evidence for strengthening nursing leadership, improving workload distribution, supporting staff development, and enhancing the quality and safety of patient care.

METHODOLOGY

A descriptive cross-sectional study was conducted to assess the attitudes and delegation practices of head nurses working in a hospital setting. The study was carried out at Services Hospital Lahore over a period of nine months, from June 2025 to February 2026, while the actual data collection was completed over one month during this period. This design was considered appropriate because the study aimed to measure the existing attitudes and routine delegation practices of head nurses at a single point in time without introducing any intervention. The study population consisted of head nurses working in different departments of Services Hospital Lahore. The required sample size was calculated by using Slovin's formula at a 95% confidence level and 5% margin of error. The estimated population of head nurses was 130. By applying the formula $n = N / 1 + Ne^2$, the calculated sample size was approximately 98, which was rounded to 100 participants for better representation. A purposive non-probability sampling technique was used to recruit eligible participants who fulfilled the selection criteria and were available during the data collection period.

Head nurses were included if they were working in a public hospital, had at least one year of experience in a supervisory or managerial role, and were directly involved in delegating tasks to staff nurses. Head nurses were excluded if they were under disciplinary action or administrative investigation, were on long-term leave during the data collection period, such as maternity leave, medical leave, or study leave, or declined to provide informed consent. These criteria were applied to ensure that the participants had sufficient supervisory experience and were actively involved in delegation-related responsibilities. Data were collected by the researchers through a structured questionnaire. The researchers personally visited the relevant departments and approached eligible head nurses during duty hours without disturbing patient care activities. The purpose and objectives of the study were explained to each participant, and written informed consent was obtained before questionnaire administration. Participants who could read and understand English completed the questionnaire independently. For participants who required assistance, the researchers explained the questions in their preferred language and recorded their responses carefully. Confidentiality and anonymity were maintained throughout the study, and no identifying information was disclosed in the analysis or reporting of results.

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The questionnaire was designed to assess demographic characteristics, attitudes toward delegation, and delegation practices among head nurses. It consisted of three main parts: demographic information, attitude-related items, and delegation practice-related items. Responses were recorded on a five-point Likert scale ranging from strongly agree to strongly disagree. The main study variables were attitude toward delegation and delegation practices. The questionnaire was adapted from an existing instrument previously used to assess nurses' attitudes and practices regarding delegation. Content validity of the original instrument had been assessed through expert review. For the present study, the tool was reviewed for clarity, relevance, and suitability in the local hospital context. No major changes were made to the original items, as the questions were considered aligned with the objectives of the current study. The collected data were coded, entered, and analyzed using statistical software. Descriptive statistics were used to summarize the findings. Frequencies and percentages were calculated for categorical variables such as demographic characteristics and response categories, while means and standard deviations were used where appropriate for continuous variables and overall attitude or practice scores. The results were presented in tables and graphs to provide a clear description of head nurses' attitudes and delegation practices. Where applicable, associations between demographic variables and delegation-related responses could be examined using appropriate statistical tests such as the chi-square test, with a p-value of less than 0.05 considered statistically significant.

Ethical approval was obtained from the relevant Institutional Review Board or Ethical Review Committee before data collection. Participation was voluntary, and all participants were informed about their right to refuse or withdraw at any stage without any negative consequences. Written informed consent was obtained from all participants, and the collected information was used only for research purposes.

RESULTS

Data were analyzed for 100 head nurses working at Services Hospital Lahore. The collected questionnaires were checked for completeness, coded, and entered into SPSS version 25 for statistical analysis. Descriptive statistics were used to summarize the demographic characteristics, attitudes toward delegation, and delegation practices. Frequencies and percentages were calculated for categorical variables, while means and standard deviations were calculated for Likert-scale items and overall scores. The age distribution showed that more than half of the participants were 26–30 years old, representing 53% of the sample. A further 39% were aged 31–35 years, while 8% were older than 35 years. Most participants were female, accounting for 90% of the sample, whereas males represented 10%. Regarding educational qualification, 46% of the head nurses had a BSN degree, 36% had Post RN qualification, and 18% had GNM qualification. In terms of professional experience, 54% had 4–10 years of experience, while 46% had more than 10 years of experience. Department-wise distribution showed that 40% of participants were from medical units, 30% from surgical units, 20% from intensive care units, 5% from neurology, and 5% from pediatrics.

