

## Relationship between Head Nurses' Leadership Styles and Staff Nurses' Job Performance

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**Abstract:** A descriptive co-relational research design was used to determine the relationship between head nurses' leadership styles (established via staff nurses' points of view) and staff nurses' job performance. This study was conducted in Mansoura Emergency Hospital, affiliated to Mansoura University at Egypt. Study subjects included all staff nurses working in all in-patient units in Mansoura Emergency Hospital with a total number of 110 staff nurse. Data collection tools were a leadership questionnaire and performance evaluation checklist. Results revealed that the level of performance among the staff nurses was relatively low. No statistically significant relationship was found between leadership styles and nurses' performance. The study recommended that, training programs on advanced leadership styles and performance appraisal should be conducted for head nurses and staff nurses.

**Key words:** Head nurses' Leadership Styles, Nurses Performance.

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### I. Introduction

#### 1.1 Nursing Leadership

Nurses function as leaders when they demonstrate leadership characteristics in their nursing roles and lead other nurses and their communities to achieve a vision of quality health care (Kelly, 2012<sup>1</sup>). The effective nurse leader understands resource management, marketing, and media skills, communicates effectively, negotiates, motivates and influences others (International Council of Nurses, 2006<sup>2</sup>). Nurses who exert additional influence through instilling a sense of confidence in subordinates, which makes possible a higher achievement level than expected, are transformational leaders. Transformational leaders treat their followers with consideration and, through charismatic behaviors, inspire, motivate, and provide intellectual stimulation in the process. Transformational leaders develop followers by providing them with further responsibilities, and by having the confidence in them to fulfill these duties with self-assurance and inspiration (Carney, 2007<sup>3</sup>; Kelly, 2012<sup>1</sup>). While the transactional leader adopts a caretaker role and focuses on day-to-day operations, the transactional leader sets goals, gives directions, seeks to control both situation and followers and uses rewards to reinforce followers' behaviors associated with meeting or exceeding established goals (Marquis & Huston, 2009<sup>4</sup>; Huber, 2010<sup>5</sup>).

#### 1.2 Performance Evaluation

Performance was defined as the formal exhibition of a skill, ability, or aptitude of a professional nurse. Performance-related behaviors are directly associated with job tasks that need to be accomplished to achieve a job's objectives (Sullivan et al., 2005<sup>6</sup>). Performance management is a set of tools and practices that comprises setting performance goals, designing strategies with nurses to achieve and sustain improvement, monitoring nurses' progress toward achieving goals, providing ongoing feedback and coaching by supervisors and perhaps peers, and measuring individual performance (Fisher, Schoenfeldt, & Shaw, 2003<sup>7</sup>). To defend against discrimination, organizations attempt to maintain accurate and current performance appraisal information on nurses. The purposes of using performance information are to improve nurses' performance and identify nurses' strengths and weaknesses, which then become the basis for developing improvement strategies (Fried & Fottler, 2008<sup>8</sup>).

Performance evaluation in nursing is concerned with measuring the efficiency and effectiveness and determining the competency of the nursing process and activities used by the individual nurse in the care of clients (Huber, 2006<sup>9</sup>). In the same context, Finkelman (2012<sup>10</sup>) added that performance evaluation integrates the performance appraisal function with other human resources systems to help align nurses' work behaviors with the organization's goals. A leader has a significant impact on subordinates' performance when he or she creates

a positive climate and provides authentic support to followers, allowing them to work with maximum effectiveness and achieve the best work results (Safaria, Othman& Abdul-Wahab, 2011<sup>11</sup>).

### **1.3 Leadership and Performance**

When executives use their leadership style to demonstrate concern, care and respect for employees, it increases the interest of employees in their work and enables them to achieve better performance, thereby enhancing their job satisfaction (Fu-Jin et al., 2010<sup>12</sup>). The capable leader provides an environment for people to experience caring, healing, and learning. This leader treats others with dignity, respect, honesty, and fairness. The leader also recognizes the value of individual differences and the collaboration of people with different strengths and expertise (Malloch& Porter-O'Grady, 2005<sup>13</sup>; Scott, 2005<sup>14</sup>). Leaders must have purposes that are positive and productive, and followers whose needs are met and satisfied, which would motivate them to high levels of performance (Barker, Sullivan, & Emery, 2006<sup>15</sup>; Morjikian& Bellack, 2005<sup>16</sup>; Finkelman, 2006<sup>17</sup>). In the same context, Ismaill (2013<sup>18</sup>) agreed that people who use transformational leadership style show high performance. According to the literature, it can be concluded that effective leadership is one of the most crucial factors in leading an organization toward success. Nowadays the key challenge for the modern organization is to recognize the effects of strong leadership on the nursing performance and the success of the organization (Alloubani, Almatari& Almukhtar, 2014<sup>19</sup>).

