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**PERCEIVED NURSE MANAGER'S LEADERSHIP STYLES AND PERFORMANCE
AMONG STAFF NURSES IN A HOSPITAL IN ZAMBOANGA DEL SUR**

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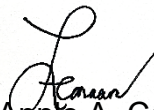
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This Thesis of **LOVELY APPLE A. CARAAN** titled: “**PERCEIVED NURSE MANAGER’S LEADERSHIP STYLES AND WORK PERFORMANCE AMONG STAFF NURSES IN A HOSPITAL IN ZAMBOANGA DEL SUR**” is hereby accepted by the Faculty of Management and Development Studies, U.P. Open University, in partial fulfillment of the requirements for the degree Master of Arts in Nursing.


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Biographical Sketch

Lovely Apple A. Caraan was born in Cabuyao, Laguna in 1989. She earned a degree in Bachelor of Science in Nursing from Calamba Doctors' Colleges, Laguna in 2010 and began her career as a Pediatric Nurse in Singapore from 2012 to 2019. Currently, she is employed at Margosatubig Regional Hospital as Nurse V. She pursued Master of Arts in Nursing at University of the Philippines Open University, where this thesis was completed.

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The Researcher

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ABSTRACT

This study looked at how staff nurses' performance in a government hospital in Zamboanga del Sur, the Philippines, related to how nurse managers were perceived to lead. The study used a descriptive quantitative correlational design, enumerated 183 staff nurses, and collected data using Schwirian's Six-Dimension Scale of Nursing Performance (6-DSNP) and the Multifactor Leadership Questionnaire (MLQ). The findings showed that while laissez-faire leadership was the least observed style, transformational leadership was the most commonly perceived, followed by transactional. With the lowest scores in leadership and the highest in critical care and professional development, staff nurses performed well in all six areas. Five performance areas—leadership, critical care, teaching/collaboration, interpersonal relationships, and professional development—were significantly positively correlated with transformational leadership, according to Pearson correlation analysis ($p < 0.05$). No clear relationships existed between nurse performance and either transactional or laissez-faire leadership approaches. The findings underscore the essential function of transformational leadership in enhancing nursing performance and the imperative for leadership development programs to cultivate transformational behaviors in nurse managers. In resource-constrained healthcare environments, fortifying these leadership skills may improve collaboration, job happiness, and ultimately the quality of patient care.

Keywords: Nursing Leadership; Leadership Style; Nurse Managers

Chapter I

THE RESEARCH PROBLEM

Background of the Study

Healthcare systems globally are facing unprecedented challenges, marked by increasing patient demands, evolving medical technologies, and a growing emphasis on quality care. This has placed more focus on the vital role of nursing leadership in molding hospital environments, particularly in influencing staff nurses' behavior and performance. The performance of nurses is essential to providing quality patient care, operational efficiency, and favorable health outcomes. However, nursing is influenced by different factors such as heavy workload, lack of technological support and skill proficiency which affect nurses' performance. Many of these factors are indeed leadership management areas highlighting the relevance of training, support, and the tackling of the effect on nurses (Alsadaan et al. al, 2023).

Central to an efficient nursing workforce is robust and adaptable leadership, especially from nurse managers who direct and motivate staff nurses to provide superior patient care. Leadership in nursing is not a one-size-fits-all approach. Scholars and healthcare practitioners widely recognize several leadership styles, including transformational, transactional, and laissez-faire. Nursing managers need to understand the impacts of leadership styles on nurses' job performance for them to devise ways of improving the quality of patient care. A leader who fully supports and positively impacts the followers in a workplace affects a nurse's performance significantly. This means that nurses can execute their responsibilities at the highest level and achieve optimal outcomes (Bass and Avolio, 1997).

In the Philippine healthcare system, particularly in provincial hospitals, the influence of leadership styles may be even more pronounced due to the presence of various systemic challenges. Zamboanga del Sur, a province in the Southern region of the Philippines, presents a unique context for examining leadership in nursing. Healthcare institutions in this area often face issues such as limited resources, workforce shortages, and geographic and cultural diversity. Nurse managers are expected to navigate these complexities while maintaining high standards of care and motivating their teams under pressure. However, there remains a gap in local literature examining how leadership is perceived by staff nurses in such settings and how these perceptions influence their performance.

Review of literatures revealed that transformational leadership is the most effective leadership style (Dwiedienawati 2021; Zaman 2021, Lacerda, 2019). Job performance is one of the most often studied effects of transformational leadership. Various studies revealed that there is a correlation between nurse managers' leadership style and nurses' performance (Wren, 2018; Cummings et al. 2018; Solomon, 2019; Ofar, 2021, Buric et.al, 2021). There are various studies that discussed about the leadership style of the nurse managers. There are also rich sources that highlights the leadership and leadership styles internationally and locally. However, there is a scarcity of sources that deal with perception of nurse managers' leadership style and its relationship to nurses' performance. The diversity in leadership practices across different regions and institutions necessitates further exploration within specific local contexts. In addition, literature and studies in the Philippine setting also fail to emphasize leaders in hospitals and their leadership styles. This study aims to bridge current gaps in the literature by offering a deep insight into how leadership can be tailored to improve nursing performance, contributing to the overall goal of

providing high-quality patient care in today's complex healthcare system.

The researcher's passion for investigating the connection between leadership styles and nurse performance is deeply rooted in both personal and professional experiences. As someone who has spent 10 years working closely on the ground with other nursing personnel, she has witnessed firsthand the profound impact that leadership can have on the morale, job satisfaction, and overall performance of nurses. Moreover, this study bridges the personal passion she holds for improving healthcare outcomes as newly promoted nurse manager. This shift has not only increased her understanding of the pivotal role played by leadership but has also deepened her commitment to creating an atmosphere conducive to the professional excellence of nurses.

In summary, with the continuous development in healthcare systems, it becomes more significant to understand the relationship between leadership style and nurse performance. This study aims to assist leadership development programs and management in health organizations which will consequently improve patient care. Additionally, it will investigate the effects on nursing practice from an application viewpoint. This study seeks to examine the influence of leadership on nurses' performance and to provide methods for enhancing work conditions and job satisfaction to elevate the quality of healthcare services. This study will assess the leadership style of nurse managers as perceived by staff nurses with the Multifactorial Leadership Questionnaire. This study will assess the correlation between the subject and Nurse Performance utilizing the Six Dimension Scale of Nursing Performance. The correlation between leadership style and nursing performance will be determined.

Statement of the Problem

In healthcare institutions, nurse managers play a critical role in shaping the work environment and influencing the performance of staff nurses. Their leadership style can directly impact nurses' motivation, job satisfaction, collaboration, and the quality of patient care. However, in many clinical settings, discrepancies between leadership practices and staff expectations can lead to reduced efficiency, increased stress, and lower performance among nurses.

Diverse leadership styles—namely transformative, transactional, and laissez-faire—can exert distinct influences on job performance. Certain factors may inspire and motivate nurses, but others may result in confusion, diminished morale, or reduced productivity. Nonetheless, there remains a limited comprehension of nurses' beliefs regarding the leadership styles of their supervisors and the impact of these perceptions on their job performance.

This study aims to explore how staff nurses perceive the leadership styles of their nurse managers and how these perceptions relate to their work performance. It also seeks to find out whether nurses' demographic profiles have any connection to how well they perform in their roles. Individual differences such as age, sex, years of experience, and area of assignment may also influence how nurses respond to leadership and how they perform. These personal and professional factors might play a role in shaping workplace relationships and outcomes, yet they are often overlooked. By understanding these relationships, the study hopes to provide insights that can improve nursing leadership, teamwork, and overall healthcare delivery.

Objectives of the Study

1. To describe the demographic profiles of the nurses in terms of:
 - 1.1 Age
 - 1.2 Sex
 - 1.3 Years of Experience
 - 1.4 Area of Assignment
2. To describe the leadership style of Nurse Managers as perceived by the staff nurses in terms of:
 - 2.1 Transformational
 - 2.2 Transactional
 - 2.3 Laissez Faire
3. To describe the performance of the nurses in terms of:
 - 3.1 Leadership
 - 3.2 Critical Care
 - 3.3 Teaching / Collaboration
 - 3.4 Planning / Evaluation
 - 3.5 Interpersonal Relation / Communication
 - 3.6 Professional Development
4. To determine the relationship between the Perceived Nurse Manager's leadership style and work performance among staff nurses.
5. To determine the relationship between Nurse performance and Nurse demographic profiles.

Significance of the Study

The findings of this study will be beneficial to various individuals in the field of healthcare which includes the following:

Hospital Administrators. Results may guide the development of leadership training programs, performance evaluation systems, and management strategies that are contextually relevant to the challenges faced by hospitals in Zamboanga del Sur and similar regions.

Nurse Managers. They have a direct impact on improving nursing practice. By having an insight as to how leadership may affect the nurses' performance, they may have a grasp of which style of leadership might prove to be the most efficient or impactful. They can utilize the findings to tailor strategies that boost communication and collaboration among nurses to increase the quality of patient care.

Nurses. When leadership is geared towards the needs of the nurses, the latter will perform with a high level of performance; thus, their practice will be positively improved. This could also enable nurses to contemplate the characteristics of effective leadership and pinpoint potential areas for personal development in the future.

Nursing Education. Integrating the research findings into leadership training programs and this may serve as a reference for nursing schools and training centers to enhance leadership components in nursing curricula. This will help clinical educators to better assist nursing students and newly hired nursing personnel in acquiring the necessary skills to handle ongoing issues in healthcare settings.

Future Researchers. The study contributes to the limited body of local literature examining leadership in nursing within the Mindanao context, particularly in Zamboanga del Sur. It opens avenues for future studies on leadership effectiveness,

organizational climate, and performance improvement in regional healthcare institutions. This study is immensely helpful to future scholars as it aids in the correlational study between distinct nursing leadership styles and their impacts on the final outcomes.

Scope and Limitations of the Study

The study will only focus on three common leadership styles namely: (1) Transformational, (2) Transactional, and (3) Laissez-faire. It will not delve into or specify the detailed attributes or subcomponents of each leadership style. Nurse performance will only examine these six constructs such as (1) Leadership, (2) Critical Care, (3) Teaching/Collaboration, (4) Planning/Evaluation, (5) Interpersonal Relation/Communication, and (6) Professional Development. Nurse socio-demographic profiles will only include age, sex, years of experience and area of assignment.

The study will only be conducted in one of the hospitals in Zamboanga del Sur. The respondents of this study include all the Staff Nurses assigned in the clinical wards and specialized area of the said Hospital. The review of the literature presented serves as a basis for further research by identifying previous research that investigates essential topics in nurse leadership style. However, due to lack of sources, limited studies that deal with the perception of nurse managers leadership style and its relationship to nurses' performance were presented.

Chapter II

THEORETICAL BACKGROUND

Review of Related Literature

The following literature and studies pertinent to the present research endeavors are discussed. A comprehensive online search was conducted using many databases. The databases examined were ProQuest Databases, Emerald, Taylor & Francis Online, SAGE Journals Online, and PubMed. Research conducted during the past five years was evaluated.

Leadership

Leadership is a highly sought-after and highly valued subject matter which gained attention of researchers worldwide. Various researchers conceptualized leadership as a behavior or trait of the individuals involved in the group process (Bennis & Thomas, 2020; Johnson & Hackman, 2018). Regardless of the continuous definition of leadership as a personal trait, Nicholson (2019) describe leadership as the approach or a motive to persuade the interest of an organized group seeking to set and achieve their goals. Cooper (2018) and Kotter (2018) followed Nicholson's lead and defined leadership as the effect of interpersonal and communication skills aiming to achieve goals and influence people.

Leadership in the nursing profession, and how nurses would want to lead are essential for morale and supporting the nursing staff. Nursing leadership is widely recognized as a pivotal force in shaping safe, high-quality, and responsive healthcare environments. Pishgooie et al. (2019) discovered that specific leadership styles can help nurses to improve performance. They also recommended that executives work

to boost employee confidence and ensure that they feel valued and cared for. Even though more health workers have emphasized the importance of nurse leadership, they have yet to identify it or teach nurses how to establish a nurse leadership culture. Nurse leadership is frequently emphasized as a vital component of both patient care efficacy and nurse professionalism.

It is essential to define leadership clearly. Too much money is funded to develop future leaders. Yet, if no man realizes what leadership is, all the efforts will be illogical. For decades, leaders have been looking for the "best" style of leadership. Leaders who can adapt their activities to the demands of their scenarios are considered to be successful. Bass and Avolio (1997) presented three major leadership styles, namely: transformational leadership, transactional leadership, and laissez-faire leadership.

Leadership Styles

Transformational Leadership

Gandolfi and Stone (2018) identified transformational leadership wherein the leader decides and concludes based on every member's input. Every employee has equal input in every work although the leader will be the one to make the final decision. Through transformational leadership, organizational movements are constantly transformed and improved. A leader brings out the potential of the employees and pushes them out of their comfort zones.

