



# **STAFF NURSES' PERFORMANCE AND THEIR NURSE MANAGERS' LEADERSHIP STYLES AT SELECTED HOSPITALS IN ROXAS, ISABELA**

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## **ABSTRACT**

Leadership in healthcare is a fundamental element of the overall operations of the institutions. This study aims to find out the staff nurses' performance and the perceived leadership styles of their nurse managers in selected hospitals in Roxas, Isabela. The study made use of the descriptive survey method to find out the perceived leadership styles of the nurse managers and their self-assessed work performance and find out the relationship between these variables as well as determine the differences between leadership styles in terms of the demographic profile of the staff nurses and the differences in the self-assessed work performance of the nurses according to their demographic profile. Results showed that nurse managers use varied leadership styles but predominantly the democratic style. Moreover, use the autocratic and the laissez-faire styles depending on the needs of the situation. The study also found that the nurses assessed their performance as very good. There have been no significant differences in the perceived leadership styles and the self-assessed performance of the nurses when grouped according to their demographic profile. There was also no significant relationship between the perceived leadership styles and the performance of the nurses. It was thus concluded that nurse managers use varied leadership styles and that the nurses performed very well in their jobs. Hence, it is recommended that further studies be conducted to confirm the finding that leadership styles have no relationship with the work performance of staff nurses.

**Keywords:** *Nurse Managers, Staff Nurses, Performance, Leadership Styles*

## INTRODUCTION

Leadership is the concept of being the head of the pack. The type of leadership also makes an impact on the performance of the staff nurses as to the quality of patient care rendered by the nurses of the hospitals. This study will be conducted to find out the leadership styles of nurse managers and how it affects the performance of the staff nurses in a district hospital. There are many studies on leadership styles of nurse managers and administrators but are often related to job satisfaction and patient outcomes as well as performance of the nurses but here are few studies done in the Philippines especially in hospitals in rural areas and how it affects the overall performance of the nursing department and the hospital. Purposely, this study will be on the perceptions of the nursing staff on the leadership styles of their nurse managers and how the style affects their performance.

Leadership in nursing is universally recognized as a critical factor influencing healthcare outcomes. According to Abdulmalik and Pangandaman (2024), leadership is a fundamental element in healthcare operations, with nurse managers playing central roles in service delivery. This aligns with the findings of Cai et al. (2023), who emphasize that nurse managers are pivotal in ensuring quality care through effective leadership practices. The common thread across these studies is that leadership is not merely about hierarchical authority but the ability to influence, motivate, and guide nurses toward achieving organizational goals (Monteiro, 2023). This concept strongly resonates with the focus of the current study, which aims to explore how various leadership styles affect staff nurses' performance.

The common thread across these studies is that leadership is not merely about hierarchical authority but the ability to influence, motivate, and guide nurses toward achieving organizational goals (Monteiro, 2023). This concept strongly resonates with the focus of the current study, which aims to explore how various leadership styles affect staff nurses' performance.

Furthermore, leadership styles, particularly transformational, transactional, and democratic approaches, have been consistently linked to improved staff performance, job satisfaction, and patient outcomes (Kul & Sonmez, 2021; Alsadaan et al., 2023). These findings support the premise of your study, suggesting that the leadership style adopted by nurse managers directly influences the motivation, engagement, and overall performance of staff nurses. The influence of emotional intelligence, autonomy, and managerial commitment, as highlighted by Aseery et al. (2023) and Dinc et al. (2022), also aligns with the study's objective of understanding how these factors impact staff performance in a hospital setting.

The studies cited share several similarities with this research. First, they all emphasize the significant impact of leadership styles on staff nurses' job performance, job satisfaction, and commitment (Kim & Sim, 2020). This aligns with this study's aim of examining the relationship between nurse managers' leadership styles and staff performance. Second, both this study and the referenced works acknowledge

that effective leadership fosters a positive work environment, promotes nurse empowerment, and contributes to better patient care outcomes (Quintero et al., 2023; Yesilbas & Kantek, 2022). Lastly, the recognition that no single leadership style fits all situations, as noted by Monteiro (2023), supports the idea that nurse managers often adopt a combination of leadership styles based on the needs of their staff and the healthcare environment—a concept central to this study.

Despite these similarities, there are notable differences. Some studies, such as that of Ariani et al. (2022), argue that nurse leadership styles do not have a significant impact on staff performance, which contradicts the majority of the literature and challenges one of the core assumptions of this study. This conflicting evidence adds a critical dimension to your research, as it highlights the need to explore whether similar trends exist in the context of the selected hospital in Roxas, Isabela. Additionally, while most studies focus on broad healthcare settings or multi-institutional contexts, this research is more context-specific, focusing on a single hospital. This allows for a more detailed examination of organizational culture, leadership dynamics, and their direct effects on staff nurses' performance within a specific environment.

Another key difference lies in the inclusion of cultural and ethical factors influencing leadership styles. For example, Sharma and Pestonjee (2020) discuss the role of spirituality, ethics, and morality in leadership practices, which may or may not be explicitly examined in this study, depending on its framework. Additionally, while many studies emphasize the role of emotional intelligence and personality traits (Mabona et al., 2022; Malawat et al., 2021), the present study might focus more on the direct correlation between leadership styles and staff performance, rather than delving deeply into these mediating factors.

## Research Questions

1. What is the demographic profile of the respondents in terms of:
  - 1.1 Age,
  - 1.2 Sex,
  - 1.3 Civil Status,
  - 1.4 Years of Service, and
  - 1.5 Department of Assignment?
2. What are the leadership styles of the nurse managers as perceived by the staff nurses?
3. What is the self-assessed work performance of the staff nurses?
4. Is there a significant difference in the perceived leadership styles of the nurse managers when they are grouped according to profile?
5. Is there a significant difference in the self-assessed work performance of the staff nurses when they are grouped according to profile?
6. Is there a significant relationship between the perceived leadership styles of the nurse managers and the self-assessed work performance of the staff nurses?

## **Scope and Delimitation of the Study**

This study aimed to determine the relationship of nurse managers' leadership styles and staff nurses' performance at a selected hospital in Roxas, Isabela. The respondents of the study are the staff nurses of the government hospital including the probationary, contractual, and regular staff nurses.

