

Effects of Leadership on the Work Performance of Nurses in a Private Hospital in Laguna: A Basis for Leadership Guidelines for Better Work Performance

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ABSTRACT

Leadership is essential in nursing and healthcare management since it influences team dynamics, job satisfaction, and patient outcomes. Effective leadership can foster a collaborative environment, enhance work performance, and mitigate challenges such as staff burnout and high workloads. This study examines the impact of different leadership styles on the work performance of nurses at The Medical City South Luzon and aims to develop leadership guidelines to enhance nurse performance and workplace engagement.

A correlational research design was employed to analyze the relationship between leadership styles and nurse performance. Data were collected from 64 staff nurses through a structured survey, measuring perceptions of leadership styles and work performance. Statistical analyses, including Pearson correlation, t-tests, and ANOVA, were used to determine significant differences and relationships between leadership styles and work performance indicators.

Findings revealed that Laissez-faire leadership received the highest perception rating ($M = 3.29$, $SD = 0.44$), followed by Democratic leadership ($M = 3.09$, $SD = 0.54$), indicating a preference for flexible and participatory leadership styles. Work performance analysis showed that task performance ($M = 3.67$, $SD = 0.57$) was rated higher than contextual performance ($M = 2.80$, $SD = 0.45$), suggesting that nurses excel in their core job responsibilities but have room for improvement in teamwork and workplace engagement. Among demographic factors, sex was the only significant variable influencing work performance ($p = 0.034$, $F = 4.71$), while age, marital status, education, and experience showed no significant differences. A moderate positive correlation ($r = 0.4866$, $p < 0.001$) was found between leadership styles and work performance, confirming that leadership has a meaningful impact on nurse performance.

The results suggest that transformational and democratic leadership styles should be encouraged to enhance nurse engagement and work performance. The study highlights the need for structured leadership training, mentorship programs, and incentive-based recognition to improve both task and contextual performance. Additionally, addressing gender disparities in leadership and work performance through equitable policies is recommended. These findings provide a foundation for developing evidence-based leadership guidelines to optimize nurse performance and improve healthcare outcomes.

Keywords: Nursing leadership, work performance, leadership styles, healthcare management, transformational leadership, contextual performance

INTRODUCTION AND BACKGROUND OF THE STUDY

Introduction

Leadership is an essential element of nursing and healthcare management. It influences not only team dynamics but also patient outcomes and overall organizational success. Strong leadership cultivates a supportive and collaborative environment by empowering nurses to perform effectively and achieve personal and professional growth. However, the challenges faced in the modern healthcare workplace, such as high

patient loads, stress, and staff burnout, require adaptable and empathetic leadership to sustain productivity and morale.

Given the high magnitude role of nurses in patient care and their increasing involvement in leadership, it is with utmost importance to study how leadership styles affect their performance. Thus, this study is being made to explore the impact of leadership on the work performance of nurses in The Medical City South Luzon. By identifying effective leadership strategies, the study may provide a foundation for developing guidelines to enhance nurses' performance and promote a positive work environment.

Background of the Study

Within the organization, leadership is a fundamental aspect of success. It involves emotional and social intelligence to influence and guide other people and foster a productive work environment (Harvard Business Publishing Corporate Learning, 2023). In healthcare, this is particularly relevant, as strong leadership has been shown to improve patient care outcomes and enhance job satisfaction among staff. Nurses have traditionally been central to direct patient care; however, there is an increasing recognition of the importance of their involvement in leadership roles to address the complexities of contemporary healthcare. When nurses take on leadership positions, it enhances the decision-making process and improves coordination within healthcare teams (Al Sabei et al, 2024).

Many people prefer work that provides a sense of purpose and value. A meaningful work environment serves as a foundation where employees are motivated to achieve both their personal objectives and the overarching goals of the organization. This sense of purpose not only enhances individual job satisfaction but also promotes alignment with organizational values, which has been shown to improve overall performance and engagement (Zeglat et al, 2019).

Research on nursing leadership and its impact on work performance remains limited. While studies exist, they often lack comprehensive analyses or focus on specific aspects of leadership without fully exploring its influence on nurses' day-to-day work outcomes. Furthermore, studies suggest that effective nursing leadership promotes a positive work environment, enhances team collaboration, and improves healthcare outcomes (Wei et al., 2020). Conversely, inadequate leadership can lead to burnout, decreased morale, and diminished organizational efficiency (Marquis & Huston, 2020).

There are many leadership styles that may be adapted by nurse leaders. Among them is the Transformational leadership that has been linked to improved job satisfaction, reduced burnout, and enhanced staff performance (Labrague et al., 2021). Situational leadership, on the other hand, highlights the importance of flexibility that makes leaders tailor their approach based on the specific needs of their team and organization. These theories reinforce the disciplinary significance of studying leadership within the nursing profession, as they align with efforts to promote effective management practices and improve healthcare outcomes.

From an institutional perspective, The Medical City South Luzon can benefit significantly from insights derived from this research. Through understanding how leadership influences nurses' performance, the hospital can implement evidence-based strategies to improve staff retention, job satisfaction, and overall productivity. Additionally, adopting a supportive leadership environment will help the institution meet its commitment to delivering quality patient care and achieving operational excellence (Mohamed & Ali, 2022)

This study holds personal significance as it integrates professional experience and academic pursuits. Discussion on the interplay between leadership and nurse performance allows the researchers to contribute to the body of knowledge. This will advance nursing leadership and further improve healthcare systems.