Responses related to attitudes toward delegation showed that several participants reported concerns and barriers associated with delegation. A total of 75% of participants agreed or strongly agreed that head nurses had less time to delegate effectively. Similarly, 87% agreed or strongly agreed that they became upset when delegated work was not completed according to their instructions. More than half of the participants, 51%, agreed or strongly agreed that staff might not be committed enough to complete delegated tasks, while 37% disagreed or strongly disagreed with this statement. Fear of criticism was also prominent, as 82% agreed or strongly agreed that they would delegate more but feared being criticized if the delegated task was performed incompetently. In addition, 57% agreed or strongly agreed that delegated tasks often needed to be redone, and 66% agreed or strongly agreed that delegation did not save their time. Further attitude-related findings showed that 70% of participants agreed or strongly agreed that lack of necessary experience limited delegation, while 69% agreed or strongly agreed that head nurses delegated less because they wanted perfection. A total of 59% agreed or strongly agreed that routine tasks could be delegated, but non-routine tasks should be retained by head nurses. Confidence also appeared as an important factor, as 79% agreed or strongly agreed that head nurses would delegate more if they were more confident in delegating. Moreover, 60% agreed or strongly agreed that delegated jobs were often not completed in the way they wanted.

The overall attitude score had a mean of 3.45 ± 0.63, with scores ranging from 2.27 to 4.45. Based on the categorized attitude scores, 64% of participants had a negative attitude toward delegation, 36% had a moderate attitude, and no participant was categorized as having a positive attitude. Delegation practice responses showed that many head nurses reported using structured delegation behaviors. A total of 68% agreed or strongly agreed that they considered staff members' individual skills before delegating tasks. Feedback after delegation was reported by 70% of participants, while 69% agreed or strongly agreed that they sought feedback from staff regarding whether the task had been explained sufficiently. Similarly, 68% agreed or strongly agreed that they sought feedback from staff to improve their own delegation skills. However, 79% also agreed or strongly agreed that they spent considerable time on tasks that other staff members could perform.

Responses related to authority, power, and perception showed that 69% agreed or strongly agreed that they felt they might lose power or respect because of delegation. Similarly, 68% agreed or strongly agreed that staff might consider them lazy for delegating tasks. Regarding clarity in delegation, 79% agreed or strongly agreed that they clearly specified who should perform the task, 69% clearly explained where the task should be performed, 67% clearly explained when the task should be completed, 90% clearly explained why the task was required, and 58% clearly explained how the task should be performed. The overall delegation practice score had a mean of 3.52 ± 0.78, with scores ranging from 2.25 to 5.00. Based on the categorized practice scores, 84% of participants demonstrated good

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delegation practices, 16% demonstrated moderate delegation practices, and no participant was categorized as having poor delegation practices. The findings showed that most head nurses reported good practical delegation behaviors, particularly in task clarification and feedback, while attitude-related barriers such as limited time, fear of criticism, perfectionism, and concerns about staff performance were commonly reported.

