

Leadership Styles of The Nurse Managers on The Turnover Intention of Staff Nurses in Private Hospitals

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ABSTRACT

Leadership style plays a vital role in influencing nurse retention, job satisfaction, and commitment. In the context of private hospitals in Midsayap, North Cotabato, Philippines nurse turnover remains a pressing concern. This descriptive cross-sectional study was conducted in 2024 to identify and quantify coefficients of determination of the indicators that are linked to leadership from a survey approach to observe the relationships between n=123 nurses' personal characteristics, their nurse managers' leadership styles, and their turnover intentions. The coefficients measured the respondents perceptions of leadership styles—covering idealized influence, inspirational motivation, intellectual stimulation, individual consideration, contingent reward, management by exception, and laissez-faire—as well as turnover intention. Demographic data were also collected. The results presented that most respondents were young, single, female, and held bachelor's degrees. Leadership styles were generally rated high, except for laissez-faire, which was moderate. Turnover intention was also moderate. Significant correlations were found between educational attainment and job position with turnover intention. Among leadership styles, inspirational motivation, intellectual stimulation, contingent reward, and laissez-faire were significantly related to turnover intention. These findings affirm the relevance of Transformational and Transactional Leadership Theories in the healthcare setting. Leadership qualities, particularly those that inspire, stimulate, and reward staff, can help reduce turnover intention. Based on these insights, a leadership enhancement and management plan was proposed to strengthen nurse retention strategies.

Keywords: Descriptive-correlational design, nurses, leadership styles, nurse managers, turnover intention

INTRODUCTION

Background of The Study

Given the importance of effective leadership and the pressing concern of nurse retention, this study explored the relationship between nurses' personal characteristics, their perceptions of leadership styles, and their turnover intention. By associating general leadership principles to specific leadership styles and demographic influences, the study provides insight into how leadership practices can be optimized to retain nursing staff and support healthcare system stability. As a Clinical Instructor, the researcher possesses practical experience in academic instruction and clinical supervision. This background has provided firsthand exposure to both the challenges and importance of effective leadership in nursing, particularly in shaping nurse behavior, satisfaction, and retention. The researcher's professional engagement strengthens the relevance and insight of this study within real-world nursing practice

Research Questions

Specifically, it answered the following questions:

What were the personal characteristics of the nurses in terms age; sex; civil status; highest educational

attainment; employment status; area of assignment; length of service; and position?

What was the perception of the nurses on the leadership styles of their managers/leaders in terms of: Transformational Leader; Idealized Influence; Inspirational Motivation; Intellectual Stimulation; and Individualized Consideration?

Transactional Leader; Contingent Reward; Management by exception; and Laissez-Faire

Was there a significant relationship between; personal characteristics and perception on leadership styles of the nurse managers; personal characteristics and turnover intention of the nurse managers; and perception on leadership styles and turnover intention of the nurse managers?

What leadership and management enhancement plan was developed based on the findings of the study?

Statement of Null Hypotheses

H₀₁: (r=0) There was no significant relationship between personal characteristics of the staff nurses and their perception on leadership styles of their nurse managers.

H₀₂: (r=0) There was no significant relationship between personal characteristics of the staff nurses and their turnover intention of their nurse managers.

H₀₃: (r=0) There was no significant relationship between perception of the staff nurses on leadership styles and turnover intentions of their nurse managers.

LITERATURE REVIEW

Leadership has been described as the process of social influence in which one person can enlist the aid and support of others in accomplishing a common task. It is ultimately about creating a way for people to contribute toward making something extraordinary happen. Effective leadership involves the ability to integrate and maximize available resources within both internal and external environments to achieve organizational or societal goals (Corporate Finance Institute Team, 2020). It is also considered the art of motivating a group of people to act toward a shared objective. Leadership encompasses the essential qualities of being able and ready to inspire others. According to Ward and Khartit (2023), effective leadership is driven by ideas whether original or adapted that are communicated in a way that compels others to act as the leader envisions. A leadership style refers to the approach, behavior, and methods a leader uses when Formatted: Indent: First line: 0" guiding, motivating, and managing others. It determines how leaders plan, strategize, and interact with their teams, all while considering stakeholder expectations and staff well-being (Becker, 2023). Personal characteristics such as values, skills, experiences, and personality significantly shape one's leadership style, and in turn, influence organizational effectiveness, employee satisfaction, and overall performance. Numerous studies have been conducted over the years to explore how various leadership styles affect team dynamics, productivity, and organizational outcomes. In contemporary healthcare settings, particularly in nursing, understanding leadership dynamics is essential in addressing challenges such as employee engagement, performance, and especially turnover intention an emerging concern in many healthcare institutions. Turnover intention, defined as an employee's conscious plan or intent to leave their current role, has been widely studied in the context of leadership. Poor leadership practices are often cited as key drivers of turnover, while effective leadership is linked to increased job satisfaction, engagement, and retention. Nurses are particularly sensitive to leadership influences due to the high-stress and emotionally demanding nature of their work environments. Leadership that supports, motivates, and values nurses can reduce their intention to leave, whereas rigid, inconsistent, or disengaged leadership can heighten dissatisfaction and withdrawal. Moreover, the way nurses perceive their leaders may also be shaped by their demographic profile. For instance, age, educational attainment, and job position can influence how leadership behaviors are interpreted. Younger nurses may seek mentorship and emotional support, while more experienced staff may value structured

communication and task alignment. Understanding these nuances is key to aligning leadership strategies with retention efforts. Two widely recognized leadership styles: transformational and transactional leadership, represent distinct yet interrelated dimensions of leadership behavior (Bass, 1985). Transformational leadership emphasizes visionary inspiration, empowerment, and innovation. Leaders with this style inspire and motivate their teams by communicating a clear vision, encouraging creativity, and fostering individual growth that transcends self-interest for the greater good (Bass & Riggio, 2006).

Conversely, transactional leadership focuses on setting clear goals, monitoring performance, and providing rewards or consequences based on results (Bass & Avolio, 1990). This structured approach ensures accountability and alignment with organizational goals. Transformational leadership is characterized by four components: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Bass, 1985). Research has consistently shown that this leadership style creates a work environment grounded in trust, openness, and collaboration factors that significantly enhance job satisfaction and employee retention (Bass & Riggio, 2006; Podsakoff et al., 2018). By supporting professional growth and articulating a compelling organizational vision, transformational leaders can foster higher levels of motivation, loyalty, and commitment (Judge & Piccolo, 2004), ultimately contributing to reduced turnover intentions. Transactional leadership, in contrast, is based on contingent reward and management by exception principles that rely on structured performance management and clear expectations. It promotes organizational stability and discipline by ensuring adherence to rules and performance standards (Podsakoff et al., 1996). Through consistent feedback and reward systems, transactional leaders align individual outputs with institutional goals, thereby improving efficiency and productivity (Judge & Piccolo, 2004). While often viewed as more rigid than transformational leadership, the transactional approach is vital for maintaining order, minimizing risks, and driving goal achievement. Combining these two styles can lead to a balanced leadership framework that supports both innovation and accountability. Leaders who effectively integrate transformational and transactional elements are more likely to succeed in navigating the complex challenges of today's dynamic healthcare environments. Studies affirm that such integrated leadership fosters higher levels of nurse engagement, satisfaction, and organizational commitment (Avolio et al., 2009), which are all critical in lowering turnover intention.

Leadership.

Registered nurses reported that their nurse leaders exhibited both transformational and transactional leadership behaviors and, to a lesser extent, laissez-faire. Of interest was the finding that nurse leaders in this study tend to rate themselves higher than others rate them (Goh et al., 2018). There were no significant differences between the perceived leadership styles of the nurse managers themselves and the perception of the nurses on the nurse managers' leadership styles. When determining whether there was a significant association between the perceived leadership styles of the nurse managers and the outcomes of that leadership, the results yielded a significant (moderate) relationship between a transformational leadership style and the outcomes of leadership in terms of extra effort, effectiveness, and satisfaction (Albagawi et al., 2017). Participants agreed that their nurse managers utilized either transformational or transactional leadership styles. Findings indicate that transformational and transactional leadership styles of nurse managers were correlated to nurses' job satisfaction (Lapeña et al., 2017). The study of Ebrahimzade et al., (2015) shed light on the effective role of transformational leadership in improving nursing management and reducing burnout among nurses. Because this style of leadership enhances creativity and motivation among nurses, it can decrease burnout. Transactional leadership, because of its emphasis on collaboration, also reduces burnout. Therefore, a combination of these two styles can reduce nurses' burnout. The study of Mohamed et al., (2023) showed there was significant positive high correlation between transformational leadership style and staff nurses' structural empowerment where, and significant positive moderate correlation between transformational leadership style and staff nurses' work engagement were. Additionally, there was insignificant low correlation between transactional leadership style and staff nurses' structural empowerment. Furthermore, there was significant low correlation between transactional leadership style and staff nurses' work engagement. Also, there was significant negative correlation between laissez-faire leadership style and staff nurses' structural empowerment and work engagement. The results in the study of

Negussie and Demissie (2013), leadership style and had moderate-level intrinsic but low level of extrinsic job satisfaction.