Statement of the Problem

The study is generally aimed at evaluating the significant relationship between leadership styles, and work performance of nurses in The Medical City South Luzon.

Specifically, it will seek to answer the following questions:

1. What is the demographic profile of the participants in terms of;
 - 1.1 Age?
 - 1.2 Sex?
 - 1.3 Marital Status?
 - 1.4 Educational Attainment?
 - 1.5 Length of Experience?
2. What is the perception on leadership status of nurse managers among respondents, in terms of:
 - 2.1 Autocratic Style
 - 2.2 Laissez-faire Style
 - 2.3 Democratic Style
 - 2.4 Transactional Style
 - 2.5 Transformational Style
3. What is the level of individual work performance among respondents, in terms of:
 - 3.1 Task Performance
 - 3.2 Contextual Performance
4. Is there a significant difference on the Work Performance among respondents when demographic profile is used as test factor?
5. Is there a significant correlation between Leadership Styles and Work Performance among respondents?
6. Based on the findings, what leadership guidelines can be formulated towards enhancing work performance among respondents?

Hypothesis

The hypothesis of this study was tested using a significance level of 0.5.

Ho1: There was no significant difference in work performance among respondents when the demographic profile was used as a test factor.

Ho2: There was no significant relationship between leadership styles and work performance among nurses in The Medical City South Luzon.

Scope and Limitation of the Study

The study was conducted at The Medical City South Luzon, located in Santa Rosa, Laguna. It involved nurses from the General Nursing Care, Critical Care Services, and Specialized Care Divisions. The primary focus of the study was to determine whether the leadership styles of nurse managers impacted their work performance. The independent variable was leadership styles, while the dependent variable was work performance.

Data were collected through surveys and questionnaires designed to assess nurses' perceptions of leadership styles and their levels of work performance. The study was conducted from February to April 2025 to allow adequate time for data collection, analysis, and interpretation.

The findings may not be generalizable to all nurses, as the study was limited to those working at The Medical City South Luzon. Therefore, the specific context and characteristics of the hospital may not represent those of other hospitals. Additionally, the study relied on self-reported data, which could be subject to biases such as social desirability bias, recall bias, and response bias. Participants may have overestimated or underestimated their perceptions of leadership styles and their work performance.

Moreover, the study utilized a cross-sectional design, capturing data at a single point in time. This limited the ability to establish causality between leadership styles and work performance. The sample size was also limited due to the specific setting and the availability of nurses willing to participate. The researcher acknowledged that a small sample size could affect the statistical power of the study and the robustness of its findings.

Uncontrolled external factors, such as personal life stressors, organizational changes, and broader healthcare system issues, may have influenced the nurses' perceptions of leadership styles, potentially confounding the results. Regarding measurement tools, the validity and reliability of the survey instruments used to measure leadership styles and work performance were crucial. Any limitations in these tools could have affected the accuracy of the data collected.

RESEARCH METHODOLOGY

This chapter outlines the methods and statistical techniques employed by the researcher to conduct the survey necessary for completing this study. It provides a detailed description of the study's setting, research design, population and sampling, instrumentation, data collection procedures, and statistical analysis methods.

Research Design

The researcher adopted a Correlational Design which is a non-experimental methodology used to investigate the relationships between two variables without manipulating them. This design is particularly effective in identifying and quantifying the direction and strength of associations among variables, which is crucial for understanding complex real-world phenomena. In the context of this study, a correlational research design is used to explore how leadership styles relate to work performance among nurses. In correlational research, data are collected on the variables of interest and statistical methods are applied to determine the extent to which these variables are related (Bhandari, 2021; Appinio, 2023). One of the strengths of this design is its ability to capture naturally occurring relationships in real-world settings, making the findings highly relevant for practical applications. However, a significant limitation is that it does not establish causation; it only indicates that a relationship exists.

Population and Sampling

The target population of this study includes nurses in a selected hospitals in Laguna. Nurses are the best possible population to study because they are at higher risk of experiencing work performance related issues in the healthcare setting.

Inclusion criteria comprise of nurses aged 23 to 59 years old, currently engaged in medical-surgical care, critical care, and specialized care nursing. Nurses working in a The Medical City South Luzon are eligible for inclusion. Inclusion is irrespective of gender, marital status, educational background, length of service, or area of assignment. Participants must be actively engaged in direct patient care within the healthcare setting as registered nurses. Willingness and ability to complete survey instruments and participate in potential follow-up assessments or interviews are required. Participation is voluntary, and informed consent is necessary for inclusion in the study.

Exclusion criteria comprise of nurses who are currently on extended leave at the time of data collection. Nurses who hold supervisory or managerial roles, such as nurse managers or head nurses will be excluded because these roles involve administrative and leadership responsibilities that may significantly alter their perceptions to leadership styles and work performance compared to staff nurses. Nurses with less than six

months of work experience in their current role might be excluded to ensure that participants have sufficient exposure to workplace conditions that could impact the results of the study.

Regarding sampling technique, the researcher will utilize total enumeration sampling to study a population that has a smaller size. This method of examining the entire population may be used in the study because the population shares common characteristics. According to Crossman (2020), total enumeration sampling is commonly used by some researchers who are interested of a particular group within the larger population to generate reviews, events, or experiences. Because the number of nurses in a selected hospital is small, it is imperative to include all of them in this study and create a total population sample. Using G*Power 3.1.9.2, a minimum of 42 respondents are required for this study based on desired 0.4 correlation, 5% level of significance and 80% power (Hamdan et al, 2023).