Table 1. Sociodemographic and Professional Characteristics of Head Nurses (n = 100)

Variable	Category	Frequency (n)	Percentage (%)
Age	26–30 years	53	53.0
	31–35 years	39	39.0
	>35 years	8	8.0
Gender	Male	10	10.0
	Female	90	90.0
Educational qualification	GNM	18	18.0
	BSN	46	46.0
	Post RN	36	36.0
Professional experience	4–10 years	54	54.0
	>10 years	46	46.0
Department/Unit	Medical	40	40.0
	Surgical	30	30.0
	ICU	20	20.0
	Neurology	5	5.0
	Pediatrics	5	5.0

Table 2. Distribution of Head Nurses' Attitudes Toward Delegation (n = 100)

Statement	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)	Mean ± SD
Head nurses feel they have less time to delegate effectively.	6 (6.0)	13 (13.0)	6 (6.0)	61 (61.0)	14 (14.0)	3.64 ± 1.07
Head nurses get upset when the job is not done according to their instructions.	9 (9.0)	4 (4.0)	0 (0.0)	79 (79.0)	8 (8.0)	3.73 ± 0.99
Head nurses feel that staff are not committed and delegated tasks may not be completed.	11 (11.0)	26 (26.0)	12 (12.0)	46 (46.0)	5 (5.0)	3.08 ± 1.17
Head nurses would delegate more, but fear criticism if the delegated task is performed incompetently.	8 (8.0)	4 (4.0)	6 (6.0)	72 (72.0)	10 (10.0)	3.72 ± 0.99
When head nurses delegate, they often find that the outcome is not good enough and needs to be redone.	5 (5.0)	32 (32.0)	6 (6.0)	53 (53.0)	4 (4.0)	3.19 ± 1.09
Head nurses mainly find that delegation does not save their time.	10 (10.0)	10 (10.0)	12 (12.0)	56 (56.0)	10 (10.0)	3.50 ± 1.14

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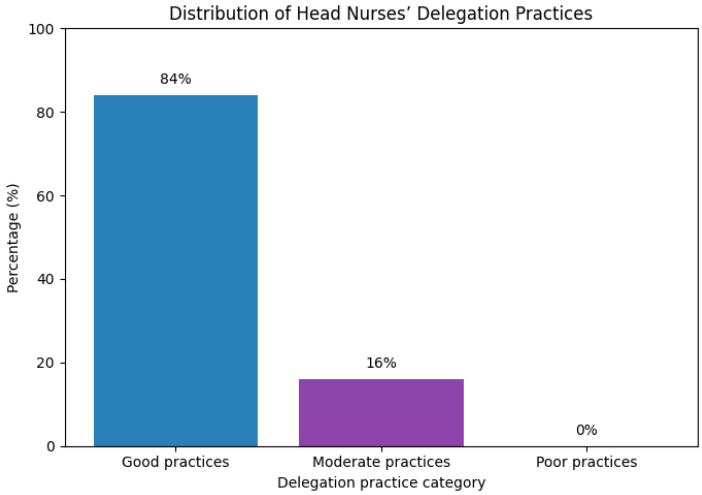
Due to lack of necessary experience, head nurses cannot delegate as much as they want.	5 (5.0)	19 (19.0)	6 (6.0)	66 (66.0)	4 (4.0)	3.45 ± 1.01
Head nurses delegate less because they want perfection.	5 (5.0)	20 (20.0)	6 (6.0)	57 (57.0)	12 (12.0)	3.51 ± 1.10
Head nurses can delegate routine tasks but prefer to retain non-routine tasks.	10 (10.0)	19 (19.0)	12 (12.0)	55 (55.0)	4 (4.0)	3.24 ± 1.12
Head nurses would delegate more if they were more confident in delegation.	5 (5.0)	10 (10.0)	6 (6.0)	71 (71.0)	8 (8.0)	3.67 ± 0.94
Head nurses would delegate more, but delegated jobs are not usually completed as desired.	5 (5.0)	29 (29.0)	6 (6.0)	55 (55.0)	5 (5.0)	3.26 ± 1.09
Overall attitude score	—	—	—	—	—	**3.45 ± 0.63**
Negative attitude	—	—	—	—	**64 (64.0)**	—
Moderate attitude	—	—	—	—	**36 (36.0)**	—
Positive attitude	—	—	—	—	**0 (0.0)**	—