Furthermore, from transactional leadership, only contingent reward was found to be statically significant and correlated with extrinsic and intrinsic job satisfaction while all five dimension of transformational leadership style were statistically significant and correlated with both intrinsic and extrinsic job satisfaction. In the study of Alsadaan et al. (2023) nurse managers rated themselves as using transformational and transactional factors more than the nurses perceived them utilizing these various leadership styles. Nurse managers, however, rated themselves lower than nurses in both laissez-faire and management-by-exception-passive. This result indicated that nurse managers utilized contingent reward fairly often and management-by-exception active sometimes to fairly often. However, the management by-exception passive had the lowest mean score, indicating that nurse managers used this less than the other two factors.

In the study of Gashaye et al. (2023) the head nurses fairly often or commonly used the transformational leadership style, they used transactional leadership style sometimes, and they used laissez-faire leadership style once in a while. Moreover, the analysis showed that nurses indicated that their head nurses had used all domains of transformational leadership style equally and domains of transactional leadership style in a variable way, ranging from fairly often to sometimes. Among the transformational leadership styles, inspirational motivation and idealized influence behavior had highest mean scores. The head nurses had fairly often used a contingent reward leadership style, while they sometimes used active and passive management by exception. The result infers that nurses perceived that their head nurses were using a transformational leadership style more often than transactional and laissez-faire leadership styles.

Transformational and Transactional Leadership Styles

Leadership style is an often overlooked but critical factor that influence the job satisfaction of nurses along with their commitment and even their intention to remain or leave the organization. Recent researches provide information on the impact of transformational and transactional leadership styles on staff nurses especially in a private hospital setting. Transformational leadership is often defined by inspiration, individualized consideration, and intellectual stimulation and associated with reduced turnover intention among nurses. This effect was further enhanced when perceived organization support was present which suggests that the effectiveness of a leadership style is affected and influenced by organizational environment (Alshaikh, 2024). In another study which conducted a systematic review and analysis on turnover supports that ethical, transformational, and transactional leadership styles result to employee retention. While, on the other hand, passive-avoidant leadership styles were shown to increase turnover. These findings highlight the significance of having proactive, engaging leadership practices to reduce nurse turnover (Kim & Park, 2022). Similarly, Magbity, Ofei, and Wilson (2020) found in their study of 250 nurses across five hospitals that participative and transformational leadership styles were most commonly practiced and has resulted to decreased turnover intentions which is in contrast to autocratic and laissez-faire leadership styles. These findings indicate that rigid, strict, or even detached management techniques have adverse effects on staff morale. Additionally, Goens and Giannotti (2024) emphasized in their integrative review that job satisfaction and organization commitment are identified factors that are instrumental in improving nurse retention. However, they also noted that while transformational leadership contributes positively, its impact alone may not be sufficient to retain staff, suggesting the need for a holistic approach that includes supportive workplace culture and policies. Supporting this, a study conducted by Alasiry, Alghamdi, and Alzahrani in Saudi Arabia in 2024 revealed that transformational leadership practices among nurse managers were significantly associated with reduced turnovers among nurses. In some instances, although many nurses expressed willingness to leave an institution, they are indecisive and often ends in reluctance to quit.

These studies collectively demonstrate that leadership styles have a profound influence on the decision of nurses to stay in or leave their positions especially in private hospital settings where pressures are high and resources are constraint. Effective leadership styles are essential in fostering loyalty, burnout, and quality patient care.

Turnover intention of Nurses

The intention of nurses to leave their positions. Based on the findings of the research carried out by Alreshidi et al., (2021), the factors that have an effect on employee turnover were divided into nine different dimensions. Several factors were suggested, including professional growth and development, management style, leadership, wage and benefits, workload, interpersonal connections, housing facilities and services, hospital facilities, and the intention to stay and the intention to leave. These were some of the elements that were highlighted. When compared to the other dimensions, the professional growth and development dimension had the highest mean agreement ratings. This is in contrast to the housing and hospital facilities dimension, which exhibited the lowest mean scores. Those that are linked with the quantity of work that they are needed to do and the incentives that they receive are the most significant elements that contribute to the turnover rate of nurses who are working abroad. A number of other factors, such as poor housing and hospital facilities, were identified as contributing factors to the problem. It is also important to mention that the nursing staff provided some recommendations on how to increase the percentage of patients who remain at the facility.

Moreover, the research that was carried out by Al Sabei et al., (2022) found that the interprofessional teamwork had a direct association with the nurses' intents to leave their professions. This is an additional point of interest. Job satisfaction and job burnout were two qualities that served as indirect mediators between the influence of teamwork on the want to quit and the intention to leave. Both of these characteristics were found to be related to the desire to quit. The findings shed light on the possible advantages that could be gained from boosting interprofessional collaboration. This can be accomplished by lowering the number of nurses who are considering quitting their current roles. Increasing cooperation through interventions has the potential to accomplish a number of positive outcomes, including the creation of workplaces that are satisfying, the reduction of feelings of burnout, and ultimately the contribution to organizational strategies for eliminating nursing shortages. These are just some of the potential outcomes that can be achieved through an increase in cooperation.

After performing a study, Ki and Choi-Kwon (2022) found that approximately one quarter of the people who participated in the survey had the intention of leaving their occupations within the next year. This was observed after the researchers concluded their investigation. On the other hand, during the length of the examination period that lasted for a year, only a very small percentage of the participants actually left their jobs. There were 112 employees who had the intention of quitting their occupations, but only 22 of them actually exited their positions. The results of the logistic regression analysis revealed that sleep interruptions and exhaustion were discovered to have a connection with turnover intentions as well as actual turnover. This was concluded based on the findings of the analysis. On the other hand, the only item that was discovered to be associated with depression was the explicit purposeful turnover of employees. In the course of the research that studied the causal mediation approach, it was established that turnover intention served as a mediator in the connection between health problems (sleep disruption and weariness) and actual turnover. This was demonstrated by the fact that turnover intention was shown to work as a mediator. Furthermore, it was discovered that real turnover was naturally affected by sleep problems on a natural level. This was discovered through research.

According to the findings of the study, the aspects that influence the intentions of nursing home (NH) nurses to leave their posts are recognized as being individual factors and organizational factors. These are the elements that have an impact on the nurses' intentions. Individual and organizational variables were the categories that were used to categorize these components. The outcomes of this study demonstrated that the level of job satisfaction that nurses had was the most significant element in predicting whether or not they wanted to quit their current position. This was in addition to the multiple aspects that were stated earlier in the study. It is required to make further efforts to improve the level of job satisfaction that nurses who are employed by the organization feel (Lee, 2022). This is necessary in order to reduce the likelihood of nurses abandoning their posts within the National Health Service (NHS).

A sizeable number of nurses have communicated their strong intention to leave from their current employment in

the nursing profession. According to the findings of a multilevel logistic regression analysis, the intention of nurses to leave their current place of employment was found to be influenced by factors such as being single, having a junior college degree or less, being a clinical nurse, having a higher pay level, having higher job satisfaction, having conflicts with colleagues, and having a higher sense of belonging to the hospital (Liu et al., 2023). These factors were found to have an impact on the intention of nurses to leave their current place of employment. When it comes to the intention of nurses to quit their current place of employment, it was discovered that these elements have varying influence on nursing professionals.

When asked about their intentions, more than one third of the people who participated in the group said that they intended to leave the organization. For instance, the intention of nurses to leave their positions was found to have a positive correlation with the characteristics of dissatisfaction with their remuneration and perks, dissatisfaction with their performance appraisal, and a lack of commitment to maintaining their career (Nigussie Bolado et al., 2023). These characteristics were found to be associated with the intention of nurses to leave their positions.

When asked about their intentions, over forty percent of those who participated in the survey reported that they intended to leave the primary health care (PHC) facility where they were now employed. According to the data, the individuals who participated in the survey were unhappy with their working conditions. There was a strong correlation that was discovered between the quality of work-life (QWL) and the intention to leave one's employment. This was discovered through the research. It was determined through the utilization of standard multiple regression that QWL was accountable for liable for 26 percent of the variance in the individuals' intents to leave their current work. After conducting more research using hierarchical multiple regression, it was determined that the model does, in fact, explain the complete variance that was described by the model as a whole (demographics and QWL). This was established after the model was used to explain the variance. According to Almalki et al., (2012), quality of work life (QWL) was able to account for an additional 19% of the variance in turnover intention when demographic data were included in the analysis.

Mosallam et al., (2015) state that turnover intention is "the final cognitive step leading to actual turnover and that it is the main factor impacting turnover." This is according to the findings of the aforementioned researchers. Additionally, the key factor that has an effect on turnover is the purpose to leave the company. These researchers, who were responsible for carrying out the study, provided this definition.

Personal Characteristics of the Respondents

According to Ladner (2023), for decades, labor market policies and employment practices have emphasized the "prime working age" population, which includes people age 25 to 54 years old. According to Marshall (2022), the profession of nursing is a historically female-dominated field as 87 percent of nurses in the nation are women, according to the U.S Census. In 2019, the Florida Center for Nursing found that 87 percent of Florida's nurses are women. According to Abad (2023), of the 86.33 million persons aged ten years and over in 2020, the Philippine Statistics Authority reported that 34.26 million persons or 39.7 percent were never married. Almost the same number though said they were married, that is 33.87 million persons, or 39.2 percent. According to Suryadana (2023) becoming a nurse in the Philippines is a fulfilling journey that requires dedication and perseverance. The pathway involves completing a Bachelor of Science in Nursing degree, passing the Nursing Licensure Examination for a nursing license, and gaining practical experience. Nurses can specialize and pursue advanced roles, contributing to healthcare's advancement.