## **II. Aim Of The Study**

The aim of this study was to determine the relationship between head nurses' leadership styles (established via staff nurses' points of view) and staff nurses' performance through:-

1. Determining head nurses' leadership styles, as seen by their staff nurses.
2. Assessing job performance level of staff nurses,
3. Identifying the relationship between head nurses' leadership styles from staff nurses' points of view and the job performance of staff nurses.

## **III. Subjects And Methods**

### **Research Design**

A descriptive co-relational design was utilized to conduct the study.

### **Setting**

This study was conducted in all in-patient units (intensive care unit, orthopedic, poly trauma and neurology departments) at Mansoura Emergency Hospital, affiliated to Mansoura University Hospital, in Egypt.

### **Subjects**

The target population consisted of staff nurses working in all in-patient and intensive care units in Mansoura Emergency Hospital (n=110), with at least six months experience in their work units. The studied nurses were between 20 and 40 years old, and the majority of nurses (98.2%) are practical nurses, holding a nursing diploma, while only 1.8% of the study sample is professional nurses with a bachelor degree. The highest percent of studied nurses worked in the intensive care unit, while an equal percentage of nurses worked in the orthopedic, poly trauma and neurology departments. Less than half of the nurses had between 10 and 15 years of experience.

### **Tools of Data Collection:**

Two tools were used in the study. Tool 1, the leadership questionnaire sheet, consisted of two parts. Part 1 included personal and job characteristics of nurses, such as age, level of education, years of experience since graduation, and department. Part 2 included questions about leadership styles that were developed by Clark (1998<sup>20</sup>) and adopted from Elsayed (2005<sup>21</sup>). This was intended to assess leadership styles of head nurses as seen by their staff nurses. Part 2 comprised 57 questions, categorized under two styles.

1. Transactional style: consisted of 19 questions categorized under three dimensions: Contingent reward (six questions), Active management by exception (six questions), and Passive management by exception (seven questions).
2. Transformational style: consisted of 38 questions categorized under five dimensions: Attributed charisma (six questions); Idealized influence (nine questions); Inspirational motivation (seven questions); Intellectual stimulation (eight questions), and Individualized considerations (eight questions).

### **Scoring System.**

A five-point Likert scale, ranging from 1 = "never" to 5 = "always," was used to rate each statement. The mean score pertaining to each leadership style was subsequently calculated by dividing the sum of all scores by the number of items.

### **Tool 2: Nurses' Performance Evaluation (Observation Checklist).**

This tool was initially developed by Cobb (2008<sup>22</sup>) and has since been used to assess job performance of staff nurses. It consists of four elements, namely (1) Expected hospital behavior (including Courtesy (four items); Respect (four items); Communication (three items); Comfort (one item); Responsiveness (two items); Team work (six items); and Professionalism (composed of five items)); (2) Nursing process (including Assessment (three items), Diagnosis (two items), Implementation (six items), Evaluation (two items), and Documentation (composed of five items)); (3) Quality of care (three items); and (4) Education (four items).

### **Scoring System.**

The responses pertaining to performance elements were, once again, given on a five-point Likert scale, comprising the following options: 5 = "Outstanding," 4 = "Exceeds expectations," 3 = "Competent," 2 = "Needs improvement," and 1 = "Unacceptable." The nurse in question was considered competent if her composite score on this scale exceeded 68%, and incompetent otherwise (El-Ghabour, 2014<sup>23</sup>).

### **Validity of Tools.**

The first tool was tested for clarity, relevance, applicability, comprehensiveness, understanding, and ease of implementation by a panel of six nursing professors from various faculties of nursing, all of whom are specialists and experts in nursing management and administration. Based on their feedback, two items were omitted from the original questionnaire and a further five items were paraphrased. The second tool was also tested for clarity, relevance, applicability, and comprehensiveness by a panel of six nursing professors from Port Said, Mansoura and Ain Shams Faculties of Nursing, specializing in various fields, such as nursing administration and medical surgical nursing, and who have conducted a great deal of research in areas of leadership and performance appraisal. According to their opinion, minor modifications were made to the leadership questionnaire, such as rephrasing two items from the contingent reward dimension and three items from the idealized influence dimension, while they agree on the elements, structure and scoring of the performance checklist.

