



NURSING LEADERSHIP STYLES AND JOB SATISFACTION IN A MILITARY HOSPITAL

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Abstract : This study examined the relationship between nursing leadership styles and job satisfaction among hospital nurses in a tertiary-level military hospital. Employing a descriptive–correlational quantitative design, the study surveyed 69 staff nurses using a validated questionnaire measuring leadership styles (transformational, transactional, autocratic, democratic, servant, and laissez-faire) and job satisfaction dimensions (work performance, job stress, and leadership support). Statistical treatments included frequency, percentage, weighted mean, Pearson’s r, t-test, and ANOVA. Results revealed that servant, democratic, and transactional leadership styles were most commonly perceived, while laissez-faire leadership was least observed. Nurses reported high satisfaction with work performance and moderate satisfaction in job stress and leadership support. Findings indicated a significant relationship between leadership styles and job satisfaction, particularly in the area of performance. Among demographic factors, only sex significantly influenced perceptions of leadership and satisfaction levels. The study concludes that democratic and servant leadership styles foster higher job satisfaction, while laissez-faire negatively affects staff morale. Recommendations highlight the importance of leadership training that emphasizes inclusivity, emotional support, and collaborative decision-making to sustain workforce satisfaction and improve patient care in military hospital settings.

Keywords: nursing leadership, job satisfaction, professional nurses, work performance, servant, democratic, and transactional leadership

CHAPTER I THE PROBLEM

Rationale

Nursing leadership is a cornerstone of effective healthcare delivery. It significantly influences staff morale, operational efficiency, and patient outcomes. In highly structured institutions such as military hospitals, leadership is typically characterized by rigid hierarchies and command-based systems. While this approach reinforces discipline and protocol compliance, it can inadvertently restrict communication, suppress innovation, and limit the autonomy of nursing personnel—factors that are known to affect job satisfaction and workforce stability.

Drawing from the researcher’s professional experiences in both the collaborative environment of the BPO industry and the more rigid structure of a military hospital, it became evident that leadership style profoundly affects the dynamics of work teams. In BPO settings, leadership tends to emphasize inclusivity, emotional intelligence, and flexibility—often resulting in higher team member engagement and morale. Conversely, in military healthcare, leadership is often directive and rule-centered, which, while necessary in certain operational contexts, can diminish professional fulfillment among nurses who are already working under high-pressure conditions.

Globally, the role of nursing leadership has been widely studied. Transformational and democratic leadership styles, which encourage collaboration, innovation, and individualized Support, have been associated with higher job satisfaction, better nurse retention, and improved patient care (Boamah et al., 2020; Labrague et al., 2021). In contrast, leadership styles that emphasize control, such as autocratic or transactional approaches, are often linked to increased stress, burnout, and disengagement among nursing staff (Ali et al., 2021). These findings are well-established in Western healthcare systems and increasingly inform leadership development frameworks worldwide.

In the broader international context, leadership effectiveness is not only influenced by organizational structures but also shaped by cultural expectations. In countries across Asia and the Middle East, for example, hierarchical leadership is culturally normative, yet studies still show that nurses prefer Supportive and inclusive leadership styles (Alzahrani et al., 2021; Huang et al., 2022). This suggests that while leadership must adapt to local contexts, certain principles—such as respect, Support, and empowerment—remain universally valued.

In the Philippines, recent studies have begun to explore the effects of leadership on nurse well-being and performance. Research in public and private civilian hospitals has shown that transformational and servant leadership are positively associated with nurse satisfaction, motivation, and engagement (Alcon & Garcia, 2021). However, there remains a scarcity of research examining these dynamics in military healthcare settings, where organizational culture differs significantly from civilian institutions. Military hospitals present a unique environment in which nurse leaders must balance the demands of discipline and structure with the ethical imperatives of compassionate, patient-centered care (Delos Santos et al., 2020).

This duality poses a challenge: how can nurse leaders in military settings uphold strict operational standards while also fostering a work culture that Supports staff morale and job satisfaction? While authoritarian leadership may be consistent with military tradition, it may negatively impact the emotional well-being and performance of nurses. Conversely, adopting transformational or participative styles may face institutional resistance, despite their potential to enhance nurse satisfaction and reduce turnover. These complexities remain poorly understood in the Philippine context.

Furthermore, much of the existing literature on Philippine nursing leadership draws from civilian hospital settings and often focuses on patient outcomes. Few studies investigate how leadership styles influence the internal experiences of nurses—particularly their satisfaction, stress levels, and perceived leadership Support. This study addresses that gap by examining the relationship between various leadership styles and job satisfaction among hospital nurses in a military institution.

The World Health Organization (2021), in its Global Strategic Directions for Nursing and Midwifery, highlights the need for strong and empathetic leadership as a foundation for achieving workforce sustainability and high-quality care. Without context-specific data from Philippine military hospitals, the development and implementation of effective leadership models remain limited. As such, this study aims to fill a critical gap in the literature by providing evidence-based insights that can inform leadership development, Support nurse retention, and ultimately improve the quality of healthcare delivery in military settings.

Statement of the Problem

This study aims to examine the relationship between perceived nursing leadership styles and the level of job satisfaction among hospital nurses in a tertiary-level military hospital. Specifically, it seeks to address the following research questions:

1. What is the demographic profile of hospital nurses in terms of:
 - a. Age
 - b. Sex
 - c. Clinical Specialization
 - d. Years of Nursing Experience
2. Which leadership styles are most commonly perceived by hospital nurses among the following:
 - a. Transformational
 - b. Transactional
 - c. Autocratic
 - d. Democratic
 - e. Servant
 - f. Laissez-faire
3. What is the level of job satisfaction among hospital nurses in terms of:
 - a. Work Performance
 - b. Job Stress
 - c. Leadership Support
4. Is there a significant relationship between perceived nursing leadership styles and job satisfaction among hospital nurses?
5. Do demographic variables (age, sex, clinical specialization, and years of nursing experience) significantly influence nurses' perceptions of leadership styles and their level of job satisfaction?

Hypothesis of the Study

This study tested the following null hypotheses at a 0.05 level of significance:

1. There is no statistically significant relationship between perceived nursing leadership styles and the level of job satisfaction among hospital nurses.
2. There is no statistically significant influence of demographic variables—specifically age, sex, clinical specialization, and years of nursing experience—on nurses’ perceptions of leadership styles and their level of job satisfaction.

Scope and Delimitation of the Study

This study focused on examining the relationship between perceived nursing leadership styles and job satisfaction among hospital nurses assigned to a tertiary-level military hospital in Metro Manila. It explored how nurses perceive the leadership styles of their immediate supervisors—specifically transformational, transactional, autocratic, democratic, servant, and laissez-faire—and how these perceptions relate to their job satisfaction in terms of work performance, job stress, and leadership Support.

The participants included registered staff nurses, both civilian and military, who were actively working in various clinical units such as medical-surgical, ICU, OB-GYN, emergency, and pediatrics. The study covered those with at least six months of experience in the institution during the data collection period, which spanned over three months.

The study also assessed whether demographic factors—age, sex, specialization, and years of experience—significantly influenced nurses' perceptions of leadership styles and job satisfaction. Data were gathered using a researcher-made, validated questionnaire and analyzed using descriptive and inferential statistical tools.

This study is delimited to nurses’ self-reported perceptions and does not include the views of nurse supervisors or administrators. It also excluded administrative nurses, students, trainees, and those not directly involved in patient care. Since the study used purposive sampling within a single institution, the findings may not be generalizable to other military or civilian healthcare settings. Additionally, the use of self-assessment tools may introduce potential bias in responses, although efforts were made to ensure validity and anonymity.

Despite these limitations, the study provides valuable insight into how leadership style influences nurse satisfaction in a highly structured hospital environment and may serve as a foundation for future research or leadership development initiatives in similar contexts.

Significance of the Study

This study holds practical and scholarly relevance across multiple stakeholders in the healthcare sector:

Staff Nurses.

The findings provide insights into how different leadership styles affect their daily work experiences, satisfaction, and professional fulfillment. By identifying which styles promote Support, motivation, and reduced stress, staff nurses can better advocate for a healthy work environment.

Hospitals and Healthcare Institutions.

The study may serve as a guide for hospital administrators and leadership teams in evaluating and refining their leadership approaches. Understanding the relationship between leadership and job satisfaction can support efforts to enhance team member morale, reduce turnover, and improve patient care delivery.

Nursing Students and Educational Institutions.

Results can inform nursing curricula by integrating leadership theories and practices that are responsive to both civilian and military healthcare settings. It may also strengthen students' understanding of how leadership directly influences clinical environments and nurse well-being.

Healthcare Administrators and Policy Makers.

The study provides data-driven insights that may guide institutional policies and staff development programs. It may also inform decisions on training, mentoring, and promotion strategies to build emotionally intelligent, supportive nurse leaders.

Researchers.

This research contributes to the growing body of literature on leadership in healthcare by addressing a relatively underexplored area—nursing leadership in a military hospital setting in the Philippines. It may serve as a reference for future studies or for comparative analyses in both local and international contexts.

Community and Patients.

Indirectly, the study promotes improved patient care by emphasizing the importance of supportive leadership in retaining satisfied and motivated nurses, which is crucial for sustaining high-quality health services.

CHAPTER 2

REVIEW OF RELATED LITERATURE AND STUDIES

Overview of Nursing Leadership

Leadership in nursing is widely acknowledged as a core determinant of organizational efficiency, team member well-being, and patient safety. It affects staff motivation, retention, and service delivery across various health systems. Globally, the quality of nursing leadership is seen as a central factor in workforce sustainability (WHO, 2021). Nurse leaders act as intermediaries between administration and clinical teams, and their leadership style often determines whether nurses feel empowered or discouraged in the workplace (Cummings et al., 2021).

In the Philippines, where healthcare systems often face issues of staffing shortages and role overload, the need for strong nursing leadership is becoming increasingly recognized. Dela Cruz et al. (2021) emphasized that poor leadership practices are associated with absenteeism, nurse turnover, and low job satisfaction. These effects are amplified in high-pressure settings like tertiary and military hospitals, where the command structure is strict, and job expectations are high.

Theoretical Foundation and Influence of Leadership Styles

Several theories anchor the discussion on leadership in healthcare. Bass's Transformational Leadership Theory (1985) proposes that leaders who provide vision, inspiration, and individual consideration enhance team member engagement and satisfaction. Herzberg's Two-Factor Theory (1959), often used in studies on job satisfaction, distinguishes between hygiene factors (e.g., salary, policies) and motivators (e.g., achievement, recognition). Together, these theories offer a conceptual basis for examining how leadership influences nurse experiences.