According to Garcia and Daño (2019), contractualization of nurses is rampant in the Philippine public health system. In the government sectors, the temporary work service or contractual service covers less than six months according to the law of contract. But their salary is higher compared to private hospitals. Meanwhile in the private sectors, contractual nurses are recruited for the purposes of providing patient care, but their salaries are minimal with few privileges and benefits. But the reasons they hire contractual nurses so that the hospital can save expenses without compromising their human resources, instead of hiring nurses to a permanent position, they let

them work as contractual or as reliever. This means, nurses who are under job order or signed as contractual do not have the same benefits as the regular employees. In a study, majority of the respondents were females and single. Almost half of the respondents are nurses in the charity or service wards, and have been working in the hospital for less than five years. Only three respondents have completed their graduate degrees (Tamayo et al., 2022).

Personal Characteristics and Leadership Styles

The results of the study of Sürücü et al. (2018) showed that the members of the organization have a meaningful relationship with age, gender, marital status and experience perceptions of leadership and that there is no meaningful relationship between the level of education. Results in the study of Alenazi et al. (2017) identified that educational level had the greatest influence on leadership behavior than any other demographic characteristics. In addition, the occupational category had a negative correlation with leadership behavior. In the study of Jones and Bekhet (2015) the demographic profile of leaders was found to have no influence on the leadership styles of the respondents. This suggests that, leaders' demographic profiles are not differentiating factors in determining transformational and transactional leadership styles.

The results in the study of Assi et al., (2024) showed a statistically significant positive correlation between authentic leadership and work engagement in the hierarchical regression analysis. After controlling demographic variables, authentic leadership accounted for 11 percent of the additional variance above and beyond the 5 percent accounted for age, educational level, and work experience. Nurses whose managers demonstrate higher levels of authentic leadership report more work engagement. The findings in the study of Jones and Bekhet (2015) revealed that, the transformational leadership style was perceived as the most often adopted style, followed by the transactional leadership style. The demographic profile of business leaders was found to have no influence on the leadership styles of the respondents. This suggests that, leaders' demographic profiles are not differentiating factors in determining transformational and transactional leadership styles. During the pandemic, nurse managers employed idealized influence leadership styles. Age, years of experience, and ward assignment were found to be of no significant difference to organizational commitment, but they did have a significant difference to nationality. Age differed significantly with individualized consideration, contingent reward, and laissez-faire leadership. Years of experience was found to be significantly different with contingent reward and laissez-faire leadership. Concerning nationality, a significant difference was found with idealized influence and inspirational motivation. With the ward assignment, a significant difference was found with individual consideration and laissez-faire leadership (Alboliteeh, 2023). There was positive correlation between outcome factors (effectiveness, extra efforts and satisfaction) and transformational and transactional leadership styles and negative with laissez-faire leadership style. that there were significant differences between male and female nurses in regards to using transactional leadership style and laissez-faire leadership style with male nurses mean score higher than female nurses mean score in both styles (Aboshaiqah et al., 2014).

Personal Characteristics and Turnover Intention

Results in the study revealed that the nurses had a moderate level of quality of work life and high level of turnover intention. Sex, number of children, and work wards/units had a moderating effect on turnover intention, after its interaction with quality of work life (Al Zamel et al., 2021). Demographic data that influences on turnover intention are gender and work unit variable. turnover intention can be explained by gender and work unit variable of 27.7 percent. The accuracy of this model in predicting turnover intention is 69.7 percent. Female nurses have a higher turnover intention than male nurses and nurses working in places with high stress such as hemodialysis room also increase the chances of nurses to have the intention to leave the hospital. The results of this research can be used as a basis in determining nurse job satisfaction, especially in groups with high risk of turnover intention (Qowi et al., 2018).

The nurses' turnover intention was significantly different in gender, departments, professional rank, monthly

income. Work adaptation disorder was positively related to turnover intention, and it was a significant predictor of turnover intention (Meng & Liu, 2019). Most nurses had a high level of turnover intention. Multilevel logistic regression analysis demonstrated that nurses being single, with a junior college or below, being a clinical nurse, having higher pay level, having higher job satisfaction, having conflicts with colleagues, and having a higher sense of belonging to the hospital proved to affect nurses' turnover intention (Liu et al., 2023).

Leadership Style and Turnover Intention

The result in the study of Pattali et al., (2024) indicated that transformational, authentic leadership styles and perceived organizational support significantly negatively affect nurses' turnover intention. The study confirms the negative moderating effect of perceived organizational support between transformational leadership and turnover intention and the positive moderating effect of perceived organizational support between authentic leadership and turnover intention. Managers should concentrate on the leadership style to avoid its impact on turnover intention. By considering human resource practices such as communication and training strategies to cope with the negative effect of turnover intention, organizations can enhance employee engagement, improve job satisfaction, and foster a more stable and productive work environment.

The findings in the study of Alkarabsheh et al., (2022) showed that transformational leadership has a negative relationship with turnover intention. In addition, there was a negative relationship between authentic leadership and turnover intention among RNs in public hospitals in Jordan. The study results emphasized the roles of both leadership types in mitigating the turnover intention of RNs in Jordanian public hospitals. Findings in the study of Magbity et al., (2020) showed that participatory and transformational leadership styles are predominantly practiced. Correlation analysis revealed that participative and transformational leadership styles decrease turnover intention while autocratic and laissez-faire leadership styles increase turnover intention. Therefore, leadership styles of nurse managers are determinants of nurses' turnover intentions.

Nurses' motivation has a positive correlation with all leadership styles. Years of experience predict the nurses' work motivation. Among the leadership styles; two of them significantly predict nurses' work motivation (supportive style), and (achievement-oriented style). Finally, the highest correlation coefficient was noticed between work motivation and achievement-oriented style by moderate positive correlation, and the lowest correlation coefficient was between work motivation and directive style, whereas the results revealed that turnover intention was not significantly correlated with any of the leadership styles (Smama'h et al., 2023). The multiple linear regression analysis results indicated the model was able to significantly predict turnover intentions. In the final model, three predictors were significant, inspirational motivation, contingent reward, and management by exception passive. A key recommendation is for nursing home leaders to encourage development, positive morale, and recognize employees for good performance (Casey, 2022). There was a significantly positive relationship between turnover intention and toxic leadership behavior subscales. Furthermore, multiple linear regression analysis showed toxic leadership behavior subscales (intemperate behavior, narcissistic behavior, self-promoting behavior, and humiliating behavior), hospital, unit, age, and marital status predict turnover intention when other variables are controlled (Nonchkaran et al., 2023).

The current study results indicate that transactional leadership style has significant positive relationship with turnover intentions and transformational leadership style has significant negative relationship with nurses' turnover intention. Therefore, head nurses of the private hospitals should use the transformational leadership style to overcome the issue of nurses' turnover (Naseer et al., 2017).

Although there may be similarities in some points of this study with the aforementioned studies, they are not a duplication of them in the sense that the time, environment, and respondents are distinct and different from this work. Furthermore, the related literature acknowledges the significance of SQ and patient satisfaction and thus, the investigator may utilize this as feedback for further study in improving the performance of healthcare services.

METHODOLOGY

Study Design. This study utilized a descriptive-correlational quantitative research design. Descriptive research is used to systematically present and summarize information about a population, condition, or variable as it exists in its natural setting (Formplus, 2023). It allows the researcher to observe and describe patterns or trends without influencing the variables. In this study, the descriptive aspect was applied to determine and describe the leadership styles of nurse managers and the turnover intention among staff nurses in private hospitals.

Study Area. This study was conducted in Midsayap, a first-class municipality in the Province of Cotabato. Known as a commercial and healthcare hub, Midsayap hosts several private hospitals serving its growing population. Hospital A is a secondary-level private hospital with a 98-bed capacity. It is the largest in the municipality, with a high daily census and a wide range of medical and surgical services. Hospital B is a secondary private hospital with a 52-bed capacity. It operates under a cooperative model, offers general healthcare services, and maintains a moderate patient load. Hospital C is a 28-bed secondary private hospital. It serves nearby communities with general medical and minor surgical services and sustains a steady patient volume. Hospital D is a privately owned secondary hospital with 25 beds. It provides basic inpatient and outpatient services and caters to a moderate number of daily patients. Hospital E is a primary private hospital with an 18-bed capacity. It delivers essential health services and refers complex cases to higher-level facilities due to limited resources.

Respondents. A total of 123 staff nurses from five private hospitals in Midsayap, Cotabato served as respondents in this study.

Sampling Design. This study utilized proportionate random sampling to ensure fair representation of respondents from the five private hospitals in Midsayap, Cotabato. The total number of respondents was 123 staff nurses, distributed proportionately according to the number of qualified nurses in each hospital. The breakdown is as follows: Hospital A – 29, Hospital B – 43, Hospital C – 22, Hospital D – 10, and Hospital E – 19.

Inclusion Criteria. Inclusion criteria included staff nurses who are of legal age, regardless of civil status, employment classification, economic status, educational attainment, or religious affiliation. Respondents must be currently employed as staff nurses in the selected private hospitals within Midsayap, North Cotabato, Philippines and must be willing to give voluntary consent to participate.