### **Reliability of Tools.**

Questionnaire was Cronbach's alpha=0.96, and for the job performance tool it equaled 0.95. Also, the job performance tool was previously used by El-Ghabour (2014<sup>23</sup>), who tested its reliability by test-retest and found it to have a fairly good reliability value ( $r=0.68$ ,  $p<0.001$ ).

### **Field Work**

In relation to leadership styles, an interview technique was utilized. Researcher met the respondents during three shifts to distribute the questionnaires. During these meetings, Researcher explained the purpose of the study and how to complete the questionnaires, and assured the respondents of the anonymity of their answers, that the information would be used for scientific research only, and would be kept entirely confidential. The respondents filled out the questionnaires sheets individually and took 25–35 minutes to complete it. In relation to job performance, an observational method was utilized to determine staff nurses' performance level. Researcher observed every nurse three times to ensure their level of performance, with data being collected 6 days/week over three shifts. The data were collected over 4 months, from October 2013 to January 2014.

### **Ethical Consideration**

An official letter was sent from the Faculty of Nursing to hospital medical and nursing directors requesting their formal agreement to the study being carried out. The study was approved by the medical director of Mansoura Emergency Hospital after checking the study proposal and tools. The aim of the study was explained to staff nurses who participated in the study; their consent to participate was obtained and they were assured about the confidentiality of the information gathered and assured that it will be used only for the purpose of the study. They were informed about their right to refuse or to withdraw at anytime.

IV. Results

Table (1): Head nurses' leadership styles as seen by staff nurses.

Transactional leadership dimensions	Studied nurses(n=110)						
	Always/usually		Sometimes		Rare/never		Mean±SD
	No.	%	No.	%	No.	%	
Contingent reward	35	31.8	30	27.3	45	40.9	56.8±19.2
Active management by exception	37	33.6	44	40.0	29	26.4	59.5±18.4
Passive management by exception	34	30.9	35	31.8	41	37.3	57.7±18.5
Total Transactional Score	25.3-94.7 (57.9±15.1)						
Transformational leadership dimensions							
Charismatic	37	33.6	43	39.1	30	27.3	61.0±18.8
Idealized influence	27	24.5	49	44.5	34	30.9	58.5±16.7
Inspirational motivation	31	28.2	41	37.3	38	34.5	58.3±18.6
Intellectual stimulation	40	36.4	36	32.7	34	30.9	61.9±19.2
Individualized consideration	32	29.1	39	35.5	39	35.5	58.3±18.3
Total transformational score	28.9-100.0 (59.5±14.6)						
Total styles	30.9-95.8 (59.0±13.9)						

As shown in Table 1, which demonstrates leadership styles among head nurses as seen by staff nurses, the total mean score of leadership style was 59.0±13.9. The total mean score of transactional style recorded was 57.9±15.1. Meanwhile, 40.9% and 37.3% respectively of study nurses explained that head nurses rarely use contingent reward and passive management by exception, while 40% asserted that head nurses sometimes used active management by exception. Total mean score of transformational leadership style was 59.5±14.6. Only 33.6% of head nurses were characterized as exhibiting charisma, and less than a quarter of them (24.5%) had Idealized influence. However, 28.2% and 29.1% respectively of head nurses always use inspirational motivation and individualized consideration, while 36.4% of respondents asserted that head nurses always use intellectual stimulation. Also, insignificant difference between leadership styles was identified in this sample.

Table (2): Scores of job performance among staff nurses (n-110).

Job performance elements	Performance evaluation			
	Non competent (Less than 68%)		Competent (68 % or more)	
	No.	%	No.	%
Hospital Behavioral Expectations Mean±SD 43.4±7.7	110	100.0	0	0.0
Nursing process Mean±SD 31.4±2.6	110	100.0	0	0.0
Quality of care Mean±SD 36.5±2.9	110	100.0	0	0.0
Education Mean±SD 20.0±0.0	110	100.0	0	0.0
Total performance score Mean±SD 37.1±4.3	110	100.0	0	0.0

As shown in Table 2, the performance elements among the staff nurses reflect an incompetent level of performance. The highest score observed was for hospital behavior expectations (43.4±7.7), followed by quality of care (36.5±2.9) and nursing process (31.4±.6); the lowest was for education (20±0).