## **METHODOLOGY**

### **Research Design**

The study used the descriptive-correlational research design to illustrate the relationship between the leadership styles of the nurse managers and the work-performance of the staff nurses. The study used the leadership style questionnaire to find out the leadership styles of their nurse managers and a standard self-assessment of work performance of the staff nurses. This method is appropriate because it describes the perceived leadership styles of the nurse managers and presents the self-assessment of the staff nurses of their performance and discuss how the leadership styles affect their work.

### **Locale of the Study**

The study was conducted in a selected hospitals in Roxas, Isabela. There were 5 identified hospitals in Roxas Isabela, 4 are privately owned and 1 government hospital. In the privately owned hospitals, three (3) have 25-bed capacity, and one (1) is 50-bed capacity while the government hospital has 50-bed capacity. All the hospitals have four (4) general specialties: surgery, medical, OBGyne, and pediatrics. The areas of the hospitals are the emergency room, the operating room, the general adult wards (male and female/ surgical and medical areas), the general pediatric ward, and the OBGyne wards. There are also private rooms available which the four specialties could occupy.

### **Respondents of the Study**

The study's participants are the staff nurses comprised of 102 individuals, including the probationary, contractual, and regular staff nurses. The study targeted all the staff nurses; however, the number of respondents was limited by the nurses' intention to participate.

### **Population, Sample Size, and Sampling Method**

In this study, all staff nurses at the selected hospital in Roxas, Isabela were chosen as respondents through total enumeration. This method is deemed appropriate due to the manageable size of the population, allowing for the inclusion of every staff nurse without the need for sampling techniques. Total enumeration ensures that the data collected is comprehensive, as it captures the perspectives, experiences, and insights of the entire

population (Creswell & Creswell, 2018). However, some of the nurses refused to take part in the study so not all of the target participants were included. The table below showed a response rate of 81.60% which means that the sample size is representative of the population.

<b>Hospital</b>	<b>Total Nurses</b>	<b>Sample Size</b>
MARDH	40	30
YUMENA	15	12
DUMLAO	15	12
SOLLER	15	13
HCMC	40	35
<b>Total</b>	<b>125</b>	<b>102</b>

### **Instrument**

The study used adopted questionnaires. The survey questionnaire of the present study is composed of three (3) parts. Part 1–Demographic profile of the respondent nurses in terms of age, sex, civil status, highest educational attainment, years of service, and department assigned. Part 2–perceived leadership styles (17 items) adopted from the Leadership Style Questionnaire by Northouse (2009). This is a self-assessment instrument that measures an individual's preferences for three different leadership styles: authoritarian, democratic, and laissez-faire. Items 1, 2, 6, 10, 15 and 16 are questions for authoritarian leadership; items 4, 5, 8, 11, 14 and 18 measures democratic leaderships while items 3, 7, 9, 12, 13 and 17 measures laissez-faire leaderships. This questionnaire will be answered by a 5-point scale from 1 to 5, 5=being strongly agree and 1=strongly disagree. Scores for each dimension were summed up, then the highest score represented the dominant leadership style of the nurse manager. The Cronbach's alpha for the LSQ is typically around 0.80, which is considered to be good reliability. Part 3–self assessment of work performance in three dimensions of work: task performance, contextual performance, and counterproductive work behavior adopted from the Brief-Self-Report Scale of the Individual Work Performance (Ramos-Villanueva, 2019). This is an 18-item scale answerable by a 5-point scale (0 to 5). The task performance indicators are items 1 to 5; items 6 to 13 are contextual performance indicators, while items 14 to 18 are counterproductive behaviors. Corresponding range means the following: 0=never, 1=seldom, 2=sometimes, 3=often, and 4=always. A mean score can be calculated by adding the item scores and dividing their sum by the number of items in the scale. The overall mean score is calculated by adding the task and contextual indicators minus the counterproductive behaviors will mean the work performance of the individual. The mean scores of the first 13 items minus the mean score of the last 5 items will be the mean score that will identify the work performance of the individual. The tool has a reliability score of 0.86.

### **Data Gathering Procedure**

The study commenced by writing a letter requesting permission to conduct the study in the hospital addressed to the Chief of the Hospital through the Chief Nurse. After

approval, the letter was forwarded to the Chief Nurse, and a preliminary meeting was held to discuss the purposes and processes of the research. The researcher and the Chief agreed on the date and venue of the meeting with the staff nurses to give orientation about the present study. Face-to-face orientation took place, so the researcher can answer any inquiry about the study. Clarification of any items or elements of the research was explained to the participants. Consent to participate was signed by the respondents, after which the survey questionnaire was administered simultaneously to all the participants. The completeness of the answers to the survey was made to ensure that no participants are dropped out of the study due to incomplete answers. Retrieval then was made. The data collected were tallied and treated with statistical tools to make the data more meaningful. Then, analysis and interpretation be made. Lastly, the first draft was created and submitted to the adviser for comments. And recommendations. Finally, the revised draft of the manuscript was crafted.

## Data Analysis

The study made use of the descriptive and inferential analysis of the data collected:

1. Frequency and percentage distribution. These were used to determine the profile of the respondents in terms of age, sex, civil status, highest educational attainment, years of service, and department assigned.

2. Scoring system. Analysis of the gathered data followed the guidelines of the survey questionnaire adopted. The Leadership Style questionnaire was scored according to the given scoring system. Summation of the items per type of leadership was done then total scores were added. The interpretation was per type of leadership to which the highest score is 30 and the lowest score is 6. Depending on what leadership style garnered the following scores:

Scores of 26 – 30, means that the use of the leadership style is very high

Scores of 21 – 25, the use of the leadership style high

Scores of 16 – 20, the use of the leadership style is moderate

Scores of 11 – 15, the use of the leadership style is low

Scores of 6 – 10, the use of the leadership style is very low

3. Mean. This was used to determine the self-assessed performance of the staff nurses. The scale and numerical range of scores is shown below:

Scale	Numerical range	Qualitative answers	Interpretation
4	3.20 – 4.00	Always	Excellent performance
3	2.40 – 3.19	Often	Very good performance
2	1.60 – 2.39	Sometimes	Good performance
1	0.80 – 1.59	Seldom	Satisfactory performance
0	0.00 – 0.79	Never	Poor performance

3. Chi-Square. This was applied to determine the difference in the perceived leadership styles of the nurse managers when grouped according to the profile.