Exclusion Criteria. Exclusion criteria included nurses who had been employed for less than three months at the time of data collection, those who were not actively rendering duty, and those who had submitted notices of resignation or retirement.

Instrument. The study made use of a three-part questionnaire. The first section pertained to the personal characteristics of the nurses in terms of age, sex, civil status, highest educational attainment, employment status, area of assignment, length of service, and position.

The second part assessed the perceived leadership style among nurse managers using the Multifactor Leadership Questionnaire (MLQ 5X short or the standard MLQ)- Leader Form developed by Avolio and Bass (2004) and published by Mind Garden, Inc. It measures a broad range of leadership types from passive leaders, to leaders who give contingent rewards to followers, to leaders who transform their followers into becoming leaders themselves. The MLQ-5X is a 21-item self-report set of questions that assesses the wide range of leadership behaviors via 7 subscales. These are: Idealized influence (items 7 – 9), inspirational motivation (items 10 – 12), intellectual stimulation (items 13 – 15), individual consideration (items 4 – 6), contingent reward (items 1 – 3), management by exception (items 19 – 21), and laissez-faire (items 16 – 18). Each subscale is associated with a leadership style such as transformational, transactional, or passive-avoidant. The MLQ-5X assesses leadership behaviors of nurse managers as perceived by nurses. Respondents will read a brief descriptive declaration about the specific leadership behavior and rate the frequency with which the behavior occurs on a five-point Likert scale ranging

from "0 - not at all", "1-once in a while", 2-sometimes", "3-fairly often", to "4 - frequently, and if not always." An evaluation of the MLQ-5X reported a Chronbach's alpha of 0.7 and was deemed a reliable tool for measuring leadership styles (Kanste et al., 2007).

Further, the following seven leadership scale scores measured by the MLQ represent transformational, transactional, and/or laissez-faire leadership: (1) Individualized Consideration - associated with transformational leadership; (2) Intellectual Stimulation – associated with transformational leadership; (3) Inspirational Motivation – associated with transformational leadership; (4) Idealized Influence - associated with transformational leadership; (5) Contingent Reward - associated with transactional leadership; (6) Management-by-Exception - associated with transactional leadership, a method of leadership associated with either solving or preventing problems; (7) Laissez-faire - an inactive form of leadership characterized by a reluctance to become actively involved and a view that the best leadership is to disassociate from the action (Bass & Avolio, 2000; Northouse, 2004).

Data Gathering Procedures. The gathering of data commenced with the researcher seeking permission and approval from the Researcher's Adviser and the Dean of the Graduate School and Formal letters were submitted to them. After approval was granted, a formal request letter was also forwarded to the five respective chief of hospital which was personally delivered by the researcher for courtesy and formality and briefly discuss the purpose and objectives of the study. The researcher also asked the assistance of the medical staff in the predefined schedule for data gathering. After the questionnaires were formulated and verified, they were submitted to the panel during the proposal hearing for technical and ethical review and improvement. During the data gathering, the researcher was going to the different hospitals on different schedules. Approved schedule from the different hospitals were established first before starting the survey to avoid overlapping of activities. Questionnaires were distributed during the break periods of the nurses or before or after their shifts so as not to interrupt their work. Questionnaires were distributed to qualified respondents and collected the same day. Distribution was done over a specified period. The Researcher's assistant assisted in the distribution and administration of the questionnaires. Once the questionnaires were filled out, it was collected. All throughout the data gathering and analysis, strict compliance of the confidentiality of information was observed. Aside from the written answers, interviews were also conducted by the Researcher and her staff. The data was then gathered, retrieved for tabulation, presentation, analysis, and interpretation.

Statistical Treatment of Data. The statistical data were analyzed. The following descriptive and inferential statistics were used in the study: Frequency Distribution and Simple Percentage were used to present the demographic profile of the respondents and the leadership styles of the nurse managers. Mean scores and standard deviation were used to determine the respondents' turnover intention. Chi Square with Cramer's V was utilized to assess the significant relationship between the personal characteristics of the respondents and the perceived leadership styles of the nurse managers as well as to assess the relationship between the personal characteristics and turnover intention. Pearson r was used to assess the relationship between the leadership styles of the nurse managers and turnover intention.t.

The study was approved by the University of the Visayas-Institution Research Board.

Presentation of Data

Table 1 Personal Characteristics of the Nurses

Personal characteristics	<i>f</i>	%
Age		
18 – 35 years old	75	61.00

36 – 55 years old	48	39.00
Sex		
Male	21	17.10
Female	102	82.90
Civil Status		
Single	77	62.60
Married	46	37.40
Highest Educational Attainment		
Bachelor’s Degree	109	88.60
With Master Units	8	6.50
With Master’s Degree	6	4.90
Employment Status		
Contractual	17	13.80
Probationary	12	9.80
Regular	94	76.40
Area of Assignment		
General Wards	73	59.30
Emergency Department	30	24.40
OR/DR	20	16.30
Length of Service		
Less than a year	46	37.40
1 to 3 years	43	35.00
4 to 6 years	14	11.40
7 to 10 years	7	5.70
Over 10 years	13	10.60
Position		

Staff Nurse	108	87.80
Head Nurse	15	12.20

Note: $n=123$.

Table 2 Perceptions of the Nurses on the Leadership Styles of the Managers

Leadership Style	Average Score	<i>f</i>	%
Idealized Influence			
Very Low	0.00	0	0.00
Low	3.67	3	2.44
Moderate	6.34	29	23.58
High	8.81	58	47.15
Very High	11.03	33	26.83
Average Score	8.70	High	
Inspirational Motivation			
Very Low	0.00	0	0.00
Low	3.67	6	4.88
Moderate	6.30	23	18.70
High	8.70	61	49.59
Very High	11.00	33	26.83
Average Score	8.63	High	
Intellectual Stimulation			
Very Low	0.00	0	0.00
Low	3.00	5	4.07
Moderate	6.24	49	39.84
High	8.65	54	43.90
Very High	10.87	15	12.20
Average Score	7.73	High	

Individual Consideration			
Very Low	0.00	0	0.00
Low	3.00	1	0.81
Moderate	6.21	24	19.51
High	8.74	54	43.90
Very High	11.00	44	35.77
Average Score	9.02	High	
Transformational Leadership Total Average Score	8.52	High	
Contingent Reward			
Very Low	1.00	6	4.88
Low	3.88	8	6.50
Moderate	6.11	37	30.08
High	8.68	47	38.21
Very High	11.40	25	20.33
Average Score	7.77	High	
Management by Exception			
Very Low	0.00	0	0.00
Low	3.29	7	5.69
Moderate	6.08	39	31.71
High	8.67	57	46.34
Very High	10.60	20	16.26
Average Score	7.85	High	
Laissez-faire			
Very Low	0.00	0	0.00
Low	3.36	11	8.94
Moderate	6.22	63	51.22

High	8.57	42	34.15
Very High	10.57	7	5.69
Average Score	7.02	Moderate	
Transactional Leadership	7.55		
Total Average Score			

Note: $n=123$.

Legend: A score of 0-2.4 is very low, 2.5-4.8 is low, 4.9-7.2 is moderate, 7.3-9.4 is high, and 9.5-12 is very high.

Table 3 Turnover Intention of the Nurses

Statements	Mean score	SD	Interpretations
1. How often have you considered leaving your job?	2.53	.961	Rarely
2. How satisfying is your job in fulfilling your personal needs?	3.11	.895	Neither satisfying nor dissatisfying
3. How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?	2.67	.836	Sometimes
4. How often do you dream about getting another job that will better suit your personal needs?	3.24	1.15	Sometimes
How likely are you to accept another job at the same compensation level should it be offered to you?	2.73	1.04	Neither unlikely nor likely
6. How often do you look forward to another day at work.*	3.06	1.08	Sometimes
Grand mean	2.89	.488	Moderate

Note: $n=123$. * Reversely scored item.

Legend: A score of 1.00 – 1.80 is low extent, 1.81 – 2.60 is fair extent, 2.61 – 3.40 is moderate extent, 3.41 – 4.20 is high extent, and 4.21 – 5.00 very high extent.