Table (3).Hospital behavioral expectations of job performance as followed by staff nurses (n-110)

level of performance Expected hospital behavioral Items	Unacceptable		Need improvement		Competent	
	No.	%	No.	%	No.	%
1.1 Courtesly: * Acknowledge a patient's presence immediately by smiling and using their names whenever possible.	4	3.6	64	58.2	42	38.2
* Warmly greet and respond to others.	2	1.8	57	51.8	51	46.4
* Provide directions.	16	14.5	56	50.9	38	34.5
* Answer the telephone, identifying her department and herself and speaking in a professional, friendly tone.	9	8.2	66	60.0	35	31.8
1.2 Respect/Privacy * Knock before entering private patient areas.	5	4.5	61	55.5	44	40.0
*Close curtains or doors during exams and procedures.	11	10.0	68	61.8	31	28.2
*Discuss confidential or sensitive information only with appropriate parties, privately never in public places.	15	13.6	61	55.5	34	30.9
* Respect cultural and religious differences.	6	5.5	67	60.9	37	33.6
1.3 Communication: * Keep patients and their families informed about their care in a timely manner.	13	11.8	63	57.3	34	30.9
*Listen with her full attention. Speak in a manner that is appropriate for the customer.	13	11.8	69	62.7	28	25.5
* Use scripting as required for her position.	5	4.5	63	57.3	42	38.2
1.4 Comfort: * To the extent possible, ensure that patient's pain is controlled.	8	7.3	71	64.5	31	28.2
1.5 Responsiveness: *Anticipate patients' needs to minimize patient call.	8	7.3	71	64.5	31	28.2
*Respond to requests and concerns quickly.	5	4.5	69	62.7	36	32.7
1.6 Teamwork: * Cooperate and perform duties in a way that helps her co-workers throughout the hospital perform their duties	11	10.0	69	62.7	30	27.3
* Take ownership and responsibility for solving problems.	8	7.3	63	57.3	39	35.5
* When necessary, communicate concerns and suggestions to the appropriate supervisor.	7	6.4	64	58.2	39	35.5
* Recognize and encourage others whenever possible.	10	9.1	64	58.2	36	32.7
* Do not participate in gossip or rumors.	6	5.5	67	60.9	37	33.6
* Address concerns with co-workers professionally and privately.	9	8.2	73	66.4	28	25.5
1.7 Professionalism: * Follow dress code policies.	41	37.3	39	35.5	30	27.3
* Wear her ID badge with her name clearly visible.	109	99.1	0	0.0	1	0.9
* Limit eating and drinking in designated areas.	0	0.0	9	8.2	101	91.8
* Avoid personal conversations with coworkers that can be overheard by patients or the public.	11	10.0	64	58.2	35	31.8
* Limit personal calls and cell phone use so as not to interfere with work duties	13	11.8	64	58.2	33	30.0
Total Score	25.6-57.6 (43.4±7.7)					

Table 3 presents the results pertaining to the hospital behavioral expectations among the staff nurses as a dimension of job performance. As can be seen from the data, the total mean score for hospital behavior expectation was 43.4±7.7. The table also reveals that more than half of all staff performance indicators require improvement, in particular courtesy, respect, communication, comfort, responsiveness, team work, and professionalism.

Table (4): Nursing process as performed by the staff nurses (n-110).