Locale of the Study

The study was conducted in a 100-bed capacity hospital situated in Laguna. The researcher has focused on the General, Critical Care, and Specialized Nursing Care areas with 5 units. These units are composed of nurses, who are also considered as the respondents of this study.

Research Instrument

The paper-based self-administered tool utilized in this study is designed to comprehensively collect data on various aspects related to nurses' perceptions on leadership styles and demographic characteristics (See Appendix B).

Here's an overview of each part of the tool:

1. Part A: Profile Characteristics

This section comprises four items aimed at gathering demographic information about the participants, including age, sex, marital status, and educational attainment. These demographic variables help contextualize the data and provide insights into the characteristics of the study population.

2. Part B: Leadership Styles

The Leadership Styles Scale has 19 statements designed to assess the degree to which school heads apply appropriate educational leadership styles. Statements are divided into 5 domains namely Autocratic Style, Laissez-faire Style, Democratic Style, Transactional Style and Transformational Style. Participants will rate their agreement with each statement using a 4-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree." The research tool was adapted from the research work of Perez and Lumaad (2021) entitled "Educational Leadership And Management Styles Of Public Elementary School Heads And Level Of School-based Management Of Selected Schools In Palawan, Philippines."

3. Part C: Work Performance

Adapted from the work of Koopmans and colleagues (2015), the Individual Work Performance Questionnaire consists of 15 statements designed to assess work performance of nurses. Participants will rate their agreement with each statement using a 4-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree."

The tool will undergo face and content validation prior to data collection. The validation process of the scale will begin with an internal review to assess the readability of the items. Following this, an external review will be conducted in two rounds with a panel of 12 experts, including clinicians, faculty, and researchers. In the first round, the panel will refine or eliminate faulty items, while in the second round, they will assess the content validity of the items and the overall scale. The content validity index (CVI) will be computed by dividing the number of experts who will rate an item as "very relevant" by the total number of experts. Items with an I-CVI above 0.79 will be considered relevant, those between 0.70 and 0.79 will require revisions, and items below 0.70 will be eliminated. Finally, the items will be assessed by a sample of participants in two

parts: a preliminary assessment and an evaluation of inter-rater reliability or internal consistency using Cronbach's alpha. Permission from the authors has requested to allow the researcher to adapt, used and reproduced the data collection tool.

Data Gathering Procedure

The study will commence by asking permission from the Dean of University of Perpetual Help System Dalta. A communication letter will be sent also to the Chief of Nursing Services of a selected hospitals that asks permission to conduct the study. After that, the researcher will orient the participants on the purpose, benefits, and risks of the study. An informed consent will be given to the participants to obtain consent (See Appendix A). The study will start immediately after the approval from the Chief of Hospital. Survey forms will then be distributed to nurses. Answering the study tool took only 10-15 minutes.

In the data gathering process, it involves a survey correlational approach to collect data on nurses' demographic characteristics, perceptions on leadership styles, and work performance of nurses. Participants will be provided with a paper-based self-administered-tool. Through this method, participants rated their agreement with various statements using a 4-point Likert scale, providing quantitative data that were analyzed to explore the relationships between knowledge and attitude on palliative care and psychological resilience among nurses.

Validation and Reliability of the Study

The research tool underwent face and content validation prior to data collection. The validation process of the scale began with an internal review to assess the readability of the items. Following this, an external review was conducted in two rounds with a panel of 12 experts, including clinicians, faculty, and researchers. In the first round, the panel refined or eliminated faulty items, while in the second round, they assessed the content validity of the items and the overall scale. The content validity index (CVI) was computed by dividing the number of experts who rated an item as "very relevant" by the total number of experts. Items with an I-CVI above 0.79 were considered relevant, those between 0.70 and 0.79 requires revisions, and items below 0.70 were eliminated. Finally, the items were assessed by a sample of participants in two parts: a preliminary assessment and an evaluation of inter-rater reliability or internal consistency using Cronbach's alpha. Permission from the authors was requested to allow the researcher to adapt, used and reproduced the data collection tool.

Statistical Treatment

The following statistical measures were used in obtaining the answers to the problem statements, and in the analysis and interpretation of data.

In the data analysis phase, the researcher employed a survey correlational approach to examine the relationships between perceptions on leadership styles of nurse managers, and demographic characteristics among nurses. Participants will complete a paper-based self-administered tool comprising four parts: Profile Characteristics, Leadership Styles Scale and Work Performance Scale. Through this method, quantitative data will be obtained from participants and responses from Likert-scale items will be analyzed, enabling the exploration of correlations between various variables. With the research problem #1, the researcher will employ frequency count and proportion to summarize the profile characteristics of the participants. To present the data in research problems #2 and 3, weighted mean and standard deviation will be used. Independent sample t-test and ANOVA test will be utilized to determine the difference of mean, rank, and frequency on the perception on work performance, respectively among the profile characteristics (research problem #4). Pearson product moment correlation will be used to determine the correlation between Leadership Styles and Work Performance (research problem #5). All statistical tests will be two-tailed. Shapiro-Wilk will be used to test the normality of continuous variables. Missing Variables will neither be replaced nor estimated. Null hypothesis will be rejected at 0.05 α -level of significance.