Studies on employees' perceptions of leadership styles suggested that several nurse managers identified as transformative leaders (Wren, 2018; Goh et.al, 2018). Relationship-focused leadership styles, especially transformational leadership styles have been demonstrated to be more inclined to forecast productivity and team accomplishments compared to leadership styles centered solely on tasks (Cummings

et.al, 2018; Suratno et al., 2018). Relationship-oriented leadership styles proved more impactful, contributing to improved healthcare organization performance, working conditions, and productivity. In addition, Brito Ferreira et al. (2018) concluded that transformational leadership styles are essential to increase nurse performance.

Most of the literature regarding crisis leadership has focused primarily on cultivating transformational leaders and evaluating their effectiveness. According to previous research, transformational leadership is successful during times of crisis (Dwiedienawati 2021; Zaman 2021, Lacerda, 2019). In the study by Kiwanuka (2020) about the nursing leadership style in the ICU during the pandemic, it was discovered that in the ICU, nurse leaders predominantly employ transformational leadership as one of the most effective leadership styles. Various research conducted during the pandemic suggested that Nurse Managers recognized and matched their leadership style with the highest rank on transformational leadership using the Multifactoral Leadership Questionnaire (Torriss, 2019; Bush, 2021).

Buric et.al (2021) study revealed that transformational leadership practices are significantly and consistently correlated with great employee performance during the COVID-19 pandemic. Moreover, in Yulianti's (2021) research on nurses' performance, it was uncovered that strong motivation significantly impacts nurse performance and correlates with the practice of transformational leadership.

Transactional Leadership

By the late 1970s, leadership theory research focused on improving organizational performance, acknowledging, and applying transactional leadership within a conventional managerial role. Transactional leaders inspire others by providing specific rewards and empowering them to exchange one thing for another.

Even in contemporary business settings, this remains the most prevalent and recognized leadership approach. (Bass, 1990).

Transactional leadership is presumed to be suitable for employee satisfaction and morale standards. Transactional leadership motivates employees by appealing to their self-interest and providing rewards and benefits (Yukl & Gardner, 2020). As per Cummings et al. (2018), transactional leadership may result in diminished levels of staff empowerment, health, and well-being, while task-focused leadership alone fails to yield optimal outcomes for nursing performance. The study by Francis et al. (2021) revealed that transactional leadership is primarily appropriate in crises and emergencies. Additionally, the research identified that transactional leadership exerts a notable and beneficial impact on employee performance and productivity. Sarwar et al.'s (2022) study revealed a moderately positive correlation between the transactional leadership style and innovative performance amidst this pandemic.

Saeed and Mughal (2019) suggest this type of leadership aims to ensure strong performance and quality control. Similarly, Jiang et al. (2019) highlight that this type of leaders engages in a reciprocal relationship with their employees, offering rewards in exchange for performance. These rewards serve as motivation for employees to meet the leader's performance standards.

Laissez Faire

Laissez-Faire leaders give the employees the power to decide and to have total control over the work (Gandolfi and Stone, 2018). As per Northouse (2018), the laissez-faire leader evades responsibility, delays decisions, offers minimal feedback, and makes little effort to support followers in fulfilling their needs. A passive-avoidant personality is defined by a lack of engagement, disinterest in others, aversion to

responsibility, and procrastination. The leader shows no interest in fulfilling the needs of either their employees or themselves. Leaders are ineffective rather than assertive. The leader fails to convey a willingness to inspire and instead makes disparaging remarks (Cuellar, 2018).

The study of Sudiarto et al., (2021) concluded that the variable of laissez-faire has the greatest influence on the implementing nurse's performance because doctors typically serve many patients, therefore as a result, physicians have a propensity to not coordinate, or to give other implementing nurses the flexibility to conduct actions and make choices linked to the management of the patient on their own. Gemeda and Lee (2020) define these leaders as individuals marked by their lack of involvement and absence when needed, resulting in neglect of both employee achievements and issues. The study concludes that such leadership has adverse effects on employee performance, leader effectiveness, and overall organizational performance. Various studies showed that leaders exhibited laissez-faire less likely or occasionally (Wren, 2018; Torris, 2019; Goh et.al, 2018; Bush, 2021).

Nurse Performance

Performance is described as "actions and behaviors under the individual's control that contribute toward achieving the organization's objectives" (Podsakoff et al., 2018). For an employee, performance is a series of actions with evaluative features that are classified as good or bad. These actions can be discernible depending on efficiency levels, which can impact any consequences (June & Mahmood, 2020).

Nurse performance is a critical component of healthcare quality and patient safety. It encompasses not only the technical execution of clinical tasks but also aspects such as leadership, communication, planning, and ongoing professional

development. Assessing nurses' work performance is essential for upholding quality standards, outlining crucial career development strategies, and aligning with organizational objectives (Darma et al., 2020).

Job performance is defined specifically for nurses as the degree to which the nurses is adequate to carry out their duties and functions connected to direct nursing practice and the quality of health services. One of the most widely used frameworks to assess nursing performance is Schwirian's Six-Dimension Scale of Nursing Performance (6-DSNP). This model evaluates six interrelated domains: leadership, critical care, teaching and collaboration, planning and evaluation, interpersonal relations and communication, and professional development (Schwirian, 1978).

Leadership

Leadership in nursing is essential for enhancing morale and offering support to nurses. Pishgooie et al. (2019) underscored the significance of nurse leadership, advocating that nurse leaders should enhance employee confidence and ensure that staff feel appreciated and supported. Despite the increased number of health professionals, they have not yet recognized it or instructed nurses on how to cultivate a culture of nurse leadership. Nurse leadership is often highlighted as an essential element of patient care effectiveness and nursing professionalism. Nimako (2022) said that nurse leaders must always give nurses direction, support, and feedback on their performance to make sure they follow the rules of the organization and give good care. Nuritasari et al. (2020) observed that all nurses in their departments reported better performance when they were closely watched by their supervisors.

Various recent studies have shown that leadership is an important but often neglected part of nursing practice. Hu et al. (2020) found that the leadership domain

had the lowest average score of all six dimensions. This shows that there is a need for leadership development, especially in delegation, decision-making, and crisis response. Ragusa et al. (2022) discovered that leadership performance was not strong during night shifts. This shows that being exhausted and working shifts makes it tougher for leaders to take charge and make effective clinical decisions.

Khatun and Monira (2023) discovered nurses excelled in leadership, particularly in work delegation and conflict resolution. It was recommended that these nurses should persist in obtaining leadership training. The leadership domain has statistical reliability; nonetheless, data from several nations indicate persistent performance disparities. This indicates that systematic leadership development is essential in clinical environments.

The review of studies by Begun & Jiang (2020) on effective leadership revealed that new leaders have emerged, which has facilitated timely innovations in response to new problems. However, other studies reported that a large-scale human behavior change is required for effective management of the situation, and insufficiency in adoption will result in unguaranteed collective benefits (Bhalla, 2020; Ahern & Loh, 2020; Kerrissey & Edmonson, 2020).

Critical Care

Critical care was perceived as more important than other aspects of job performance. However, public perception of nursing critical care has been negative, especially among long-term and elderly patients. Liyew et al. (2020) mentioned that insufficient knowledge and skills can predict below-average performance. Conversely, Nimako (2022) argued that hospitals should recruit proficient, skilled, dedicated nurses with a positive demeanor capable of delivering high quality care within intensive care

units (ICUs), where care demands are more intricate compared to other hospital units, nurses hold a pivotal role in administering critical care.

Hu et al. (2020) identified the critical care domain as one of the highest-scoring areas, indicating participant proficiency in managing urgent and acute patient situations. Nurses in tertiary institutions generally exhibit confidence in managing clinical demands and ensuring patient safety in critical situations. Khatun and Monira (2023) also found that nurses excelled in the critical care domain. This is due to their daily engagement with high-acuity situations, rendering them proficient in emergency protocols and technical abilities. Ragusa et al.'s (2022) pilot study revealed that critical care performance fluctuated according to the shift schedule. Night shifts received worse evaluations, probably because there were fewer staff members, employees were more tired, and it was harder to make decisions at night. The results show that critical care is often one of the best areas for nurses to work in, but their performance can change depending on how busy they are, where they are, and what time of day it is.

There is a significant pressure in critical care nursing practice to ensure that the best available evidence is closely aligned with the positivist paradigm. However, there have been many doubts about its applicability to research on nursing care as something that can be quantified and rigorously applied. It is challenging to describe the range of human and technical knowledge that intensive care nurses employ, so more practical research is needed to acknowledge that different problems call for different approaches to problem-solving (Sumner, 2022).

Planning/Evaluation

The Planning and Evaluation domain is frequently identified as a challenging

domain of nursing performance in diverse international contexts. when crafting nursing care plans for patients, the study utilized the North American Nursing Diagnosis Association-International (NANDA-I) framework. NANDA-I aims to improve patient safety by integrating evidence-based language into clinical practice and decision-making (NANDA-I, 2018). The nursing process serves as a unifying factor among nurses working across diverse sectors. Originated by Ida Jean Orlando, this process continues to plan to nurse care, evaluating nurses' problem-solving, decision-making, and critical thinking abilities to ensure optimal patient care.

Hu et al. (2022) identified that this domain received the lowest scores especially regarding patient goal setting and outcome evaluation. Ragusa et al. (2022) reported analogous findings, indicating that planning and evaluation performance diminished during night shifts, presumably due to reduced staffing and supervision. Alfuqaha et al. (2024) validated the reliability of the planning–evaluation subscale; however, nurses indicated only moderate performance, highlighting the necessity for enhanced care planning frameworks. Khatun and Monira (2023) found that nurses faced difficulties in independently planning and evaluating therapy due to structural challenges, including high workloads and limited decision-making authority. The results demonstrate the importance of leadership support, effective time management, and independent decision-making in enhancing this aspect of nursing performance.

Teaching/Collaboration

Teaching and collaboration are the actions of the nurse when instructing patients, families, and other stakeholders in activities related to patient care, in cooperation with other members of the healthcare team (Schwirian, 1978). Magnet hospitals distinguish themselves through their commitment to professional development, with a key component being staff mentoring. Through mentoring,

employees receive information, training, and relevant education aimed at fostering the development of new skills and transforming them into inspirational leaders (ANCC, 2020b).

Recent studies that used Schwirian's Six-Dimension Scale of Nursing Performance have shown that nurses are good at teaching and working with others. In China, Hu et al. (2022) found that teaching-collaboration was one of the highest-scoring areas. This showed that male nurses in tertiary hospitals were good at preceptorship, team support, and patient instruction. In the same way, Alfuqaha et al. (2024) confirmed the reliability and cultural validity of this domain by adapting it for Arabic speakers. The subscale showed very good internal consistency. However, how well someone does in this area can depend on the situation. According to Ragusa et al. (2022), night shifts led to poorer outcomes, probably because there were fewer chances for team meetings, handovers, and learning assignments. Khatun and Monira (2023) found that ratings for teaching-collaboration were about average, especially for new hires. This means that there needs to be established mentorship programs. The results show how important the work environment, shift scheduling, and staff development are for making teaching and working together better.

Interpersonal Relationships/Communication Skills

This pertains to the nursing conduct within the realms of IPR (Interpersonal Relationships) and communication, illustrating their interplay concerning patient care (Schwirian, 1978). Abi Hussein (2019) indicates that interpersonal relationships and communication skills significantly impact performance. Nimako's (2022) study reveals that nurses exhibit strong interpersonal relationships, evident through their high performance in interpersonal relations and communication. This strength in interpersonal relations facilitates effective interaction and coordination with patients,

their families, physicians, and fellow healthcare professionals to contribute to the delivery of high-quality nursing care. Moreover, Ahstedt et al., (2019) discovered that nurses are motivated when there is strong interpersonal support among colleagues, and when they feel respected for their knowledge and are trusted not only by fellow nurses but also by physicians.

The Interpersonal Relationships domain has consistently garnered high evaluations as a crucial component of nursing performance. Hu et al. (2022) identified that nurses demonstrated proficiency in general communication and team collaboration, however, they still encountered difficulties in conflict resolution and stress management during interactions. Khatun and Monira (2023) noted elevated interpersonal performance, especially in peer relationships and interactions with patients. Both studies indicated diminished connections with senior staff and interdepartmental coordination. Ragusa et al. (2022) found that interpersonal scores decreased during night shifts, indicating that reduced collaborative interactions and increased isolation can negatively impact relationship-building. Alfuqaha et al. (2024) confirmed this area, showing that nurses were good at building relationships and recognized the need for better communication between disciplines. The studies show that nurses are good at working with other people, but they may get better at it with targeted communication training and structural support for working together with other teams.

Professional Development

The Professional Development domain is frequently assessed as one of the least favorable aspects of nurse performance. Nurses in China, Bangladesh, Jordan, and Italy, among other nations, reported limited involvement in research, continuing education, or career advancement (Hu et al., 2022; Khatun & Monira, 2023; Alfuqaha

et al., 2024; Ragusa et al., 2022). Many nurses in China and Bangladesh said they couldn't get training or learn from outside sources because of problems with their institutions and resources. In Jordan, nurses also said they saw the value of professional development, but they also said they faced problems like not having a mentor or clear paths to advancement. Ragusa et al. (2022) noted that night shift work complicates participation in developmental activities such as policy discussions and workshops. The consistent findings suggest that hospital management should enhance the accessibility and equity of professional development opportunities, particularly for shift-working nurses who are early in their careers.