4. Kruskal Wallis. This was used to determine the difference in the self-assessed work performance of the staff nurses when grouped according to age, civil statues, year as of service, department assignment, and hospital affiliation.

5. Mann Whitney U Test. This was used to determine the difference in the self-assessed work performance of the staff nurses when grouped according to sex.

6. Spearman Rho Correlation. This was used to assess the relationship between nurse managers' leadership style and the self-assessed work performance of the staff nurses.

## RESULTS

### Part 1. Demographic Profile of the Respondents

**Table 1**

*Distribution of the Respondents according to their Demographic Profile*

<b>Age</b>	<b>f</b>	<b>%</b>
22-26 years old	39	38.2
27-31 years old	11	10.8
32-36 years old	25	24.5
37-41 years old	16	15.7
42-46 years old	6	5.9
47 years old and above	5	4.9
<b>Sex</b>	<b>f</b>	<b>%</b>
Male	30	29.4
Female	72	70.6
<b>Civil Status</b>	<b>f</b>	<b>%</b>
Single	62	60.8
Married	38	37.3
Separated	2	2.0
<b>Years in Service</b>	<b>f</b>	<b>%</b>
Less than 3 years	52	51.0
3-5 years	16	15.7
6-8 years	12	11.8
9 years and above	22	21.6
<b>Department of Assignment</b>	<b>f</b>	<b>%</b>
General Ward	41	40.2
ER	16	15.7
OPD	16	15.7

ICU	12	11.8
OR/DR	8	7.8
Hemodialysis	9	8.8
<b>Hospital Affiliation</b>	<b>f</b>	<b>%</b>
Mardh	30	29.4
Yumena	12	11.8
Dumlao	12	11.8
Sollers	13	12.7
HCMC	35	34.3

It can be gleaned from table 1 that majority of the respondents are 22-25 years old (38.2%), female (70.6%), single (60.8%), are with the hospital for less than 3 years (51.0%), assigned in the general ward (40.2%) and employed in HCMC (34.3%). The results implied that the nurses are fairly young adults, are single, are neophyte in the nursing profession, assigned in general ward and are employed in a private hospital.

## Part 2. The Leadership Styles of the Nurse Managers as Perceived by the Staff Nurses

**Table 2**

*Leadership Styles of the Nurse Managers as Perceived by the Staff Nurses*

<b>Category</b>	<b>f</b>	<b>%</b>
Authoritarian Leadership	33	32.4
Democratic Leadership	38	37.3
Laissez-Faire Leadership	31	30.4

In Table 2, the democratic leadership (37.3%) was the perceived leadership style of nurse managers by the staff nurses. It can be noted though that authoritarian (32.4%) and laissez-faiere style (30.4%) are also perceived to be utilized by the nurse managers. The result means that there is varied leadership styles among the nurse managers as shown by almost the same frequency of the three (3) styles.

## Part 3. The Self-Assessed Work Performance of the Staff Nurses

### 3.1 Task Performance

**Table 3**

*Self-assessed Work Performance of the Staff Nurses in terms of Task Performance*

<b>Indicators</b>	<b>M</b>	<b>Interpretation</b>
1. I managed to plan my work so that I finished it on time.	3.75	Excellent Performance

2. I kept in mind the work result I needed to achieve.	3.73	Excellent Performance
3. I am able to set priorities.	3.72	Excellent Performance
4. I am able to carry out my work efficiently.	3.72	Excellent Performance
5. I managed my time well.	3.59	Excellent Performance
<b>Category Mean</b>	<b>3.70</b>	<b>Excellent Performance</b>

As gleaned in table 3, the staff nurses performance is excellent in task performance in terms of the following. I managed to plan my work so that I finished it on time (Mean = 3.75), I kept in mind the work result I needed to achieve (Mean = 3.73), I am able to set priorities and I am able to carry out my work efficiently (Mean = 3.72) and I managed my time well (Mean= 3.59). With the category mean of 3.20, this implies that the staff nurses had excellent performance in terms of task performance.

### 3.2 Contextual Performance

**Table 4**

*Self-Assessed Work Performance of the Staff Nurses in terms of Contextual Performance*

<b>Indicators</b>	<b>M</b>	<b>Interpretation</b>
1 On my own initiative, I start a new task when old tasks were completed.	3.50	Excellent Performance
2 I take challenging tasks when they are available and when an opportunity arises.	3.57	Excellent Performance
3 I worked to keep my job-related knowledge up-to-date.	3.70	Excellent Performance
4 I worked to keep my job-related skills up-to-date.	3.65	Excellent Performance
5 I come up with creative solutions for new problems that arise.	3.34	Excellent Performance
6 I take on extra responsibilities voluntarily.	3.31	Excellent Performance
7 I continually seek new challenges at work.	3.44	Excellent Performance
8 I actively participate in meetings/consultations and other administrative work.	3.32	Excellent Performance
<b>Category Mean</b>	<b>3.48</b>	<b>Excellent Performance</b>

As revealed in table 4, the self-assessed work performance of the staff nurses with regards to contextual performance is excellent in performance in terms of the following: I worked to keep my job-related knowledge up-to-date (Mean=3.70), I worked to keep my job-related skills up-to-date (Mean=3.65), I take challenging tasks when they are available

and when an opportunity arises (Mean=3.57), On my own initiative, I started a new task when old tasks were completed (Mean=3.50), I continually seek new challenges at work (Mean=3.44), I come up with creative solutions for new problems that arise (Mea =3.34), I actively participate in meetings/consultations and other administrative work (Mean=3.32), and I take on extra responsibilities voluntarily (Mean=3.31). With the category mean of 3.48, this implies that the self-assessed work performance of the staff nurses in contextual performance were excellent in Performance.