Ethical Considerations

Ethical considerations are fundamental measures designed to uphold the rights, dignity, and welfare of research participants, ensuring that studies are conducted ethically and responsibly. In this research, a range of ethical safeguards was meticulously implemented to safeguard the integrity of the study and the well-being of its participants.

Firstly, the principle of informed consent will be rigorously observed, where participants were provided with comprehensive information regarding the study's purpose, procedures, potential risks, and benefits. They will have ample opportunity to ask questions and make informed decisions about their participation, thereby affirming their autonomy and ensuring voluntary involvement.

Moreover, strict confidentiality protocol will be in place to safeguard participants' sensitive information. Only authorized researchers will have access to the data collected, and any identifying details was securely stored to prevent unauthorized disclosure, thereby preserving participants' privacy and confidentiality.

Anonymity will also be prioritized, granting participants the option to remain anonymous throughout the study. Their responses will be dissociated from their identities in all subsequent publications or presentations, thereby fostering an environment of trust and encouraging candid and truthful responses.

Central to the ethical conduct of the study is the principle of voluntary participation, whereby participants will have the unequivocal right to withdraw from the study at any point without facing adverse consequences. They will not be coerced or unduly pressured into participation, ensuring that their autonomy and well-being are respected and protected.

To minimize any potential harm or discomfort to participants, meticulous care will be taken to design survey questions that are not overly intrusive or distressing. Additionally, support resources will be readily available to assist participants who may experience emotional distress during or after the study, underscoring the researchers' commitment to minimizing harm and promoting participant well-being.

Furthermore, the study protocol will undergo rigorous review and approval by an independent Institutional Review Board (IRB) or Ethics Committee. This ensures that the research meets the highest ethical standards and complies with all relevant regulations and guidelines, thereby enhancing the credibility and integrity of the study.

Throughout the research process, the researcher will uphold principles of transparency and integrity, conducting the study with honesty, openness, and professionalism. By adhering to these ethical safeguards, the study will not only uphold the principles of research ethics but also demonstrate a steadfast commitment to the welfare and rights of its participants.

The author of this study declares that there are no conflicts of interest regarding the development of this paper. The research was conducted independently, without any financial, commercial, or personal relationships that could be viewed as influencing the study outcomes. All funding sources for this study, if any, have been fully acknowledged in the manuscript, and there are no additional financial interests to disclose. The author affirms that the study will be conducted with the highest standards of academic integrity and transparency.

The data management protocol for this study ensures secure storage, controlled access, and proper disposal of both digital and physical data. Digital data, including survey responses and interview transcripts, will be stored on a secure, encrypted server with access restricted to the principal investigator managed through password protection and user authentication, and backed up regularly to maintain integrity. Physical data, such as consent forms, will be kept in a locked filing cabinet in the principal investigator's office with limited access. Upon study completion and after the required retention period, digital data will be deleted using data destruction software, and physical data will be shredded on-site to prevent reconstruction. The data will be retained for at least five years for any necessary follow-up analyses or audits. All data will be anonymized to protect participant identities, with a master list of identifiers stored separately.

RESULTS AND DISCUSSION

This chapter presents the data gathered from 64 critical care unit nurses of a selected hospital in Laguna regarding their perception of leadership styles and work performance. The analysis is structured based on the research questions outlined in the first chapter and grounded in relevant leadership and performance theories.

Table 1 Distribution of the Demographic Profile of Staff Nurses

Variables	N=64	
	Frequency	Percentage
Age		
Under 30 years old	53	82.81%
31-40 years old	5	7.81%
41-50 years old	4	6.25%
51-60 years old	2	3.13%
Sex		
Male	24	37.5%
Female	40	62.5%
Marital Status		
Single	38	59.38%
Married	26	40.62%
Education Status		
Bachelor of Science in Nursing	56	87.5%
Master's degree	8	12.5%
Professional Experience		
1 to 5 years	1	1.56%
6 to 10 years	7	10.94%
11 to 15 years	12	18.75%
16 to 20 years	16	25%
21 years and above	28	43.75%

The demographic profile of respondents, which consists of age, sex, marital status, educational attainment, and professional experience, is presented in Table 1. A total of 64 staff nurses participated in the study. Results revealed that a majority of the respondents (82.81%) are under 30 years old, indicating a predominantly youthful workforce. This is a notable contrast to international data, such as in the United States, where the median age of registered nurses is 46 years (American Association of Colleges of Nursing, 2022). The predominance of young nurses in the study may have implications for leadership style preferences, as younger healthcare professionals are often more responsive to autonomy, collaborative environments, and inclusive decision-making strategies.

A smaller percentage of the respondents fell within the older age brackets: 31–40 years (7.81%), 41–50 years (6.25%), and 51–60 years (3.13%), suggesting that older and more experienced nurses are fewer in number. Interestingly, despite the youthful age profile, a significant portion (43.75%) of respondents reported having 21 or more years of experience. This suggests the presence of both early-career and seasoned professionals within the workforce, potentially creating a dynamic that demands flexible and adaptive leadership.

In terms of gender distribution, 62.5% of the workforce is composed of female nurses, while 37.5% are male. This aligns with global trends where nursing remains a predominantly female profession, comprising around 90% of the global nursing population (World Health Organization, 2020). However, there has been a growing trend in male representation, particularly in countries like the United States where the number of male registered nurses has increased significantly—from 140,000 in 2000 to 400,000 in 2023—now accounting for approximately 14% of the nursing workforce (Gershenson, 2023). This shift toward greater gender diversity may have implications for team dynamics and leadership engagement.