Nursing process Items level of performance	Unacceptable		Need improvement		Competent	
	No.	%	No.	%	No.	%
2.1 Assessment: * Complete nursing assessments according to hospital and unit specific policies, procedures, and standards of nursing care.	108	98.2	2	1.8	0	0.0
* Collect pertinent data from the patient, significant others, and health care providers.	108	98.2	2	1.8	0	0.0
* Compete comprehensive patient history and physical assessment in a timely manner	109	99.1	1	0.9	0	0.0
2.2Diagnosis/Care Needs: * Formulate nursing diagnoses / care needs derived from the assessment data.	108	98.2	2	1.8	0	0.0
* Formulates a plan to provide appropriate care based on identified patient needs.	28	25.5	82	74.5	0	0.0
2.3Implementation: * Provide nursing care based on identified nursing diagnoses/care needs.	14	12.7	95	86.4	1	0.9
* Ensure that nursing care is based on a standards of patient care	69	62.7	40	36.4	1	0.9
* Prioritize nursing care based on assessment of patient's immediate condition or needs	9	8.2	98	89.1	3	2.7
* Involve the patient and significant others in the patient's care as appropriate	14	12.7	93	84.5	3	2.7
* Collaborate with the patient, family, physician and other clinical disciplines in making decisions regarding each patient's need for nursing care.	28	25.5	78	70.9	4	3.6
* Implement patient education and involve the patient, family and significant others as appropriate.	32	29.1	76	69.1	2	1.8
2.4 Evaluation * Evaluate the patient's progress towards attainment of desired outcomes.	13	11.8	93	84.5	4	3.6
* Revise nursing diagnoses/care needs based on reassessment data.	21	19.1	87	79.1	2	1.8
2.5 Documentation: A. Complete nursing admission and assessment form. All blanks completely filled in	37	33.6	71	64.5	2	1.8
B. Initiate the Nursing Care Plan with identified patient problems, expected outcomes and nursing intervention	109	99.1	1	0.9	0	0.0
C. Record patient's response to hospitalization, treatments, and nursing intervention on the patient care record.	47	42.7	62	56.4	1	0.9
D. Document medications, treatments, and nursing intervention on appropriate chart forms.	22	20.0	86	78.2	2	1.8
E. Complete Discharge Instruction Sheet as appropriate.	5	4.5	102	92.7	3	2.7
Total Score	24.4-41.0 (31.4±2.6)					

As shown in Table 4, the majority of nurses evaluated in this study achieved acceptable scores on their nursing assessment aptitude and with regard to formulating nursing diagnoses. Nonetheless, more than 69% of those assessed require improvement in formulating and initiating a plan to provide appropriate care.

Table (5): Quality of care as followed by staff nurses (n=110).

Level of performance Quality of care Items	Unacceptable		Need improvement		Competent	
	No.	%	No.	%	No.	%
3.1 Work to reduce the risk of health care acquired infections through: *compliance with current center for disease control and prevention hand hygiene guidelines.	45	40.9	65	59.1	0	0.0
*Utilize Standard Precautions during patient contact and when handling contaminated materials.	18	16.4	92	83.6	0	0.0
3.2 Knowledgeable of and demonstrates compliance with all National Patient Safety Goals through: *Ensure the accuracy of the identification of individuals served.	8	7.3	102	92.7	0	0.0
*Maintain the safety of using medications.	7	6.4	103	93.6	0	0.0
*Reduce the risk of health care-associated infections.	10	9.1	100	90.9	0	0.0
*Identifie safety risks inherent in the population of the individuals it serves.	9	8.2	100	90.9	1	0.9
3.3 Demonstrate an awareness of appropriate care measures that are fitting for her area of nursing practice and incorporates standards for appropriate care into her practice *properly identify the patient using two unique identifiers prior to any procedure or medication administration.	25	22.7	85	77.3	0	0.0
*Reconcile medications across the continuum of care accurately and completely.	37	33.6	71	64.5	2	1.8
*Read-back the complete order or test result when receiving telephone orders or critical test results	72	65.5	38	34.5	0	0.0
*Don't utilize unapproved abbreviations.	2	1.8	8	7.3	100	90.9
*Apply Universal Protocol policy through pre-operative verification process, marking the operative site and final verification which is performed immediately before starting the operation	109	99.1	1	0.9	0	0.0
*Provide appropriate interventions for patients at risk for fall.	4	3.6	106	96.4	0	0.0
* Document appropriate care for the patients.	8	7.3	102	92.7	0	0.0
Total Score	27.7-40.0 (36.5±2.9)					

As indicated in table 5, the greatest number of evaluated nurses requires improvement with respect to providing appropriate interventions for patients at risk of falls, maintaining the safety of the use of medications, documenting appropriate care for the patient, and demonstrating compliance with all National Patient Safety Goals (96.4%, 93.6%, and 92.7%, respectively).

Table (6): Education process as performed by staff nurses (n=110).