Table 4 Relationship between Personal Characteristics and Perception on Leadership Styles of the Nurse Managers

Variables	chi value	p value	Cramer's V value	Decision	Interpretation
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Idealized Influence					
Age	14.897	.094	--	Failed to reject Ho	Not significant
Sex	17.217	.045	.374	Reject Ho	Significant
Civil status	8.160	.518	--	Failed to reject Ho	Not significant
Highest educational attainment	30.216	.035	.350	Reject Ho	Significant
Employment status	22.904	.194	--	Failed to reject Ho	Not significant
Area of assignment	14.329	.707	--	Failed to reject Ho	Not significant
Length of service	36.994	.423	--	Failed to reject Ho	Not significant
Position	13.392	.146	--	Failed to reject Ho	Not significant
Inspirational Motivation					
Age	14.388	.109	--	Failed to reject Ho	Not significant
Sex	5.394	.799	--	Failed to reject Ho	Not significant
Civil status	11.965	.215	--	Failed to reject Ho	Not significant
Highest educational attainment	31.060	.028	.355	Reject Ho	Significant
Employment status	31.046	.025	.355	Reject Ho	Significant
Area of assignment	28.921	.049	.343	Reject Ho	Significant
Length of service	34.075	.560	--	Failed to reject Ho	Not significant
Position	17.217	.045	.333	Reject Ho	Significant
Intellectual Stimulation					
Age	8.679	.563	--	Failed to reject Ho	Not significant

Sex	23.844	.008	.440	Reject Ho	Significant
Civil status	13.038	.222	--	Failed to reject Ho	Not significant
Highest educational attainment	21.299	.380	--	Failed to reject Ho	Not significant
Employment status	27.230	.129	--	Failed to reject Ho	Not significant
Area of assignment	15.357	.756	--	Failed to reject Ho	Not significant
Length of service	27.414	.935	--	Failed to reject Ho	Not significant
Position	11.852	.295	--	Failed to reject Ho	Not significant
Individual Consideration					
Age	11.284	.186	--	Failed to reject Ho	Not significant
Sex	6.292	.615	--	Failed to reject Ho	Not significant
Civil status	2.456	.964	--	Failed to reject Ho	Not significant
Highest educational attainment	40.532	.001	.406	Reject Ho	Significant
Employment status	31.819	.011	.360	Reject Ho	Significant
Area of assignment	24.980	.070	--	Failed to reject Ho	Not significant
Length of service	35.338	.313	--	Failed to reject Ho	Not significant
Position	15.327	.053	--	Failed to reject Ho	Not significant
Contingent Reward					
Age	9.536	.657	--	Failed to reject Ho	Not significant
Sex	17.257	.140	--	Failed to reject Ho	Not significant
Civil status	8.450	.749	--	Failed to reject Ho	Not significant
Highest educational	35.321	.064	--	Failed to reject Ho	Not significant

attainment					
Employment status	38.249	.033	.394	Reject Ho	Significant
Area of assignment	20.152	.688	--	Failed to reject Ho	Not significant
Length of service	51.121	.352	--	Failed to reject Ho	Not significant
Position	11.900	.454	--	Failed to reject Ho	Not significant
Management by Exception					
Age	6.452	.694	--	Failed to reject Ho	Not significant
Sex	9.228	.417	--	Failed to reject Ho	Not significant
Civil status	8.383	.496	--	Failed to reject Ho	Not significant
Highest educational attainment	12.275	.833	--	Failed to reject Ho	Not significant
Employment status	15.773	.608	--	Failed to reject Ho	Not significant
Area of assignment	13.656	.751	--	Failed to reject Ho	Not significant
Length of service	44.195	.164	--	Failed to reject Ho	Not significant
Position	12.829	.170	--	Failed to reject Ho	Not significant
Laissez-faire					
Age	4.624	.866	--	Failed to reject Ho	Not significant
Sex	23.123	.006	.434	Reject Ho	Significant
Civil status	12.031	.212	--	Failed to reject Ho	Not significant
Highest educational attainment	24.151	.150	--	Failed to reject Ho	Not significant
Employment status	7.644	.983	--	Failed to reject Ho	Not significant
Area of	8.996	.960	--	Failed to reject Ho	Not significant

assignment					
Length of service	58.938	.009	.346	Reject Ho	Significant
Position	10.228	.332	--	Failed to reject Ho	Not significant

Legend: Significant if p value is $< .05$. Dependent variable: Leadership Styles. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Table 5 Relationship between Personal Characteristics and Turnover Intention

Variables	chi value	p value	Cramer's V value	Decision	Interpretation
Age	21.551	.063	--	Failed to reject Ho	Not significant
Sex	20.398	.086	--	Failed to reject Ho	Not significant
Civil status	18.542	.138	--	Failed to reject Ho	Not significant
Highest educational attainment	73.438	.000	.546	Reject Ho	Significant
Employment status	25.415	.496	--	Failed to reject Ho	Not significant
Area of assignment	23.517	.604	--	Failed to reject Ho	Not significant
Length of service	62.728	.146	--	Failed to reject Ho	Not significant
Position	31.838	.003	.509	Reject Ho	Significant

Legend: Significant if p value is $< .05$. Dependent variable: Turnover intention. Cramer's V values: A value of >0.25 is very strong, >0.15 is strong, >0.10 is moderate, >0.05 is weak, and >0 is no association.

Table 6 Relationship between Perception on Leadership Styles and Turnover Intention

Independent variables	r value	p value	Decision	Interpretation
Idealized influence	-.130	.152	Failed to reject Ho	No significant
Inspirational motivation	-.186	.040	Reject Ho	Significant
Intellectual stimulation	-.195	.030	Reject Ho	Significant
Individual consideration	-.054	.550	Failed to reject Ho	No significant
Contingent reward	-.204	.024	Reject Ho	Significant
Management by exception	-.032	.726	Failed to reject Ho	No significant
Laissez-faire	-.232	.010	Reject Ho	Significant

Legend: Significant if p value is $< .05$. Dependent variable: Turnover intention. Pearson r value: A value of .90 to

1.00 (-.90 to -1.00) is very high positive (negative) correlation, .70 to .90 (-.70 to -.90) is high positive (negative) correlation, -.50 to .70 (-.50 to -.70) is moderate positive (negative) correlation, .30 to .50 (-.30 to -.50) is low positive (negative) correlation, and .00 to .30 (.00 to -.30) is negligible correlation.

DISCUSSION

Majority of the respondents were belonging to the 18 to 35 years old age group. They are then followed by over one third belonging to the 36 to 55 years old age group. This data implies that the nurses are belonging to age of productivity. These are the specific ages that hospital normally hire to work for them as these are the prime age. According to Ladner (2023), for decades, labor market policies and employment practices have emphasized the “prime working age” population, which includes people age 25 to 54 years old.

Also, majority of the respondents were females while few of them were males. This data implies that nursing is indeed a female-dominated profession. According to Marshall (2022), the profession of nursing is a historically female-dominated field as 87 percent of nurses in the nation are women, according to the U.S Census. In 2019, the Florida Center for Nursing found that 87 percent of Florida’s nurses are women.

Majority of the nurses were single and over one third of them were married. This data implies that many nurses are not yet married. According to Abad (2023), of the 86.33 million persons aged ten years and over in 2020, the Philippine Statistics Authority reported that 34.26 million persons or 39.7 percent were never married. Almost the same number though said they were married, that is 33.87 million persons, or 39.2 percent. Also, majority of the nurses were Bachelor’s degree holder while few had masteral units and master’s degree. According to Suryadana (2023) becoming a nurse in the Philippines is a fulfilling journey that requires dedication and perseverance. The pathway involves completing a Bachelor of Science in Nursing degree, passing the Nursing Licensure Examination for a nursing license, and gaining practical experience. Nurses can specialize and pursue advanced roles, contributing to healthcare's advancement.

Majority of the nurses were regular employees while few of them were contractuels and very few were probationary. Contrary to the findings, according to Garcia and Daño (2019), contractualization of nurses is rampant in the Philippine public health system. In the government sectors, the temporary work service or contractual service covers less than six months according to the law of contract. But their salary is higher compared to private hospitals. Meanwhile in the private sectors, contractual nurses are recruited for the purposes of providing patient care, but their salaries are minimal with few privileges and benefits. But the reasons they hire contractual nurses so that the hospital can save expenses without compromising their human resources, instead of hiring nurses to a permanent position, they let them work as contractual or as reliever. This means, nurses who are under job order or signed as contractual do not have the same benefits as the regular employees.

Majority of the respondents were assigned in the general wards while almost a quarter of them were assigned in the Emergency Department and few of them were assigned in the operating room and delivery room. Over one third of the nurses had served the hospital for less than a year. Also. Just over one third had served for one to three years. Few had served for four to six years and over 10 years while very few had served for seven to 10 years. Majority of the nurses were staff nurses while few were head nurses. In the study of majority of the respondents were females and single. Almost half of the respondents are nurses in the charity or service wards, and have been working in the hospital for less than five years. Only three respondents have completed their graduate degrees (Tamayo et al., 2022).

As shown in Table 2, the findings reveal that nurses perceived both transformational and transactional leadership styles of their managers as consistently high. This suggests that nurse leaders demonstrate strong leadership behaviors across both styles motivating, inspiring, and empowering staff (transformational), while also maintaining structure, setting clear expectations, and ensuring performance through rewards and corrective actions (transactional). The high ratings in both leadership domains indicate that nurse managers are effectively balancing

visionary and managerial functions in their leadership approach

Idealized Influence. This was rated as high. Supporting this finding, almost half of the respondents were highly utilizing this leadership style. However, over a quarter of the nurses utilized this leadership style very highly while almost a quarter used this style moderately and very few utilized it lowly. This implies that the nurse managers made others feel good to be around them, they thought others had complete faith in them, and they thought that others were proud to be associated with them. Supporting this finding, in a study, overall, registered nurses reported that their nurse leaders exhibited both transformational and transactional leadership behaviours and, to a lesser extent, laissez-faire. Of interest was the finding that nurse leaders in this study tend to rate themselves higher than others rate them (Goh et al., 2018).

Inspirational Motivation. This was rated as high. Supporting this finding, almost half of the respondents were highly utilizing this leadership style. However, just over a quarter of the nurses utilized this leadership style moderately while few very highly and lowly used this style. This implies that the nurse managers expressed with a few simple words what nurses could and should do, they provided appealing images about what nurses can do, and helped others find meaning in their work. Also, in the study of Lapeña et al. (20217), participants agreed that their nurse managers utilized either transformational or transactional leadership styles. Findings indicate that transformational and transactional leadership styles of nurse managers were correlated to nurses' job satisfaction.