Transformational leadership is the most widely studied style in nursing. It is characterized by idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Boamah & Laschinger, 2019). Labrague et al. (2021) found that Filipino nurses who work under transformational leaders reported increased motivation, less emotional fatigue, and greater job satisfaction. Other studies across Asia and the Middle East, including Huang et al. (2022), confirm that even in culturally hierarchical systems, transformational leadership is viewed as beneficial.

In contrast, transactional leadership relies on structured goals, rewards, and penalties. Salminen et al. (2020) noted that while this approach may be effective in rule-based environments like operating rooms or ICUs, it may lack the emotional support needed to sustain long-term nurse engagement. Ali et al. (2020) cautioned that transactional leadership could lead to nurse burnout if not balanced with empathy and support.

Autocratic leadership, which excludes staff from decision-making, is often the default in militarized hospital structures. This top-down style may lead to compliance but reduces job satisfaction and perceived value among staff (Tan & Fernandez, 2020). Democratic leadership, on the other hand, fosters participative governance. Giltinane (2020) found that this style improves communication, especially in multidisciplinary teams, and builds mutual respect.

Servant leadership emphasizes humility, compassion, and putting the needs of staff first. According to Neubert et al. (2021), servant leaders create emotionally safe workplaces that foster collaboration and reduce turnover. Laissez-faire leadership, marked by passive or avoidant behaviors, is the least effective style. Goleman (2022) reported that nurses working under disengaged supervisors experienced confusion, lack of direction, and low morale.

Job Satisfaction and Nurse Outcomes

Job satisfaction is a multidimensional construct influenced by work environment, interpersonal dynamics, recognition, and leadership. It is not only essential for workforce retention but also for the delivery of high-quality patient care (Lee & Kim, 2021). Herzberg's theory suggests that while fair pay and policies are foundational, true satisfaction stems from intrinsic motivators such as recognition and professional growth. Gonzalez et al. (2022) emphasized that excessive workload and lack of managerial support contribute to job dissatisfaction and poor performance. Conversely, Ramirez and Domingo (2023) found that nurses who are

given feedback, autonomy, and developmental opportunities tend to report higher satisfaction and lower burnout.

Chen et al. (2020) showed that when nurses perceive themselves as competent and appreciated, their commitment to patient care improves. These findings are further Supported by Specchia et al. (2021), who noted that job satisfaction mediates the relationship between leadership behavior and performance outcomes. In structured institutions like military hospitals, where rigid rules can cause stress, Supportive leadership becomes even more vital to mitigate job dissatisfaction.

Leadership and Job Stress in Clinical Settings

Job stress is an inevitable element of nursing, but how nurses manage it is often shaped by leadership dynamics. Bagnasco et al. (2024) found that emotionally intelligent leaders significantly reduce workplace stress and increase coping capacity. Jung and Lee (2021) observed that stress levels are lower in teams with transparent, emotionally available leaders.

However, leaders who are overly authoritative or disengaged contribute to nurse burnout and emotional exhaustion (McLaughlin & Khemthong, 2024). In Philippine settings, Paguio et al. (2023) emphasized that hospital nurses, especially in government institutions, experience high stress due to hierarchical communication barriers and a lack of decision-making input. Leadership style, therefore, plays a buffering or aggravating role in how nurses cope with institutional stressors.

Leadership Support and Its Role in Nurse Engagement

Leadership Support refers to the Extent to which nurses feel guided, recognized, and emotionally Supported by their supervisors. It is one of the most powerful predictors of nurse satisfaction and performance (Li et al., 2024). Alshammari et al. (2023) found that trust in leadership strengthens team cohesion and reduces intent to leave.

Kalra & Mohan (2021) noted that transformational and servant leaders tend to be proactive in Supporting staff, offering mentorship, and creating inclusive environments. When leadership Support is lacking, even well-compensated nurses may disengage or resign. Duignan et al. (2024) emphasized that institutions with high retention rates often have strong feedback mechanisms and leader accessibility.

In military hospitals, leadership Support can be complicated by chain-of-command expectations. Nevertheless, studies show that when leaders intentionally build trust and engage with nurses at a human level, morale and satisfaction increase—even in rigid systems (Delos Santos et al., 2020).

Leadership in Military Healthcare Systems

Military hospitals are characterized by structured hierarchies and protocol-driven environments, which distinguish them from civilian institutions. While discipline and order are essential, they can limit autonomy and suppress open communication. Nyoni and Botma (2021) argued for a hybrid leadership model in military settings that balances control with empathy and adaptability.

Tan and Fernandez (2020) stressed that authoritarian practices, while operationally efficient, often conflict with nursing's inherently collaborative and compassionate ethos. In the Philippines, Alcon and Garcia (2021) found that even within government-run tertiary hospitals, transformational and servant leadership styles were more effective in retaining staff and ensuring consistent patient care.

Mendoza et al. (2022) studied nurses in Metro Manila and concluded that leadership styles significantly influence stress and morale, but these effects vary depending on institutional structure. Military nurse leaders must reconcile organizational demands with human-centered leadership practices.

Gaps in Literature and Research Justification

Most Philippine literature on nursing leadership focuses on civilian settings or narrowly examines one leadership style. There is limited empirical research on how a combination of leadership styles affects job satisfaction in military hospitals. Further, demographic moderators such as age, sex, specialization, and years of experience are rarely considered in local studies.

This study fills these gaps by exploring the relationship between six leadership styles (transformational, transactional, autocratic, democratic, servant, laissez-faire) and three dimensions of job satisfaction (work performance, job stress, leadership Support) in a military healthcare setting.

Given the descriptive-correlational design of this study, which aims to identify associations between multiple variables, a thorough and multidimensional review of the literature is essential. The integration of both foreign and local studies strengthens the study's validity and applicability to institutional policy development and leadership training.

Theoretical Framework

This study is anchored on two foundational theories that explain the relationship between leadership behaviors and team member satisfaction: **Bass's Transformational Leadership Theory (1985)** and **Herzberg's Two-Factor Theory of Motivation (1959)**.

Bass’s Transformational Leadership Theory emphasizes the ability of leaders to inspire, intellectually stimulate, and individually consider the needs of their subordinates. It proposes that transformational leaders motivate followers beyond immediate self-interest by appealing to higher values and ideals. This theory directly Supports the study’s examination of leadership styles, particularly transformational, democratic, and servant leadership, which prioritize staff development, morale, and participative governance. These styles are hypothesized to positively influence job satisfaction, especially in terms of leadership Support and work performance.

Bass also distinguishes transformational leadership from **transactional leadership**, which focuses on task completion, rewards, and penalties. The theory, therefore, provides a framework for comparing leadership styles—ranging from empowering (transformational) to directive (transactional and autocratic)—in their influence on staff perceptions and outcomes.

Herzberg’s Two-Factor Theory of Motivation categorizes job factors into two: hygiene factors and motivators. Hygiene factors (such as salary, work conditions, and policies) prevent dissatisfaction but do not necessarily enhance satisfaction. In contrast, motivators (like recognition, achievement, and professional growth) actively increase job satisfaction. In the context of this study, Supportive leadership functions as a motivator by providing recognition and developmental opportunities, while poor leadership may act as a hygiene deficiency contributing to dissatisfaction and stress.

The integration of these theories allows for a comprehensive understanding of how varying leadership approaches—both Supportive and directive—can influence nurses' perceptions of their job roles, stress levels, and performance outcomes. It also underscores the importance of leadership style as a critical organizational factor that can either enhance or hinder satisfaction in hierarchical systems such as military hospitals.

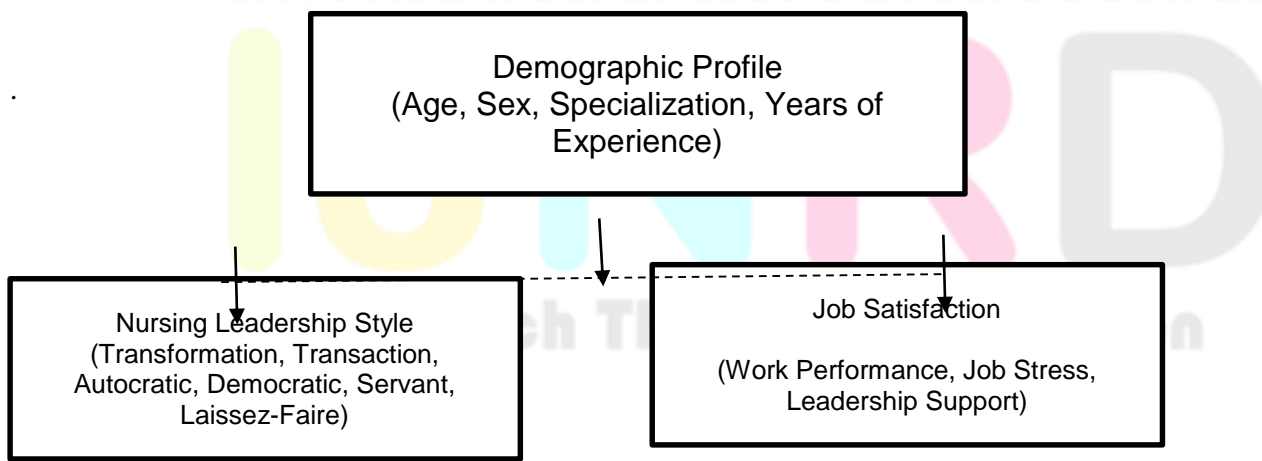
Together, these theories serve as the foundation for investigating the relationship between **nursing leadership styles** (independent variable) and **job satisfaction** (dependent variable), while also considering the moderating role of **demographic factors** such as age, sex, specialization, and years of experience.

Research Paradigm

This study utilizes a **descriptive-correlational framework** to explore the relationship between perceived nursing leadership styles and job satisfaction among hospital nurses. The paradigm illustrates how different leadership styles may influence nurses’ job satisfaction levels, specifically in terms of work performance, job stress, and leadership Support.

Additionally, demographic factors such as age, sex, clinical specialization, and years of experience are considered potential moderating variables that may affect the perception of leadership and job satisfaction outcomes.