### 3.3 Counterproductive Work Behavior

**Table 5**

*Self-Assessed Work Performance of the Staff Nurses in terms of Counterproductive Work Behavior*

<b>Indicators</b>	<b>M</b>	<b>Interpretation</b>
1 I complained about minor work-related issues at work.	2.21	Good Performance
2 I usually see problems bigger than they actually are.	2.45	Very Good Performance
3 I seem to focus on the negative aspects of a work situation at work rather than concentrating on the positive side.	1.90	Good Performance
4 I talk to colleagues about the negative side of my work.	2.25	Good Performance
5 I talk to people outside my organization about the negative aspects of my work.	1.96	Good Performance
<b>Category Mean</b>	<b>2.15</b>	<b>Good Performance</b>

As revealed in table 5, the self-assessed work performance of the staff nurses in terms of counterproductive work behavior were good performance in terms of the following: I talk to colleagues about the negative side of my work (Mean=2.25), I complained about minor work-related issues at work (Mean=2.21), I talk to people outside my organization about the negative aspects of my work (Mean=1.96), and I seem to focus on the negative aspects of a work situation at work rather than concentrating on the positive side (Mean=1.90). However, in the statement, "I usually see problems bigger than they actually are" very good in performance (Mean=2.45). With the category mean of 2.15, this implies that the self-assessed work performance of the staff nurses in counterproductive behavior were good in performance.

### 3.4 Summary Table

**Table 6**

*Summary of Self-Assessed Work Performance of the Staff Nurses*

Category	M	Interpretation
1. Task Performance	3.70	Excellent Performance
2. Contextual Performance	3.48	Excellent Performance
3. Counterproductive Work Behavior	2.15	Good Performance
<b>Overall Mean</b>	<b>3.11</b>	<b>Very Good Performance</b>

Overall, the staff nurses rated their work performance as very good performance in terms of the following: task performance is excellent performance (Mean=3.70), contextual performance is excellent performance (Mean=3.48), and counterproductive work behavior is good performance (Mean=2.15). With the overall mean of 3.11, this implies that the self-assessed work performance of the staff nurses were very good in performance. It can be noted that counterproductive behavior limits the positive performance of the staff nurses lowering their performance from excellent to very good.

### Part 4. Test of Significant Difference in the Perceived Leadership Styles of the Nurse Managers when they are grouped according to Profile

#### 4.1 Age

**Table 7**

*Test of Significant Differences in the Perceived Leadership Styles of the Nurse Managers when grouped according to Age*

Age	Leadership Style				Total
	Authoritarian	Democratic	Laissez-Faire		
22-26 years old	f	13	19	7	39
	%	12.7%	18.6%	6.9%	38.2%
27-31 years old	f	4	3	4	11
	%	3.9%	2.9%	3.9%	10.8%
32-36 years old	f	7	9	9	25
	%	6.9%	8.8%	8.8%	24.5%
37-41 years old	f	4	5	7	16
	%	3.9%	4.9%	6.9%	15.7%
42-46 years old	f	2	2	2	6
	%	2.0%	2.0%	2.0%	5.9%
47 years old and above	f	3	0	2	5
	%	2.9%	0.0%	2.0%	4.9%
<b>Total</b>	<b>f</b>	<b>33</b>	<b>38</b>	<b>31</b>	<b>102</b>

	<b>%</b>	<b>32.4%</b>	<b>37.3%</b>	<b>30.4%</b>	<b>100.0%</b>
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*Computed  $\chi^2 = 8.869$  (df = 10) ( $p=0.55$ ) not significance at 0.05 level*

A chi-square test for independence was conducted to determine if there were differences in the Perceived Leadership Styles of nurse managers when grouped according to Age. The test result revealed that there are no significant differences in the Perceived Leadership Styles of the Nurse Managers when grouped according to Age ( $\chi^2(10) = 8.869$ ,  $p = 0.55$ ). Thus, the null hypothesis must be accepted at a 0.05 significance level. This implied that the perceived leadership styles of the nurse managers among the staff nurses are the same regardless of the ages of the staff nurses.

#### 4.2 Sex

**Table 8**

*Test of Significant Difference in the Perceived Leadership Styles of the Nurse Managers when grouped according to Sex*

Sex	Leadership Style				Total
	Authoritarian	Democratic	Laissez-Faire		
Male	f	13	7	10	30
	%	12.7%	6.9%	9.8%	29.4%
Female	f	20	31	21	72
	%	19.6%	30.4%	20.6%	70.6%
<b>Total</b>	<b>f</b>	<b>33</b>	<b>38</b>	<b>31</b>	<b>102</b>
	<b>%</b>	<b>32.4%</b>	<b>37.3%</b>	<b>30.4%</b>	<b>100.0%</b>

*Computed  $\chi^2 = 3.916$  (df = 2) ( $p=0.14$ ) not significance at 0.05 level*

A chi-square test for independence was conducted to determine if there were differences in the perceived leadership styles of nurse managers when grouped according to sex. The test result revealed that there are no significant differences in the perceived leadership styles of the nurse managers when grouped according to sex ( $\chi^2(2) = 3.916$ ,  $p = 0.14$ ). Thus, the null hypothesis must be accepted at a 0.05 significance level. The result implied that there is the same perceptions of leadership styles among male and female staff nurses.

### 4.3 Civil Status

**Table 9**

*Test of Significant Differences in the Perceived Leadership Styles of the Nurse Managers when grouped according to Civil Status*

Civil Status	Leadership Style				Total
	Authoritarian	Democratic	Laissez-Faire		
Single	f	20	28	14	62
	%	19.6%	27.5%	13.7%	60.8%
Married	f	12	9	17	38
	%	11.8%	8.8%	16.7%	37.3%
Separated	f	1	1	0	2
	%	1.0%	1.0%	0.0%	2.0%
<b>Total</b>	<b>f</b>	<b>33</b>	<b>38</b>	<b>31</b>	<b>102</b>
	<b>%</b>	<b>32.4%</b>	<b>37.3%</b>	<b>30.4%</b>	<b>100.0%</b>

*Computed  $X^2 = 7.631$  (df = 4) (p=0.11) not significance at 0.05 level*

A chi-square test for independence was conducted to determine if there were differences in the perceived leadership styles of nurse managers when grouped according to civil status. The test result revealed that there are no significant differences in the perceived leadership styles of the nurse managers when grouped according to civil status ( $\chi^2(4) = 7.631$ ,  $p = 0.11$ ). Thus, the null hypothesis must be accepted at a 0.05 significance level. The result means that regardless of the civil status of the staff nurses they have the same perceptions on the leadership styles of their nurse managers.