Intellectual Stimulation. This was also rated as high. Supporting this finding, almost half of the respondents were highly utilizing this leadership style. However, over one third of the nurses utilized this leadership style moderately while few very highly used this style and very few utilized it lowly. This implies that nurse managers enabled others to think about old problems in new ways, they provided others with new ways of looking at puzzling things and they get others to rethink ideas that they had never questioned before. The study of Ebrahimzade et al., (2015) shed light on the effective role of transformational leadership in improving nursing management and reducing burnout among nurses. Because this style of leadership enhances creativity and motivation among nurses, it can decrease burnout. Transactional leadership, because of its emphasis on collaboration, also reduces burnout. Therefore, a combination of these two styles can reduce nurses' burnout.

Individual Consideration. This was also rated as high. Supporting this finding, almost half of the respondents were highly utilizing this leadership style. However, over one third of the nurses utilized this leadership style very highly while few moderately used this style and very few utilized it lowly. This implies that the nurse managers helped others develop themselves, they let others know how they think they were doing and they gave personal attention to others who seem rejected. In the study of Gashaye et al. (2023) the head nurses fairly often or commonly used the transformational leadership style, they used transactional leadership style sometimes, and they used laissez-faire leadership style once in a while.

Moreover, the analysis showed that nurses indicated that their head nurses had used all domains of transformational leadership style equally and domains of transactional leadership style in a variable way, ranging from fairly often to sometimes. Among the transformational leadership styles, inspirational motivation and idealized influence behavior had highest mean scores. The head nurses had fairly often used a contingent reward leadership style, while they sometimes used active and passive management by exception. The result infers that nurses perceived that their head nurses were using a transformational leadership style more often than transactional and laissez-faire leadership styles.

Transformational Leadership. The findings of the study revealed that the nurse managers' overall transformational leadership style was perceived to be high, with an average score of 8.52 (n = 123). This score falls within the "high" category based on the established scale (7.3–9.4), indicating that nurse managers demonstrate many of the key characteristics of transformational leadership. Specifically, the components assessed which are Idealized Influence (8.70), Inspirational Motivation (8.63), Intellectual Stimulation (7.73), and Individual Consideration (9.02) all fell within the high range, with Individual Consideration scoring closest to the

"very high" threshold. These results suggest that the nurse managers are generally perceived as inspiring and motivating their teams, acting as strong role models, encouraging critical thinking and innovation, attending to the individual needs and development of their staff.

The consistency of high scores across all four components reflects a strong transformational leadership presence, which is often associated with higher job satisfaction, increased staff engagement, and improved patient outcomes in healthcare settings.

Contingent Reward. This was rated as high. Supporting this finding, over one third of the respondents were highly utilizing this leadership style. However, one third of the nurses utilized this leadership style moderately while almost a quarter very highly used this style and very few utilized it lowly and very lowly. This implies that nurse managers told others what to do if they wanted to be rewarded for their work, they provided recognition/rewards when others reach their goals, and they called attention to what others can get for what they accomplish. The results in the study of Negussie and Demissie (2013), leadership style and had moderate-level intrinsic but low level of extrinsic job satisfaction. Furthermore, from transactional leadership, only contingent reward was found to be statically significant and correlated with extrinsic and intrinsic job satisfaction while all five dimension of transformational leadership style were statistically significant and correlated with both intrinsic and extrinsic job satisfaction.

Management by Exception. This was rated as high. Supporting this finding, almost half of the respondents were highly utilizing this leadership style. However, just over one third of the nurses utilized this leadership style moderately while few very highly used this style and very few utilized it lowly. This implies that the nurse managers were satisfied when others meet agreed-upon standards and as long as things were working, the nurse managers did not try to change anything. Also, they told others the standards they had to know to carry out their work. Contrary to the findings, in the study of Alsadaan et al. (2023) nurse managers utilized contingent reward fairly often and management-by-exception active sometimes to fairly often. However, the management by-exception passive had the lowest mean score, indicating that nurse managers used this less than the other two factors.

Laissez-faire. This was rated as moderate. Supporting this finding, just over half of the respondents are moderately utilizing this leadership style. However, over one third of the nurses utilized this leadership style highly while few lowly and very highly used this style. This implies that the nurse managers were contented to let others continue working in the same way as always and that whatever others wanted to do was okay with the nurse managers. Also, they ask no more of others than what was absolutely essential. In the study of Alsadaan et al. (2023) nurse managers rated themselves as using transformational and transactional factors more than the nurses perceived them utilizing these various leadership styles. Nurse managers, however, rated themselves lower than nurses in both laissez-faire and management-by-exception-passive.

The high levels of the utilization of the leadership styles are a product of the nurse managers being experienced and them being qualified to hold such positions. Nurse managers have master's degree or master's unit which allowed them to gain knowledge about leadership styles.

Transactional Leadership. The overall average score across the evaluated leadership styles in the areas of Contingent Reward, Management by Exception, and Laissez-faire was 7.55, placing the nurse managers' leadership behaviors in the "high" category according to the established scale (7.3–9.4). This result indicates that, from the perspective of the nurses (n = 123), the managers frequently display behaviors associated with transactional leadership, especially in areas involving performance expectations, corrective actions, and reward systems.

Among the three components, Management by Exception (7.85) and Contingent Reward (7.77) were both solidly within the high range, suggesting that nurse managers are perceived to effectively monitor performance and apply

rewards or corrective actions when necessary. Meanwhile, Laissez-faire leadership, which scored 7.02, falls in the "moderate" range, indicating that while some passive or avoidant behaviors may be present, they are less prominent compared to the more active leadership styles. These findings suggest that the nurse managers not only maintain performance and structure through transactional behaviors but also limit disengaged or hands-off leadership tendencies. The presence of a predominantly high transactional leadership style, alongside the previously established high transformational leadership scores, reflects a balanced leadership approach that emphasizes both motivation and structure, which may contribute to effective team functioning and goal achievement in clinical settings.

The turnover intention of the nurses was moderate in the table 3. This is somehow a considering that it implies that the nurses are undecided. Being undecided could mean that one triggering factor could lead to a high turnover intention. This finding implies that nurses rarely considered leaving their jobs and that they were neither satisfied nor dissatisfied with their jobs in fulfilling their personal needs. This also implies that nurses were sometimes frustrated when not given the opportunity at work to achieve their personal work-related goals. They also sometimes dream about getting another job that will better suit their personal needs. They were neither unlikely nor likely to accept another job at the same compensation level should it be offered to them and they sometimes look forward to another day at work. With all these, administration should do something to retain nurses as having a moderate turnover intention can be viewed as a negative finding because of the possibility that it can go high. Though it is just an intention but it is a predictor of actual turnover. Indeed, administration has to go deeper by investigating the factors that would cause such turnover intention and addressing them.

Based on the findings of the research carried out by Alreshidi et al., (2021), the factors that have an effect on employee turnover were divided into nine different dimensions. Several factors were suggested, including professional growth and development, management style, leadership, wage and benefits, workload, interpersonal connections, housing facilities and services, hospital facilities, and the intention to stay and the intention to leave.

When compared to the other dimensions, the professional growth and development dimension had the highest mean agreement ratings. This is in contrast to the housing and hospital facilities dimension, which exhibited the lowest mean scores. Those that are linked with the quantity of work that they are needed to do and the incentives that they receive are the most significant elements that contribute to the turnover rate of nurses who are working abroad. A number of other factors, such as poor housing and hospital facilities, were identified as contributing factors to the problem. It is also important to mention that the nursing staff provided some recommendations on how to increase the percentage of patients who remain at the facility.

Moreover, the research that was carried out by Al Sabei et al., (2022) found that the interprofessional teamwork had a direct association with the nurses' intents to leave their professions. This is an additional point of interest. Job satisfaction and job burnout were two qualities that served as indirect mediators between the influence of teamwork on the want to quit and the intention to leave. Both of these characteristics were found to be related to the desire to quit. The findings shed light on the possible advantages that could be gained from boosting interprofessional collaboration. This can be accomplished by lowering the number of nurses who are considering quitting their current roles. Increasing cooperation through interventions has the potential to accomplish a number of positive outcomes, including the creation of workplaces that are satisfying, the reduction of feelings of burnout, and ultimately the contribution to organizational strategies for eliminating nursing shortages. These are just some of the potential outcomes that can be achieved through an increase in cooperation.

Contrary to the findings, after performing a study, Ki and Choi-Kwon (2022) found that approximately one quarter of the people who participated in the survey had the intention of leaving their occupations within the next year. This was observed after the researchers concluded their investigation. On the other hand, during the length of the examination period that lasted for a year, only a very small percentage of the participants actually left their jobs. There were 112 employees who had the intention of quitting their occupations, but only 22 of them actually exited their positions. The results of the logistic regression analysis revealed that sleep interruptions and

exhaustion were discovered to have a connection with turnover intentions as well as actual turnover. This was concluded based on the findings of the analysis. On the other hand, the only item that was discovered to be associated with depression was the explicit purposeful turnover of employees. In the course of the research that studied the causal mediation approach, it was established that turnover intention served as a mediator in the connection between health problems (sleep disruption and weariness) and actual turnover. This was demonstrated by the fact that turnover intention was shown to work as a mediator. Furthermore, it was discovered that real turnover was naturally affected by sleep problems on a natural level. This was discovered through research. Also, a sizeable number of nurses have communicated their strong intention to leave from their current employment in the nursing profession. According to the findings of a multilevel logistic regression analysis, the intention of nurses to leave their current place of employment was found to be influenced by factors such as being single, having a junior college degree or less, being a clinical nurse, having a higher pay level, having higher job satisfaction, having conflicts with colleagues, and having a higher sense of belonging to the hospital (Liu et al., 2023).