The paradigm is based on the premise that while leadership styles (independent variables) influence job satisfaction (dependent variables), these relationships may also be shaped by nurse demographics



Independent Variable

Nursing Leadership Styles (6 types)

Dependent Variable Job Satisfaction (Work Performance, Job Stress, Leadership Support)

Moderating Variables Demographic Profile (Age, Sex, Specialization, Years of Experience)

Design

Descriptive-Correlational

Definition of Terms

To ensure clarity and consistency throughout the study, the following terms are defined operationally:

Leadership Style – The approach or manner in which a nurse leader guides, motivates, and manages staff. This study, includes six styles:

- **Transformational Leadership** – A leadership style that inspires a shared vision, encourages creativity, and offers individualized guidance to promote staff growth and motivation.
- **Transactional Leadership** – A structured approach to leadership centered on defined responsibilities, goal completion, and the use of rewards or corrective measures to maintain performance.
- **Autocratic Leadership** – A decision-making style where authority is centralized, and leaders make choices without significant input from team members.
- **Democratic Leadership** – A participatory approach that actively seeks staff involvement in decision-making, fostering transparency and open communication.
- **Servant Leadership** – A people-centered style that places the needs and well-being of staff at the forefront, emphasizing compassion, humility, and Support.
- **Laissez-Faire Leadership** – A hands-off style in which leaders provide minimal direction or oversight, granting staff a high degree of independence in their work.
- **Job Satisfaction** – The Extent to which hospital nurses feel content and fulfilled in their roles, as assessed in the following areas:
 - **Work Performance** – The nurse’s perceived ability to perform duties effectively and deliver quality patient care.
 - **Job Stress** – The level of pressure, tension, or burnout experienced due to job demands (reverse-scored).
 - **Leadership Support** – The nurse’s perceived level of Support, communication, and recognition from immediate supervisors.

Tertiary-Level Military Hospital – A high-capacity, government-run medical facility managed by the armed forces, offering specialized services under a structured, hierarchical system.

METHODOLOGY

This chapter presents the research methodology employed in the study. It outlines the research design, population and sampling techniques, sources of data, and the instruments used for data collection. Additionally, it details the procedures for gathering data and the statistical tools applied in analyzing the results. The methodology is designed to ensure that the research objectives are met and that the findings are valid, reliable, and relevant to the study on the relationship between nursing leadership styles and job satisfaction among hospital nurses.

Research Design

This study employed a **descriptive-correlational quantitative research design** to determine the relationship between perceived nursing leadership styles and job satisfaction among hospital nurses. The descriptive component aimed to identify the prevailing leadership styles and levels of job satisfaction as perceived by nurses, while the correlational aspect sought to examine whether a statistically significant relationship exists between the two variables.

This design is appropriate as it allows for the examination of naturally occurring variables without manipulating the research environment. It also enables the researcher to explore associations between multiple leadership styles (transformational, transactional, autocratic, democratic, servant, and laissez-faire) and aspects of job satisfaction (work performance, job stress, and leadership Support) within the context of a tertiary-level military hospital.

Furthermore, the study considered the influence of demographic factors—such as age, sex, clinical specialization, and years of experience—as contextual or moderating variables that may impact how leadership styles are perceived and how job satisfaction is experienced.

The findings derived from this design are expected to offer practical insights into leadership practices in highly structured healthcare environments and contribute to developing strategies that promote nurse satisfaction, performance, and retention.

Sources of Data

The primary source of data for this study consisted of selected staff nurses assigned to various units of a tertiary-level military hospital in Quezon City, Metro Manila. Respondents were selected based on specific inclusion criteria: they must have permanent employment status, at least one year of clinical experience in the institution, and a current assignment in patient care areas.

Data were collected through a self-constructed questionnaire, which was digitized and distributed via Google Forms. The instrument consisted of three sections: (1) demographic profile, (2) perceived leadership styles of nurse supervisors, and (3) level of job satisfaction. The online format allowed for efficient and contactless data gathering, and participants' responses provided firsthand information regarding their perceptions of leadership practices and how these relate to their overall job satisfaction.

No email addresses, names, or institutional records were requested or stored. All responses were treated with strict confidentiality, and the data collected were used solely for academic and research purposes, in full compliance with Republic Act No. 10173, also known as the Data Privacy Act of 2012.

POPULATION AND SAMPLING

The target population for this study consisted of staff nurses employed at a tertiary-level military hospital in Quezon City, Metro Manila. These nurses were assigned to various clinical units such as medical-surgical wards, intensive care units, and specialty areas. Inclusion criteria required that participants be: (1) permanently

employed in the hospital, (2) have at least one year of clinical experience in their current role, and (3) actively assigned to direct patient care duties.

The study utilized **purposive sampling**, a non-probability technique appropriate for identifying participants who meet specific characteristics aligned with the research objectives. This method ensured that only those nurses with sufficient experience and exposure to institutional leadership dynamics were included.

To determine the appropriate sample size, **Slovin's formula** was applied:

$$n = N / (1 + Ne^2)$$

Where:

- n = required sample size
- N = total population size
- e = margin of error (0.05)

Sample size was estimated using a margin of error of 5% with Slovin's approach, then adjusted to the nearest feasible count given unit schedules, resulting in 69 respondents selected through purposive sampling to ensure data relevance and alignment with the study's objectives

Inclusion Criteria:

- Must be a registered staff nurse—civilian or military—currently assigned to a clinical unit within the hospital
- Must have at least six (6) months of clinical experience in the institution
- Must voluntarily agree to participate and sign the informed consent

Exclusion Criteria:

- Administrative nurses, nurse managers, and supervisors
- Nursing students, interns, and trainees

This sampling approach ensured that participants had sufficient experience and exposure to various leadership styles, thereby providing valid insights into the relationship between leadership behaviors and job satisfaction in a military healthcare setting.

Instrumentation

The self-made questionnaire used in this study was developed after an extensive review of current literature, peer-reviewed journals, and previously validated leadership and job satisfaction instruments. Items were anchored on established concepts from transformational leadership theory, Herzberg's two-factor theory, and empirical findings from recent nursing leadership studies to ensure theoretical and practical relevance. The formulation process involved selecting and adapting indicators from existing tools while creating additional items tailored to the military hospital context.

This study applied a 5-point Likert scale to evaluate leadership styles and job satisfaction, with ratings from 5 ("Strongly Agree") down to 1 ("Strongly Disagree"). To ensure consistency in interpretation, job stress items were reverse-scored so that higher totals consistently reflected greater satisfaction in all domains. The computed weighted means were then grouped into five descriptive bands: 4.51–5.00 ("Always" / "Highly Satisfied"), 3.51–4.50 ("Often" / "Satisfied"), 2.51–3.50 ("Sometimes" / "Moderately Satisfied"), 1.51–2.50 ("Rarely" / "Slightly Satisfied"), and 0.80–1.50 ("Never" / "Not Satisfied") This narrative scoring method

provided a clear, standardized framework for evaluating responses and facilitated comparison of leadership style prevalence and job satisfaction levels among respondents.

Validity and Reliability Measures

The questionnaire underwent content validation by **experienced professionals in nursing education and clinical leadership** to ensure clarity, relevance, and alignment with the study's objectives. The expert validators reviewed each item for appropriateness, and revisions were made based on their feedback to enhance the instrument's accuracy and content validity.

To assess its clarity and internal consistency, a **pilot test** was conducted with a small group of nursing students and staff nurses who were not included in the final data collection. Feedback from the pilot test helped identify any ambiguous or misleading items, which were subsequently refined.

Cronbach's Alpha was computed to evaluate the questionnaire's internal consistency. A coefficient value of 0.70 or higher was set as the benchmark for acceptability, and all sections surpassed this standard, confirming the tool's reliability for gathering data.

Following validation and reliability testing, the finalized questionnaire was administered to selected respondents—**both civilian and military staff nurses**—in a **tertiary-level military hospital in Quezon City**.

Data and Gathering Procedure

The researcher first obtained approval for the research title and proposal from the assigned thesis adviser. Following this, a formal letter of request was submitted to the hospital administrator or medical director of a **tertiary-level military hospital in Quezon City**, seeking permission to conduct the study among its nursing staff.

Upon receiving administrative approval, the validated survey questionnaire was distributed to eligible respondents—comprising both **civilian and military hospital nurses**—who met the inclusion criteria. Data collection was conducted either via printed forms or an online platform, depending on respondent preference and accessibility. This ensured convenience while maintaining standardization across formats.

Each participant received an **informed consent form** that clearly explained:

- The **purpose** of the study
- the **procedures** involved
- their **voluntary participation**
- the assurance of **anonymity and confidentiality**
- their **right to withdraw** from the study at any time without penalty

Only those who signed the informed consent form were included in the study. No personally identifiable information was collected, and all responses were anonymized and securely stored.

Once data collection was completed, the gathered responses were subjected to **statistical analysis** using both descriptive and inferential tools. These included:

- **Frequency and percentage** for demographic profiles

- **Weighted mean** for leadership styles and job satisfaction levels
- **Pearson's r correlation coefficient** to examine the relationship between perceived leadership styles and job satisfaction

These tools were selected to address the study's specific objectives and determine the presence and strength of any statistically significant relationships among variables.

Statistical Treatment of Data

The data collected were analyzed using descriptive and inferential statistics. Frequency and percentage described the respondents' demographic profiles. The weighted mean identified the most prevalent leadership styles and the level of job satisfaction in each domain. Pearson's r correlation coefficient measured the relationship between perceived leadership styles and job satisfaction, while significance tests determined the influence of demographic variables. The focus is on the purpose and application of each statistical tool, without including computation formulas.

ETHICAL CONSIDERATIONS

The study was conducted in accordance with the ethical principles of beneficence, transparency, and justice, safeguarding the rights, welfare, and dignity of all participants. Beneficence was applied by ensuring that no physical or psychological harm would result from participation and that the research would contribute positively to nursing practice and workforce well-being. Transparency involved openly explaining the study's objectives, procedures, possible risks, and anticipated benefits prior to participation. Justice was upheld by guaranteeing equal opportunities for all eligible respondents, with selection based strictly on established criteria and free from bias or favoritism.

Prior to any data collection, the researcher secured approval from the Institutional Review Board (IRB), confirming that the study complied with ethical guidelines set by the academic institution and national standards.

Participants were given an **informed consent form** that outlined their voluntary participation, the right to withdraw at any point, and the assurance of anonymity and data confidentiality. Only those who signed the consent form were allowed to take part in the study.