### 4.4 Years of Service

**Table 10**

*Test of Significant Difference in the Perceived Leadership Styles of the Nurse Managers when grouped according to Years of Service*

Years of Service	Leadership Style				Total
	Authoritaria n	Democratic	Laissez -Faire		
Less than 3 years	F	17	23	12	52
	%	16.7%	22.5%	11.8%	51.0%
3-5 years	F	2	10	4	16
	%	2.0%	9.8%	3.9%	15.7%
6-8 years	F	6	2	4	12
	%	5.9%	2.0%	3.9%	11.8%
9 years and above	F	8	3	11	22
	%	7.8%	2.9%	10.8%	21.6%

<b>Total</b>	<b>F</b>	<b>33</b>	<b>38</b>	<b>31</b>	<b>102</b>
	<b>%</b>	<b>32.4%</b>	<b>37.3%</b>	<b>30.4%</b>	<b>100.0%</b>

Computed  $X^2 = 4.177$  ( $df = 6$ ) ( $p=0.12$ ) not significance at 0.05 level

A chi-square test for independence was conducted to determine if there were differences in the perceived leadership styles of nurse managers when grouped according to years of service. The test result revealed that there are no significant differences in the perceived leadership styles of the nurse managers when grouped according to years of service ( $\chi^2(6) = 4.177$ ,  $p = 0.12$ ). Thus, the null hypothesis must be accepted at a 0.05 significance level. The findings mean that the perceptions of the staff nurses on the leadership styles of the nurse managers is similar across years of service rendered in the hospital.

#### 4.5 Department Assigned

**Table 11**

*Test of Significant Difference in the Perceived Leadership Styles of the Nurse Managers when grouped according to Department of Assignment*

Department of Assignment		Leadership Style			Total
		Authoritaria n	Democratic	Laissez -Faire	
General Ward	f	15	15	11	41
	%	14.7%	14.7%	10.8%	40.2%
ER	f	5	5	6	16
	%	4.9%	4.9%	5.9%	15.7%
OPD	f	3	6	7	16
	%	2.9%	5.9%	6.9%	15.7%
ICU	F	4	7	1	12
	%	3.9%	6.9%	1.0%	11.8%
OR/DR	F	2	2	4	8
	%	2.0%	2.0%	3.9%	7.8%
Hemodialysis	F	4	3	2	9
	%	3.9%	2.9%	2.0%	8.8%
<b>Total</b>	<b>F</b>	<b>33</b>	<b>38</b>	<b>31</b>	<b>102</b>
	<b>%</b>	<b>32.4%</b>	<b>37.3%</b>	<b>30.4%</b>	<b>100.0%</b>

Computed  $X^2 = 8.150$  ( $df = 10$ ) ( $p=0.61$ ) not significance at 0.05 level

A chi-square test for independence was conducted to determine if there were differences in the perceived leadership styles of nurse managers when grouped according to department of assignment. The test result revealed that there are no significant differences in the perceived leadership styles of the nurse managers when grouped according to department of assignment ( $\chi^2(10) = 8.150$ ,  $p = 0.61$ ). Thus, the null

hypothesis must be accepted at a 0.05 significance level. The result implied that the perceived leadership styles of the nurse managers is the same regardless of where the staff nurses are assigned.

#### 4.6 Hospital Affiliation

**Table 12**

*Test of Significant Difference in the perceived leadership Styles of the Nurse Managers when grouped according to Hospital Affiliation*

Hospital Affiliation	Leadership Style			
	Authoritarian	Democratic	Laissez-Faire	Total
MARDH	f 12 11.8%	10 9.8%	8 7.8%	30 29.4%
YUMENA	f 3 2.9%	6 5.9%	3 2.9%	12 11.8%
DUMLAO	f 4 3.9%	5 4.9%	3 2.9%	12 11.8%
SOLLERS	f 3 2.9%	5 4.9%	5 4.9%	13 12.7%
HCMC	f 11 10.8%	12 11.8%	12 11.8%	35 34.3%
<b>Total</b>	<b>f</b> <b>33</b> <b>32.4%</b>	<b>38</b> <b>37.3%</b>	<b>31</b> <b>30.4%</b>	<b>102</b> <b>100.0%</b>

*Computed  $X^2 = 2.719$  (df = 8) ( $p=0.95$ ) not significance at 0.05 level*

A chi-square test for independence was conducted to determine if there were differences in the perceived leadership styles of nurse managers when grouped according to hospital. The test result revealed that there are no significant differences in the perceived leadership styles of the nurse managers when grouped according to hospital affiliations ( $\chi^2(8) = 2.719$ ,  $p = 0.95$ ). Thus, the null hypothesis must be accepted at a 0.05 significance level. The implication of the findings is that the perceived leadership's style of the nurse managers among the staff nurses is the same across all hospitals under study.