To maintain and improve their level of job performance, nurses must receive professional development through continuous educational training as new medical technology and instruments are introduced. Cui et al. (2020) discovered that nurses' dedication to their profession may arise from meeting professional obligations, leading to improved work quality. The Louisiana State University highlights the significance of development in nursing, emphasizing continuous education, identifying learning needs, and maintaining competence as essential aspects. It asserts that professional development is fundamental for healthcare excellence, suggesting that nurses receiving mentoring have a higher likelihood of becoming leaders in their field. Brunt and Morris (2019) underscore the pivotal role of professional development in getting nurses ready for present and upcoming responsibilities and aiding in adapting to a constantly changing healthcare landscape.

Recent studies that used Schwirian's Six-Dimension Scale of Nursing Performance show some very good methodological strengths. One of the strengths of the study is that it employs a tool that has been standardized and validated, thus enabling comparisons across different studies (Hu et al., 2022; Alfugaha et al., 2024).

The scale consists of six dimensions namely leadership, critical care, teaching/collaboration, planning/evaluation, interpersonal relations, and professional development. Consider the studies conducted in China, Jordan, Bangladesh, and Italy on how cultural and organizational factors affect nurse performance (Khatun & Monira, 2023; Ragusa et al., 2022).

Nonetheless, these studies exhibit shared limitations. The cross-sectional design presents a recurring limitation, hindering the capacity to establish causal relationships between variables, including leadership style, shift work, and nurse performance. Furthermore, numerous studies utilized self-reported surveys, potentially introducing social desirability bias, and constraining the objectivity of performance assessment. Inadequate sample representation occurs in some studies because they focus on nurses working in specific units or hospitals, thus limiting the generalizability of the findings (Khatun & Monira, 2023). Some studies failed to provide adequate qualitative data, which meant that contextual issues causing low scores in certain domains such as leadership and professional development were not explored. Despite the numerous methodological limitations, the studies provide a solid basis for future research studies that aim to boost and support comprehensive nurse performance appraisals globally.

Leadership Style and Nurse Performance

Leadership in nursing is an important aspect of job performance. Poor leadership styles and practices are factors influencing poor nurse performance (Zaghini et al., 2020). Pishgooie et al. (2019) discovered that styles of leadership can contribute to enhancing nurses' performance. Various research suggests that nurse managers' leadership styles impact nurse performance (Solomon, 2019; Mills et al., 2019; Wren, 2018). The findings revealed that the nurse manager can improve nurse

performance via transformational leadership style.

Moreover, the study of Gameda and Lee (2020), AKhajeh's (2018) and Ofar's (2021) revealed that both transformational leadership styles had a notable and positive impact on nurse performance while laissez-faire leadership styles showed inefficacy in impacting performance. In contrast, the study of Sudiarto et al., (2021) revealed that the variable of laissez-faire has the greatest influence on the implementing nurse's performance because doctors typically serve a large number of patients, therefore as a result, physicians have a tendency to not coordinate, or to give other implementing nurses the flexibility to conduct actions and make choices linked to the management of the patient on their own.

Studies have shown that transformational leadership is more effective than the transactional style in enhancing the six aspects of Schwirian's model. For instance, Alghamdi et al. (2022) transformational leaders positively affect nurses' work performance, specifically in leadership, professional development, and interpersonal skills. Nurses under transformational leadership show increased levels of commitment, willingness to collaborate and readiness to learn. Another study by Abou Hashish and Alboliteeh (2019) established that transformational leadership positively impacted the two domains of Schwirian's scale, namely teaching/collaboration and planning/evaluation, by promoting trust and common goals in Saudi Arabia. The study established that nurses became more proactive in teamwork and care planning when leaders applied intellectual stimulation and individualized support.

In contrast, transactional leadership demonstrated mixed results. In the case of routine and procedural functions like critical care and planning, transactional leadership was found to be effective in ensuring performance through clear expectations and accountability. However, as Al-Yami et al. (2018) pointed out, the

level of autonomy that nurses enjoy in professional development and interpersonal relationships appears to be relatively low.

Nurse Performance and Demographic Profiles

The study of Aljanabi & Mohammad (2023) found a substantial association between various socio-demographic factors that affect nurse performance, such as years of experience, level of education, and workplace.

The age of the nurses showed a positive correlation with job performance, indicating that as nurses grow older, their dedication to the organization and their job performance also tend to rise (Opinion, 2021). However, despite these challenges, older nurses demonstrate resilience and continue to practice, sustaining personal fitness, practicing self-care, and holding a firm belief in their capacity to contribute to the profession (Dessy, 2022). Overall, understanding the challenges and factors that enable nurses to continue practicing as they age can help nurse managers provide appropriate support and interventions to promote resilience and quality care.

One study found a positive relationship between age and nurses' resilience, which is essential for improving their health and well-being, as well as work productivity and patient care quality (Bilal et al, 2023). Another study by Nilgün (2023) found a significant relationship between age and nurses' perceived quality of nursing work life, which can impact organizational commitment and effectiveness among nurses. The implications for nursing management are substantial, suggesting that nurse managers should assess if older nurses are handling more challenging, intricate cases due to their experience. Although the correlation between age and nurses' performance in delivering quality patient care can be influenced by multiple factors, these studies indicate that age can impact nurses' resilience, perceived quality of work life, and job

satisfaction, potentially affecting the care they provide. Hence, further investigation is necessary to delve deeper into the relationship between age and nurse performance.

Moreover, a paper on *“Nurses’ Workload and Age: A Literature Review”* by found a moderate relationship between age and work fatigue, indicating that as nurses get older, their work fatigue levels may increase. Age is usually related negatively to patient care measures, often significantly such that older nurses may have lower patient-care scores and performance ratings compared to younger nurses as they may have difficulty adapting to new practices and technologies, which can impact their ability to provide quality patient care. Older nurses may also have lower energy levels and physical stamina, which can affect their performance in delivering patient care. Other factors such as experience and expertise can also influence the quality of patient care provided by nurses of different age groups.

Nurse performance can be impacted by various factors, among them is sex. Several studies have probed into the correlation between nurse performance and gender. Ronen Shmilovitz et al. (2021) discovered that both female and male nurses with an androgynous gender type exhibited higher levels of caring behaviors compared to those with other gender types. These findings indicate that female and male nurses, characterized by different gender norms, demonstrate varied levels of caring behaviors within the mental health field. This understanding could assist head nurses and policymakers in the recruitment and deployment of nurses in mental health settings. It could also help in designing educational programs for both employees and nursing students. On a contrasting note, female nurses exhibited low work engagement, consistent with findings regarding other female workers in Japan, as cited by Nagisa and Okada (2019). Overall, only a restricted set of studies have

explored the relationship between nurse performance and gender. Therefore, further research is warranted to comprehensively comprehend this relationship.

Experience serves as a pathway to grasp disciplined conduct, which can be acquired through formal education, informal learning, or as a developmental process aimed at enhancing performance (Mu'adi et al., 2020; Nawawi et al., 2020). Nurse performance is influenced by years of experience. Nurses displaying high performance showcased strong situational abilities and demonstrated enhanced nursing performance as they gained experience. Conversely, nurses with low situational abilities did not exhibit an improvement in nursing performance linked to experience. The study highlighted a notable association between years of experience and nurse performance (Yustina et.al, 2022).

Nurses' performance is affected by several factors and one of them is the type of ward they work in. Sung et al. (2018) did a study on nurses' perception of their work environment and nursing tasks in a Korean general hospital to compare those working in specialized wards and general ones. The results indicated that nurses working in specialty wards scored significantly higher on their perceptions of nursing tasks and practice environments than those working in general wards. This means that nursing managers need to focus on the practice environment and nursing tasks in general wards.

It was found that nurse job performance is significantly correlated with years of experience, level of education and area of assignment (Swiger et al., 2019). For instance, study conducted by Hamid & Lafta (2023) found that nurses with higher educational levels, longer work experience and those working in specialized units performed better in all six domains. Furthermore, a study conducted in a tertiary hospital in Bangladesh revealed that nurses working in critical care areas and those

with longer work experience performed better. In contrast, age and gender did not show any statistically significant differences (Khatun & Monira, 2023). Therefore, the focus should be on continuous learning, role specification and workplace placement of nurses to refine their performance. While the study of Ramirez (2020) showed that demographic profiles such as age, gender, area of assignment, and years of experience did not exhibit any correlation in relation to their nursing performance.

One of the major strengths of this research study is the use of validated and structured tools. Moreover, the studies have been conducted in different settings which increases their applicability across various cultures. Moreover, some studies conduct statistical analyses such as correlation and regression to determine how the variables affect employee performance. Nevertheless, several weaknesses are pointed out. Most studies employed self-reported instruments, which might be prone to social desirability bias and overestimate workers' performance. Moreover, most studies utilize a cross-sectional research design, which does not allow for a comprehensive examination of the causal effect of demographic factors on leadership style and organizational performance. Finally, some studies fail to consider the potential interaction between variables. For instance, leadership style could moderate the relationship between nurses' experience and performance, which means that more experienced nurses may perform better than less experienced ones in certain conditions.

Theoretical Framework

The core of this study lies in the Full Range Leadership Model (FRLM), a concept initially coined by James Macgregor Burns and later refined by the brilliant mind of Bernard Bass. The theory seeks to measure the effects of leadership behavior and actions, particularly regarding how well the aspects of transformational and

transactional leadership through a leader affect their followers' performance (Burns, 1978).

This model proposes three distinct leadership styles: transformational, transactional, and Laissez-Faire. Transactional leaders swapped tangible rewards for followers' work and loyalty, whereas transformational leaders committed to followers, focused on higher levels of needs, and reared consciousness about the importance of desired outcomes and innovative ways in which those outcomes could be obtained. Laissez Faire leaders are often referred to as non-leadership or someone attempting to avoid duties and responsibilities associated with leadership (Bass, 1985).

The fundamental elements of contingency theory, situational theory, path-goal leadership theory, and charismatic leadership theory are observable within the Full Range Leadership framework (Bass, 1996). This theory of leadership has been used extensively to identify the most effective leadership styles.

The Multifactor Leadership Questionnaire (MLQ) is a profoundly significant instrument for assessing Full Range Leadership. Bass and Avolio (2004) developed this tool to measure the leadership behaviors exhibited by leaders. This study will use the tool to assess the leadership style of nurse managers.

Conceptual Framework

Figure 1. Conceptual Framework of the Study



Figure 1 depicts the factors employed in this study: the independent variables that includes perceived leadership style, the dependent variables that includes nurse performance and the modifying variables that includes the demographic profile of the nurses. As illustrated in the diagram, a direct relationship using a straight line connects the perceived nurse managers' leadership styles to nurses' performance and an indirect relationship using a dotted line between nurse performance and its demographic profiles will be established.

Operational Definition of Terms

Nurse Manager – refers to nurses in formal supervisory roles who oversee staff nurses and unit operations. They are unit supervisors and managers holding the position of Nurse III, Nurse IV, or Nurse V.

Leadership Style - refers to nurse managers characteristic behavior when managing groups of nurses that tends to affect the nurses' performance. This is measured by the Multifactor Leadership Questionnaire 5X Rater Short form presenting three leadership styles such:

1. **Transformational** - leadership style characterized by a leader's capacity to inspire and drive followers towards exceptional performance surpassing anticipated levels, utilizing visionary, motivational, and inspirational behaviors.
2. **Transactional** - leadership style characterized by the transactional relationship between a leader and followers, highlighting the reliance on contingent rewards and management through exception.
3. **Laissez Faire** – leadership style characterized by hands-off approach with minimal guidance, limited involvement, and a lack of proactive direction from the leader.

Nurse Performance - refers to the staff nurses' behaviors or activities being performed to provide quality patient care post pandemic. This is measured by Six Dimensions of Nursing Performance Scale (SDNS) presenting different constructs such as:

1. **Leadership** – refers to the ability of a nurse to demonstrate effective communication, decision-making skills, and a proactive approach in coordinating and guiding patient care.
2. **Critical Care** - refers to specialized nursing care provided to critically ill or unstable patients which includes the ability of nurses to assess and manage complex and potentially life-threatening conditions, employ advanced monitoring and therapeutic interventions.
3. **Planning / Evaluation**- refers to systematic process of developing patient-centered care plans, encompassing assessment, goal setting, implementation, and evaluation of interventions.

4. **Teaching / Collaboration** – refers to the ability of a nurse to impart knowledge, skills, and information to patients, families, and colleagues, facilitating understanding and promoting health literacy.
5. **Interpersonal Relationship / Communication Skills** – refers to ability of the nurse to establish and maintain therapeutic relationships with patients, families, and colleagues and skillful exchange of information, ideas, and emotions between the nurse, patients, families, and other healthcare professionals.
6. **Professional Development** – refers to continuous process of acquiring, enhancing, and applying knowledge, skills, and competencies to improve nursing practice.

Demographic Profile – refers to collection of nurse characteristics including:

1. **Age** – refers to the duration of life experienced from birth to the period of research.
2. **Sex** – refers to the biological identity assigned at birth either as male or female.
3. **Years of Experience** - refers to the duration of time a nurse has actively engaged in professional nursing practice since obtaining their initial nursing qualification.
4. **Area of Assignment** - refers to the specific clinical area within the healthcare setting where a nurse is primarily assigned to provide care or perform nursing duties.