To safeguard privacy, no personally identifiable information was collected. Responses were anonymized, and only the researcher and designated academic advisers had access to the data. All collected information was securely stored and will be disposed of after the study concludes.

All responses were anonymous and stored securely. Data handling followed the principles of transparency, legitimate purpose, and proportionality under RA 10173 (Data Privacy Act of 2012).

Although minimal risk was associated with participation, respondents were informed of their option to skip sensitive questions or withdraw entirely if they experienced discomfort. Referral pathways, such as counseling or wellness Support within the institution, were made available when needed.

The ultimate aim of this study was to Support improvements in nursing leadership practices and contribute to the enhancement of nurses' workplace satisfaction and well-being in a structured hospital environment.

Chapter 4 RESULTS AND DISCUSSION

This chapter discussed the findings of the study and the interpretation of the findings in relation to nursing leadership styles and job satisfaction among hospital nurses.

Demographic Profile of the Respondents

These sections show the demographic profile of the hospital nurses in terms of their age, sex, specialization and years of experience.

Table1. Demographic Profile of the Respondents

N= 69

Profile of the Respondents	Frequency (f)	Percentage (%)
Age		
20–29 years old	13	19%
30–39 years old	30	43%
40–49 years old	18	26%
50–59 years old	8	12%
60 years old and above	0	0%
TOTAL	69	100
Sex		
Male	17	25%
Female	52	75%
TOTAL	69	100
Specialization		
Pediatric Nursing	22	32%
OB-GYN Nursing	5	7%
Emergency Nursing	9	13%
ICU/CCU Nursing	8	12%
Operating Room (OR)/Perioperative Nursing	4	6%
Neonatal Nursing	7	10%
Cardiovascular Nursing	2	3%
Psychiatric/Mental Health Nursing	2	3%
Conva	2	3%
Geriatric	2	3%
Endo/ pulmo	2	3%
Internal Medicine	1	1%
Orthopedic Nursing	3	4%
TOTAL	69	100
4. Years of Experience		
Less than 1 year	32	46%
1–5 years	15	22%
6–10 years	12	17%
11–15 years	7	10%
16–20 years	3	4%
TOTAL	69	100

Narrative Analysis

The age distribution shows that 43% of the respondents fall within the 30–39 age range, followed by 26% aged 40–49. Younger nurses (20–29 years old) make up 19% of the workforce, while 12% are nearing retirement age (50–59 years). No respondents were aged 60 or above, indicating a generally youthful and mid-career nursing population.

In terms of sex, female nurses dominate the sample at 75%, with males comprising only 25%. This mirrors global nursing demographics, where women continue to represent the majority in the profession.

As for specialization, pediatric nursing had the highest representation at 32%, reflecting either institutional priorities or a high demand for pediatric care. Other major areas include emergency (13%), ICU/CCU (12%), and neonatal nursing (10%). Meanwhile, certain fields such as internal medicine and cardiovascular nursing are minimally represented, suggesting potential gaps in staffing or training in those specialties.

The findings also show that nearly half of the respondents (46%) have less than one year of experience, which could indicate recent recruitment drives or high staff turnover. Only 14% have more than 11 years of experience, which may reflect challenges in retaining long-tenured nurses.

This profile suggests a workforce that is young, predominantly female, and diverse in specialization but skewed toward pediatrics. The limited experience level highlights the need for strong leadership, mentorship, and retention strategies to ensure high-quality care and continuity of services.

Perceived Nursing Leadership Styles of Hospital Staff Nurses

Table 2 below presents the average weighted mean (AWM) scores based on the perceptions of hospital staff nurses regarding the leadership styles commonly exhibited by their supervisors. Each item was rated on a 5-point Likert scale, with interpretations ranging from “Never” to “Always.” The overall average weighted mean (OAWM) was **4.28**, indicating that most leadership behaviors were “**Often**” observed.

Table 2
Hospital staff nurses most commonly perceive nursing leadership styles
N=69

Leadership Style	WM	DR
Inspires and motivates staff to achieve goals. (<i>Transformational</i>)	3.93	Often
Rewards or punishes staff based on performance outcomes. (<i>Transactional</i>)	4.30	Often
Makes decisions without consulting the team. (<i>Autocratic</i>)	4.10	Often
Encourages staff input in decision-making. (<i>Democratic</i>)	4.68	Always
Prioritizes the needs and well-being of the staff. (<i>Servant Leadership</i>)	4.30	Often
Sets a clear vision and encourages innovation. (<i>Transformational</i>)	3.93	Often
Focuses strictly on rules, policies, and procedures. (<i>Transactional</i>)	4.84	Always
Does not actively engage or lead; avoids involvement. (<i>Laissez-faire</i>)	3.77	Often
Creates a Supportive and trusting environment. (<i>Servant Leadership</i>)	4.84	Always
Consults the team before making important decisions. (<i>Democratic</i>)	4.10	Often
OAWM	4.28	Often

Legend: Never – 0.80-1.50, Rarely 1.51-2.50, Sometimes 2.51-3.50, Often 3.51-4.50, Always 4.51-5.00

Narrative Interpretation

Among the leadership styles assessed, **Servant Leadership** and **Transactional Leadership** received the highest individual ratings. Specifically, the items “*Creates a Supportive and trusting environment*” (Servant) and “*Focuses strictly on rules, policies, and procedures*” (Transactional) both scored **4.84**, interpreted as “**Always**”. This suggests that hospital nurses consistently perceive their leaders as both Supportive and highly focused on institutional rules.

Democratic Leadership also emerged strongly, with the item “*Encourages staff input in decision-making*” receiving a WM of **4.68** (**Always**) and “*Consults the team before making important decisions*” at **4.10** (**Often**). These results reflect a collaborative work culture within the hospital environment.

Interestingly, **Autocratic Leadership**—as shown in “*Makes decisions without consulting the team*”—scored **4.10**, suggesting that authoritative behavior is still regularly observed, even within otherwise participative frameworks. This may reflect the inherent hierarchy typical in military hospital settings.

The lowest WM score, though still within the “Often” range, was found in *Laissez-faire Leadership* (**3.77**), indicating that passive or disengaged leadership behaviors are still evident to some extent.

Overall, the **OAWM of 4.28** implies that a **blend of leadership styles**—notably democratic, servant, and transactional—is commonly practiced. This mix likely reflects the dual nature of a **military hospital environment**, which requires **rigid structure and protocol adherence** while also recognizing the value of **Supportive and inclusive leadership**. The presence of autocratic tendencies may mirror command-based frameworks, while democratic and servant leadership indicate a growing shift toward more collaborative and empathetic workplace dynamics.

Supporting Literature

Recent research reinforces the importance of leadership style in shaping nurse performance and organizational culture. For instance:

- **Giddens (2020)** emphasized that transformational leadership fosters retention, job satisfaction, and a positive workplace atmosphere.
- **Alilyyani et al. (2019)** linked transformational leadership to improved patient outcomes and higher job satisfaction among nurses.
- **Wong and Giallonardo (2020)** found that servant leadership cultivates empathy, trust, and team cohesion, helping to reduce burnout.
- **Asif et al. (2021)** concluded that democratic leadership—especially participatory decision-making—boosts nurse morale and engagement.
- **Alfaifi et al. (2023)** suggested that transactional leadership helps clarify roles and enforce compliance but may lack emotional Support and creative stimulation.
- **Kim and Kim (2024)** highlighted the importance of balancing transactional and transformational styles to meet healthcare system demands while preserving quality care and staff well-being.

These studies collectively emphasize the strategic role of leadership in developing positive work environments and effective clinical teams, particularly in high-pressure or highly regulated healthcare settings such as military hospitals.

Level of Job Satisfaction Among Hospital Nurses: Work Performance

Table 3a displays the Average Weighted Mean (AWM) scores related to hospital nurses' job satisfaction, specifically in terms of work performance. The results reflect a very high level of satisfaction, with an Overall AWM of 4.94, interpreted as "Highly Satisfied."

Table 3a
Level Job Satisfaction among Hospital Nurses as to Work Performance
N=69

Work Performance Indicators	WM	DR
Inspires and motivates staff to achieve goals. (Transformational)	4.94	Highly Satisfied
My nursing skills are regularly utilized in my current role.	4.71	Highly Satisfied
I am satisfied with the quality of patient care I provide.	4.87	Highly Satisfied
I feel confident in carrying out clinical procedures.	4.68	Highly Satisfied
I collaborate effectively with my healthcare team.	4.30	Satisfied
I receive adequate Support to perform my duties.	4.80	Highly Satisfied
I feel accomplished after completing my shift.	3.86	Satisfied
I have enough time to attend to patients' needs thoroughly.	4.94	Highly Satisfied
My workload allows for quality performance.	3.58	Satisfied
I maintain a healthy work-life balance.	3.87	Satisfied
Overall AWM	4.94	Highly Satisfied

Interpretation and Insights

The findings suggest that nurses perceive their job performance positively. The highest-rated indicators—“*Inspires and motivates staff to achieve goals*” and “*I have enough time to attend to patients’ needs thoroughly*” (both scoring 4.94)—imply that nurses feel inspired in their roles and are generally able to deliver patient care effectively without undue time constraints.

Other highly rated aspects, such as confidence in clinical procedures (4.68), adequate Support (4.80), and satisfaction with patient care quality (4.87), further confirm that nurses view their work environment as Supportive and professionally fulfilling.

However, relatively lower scores were noted for:

- “*Feeling accomplished after a shift*” (3.86)
- “*Workload allows for quality performance*” (3.58)
- “*Maintaining a healthy work-life balance*” (3.87)

Although these still fall under the “Satisfied” range, they highlight potential areas for improvement—particularly in workload Management and work-life integration.

Related Literature Support

These findings are consistent with prior research. For example:

- Chen et al. (2020) found that nurses who experience greater autonomy and role recognition report higher satisfaction, which aligns with this study’s high scores in performance confidence and patient care delivery.
- Lee and Kim (2021) emphasized the impact of sufficient staffing and managerial Support on job satisfaction—factors that also resonate in this study’s results, showing strong Support and collaboration ratings.
- Meanwhile, Gonzalez et al. (2022) raised concerns about excessive workloads, echoing the lower satisfaction ratings here regarding workload and work-life balance.
- In a more recent review, Ramirez and Domingo (2023) underlined the role of transformational leadership and professional development in enhancing nurse satisfaction. Their findings Support the high satisfaction levels observed here, particularly in motivation and skill recognition.