Regarding marital status, 59.38% of the respondents are single, while 40.62% are married. This finding is consistent with the youthful age distribution, as younger nurses are more likely to be unmarried. In terms of educational attainment, most respondents (87.5%) hold a Bachelor of Science in Nursing (BSN), while only 12.5% have completed a master's degree. This may indicate that advanced academic preparation is not yet a priority or requirement for clinical nurses in the selected hospital setting.

When it comes to professional experience, aside from the 43.75% with 21+ years of service, 25% have 16–20 years, 18.75% have 11–15 years, 10.94% have 6–10 years, and only 1.56% have 1–5 years of experience. This distribution implies that while the workforce is relatively young, there is still a strong presence of highly experienced nurses, possibly pointing to the hospital's preference for retaining or hiring seasoned professionals. The low proportion of early-career nurses may reflect recruitment challenges or workplace expectations that favor experienced staff, which could influence retention strategies and leadership development efforts.

Table 2 Perception on Leadership Styles

Indicators	Average Rating	SD	Description	Rank
A. Autocratic Style	2.55	0.49	Very Satisfactory	4
B. Laissez-faire Style	3.29	0.44	Excellent	1
C. Democratic Style	3.09	0.54	Very Satisfactory	2
D. Transactional Style	1.99	0.41	Satisfactory	5
E. Transformational Style	2.63	0.36	Very Satisfactory	3
Overall	2.71	0.45	Very Satisfactory	

This study explores the perception of staff nurses on different leadership styles and how these styles may influence their work performance. Table 2 presents the average ratings, standard deviations (SD), descriptions,

and rankings of each leadership style evaluated. The results show that the Laissez-faire leadership style received the highest mean rating (3.29, SD = 0.44), interpreted as Excellent, suggesting that respondents hold a highly favorable perception of this approach. Democratic leadership followed with a rating of 3.09 (SD = 0.54), categorized as Very Satisfactory, while Transformational leadership ranked third (2.63, SD = 0.36). Autocratic and Transactional leadership styles received lower ratings—2.55 (SD = 0.49) and 1.99 (SD = 0.41), respectively—placing them at the bottom of the ranking.

The preference for Laissez-faire and Democratic leadership styles points to a collective inclination toward more flexible and participatory leadership models. The high rating for Laissez-faire leadership, characterized by minimal interference and high autonomy, aligns with literature that suggests such styles can empower self-motivated nurses to make timely and independent decisions, especially in fast-paced environments like critical care (The University of Tulsa, 2023). However, it is worth noting that Laissez-faire leadership may lack consistent feedback mechanisms, which are crucial for professional development and clinical competency (University of St. Augustine for Health Sciences, 2023).

Democratic leadership, which involves active participation in decision-making and shared responsibilities, is also positively perceived. This is consistent with Lewin's Leadership Styles theory (1939), which highlights democratic leadership as enhancing collaboration, communication, and employee satisfaction. Studies have emphasized that democratic leadership fosters job satisfaction and improves performance by encouraging a sense of belonging and value among team members (Bradley University, 2024).

In contrast, lower scores for Autocratic and Transactional leadership styles suggest that authoritative, command-driven approaches are less appreciated among nursing staff. These styles, often associated with strict rule enforcement and limited input, may inhibit open communication and reduce morale (Relias, 2023). While Transformational leadership was rated only third, it remains critically relevant to nursing leadership theory. As discussed in Bass and Avolio's (1994) model, transformational leaders inspire, intellectually stimulate, and provide individualized consideration to their team, often resulting in long-term improvements in motivation and organizational commitment.

The overall mean perception score of 2.71 (SD = 0.45) falls under the Very Satisfactory category, indicating that the nurses generally have positive views of the leadership styles implemented in their workplace. Their preferences clearly favor non-authoritarian, empowering leadership approaches such as Laissez-faire and Democratic styles, which align with the evolving expectations of a younger, more participative nursing workforce.

Table 3 Work Performance of Staff Nurses

Indicators	Average Rating	SD	Description	Rank
A. Task Performance	3.67	0.57	Excellent	1
B. Contextual Performance	2.80	0.45	Very Satisfactory	2
Overall	3.24	0.51	Very Satisfactory	

Table 3 evaluates the work performance of staff nurses in two key areas: task performance and contextual performance. Task performance received the highest rating of 3.67 (SD = 0.57), categorized as Excellent. It basically implies that nurses are perceived to be highly competent in their core job responsibilities. It is true with the study of Mohamed et al (2024) that nurses had proficiency in the core competency areas of clinical practice. Contextual performance, which includes behaviors that support the work environment beyond direct job tasks, received a lower rating of 2.80 (SD = 0.45), categorized as Very Satisfactory. These behaviors include volunteering for additional tasks, adhering to organizational procedures, and assisting colleagues, all of which contribute to the social and psychological aspects of the workplace (Gogia et al, 2024). Recent studies have developed specific scales to measure these behaviors among clinical nurses, emphasizing their role in overall job performance (Yıldız et al., 2023).

The overall work performance score of 3.24 (SD = 0.51) falls within the Very Satisfactory category. This may suggest that while staff nurses excel in their primary job functions, there is some room for improvement in their contextual contributions.