Hypotheses

H_{a1}: There is a significant relationship between the perceived nurse managers' leadership style and nurses' performance.

H_{a2}: There is a significant relationship between the nurse performance and nurse demographic profiles.

Chapter III

RESEARCH METHODOLOGY

The subsequent chapter details the research design, sampling method, setting, data collection procedures, research tools, data analysis plan, and ethical considerations employed in this study.

Research Design

This research employed a descriptive quantitative correlational research design to investigate potential connections between the perceived leadership style of nurse managers and nurse performance. The choice of a quantitative approach stems from its reproducibility, which enhances result accuracy (Creswell, 2005). Additionally, the descriptive nature of this method allows for a detailed portrayal of the variables. A correlational design, distinct from establishing direct cause-and-effect relationships, involves comprehensive exploration of associations between variables (Curtis et al., 2016). This approach was the most suitable for this study as it aimed to discern the link between the perception of Nurse Administrator' leadership styles and nurse performance.

Sampling Technique

There is a total of 200 nurses deployed to the clinical areas. Total enumeration was utilized in this study since the population is relatively small, making it manageable to include every nurse in the study. This method guarantees thorough coverage of the entire population, eliminating the necessity for sampling. The research goals require a thorough comprehension of every unit in the population. By choosing complete

enumeration, the researcher eradicated the possibility of sampling errors, ensuring the most accurate and precise information for our study. This is especially vital for the research, where the subtleties of everyone play a significant role in shaping the overall findings.

Inclusion Criteria:

1. Should be registered nurse (RN).
2. Staff nurses assigned in clinical wards and special areas such as Intensive Care Unit, Operating Room, Delivery Room, Emergency Room, Obstetric-Gynecologic ward, Surgical ward, Pediatric ward, medical ward, and out-patient department.

Exclusion Criteria:

1. Nurses in management and leadership position (Nurse III (Area Supervisors), Nurse IV, Nurse V, Nurse VI, Nurse VII).
2. Those who undergone leadership program.

Research Setting

This study was conducted in a Level II government hospital in the province of Zamboanga del Sur, Philippines with 300-bed capacity. This offers specialty services and serves as a training institution for student nurses. This hospital provides a comprehensive healthcare environment with various clinical departments such as internal medicine, pediatrics, surgery, orthopedics, geriatrics, and obstetrics-gynecology, allowing for a broad observation of nursing leadership across specialties. As a teaching hospital, it maintains a structured nursing management system with experienced nurse managers supervising both staff and student nurses. This setting

offers a rich context to assess how nurse managers' leadership styles influence the performance of regular staff nurses, especially in a high-pressure, learning-oriented environment. It is staffed by qualified nurse managers and enough professional staff nurses, ensuring a robust sample population for the study. The hospital's accessibility and willingness to support research activities further strengthen its suitability as the study site.

Data Collection

Procedures

Figure 2. Flow of Data Collection

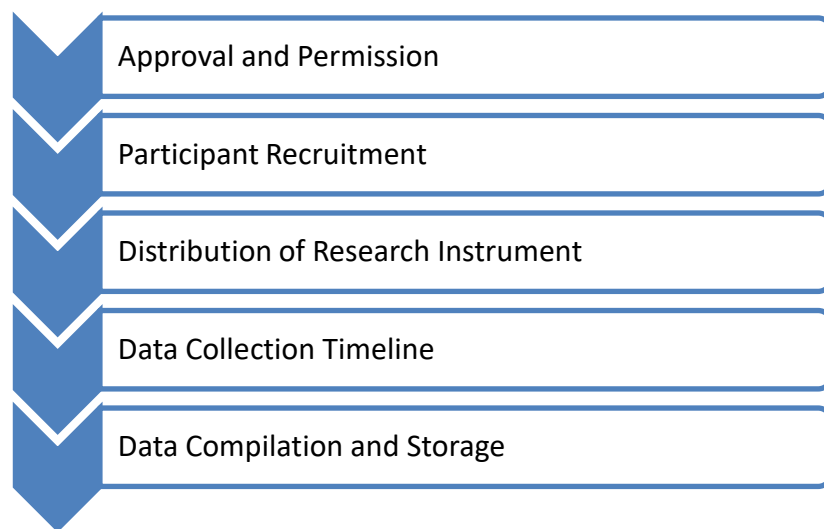


Figure 2 presents the flow of the conduct of the study. After approval from the Western Mindanao State University Research Ethics Oversight Committee, approval was secured from the Medical Center Chief to conduct the study at the chosen setting. Additionally, authorization to utilize and distribute the Multifactor Leadership Questionnaire and the Six Dimensions of Nursing Performance Scale forms was obtained from the respective author.

All participants were briefed on the study's intent and procedures. Hence, informed consent signed by the identified participants was secured, and were given a unique identification number for the utmost confidentiality. A brown envelope was given to each participant, containing the letter that explain the study, a copy of the consent they signed, details about anonymity and confidentiality, as well as the right to withdraw at any moment, and the questionnaire forms they need to answer. All participants were instructed to complete the answer in two-week time.

The contact number of the researcher was given for any questions or clarifications. Completed forms were placed on a sealed brown envelope and labeled with the participant's unique identification numbers. Envelop were personally collected by the researcher and placed in a secured box at home. Lastly, data were available for analysis.

Research Instruments

The first part of the questionnaire identified the demographic profiles of the responder then the second part assessed the leadership style, and the last part assessed the nurse's performance.

Demographic Profile. Demographic profile of the respondents was included in collection of data, including the age, sex, years of experience and area of assignment.

Age was grouped based on generational cohorts, such as:

1. Generation Z (28 and below)
2. Millennials (29 – 44 years old)
3. Generation X (45 – 65 years old)

Sex was grouped into a dichotomous nominal data:

1. Male
2. Female

Years of experience were grouped according to different job categories or levels:

1. Junior (0-5 years)
2. Intermediate (6-10 years)
3. Senior (11-15 years)
4. Leadership (16+ years)

Area of Assignment was grouped into:

1. Specialized Area (Intensive Care Unit, Operating Room, Delivery Room, Emergency Room, Hemodialysis Unit)
2. General Wards (Obstetric-Gynecologic Ward, Surgical Ward, Pediatric Ward, Medical Ward and Out-Patient Department)

Leadership Style

Multifactor Leadership Questionnaire (Form 5X) is a widely used tool for determining the perception of the manager's leadership style (Bass & Avolio, 1995; Dumdum, et.al, 2002; Lowe et.al, 1996). MLQ is built on a full-range leadership paradigm that measures three core leadership styles: transformational, transactional, and laissez-faire. The questionnaire contained 45 items rated on a 5-point Likert scale: ranging from 0 ("Not at all"), 1 ("Once in a while"), 2 ("Sometimes"), 3 (Fairly Often), and 4 ("Frequently, if not always"). The sub-scales consisted of twenty (20) items for transformational, eight (8) items for transactional and four (4) items for laissez-faire. In this study, the Rater version was given to staff nurses to assess the leadership style of their nurse managers. Mind Garden Inc, the official distributor of the instrument, produced the permission to use the MLQ. The tool is widely used in academic and

organizational research studies. The MLQ instrument facilitated an efficient analysis of the gathered data because it is based on the well-established Full Range Leadership Model.

To interpret the mean scores, a categorical gauge was used: scores from 3.21 to 4.00 were interpreted as Very High, indicating the leadership style is frequently demonstrated; 2.41 to 3.20 as High, meaning the behavior is fairly often demonstrated; 1.61 to 2.40 as Moderate, indicating the leadership style is sometimes demonstrated; 0.81 to 1.60 as Low, suggesting it is rarely demonstrated; and 0.00 to 0.80 as Very Low, indicating the leadership behavior is not demonstrated. This gauge allows the researcher to classify the extent to which each leadership style is practiced based on the perceptions of respondents, independent of any performance measures.

Nurse Performance. To gauge work performance, this study will employ the Schwirian Six Dimensions of Nursing Performance Scale (SDNS), a standardized tool developed by Dr. Patricia M. Schwirian. This consists of six sub-scales, 52 items and is rated using a 4-point Likert scale: 1 (“Not Very Well”), 2 (“Satisfactory”), 3 (“Well”), and 4 (“Very Well”). The sub-scales consist of five (5) items of leadership, seven (7) items of critical care (7 items), eleven (11) items of teaching/ collaboration, seven (7) items of planning/ evaluation, twelve (12) items of interpersonal relations/ communications, and ten (10) items of professional development.

To interpret the computed mean scores, a performance interpretation gauge was established. Mean scores ranging from 3.51 to 4.00 were interpreted as Very High, indicating Excellent Performance; scores from 2.51 to 3.50 were interpreted as High, reflecting Good Performance; scores between 1.51 to 2.50 were considered Low, denoting Fair Performance; and scores from 1.00 to 1.50 were interpreted as Very Low, indicating Poor Performance. This interpretation guide provided a

consistent and meaningful way to classify the level of nursing performance both overall and within each of the six dimensions of the SDNS.

Data Analysis

The gathered data were encoded into the computer and was analyzed using the SPSS (Statistical Package for the Social Sciences). Findings were summarized and presented through tables.

Table 1

Data Interpretation and Analysis

OBJECTIVES	VARIABLES	LEVEL OF MEASURE	STATISTICAL TEST
To describe the demographic profiles of the nurses	Age	Ratio	Frequency
	Years of Experience		Percentage
	Sex	Nominal	Mean
	Area of Assignment		Standard Deviation
To describe the leadership style of Nurse Managers as perceived by the staff nurses	Transformational	Interval	Frequency
	Transactional		Mean
	Laissez Faire		Standard Deviation

To describe the performance of the nurses	Leadership Critical Care Teaching / Collaboration Planning / Evaluation Interpersonal Relation / Communication Professional Development	Interval	Frequency Mean Standard Deviation
To determine the relationship between Nurse performance and Nurse demographic profiles	Nurse Performance Demographic Profiles	Interval Nominal Ratio	2 groups: t- test more groups: Anova
To determine the relationship between the perceived Nurse Administrator's leadership style and work performance among staff nurses.	Leadership Style Nurse Performance	Interval	Pearson's Correlation Coefficient

Ethical Considerations

Prior to the study, approval was obtained from the Western Mindanao State University Research Ethics Oversight Committee, responsible for overseeing and ensuring the ethical integrity of institutional research in accordance with university policies. As part of the ethical practice and university protocol, all institutional research projects must go through an ethics assessment and must be certified by this ethics committee. All participants provided informed consent, a necessary ethical and legal component in research, aimed at protecting human subjects. As part of the protocols for doing ethical research, all participants signed the voluntary consent form. Participants were briefed

on the study's objectives, methodology, and their entitlement to withdraw from participation at any time without any impact on their work status. Participants also agreed to confidentiality protocols. Research confidentiality is an important ethical issue to be considered. The confidentiality procedure includes the safekeeping of data and identities of the participants. All documents were securely stored in a designated box and will be shredded after a period of five years. Participants received a random and unique identification numbers (e.g., SN_01) to maintain confidentiality. Every effort was made to prevent any unethical conduct, including breaches of nondisclosure agreements, or compromising sensitive information.

Chapter IV

RESULTS AND DISCUSSIONS

The findings are presented through a simplified table of results along with their corresponding interpretation.

Table 2

Demographic Profile of Nurse Respondents

Profile	Categories	Frequency	Percentage
Age	Generation Z (28 and below)	6	3.28%
	Millennials (29 – 44-year-old)	157	85.79%
	Generation X (45–65-year-old)	20	10.93%
Sex	Male	60	32.79%
	Female	123	67.21%
Years of Experience	Junior (0 -5 years)	37	20.22%
	Intermediate (6 – 10 years)	125	68.31%
	Senior (11 and above)	21	11.48%
Area of Assignment	Specialized Area	77	42.08%
	General Wards	106	57.92%

Age. The result of the study showed that 157 nurses identify as Millennials (29 to 44 years old) accounting for the 85.79% of the group; 20 nurses belong to Generation X (45 to 65 years old) representing 10.93% of the group, while six (6) of them belongs to Generation Z (28 years old and below) representing 3.28% of the

group. This suggests that the nursing workforce in the hospital studied predominantly consists of younger individuals. This trend mirrors national and global data showing that the predominance of Millennials among nursing professionals has finally been secured (Stevanin et al., 2020; Smiley et al., 2021). Moreover, this aligns with other research, suggesting that generational differences within the nursing workforce significantly influence staff nurses' perceptions of leadership and shape the overall practice environment (Stevanin et al., 2020).

Sex. 123 nurses (67.21%) identified as female, while 60 nurses (32.79%) identified as male. The imbalance between male and female individuals highlights a gender disparity within the group. It indicates a possible gender imbalance or a greater representation of women in the sample. In the Philippines, the nursing profession is predominantly female, continuing a global trend rooted in historical, cultural, and societal factors. Despite the dominance of women in nursing, there have been calls to address gender diversity in the profession. Male nurses often face stereotypes but are crucial for enhancing representation and meeting workforce needs, especially amid global nursing shortages (Capucan, 2021).