Level of Performance Education Items	Unacceptable		Need improvement		Competent	
	No.	%	No.	%	No.	%
4.1 Acquire and maintain current knowledge in nursing practice (Maintain advanced cardiac life support, advanced trauma care for nurses and basic life support as required by units).	110	100.0	0	0.0	0	0.0
4.2 Provide documentation for in-service attendance required by Nursing Division.	110	100.0	0	0.0	0	0.0
4.3 Have self-learning and development abilities which make her updated and knowledgeable	110	100.0	0	0.0	0	0.0
4.4 Complete Annual Mandatory Hospital Program update.	110	100.0	0	0.0	0	0.0
Total Score	20.0-20.0 (20.0±0.0)					

The education scores among the staff nurses are shown in Table 6.As can be seen from the results, none of the evaluated nurses had acceptable scores pertaining to acquiring and maintaining current knowledge in nursing practice, maintaining self-learning, and developing abilities that would ensure that they are knowledgeable on recent developments in the field.

Table (7): Correlation between staff nurses job performance and head nurses leadership styles.

Leadership styles	Performance evaluation									
	Hospital Behavioral Expectations		Nursing process		Quality of care		Education		Total performance score	
	R	P	R	P	R	P	R	P	R	P
Transformational leadership	0.189	0.048*	0.137	0.155	0.174	0.069	-NA-	-NA-	0.185	0.053
Transactional leadership	0.103	0.283	0.056	0.563	0.04	0.675	-NA-	-NA-	0.064	0.508
Total leadership styles	0.163	0.09	0.121	0.209	0.126	0.189	-NA-	-NA-	0.147	0.126

r: Spearman Rho correlation coefficient

\*significant at P≤0.05

-NA-: Not applicable

Table 7 delineates the correlation between staff nurses' job performance dimensions and head nurses' leadership styles. The results reveal significant correlation between hospital behavioral expectations and transformational style, while no statistically significant differences were detected between total performance dimensions and leadership styles.

## **V. Discussion**

In everyday life and the workplace, there are continuously judgment against adopted behavioral standards and defined criteria. Given the importance of the evaluation of the nursing practice, this study aimed to determine the relationship between head nurses' leadership styles (established via staff nurses' points of view) and staff nurses' performance. The present study showed that nurses favor transformational leadership over transactional. Nonetheless, neither style is appropriate for inducing nurses' optimal performance, as it lacks the desired leader attributes. In contrast, charismatic and intellectual stimulation—both of which are related to transformational leadership style—are considered essential in motivating subordinates. Empirical evidence indicates that a leader's charisma generates profound emotional connection with followers and creates excitement about the mission. Moreover, leader earns the respect and trust of his/her followers, resulting in acceptance of challenging goals. This finding is congruent with the views of Raizand Haider(2010<sup>24</sup>), Casida and Parker (2011<sup>25</sup>), and Marquis and Huston (2011<sup>26</sup>), who reported progressive changes in the work of hospital leaders. Moreover, their findings indicate that the most effective leaders have responded to the dynamism of the healthcare field by altering their leading skill set. Alloubani, Almatari, and Almkhtar, (2014<sup>19</sup>) concluded that effective leadership is one of the most crucial factors that leads an organization toward success. Nowadays the key challenge for modern organizations is to recognize the effects of strong leadership on nursing performance and the success of the organization.

The current study indicated that the performance scores among the staff nurses were relatively low, and all nurses' performance was incompetent and needs improvement. As evident of performance sub items, hospital behavior expectations are slightly higher, followed by quality of care and nursing process, with the lowest being education. The focused areas that needed performance improvement were courtesy, respect, communication, comfort, responsiveness, teamwork and professionalism, nursing assessment and formulating nursing diagnoses, formulating and initiating a plan to provide appropriate care, providing appropriate interventions for patients at risk of fall, maintaining the safety of the use of medications, documenting appropriate care for the patient, and complying with all National Patient Safety Goals. These findings interpret the unacceptable level or absence of training and in-service education among the studied nurses for upgrading their behavior and improving areas of nursing process that reflect quality of patient care. These results may be due to an absence of follow up and patients' fear of repercussions for complaining during their hospitalization. In addition, the absence of feedback for nurses' performance and an ineffective sanction system affect staff morale (Livingston, 2010<sup>27</sup>; McConnell & Umiker, 2014<sup>28</sup>). In the same context, James et al. (2008<sup>29</sup>) studied development and used the critical incident technique to evaluate causes of dispensing incidents. They found that physical and mental stress was associated with high workload. Interruptions and inadequate staffing were also reported as error-contributing factors.