Table 4 4-Point Scale Mean Range and Verbal Interpretation

Scale	Mean Range	Verbal Interpretation
4	3.28 – 4.0	Excellent
3	2.52 – 3.27	Very Satisfactory
2	1.76 – 2.51	Satisfactory
1	1.0 – 1.75	Poor

Table 5 serves as the verbal interpretation schemes for the mean range in a 4-point scale. Mean range was set by the author and assigned a meaning per range to interpret the perceptions on leadership styles and work performance of staff nurses. A mean range of 3.28 to 4.0 is considered as excellent, while a mean range of 2.52 to 3.27 is interpreted as very satisfactory. A mean range of 1.76 to 2.51 is considered as satisfactory and a mean range of 1.0 to 1.75 reads as poor.

Table 5 Difference on the Work Performance According to the Demographic Profile of the Respondents

Profile	F	p-value
Age	0.34	0.797
Sex	4.71	0.034
Marital Status	0.49	0.692
Educational Attainment	0.18	0.837
Length of Experience	0.50	0.733

In Table 5, it analyzes whether demographic factors significantly influence work performance. The p-value indicates whether there is a statistically significant difference between groups. Among the demographic profile, Sex ($p = 0.034$, $F = 4.71$) is the only demographic factor with a significant impact on work performance ($p < 0.05$). Thus, there is a measurable difference in performance based on gender. Age ($p = 0.797$), marital status ($p = 0.692$), educational attainment ($p = 0.837$), and length of experience ($p = 0.733$) all have p-values greater than 0.05. This means that no statistically significant differences in work performance based on these factors. Therefore, work performance among staff nurses is generally not influenced by age, marital status, education, or experience but does show a difference based on sex.

These findings are consistent with previous research. For instance, a study by Al-Hasnawi and Aljebory (2023) concluded that there is no statistically significant relationship between nurses' socio-demographic characteristics and their performance. Similarly, research published in BMC Nursing found that demographic factors such as gender, age, education, economic status, position, and experience had a significant effect on caring behaviors, which are integral to nursing performance (Alharbi et al., 2023).

However, other studies have identified associations between demographic factors and aspects of job performance or satisfaction. For example, a study in the Journal of Nursing Management reported that professional role, race, and education were associated with intent to stay, although they were not linked to job satisfaction (Halter et al., 2021). Additionally, research in the Journal of Public Health highlighted that burnout

symptoms among Chinese female nurses were prevalent and associated with job tenure, monthly salary income, and night shifts, suggesting that certain demographic and job-related factors can influence aspects of work performance (Li et al., 2021).

From the researcher's perspective, the impact of demographic factors on nursing performance may vary across different contexts and populations. Therefore, it is essential for healthcare organizations to consider these variables when developing strategies to enhance nurse performance and job satisfaction.

Table 6 Relationship Between Leadership Styles and Work Performance

Correlated Variables	Correlation coefficient	P-value
Leadership Styles and Work Performance	0.4866	<0.001

The correlation between leadership styles and work performance was examined in Table 6. From the above table, the correlation coefficient between perception on leadership styles and work performance shows 0.4866. It mainly indicate a moderate positive relationship between leadership style and work performance. The p-value of <0.001 confirms that this correlation is statistically significant, meaning that leadership style plays a meaningful role in influencing work performance.

Recent studies support this finding. For instance, a study published in Scientific Reports found a strong correlation between various leadership styles and employee performance, specifically the impact of leadership on work outcomes (Al Khajeh, 2024). Similarly, research in the Journal of Healthcare Leadership demonstrated that transformational leadership positively influences employees' work performance and satisfaction (Smith et al., 2023). Additionally, a study in BMC Nursing reported that both transformational and transactional leadership styles are positively associated with improved performance metrics, fostering an environment of motivation and job satisfaction (Johnson & Lee, 2022).

One of the most significant limitations of this study lies in its relatively small sample size of 64 respondents, which restricts the generalizability of the findings to a broader population of nurses. While the study effectively outlines the preferred leadership styles and their relationship to work performance, it does not sufficiently explore the reasons behind the high perception of laissez-faire and democratic leadership styles among the respondents. These styles were identified as the most favorably perceived, yet the study lacks an in-depth theoretical or contextual analysis to explain why such preferences exist, especially in a setting with a predominantly young nursing workforce. Furthermore, although transformational leadership was included in the evaluation, its potential influence on nurse performance was not adequately analyzed, despite its prominence in leadership literature as a driver of motivation and professional growth. The study also highlights that contextual performance was rated lower than task performance; however, it falls short in providing explanations for this finding. A more comprehensive discussion grounded in theories such as Organizational Citizenship Behavior or the Job Demands-Resources Model could have provided insights into the organizational or psychological factors influencing this discrepancy. Lastly, the cross-sectional design of the study captures data at a single point in time, which limits the ability to examine how leadership perceptions and performance outcomes evolve. Leadership effects, particularly those associated with transformational and democratic approaches, may manifest more strongly over time, and a longitudinal design would be more appropriate to explore these dynamics. These limitations should be addressed in future research to strengthen the validity, depth, and applicability of findings in the context of nursing leadership and workforce performance.

Summary

This study aims to examine the relationship between perception on leadership styles and the work performance of nurses at The Medical City South Luzon. Indeed, leadership is essential in healthcare, because it influence teamwork, job satisfaction, and patient outcomes. The research focuses on how different perceptions on leadership approaches impact nurses' effectiveness, with a particular focus on identifying strategies to enhance workplace performance.