Conclusion

This section illustrates that hospital nurses are generally highly satisfied with their work performance, especially in areas related to Support, patient care, and professional competence. However, the presence of lower satisfaction in workload and personal balance suggests the need for institutional efforts to address staff well-being and time Management . Prioritizing these areas further enhances performance outcomes and long-term nurse retention.

Level of Job Satisfaction Among Hospital Nurses: Job Stress

Table 3b highlights the hospital nurses' perceived job satisfaction with respect to **job-related stress**. Based on responses from **69** nurses, the **Overall Average Weighted Mean (OAWM)** was **3.93**, falling under the descriptive rating of **"Satisfied."**

Table 3b
Level of Job Satisfaction Among Hospital Nurses: Job Stress
N=69

Job Stress Indicator	WM	Descriptive Rating
I can manage work-related stress effectively.	3.93	Satisfied
I am rarely emotionally exhausted after work.	4.71	Highly Satisfied
I feel physically healthy despite job demands.	3.62	Satisfied
I have coping strategies that work well for me.	4.68	Highly Satisfied
I feel emotionally Supported by colleagues during stressful situations.	4.30	Satisfied
I am not overwhelmed by my workload.	3.86	Satisfied
I have adequate breaks and rest periods.	3.86	Satisfied
My job allows me to maintain emotional stability.	4.13	Satisfied
I experience burnout rarely.	5.00	Highly Satisfied
My emotional well-being is prioritized in the workplace.	3.87	Satisfied
OAWM	3.93	Satisfied

Legend: Not Satisfied – 0.80-1.50, Slightly Satisfied 1.51-2.50, Moderately Satisfied 2.51-3.50, Satisfied 3.51-4.50, Highly Satisfied 4.51-5.00

Interpretation and Insights

The findings indicate that most hospital nurses **feel satisfied with their ability to manage job-related stress**. The highest-rated indicator—*"I experience burnout rarely"*—received a perfect **weighted mean of 5.00**, suggesting a positive perception of work-life sustainability and emotional resilience.

Similarly, the items *"I am rarely emotionally exhausted after work"* (WM = 4.71) and *"I have coping strategies that work well for me"* (WM = 4.68) show a high level of confidence in stress regulation and personal emotional Management.

However, some aspects, while still within the "Satisfied" range, indicate areas that may benefit from attention:

- *"I feel physically healthy despite job demands"* (3.62)
- *"I am not overwhelmed by my workload"* (3.86)
- *"I have adequate breaks and rest periods"* (3.86)
- *"My emotional well-being is prioritized in the workplace"* (3.87)

These scores suggest that although stress is manageable, factors such as physical strain, break adequacy, and emotional Support still impact the long-term wellness of staff nurses if not addressed proactively.

Literature Support

Several studies reinforce these findings. For instance:

- **Wu et al. (2020)** found that emotional Support and effective coping strategies among nurses significantly reduce the risk of burnout, especially in high-stress hospital settings—echoed here in the high ratings for burnout prevention and emotional coping.

- **Jung and Lee (2021)** emphasized that nurses who feel emotionally Supported and respected by their teams experience lower stress levels and stronger psychological resilience.
- Meanwhile, **Garcia et al. (2022)** pointed out that while job satisfaction may remain high, lack of sufficient breaks and emotional neglect can still contribute to long-term fatigue—similar to the slightly lower satisfaction scores related to rest periods and workload.

Conclusion

This analysis confirms that nurses at the studied hospital are generally satisfied with how they handle job stress, with strengths in emotional resilience and peer Support. However, the results also underline the importance of proactive stress Management policies, including proper break scheduling, wellness programs, and sustained attention to physical and emotional health. Ensuring these components are consistently addressed further elevate job satisfaction and promote staff retention in high-pressure environments like hospitals.

Table 3b
Level of Job Satisfaction among Hospital Nurses as to Job Stress
N=69

Job Stress	WM	DR
I can manage work-related stress effectively.	3.93	Satisfied
I am rarely emotionally exhausted after work.	4.71	Highly Satisfied
I feel physically healthy despite job demands.	3.62	Satisfied
I have coping strategies that work well for me.	4.68	Highly Satisfied
I feel emotionally Supported by colleagues during stressful situations.	4.30	Satisfied
I am not overwhelmed by my workload.	3.86	Satisfied
I have adequate breaks and rest periods.	3.86	Satisfied
My job allows me to maintain emotional stability.	4.13	Satisfied
I experience burnout rarely.	5.00	Highly Satisfied
My emotional well-being is prioritized in the workplace.	3.87	Satisfied
OAWM	3.93	Satisfied

Legend: Not Satisfied – 0.80-1.50, Slightly Satisfied 1.51-2.50, Moderately Satisfied 2.51-3.50, Satisfied 3.51-4.50, Highly Satisfied 4.51-5.00.

Table 3b presents the self-assessed job satisfaction levels of 69 hospital nurses, specifically concerning job stress. The **Overall Average Weighted Mean (OAWM)** is **3.93**, interpreted as “**Satisfied**”, indicating that respondents generally perceive themselves as effectively coping with the emotional and physical demands of their profession.

Notably, several items were rated in the “**Highly Satisfied**” range. These include “*I experience burnout rarely*” (WM = **5.00**), “*I am rarely emotionally exhausted after work*” (WM = **4.71**), and “*I have coping strategies that work well for me*” (WM = **4.68**). These findings suggest that most nurses maintain personal resilience and adopt effective stress Management strategies, enabling them to stay emotionally balanced despite the pressures of their clinical roles.

However, several other indicators were assessed as merely “**Satisfied**.” These include “*I have adequate breaks and rest periods*” and “*I am not overwhelmed by my workload*” (both WM = **3.86**), along with “*My emotional well-being is prioritized in the workplace*” (WM = **3.87**) and “*I feel emotionally Supported by colleagues during stressful situations*” (WM = **4.30**). These responses suggest that while nurses are coping on an individual level, institutional Support systems—such as staffing, workload Management , and

wellness programs—may still be lacking or inconsistent. The data points to a workforce relying heavily on personal endurance rather than structural or organizational backing.

Literature Insights and Implications

The findings are echoed by numerous studies conducted between **2019 and 2024**, which highlight the interconnectedness of **job stress, coping mechanisms, and job satisfaction**. **Lu et al. (2019)**, for instance, emphasized the detrimental effects of unmanaged stress on job satisfaction, nurse retention, and overall performance. Stressors such as **work overload, irregular schedules, lack of rest, and emotional strain** have been repeatedly identified in recent literature as key factors contributing to nurse burnout and attrition (Choi & Kim, 2022; Meneguín et al., 2024; Yuan & Fang, 2024).

The **COVID-19 pandemic** further intensified these challenges, with emerging research from **Bagnasco et al. (2024)** and **McLaughlin & Khemthong (2024)** documenting elevated levels of emotional exhaustion, depression, and post-traumatic symptoms among hospital nurses.

On a more hopeful note, scholars such as **Ghaderi et al. (2024)** and **Kasidouli et al. (2024)** have underscored the important role of **positive mindset, adaptability, and peer support** in managing occupational stress. Nonetheless, even these studies consistently argue that **individual coping is not enough**. Without proper institutional mechanisms, such as clear leadership support, mental health programs, and sufficient staffing, the long-term sustainability of nursing workforce well-being may be at risk (Sarıköse et al., 2022; Paguio et al., 2023).

Conclusion

Overall, the data show that hospital nurses are generally satisfied with how they manage job stress, primarily due to their personal resilience and adaptive coping mechanisms. However, the presence of only moderate satisfaction in areas involving institutional support and workplace provisions signals a need for hospital administrators to reinforce organizational wellness strategies. This includes optimizing shift workloads, improving access to rest periods, and fostering an emotionally supportive environment. Strengthening these elements could lead to enhanced nurse retention, better job performance, and ultimately, improved patient care outcomes.

Table 3c
Level of Job Satisfaction among Hospital Nurses as to Leadership Support
N=69

Leadership Support	WM	DR
My nursing supervisor provides regular and helpful feedback.	3.93	Satisfied
I receive clear guidance from my leaders.	4.71	Highly Satisfied
My superiors recognize my contributions	4.68	Highly Satisfied
I am encouraged to pursue professional development.	3.86	Satisfied
My leader fosters an environment of trust and openness.	4.30	Satisfied
Leadership decisions consider staff input.	3.86	Satisfied
I feel Supported during difficult work situations.	3.86	Satisfied
My leader promotes teamwork and collaboration.	4.13	Satisfied
My personal growth is Supported by leadership.	5.00	Highly Satisfied
I trust my immediate supervisor's leadership style	4.71	Highly Satisfied
OAWM	4.30	Satisfied

Table 3c presents the self-assessed job satisfaction levels of 69 hospital nurses in relation to **leadership Support**. The Overall Average Weighted Mean (OAWM) is **4.30**, interpreted as **“Satisfied”**, indicating that nurses generally perceive their leaders as Supportive, communicative, and invested in their development—though not to the highest degree possible.

Several items were rated as **“Highly Satisfied”**, including *“I receive clear guidance from my leaders”* (WM = 4.71), *“My contributions are recognized by my superiors”* (WM = 4.68), *“My personal growth is Supported by leadership”* (WM = 5.00), and *“I trust my immediate supervisor’s leadership style”* (WM = 4.71). These findings suggest that nurses value clarity, recognition, and the personal rapport they have with supervisors, which strongly contributes to their positive perception of leadership within their institution.

Conversely, items like *“My nursing supervisor provides regular and helpful feedback”* (WM = 3.93), *“Leadership decisions consider staff input”* (WM = 3.86), and *“I am encouraged to pursue professional development”* (WM = 3.86) received only “Satisfied” ratings. These responses point to areas where leadership could improve—notably in enhancing two-way communication, involving staff in decision-making, and proactively encouraging continuous learning and development.

Literature Insights and Implications

Recent studies underscore the critical role of leadership style in shaping nurses' job satisfaction. Li et al. (2024) identified leadership as one of the most significant contributors to job engagement, particularly when leaders are ethical, participative, and Supportive. The findings of the present study align with this, suggesting that while many leadership traits are appreciated, others—such as shared governance and consistent feedback—still require attention.

Transformational leadership, in particular, has been shown to have strong positive correlations with job satisfaction, as emphasized by Alshammari et al. (2023), Kalra & Mohan (2021), and Specchia et al. (2021). These studies highlight how leaders who inspire, motivate, and empower staff tend to foster a more satisfied and resilient workforce. Many of the highly rated items in this study reflect aspects of transformational leadership—clear communication, recognition, and personal growth Support.