Years of Experience. 125 nurses (68.31%) have intermediate (6 – 10 years) nursing experience; 37 nurses (20.22%) who have Junior (0- 5 years) nursing experience and the lowest percentage came from 21 nurses (11.48%) who have Senior (11 and above) experience. The data presented aligns with the findings on the respondents' ages, indicating that many staff nurses are millennials.

Area of Assignment. 106 nurses (57.92%) are assigned in the Clinical Wards namely Pediatric, Medical, Surgical, Isolation, OB-Gyne, and OPD; while 77 nurses (42.08%) are assigned in Specialized Area namely Emergency department, Operating Room, Delivery Room, Neonatal, Pediatric and Adult Intensive Care Unit and

Hemodialysis Unit. The close percentage between specialized and clinical assignments suggests an even distribution of samples, with slightly more nurses in clinical areas.

Table 3

Perceived Nurse Managers' Leadership Style

Subscale	Mean	SD
Transformational	2.65	0.76
2. Re-examine critical assumptions to question whether they are appropriate	1.46	0.51
6. Talk about my most important values and beliefs	2.39	0.78
8. Seek differing perspectives when solving problems	2.89	0.54
9. Talk optimistically about the future	2.81	0.71
10. Instill pride in others for being associated with me	2.55	0.61
13. Talk enthusiastically about what needs to be accomplished	2.97	0.53
14. Specify the importance of having a strong sense of purpose	2.92	0.71
15. Spend time teaching and coaching	2.57	0.68
18. Go beyond self-interest for the good of the group	2.50	0.50
19. Treat others as individuals rather than just as a member of a	2.81	0.57
21. Act in ways that build others' respect for me	2.73	0.52
23. Consider the moral and ethical consequences of decisions	1.18	0.57
25. Display a sense of power and confidence	3.06	0.55
26. Articulate a compelling vision of the future	2.84	0.62
29. Consider an individual as having different needs, abilities, and aspirations from others	3.03	0.41
30. Get others to look at problems from many different angles.	2.72	0.60
31. Help others to develop their strengths	3.13	0.46
32. Suggest new ways of looking at how to complete assignments	2.68	0.61
34. Emphasize the importance of having a collective sense of mission	2.93	0.41
36. Express confidence that goals will be achieved	2.87	0.59
Transactional	2.36	0.79
1. Provide others with assistance in exchange for their efforts	2.96	0.48
4. Focus attention on irregularities, mistakes, exceptions, and deviations from standards	2.70	0.56
11. Discuss in specific terms who is responsible for achieving performance targets	2.51	0.55
16. Makes clear what one can expect to receive when performance goals are achieved	2.61	0.59
22. Concentrate my full attention on dealing with mistakes, complaints, and failures	1.63	0.62
24. Keep track of all mistakes	1.37	0.60
27. Direct my attention toward failures to meet standards	2.10	0.47
35. Express satisfaction when others meet expectations	3.03	0.45

Laissez - Faire	1.48	0.71
3. Fail to interfere until problems become serious	1.61	0.78
5. Avoid getting involved when important issues arise	1.40	0.62
7. Absent when needed	0.83	0.54
12. Wait for things to go wrong before taking action	1.83	0.66
17. Show that I am a firm believer in "If it ain't broke, don't fix it.	2.05	0.70
20. Demonstrate that problems must become chronic before I take	1.69	0.50
28. Avoid making decisions	1.28	0.46
33. Delay responding to urgent questions	1.15	0.51

Table 3 depicts the perceived nurse managers' leadership style among staff nurses in a hospital in Zamboanga del Sur. Leadership styles were identified in terms of transformational, transactional and laissez – faire. To interpret the mean scores, a categorical gauge was used: scores from 3.21 to 4.00 were interpreted as Very High, indicating the leadership style is frequently demonstrated; 2.41 to 3.20 as High, meaning the behavior is fairly often demonstrated; 1.61 to 2.40 as Moderate, indicating the leadership style is sometimes demonstrated; 0.81 to 1.60 as Low, suggesting it is rarely demonstrated; and 0.00 to 0.80 as Very Low, indicating the leadership behavior is not demonstrated. This gauge allows the researcher to classify the extent to which each leadership style is practiced based on the perceptions of respondents, independent of any performance measures.

Transformational leadership style got the highest scale score of M=2.65 (SD=0.76). These findings indicate that MRH nurse managers fairly often used transformational leadership style as perceived by the staff nurses. This can be attributed to the fact that most of the nurse managers in this hospital began their careers here as junior staff nurses, which reflects a transformational leadership style as they now motivate and guide others by sharing their own professional growth and commitment to the organization. For nurses, this is an important basis for establishing

trust; they know that their leaders have 'walked in the same shoes' that they have. Their firsthand experience empowers them to share a strong, inspiring vision and motivate staff through genuine, experience-driven leadership.

Under the transformational leadership style, the highest-rated behavior is "Helping others develop their strengths" (M=3.13, SD=0.46), interpreted as fairly often demonstrated. This emphasizes staff development and cultivating competencies essential for high-quality patient care. It was observed that nurse managers have a strong emphasis on the skills of the nursing workforce because our staff nurses who are working in this challenging environment requires a substantial amount of skill and professional development as their performance directly affects patient quality care and treatment success. This approach is consistent with principles of transformational leadership, in which leaders support and push subordinates to develop to their highest potential. According to Avolio et al. (2004), transformational leadership in the health care sector has a positive effect on the professional growth of nurses and enhances their commitment and job satisfaction.

However, the lowest-rated behavior is "*Considering the moral and ethical consequences of decisions*" (M=1.18, SD=0.57) which was rarely demonstrated, reveals a deficiency in ethical reflection and decision-making. Nurses as the ethical decision makers at the forefront of patient care in the nursing profession have to possess lasting knowledge of ethics because it affects their daily choices. Staff nurses in this institution face extensive pressure to handle their demanding work responsibilities and deliver fast and effective medical care to patients. The time constraints lead to decreased focus on reflective activities such as ethical discussions.

Nurses tend to address moral dilemmas after they occur because they believe ethical discussions delay their urgent clinical responsibilities.

Transactional leadership style got a moderate scale score of $M=2.36$ ($SD=0.76$). These findings indicate that nurse managers sometimes demonstrated transactional leadership style as perceived by the staff nurses. As observed, nurse managers in this institution often limit transactional leadership to specific circumstances—such as performance management, scheduling, or adherence to protocols—while relying more on transformational strategies to engage and retain staff. This is due to limited financial and material resources to give rewards or support a long term a reward-based system. Additionally, the PRAISE Committee, responsible for recognizing staff achievements and performance, is not yet fully established. Therefore, while operational efficiency and regulatory compliance are crucial in this hospital, leadership here is not predominantly transactional but rather transformational, blended with some task-oriented directives aligned with transactional leadership principles.

When analyzing transactional leadership style, the highest-rated and fairly demonstrated behavior was “Express satisfaction when others meet expectations” ($M=3.03$, $SD=0.45$). This finding shows that nurse managers adequately identify the occasions when the staff meets the set criteria. As per Civil Service mandate, nurses are required to accomplish their IPCR (Individual Performance Commitment and Review) bi-annually. Actual accomplishment based on the target success indicators are being graded and discussed with the immediate supervisors. This is aimed to align individual employee performance with the organization’s goals, improve

accountability, and support continuous professional development. Thus, enhancing their positive performance to maintain the high department standards.

Acknowledgment are keys in the heart of a transactional leader. Since nursing has a direct link to patient care, nurse managers need to value goal attainment to maintain employee morale and motivation for high-level performance. According to a study by Cummings et al. (2021), positive reinforcement and recognition are important factors that influence employee retention and job satisfaction in healthcare environments.

However, the lowest rated and rarely demonstrated behavior is "Keep track of all mistakes" ($M=1.37$, $SD=0.60$). As observed, nurse managers in this institution are balancing corrections with positive reinforcement. They provide constructive feedback, not just pointing out mistakes. Thus, nurse managers here promote a no blame culture, encouraging staff nurses to openly discuss mistakes and learn from them, which drives continuous improvement and innovation. This aligns with the study of Longrono et. al., (2023) which emphasize that a strong and effective no blame culture is essential for ensuring safety in healthcare settings. It highlights the importance of encouraging voluntary error reporting and establishing a robust feedback system to address safety-related events promptly.

Lastly, Laissez-faire leadership got the lowest scale score of $M=1.48$ ($SD=0.71$). These findings indicate that nurse managers rarely used laissez - faire leadership style as perceived by the staff nurses. As observed, some nurse managers utilize a laissez-faire approach occasionally to empower experienced staff and encourage autonomy. This provides opportunity for head nurses to make decisions and develop their leadership skills. This result aligns to the low score in Absent when

needed ($M=0.83$, $SD=0.54$). This means that nurse managers are perceived to be present in times of need and responding to staff nurses in critical situation when guidance is necessary especially in this high demanding setting.

The overall result showed that nurses' perception of their nurse managers in according to the three leadership styles were as follows: nurse managers fairly often used transformational leadership style ($M = 2.65$, $SD = 0.76$), while they have used transactional leadership style fairly ($M=2.36$, $SD = 0.39$), and Laissez-Faire leadership style was rarely used ($M=1.48$, $SD = 0.71$). This aligns to the findings of the studies of Wren (2018), Torris (2019), Goh et.al (2018) and Bush (2021).

The findings suggest that nurse managers mostly used transformational leadership, which is consistent with present shifts in healthcare leadership. The fairly used of transactional leadership style suggested that nurse managers employed reward-based and corrective actions but did not overly rely on them. A rarely, and uncertain, uses of the Laissez-Faire style might suggest that nurse managers do understand when this style might be appropriate but are mostly drawn to using it in just a couple of specific situations.

Table 4*Level of Nurse Performance*

Subscale	Mean	SD
Leadership	2.76	0.59
3. Give praise and recognition for achievement to those under his/her direction	2.10	0.31
23. Delegate responsibility for care based on assessment of priorities of nursing care needs and the abilities and limitations of available health care personnel.	2.69	0.46
25. Guide other health team members in planning for nursing care.	3.10	0.52
26. Accept responsibility for the level of care under his/her direction.	3.00	0.56
41. Remain open to the suggestions of those under his/her direction and use them when appropriate.	2.97	0.50
Critical Care	2.85	0.61
11. Perform technical procedures: e.g., oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.	2.76	0.64
18. Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator	2.85	0.64
19. Give emotional support to family of dying patient.	2.70	0.60
27. Perform appropriate measures in emergency situations.	3.10	0.56
30. Perform nursing care required by critically ill patients.	3.08	0.49
37. Recognize and meet the emotional needs of a dying patient.	2.54	0.50
40. Function calmly and competently in emergency situations.	2.92	0.59
Teaching and Collaboration	2.78	0.52
1. Teach a patient's family members about the patient's needs.	2.84	0.37
4. Teach preventive health measure to patients and their families.	2.90	0.45
5. Identify and use community resources in developing a plan of care for a patient and his/her family.	2.49	0.50
12. Adapt teaching methods and materials to understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation.	2.84	0.43
14. Develop innovative methods and materials for teaching patients.	2.96	0.50
28. Promote the use of interdisciplinary resource persons.	3.02	0.43
29. Use teaching aids and resource materials in teaching patients and their families.	2.92	0.44
31. Encourage the family to participate in the care of the patient.	2.54	0.60
32. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family.	2.90	0.45
38. Communicate facts, ideas, and professional opinions in writing to patients & their families.	2.51	0.50
39. Plan for the integration of patient needs with family needs	2.64	0.62

Planning / Evaluation	2.76	0.53
2. Coordinate the plan of nursing care with the medical plan of care.	2.68	0.47
6. Identify and include in nursing care plans anticipated changes in patient's conditions.	2.72	0.53
7. Evaluate results of nursing care.	2.62	0.49
9. Develop a plan of nursing care for a patient.	2.63	0.51
10. Initiate planning and evaluation of nursing care with others.	2.79	0.47
13. Identify and include immediate patient needs in the plan of nursing care.	2.87	0.59
36. Contribute to the plan of nursing care for a patient.	3.05	0.52
Interpersonal Relationship / Communication	2.85	0.61
8. Promote the inclusion of patient's decision and desires concerning his/her care.	2.41	0.49
15. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare.	3.10	0.51
16. Seek assistance when necessary.	2.98	0.54
17. Help a patient communicate with others.	2.94	0.56
20. Verbally communicate facts, ideas, and feelings to other health care team members.	2.73	0.69
21. Promote the patients' rights to privacy.	2.84	0.54
22. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members.	2.81	0.80
24. Explain nursing procedures to a patient prior to performing them.	3.13	0.47
33. Use nursing procedures as opportunities for interaction with patients.	2.99	0.55
34. Contribute to productive working relationships with other health team members.	2.78	0.62
35. Help a patient meet his/her emotional needs.	2.63	0.56
42. Use opportunities for patient teaching when they arise.	2.86	0.58
Professional Development	2.93	0.56
43. Use learning opportunities for ongoing personal and professional growth.	3.00	0.56
44. Display self-direction.	3.03	0.54
45. Accept responsibility for own actions.	3.36	0.58
46. Assume new responsibilities within the limits of capabilities.	3.00	0.47
47. Maintain high standards of performance.	2.93	0.53
48. Demonstrate self-confidence.	2.92	0.53
49. Display a generally positive attitude.	2.92	0.54
50. Demonstrate a knowledge of the legal boundaries of nursing.	2.65	0.48
51. Demonstrate knowledge in the ethics of nursing.	2.79	0.41
52. Accept and use constructive criticism.	2.75	0.63

Table 4 depicts the level of nurse performance in according to the six-dimension scale namely: leadership, critical care, teaching / collaboration, planning / evaluation, interpersonal relationships / communication skill and professional development. To interpret the computed mean scores, a performance interpretation gauge was established. Mean scores ranging from 3.51 to 4.00 were interpreted as Very High, indicating Excellent Performance; scores from 2.51 to 3.50 were interpreted as High, reflecting Good Performance; scores between 1.51 to 2.50 were considered Low, denoting Fair Performance; and scores from 1.00 to 1.50 were interpreted as Very Low, indicating Poor Performance. This interpretation guide provided a consistent and meaningful way to classify the level of nursing performance both overall and within each of the six dimensions of the SDNS.