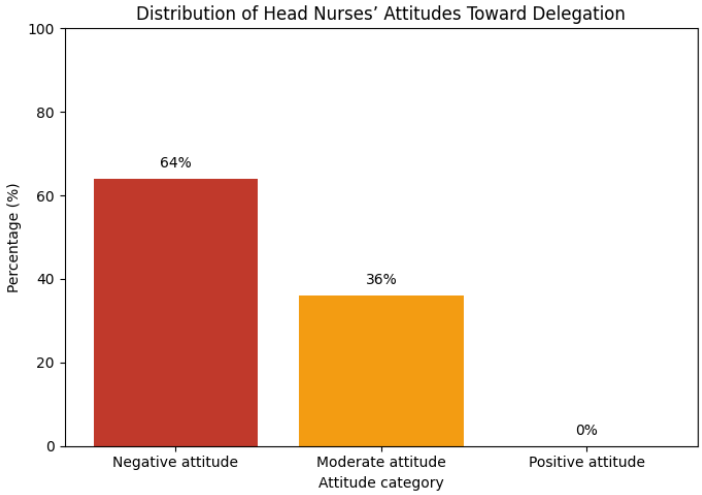
Table 3. Distribution of Head Nurses' Delegation Practices (n = 100)

Statement	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)	Mean ± SD
Head nurses take into account staff members' individual skills before delegation.	10 (10.0)	10 (10.0)	12 (12.0)	55 (55.0)	13 (13.0)	3.51 ± 1.15
Head nurses give staff feedback following delegation.	5 (5.0)	19 (19.0)	6 (6.0)	64 (64.0)	6 (6.0)	3.47 ± 1.03
Head nurses seek feedback from staff on whether the task has been explained sufficiently.	5 (5.0)	20 (20.0)	6 (6.0)	55 (55.0)	14 (14.0)	3.53 ± 1.11
Head nurses seek feedback from staff to improve their delegation skills.	10 (10.0)	10 (10.0)	12 (12.0)	63 (63.0)	5 (5.0)	3.43 ± 1.08
Head nurses spend considerable time on tasks that others could perform.	5 (5.0)	10 (10.0)	6 (6.0)	71 (71.0)	8 (8.0)	3.67 ± 0.94
Head nurses think they may lose power or respect because of delegation.	5 (5.0)	20 (20.0)	6 (6.0)	62 (62.0)	7 (7.0)	3.46 ± 1.05
Head nurses are concerned that staff may consider them lazy for delegating tasks.	10 (10.0)	10 (10.0)	12 (12.0)	61 (61.0)	7 (7.0)	3.45 ± 1.10
Head nurses make clear who is responsible for performing the task.	5 (5.0)	10 (10.0)	6 (6.0)	72 (72.0)	7 (7.0)	3.66 ± 0.93
Head nurses make clear where the task should be performed.	5 (5.0)	20 (20.0)	6 (6.0)	62 (62.0)	7 (7.0)	3.46 ± 1.05
Head nurses make clear when the task should be completed.	15 (15.0)	0 (0.0)	18 (18.0)	60 (60.0)	7 (7.0)	3.44 ± 1.14
Head nurses make clear why the task should be performed.	0 (0.0)	10 (10.0)	0 (0.0)	83 (83.0)	7 (7.0)	3.87 ± 0.68

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Head nurses make clear how the task should be performed.	10 (10.0)	20 (20.0)	12 (12.0)	51 (51.0)	7 (7.0)	3.25 ± 1.16
Overall delegation practice score	—	—	—	—	—	**3.52 ± 0.78**
Good delegation practices	—	—	—	—	**84 (84.0)**	—
Moderate delegation practices	—	—	—	—	**16 (16.0)**	—
Poor delegation practices	—	—	—	—	**0 (0.0)**	—