Further, when asked about their intentions, more than one third of the people who participated in the group said that they intended to leave the organization. For instance, the intention of nurses to leave their positions was found to have a positive correlation with the characteristics of dissatisfaction with their remuneration and perks, dissatisfaction with their performance appraisal, and a lack of commitment to maintaining their career (Nigussie Bolado et al., 2023). These characteristics were found to be associated with the intention of nurses to leave their positions. It is important that factors leading to turnover intention should be identified and addressed accordingly in order to retain nurses. Afterall, retaining nurses yields more positive outcomes to the organization and the patients.

The earlier findings revealed that the nurse managers demonstrated high levels of transformational leadership (average score = 8.52) and transactional leadership (average = 7.55), suggesting that managers possess the capacity to motivate, support, and manage staff through both inspirational and performance-based approaches. Transformational leadership, in particular, has been positively associated with higher job satisfaction and reduced turnover intention in numerous studies. It fosters a sense of purpose, engagement, and personal development—all of which are critical in addressing the moderate turnover intention reflected here. The high score in Individual Consideration (9.02) indicates that nurse managers are perceived as attending to the personal needs of staff, which could be leveraged more deliberately to improve job satisfaction and commitment. On the other hand, transactional leadership elements like Contingent Reward (7.77) also play a role in maintaining motivation and structure. However, reliance on transactional leadership alone may not be sufficient to address emotional or aspirational factors influencing nurses' desire to stay.

Table 4 presents the relationship between the nurses' personal characteristics and their perception of the leadership styles exhibited by their nurse managers. The analysis shows that selected demographic variables—such as age, educational attainment, job position, and length of service—have varying degrees of influence on how nurses perceive transformational and transactional leadership behaviors

Idealized Influence. The table shows that *p* values for sex and highest educational attainment were lesser than the significant value of .05. These were interpreted as significant which led to the decision of rejecting the null hypothesis. Thus, sex and highest educational attainment were significantly correlated with idealized influence. The correlations were positive and very strong. As the sex goes into the direction of being female and the higher the educational attainment, the perception on utilization of idealized influence becomes higher. The results in the study of Assi et al., (2024) showed a statistically significant positive correlation between authentic leadership and work engagement in the hierarchical regression analysis. After controlling demographic variables, authentic leadership accounted for 11 percent of the additional variance above and beyond the five percent accounted for age, educational level, and work experience. Nurses whose managers demonstrate higher levels of authentic leadership report more work engagement.

However, the p values for age, civil status, employment status, area of assignment, length of service, and position were greater than the significant value of .05. These values were interpreted as not significant which led to the decision of rejecting the null hypothesis. Thus, age, civil status, employment status, area of assignment, length of service, and position were not significantly correlated with perceptions on idealized influence. Therefore, no matter what age, civil status, employment, area of assignment, length of service, and position, perceptions on idealized influence can still be high.

Inspirational Motivation. The p values for highest educational attainment, employment status, area of assignment, and position were lesser than the significant value of .05 which were interpreted as significant. This leads to the decision of rejecting the null hypothesis. Thus, highest educational attainment, employment status, area of assignment, and position were significantly correlated with inspirational motivation. The correlations were positive and very strong. The higher the educational attainment, as the employment status becomes regular, as the assignment is the general wards, and the position is being a staff nurse, there is a higher perception on the utilization of inspirational motivation. Similarly, results in the study of Alenazi et al. (2017) identified that educational level had the greatest influence on leadership behavior than any other demographic characteristics. In addition, the occupational category had a negative correlation with leadership behavior.

However, the p values for age, sex, civil status, and length of service were greater than the significant value of .05. These values were interpreted as not significant which led to the decision of failing to reject the null hypothesis. Thus, age, sex, civil status, and length of service were not significantly correlated with inspirational motivation. No matter what age, sex, civil status, and length of service, there can still be a high perception on the utilization of inspirational motivation.

Intellectual Stimulation. The table shows that p value for sex was lesser than the significant value of .05. This was interpreted as significant which led to the decision of rejecting the null hypothesis. Thus, sex was significantly correlated with intellectual stimulation. The correlation was positive and very strong. As the sex goes in to the direction of being female, the perception of the nurse managers utilizing intellectual stimulation becomes higher. Contrary to the findings, the findings in the study of Jones and Bekhet (2015) revealed that, the transformational leadership style was perceived as the most often adopted style, followed by the transactional leadership style. The demographic profile of business leaders was found to have no influence on the leadership styles of the respondents. This suggests that, leaders' demographic profiles are not differentiating factors in determining transformational and transactional leadership styles.

However, the p values for age, civil status, highest educational attainment, employment status, area of assignment, length of service, and position were greater than the significant value of .05. These values were interpreted as not significant which led to the decision of rejecting the null hypothesis. Thus, age, civil status, highest educational attainment, employment status, area of assignment, length of service, and position were not significantly correlated with perceptions on intellectual stimulation. Therefore, no matter what age, civil status, highest educational attainment, employment status, area of assignment, length of service, and position, perceptions on intellectual stimulation can still be high.

Individual Consideration. The table shows that p values for highest educational attainment and employment status were lesser than the significant value of .05. These were interpreted as significant which led to the decision of rejecting the null hypothesis. Thus, highest educational attainment and employment status were significantly correlated with individual consideration. The correlations were positive and very strong. The higher the educational attainment and as the employment status becomes regular, the perception on utilization of individual consideration becomes higher. Contrary to the findings, the results of the study of Sürücü et al. (2018) showed that the members of the organization have a meaningful relationship with age, gender, marital status and experience perceptions of leadership and that there is no meaningful relationship between the level of education.

However, the p values for age, sex, civil status, area of assignment, length of service, and position were greater

than the significant value of .05. These values were interpreted as not significant which led to the decision of rejecting the null hypothesis. Thus, age, sex, civil status, area of assignment, length of service, and position were not significantly correlated with perceptions on individualized consideration. Therefore, no matter what age, sex, civil status, area of assignment, length of service, and position, perceptions on individualized consideration can still be high.

Contingent Reward. The table shows that p value for employment status was lesser than the significant value of .05. This was interpreted as significant which led to the decision of rejecting the null hypothesis. Thus, employment status was significantly correlated with contingent reward. The correlation was positive and very strong. As the employment status becomes regular, their perception of their nurse managers utilizing contingent rewards becomes higher. Contrary to the findings, age differed significantly with individualized consideration, contingent reward, and laissez-faire leadership. Years of experience was found to be significantly different with contingent reward and laissez-faire leadership. Concerning nationality, a significant difference was found with idealized influence and inspirational motivation. With the ward assignment, a significant difference was found with individual consideration and laissez-faire leadership (Alboliteeh, 2023).

However, the p values for age, sex, civil status, highest educational attainment, area of assignment, length of service, and position were greater than the significant value of .05. These values were interpreted as not significant which led to the decision of rejecting the null hypothesis. Thus, age, sex, civil status, highest educational attainment, area of assignment, length of service, and position were not significantly correlated with perceptions on contingent reward. Therefore, no matter what age, sex, civil status, highest educational attainment, area of assignment, length of service, and position, perceptions on contingent reward can still be high.

Management by Exception. The p values for age, sex, civil status, highest educational attainment, employment status, area of assignment, length of service, and position were greater than the significant value of .05. These values were interpreted as not significant which led to the decision of rejecting the null hypothesis. Thus, age, sex, civil status, highest educational attainment, employment status, area of assignment, length of service, and position were not significantly correlated with perceptions on management by exception. Therefore, no matter what age, sex, civil status, highest educational attainment, employment status, area of assignment, length of service, and position, perceptions on management by exception can still be high. Similarly, in the study of Jones and Bekhet (2015) the demographic profile of leaders was found to have no influence on the leadership styles of the respondents. This suggests that, leaders' demographic profiles are not differentiating factors in determining transformational and transactional leadership styles. **Laissez-faire.** The table shows that p values for sex and length of service were lesser than the significant value of .05. These were interpreted as significant which led to the decision of rejecting the null hypothesis. Thus, sex and length or service were significantly correlated with laissez-faire. The correlations were positive and very strong. As the sex goes into the direction of being female and the longer the length of service, the perception on utilization of laissez-faire becomes higher. Similarly, there was positive correlation between outcome factors (effectiveness, extra efforts and satisfaction) and transformational and transactional leadership styles and negative with laissez-faire leadership style. that there were significant differences between male and female nurses in regards to using transactional leadership style and laissez-faire leadership style with male nurses mean score higher than female nurses mean score in both styles (Aboshaiqah et al., 2014). However, the p values for age, civil status, highest educational attainment, employment status, area of assignment, and position were greater than the significant value of .05. These values were interpreted as not significant which led to the decision of rejecting the null hypothesis. Thus, age, civil status, highest educational attainment, employment status, area of assignment, and position were not significantly correlated with perceptions on laissez-faire. Therefore, no matter what age, civil status, highest educational attainment, employment, area of assignment, and position, perceptions on laissez-faire can still be high.