The nurse performance had a high overall scale score ($M=2.83$, $SD=0.57$) which suggest staff nurses in this institution has a good performance.

Professional Development scored the highest among the domains of performance. With the high score of $M=2.93$ ($SD=0.56$), this suggest that staff nurses in this institution are performing good under this domain. As observed, staff nurses have a strong desire for personal and professional advancement. They take responsibility for their actions, self-directed and seek continuous learning opportunities. Strong commitment in continuous learning and skill enhancement is very visible in this institution wherein staff nurses are given opportunities to attend specialized training programs at other institutions. Every quarter, the institution is sending a different batch of nurses to attend specialized training such as emergency nursing, critical care nursing, ambulatory care nursing, perioperative nursing, maternal and childcare nursing, etc. There are also a series of in-house trainings conducted by the Professional Education and Training Unit. This finding is consistent with recent

nursing research that has emphasized the importance of the development of competencies achieved through self-directed learning as a means of ensuring the maintenance of nursing proficiencies and competencies in an ever-evolving healthcare system. According to Alsadaan et al. (2023), professional growth and advancement are a key motivating factor toward increased participation and engagement in the workplace. The study emphasized the fact that when nurses are supported in their development, they are more likely to get involved in the institution's goals and remain in their profession.

Under the Professional development domain, the highest individual item score was "Accept responsibility for own actions" ($M=3.36$, $SD=0.58$), which points to the nurses' awareness of accountability. This high and good performing score is attributed to the fact that staff nurses in this institution accept and acknowledge responsibility for their actions. In any incident related to patient and employee safety, they support timely reporting by informing the rotating supervisor on duty as soon as possible and submit an incident report to their immediate supervisor. The high emphasis on accepting responsibility for one's actions in acceptable professional conduct derives from a longer need for nurses to cultivate a few personal qualities: accountability, integrity, and self-awareness (Clark & Springer, 2018). This concept applies not only to the personal development of the nurse but to an even greater extent, as this framework ensures high-quality patient care, maintenance of viable ethical standards within the nursing profession, and to an even greater degree, improvement of the work environment for the growing number of nurses employed in this institution. However, the lowest score under this domain is "Demonstrate a knowledge of the legal boundaries of nursing" ($M=2.65$, $SD=0.68$). This can be attributed to lack of legal education and updates for some staff nurses. The legal framework governing the

nursing practice is dynamic and can change over time. However, this institution does not conduct a regular updates or training related to nursing law. The absence of structured, ongoing legal education may contribute to nurses not being aware of, and thus not fully understanding, legal issues that affect their practice (McDonald & Watson, 2018).

Critical care was also well performed by the staff nurses with a high score of $M=2.85$, ($SD=0.61$). This result reflects good in clinical performance, particularly in high-pressure situations. Due to the limited number of beds in Intensive Care Unit in this institution, critically ill patients are overflowed in the general wards where staff nurses are required to provide high-acuity care beyond typical ward capacity. This situation increases the demand for critical care competency among ward nurses. To meet this demand, nurse managers are implementing short ICU skills training for ward nurses, focusing on essential interventions such as suctioning, basic ventilator management, close monitoring of deteriorating patients and resuscitative care. Thus, nurses who receive targeted training for their assignments, allow them to act efficiently and maximize the effectiveness of lifesaving and clinically critical interventions (American Heart Association, 2019). The item with the highest mean score under this domain was "Perform appropriate measure during emergency situation" ($M=3.10$, $SD=0.56$). This is evident because 100% of staff nurses in this institution are trained in Basic Life Support and 60% of staff nurses are trained in Advanced Cardiovascular Life Support, aiming for 100% coverage. As part of regulatory and licensing requirements on this institution, all staff nurses are required to maintain up-to-date certification in Basic Life Support (BLS) and in addition, Advanced Cardiovascular Life Support training is required for all staff nurses in specialized area.

Staff nurses were also performing good in terms on Interpersonal relationship /

communication (M=2.85, SD=0.61). This domain reflects the nurses' ability to achieve effective communication with both patients and members of the healthcare team. Being the most accessible skill to achieve, this is evident in the staff nurses in this institution as it builds naturally through daily communication, empathy, and collaborative teamwork. To further enhance this skill, there are series of customer service trainings conducted in this institution. Nurse managers arrange staff schedules to accommodate team building activities and year end celebrations to strengthen interpersonal relationship among staff nurses. As per the recent study conducted by Rosa et al. (2023) close bonds among the healthcare team members and within the broader relationships ensure better cooperation in the workplace. Under the Interpersonal relationship / communication category, highest score was obtained from “Explain nursing procedures to a patient prior to performing them” (M=3.13, SD=0.47). Very high score was given to this mainly because this is part of the responsibilities of the nurses. Prior to any procedure, staff nurses obtained an informed consent signed by the patient or his/her significant others. This places emphasis on the communication between a nurse and a patient as a prerequisite for informed consent, where a patient gives permission to perform activities and procedures related to care. (Beauchamp & Childress, 2019).

The Teaching and Collaboration category received a mean score of 2.78 (SD=0.52), indicating a good performance in this domain as well. This emphasizes staff nurse's ability to educate patients and families, and to collaborate with interdisciplinary teams and make effective use of teaching strategies and resources. Health education is one of the independent functions of staff nurses and a very core to their plan of care. This is evident to every staff nurse's plan of care or nurse's note in this institution – “health teaching done”. The highest score was obtained from the

subcategory “promote the use of interdisciplinary resource persons” (M=3.02, SD=0.43}. Promoting the interdisciplinary resources persons is crucial in developing a solid, effective plan of care for the patients and their families we serve. Encompassing professionals beyond the primary healthcare provider has proven benefits for achieving desirable patient outcomes, becoming a more collaborative and efficient team, and setting the stage for regular and consistent communications between team members and the patient and family. According to the World Health Organization (2010), interdisciplinary team of professionals working together in a concerted effort to tackle the problems facing the patients and families we serve is both a promising and proven strategy for interdisciplinary teams. The lowest score was obtained from subcategory “*identity and use community resources in developing a plan of care for a patient and his/her family*” (M=2.49, SD=0.50). Living in a rural area where resources is limited or not easily accessible because of financial, geographical, and social barriers, it is hard to find support services within vicinity. The National Health Care for the Homeless Council (2020) found that some community-based services are “inadequate, difficult to access, and inconsistent” in many underserved areas of this country.

Planning and Evaluation, with a mean score of 2.76 (SD = 0.53), suggest a good performance of staff nurses under this domain. The development and implementation of a comprehensive nursing care plan is “one of the cornerstones of nursing practice” (Gulanick & Meyers, 2020). Care plans are designed to meet each patient’s unique needs. But some points to challenges regarding the application of the nursing process. Although the staff nurses are clearly competent in “Contributing to established care plans” (M = 3.05), performance drop score in two key areas: “Evaluate results of nursing care” (M = 2.62) and “Develop a plan of nursing care for

a patient” (M = 2.63). This suggests a reactive rather than proactive approach to patient care planning, and calls into question critical thinking and clinical reasoning. These findings need to explore more in the future research, given that the mean score indicates that staff nurses are still performing well under these subscales.

Although leadership was rated as a good-performed behavior, it received the lowest rating among all dimensions, with a mean score of 2.76 (SD = 0.59). This can be partly attributed to limited leadership training provided by this institution among the staff nurses. While the Civil Service Commission provides leadership training, its high-cost hinder participation. Another factor is the traditional promotion system that favors tenure or seniority over merit and leadership competency. If leadership roles are given mainly based on how long an individual has been with the organization, it does not encourage nurses who are younger or simply more proactive to step up and demonstrate leadership behavior. On the other hand, the lowest score on *“giving praise and recognition for achievements to those under their direction”* (M=2.10, SD=0.31) indicates a significant gap in leadership behavior related to employee motivation and morale. Recognition is a critical aspect of effective leadership as it fosters a positive work environment, increases job satisfaction, and encourages continued high performance. The low rating suggests that staff nurses feel their efforts and accomplishments are not being adequately acknowledged by their leaders. Nurses were experiencing increasing job stress and uncertain job security due to rising patient acuity, changes in technology and medicine, and reduced hospital financial resources. This aligns to findings of this study that nurse managers sometimes use transactional leadership style. Task-oriented nurses were seeing increased workloads and were prioritizing task completion and adherence to protocol over job satisfaction and harmony in their workgroups (Bass & Avolio, 1994).

Table 5*Relationship of Perceived Nurse Administrator's Leadership Style and Nurses' Performance*

		Leadership	Critical Care	Teaching and Collaboration	Planning / Evaluation	Interpersonal Relationship	Professional Development
Transformational	r	0.21	0.28	0.28	0.14	0.24	0.25
	p-value	0.006	0.002	0.001	0.134	0.001	0.001
Transactional	r	-0.03	-0.14	-0.14	0.03	-0.04	-0.07
	p-value	0.727	0.058	0.067	0.647	0.546	0.370
Laissez-Faire	r	0.19	0.14	0.07	-0.02	0.02	0.12
	p-value	0.640	0.650	0.366	0.820	0.751	0.102

*Significant at alpha < 0.05

Table 5 shows the relationship between the perceived leadership style of nurse manager and nurse performance using the Pearson's correlation coefficients. At 5% level of significance, the findings show that there is significant relationship between transformational leadership style and nurse performance domains: Leadership (p-value = 0.006), Critical Care (p-value = 0.002), Teaching / Collaborating (p-value = 0.001), Interpersonal Relationship (p-value = 0.001) and Professional Development (p-value = 0.001). With the range of 0.21 – 0.28, these weak but statistically significant relationship indicate that transformational leadership plays a significant role in enhancing nurse performance. This underpins the theoretical foundation laid by Bass and Avolio (1994), who characterized transformational leaders as those who help their

teams reach high levels of performance by setting meaningful goals. Nurse managers support that is both effective and intellectually stimulating, encouraging staff nurses to think critically and grow. Most importantly, they help staff nurses to develop personally, guiding them toward becoming better versions of themselves. This kind of thoughtful, compassionate leadership style is essential—especially when guiding staff nurses through complex clinical tasks that demand strong teamwork and exceptional competence.

There is a significant relationship between transformational leadership and the leadership performance of nurses ($p=0.006$). It is evident that nurse managers practice the behaviors associated with transformational leadership, the likelihood is that staff nurses on that same unit inspired to lead and practice the behaviors of a transformational leader. At its core, transformational leadership fosters an environment in which ownership, leadership identity, and the inspirations to reach those goals can exist (Zhang et al. 2024).

Positive Correlations with Critical Care (p -value = 0.002) shows that in high-acuity areas like critical care, it is essential for nurse leaders to be transformational. Their ability to provide clear vision, motivation, and support, particularly when care teams face adversity, is the key in getting staff nurses to maintain high performance in complex clinical settings that demand rapid thinking, collaborative problem-solving, and emotional resilience. This aligns with Al-Motlaq et al. (2024), who observed that nurse confidence, clinical judgment, and adaptive behavior in stressful environments improve critical care performance. Transformational leadership likely increases these nurse competencies.

Transformational leadership fosters a collaborative learning culture wherein staff mentor one another, participate in interdisciplinary teamwork, and engage in

knowledge-sharing. The correlation with Teaching/Collaboration (p-value = 0.002) suggests that the nurse managers in this study create environments in which teaching and collaborating are not just practice but also highly valued. This finding aligns with Liang and Yu's (2023) observation that transformational leadership directly supports knowledge transfer and clinical teaching among nursing teams.

The positive correlation with Professional Development (p-value = 0.001) supports the view of transformational leaders create an environment in which nursing can perform at its best. In this institution, nurse managers have shown a strong commitment to professional growth for the staff nurses they lead. They advocate for staff nurses to attend at least one related nursing training every six months, to join the specialty training in other institution, to enroll in postgraduate education and to be an active member of the professional organization like PNA (Philippine Nurses' Association). As a result, their staff nurses demonstrate higher engagement in professional development activities and improved their work performance. This aligns with Specchia et al. (2021), who emphasized the importance of leadership in promoting resilience and career advancement, particularly during health crises. Recent findings by Walumbwa et al. (2023) affirm that transformational leadership increases motivation for self-improvement and learning, which ultimately enhances staff retention and care quality.