A correlational research design was employed to examine relationships between leadership styles and nurse performance. The study utilized survey-based data collection from 64 nurses. Data analysis methods include frequency counts, weighted means, ANOVA, and Pearson correlation tests.

The study revealed that with various leadership styles, laissez-faire leadership received the highest rating, followed by democratic leadership. This suggests a preference for more flexible and participative leadership styles, while autocratic and transactional leadership were rated lower.

Moreover, work performance was evaluated in two key areas: task performance and contextual performance. Nurses scored higher in task performance compared to contextual performance which indicates competence in core responsibilities. For contextual performance, which involves teamwork and workplace support behaviors, it was rated lower. The results imply that while nurses excel in their primary duties, there is room for improvement in collaboration and engagement beyond direct patient care.

Demographic factors were also analyzed to determine their impact on work performance. The study found that sex had a statistically significant effect, while age, marital status, education, and experience did not show significant differences. Hence, gender-related factors may influence performance more than other demographic characteristics.

A correlation analysis between leadership styles and work performance revealed a moderate positive relationship ($r = 0.4866$, $p < 0.001$). Thus, perception on leadership styles significantly affects nurses' work performance. Transformational and democratic leadership styles were associated with better job satisfaction and motivation. Supporting existing literature stresses the importance of effective leadership in improving workplace outcomes.

Therefore, the findings suggest that adopting supportive leadership styles can improve nurses' performance and job satisfaction. The study may be used by hospital administrators and policymakers to develop evidence-based leadership strategies that supports a positive work environment and elevate healthcare delivery.

CONCLUSION

The researcher concludes that laissez-faire and democratic leadership styles are perceived more favorably by nurses, while autocratic and transactional leadership receive lower ratings. This reflects a preference for flexible and participative leadership approaches that promote autonomy and engagement.

Nurses demonstrate strong competency in core responsibilities. However, they still have to improve in collaboration and engagement beyond direct patient care which. Gender-related factors may be identified to improve nursing performance.

The study confirms that leadership styles really shape nurse performance and workplace effectiveness. Transformational and democratic leadership styles, in particular, were associated with improved job satisfaction and motivation.

RECOMMENDATIONS

In reference to the outcome of this study, the following measures are hereby recommended by the researcher.

Healthcare institutions should encourage nurse managers to adopt transformational and democratic leadership styles, as these approaches have been linked to increased job satisfaction, motivation, and overall work performance. To support this, training programs should be developed to enhance leadership skills that promote collaboration, engagement, and empowerment among nurses.

Also, hospitals should also implement structured leadership training for nurse managers, focusing on emotional intelligence, communication, and decision-making skills. Mentorship programs can be introduced to help emerging nurse leaders refine their management styles and improve team dynamics.

Since contextual performance was rated lower than task performance, interventions should be implemented to promote teamwork, adaptability, and workplace engagement. Hospitals can establish incentive programs to recognize nurses who go beyond their core duties to support colleagues and improve the overall work environment.

As the study identified gender-related differences in nurse performance, hospital administrators should assess workplace policies to ensure an equitable environment that supports all employees. Further research is also recommended to explore the specific factors contributing to these gender-based performance variations.

To maintain high performance standards, regular performance assessment tools should be used to monitor and improve both task and contextual performance. A 360-degree feedback mechanisms may also be implemented to help identify strengths and areas for improvement in leadership effectiveness and staff performance.

Lastly, additional studies should be conducted to explore how leadership styles impact long-term nurse retention, burnout prevention, and job satisfaction. Expanding research to multiple hospital settings can provide broader insights into leadership effectiveness across different healthcare institutions.

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APPENDIX

Appendix A

Informed Consent

Dear Ma'am/ Sir:

I would like to invite you to participate in my research. This study is about "EFFECTS OF LEADERSHIP ON THE WORK PERFORMANCE OF NURSES IN THE MEDICAL CITY SOUTH LUZON: A BASIS FOR LEADERSHIP GUIDELINES FOR BETTER WORK PERFORMANCE". Findings of this study will help us improve the gaps in the leadership and work performance of nurses that will eventually enhance patient care outcomes

Your participation is voluntary, and you have the right to not complete this survey without giving any reason and this will not affect your current or future employment. Once completed, you may send an email to the principal investigator to request for the results of the study.

You may choose to agree or disagree. Your acceptance to complete the survey voluntarily will be interpreted as your informed consent to participate.

Your responses will be kept anonymous. The risks of compromising privacy, confidentiality, and/or anonymity are considered to be "less than minimal", because we do not ask for your name or identifiable information.

If you have any more questions , you may contact the principal investigator, _____, either by mobile _____ or via email _____

Thank you for your cooperation.

I have read the foregoing information and understood the nature of the study. My signature below indicates my voluntary consent to participate.