**Part 5. Test of Significant Difference in the Self-Assessed Work Performance of the Staff Nurses when they are grouped according to their Profile**

**5.1 Age**

**Table 13**

*Test of Significant Difference in the Self-Assessed Work Performance of the Staff Nurses when grouped according to Age*

<b>Age</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
<b>Task Performance</b>					
22-26 years old	39	50.73	6.991	5	0.22
27-31 years old	11	43.14			
32-36 years old	25	51.10			
37-41 years old	16	65.06			
42-46 years old	6	52.50			
47 years old and above	5	33.30			
<b>Contextual Performance</b>					
22-26 years old	39	39.53	5.657	5	0.40
27-31 years old	11	59.77			
32-36 years old	25	49.12			
37-41 years old	16	73.84			
42-46 years old	6	75.25			
47 years old and above	5	38.60			
<b>Counterproductive Work Behavior</b>					
22-26 years old	39	52.45	5.248	5	0.39
27-31 years old	11	51.55			
32-36 years old	25	57.96			
37-41 years old	16	44.91			
42-46 years old	6	55.33			
47 years old and above	5	28.20			
<b>Overall</b>					
22-26 years old	39	48.64	4.809	5	0.44
27-31 years old	11	51.14			
32-36 years old	25	55.84			
37-41 years old	16	55.22			
42-46 years old	6	61.67			
47 years old and above	5	28.80			

The Kruskal-Wallis H Test was used to determine whether there were any statistically significant differences in the self-assessed work performance of the staff nurses when grouped according to age. The results indicated no significant differences

in the self-assessed work performance of the staff nurses when grouped according to age in all categories/areas since all p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level. The implication of the result is that there is similar work performance of the staff nurses according to their age in all areas of performance and across all ages.

## 5.2 Sex

**Table 14**

*Test of Significant Difference in the Self-Assessed Work Performance of the Staff Nurses when Grouped according to their Sex*

Category	Sex	N	Mean Rank	U	p-value
Task Performance	Male	30	51.80	1071.000	0.94
	Female	72	51.38		
Contextual Performance	Male	30	56.75	922.500	0.24
	Female	72	49.31		
Counterproductive Work Behavior	Male	30	55.93	947.000	0.33
	Female	72	49.65		
<b>Overall</b>	<b>Male</b>	<b>30</b>	<b>57.37</b>	<b>904.000</b>	<b>0.20</b>
	<b>Female</b>	<b>72</b>	<b>49.06</b>		

A Mann-Whitney U Test was conducted to compare the differences in self-assessed work performance of staff nurses when grouped according to their sex. The test results revealed no significant difference in the self-assessed work performance of the staff nurses when grouped according to their sex since all p-values were greater than 0.05, the significance level. Thus, the null hypothesis must be rejected at a 0.05 significance level. This means that both male and female staff nurses have similar self-assessed work performance.

## 5.3 Civil Status

**Table 15**

*Test of Significant Difference in the Self-Assessed Work Performance of the Staff Nurses when grouped according to Civil Status*

Civil Status	N	Mean Rank	H Test	df	p-value
<b>Task Performance</b>					
Single	62	51.15	0.040	2	0.98
Married	38	52.17			
Seperated	2	49.75			
<b>Contextual Performance</b>					

Single	62	44.10	2.470	2	0.20
Married	38	62.28			
Seperated	2	76.25			
<b>Civil Status</b>					
<b>Counterproductive Work Behavior</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
Single	62	51.76	2.738	2	0.25
Married	38	52.87			
Seperated	2	17.50			
<b>Civil Status</b>					
<b>Overall</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
Single	62	49.69	1.819	2	0.40
Married	38	55.50			
Seperated	2	31.75			

The Kruskal-Wallis H Test was used to determine whether there were any statistically significant differences in the self-assessed work performance of the staff nurses when grouped according to civil status. The results indicated no significant differences in the self-assessed work performance of the staff nurses when grouped according to civil status in all categories/areas since all p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level. The implied that across all civil status of the staff nurses, their self-assessed work performance is similar.

#### 5.4 Years of Service

**Table 16**

*Test of Significant Difference in the Self-Assessed Work Performance of the Staff Nurses when grouped according to Years of Service*

<b>Years of Service</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
<b>Task Performance</b>					
Less than 3 years	52	49.15	0.926	3	0.82
3-5 years	16	55.50			
6-8 years	12	55.21			
9 years and above	22	52.11			
<b>Years of Service</b>					
<b>Contextual Performance</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
Less than 3 years	52	44.03	7.571	3	0.06
3-5 years	16	59.72			
6-8 years	12	53.33			
9 years and above	22	62.18			
<b>Years of Service</b>					
<b>Counterproductive Work Behavior</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
Less than 3 years	52	50.82	1.121	3	0.77

3-5 years	16	56.78			
6-8 years	12	45.21			
9 years and above	22	52.70			
<b>Years of Service</b>					
<b>Overall</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
Less than 3 years	52	48.25	2.123	3	0.55
3-5 years	16	58.44			
6-8 years	12	48.33			
9 years and above	22	55.86			

The Kruskal-Wallis H Test was used to determine whether there were any statistically significant differences in the self-assessed work performance of the staff nurses when grouped according to years of service. The results indicated no significant differences in the self-assessed work performance of the staff nurses when grouped according to years of service in all categories/areas since all p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level. The results implied that the self-assessed work performance is similar regardless of how long the staff has been with the hospital.

### 5.5 Department Assigned

**Table 17**

*Test of Significant Difference in the Self-Assessed Work Performance of the Staff Nurses when grouped according to Department of Assignment*

<b>Department of Assignment</b>					
<b>Task Performance</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
General Ward	41	55.01	3.508	5	0.62
ER	16	45.31			
OPD	16	54.50			
ICU	12	49.63			
OR/DR	8	55.94			
Hemodialysis	9	39.72			
<b>Department of Assignment</b>					
<b>Contextual Performance</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
General Ward	41	52.16	2.644	5	0.75
ER	16	50.59			
OPD	16	57.94			
ICU	12	41.04			
OR/DR	8	56.31			
Hemodialysis	9	48.33			
<b>Department of Assignment</b>					
<b>Counterproductive Work Behavior</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
General Ward	41	49.07	8.924	5	0.11

ER	16	62.16			
OPD	16	60.09			
ICU	12	52.42			
OR/DR	8	49.19			
Hemodialysis	9	29.17			
<b>Department of Assignment</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
<b>Overall</b>					
General Ward	41	50.98	7.438	5	0.19
ER	16	57.38			
OPD	16	61.06			
ICU	12	49.25			
OR/DR	8	51.63			
Hemodialysis	9	29.33			

The Kruskal-Wallis H Test was used to determine whether there were any statistically significant differences in the self-assessed work performance of the staff nurses when grouped according to department of assignment. The results indicated no significant differences in the self-assessed work performance of the staff nurses when grouped according to department assignment in all categories/areas since all p-values were greater than 0.05, the significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level. The implication of this findings is that regardless where the staff nurse is assigned, the same self-assessed work performance is perceived.

