LEADERSHIP STYLES AND WORK ENVIRONMENT AMONG STAFF NURSES IN FIRST DISTRICT HOSPITALS, BOHOL

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ABSTRACT

In hospitals, leadership is critical to fostering effective teamwork, increasing nurse satisfaction, and delivering high-quality patient care. The purpose of this study was to look at the relationship between the leadership styles of staff nurses working in hospitals in the First District of Bohol, Philippines, and their working conditions. To gather information on organizational climate and leadership styles, the study used a descriptive-normative survey approach and a quantitative descriptive-correlational design. Participants got standardized questionnaires. The evaluation was undertaken in partnership with 53 nurses from three district hospitals in Maribojoc, Loon, and Catigbian. Participants were selected at random. The associations between workplace factors, perceived leadership styles, and demographic features were assessed using frequency counts, percentages, and chi-square tests of

association. The findings indicate that nurses frequently used a combination of autocratic, democratic, and laissez-faire leadership styles, in accordance with adaptive leadership principles. Overall, the work environment performed admirably, exhibiting strong organizational structures, cohesive cooperation, well-defined norms, and high standards of excellence. The statistical study found no significant relationship between the general work environment and leadership styles (p = 0.937). Similarly, except for assignment (p = 0.035), most demographic factors showed no significant association with leadership styles. The findings imply that, although people have sound judgments about leadership styles, broader organizational and contextual factors may have a stronger impact on nurses' job experiences. Some recommendations include strengthening leadership development and developing management methods suited to each unit.

INTRODUCTION

Leadership in hospitals is important for ensuring that medical teams are united in achieving goals and for improving patient safety, operational efficiency, and clinical performance. This study aims to explore the association between leadership styles and work environments. Leadership style refers to the manner in which leaders direct, motivate, and manage subordinates or followers in organizations toward common goals and objectives and comprises various characteristics, traits, and strategies. Alternatively, the work environment in nursing refers to the internal setting where nurses perform their duties, interact with colleagues and patients, and encounter organizational conditions that either enable or hinder professional practice and outcomes. It encompasses structural characteristics, resources, leadership support, teamwork, and autonomy that influence nurses' satisfaction, performance, and retention *(Al-Ghwary et al., 2024).*

Scholars have identified improving work performance through human resource management as one of the most challenging issues organizations face in achieving goals. Organizations that manage human resources have a big role in employee performance and vice versa (Ibrahim et al., 2017)

In hospital settings, managers play a crucial role in creating safe, positive workstations by assessing and actively improving the work environment, establishing supportive, fair workplaces, maintaining effective communication with staff, and enhancing job autonomy to promote employees' psychological empowerment. Engaging leaders fosters highly conducive work environments, particularly for nursing staff (Kohnen et al., 2024).

The literature has established relationships among various factors, including positive workplace management initiatives, transformational and participative leadership styles, patient-to-nurse ratios, and nurses' levels of education. In general, the focus is on improving the quality of patient care, employee satisfaction, health and well-being programs, nurse satisfaction,

nurse retention, healthy workplace environments, and the health of patients and personnel. Promoting positive relationships between management and employees, creating positive work environments, and implementing positive workplace practices can enhance productivity, engagement, job satisfaction, and patient care outcomes (Tomey, 2009).

The majority of research has focused on leadership approaches. For example,

Qtait's systematic review of nurses' leadership in the workplace highlights that empowering leadership strategies are essential for enhancing nurses' capabilities and improving clinical performance outcomes in hospital settings *(Qtait, 2023)*. Effective leadership styles are positively correlated with job satisfaction, organizational commitment, and nurses' intent to remain in their positions. As such, boosting nurses' morale and intention to stay requires funding, advanced training for head nurses, and the cultivation of a positive, supportive work environment (Labrague et al., 2021).