Table 6*Relationship of Nurse Performance and Socio-Demographic Profile*

	Age	Sex	Years of Experience	Area of Assignment
Leadership	F = 3.15 p = 0.045	t = 0.67 p = 0.502	F = 40.92 p = 0.001	t = 5.04 p = 0.001
Critical Care	F = 2.50 p = 0.085	t = 0.43 p = 0.671	F = 7.81 p = 0.001	t = 3.91 p = 0.001
Teaching / Collaboration	F = 15.77 p = 0.001	t = -0.76 p = 0.447	F = 20.46 p = 0.001	t = 6.72 p = 0.001
Planning / Evaluation	F = 16.45 p = 0.001	t = -3.14 p = 0.002	F = 20.66 p = 0.001	t = 5.98 p = 0.001
Interpersonal Relationship	F = 18.81 p = 0.001	t = -2.70 p = 0.008	F = 18.43 p = 0.001	t = 6.74 p = 0.001
Professional Development	F = 9.23 p = 0.001	t = 0.02 p = 0.987	F = 5.54 p = 0.005	t = 4.63 p = 0.001

**Significant at alpha < 0.05*

Table 6 shows the relationship between nurse performance and the demographic profile of the staff nurses using T-test (2 groups) and ANOVA (more groups). At 5% level of significance, the findings show that there is a significant relationship between certain domains of nurse performance and various demographic profiles.

Age and several domains such as Leadership, Teaching/Collaboration, Perceived Nurse Manager's Leadership Styles and Performance Among Staff Nurses in a Hospital in Zamboanga del Sur

Planning/Evaluation, Interpersonal Relationship/Communication, and Professional Development were found to be significantly correlated. These findings suggest that as staff nurses grow older, they tend to develop more advanced skills in these areas, likely because of accumulated experience and greater professional maturity.

The nursing workforce of this hospital is mainly composed of younger professionals. Laschinger et al. (2018) did an extensive review and found that Millennial nurse's profile very differently from their older counterparts and that these differences may be important to understand in nursing leadership. However, no relationship was found between age and critical care. This suggest that critical care competency is more influenced by unit assignment, specialized training, and current role exposure than by age alone. Critical care tasks are highly demanding and require ongoing retraining, as nurses in these areas must maintain up-to-date skills, adapt quickly to changing situations, and confidently utilize advanced technology.

Although sex was not significantly associated with performance in most domains, it was notably significant in Planning and Evaluation (p -value = 0.002) and Interpersonal Relationship (p -value = 0.008), where female nurses outperformed male nurses. This may reflect social gender norms and communication styles, where females are more frequently socialized to value empathy, collaborative planning, and interpersonal connection. Female nurses, who dominate the profession, may emphasize relational and evaluative competencies more. A study by Kaiser & Westers (2021) found that characteristics like relational and evaluative competencies, which underpin the nursing profession, are associated with females.

Years of experience were found to be significantly associated with all six domains of performance. The data on years of experience further reinforce the performance trends associated with age, with the strongest relationship seen in

Leadership (p -value = 0.001). This bolsters the already firmly established perception that experience enriches clinical proficiency, crucial judgment, and leadership potential. As nurses gain more years of experience, they tend to maintain or even enhance their confidence in decision-making, their ability to lead teams, and their effectiveness in mentoring and care planning—three essential competencies that sustain a high-performing nursing workforce. Aiken et al. (2017) claimed that nursing experienced doubled as time spent with each progression of practice increased.

Nurses in the study were quite evenly distributed in where they had been assigned, with 57.92% assigned to clinical wards and 42.08% in specialized units. And interestingly, there were some statistically significant differences concerning their performance. The domains were as follows: Teaching, p -value = 0.001; Collaboration, p -value = 0.001; Interpersonal Relationships, p -value = 0.001. These are all significantly better for those ones in specialized areas. Alzahrani and Jones (2022) reported that the clinical competencies of these specialized-unit nurses often are better developed because they work in such high-intensity environments. They practice a kind of technical precision that one doesn't have to rely on when you're out with patients in the general ward. Nimako's (2022) study revealed that nurses perform well in a conducive work setting, irrespective of their assigned unit. Therefore, strategies aimed at maintaining high performance should encompass all nurses across departmental units.

In summary, the research shows that nursing performance across all competencies is strongly predicted by age, years of experience, and area of assignment. In this same breath, the findings also indicate that sex impacts some aspects of performance in a selective but significant manner. Together, these results signify a pressing need for the sharp tailoring of staff development and leadership

programs by nursing managers to ensure all demographic groups of nurses are sufficiently equipped to perform at high levels.

Chapter V

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This study explored the relationship between the perceived leadership styles of nurse managers and the work performance of staff nurses in a hospital in Zamboanga del Sur, while also investigating the impact of socio-demographic factors on nurse performance.

Summary of Findings

The majority of the 183 nurse respondents were Millennials (29 -44 years old), predominantly female, had intermediate (6–10 years) experience and most were assigned to general ward settings (57.92%), while the remainder worked in specialized areas. This indicates a predominantly mid-career, ward-based nursing workforce.

The analysis showed that nurse managers most frequently perceived transformational leadership as their predominant style. Upon assessment of nurse performance, it was determined that nurses achieved the highest scores in the Professional Development domain. The transformational leadership style had a markedly favorable link with nurse performance in areas including leadership, critical care, education, cooperation, interpersonal relationships, and professional development. In comparison, transactional and laissez-faire leadership approaches exhibited little to no consequential impact on organizational performance. Socio-demographic factors also significantly affected the nurses' performance. Years of

experience had the most consistent impact on performance across all domains. Age was significantly linked to leadership, teaching and collaboration and professional development, while sex was significantly connected to planning and evaluation and interpersonal relationships. Nurses working in specialized areas scored significantly higher than those working in general wards in all three domains. These findings emphasize the role of transformational leadership in enhancing nurses' performance. Moreover, they suggest that nurses' demographics related to experience, age and area of assignment need to be considered.

Conclusions

This study emphasizes the significant influence of transformational leadership in increasing staff nurse performance in the areas of Leadership, Critical Care, Teaching/ Collaboration, Interpersonal Relationships, and Professional Development. The results of the study indicate that nurse managers who are practicing transformational leadership literatures are likely to help empower, support, and motivate nurses for improving their performance.

In contrast, leaderships with transactional and laissez-faire exhibited no or little effect on nurse's performance (i.e., they are less effective in stimulating nurse's high level of performance and engagement). Furthermore, this study shows that socio-demographic characteristics, including number of years of work experience, age, and the unit of assignment, significantly contribute to nurse performance increase, whereas nurses are more experienced and have specialized area of assignment.

Recommendations

Based on the findings the perceived leadership style and nurse performance, the following were the recommendations of this study:

For Hospital Administrators and Nurse Managers

Design and implement training programs for nurse leaders to develop transformational leadership skills as this will lead to better nurse performance. Therefore, it is important to conduct regular assessments of the leadership style and incorporate the feedback into leadership improvement programs. Strengthen manager support for nurses in those areas of work performance, such as planning and evaluation and professional development, where they scored poorly.

Nursing Education

Integrate leadership and communication skills courses in the professional development programs for nurse managers and those aspiring for managerial positions. Mentorship programs for high-performing nurses to learn from experienced leaders should also be established. Use tools such as the Schwirian scale to evaluate nurses' performance and identify areas that need improvement.

Moreover, Nursing schools should integrate the transformational leadership teaching into their programs to ensure that students understand the concept. Learning institutions together with professional bodies need to work hand in hand in order to come up with ways of implementing the acquired knowledge. This can be through encouraging further studies especially for the nurses to improve their capabilities.

For Nursing Professionals

Employees should also be encouraged to communicate openly with their

supervisors regarding leadership expectations and the best way they would like to be treated. Take part in leadership assessment and feedback tools to identify areas that need improvement in the workplace. Self-assessment and reflection using performance measuring tools such as the Schwirian scale to identify personal strengths and weaknesses.

For Future Researchers

Future studies need to explore the impact of leadership styles on nurses' performance over time and in various hospitals through longitudinal designs. Qualitative studies like interviews or focus group discussions could give better observations on nurse's leadership perceptions and the consequent effects on their motivation and engagement. However, there is a need to compare the trend on leadership effectiveness and performance in different hospitals.

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Appendices

Appendix A

INFORMATION AND CONSENT TO PARTICIPATE IN THE STUDY

Introduction

I, Lovely Apple Caraan, Master of Art in Nursing (Major in Nursing Administration) student from the University of the Philippines Open University is conducting research study entitled: "Perceived Nurse Administrator's Leadership Styles and Work Performance among Staff Nurses in a Hospital in Zamboanga del Sur".

I would like to request your consent to participate in this study.

Purpose of the Study

The research aims to gather insights from nursing staff regarding their perceptions of leadership styles employed within the organization and how these styles may influence their performance. The information obtained will be crucial in understanding the dynamics between leadership and nurse performance, contributing to the existing body of knowledge in the field.

Study Procedure

Participation will only involve completing a confidential questionnaire (1 hour). The survey will inquire about your perceptions of leadership styles within the organization and their potential impact on nurse performance. Your responses will be anonymized, and confidentiality will be maintained throughout the study.

Benefits of the Study

The findings may contribute to enhancing leadership practices within the healthcare setting. Insights gained could inform strategies for improving nurse performance and, subsequently, patient care.

Risks and Discomforts

There are minimal risks associated with participation, and efforts will be made to ensure the confidentiality of your responses. If you feel uncomfortable at any point, you have the right to withdraw from the study without penalty.

Confidentiality

All information collected will be kept confidential and will only be accessible to the researcher and authorized personnel. Your name and any identifying information will not be disclosed in any reports or publications resulting from this study.

Voluntary Participation

Participation in this study is entirely voluntary, and you may withdraw at any stage without providing a reason.

Contact Information

If you have any questions regarding the conduct of the study, you may contact the investigator through the following contact details:

LOVELY APPLE CARAAN

Mobile No: +639187099887

email: lacaraan@up.edu.ph

Consent

I have read and understood the information provided above. By agreeing to participate, I acknowledge that my involvement is voluntary, and I am free to withdraw from the study at any time without prejudice.

Unique Identification Number: _____

Participant's Signature: _____

Date: _____

Appendix B

DATA COLLECTION FORM

Unique Identification Number: _____

Part I: Demographic Profile

Instruction: Kindly provide the most appropriate response to each question.

Age:

- Generation Z (28 years old and below)
- Millennials (29 – 44 years old)
- Generation X (45 – 65 years old)

Sex:

- Male
- Female

Years of Experience

- Junior (0-5 years)
- Intermediate (6-10 years)
- Senior (11-15 years)
- Leadership (16+ years)

Area of Assignment

- Specialized Area
(Intensive Care Unit, Operating Room, Delivery Room, Emergency Department, Hemodialysis Unit)
- General Wards
(Obstetric-Gynecologic Ward, Surgical Ward, Pediatric Ward, Medical Ward, Isolation Ward and Out-patient Department)

Part II: MLQ Multifactor Leadership Questionnaire Rater Form (5x-Short)

This questionnaire is to describe the leadership style of the above-mentioned individual as you perceive it. Please answer all items on this answer sheet. **If an item is irrelevant, or if you are unsure or do not know the answer, leave the answer blank.** Please answer this questionnaire anonymously.

Forty-five descriptive statements are listed on the following pages. Judge how frequently each statement fits the person you are describing. Use the following rating scale:

Not at all	Once in a while	Sometimes	Fairly often	Frequently, if not always
0	1	2	3	4

THE PERSON I AM RATING. . .

- Provides me with assistance in exchange for my efforts.....0 1 2 3 4
- Re-examines critical assumptions to question whether they are appropriate0 1 2 3 4
- Fails to interfere until problems become serious.....0 1 2 3 4
- Focuses attention on irregularities, mistakes, exceptions, and deviations from standards.....0 1 2 3 4
- Avoids getting involved when important issues arise0 1 2 3 4
- Talks about their most important values and beliefs.....0 1 2 3 4
- Is absent when needed.....0 1 2 3 4
- Seeks differing perspectives when solving problems.....0 1 2 3 4
- Talks optimistically about the future.....0 1 2 3 4
- Instills pride in me for being associated with him/her0 1 2 3 4
- Discusses in specific terms who is responsible for achieving performance targets0 1 2 3 4
- Waits for things to go wrong before taking action.....0 1 2 3 4
- Talks enthusiastically about what needs to be accomplished.....0 1 2 3 4
- Specifies the importance of having a strong sense of purpose0 1 2 3 4
- Spends time teaching and coaching0 1 2 3 4
- Makes clear what one can expect to receive when performance goals are achieved0 1 2 3 4
- Shows that he/she is a firm believer in “If it ain’t broke, don’t fix it.”0 1 2 3 4
- Goes beyond self-interest for the good of the group0 1 2 3 4
- Treats me as an individual rather than just as a member of a group0 1 2 3 4
- Demonstrates that problems must become chronic before taking action0 1 2 3 4
- Acts in ways that builds my respect..... 0 1 2 3 4
- Concentrates his/her full attention on dealing with mistakes, complaints, and failures.....0 1 2 3 4
- Considers the moral and ethical consequences of decisions.....0 1 2 3 4
- Keeps track of all mistakes0 1 2 3 4

Displays a sense of power and confidence.....	0 1 2 3 4
Articulates a compelling vision of the future	0 1 2 3 4
Directs my attention toward failures to meet standards	0 1 2 3 4
Avoids making decisions.....	0 1 2 3 4
Considers me as having different needs, abilities, and aspirations from others.....	0 1 2 3 4
Gets me to look at problems from many different angles	0 1 2 3 4
Helps me to develop my strengths	0 1 2 3 4
Suggests new ways of looking at how to complete assignments	0 1 2 3 4
Delays responding to urgent questions.....	0 1 2 3 4
Emphasizes the importance of having a collective sense of mission	0 1 2 3 4
Expresses satisfaction when I meet expectations.....	0 1 2 3 4
Expresses confidence that goals will be achieved.....	0 1 2 3 4
Is effective in meeting my job-related needs.....	0 1 2 3 4
Uses methods of leadership that are satisfying	0 1 2 3 4
Gets me to do more than I expected to do.....	0 1 2 3 4
Is effective in representing me to higher authority.....	0 1 2 3 4
Works with me in a satisfactory way	0 1 2 3 4
Heightens my desire to succeed	0 1 2 3 4
Is effective in meeting organizational requirements	0 1 2 3 4
Increases my willingness to try harder.....	0 1 2 3 4
Leads a group that is effective	0 1 2 3 4

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PART III: SIX DIMENSION SCALE OF NURSING PERFORMANCE

Instructions: The following is a list of activities in which nurses engage with varying degrees of skill. For those activities that the nurse does perform please enter the number that best describes how well he/she performs them.