The present study findings agree with those of Awases, Bezuidenhout and Roos (2013<sup>30</sup>) in their study of factors affecting the performance of professional nurses in Namibia. They found that lack of performance appraisal negatively affect employee performance. The study findings showed no relation between leadership style and nurses' performance. This result may be related to ignorance of the vital role of nursing leaders and advanced leadership style. The transformational leadership style adopted by some head nurses was able to compensate for staff shortage and high workload. The results of this study also agreed with those of Ojokuku, Odetayo, and Sajuyigbe (2012<sup>31</sup>) in their study on the impact of leadership style on organizational performance, which revealed that charismatic, transactional and bureaucratic styles of leadership have a negative effect on organizational performance. These styles of leadership do not induce employees to perform as expected. This indicates that these styles of leadership demoralize employees, and this may lead to high turnover intention. However, transformational, autocratic and democratic styles of leadership have a positive effect on organizational performance. Conversely, the study results disagreed with those of Sellegren, Ekvall and Tomson (2008<sup>32</sup>), who examined how nurse managers' leadership behavior relates to job satisfaction and a creative work climate. The findings suggest that a leader has a significant impact on subordinate's performance. In the same line, Safaria, Othman and Abdul-Wahab (2011<sup>11</sup>) asserted that when the leader creates a positive climate and provides authentic support to followers they devote their greatest efforts to the task and achieve the best work results. Shahhosseini, Silongand Ismail (2013<sup>33</sup>) similarly agreed that people who use transformational leadership style exhibit high performance. Moreover, Pradeep and Prabhu (2011<sup>34</sup>), in their study on the relationship between effective leadership and employee performance, argued that transformational leadership styles can create work effectiveness, satisfaction, dependability and extra effort more than transactional leadership.

## **VI. Conclusion**

Within a sample consisting of mostly diploma-holding nurses within a critical care setting, there was poor differentiation of leadership styles, generally low levels of leadership, and poor quality of nursing care.



## VII. Recommendations

This study therefore indicates that leadership and management training should be considered a prerequisite for head nurses to occupy their position. Continuous development for staff nurses relating to patient safety, incident reporting, ethics, nursing processes, documentation principles and updated skills is necessary. It would also be important to implement an effective sanction system in hospitals. Further research is needed in a variety of settings to inform nursing science regarding the value of transformative and transactional leadership and its effect on nursing quality