In Iran, Pishgooie et al. (2019) underscored that leadership styles are significantly related to job stress and anticipated staff turnover. This systematic review identified three core themes of leadership styles, namely, destructive, supportive, and relationally focused, which exerted statistically significant direct and indirect effects on the work-related well-being of nurses. Alternatively, Sarıköse and Göktepe (2022) identified a significant relationship between the four dimensions of the nursing work environment and decent work. Specifically, decent work has a direct relationship with physical and mental health but has an indirect relationship with three work-environment subscales and with physical and psychological health. Improving the nursing work environment and working conditions can positively affect nurses' physical and mental health. On the otherhand, ineffective leadership can increase the risk of illness-related absenteeism among health and social care workers (Stengård, 2021). Malloy and Penprase (2010) noted a noteworthy association between the psychosocial work environment and registered nurses' leadership style. They found a strong relationship between leadership style and the various dimensions of the psychosocial work environment. The results indicated that implementing various leadership styles could improve nurses' psychosocial work environment.

The study draws from the following theories: the contingency theory of leadership by Fiedler (1964), leadership theory by Lewin et al. (1939), scientific management theory by Taylor (1911), the Hierarchy of Needs by Maslow (1943), organizational climate theory by Schneider (1975), and the theory of adaptation by Roy (1976).

The contingency theory of leadership, proposed by Fiedler (1964), posits that the most effective leadership in a given situation should be tailored to that situation. Notably, however, no one leadership style applies to all contexts. Thus, an effective manager should identify the perfect balance among behavior, need, and context. The theory highlights adaptability to situations as

an essential trait of effective leadership (Moniz, 2010).

Meanwhile, Lewin's change theory is grounded in a three-stage model involving unfreezing, changing, and refreezing behaviors to facilitate organizational adaptation and effective leadership responses to environmental change *(Lewin, 1947). Alternatively, T*aylor's scientific management theory emphasizes optimization of work processes through efficiency, task specialization, and managerial control**,** which historically shaped early organizational structures and expectations of work productivity within clinical environments *(Taylor, 1911; see management classics).*

Another theory is Maslow's hierarchy of needs, developed by an American psychologist in 1943, which proposes a hierarchy of human needs ranging from necessities, such as food and water, to higher-order needs, such as self-actualization. When a lower need is met, the need in the hierarchy becomes the focus of attention (Maslow, 1943). Schneider's theory of organizational climate posits that the psychological environment—comprising shared perceptions of work practices, norms, values, and managerial behaviors—profoundly influences employees' attitudes and performance. While not nursing-specific, this theory reinforces the idea that organizational climate affects nurses' experience of their work environment (Schneider, 1975).

Roy's Adaptation Model suggests that individuals are bio-psycho-social beings in constant interaction with a changing environment**,** and nursing interventions aim to promote adaptation to stressors that affect health and functioning. This model supports conceptualizing the work environment as part of the broader environmental stimuli that impact nurses' well-being and performance (Roy, 1976).

RESEARCH METHODOLOGY

This study employed a quantitative descriptive method, using two standard questionnaires developed by Northouse (Sage Publications) as the primary data-collection instruments. The study uses quantitative descriptive research. 53 randomly selected nurses (regular, contractual, and probationary) from three first-district hospitals in Bohol participated in the study. Other medical personnel, such as doctors, medical technologists, and nursing aides, were excluded from recruitment. These hospitals were constructed during the early 1960s as part of the Expanded Program on Immunization and Tuberculosis Program. Over the years, the district hospitals in Bohol have faced various challenges and implemented improvements, including facility upgrades and service expansions to better serve the local community.

Table 1. *Distribution of Respondents (n= 53)*

District Hospitals	Total Population	Sample Population	Percentage Distribution
Maribojoc District Hospital	14	12	22.6
Catigbian District Hospital	21	19	35.9
Loon District Hospital	25	22	41.5
Total	60	53	100

Instruments. The study employed a descriptive, normative survey questionnaire based on standardized versions of the Leadership Styles Questionnaire and the Organizational Climate Questionnaire by Northouse. Both are based on Lewin's leadership theory and Schneider's organizational climate theory.