DISCUSSION

The present study assessed the attitudes and delegation practices of head nurses working in a clinical hospital setting. The findings showed an important contrast between attitude and practice. Although most head nurses demonstrated good delegation practices, their overall attitude toward delegation was largely negative to moderate. Specifically, 64% of participants had a negative attitude, 36% had a moderate attitude, and none had a positive attitude toward delegation. In comparison, 84% demonstrated good delegation practices, while 16% demonstrated moderate practices. This pattern suggested that head nurses were practically involved in delegation and were familiar with its procedural aspects, but several personal, professional, and organizational concerns continued to influence how they perceived delegation. The negative attitude toward delegation appeared to be mainly related to lack of time, fear of blame, limited confidence, concerns about staff competence, and the desire to maintain control over task outcomes. A large proportion of head nurses agreed that they had less time to delegate effectively, became upset when tasks were not completed according to instructions, and feared criticism if delegated work was performed incompetently. These findings were consistent with previous evidence indicating that nurses' confidence, knowledge of delegation principles, and perception of accountability played an important role in their willingness to delegate tasks (9,10). Delegation was not only a technical skill but also a leadership behavior influenced by trust, professional confidence, and the perceived ability of staff members to complete assigned responsibilities safely.

The findings also showed that many head nurses believed delegated tasks were often not completed as expected or required redoing. This reflected a common concern in clinical leadership, where delegation was sometimes viewed as a risk rather than a support mechanism. A previous qualitative study described delegation as a "double-edged sword" because nurses recognized its value for workload management but also associated it with accountability concerns, fear of poor outcomes, and possible compromise in patient care (11-13). The present findings supported this view, as head nurses appeared to understand the need for delegation but remained cautious because the final responsibility for patient care and task completion often remained with them. Another important finding was the role of perfectionism and self-confidence in delegation behavior. Many participants agreed that head nurses delegated less because they wanted perfection, while a substantial number reported that they would delegate more if they were more confident in delegation. This suggested that delegation barriers were not limited to staff-related issues but were also linked to the head nurses' own leadership confidence and perceived managerial competence. Previous research also emphasized that self-efficacy and professional competence were important determinants of delegation behavior, as nurses with lower confidence were more likely to retain tasks rather than assign them to others (14-17). In a busy hospital environment, this pattern could increase workload, reduce efficiency, and limit opportunities for junior staff to develop clinical and decision-making skills.

Concerns related to authority, respect, and professional image were also evident in the findings. A notable proportion of head nurses agreed that delegation might cause them to lose power or respect, and some felt that staff might perceive them as lazy if they delegated

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tasks. These perceptions indicated that delegation was sometimes misunderstood as avoidance of work rather than an essential leadership responsibility. Similar findings were reported in previous literature, where professional identity, autonomy, and leadership role perception were found to influence delegation and decision-making among nurses (18,19). In settings where delegation is not clearly supported by policy or organizational culture, head nurses may hesitate to delegate because they fear judgment from both senior management and subordinate staff. Despite these attitude-related barriers, the practice-related findings were encouraging. Most head nurses reported that they considered staff members' skills before assigning tasks, gave feedback after delegation, and clarified who should perform the task, where it should be done, when it should be completed, and why it was necessary. The highest mean score was observed for explaining why a task should be performed, indicating that head nurses placed importance on purpose and task justification during delegation. This finding suggested that delegation practices were present in routine clinical work and that many head nurses followed structured communication behaviors. However, comparatively lower scores for explaining how the task should be performed showed that practical guidance and step-by-step instruction may still require improvement (20-22).