In contrast, passive or laissez-faire leadership styles have been repeatedly linked to dissatisfaction, disengagement, and increased turnover (Sariköse et al., 2022). Nurses in this study rated several leadership areas as only “Satisfied,” suggesting that while current leadership practices are functional, they may lack the proactiveness and inclusivity needed for optimal satisfaction.

Chen et al. (2023) and Duignan et al. (2024) further emphasized that nurse retention hinges on consistent leadership feedback, staff empowerment, and a culture of trust. These are areas that the present study reveals as underdeveloped, especially regarding feedback, shared decision-making, and Support during difficult work situations.

Conclusion

In summary, the data indicate that nurses are generally satisfied with the leadership they receive—particularly with regard to clarity of guidance, recognition, and trust in their supervisors. However, only moderate satisfaction with feedback consistency, involvement in decision-making, and development opportunities suggests a need for more participative and proactive leadership approaches.

Hospital administrators should consider reinforcing leadership development programs that emphasize emotional intelligence, feedback mechanisms, and inclusive governance. Strengthening these aspects may not only boost job satisfaction but also improve retention, morale, and the overall effectiveness of nursing teams.

Table 4
Significant Relationship Between Perceived Nursing Leadership Styles and Job Satisfaction among Hospital Nurses
N=69

PROFILE VARIABLE	PEARSON R VALUE	P-VALUE	INTERPRETATION
Performance	-.691	.027	Significant Relationship
Job Stress	.045	.902	Not Significant
Support	.220	.541	Not Significant

Table 4 presents the statistical relationship between **perceived nursing leadership styles** and **job satisfaction** among 69 hospital nurses, as measured across three dimensions: **Performance**, **Job Stress**, and **Support**. The Pearson correlation coefficient and p-values were computed to determine whether leadership style significantly influences each dimension of job satisfaction.

A **significant relationship** was found between leadership styles and **performance** ($r = -0.691$, $p = 0.027$). While statistically significant, the **negative direction** of the correlation is an unexpected result, suggesting that higher perceptions of certain leadership behaviors may correspond with **lower satisfaction in performance**. This contrasts with existing literature and may indicate complexities in how leadership is perceived or enacted within the specific hospital setting studied.

In contrast, no significant relationships were observed between leadership style and **job stress** ($r = 0.045$, $p = 0.902$) or **Support** ($r = 0.220$, $p = 0.541$), as both correlations fall well above the standard threshold for statistical significance ($p > 0.05$). These findings suggest that nurses' experiences of stress and perceived Support may not be directly influenced by how they view their leaders' styles—at least not in this specific sample.

Literature Insights and Implications

The significant but **negative correlation** between leadership style and performance satisfaction diverges from the dominant narrative in nursing leadership research. Studies by **Li et al. (2024)** and **Alshammari et al. (2023)** consistently show **positive associations** between transformational or servant leadership and enhanced nurse performance, motivation, and care quality. These leadership styles typically promote empowerment, recognition, and professional growth. The inverse relationship found in the current study may suggest that some perceived leadership traits—possibly overly authoritative or misaligned with team values—could be diminishing nurses' intrinsic motivation or sense of agency.

The lack of a significant correlation between leadership style and **job stress** also contrasts with robust evidence in the literature. Reviews by **Specchia et al. (2021)** and **Young et al. (2024)** have found that emotionally intelligent, proactive leaders help mitigate nurse burnout and reduce workplace stress. The **absence of this effect** in the current study may reflect unique cultural, structural, or environmental factors within the hospital setting, such as military discipline, peer-based coping strategies, or other external stressors beyond leadership control.

Similarly, the **non-significant relationship** between leadership style and **perceived Support** runs counter to findings by **De Brún et al. (2019)** and **Oducado (2019)**, who argue that trust-based, empowering leadership leads to stronger perceptions of Support,

cohesion, and morale. The current study's result suggests that **nurses may derive Support from colleagues, unit culture, or personal resilience** rather than leadership alone—a noteworthy trend, particularly in military or high-stress institutional contexts.

Conclusion

While the findings indicate that leadership style **significantly influences job satisfaction in terms of performance**, the unexpected **negative correlation** calls for deeper exploration. It may reflect inconsistencies in leadership behaviors, potential gaps between policy and practice, or context-specific dynamics such as hierarchical structures in military hospitals. The **absence of significant correlations** with job stress and Support further implies that **other variables**—such as peer relationships, organizational policies, or individual coping strategies—may play a more dominant role in shaping these aspects of nurse satisfaction.

Given the contrast between the current findings and a wide body of existing literature, **further research is warranted**. Qualitative follow-ups or mixed-method approaches help illuminate why leadership, in this case, appears disconnected from stress and Support, and why it might correlates inversely with performance satisfaction. Addressing these gaps is vital for designing leadership training and institutional reforms that genuinely uplift nurses' experiences and outcomes.

Table 5

Significant Influence on the demographic profile and on the perceptions of leadership styles and job satisfaction among Respondents

N=69

	PROFILE VARIABLE	PEARSON R VALUE	P-VALUE	INTERPRETATION
Work Performance	Age	-.115	.752	Not Significant
	Sex	-.851	.002	Significant Relationship
	Specialization	.381	.277	Not Significant
	Years of Service	-.134	.711	Not Significant
Job Stress	Age	.056	.878	Not Significant
	Sex	-.781	.008	Significant Relationship
	Specialization	.252	.483	Not Significant
	Years of Service	.364	.302	Not Significant
Leadership Support	Age	-.182	.615	Not Significant
	Sex	-.729	0.17	Significant Relationship
	Specialization	.575	.082	Not Significant
	Years of Service	-.134	.711	Not Significant

*. Correlation is significant at the 0.05 level (2-tailed).

Table 5 explores the Extent to which **demographic variables**—namely **age, sex, specialization, and years of service**—influence hospital nurses' perceptions across three domains of job satisfaction: **Work Performance, Job Stress, and Leadership Support**.

The results clearly indicate that **sex is the only demographic variable with a statistically significant influence** on all three dimensions:

- **Work Performance** ($r = -0.851, p = 0.002$)
- **Job Stress** ($r = -0.781, p = 0.008$)

- **Leadership Support** ($r = -0.729$, $p = 0.017$)

This finding suggests that **male and female nurses differ significantly in how they perceive their job performance, handle stress, and experience leadership Support**. These differences may stem from workplace dynamics, social expectations, and role assignments that are often shaped by gender norms and stereotypes.

Conversely, **age, specialization, and years of service** show **no significant relationships** with any of the three job satisfaction domains. For instance, age had weak and statistically insignificant correlations across all areas (e.g., $r = -0.115$ for performance, $r = 0.056$ for stress). Likewise, the variables of specialization and tenure presented p-values well above the 0.05 threshold, suggesting no meaningful influence on nurses' job-related perceptions.

Literature Insight and Implications.

The observed **gender-based differences** are Supported by a growing body of research that highlights the unique experiences of men and women in nursing. As noted by **Kronsberg et al. (2024)** and **Oducado (2019)**, men—while a minority in the nursing profession—may face distinctive challenges, such as pressure to take on physically demanding roles or rapid promotion expectations. At the same time, **Shen et al. (2022)** emphasize how gender stereotypes can influence professional evaluations, task assignments, and perceptions of performance—leading to disparities in how nurses of different sexes experience their work environment.

This implies that workplace evaluations may not always reflect objective performance but could be shaped by gendered expectations and implicit biases. The present findings reinforce the importance of **gender-sensitive leadership practices** that actively acknowledge and address these dynamics in order to foster equitable professional development and satisfaction.

Complementing these insights are numerous studies that reinforce the **critical role of leadership styles** in shaping job satisfaction. **Cummings et al. (2018)** and **Boamah et al. (2018)** found that **transformational and Supportive leadership**—which emphasize empowerment, communication, and emotional Support—are linked to improved nurse performance, reduced burnout, and higher satisfaction levels. These styles not only buffer stress but also promote engagement, especially in high-pressure environments like hospitals.

Locally, **Villanueva and Dizon (2020)** conducted a study in a tertiary hospital in the Philippines and echoed these findings. They observed that nurse leaders who adopted **participative and emotionally intelligent leadership** approaches were better able to manage team stress and foster a positive work atmosphere. Their study strongly recommended leadership development programs that integrate emotional intelligence training, team collaboration, and gender sensitivity.

Conclusion

Overall, Table 5 underscores the **significant role of gender** in shaping nurses' perceptions of their work life, leadership experiences, and stress levels. These findings call for **organizational strategies that are both inclusive and gender-responsive**, ensuring that leadership practices reflect the diverse needs of the nursing workforce. Meanwhile, the lack of significant effects from age, specialization, and years of service suggests that interventions need not be tailored to those demographic categories but should **focus on fostering equitable and emotionally Supportive work environments**.

Hospital administrators are encouraged to integrate gender sensitivity into leadership development programs, implement fair evaluation practices, and create open feedback mechanisms that account for diverse staff perspectives. Doing so not only supports individual well-being but also contributes to overall organizational resilience and nurse retention.

CHAPTER V SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary of Findings

1. The hospital nursing workforce is predominantly female (75%), with most respondents aged 30–39 years, specializing in pediatric nursing, and having less than one year of experience.
2. The most commonly perceived leadership styles were democratic, servant, and transactional leadership, while autocratic leadership was still observed, and laissez-faire leadership was the least evident.
3. Nurses reported high job satisfaction in terms of work performance, moderate satisfaction in managing job stress, and satisfaction in leadership support, with recognition, guidance, and trust as strong points.
4. There is a significant relationship between perceived leadership styles and job satisfaction in terms of work performance, but no significant relationship was found for job stress and leadership support.
5. Among demographic factors, sex significantly influenced perceptions of leadership style and all aspects of job satisfaction.

Conclusions

This study concludes that the leadership climate in the tertiary-level military hospital is characterized by a blend of democratic, servant, and transactional leadership styles. These approaches have been shown to support collaboration, foster trust, and provide clear guidance—factors that contribute to high levels of job satisfaction in terms of work performance. The results affirm Bass's Transformational Leadership Theory in demonstrating that participative and supportive leadership behaviors promote motivation and professional fulfillment among nurses. Similarly, Herzberg's Two-Factor Theory is reflected in the finding that recognition, professional development, and trust serve as motivators that enhance satisfaction.