The questionnaire was divided into three parts: the first collected demographic information from respondents; the second posed questions about leadership styles; and the third examined work environments.

The parameters of the Leadership Style Questionnaire are described as follows:

Weighted Value	Symbol	Descriptive Value	Meaning
5	S.A.	Strongly agree	Strongly agree with the statement
4	A	Agree	I agree with the statement.
3	N	Neutral	The respondent neither agrees nor disagrees with the statement
2	D	Disagree	The respondent disagrees with the statement.
1	S.D.	Strongly disagree	The respondent strongly disagrees with the statement.

Scoring for the Leadership Style Questionnaire
1. Sum the responses on items 1, 4, 7, 10, 13, and 16 (authoritarian leadership).
2. Sum the responses on items 2, 5, 8, 11, 14, and 17 (democratic leadership).
3. Sum the responses on items 3, 6, 9, 12, 15, and 18 (laissez-faire leadership).

Scoring Interpretation. This questionnaire measured three common leadership styles, namely, authoritarian, democratic, and laissez-faire. The most and least dominant leadership styles were determined by comparing the scores.

Score	Interpretation
26–30	very high range
21–25	high range
16–20	moderate range
11–15	low range
6–10	deficient range

Scoring for the Work Environment Questionnaire

The parameters of the Work Environment Questionnaire are as follows:

Weighted Value	Symbol	Descriptive Value	Meaning
5	A	Always	Continuously experienced
4	O	Often	Frequently experienced
3	So	Sometimes	Occasionally experienced
2	S	Seldom	Rarely experienced
1	N	Never	Almost never experienced

The questionnaire measured four factors related to establishing a constructive environment: providing structure, clarifying norms, building cohesiveness, and promoting standards of excellence. The following items, which measure a specific category, were added. By comparing the scores, the researcher determined the strengths and weaknesses in establishing a constructive climate as a leader.

1. Sum the responses on items 1, 5, 9, 13, and 17 (providing structure).
2. Sum the responses on items 2, 6, 10, 14, and 18 (clarifying norms).
3. Sum the responses on items 3, 7, 11, 15, and 19 (building cohesiveness).
4. Sum the responses on items 4, 8, 12, 16, and 20 (promoting standards of excellence).

Scoring Interpretation

Score	Interpretation
20–25	High range
15–19	High, moderate range
10–14	Low, moderate range
5–9	Low range

Data Collection. The study underwent seven phases for data collection. After obtaining ethics clearance, approval from the proper authorities was sought. Subsequently, informed consent was obtained from the respondents after the study's purpose was explained. Data gathering was done face-to-face. The gathered data were encoded and subjected to a normality test. It was analyzed using SPSS 24. The results were discussed in light of the tables and the data analysis. The summary of findings, conclusions, and recommendations served as a basis for drafting a proposed intervention plan for the hospital administration's personnel development.
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RESULTS AND DISCUSSION

Data include essential elements such as respondents' profiles, perceptions of different leadership styles, and assessments of their work environments. Furthermore, this study explores the intricate relationships among respondents' profiles, perceived leadership style, and their profiles and experiences across various work environments, as well as between leadership styles and work environments.

Table 2 presents the respondents' demographic profile. The majority of respondents are aged 25-34, followed closely by those aged 35-44. The majority of respondents are women (69.8%), indicating that the nursing profession remains female-dominated. While a predominantly female workforce can offer strengths regarding gender representation within patient care, the relatively low percentage of male nurses may suggest limited diversity in perspectives and approaches to care. Thus, increasing gender diversity could enhance team dynamics, provide patients with a broader range of caregivers, and help address staffing shortages by attracting a more diverse pool of candidates. Additionally, a gender-equitable nursing workforce is better able to address health challenges. Efforts to recruit and retain more male nurses may help build a balanced, inclusive workforce.