How well does this nurse perform these activities in his/her current job?

- 1 - Not very well
- 2 - Satisfactorily
- 3 - Well
- 4 - Very Well

1. Teach a patient's family members about the patient's needs.	
2. Coordinate the plan of nursing care with the medical plan of care.	
3. Give praise and recognition for achievement to those under his/her direction	
4. Teach preventive health measure to patients and their families.	
5. Identify and use community resources in developing a plan of care for a patient and his/her family.	
6. Identify and include in nursing care plans anticipated changes in patient's conditions.	
7. Evaluate results of nursing care.	
8. Promote the inclusion of patient's decision and desires concerning his/her care.	
9. Develop a plan of nursing care for a patient.	
10. Initiate planning and evaluation of nursing care with others.	
11. Perform technical procedures: e.g. oral suctioning, tracheostomy care, IV therapy, catheter care, dressing changes.	
12. Adapt teaching methods and materials to the understanding of the particular audience: e.g., age of patient, educational background and sensory deprivation.	
13. Identify and include immediate patient needs in the plan of nursing care.	
14. Develop innovative methods and materials for teaching patients.	
15. Communicate a feeling of acceptance of each patient and a concern for the patient's welfare.	
16. Seek assistance when necessary.	
17. Help a patient communicate with others.	
18. Use mechanical devices: e.g., suction machine, Gomco, cardiac monitor, respirator	

- | | |
|---|--|
| 19. Give emotional support to family of dying patient. | |
| 20. Verbally communicate facts, ideas, and feelings to other health care team members. | |
| 21. Promote the patients' rights to privacy. | |
| 22. Contribute to an atmosphere of mutual trust, acceptance, and respect among other health team members. | |
| 23. Delegate responsibility for care based on assessment of priorities of nursing care needs <u>and</u> the abilities and limitations of available health care personnel. | |
| 24. Explain nursing procedures to a patient prior to performing them. | |
| 25. Guide other health team members in planning for nursing care. | |
| 26. Accept responsibility for the level of care under his/her direction. | |
| 27. Perform appropriate measures in emergency situations. | |
| 28. Promote the use of interdisciplinary resource persons. | |
| 29. Use teaching aids and resource materials in teaching patients and their families. | |
| 30. Perform nursing care required by critically ill patients. | |
| 31. Encourage the family to participant in the care of the patient. | |
| 32. Identify and use resources within the health care agency in developing a plan of care for a patient and his/her family. | |
| 33. Use nursing procedures as opportunities for interaction with patients. | |
| 34. Contribute to productive working relationships with other health team members. | |
| 35. Help a patient meet his/her emotional needs. | |
| 36. Contribute to the plan of nursing care for a patient. | |
| 37. Recognize and meet the emotional needs of a dying patient. | |
| 38. Communicate facts, ideas, and professional opinions in writing to patients and their families. | |
| 39. Plan for the integration of patient needs with family needs. | |
| 40. Function calmly and competently in emergency situations. | |
| 41. Remain open to the suggestions of those under his/her direction and use them when appropriate. | |
| 42. Use opportunities for patient teaching when they arise. | |

The following PROFESSIONAL DEVELOPMENT behaviors should be evaluated in terms of quality only--i.e. COLUMN B.

- 43. Use learning opportunities for ongoing personal and professional growth.
- 44. Display self-direction.
- 45. Accept responsibility for own actions.
- 46. Assume new responsibilities within the limits of capabilities.
- 47. Maintain high standards of performance.
- 48. Demonstrate self-confidence.
- 49. Display a generally positive attitude.
- 50. Demonstrate a knowledge of the legal boundaries of nursing.
- 51. Demonstrate knowledge in the ethics of nursing.
- 52. Accept and use constructive criticism.

Patricia M. Schwirian, Ph.D., R.N.
The Ohio State University College of Nursing
1585 Neil Avenue - Columbus, OH 43210

Appendix C

PERMISSION TO USE INSTRUMENT

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Sample Items:

As a leader

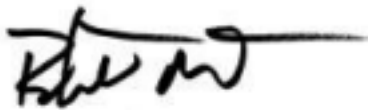
- I talk optimistically about the future.
- I spend time teaching and coaching.
- I avoid making decisions.

The person I am rating....

- Talks optimistically about the future.
- Spends time teaching and coaching.
- Avoids making decisions

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Sincerely,



Robert Most
Mind Garden, Inc.
www.mindgarden.com

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Permission to Use the Six-Dimension Scale of Nursing Performance



External Inbox x



Lovely Apple Caraan <lacaraan@up.edu.ph>
to schwirian.1 ▾

Jul 29, 2024, 11:38 AM ☆ ↶ ⋮

Patricia M. Schwirian, PhD, RN
Professor Emeritus
The Ohio State University College of Nursing

Dear Dr. Schwirian,

I hope this letter finds you well. I am Lovely Apple Caraan, a student of University of the Philippines (Open University) and I am writing to request permission to use your Six-Dimension Scale of Nursing Performance in my research project titled "Perceived Nurse Administrator's Leadership Styles and Work Performance among Staff Nurses in a Hospital in Zamboanga Del Sur". As part of my study, I believe that your tool would greatly benefit my research objectives and contribute significantly to the findings.

I would be grateful if you could provide formal permission for me to use the Six-Dimension Scale of Nursing Performance at your earliest convenience. Should you require any further information or documentation from my end, please do not hesitate to contact me.

Thank you very much for considering my request. I look forward to your positive response.

Sincerely,
LOVELY APPLE CARAAN

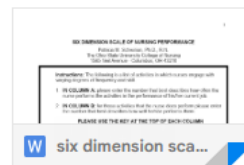
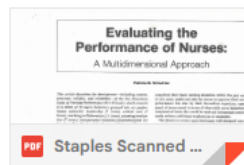
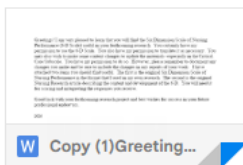


Schwirian, Pat <schwirian.1@osu.edu>
to me ▾

Jul 30, 2024, 1:56 AM ☆ ↶ ⋮

,

3 Attachments • Scanned by Gmail ⓘ



Greetings! I am very pleased to learn that you will find the Six Dimension Scale of Nursing Performance (6-D Scale) useful in your forthcoming research. You certainly have my permission to use the 6-D Scale. You also have my permission to translate it as necessary. You may also wish to make some content changes to update the materials--especially in the Critical Care Subscale. You have my permission to do so. However, please remember to document any changes you make and be sure to include the changes in any reports of your work. I have attached two items you should find useful. The first is the original Six Dimension Scale of Nursing Performance in the format that I used in my own research. The second is the original Nursing Research article describing the content and development of the 6-D. You will need it for scoring and interpreting the responses you receive.


Good luck with your forthcoming research project and best wishes for success in your future professional endeavors.


pms

Appendix D

RESEARCH ETHICS CLEARANCE

WMSU-REOC-CERT-001.1
Effective Date: 23-Oct-2023

**WESTERN MINDANAO STATE UNIVERSITY**
Research Extension Services and External Linkage
Research Ethics Oversight Committee
accredited by
PHILIPPINE HEALTH RESEARCH ETHICS BOARD



grants
this

RESEARCH ETHICS CLEARANCE

to

Lovely Apple A. Caraan

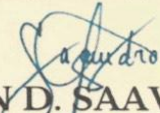
Research Title: PERCEIVED NURSE ADMINISTRATOR'S LEADERSHIP STYLES AND NURSE PERFORMANCE AMONG STAFF NURSES IN A HOSPITAL IN ZAMBOANGA DEL SUR

WMSU REOC Code: 2024-EF-0519

The grant of this Research Ethics Clearance for Study Implementation mandates the researcher's adherence to the current WMSU REOC ethical processes and standards. It may be revoked anytime for any violations committed during the conduct of the study.

A Quarterly Progress Report must be submitted for continuing ethics review. This Research Ethics Clearance will expire on July 19, 2025

Issued this 19th day of July 2024, at Research Ethics Oversight Committee Office, Western Mindanao State University, Zamboanga City, Philippines.

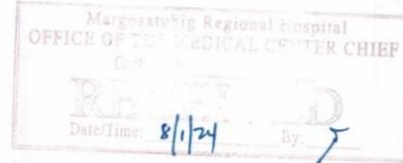

ANALYN D. SAAVEDRA, Ph.D.
REOC Chair

Appendix E

RESEARCH SETTING LETTER AND APPROVAL

July 31, 2024

RICHARD B. SISON, MD. MHA, FPCHA, FPSMS
Medical Center Chief II
Margosatubig Regional Hospital
Margosatubig, Zamboanga Del Sur



Dear Dr. Sison,

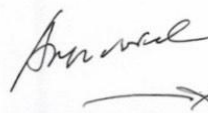
My name is Lovely Apple Caraan, and I am currently pursuing my studies at the University of the Philippines Open University while working as a Nurse V at this institution. As part of my academic and professional development, I am conducting research on the "Perceived Nurse Administrator's Leadership Styles and Work Performance among Staff Nurses in a Hospital in Zamboanga del Sur" with the aim of improving patient outcomes through enhanced leadership style and nurse performance.

I am writing to seek your permission to conduct this research within Margosatubig Regional Hospital, specifically involving all nursing staff as the primary participants. To maintain ethical standards, I have obtained clearance from the Western Mindanao State University Research Ethics Oversight Committee which has reviewed and approved both my study design and consent procedures.

Thank you for considering my request.

Respectfully,


LOVELY APPLE CARAAN

Noted: 
RICHARD B. SISON, MD, MHA, FPCHA, FPSMS
Medical Center Chief II
Margosatubig Regional Hospital

Appendix F

CURRICULUM VITAE

Lovely Apple A. Caraan, RN

- lacaraan@up.edu.ph
- Margosatubig, Zamboanga del Sur



A nurse with 10+ years of experience in hospitals setting. Proficient in patient assessment, medication administration, and care plan implementation. Skilled in critical care nursing, dedicated to providing safe and quality care to patients.

CERTIFICATION

Nurse Licensure Exam (NLE)
Passed 2010
Professional Regulations Commission

EDUCATION

Master of Arts in Nursing
University of the Philippines Open University 2025

Bachelor of Science in Nursing
Calamba Doctor's Colleges 2010

SKILLS

- Critical Care Nursing
- Pediatric Nursing
- Program Development & Implementation
- Patient Safety & Risk Management

AFFILIATION

- Philippine Nurses' Association
- Association of Nursing Services Administrators of the Philippines

EXPERIENCE

Nurse V (Patient Safety)
Margosatubig Regional Hospital
November 2023 - Present

- Developed and implemented Patient Safety Initiatives
- Oversee patient safety initiatives and nursing compliance with safety protocols.
- Collaborate with leadership and clinical teams to enhance safety culture.

Health Education and Promotion Officer III
Margosatubig Regional Hospital
February 2022 - November 2023

- Provided specialized critical care to pediatric patients, including continuous monitoring, medication administration, and life-support management.
- Operated ventilators, infusion pumps, and monitors while ensuring safety, infection control, and family-centered care.

Staff Nurse II (Special Care Area)
Margosatubig Regional Hospital
March 2019 - February 2022

- Delivered critical care to ICU patients, including monitoring, medication administration, and life-support management.
- Operated ventilators, infusion pumps, and cardiac monitors with strict adherence to safety and infection-control protocols.
- Collaborated with the healthcare team in emergency interventions and comprehensive patient care.

Enrolled / Staff Nurse (Pediatric Ward / Pediatric Intensive Care Unit)
National University Hospital, Singapore
September 2012 - February 2019

- Provided specialized critical care to pediatric patients, including continuous monitoring, medication administration, and life-support management.
- Operated ventilators, infusion pumps, and monitors while ensuring safety, infection control and family centered care