## References

- [1] Kelly, P. (2012). *Nursing leadership and management* (3rd ed.). United States: Nelson Education, 3-7.
- [2] International Council of Nurses (2006). *Leadership For Change*. Retrieved June 21, 2006, from <http://www.icn.ch/leadchange.htm>.
- [3] Carney, M. (2007). *Health Service Management, Culture, Consensus, The Middle Managers* (2nd ed.). New Delhi: AsokekGhosh, 106–110.
- [4] Marquis, L. & Huston, J. (2009). *Leadership roles and management function in nursing: theory and application* (6th ed.). New York: Nelson Education, 42–43.
- [5] Huber, D. (2010). *Leadership and nursing care management* (4th ed.). Philadelphia: W.B. Saunders Company.
- [6] Sullivan, E. & Decker, P. (2005). *Effective leadership and management in nursing* (6th ed.). New Jersey: Pearson Education International.
- [7] Fisher, C., Schoenfeldt, L., Shaw, J. (2003): *Human Resource Management*, 5th ed. Boston: Houghton Mifflin. 480-536. [9] K. Heather, W. Spence, J. Cho, and P. Greco, Empowerment, engagement and perceived effectiveness in nursing work environments: does experience matter?, *Journal of Nursing Management*, (17), 2009, 636–646.
- [8] Fried, B. & Fottler, M. (2008). *Human resources in healthcare: managing for success* (3rd ed.). United States: Springer.
- [9] Huber, D. (2006). *Leadership and nursing care management* (1st ed.). Philadelphia: W. B. Saunders Company.
- [10] Finkelman, A. (2012). *Leadership and management for nurses: core competencies for quality care* (2nd ed.). New York: Pearson Education.
- [11] Safaria, T., Othman, A., & Abdul-Wahab, M. N. (2011) The role of leadership practices on job stress among Malay academic staff, structural equation modeling analysis. *Journal of International Education Studies*, 4(1): 313–315&90.
- [12] Fu-Jin, W., Shieh, C., & Tang, M. (2010). Effect of leadership style on organizational performance as viewed from human resources management strategy. *African Journal of Business Management*, 4(18), 3924–3936.
- [13] Malloch, K. & Porter-O'Grady, T. (2005). *The quantum leader: Applications for the new world of work*. Sudbury, MA: Bartlett and Jones.
- [14] Scott, K.A. (2005). The new nurse executive: thriving in the first 6 months. *Nurse Leader*, 3(4), 24–27.
- [15] Barker, A.M., Sullivan, D.T., & Emery, M.J. (2006). *Leadership competencies for clinical managers*. Boston: Jones and Bartlett.
- [16] Morjikian, R. & Bellack, J. (2005). The RWJ executive nurse fellows program, Part I: Leading change. *Journal of Nursing Administration*, 35(10), 431–438.
- [17] Finkelman, A. (2006). *Leadership and management in nursing*. Upper Saddle River, NJ: Prentice Hall.
- [18] Ismaill, I.A. (2013). *International Refereed Research Journal* Available at: <http://www.researchersworld.com> Vol.–IV, Issue–1(1), January.15. 2013.
- [19] Alloubani, A., Almatari, M., & Almkhtar, M. M. (2014). Review: Effects of leadership styles on quality of services. *Healthcare European Scientific Journal*, 10(18), 118–129.
- [20] Clark, D. (1998): *Leadership Style Survey*. Retrieved in Feb. 12, 2008, Available at: <http://www.nwlink.com/~donclark/leader/survstyl.html>.
- [21] Elsayed, K. A. (2005). *Leadership styles, empowerment and job satisfaction among nursing leaders*. Unpublished Doctorate Thesis, Nursing Administration, Faculty of Nursing, Ain Shams University, Egypt.
- [22] Cobb, J. R. (2008). *Registered Nurse-Performance Evaluation*. Retrieved Apr. 30, 2008, from <http://www.halogen software.com>. [22] L. Van Dyne, D. Vandewalle, T. Kostova, M.E. Latham, and L.L. Cummings, Collectivism, propensity to trust and self-esteem as predictors of organizational citizenship in a non-work setting, *Journal of Organizational Behavior*, 21 (1), 2000, 3-23.
- [23] El-Ghabor, G.M. (2014). *The effect of work stress management training for head nurses on their job performance*. Unpublished Doctorate Thesis. Port Said Faculty of Nursing, Port Said University, Egypt.
- [24] Riaz, A. & Haider, M. H. (2010). Role of transformational and transactional leadership on job satisfaction and career satisfaction. *Business and Economic Horizons*, 1(1): 29–38.
- [25] Casida, J. & Parker, J. (2011). Staff nurse perceptions of their nurse manager leadership styles and outcomes. *Journal of Nursing Management*, 19(4), 478–486.
- [26] Marquis, B. & Huston, C. (2011). *Leadership roles and management functions in nursing: theory and application* (7th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- [27] Livingston, J. (2010). *Qualities of a nurse manager*. Retrieved April 16, 2011 from [http://www.ehow.com/list\\_6557341\\_qualities-nurse-manager.html](http://www.ehow.com/list_6557341_qualities-nurse-manager.html).
- [28] McConnell, C.R., & Umiker, W.O. (2014). *Umiker's management skills for the new health care supervisor* (6th ed.). Ontario; New York: Jones & Bartlett Learning, 20-23.
- [29] James, K. L., Barlow, D., Hiom, S., Roberts, D., & Whittlesea, C. (2008). Development and use of the critical incident technique in evaluating causes of dispensing incidents. *Int J Pharm Pract*, 16(4), 239–249.
- [30] Awases, M. H., Bezuidenhout, M. C., & Roos, J.H. (2013). Factors affecting the performance of professional nurses in Namibia. *Journal of the Democratic Nursing Organization of South Africa*, 36(1), 60–67.
- [31] Ojokuku, R. M., Odetayo, T. A., & Sajuyigbe, A. S. (2012). Impact of leadership style on organizational performance: published thesis, Nigeria. *American Journal of Business And Management*, 1(4): 202–207.
- [32] Sellgren, S. F., Ekvall, G., & Tomson, G. (2008). Leadership behavior of nurse managers in relation to job satisfaction and work climate. *Journal of Nursing Management*, 16(5): 578–587.
- [33] Shahhosseini, M., Silong, A., & Ismaill, I. A. (2013). Relationship between transactional, transformational leadership styles, emotional intelligence and job performance. *International Refereed Research Journal*, 1(1): 15–22.
- [34] Pradeep, D. & Prabhu, R. N. (2011). *The relationship between effective leadership and employee performance*. International Conference on Advancements in Information Technology with Workshop of ICBMG 2011. Singapore: IACSIT Press.