Regarding educational attainment, the majority (79.2%) hold bachelor's degrees. Still, none of them are presently pursuing or have earned doctoral degrees or other advanced educational credentials. In other words, the majority of the nursing workforce in first district hospitals in Bohol did not seek to acquire essential knowledge and skills, indicating poor professional

development. As a result of this component, hospitals may have greater difficulty adapting to the ever-changing demands of the healthcare industry. Additionally, this component may restrict prospects for advanced practice, leadership roles, or specialized knowledge. On the other hand, contractual workers constitute 69.8 percent of the workforce, and none are currently in the probationary phase of their employment. Because a significant number of nursing staff members are employed on a contractual basis, a substantial fraction may be at risk of job insecurity. Individuals who are dependent on contractual labor may experience job insecurity, which can negatively affect morale, reduce staff retention, and ultimately degrade the quality of patient care.

Contract workers may exhibit lower levels of involvement and dedication because they lack benefits and long-term job stability. This may negatively affect their level of commitment. Furthermore, a high turnover rate among contractual workers can impair continuity of care and strengthen team cohesion. This is because the team is more cohesive. During the survey, tenure was also taken into consideration, and it was found that more than half of the respondents (47.2%) had more than 6 years of experience, whilst just a tiny fraction (7.5%) were in their first year of service. The distribution of these nurses indicates a considerable concentration of experienced nurses. This indicates that the staff is well-established and knowledgeable, and that they can significantly affect the quality of patient care. In addition, experienced nurses play a vital role in mentoring and guiding new employees and in establishing an environment that emphasizes learning and professional development. The low number of nurses in their first year of practice, on the other hand, may indicate a shortage of recruits. As a result, the workforce's long-term viability could be affected, and the flow of new ideas could be restricted. To summarize, the emergency room accounts for 32 percent of the nursing staff, representing a significant share of the overall workforce.

On the other hand, no nurses are working in the Neonatal Intensive Care Unit (NICU), the Post-Anesthesia Care Unit (PACU), or the Operating Room (OR). There is a significant need for emergency care, as evidenced by the large concentration of nurses in emergency departments. On the other hand, the absence of nurses in specialist departments such as the Neonatal Intensive Care Unit (NICU), the Pediatric Intensive Care Unit (PACU), or the Operating Room raises concerns about staffing limitations in these critical areas. Providing specialized care to patients in these high-acuity units may be complicated by this factor, which may affect patient outcomes.

Perceived Leadership Styles. The majority of respondents (22.6%) perceived a combination of autocratic, democratic, and laissez-faire leadership styles, indicating that they are highly attuned to managers' ability to foster a flexible, adaptable culture in their workstations. Meanwhile, laissez-faire (20.8%) and democratic (18.9%) leadership styles follow closely, indicating that respondents value autonomy in making quick decisions and are trusted

as capable, empowered team members. Only a small number of respondents (3.8%) experienced purely autocratic leadership, indicating that few perceived nurse managers as strictly dominating and major decision-makers.

The prevalence of mixed leadership styles (autocratic–democratic–laissez-faire) suggests that management in these institutions may adapt their approaches to situational needs to ensure optimal organizational performance. This finding demonstrates that the nursing workforce exhibited the most favorable aspects of the three leadership styles. The strong presence of democratic leadership indicates a managerial emphasis on collaboration and nurse input in decision-making. This style generally promotes job satisfaction, motivation, and a sense of empowerment among staff, leading to better patient care outcomes and higher employee retention. Additionally, the remarkable manifestation of laissez-faire leadership indicates management's complete trust in the nursing workforce's ownership of their work. Being regarded as experienced, self-motivated, and highly skilled may lead to better functioning among nurses. Alternatively, the limited use of autocratic leadership suggests that nurses are less frequently exposed to rigid, top-down decision-making.

Consistent with Fiedler's contingency model, the effectiveness of leadership in nursing is not solely determined by fixed leadership traits but by the match between a leader's style and situational factors such as task structure, leader–member relations, and positional power *(Fiedler, 1967)*. Flexible leaders adapt to the dynamics of urgent care settings, high workloads, and interpersonal demands, enabling clearer communication, collaborative decision-making, and supportive autonomy. This theoretical lens reinforces the observation that mixed leadership styles—rather than rigid single approaches—are observed in complex nursing environments. This theoretical perspective helps explain the distribution of leadership styles observed across hospital units, as shown in Table 3.