## 5.6 Hospital Affiliation

**Table 18**

*Test of Significant Differences in the Self-Assessed Work Performance of the Staff Nurses when grouped according to Hospital*

<b>Hospital</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
<b>Task Performance</b>					
Mardh	30	53.92	1.662	4	0.80
Yumena	12	42.54			
Dumlao	12	49.75			
Sollers	13	54.23			
HCMC	35	52.09			
<b>Hospital</b>	<b>N</b>	<b>Mean Rank</b>	<b>H Test</b>	<b>df</b>	<b>p-value</b>
<b>Contextual Performance</b>					
Mardh	30	57.20	6.226	4	0.18
Yumena	12	35.50			
Dumlao	12	58.25			
Sollers	13	56.54			
HCMC	35	47.91			
<b>Hospital</b>	<b>N</b>			<b>df</b>	<b>p-value</b>

Counterproductive Work Behavior		Mean Rank	H Test		
Mardh	30	43.30	8.048	4	0.09
Yumena	12	44.67			
Dumlao	12	46.75			
Sollers	13	51.73			
HCMC	35	62.41			
Hospital	N	Mean Rank	H Test	df	p-value
<b>Overall</b>					
Mardh	30	47.98	6.105	4	0.19
Yumena	12	37.63			
Dumlao	12	48.25			
Sollers	13	52.58			
HCMC	35	59.99			

The Kruskal-Wallis H Test was used to determine whether there were any statistically significant differences in the self-assessed work performance of the staff nurses when grouped according to hospital. The results indicated no significant differences in the self-assessed work performance of the staff nurses when grouped according to hospital in all categories/areas since all p-values were greater than the 0.05 significance level. Thus, the null hypothesis must be accepted at a 0.05 significance level. The result means that the self-assessed work performance is the same in the five hospitals where the staff nurses are affiliated.

### Part 6. Test of Significant Relationship Between the Perceived Leadership Styles of the Nurse Managers and the Self-Assessed Work Performance of the Staff Nurses

**Table 19**

*Relationship between the Perceived Leadership Styles of the Nurse Managers and the Self-Assessed Work Performance of the staff nurse*

Variables		Self-Assessed Work Performance
	r	0.132
Perceived Leadership Style	p-value	0.186
	n	102

A Spearman's Rho correlation was conducted to examine the relationship between the perceived leadership styles of nurse managers and the self-assessed work performance of staff nurses. The results indicated no relationship between the perceived leadership styles of the nurse managers and the self-assessed work performance of the staff nurse ( $r=0.132$ ,  $p=0.186$ ). Thus, the null hypothesis must be accepted at a 0.05 significance level. The results indicated that the perceived leadership styles have no association or relationship with the self-assessed work performance of the staff nurses.

## **DISCUSSION**

### **I. The Demographic Profile of the Respondents**

Majority of the respondents are 22-25 years old, female, single, are with the hospital for less than 3 years, assigned in the general ward and employed in HCMC.

The results implied that the nurses are fairly young adults, single, neophyte in the nursing profession, assigned in general ward, and employed in a private hospital. Neophyte nurses are those with the hospital for a short period of time about 1 to 3 years. According to Brenner (1983), neophyte nurses are considered novice nurses who has no prior experience or limited exposures with situations they must be competent with. The staff nurses can also be considered advanced beginners because with less than 3 years of work experience may have gained acceptable performance and competence in actual nursing care but still requires support from their seniors. As shown by the demographic profile of the staff nurses most are young adults and are just beginning in their career.

The need for mentoring is very high in these group of nurses because of their limited exposure and can show efficiency and skills but with regular coaching and mentoring from their seniors. According to Monteiro et al. (2023), a mentor is a professional with important experience and knowledge who assumes the responsibility of guiding, advising, teaching, and helping others to learn competency, improve their professional expertise, and favor leadership. These attributes are important for satisfying work performance standard. New nurses in the profession requires senior guidance to improve their trust, motivate them, and use knowledge and reflection to teach them important strategies to resolve problems, make decisions and develop good organization capacity, always in a continuous process of evaluation, while remaining unprejudiced and being a supportive facilitator and partner.

### **II. The Leadership Styles of the Nurse Managers as Perceived by the Staff Nurses.**

The democratic leadership was the perceived leadership style of nurse managers by the majority of the staff nurses. It can be noted though that authoritarian and laissez-faire style are also perceived to be utilized by the nurse managers.

The leadership style of mentors and nurse managers reflects the success of mentoring because of the need for motivation, giving strategies for sound judgments and decisions for critical situations in the workplace. Leadership is congruent with influencing other people to achieve something through motivational and attitude change according to Specchia et al. (2021). The nurse managers must have insights on the traits of good leadership to be able to utilize which leadership style is needed for addressing the common needs as well as specific needs of each staff nurse because the leadership practices shape the commitment, engagement in their job resulting in the optimum performance, and satisfaction both of the staff nurses and their nurse managers (Dinc et al., 2022). The study of Abdulmalik and Pangandaman (2024) done at government hospitals in southern Mindanao found out that nurse managers have positive leading

potential and are nurturing to foster supportive work environment for their staff. Most of the nurse managers use different leadership styles which are suited to the current problem of the hospitals and the nurses at hand.

Although, autocratic and laissez-faire leaderships are practiced by the nurse managers in this study, there are instances that the nurse managers are compelled to use these types of leadership depending on the situation the nurse managers faced in dealing in their clinical areas. The autocratic leadership requires strict and authority in times of dilemma and conflict inside the team as well as to solve the problem decisively. This type of leadership is best used during emergencies wherein a strong leader is needed to adhere to medical and legal standards and achieve the overall goal of care for all stakeholders (Alsadaan et al., 2023).

### **III. The Self-Assessed Work Performance of the Staff Nurses**

Overall, the staff nurses rated their work performance as very good. It can be noted that counterproductive behavior limits the positive performance of the staff nurses lowering their performance from excellent to very good.