However, the presence of autocratic elements and the minimal use of participatory decision-making point to areas that require improvement, particularly in promoting shared governance and consistent feedback. While job stress and leadership support were generally rated positively, the absence of a significant relationship between leadership style and these dimensions suggests that other institutional or systemic factors—such as workload distribution, staffing ratios, and organizational culture—also play a major role in influencing these outcomes.

The study also highlights the impact of demographic factors, with sex showing significant influence on perceptions of leadership and all aspects of job satisfaction. This underscores the importance of gender-sensitive leadership strategies in military healthcare settings. Addressing these dynamics can contribute to improved morale, better retention, and more consistent delivery of quality patient care.

Overall, the findings emphasize that fostering a leadership culture that balances the discipline of a military environment with the empathy and inclusivity of transformational and servant leadership is essential to sustaining a motivated, resilient, and high-performing nursing workforce.

Recommendations

In light of the study's findings and conclusions, the following recommendations are proposed:

1. **Hospital administrators** should prioritize the development and implementation of formal leadership training programs focused on transformational, democratic, and servant leadership styles. These programs

may include workshops, mentorship, and leadership coaching aimed at improving relational and communication skills among nurse leaders.

2. **Nursing leaders** should be encouraged to foster inclusive decision-making, open dialogue, and consistent recognition of staff contributions. These behaviors are essential in promoting a culture of trust and engagement, particularly in hierarchical settings such as military hospitals.

3. **The institution should evaluate existing leadership practices and structures**, identifying gaps between current approaches and best practices in participative leadership. Modifying institutional policies to reflect collaborative leadership principles can lead to improved morale, retention, and care outcomes.

4. **Future researchers** may consider conducting similar studies across multiple military and non-military healthcare institutions, using a mixed-methods approach to capture both statistical trends and deeper narratives from nurses. This will help validate findings and further expand the evidence base for effective leadership in nursing.

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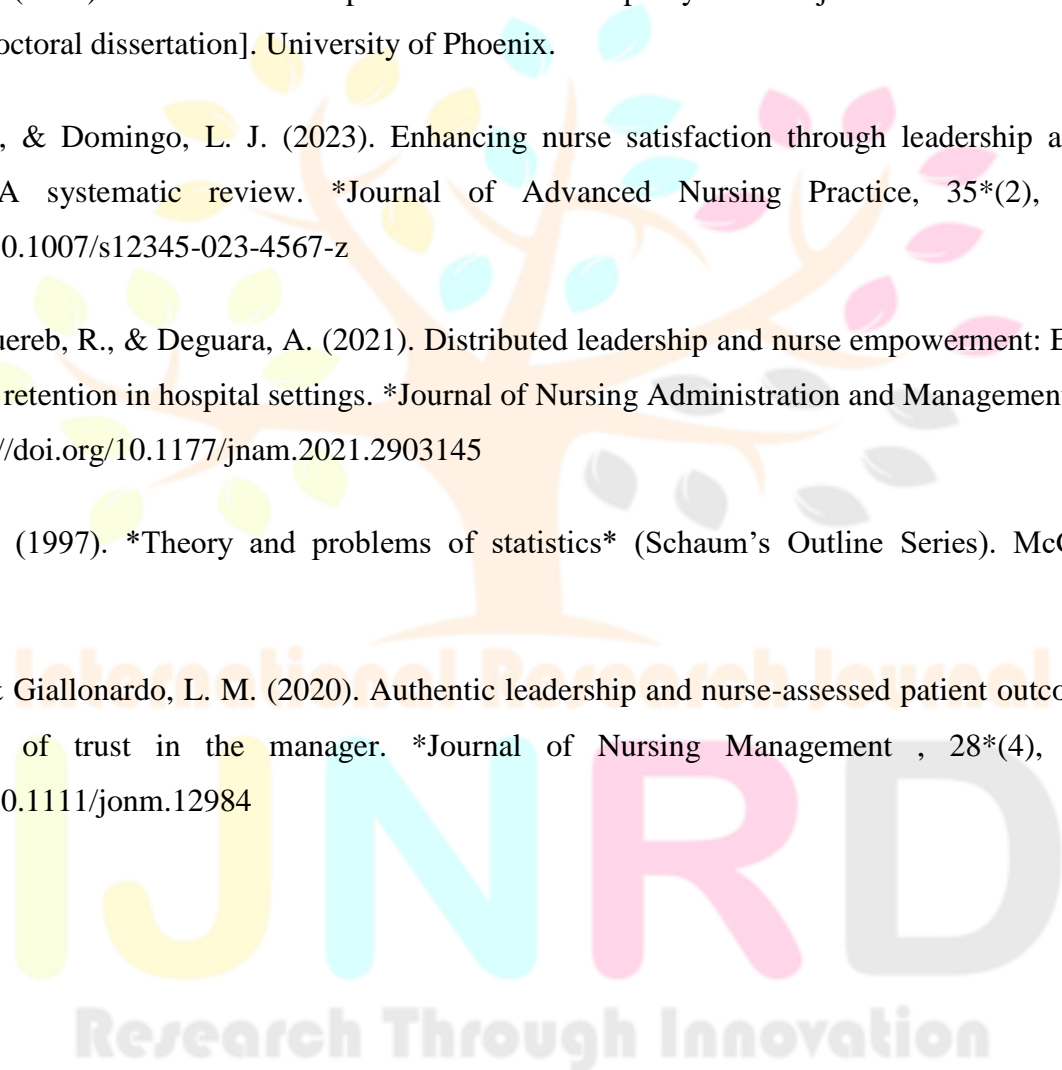
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Appendix A
Letter to the Dean

Prof. _____
Dean, Graduate Studies
University of Perpetual Help System Dalta

Dear Madam,

Greetings!

I hope this letter finds you well. I am writing to respectfully request your approval and guidance in conducting my research study entitled, "**NURSING LEADERSHIP STYLES AND JOB SATISFACTION IN A MILITARY HOSPITAL.**" The study aims to assess the staff nurses from various clinical departments of a tertiary-level, government-run military hospital located in Quezon City on their leadership style and job satisfaction.

I assure you that all ethical considerations, including confidentiality, voluntary participation, and data protection, will be strictly observed. I am hoping for your kind approval and Support as I move forward with the conduct of this research.

Thank you very much for your time and guidance.

Respectfully yours,

Lily Grace Ulat
Researcher

Appendix B

Letter to the Hospital Director

Hospital Director

Dear Sir/Madam,

Greetings!

I am currently conducting a research study entitled, "**NURSING LEADERSHIP STYLES AND JOB SATISFACTION IN A MILITARY HOSPITAL,**" as part of the requirements for the completion of my academic degree.

In line with this, I request permission to conduct the said study at your esteemed institution. The study aims to assess the staff nurses from various clinical departments of a tertiary-level, government-run military hospital located in Quezon City on their leadership style and job satisfaction. The data will be gathered through a structured questionnaire to be answered voluntarily by selected nursing staff.

Please be assured that all information obtained from the participants and your institution will be treated with strict confidentiality.

Respectfully yours,
Lily Grace Ulat
Researcher

Appendix C
INFORMED CONSENT FORM

Title of the Study: Nursing Leadership Styles and Job Satisfaction in a Military Hospital

Researcher: Lily Grace B. Ulat, RN

Adviser: Dr. Drexel Heinz M. Cruz, PhD, RN, RM

Dear Participant,

You are invited to participate in a research study that aims to examine the relationship between nursing leadership styles and job satisfaction among hospital nurses. Your participation is voluntary, and you may withdraw at any time without penalty.

Purpose of the Study:

The purpose of this study is to gather insights into how leadership styles influence the job satisfaction of hospital nurses.

Procedures:

You will be asked to complete a questionnaire composed of demographic information, leadership style perceptions, and job satisfaction ratings. The estimated time to complete the survey is 10–15 minutes.

Confidentiality:

Your responses will be kept strictly confidential. No personally identifiable information will be collected, and all data will be used solely for academic purposes.

Risks and Benefits:

This study involves minimal risk. Your participation provides valuable insights for improving nursing leadership and work environments.

Consent Statement:

By signing below, you indicate that you have read and understood the information provided, and that you voluntarily agree to participate in this study

Signature over Printed Name

Date:

Appendix D
CHECKLIST QUESTIONNAIRE

Dear Respondent,

The undersigned researcher is currently conducting a study entitled “The Relationship Between Nursing Leadership Styles and Job Satisfaction Among Hospital Nurses.” Your participation is highly appreciated and crucial for the success of this research. Kindly answer the questions below to the best of your ability.

Rest assured, all your responses will be kept confidential and used exclusively for this study.

Thank you for your cooperation and valuable input.

Sincerely,

Lily Grace B. Ulat RN
0995.276.3898

Name (Optional) _____

Part 1: PROFILE OF THE HOSPITAL NURSES WORKING IN THE WARD AT AFP MEDICAL CENTER.

Please fill in or check the appropriate answer for each item below.

1. Age

- 20–29 years old
- 30–39 years old
- 40–49 years old
- 50–59 years old
- 60 years old and above

3. Sex

- Male
- Female

3. Specialization

- Pediatric Nursing
- OB-GYN Nursing
- Emergency Nursing
- ICU/CCU Nursing
- Operating Room (OR)/Perioperative Nursing
- Neonatal Nursing
- Cardiovascular Nursing
- Psychiatric/Mental Health Nursing
- Oncology Nursing
- Renal Nursing
- Nurse Administrator
- Plastics Nursing
- Urology Nursing
- TCVS (Thoracic, Cardiac, and Vascular Surgery) Nursing
- Orthopedic Nursing
- Hyperbaric Nursing
- Others: _____

4. Years of Experience

- Less than 1 year
- 1–5 years
- 6–10 years
- 11–15 years
- 16–20 years
- More than 20 years

Part 2. Hospital nursing leaders most commonly practice leadership styles.