Work Environments. The results revealed that the majority of the respondents (73.6%) rated the work environment as "high," while many of them (24.5%) rated it as "moderately high". Notably, none (0%) provided a low rating. A high rating suggests that respondents recognized and deeply understood their roles within the organization and how they complemented the overall scope. Additionally, many workers appreciated their organization's flexibility in adapting to rapid changes in the work environment. Lastly, none reported their workstations as poorly designed or poorly managed by their superiors. In other words, the nurses experienced a well-organized climate with clear roles, guidelines, and expectations, which facilitated workflow efficiency and fostered confidence in their ability to provide better care services. In addition, this structured environment can enhance job satisfaction, improve communication, and streamline patient care processes. However, ensuring that this structure remains sufficiently flexible to accommodate changes and challenges in the healthcare setting is essential.

Regarding the work environment and clarification of norms, the majority (58.5%) rated this variable highly. In other words, the respondents recognized that the guidelines outlining acceptable behavior are well articulated and clearly communicated to all team members. In addition, 37.7% rated their experiences clarifying norms within their workstations as "moderately high," indicating that many respondents acknowledged the presence of apparent, agreed-upon behavior. Lastly, none rated this sub-variable with "low." The high rating for clarifying norms indicates that the nurses acknowledged that their institutions established clear expectations regarding behaviors, procedures, and professional conduct. This aspect helps create a stable and cohesive work environment. Explicit norms can enhance consistency in practice, reduce confusion, and foster a culture of accountability.

In terms of *Building Cohesiveness in the work environment,* the results indicate that the majority (58.5%) rated fostering cohesiveness as "high", which suggests that many positively perceived their workstations as highly effective in promoting teamwork. Meanwhile, 39.6% rated their connection as moderately high; in other words, respondents perceived themselves as strongly connected and motivated to maintain unity and to achieve common goals. As such, they perceive that they have contributed to their respective groups' success. No respondent provided a low rating. The high rating suggests that nurses believe their respective hospitals foster collaborative, supportive work environments in which they likely feel connected and engaged with colleagues. Team cohesion can enhance communication, teamwork, and patient care. However, there is room for improvement. Strengthening initiatives that promote team bonding and interdepartmental collaboration could improve cohesiveness, leading to higher job satisfaction and more efficient patient care. Group cohesiveness in workplace settings fosters genuine connections among nursing staff, enabling them to work towards shared goals and interests, thereby improving efficiency.

In promoting standards of excellence, the majority (73.6%) rated the support for maintaining and promoting high standards as high. Simply put, the respondents recognized their workstations as conducive to consistent, high-performing team members. The results further reveal that 22.6% rated their attitude toward their work as moderately high, suggesting that many respondents perceived their attitude as above average, which is associated with better performance and higher productivity. Lastly, no respondents rated low. The high rating for promoting standards of excellence indicates that the hospitals foster cultures of quality care, encourage nurses to adhere to best practices, and strive for continuous improvement. This focus on excellence can improve patient outcomes, enhance professional development, and improve overall job satisfaction. Ongoing training, leadership support, and recognition of high performance could further reinforce this culture of excellence. A substantial prevalence of standards creates a robust, people-centered, evidence-based healthcare system that remains relevant and responsive to current and future needs (Maassen et al., 2021).

In summary, the majority of respondents (62.3%) rated the work environment as "high," indicating that nurses observed a positive culture, teamwork, and open communication in their respective hospitals. This aspect ensures operational effectiveness and efficiency and is highly beneficial not only to organizations but also to healthcare workers, patients, and the institution.