The staff nurses rated their performance as very good in this study. They admitted that the leadership styles of their nurse managers affect their performance. According to Cho and Han (2018), the nurse managers' leadership styles have great impact on the nurse performance of their duties and obligations towards their job and achievement of the organizational goals. All leadership styles are significantly correlated with job satisfaction on nurse performance only when the leadership styles promote transformation and democracy among its subordinates that thus effective in promoting positive nursing performance (Kul & Sonmez, 2021).

### **IV. Test of Significant Difference in the Perceived Leadership Styles of the Nurse Managers when they are grouped according to Profile**

There is no difference in the perceived leadership styles of the nurse managers across demographic profile of the staff nurses. Regardless of the age groups and other demographic characteristics of the staff nurses, those who feel empowered by the type of leadership behaviors of the nurse managers as long as the leadership style is required in a situation, the nurses have better motivation to accomplish task assigned to them (Pishgoole et al., 2019). Nurse managers exhibit different leadership styles called for in a certain situation to deal with opportunities and outcomes. The nurse managers' personality traits especially the positive ones often lead to better leadership qualities that motivated nurses to follow the same commitment shown by their nurse managers (Hajizadeh et al., 2022).

## **V. Test of Significant Differences in the Self-Assessed Work Performance of the Staff Nurses when they are grouped according to Profile**

There is no difference in the self-assessed job performance of the staff nurses when grouped according to their profile. This finding is a confirmation of the findings of the studies of Quintero et al. (2023), Shebab et al. (2022) and Sethi et al. (2023) that regardless of the leadership styles, the performance of the staff nurses remains the same across all demographic profiles because of the focus of work is towards caring delivery and accomplishing optimum outcomes. Performance is not only an organizational goal but more of a personal objective as results of role modelling and inspiration for their actions (Mabona et al., 2022; Malawat et al., 2021).

## **VI. Test of Significant Relationship between the Perceived Leadership Styles of the Nurse Managers and Self-Assessed Work Performance of the Staff Nurses**

There is no relationship between the perceived leadership styles of the nurse managers and the self-assessed work performance of the staff nurses as found by this study. Many studies stressed the effects of leadership styles of the nurse managers and the performance of the staff nurses (Aragasi and Pangandaman, 2021; Fing et al., 2022; Kim & Sim, 2020; Sahan & Terzioglu, 2022). The findings of the study is a confirmation of the results of the study of Ariani et al. (2022) that leadership styles have no significant relationship with staff nurses' performance. These findings showed that only when leadership styles results in better nurse job commitment and engagement that performance of responsibilities are affected positively. How the staff nurses perceived the intention and commitment of their nurse managers to the achievement of their goals and objectives both personal and organizational that full relationship may ensue (Nurmeksela et al., 2021).

## **Conclusions**

The nurse managers were perceived to practice varied leadership styles which is mostly democratic in nature, although autocratic and laissez-faire were also practiced when the need arises.

The staff nurses rated their work performance as very regardless of the leadership styles of their nurse managers showing positive commitment and engagement in their work.

There is no difference in the perceived leadership styles of the nurse managers among the staff nurses when grouped according to the demographic profile of the staff nurses.

There is no difference in the self-assessed work performance among the staff nurses when grouped according to their demographic profile.

There is no relationship between the perceived leadership styles of the nurse managers and the self-assessed work performance of the staff nurses. The perceived leadership styles and the work performance is the same across all demographic profiles of the staff nurses, thus presenting a scenario that leadership style and work performance have no significant relationship.

## **Recommendations**

In view of the above conclusion, the following recommendations were given:

1. The study was done in five (5) different hospitals in Roxas, Isabela. There is no homogeneity because there is one (1) government-owned hospital. This factor may have affected results. It is thus recommended that studies be done in the same private hospitals or same government hospitals with the same bed capacity.

2. The leadership styles must be validated with the self-evaluation of the nurse managers because perception is different with practice from the nurse managers' own assessment of their use of leadership styles.

3. Since democratic leadership is the predominant style used by the nurse managers, its encouragement and ways to improve such practice must be promoted among the nurse managers. Activities such as, incentives for the best area performers must be given by the organization.

4. To the staff nurses, their job performance should be more of their personal commitment rather than a product of motivation from external sources like the leadership styles of nurse managers. Promotion of self-development and motivation from the inside must be done through psychological empowerment and counselling from organizational support system.

5. To the nurse managers, the use of varied and mixed leadership styles must be used especially when the need arises. Promotion of transformational, transactional and democratic approaches must be encouraged among nurse managers to improve job performance, job satisfaction, and patient outcomes of service delivery. This can be done through constant and regular updating of good management strategies through seminars and conferences.

6. To the organization, hospitals and health care institutions, extend organizational support system for all employees in terms of achieving the optimum cared rendered by the hospitals and clinics through support in the financial, physical, and interpersonal areas to improve the services rendered through improved work performance of their employees not only among the nurses.

## Compliance with Ethical Standards

In the conduct of the present study, the following ethical issues were addressed so as to be compliant with the standard research protocols: 1.) Honesty – adhering to truth of reporting and data gathered and shuns fabrication and falsification of information; 2.) objectivity – avoidance of bias in the conduct, analysis and interpretation of data as well as in the reporting process; integrity – strict adherence to the guidelines of consistency of actions and agreements with the participants; anonymity – measures to keep the identities of participants will be observed and keeping confidentiality and privacy of the participants; voluntary participation – exercise of freedom to participate or withdraw from the study will be honored and respected; prevention of harm – keeping in mind the welfare and well-being of the participants through the careful conduct of research to prevent or avoid potential harm that may befall the respondents; and intellectual property – the seeking of permission, giving acknowledgment and credit to those who are merited to be given such recognition

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**APA Citation:**

Lucero, N. D. (2026). STAFF NURSES' PERFORMANCE AND THEIR NURSE MANAGERS' LEADERSHIP STYLES AT SELECTED HOSPITALS IN ROXAS, ISABELA. *Ignatian International Journal for Multidisciplinary Research*, 4(6), 1499–1526. <https://doi.org/10.5281/zenodo.20736021>

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