Direction: Please select one answer that describes your job satisfaction using the scale below as a basis:

5 – Always

4 – Often

3 – Sometimes

2 – Rarely

1 – Never

Leadership Style					
	5	4	3	2	1
1. Inspires and motivates staff to achieve goals. (<i>Transformational</i>)					

2. Rewards or punishes staff based on performance outcomes. (<i>Transactional</i>)					
3. Makes decisions without consulting the team. (<i>Autocratic</i>)					
4. Encourages staff input in decision-making. (<i>Democratic</i>)					
5. Prioritizes the needs and well-being of the staff. (<i>Servant Leadership</i>)					
6. Sets a clear vision and encourages innovation. (<i>Transformational</i>)					
7. Focuses strictly on rules, policies, and procedures. (<i>Transactional</i>)					
8. Does not actively engage or lead; avoids involvement. (<i>Laissez-faire</i>)					
9. Creates a Supportive and trusting environment. (<i>Servant Leadership</i>)					
10. Consults the team before making important decisions. (<i>Democratic</i>)					

Part 3: Influence of Leadership Styles on Job Satisfaction

Instructions: Rate your level of satisfaction with each of the following aspects related to your leader's style and your work experience. Use the scale below as basis:

- 5 Highly Satisfied (HS)
- 4 Satisfied (S)
- 3 Moderately Satisfied (MS)
- 2 Not Satisfied (HNS)
- 1 Highly Not Satisfied (HNS)

WORK PERFORMANCE	LEVEL OF SATISFACTION				
	5 (HS)	4 (S)	3 (MS)	2 (NS)	1 (HNS)
My nursing skills are regularly utilized in my current role.					
I am satisfied with the quality of patient care I provide.					
I feel confident in carrying out clinical procedures.					
I collaborate effectively with my healthcare team.					
I receive adequate Support to perform my duties.					
I feel accomplished after completing my shift.					
I have enough time to attend to patients' needs thoroughly.					
My workload allows for quality performance.					
I maintain a healthy work-life balance.					
My work contributes meaningfully to the hospital's mission.					
Others, pls. specify: _____					
JOB STRESS	LEVEL OF SATISFACTION				
	5 (HS)	4 (S)	3 (MS)	2 (NS)	1 (HNS)

I can manage work-related stress effectively.					
I am rarely emotionally exhausted after work.					
I feel physically healthy despite job demands.					
I have coping strategies that work well for me.					
I feel emotionally Supported by colleagues during stressful situations.					
I am not overwhelmed by my workload.					
I have adequate breaks and rest periods.					
My job allows me to maintain emotional stability.					
I experience burnout rarely.					
My emotional well-being is prioritized in the workplace.					

LEADERSHIP SUPPORT	LEVEL OF SATISFACTION				
	5 (HS)	4 (S)	3 (MS)	2 (NS)	1 (HNS)
My nursing supervisor provides regular and helpful feedback.					
I receive clear guidance from my leaders.					
My superiors recognize my contributions					
I am encouraged to pursue professional development.					
My leader fosters an environment of trust and openness.					
Leadership decisions consider staff input.					
I feel Supported during difficult work situations.					
My leader promotes teamwork and collaboration.					
My personal growth is Supported by leadership.					
I trust my immediate supervisor's leadership style.					

APPENDIX E

RAW DATA

Leadership Style	5	4	3	2	1		
	1. Inspires and motivates staff to achieve goals. (Transformational)	33	15	10	5	6	69

2. Rewards or punishes staff based on performance outcomes. (<i>Transactional</i>)	42	14	6	6	1	69	4.30
3. Makes decisions without consulting the team. (<i>Autocratic</i>)	23	35	6	5	0	69	4.10
4. Encourages staff input in decision-making. (<i>Democratic</i>)	50	16	3	0	0	69	4.68
5. Prioritizes the needs and well-being of the staff. (<i>Servant Leadership</i>)	42	14	6	6	1	69	4.30
6. Sets a clear vision and encourages innovation. (<i>Transformational</i>)	33	15	10	5	6	69	3.93
7. Focuses strictly on rules, policies, and procedures. (<i>Transactional</i>)	58	11	0	0	0	69	4.84
8. Does not actively engage or lead; avoids involvement. (<i>Laissez-faire</i>)	35	6	5	0	46	92	3.77
9. Creates a Supportive and trusting environment. (<i>Servant Leadership</i>)	58	11	0	0	0	69	4.84
10. Consults the team before making important decisions. (<i>Democratic</i>)	23	35	6	5	0	69	4.10
							4.28
WORK PERFORMANCE	5	4	3	2	1		
My nursing skills are regularly utilized in my current role.	65	4	0	0	0	69	4.94
I am satisfied with the quality of patient care I provide.	52	14	3	0	0	69	4.71
I feel confident in carrying out clinical procedures.	60	9	0	0	0	69	4.87
I collaborate effectively with my healthcare team.	50	16	3	0	0	69	4.68
I receive adequate Support to perform my duties.	42	14	6	6	1	69	4.30
I feel accomplished after completing my shift.	56	12	1	0	0	69	4.80
I have enough time to attend to patients' needs thoroughly.	32	11	13	10	3	69	3.86
My workload allows for quality performance.	65	4	0	0	0	69	4.94
I maintain a healthy work-life balance.	22	14	16	16	1	69	3.58
My work contributes meaningfully to the hospital's mission.	32	14	6	16	1	69	3.87
							4.46
JOB STRESS	5	4	3	2	1		
I can manage work-related stress effectively.	24	16	29	0	0	69	3.93
I am rarely emotionally exhausted after work.	52	14	3	0	0	69	4.71
I feel physically healthy despite job demands.	24	9	25	8	3	69	3.62
I have coping strategies that work well for me.	50	16	3	0	0	69	4.68
I feel emotionally Supported by colleagues during stressful situations.	42	14	6	6	1	69	4.30
I am not overwhelmed by my workload.	32	11	13	10	3	69	3.86
I have adequate breaks and rest periods.	32	11	13	10	3	69	3.86
My job allows me to maintain emotional stability.	36	15	10	7	1	69	4.13

I experience burnout rarely.	69	0	0	0	0	69	5.00
My emotional well-being is prioritized in the workplace.	32	14	6	16	1	69	3.87
LEADERSHIP Support							
	5	4	3	2	1		
My nursing supervisor provides regular and helpful feedback.	24	16	29	0	0	69	3.93
I receive clear guidance from my leaders.	52	14	3	0	0	69	4.71
My supervisors recognize my contribution	50	16	3	0	0	69	4.68
I am encouraged to pursue professional development.	32	11	13	10	3	69	3.86
My leader fosters an environment of trust and openness.	42	14	6	6	1	69	4.30
Leadership decisions consider staff input.	32	11	13	10	3	69	3.86
I feel Supported during difficult work situations.	32	11	13	10	3	69	3.86
My leader promotes teamwork and collaboration.	36	15	10	7	1	69	4.13
My personal growth is Supported by leadership.	69	0	0	0	0	69	5.00
I trust my immediate supervisor's leadership style.	52	14	3	0	0	69	4.71
							4.30

LEADERSHIP

Correlations

		LeadershipStyle	Performance
LeadershipStyle	Pearson Correlation	1	-.691*
	Sig. (2-tailed)		.027
	N	10	10
Performance	Pearson Correlation	-.691*	1
	Sig. (2-tailed)	.027	
	N	10	10

*. Correlation is significant at the 0.05 level (2-tailed).

Correlations

		LeadershipStyle	Performance	JOBStress	Support
LeadershipStyle	Pearson Correlation	1	-.691*	.045	.220
	Sig. (2-tailed)		.027	.902	.541
	N	10	10	10	10
Performance	Pearson Correlation	-.691*	1	.292	-.417
	Sig. (2-tailed)	.027		.414	.230
	N	10	10	10	10
JOBStress	Pearson Correlation	.045	.292	1	-.236
	Sig. (2-tailed)	.902	.414		.512
	N	10	10	10	10
Support	Pearson Correlation	.220	-.417	-.236	1
	Sig. (2-tailed)	.541	.230	.512	
	N	10	10	10	10

*. Correlation is significant at the 0.05 level (2-tailed).

Correlations

		VAR00001	Age	Sex	Specialization	YearsinService
VAR00001	Pearson Correlation	1	-.056	-.781**	.252	.364
	Sig. (2-tailed)		.878	.008	.483	.302
	N	10	10	10	10	10
Age	Pearson Correlation	-.056	1	.243	.329	.368
	Sig. (2-tailed)	.878		.498	.353	.296
	N	10	10	10	10	10
Sex	Pearson Correlation	-.781**	.243	1	.090	-.319
	Sig. (2-tailed)	.008	.498		.805	.368
	N	10	10	10	10	10
Specialization	Pearson Correlation	.252	.329	.090	1	-.224
	Sig. (2-tailed)	.483	.353	.805		.534
	N	10	10	10	10	10
YearsinService	Pearson Correlation	.364	.368	-.319	-.224	1
	Sig. (2-tailed)	.302	.296	.368	.534	
	N	10	10	10	10	10

** Correlation is significant at the 0.01 level (2-tailed).

Performance

		VAR00001	Age	Sex	Specialization	YearsinService
VAR00001	Pearson Correlation	1	-.115	-.851**	.381	-.134
	Sig. (2-tailed)		.752	.002	.277	.711
	N	10	10	10	10	10
Age	Pearson Correlation	-.115	1	.072	.194	.536
	Sig. (2-tailed)	.752		.844	.590	.110
	N	10	10	10	10	10
Sex	Pearson Correlation	-.851**	.072	1	.038	-.124
	Sig. (2-tailed)	.002	.844		.918	.732
	N	10	10	10	10	10
Specialization	Pearson Correlation	.381	.194	.038	1	-.362
	Sig. (2-tailed)	.277	.590	.918		.304
	N	10	10	10	10	10
YearsinService	Pearson Correlation	-.134	.536	-.124	-.362	1
	Sig. (2-tailed)	.711	.110	.732	.304	

** . Correlation is significant at the 0.01 level (2-tailed).

Leadership Support

		Correlations				
		VAR00001	Age	Sex	Specialization	YearsinService
VAR00001	Pearson Correlation	1	-.182	-.729*	.575	-.134
	Sig. (2-tailed)		.615	.017	.082	.711
	N	10	10	10	10	10
Age	Pearson Correlation	-.182	1	.444	-.415	-.130
	Sig. (2-tailed)	.615		.198	.233	.721
	N	10	10	10	10	10
Sex	Pearson Correlation	-.729*	.444	1	-.582	-.173
	Sig. (2-tailed)	.017	.198		.078	.634
	N	10	10	10	10	10
Specialization	Pearson Correlation	.575	-.415	-.582	1	.459
	Sig. (2-tailed)	.082	.233	.078		.182
	N	10	10	10	10	10
YearsinService	Pearson Correlation	-.134	-.130	-.173	.459	1
	Sig. (2-tailed)	.711	.721	.634	.182	
	N	10	10	10	10	10

*. Correlation is significant at the 0.05 level (2-tailed).