Additionally, the largely favorable ratings for these four critical dimensions indicate that the hospitals provide a well-structured, cohesive, and supportive environment in which clear expectations are set, and high standards are upheld. This can contribute to enhanced teamwork, job satisfaction, and a strong focus on patient care.

Relationship Between Profile and Leadership Styles. Table 2 showed the relationship between leadership styles and demographic characteristics (i.e., age, sex, employment status, level of education, years of service, and area of assignment).

The findings show no significant association between age and leadership style (p = 0.492). As a result, it shows that age differences have no bearing on nurses' perceptions of various leadership styles. In a similar vein, no significant association was found between male and female leadership styles (p = 0.839), suggesting that perceptions of leadership do not differ substantially between genders. Furthermore, there was no significant association between employment status and leadership style (p = 0.782), suggesting that nurses' employment status (contractual vs. regular) did not affect their experience with leadership styles.

Educational attainment was not significantly correlated with leadership style (p = 0.279), indicating that leadership attitudes are stable regardless of academic qualifications. The duration of service was not significantly associated with leadership style (p = 0.379).

Table 2. *Relationship Between Demographic Profile and Leadership Styles* (n = 53)

Variables	Test Value	Df	p-Value	Decision	Interpretation
Age and Leadership Style	41.520	42	0.492	Fail to reject H_0	Insignificant
Sex and Leadership Style	2.756	6	0.839	Fail to reject H_0	Insignificant
Employment Status and Leadership Style	3.208	6	0.782	Fail to reject H_0	Insignificant
Highest Educational Attainment and Leadership Style	14.353	12	0.279	Fail to reject H_0	Insignificant
Years in Service and Leadership Style	19.212	18	0.379	Fail to reject H_0	Insignificant
Area of Assignment and Leadership Style	67.117	48	0.035	Reject H_0	Significant

The significant association between assignment area and leadership style underscores the importance of situational leadership in complex hospital environments, where different units require varying levels of autonomy, structure, and managerial involvement.

Relationship Between Leadership Styles and Work Environment. After conducting the investigation, the researchers concluded that there was no statistically significant correlation between leadership style and the work environment. The p-value for this conclusion was 0.937. The data, which demonstrate only a weak correlation between the two variables, lend credence to the position that the null hypothesis is correct. This is because the p-value exceeds the 0.05 significance level. To put it another way, findings from this study indicate that variations in perceived leadership style did not have a significant impact on the overall work environment among the staff nurses who participated in the research. With this information, it appears that other organizational and contextual factors may play a more significant role in shaping nurses' work experiences.

Table 3. *Relationship between Leadership Styles and Work Environment (*n = 53)

Variables	Test Value	Df	p-Value	Decision	Interpretation
Leadership Style and Work Environment	5.553	12	0.937	Fail to reject H_0	Insignificant

CONCLUSION

Nurses working in hospitals in Bohol's first district usually described a positive work atmosphere characterized by clear structures, coherence, well-defined norms, and a focus on excellence. Mixed leadership styles were detected, indicating adaptive leadership that takes into account various workplace experiences and meaningful, practical relationships between leadership and the environment; nevertheless, these findings were not statistically significant.

The findings show that nurse leaders' adaptability in meeting situational needs through guidance, support, and autonomy is consistent with contingency theory. This shows that other organizational and demographic elements influence the nursing work environment. To foster a stable, efficient, and effective nursing staff, employers should strengthen employment security, encourage advanced education, invest in leadership development, maintain performance standards, implement effective feedback mechanisms, and improve recruitment tactics. The findings reveal significant relationships consistent with both Contingency Theory and the nursing practice literature. According to Fiedler's model, leadership effectiveness is dependent on situational fit, which explains why nurses frequently use adaptive and mixed leadership styles that promote autonomy, clarity, and teamwork (Fiedler, 1967). The findings also support Tomey's nursing framework, which holds that healthy work environments result from supportive leadership, resource availability, and professional involvement. Overall, various organizational and demographic factors are associated with nurses' work environments, emphasizing the importance of an integrated approach to leadership and workplace change.

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