The coexistence of good delegation practices with negative attitudes reflected a complex situation. It suggested that head nurses may have been delegating because clinical workload required it, rather than because they felt fully confident or comfortable with the process. This distinction was important because forced or hesitant delegation may not produce the same benefits as confident, planned, and trust-based delegation. Effective delegation requires not only assigning tasks but also selecting the right person, providing clear instructions, ensuring supervision, offering feedback, and maintaining accountability. Therefore, strengthening delegation attitudes may be as important as improving delegation techniques (23-25). The findings have practical implications for nursing administration and hospital management. Structured training programs on delegation, communication, supervision, accountability, and feedback could help improve confidence among head nurses. Clear institutional policies may also reduce fear of blame by defining which tasks can be delegated, to whom they can be delegated, and how accountability should be shared. In addition, creating a supportive workplace culture where delegation is viewed as a leadership skill rather than a sign of weakness may improve both staff development and patient care delivery. Regular mentorship, leadership workshops, and performance-based feedback systems could further support head nurses in using delegation more effectively (26-28).

The study had several strengths. It focused on an important but often underexplored aspect of nursing leadership in a hospital setting. The inclusion of both attitude and practice domains allowed a broader understanding of delegation behavior among head nurses. The use of a structured questionnaire and complete responses from 100 participants also provided organized data for descriptive analysis. Moreover, the study generated local evidence from a tertiary care hospital, which may be useful for nursing administrators and policymakers working in similar clinical environments (29,30). However, some limitations were also present. The study was conducted in a single hospital, which limited the generalizability of the findings to other public or private healthcare settings. The cross-sectional design captured attitudes and practices at one point in time and did not establish causal relationships. The use of purposive non-probability sampling may have introduced selection bias. In addition, the data were based on self-reported responses, which may have been affected by social desirability or participants' tendency to report more acceptable practices. The reliability of the adapted questionnaire was not tested in the current sample, which should be considered when interpreting the findings. Furthermore, no inferential analysis was reported to determine whether demographic factors such as age, education, experience, or department were significantly associated with attitudes or delegation practices (31).

Future studies should include multiple hospitals, larger sample sizes, and probability-based sampling methods to improve representativeness. Further research may also compare delegation attitudes and practices between public and private hospitals or between head nurses with different levels of experience and education. Qualitative studies could provide deeper insight into why head nurses hesitate to delegate and how organizational culture influences their leadership behavior. Future research should also examine the relationship between delegation practices and patient care outcomes, staff satisfaction, workload distribution, and burnout. Testing the reliability of the questionnaire and applying inferential statistics would further strengthen the evidence. Overall, the study showed that head nurses demonstrated good delegation practices, but their attitudes toward delegation remained affected by fear of criticism, lack of time, limited confidence, concerns about staff competence, and perceived loss of authority. These findings highlighted the need for leadership training, clearer delegation policies, and supportive administrative systems to improve confidence and promote effective delegation in hospital nursing practice.

CONCLUSION

The study concluded that head nurses at Services Hospital Lahore demonstrated effective delegation practices in routine clinical work, particularly in assigning tasks clearly, considering staff competencies, and maintaining communication during delegation. However, their attitudes toward delegation remained affected by concerns related to time constraints, fear of criticism, lack of confidence, trust issues, and perceived loss of control. This contrast showed that although head nurses were capable of applying delegation in practice, their confidence and acceptance of delegation as a leadership function required further strengthening. The findings highlighted the need for structured delegation training, clear institutional policies, supportive supervision, and a positive team culture to improve nursing leadership, reduce workload pressure, support staff development, and enhance the quality and safety of patient care.

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AUTHOR CONTRIBUTION

Author	Contribution
Tabasam Rani	Conceptualization, Methodology, Formal Analysis, Writing - Original Draft, Validation, Supervision
Hafiza Ibtisam Azmat	Methodology, Investigation, Data Curation, Writing - Review & Editing
Rashida Boota	Investigation, Data Curation, Formal Analysis, Software
Samina Sunil	Software, Validation, Writing - Original Draft
Hafsa Ismail	Formal Analysis, Writing - Review & Editing
Ali Hamza	Writing - Review & Editing, Assistance with Data Curation
Razia Parveen	Conceptualization, Validation, Supervision

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