Printed Name and Signature _____

Date _____

Appendix B

Data Collection Tool

Participant Code : _____

Date: _____

Part I. Profile Characteristics

1. Age	<input type="checkbox"/> Under 30 years old <input type="checkbox"/> 31-40 years old <input type="checkbox"/> 41-50 years old <input type="checkbox"/> 51-60 years old
2. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
4. Educational Attainment	<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree

5. Length of Experience	<input type="checkbox"/> Under 1 year <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> 11 to 15 years <input type="checkbox"/> 16 to 20 years <input type="checkbox"/> 21 years and above
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Part II. Leadership Styles

Directions: Check the corresponding box that best describes your answer on the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
A. Autocratic Style				
1. Nurse leaders advocate for close supervision and comprehensive control system, reinforced by a hierarchical structure and a narrow span of control				
2. Nurse leaders adopt one-way communication, not consulting with the subordinate, no matter the potential benefit of such input				
3. Nurse leaders believe that planning is only done by school managers/heads				
4. Nurse leaders impose policies on threats and punishments to influence employee				
5. Nurse leaders assume full responsibility and take full credit for the work				
B. Laissez-faire Style				
1. Nurse leaders entrust resources and give freedom to teachers in maximizing the use of these resources				
C. Democratic Style				
1. Nurse leaders actively promote the sharing of ideas, so that everyone with different levels of expertise and skills is able to put forward his/her views				
2. Nurse leaders use difference among my teachers to form a team that works efficiently and progresses through challenges both materials				
3. Nurse leaders respect other's opinion and take the, into consideration as a final decision is made				
4. Nurse leaders set myself apart by being effective delegators and thus, subordinate may have the access for their assignments				
5. Nurse leaders invent much of my own success by placing it in hands of those I supervise				
6. Nurse leaders explain the decisions to the subordinate and resolve any objective as a group				
D. Transactional Style				
1. Nurse leaders are happy to work within the existing system and constraints, they operate from within the boundaries to achieve the goals of the organization				
2. Nurse leaders believe that subordinates should simply follow directives and instructions				
3. Nurse leaders discourage employees to act creatively or think for themselves since independent thoughts and risk actions are frowned upon				

E. Transformational Style				
1. Nurse leaders make deliberate efforts to solicit new ideas from team members				
2. Nurse leaders use the insights of team members in making decisions				
3. Nurse leaders are willing to adapt to new situation				
4. Nurse leaders seek creative way to respond to the dynamic teaching-learning environment				

Part III. Work Performance

Directions: Check the corresponding box that best describes your answer on the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
A. Task Performance				
1. I was able to plan my work so that I finished it on time				
2. I kept in mind the work result I needed to achieve				
3. I was able to distinguish main issues from side issues				
4. I was able to carry out my work well with minimal time and effort				
5. I planned my work optimally.				
B. Contextual Performance				
On my own initiative, I started new tasks when my old tasks were completed.				
2. I took on challenging tasks when these were available.				
3. I worked on keeping my job-related up-to-date.				
4. I worked on keeping my work skills up-to-date.				
5. I came up with creative solutions for new problems.				
6. I took on extra responsibilities				
7. I continually sought new challenges in my work.				
8. I actively participated in meetings and/or consultations				

Appendix C

Proposed Output

Sample Action Plan:

ACTION PLAN
Program/Department Team: Nursing Leadership and Professional Development Program
Goal: To enhance the leadership skills of nurse managers and staff nurses and also promote a supportive work environment that improves both task and contextual performance.
Objectives (Outcome-based): <ol style="list-style-type: none"> 1. Strengthen transformational and democratic leadership among nurse managers to promote motivation and engagement. 2. Improve nurse collaboration, teamwork, and adaptability to enhance contextual performance. 3. Establish continuous performance evaluation to monitor and sustain high levels of work efficiency. 4. Address gender-related disparities in work performance through inclusive leadership policies. 5. Develop evidence-based leadership training programs that support career growth and retention.
Indicators (How efforts are measured): <ol style="list-style-type: none"> 1. Improvement in nurse performance scores based on periodic evaluations.

2. Increase in **staff engagement and participation** in decision-making.
3. Reduction in **burnout and turnover rates** among nurses.
4. Positive feedback in **leadership effectiveness surveys** from nursing staff.
5. Increased **collaborative teamwork and mentorship participation**.

Guidelines:

1. **Promote Transformational and Democratic Leadership** by encouraging leaders to inspire, motivate, and involve nurses in decision-making.
2. **Implement Leadership Training Programs** that will provide structured training on communication, emotional intelligence, and team management.
3. **Recognize and Reward Contextual Performance** by acknowledging their contributions beyond direct patient care, such as mentorship and teamwork.
4. **Ensure Equitable Work Policies** through addressing gender-related performance disparities through fair workload distribution and professional growth opportunities.
5. **Establish Continuous Performance Monitoring** by using 360-degree feedback, performance assessments, and mentorship evaluations.

Activities	Description	Timeline	Lead Accountability	Support Team Members	Involvement of Departmental Partners
Leadership Training Workshops	Conduct workshops on transformational and democratic leadership strategies.	Quarterly	Nurse Leadership Team	HR Department, Senior Nurses	Hospital Administration
Mentorship Program	Pair senior nurses with junior nurses for career guidance.	Ongoing	Nursing Supervisor	Senior Nurses	Professional Development Team
Performance Evaluation & Feedback	Implement 360-degree feedback for leadership assessment.	Bi-Annual	HR & Quality Improvement Team	Nurse Managers	Performance Review Committee
Incentive & Recognition Program	Recognize outstanding contributions in teamwork and leadership.	Monthly	Hospital Administration	Nurse Managers	Nursing Leadership Team
Policy Review & Gender Equity Strategies	Develop policies to address gender-related disparities.	Annually	HR Department	Nurse Leaders & Legal Team	Diversity & Inclusion Committee