The table 5 shows that p values for highest educational attainment and position were lesser than the significant value of .05. These were interpreted as significant which led to the decision of rejecting the null hypothesis. Thus, highest educational attainment and position were significantly correlated with turnover intention. And the

correlation was very strong positive. This means that the higher the educational attainment and as position of the nurse is being a staff nurse, this leads to a higher turnover intention. The higher the educational attainment means that the more qualified the nurse for a higher position. This means that he or she have a bigger opportunity to seek employment in other organizations. Currently, high positions in the field of nursing require masteral units if not master's degree. Further, staff nurses are highly in demand abroad and there is no doubt that this reality in the nursing profession is still happening at the moment. More and more staff nurses are just waiting for their applications to be approved and eventually go abroad.

However, contrary to the findings, results in the study revealed that the nurses had a moderate level of quality of work life and high level of turnover intention. Sex, number of children, and work wards/units had a moderating effect on turnover intention, after its interaction with quality of work life (Al Zamel et al., 2021).

However, the p values for age, sex, civil status, employment status, area of assignment, and length of service were greater than the significant value of .05. These were interpreted as not significant which led to the decision of failing to reject the null hypothesis. Thus, age, sex, civil status, employment status, area of assignment, and length of service were not significantly correlated with turnover intention. No matter what age, sex, civil status, employment status, area of assignment, and length of service, turnover intention can still be high. This true, no matter what the profile of the person, when an opportunity for nurses is available, especially going abroad, nurses do not think twice but to grab such opportunity to seek greener pastures. This is still happening at the moment, many nurses are leaving the country.

Contrary to the findings, demographic data that influences on turnover intention are gender and work unit variable. turnover intention can be explained by gender and work unit variable of 27.7 percent. The accuracy of this model in predicting turnover intention is 69.7 percent. Female nurses have a higher turnover intention than male nurses and nurses working in places with high stress such as hemodialysis room also increase the chances of nurses to have the intention to leave the hospital. The results of this research can be used as a basis in determining nurse job satisfaction, especially in groups with high risk of turnover intention (Qowi et al., 2018). The nurses' turnover intention was significantly different in gender, departments, professional rank, monthly income. Work adaptation disorder was positively related to turnover intention, and it was a significant predictor of turnover intention (Meng & Liu, 2019).

Most nurses had a high level of turnover intention. Multilevel logistic regression analysis demonstrated that nurses being single, with a junior college or below, being a clinical nurse, having higher pay level, having higher job satisfaction, having conflicts with colleagues, and having a higher sense of belonging to the hospital proved to affect nurses' turnover intention (Liu et al., 2023).

The table 6 shows that p values for inspirational motivation, intellectual stimulation, contingent reward, laissez-faire were lesser than the significant value of .05. These values were interpreted as significant which led to the decision of rejecting then null hypothesis. Thus, inspirational motivation, intellectual stimulation, contingent reward, laissez-faire were significantly correlated with turnover intention. The correlations were negative and negligible.

The lesser the use of inspirational motivation, intellectual stimulation, contingent reward, laissez-faire, this leads to a high turnover intention. The lesser the nurse managers express with a few simple words what nurses would and should do, the lesser they provide appealing images about what nurses can do and the lesser they help others find meaning in their work, The more the nurses become demotivated. Additionally, this demotivation can lead to the turnover intention as they no longer wanted to work in the organization.

Supporting the findings, the result in the study of Pattali et al., (2024) indicated that transformational, authentic leadership styles and perceived organizational support significantly negatively affect nurses' turnover intention. The study confirms the negative moderating effect of perceived organizational support between transformational

leadership and turnover intention and the positive moderating effect of perceived organizational support between authentic leadership and turnover intention. Managers should concentrate on the leadership style to avoid its impact on turnover intention. By considering human resource practices such as communication and training strategies to cope with the negative effect of turnover intention, organizations can enhance employee engagement, improve job satisfaction, and foster a more stable and productive work environment.

Also, the findings in the study of Alkarabsheh et al., (2022) showed that transformational leadership has a negative relationship with turnover intention. In addition, there was a negative relationship between authentic leadership and turnover intention among RNs in public hospitals in Jordan. The study results emphasized the roles of both leadership types in mitigating the turnover intention of RNs in Jordanian public hospitals.

Similarly, the lesser the nurse managers would enable others to think about old problems in new ways, the lesser they provide others with new ways of looking at puzzling things and the lesser they get others to rethink ideas that they had never questioned before, all these leads to de-stimulation. Nurses would feel and become stagnant and therefore there is no growth and development. Being in such environment would lead to nurses thinking of looking for another organization.

The multiple linear regression analysis results indicated the model was able to significantly predict turnover intentions. In the final model, three predictors were significant, inspirational motivation, contingent reward, and management by exception passive. A key recommendation is for nursing home leaders to encourage development, positive morale, and recognize employees for good performance (Casey, 2022).

Also, the lesser the nurse managers tell others what to do if they want to be rewarded for their work, the lesser they provide recognition/rewards when others reach their goals and the lesser they call attention to what others can get for what they accomplish, the more the nurse feel that they are not rewarded for their efforts. They would feel unappreciated for their contributions and this would greatly demotivate them and eventually seek employment in other organizations.

Nurses' motivation has a positive correlation with all leadership styles. Years of experience predict the nurses' work motivation. Among the leadership styles; two of them significantly predict nurses' work motivation (supportive style), and (achievement-oriented style). Finally, the highest correlation coefficient was noticed between work motivation and achievement-oriented style by moderate positive correlation, and the lowest correlation coefficient was between work motivation and directive style, whereas the results revealed that turnover intention was not significantly correlated with any of the leadership styles (Smama'h et al., 2023).

This means that the lesser the nurse managers practice *laissez-faire*, the more the nurse managers are contented to let others continue working in the same way as always, the more nurse managers allow whatever others want to do is okay with them, and the more they ask no more of others than what is absolutely essential, the higher the turnover intention. This is because allowing too much freedom from the staff nurses may be interpreted as the nurse managers do not care about them. And, nurses may feel that they do not belong to the organization and therefore allows them to seek employment somewhere else. Findings in the study of Magbity et al., (2020) revealed that *laissez-faire* leadership styles increase turnover intention. Therefore, leadership styles of nurse managers are determinants of nurses' turnover intentions.

However, the *p* values for idealized influence, individual consideration, and management by exception were greater than the significant value of .05. These values were interpreted as not significant which led to the decision of failing to reject the null hypothesis. Thus, idealized influence, individual consideration, and management by exception were not significantly correlated with turnover intention. Whether there is high or low utilization of the leadership styles of idealized influence, individual consideration, and management by exception, there can still be a high level of turnover intention.

Contrary to the findings, there was a significantly positive relationship between turnover intention and toxic

leadership behavior subscales. Furthermore, multiple linear regression analysis showed toxic leadership behavior subscales (intemperate behavior, narcissistic behavior, self-promoting behavior, and humiliating behavior), hospital, unit, age, and marital status predict turnover intention when other variables are controlled (Nonchkar et al., 2023). The current study results indicate that transactional leadership style has significant positive relationship with turnover intentions and transformational leadership style has significant negative relationship with nurses' turnover intention. Therefore, head nurses of the private hospitals should use the transformational leadership style to overcome the issue of nurses' turnover (Naseer et al., 2017).

Nurse managers should be knowledgeable about the different leadership styles as they influence turnover intention. Though there is no hard and fast rule in terms of the best leadership style in a given situation.

CONCLUSION

Conclusion. Turnover intention among nurses is significantly influenced by leadership styles that take into consideration inspirational motivation, intellectual stimulation, contingent reward, and laissez-faire. Lower perceptions of these styles are associated with higher turnover intention, supporting the Transformational Leadership Theory (Downton, 1973; Burns, 1978) and Transactional Leadership Theory (Weber; Bass, 1980s), which suggest that motivation, support, and reward systems directly impact employee retention.

Demographic and professional factors also influence leadership perceptions. Sex, educational attainment, employment status, area of assignment, position, and length of service all affect how nurse managers' leadership styles are perceived. For instance, higher educational attainment and regular employment status are linked with greater appreciation for transformational behaviors like idealized influence and individual consideration.

Moreover, consistent with the Unfolding Theory of Turnover (Lee & Mitchell, 1991), nurses appear to experience internal deliberations influenced by their leadership environment. These leadership styles act as “regulating factors” that can either delay or accelerate a nurse’s decision to leave. Thus, strengthening transformational and effective transactional leadership in nurse managers may reduce turnover intentions and support long-term nurse retention.

Recommendations. The results of this study guide the following suggestions are offered:

Nursing Practice. It is imperative that the research output be utilized, and therefore the output of the study is recommended for use in the different hospitals in Midsayap or where the study was conducted. Calling for a possible review, revisit and revision of already available strategic plans, operational plans, and staff development plans to incorporate the different activities proposed in the output plan. Other institutions may also adopt the plan as it may be deemed applicable to their respective organization.

Nursing Policy. Policies can be made based on the findings of the study serving as a reference to strengthen policies including internal hospital policies relating to leadership and retention of nurses. This can trigger a review and revision of the already established policies taking note of the findings and the recommended output plan.

Nursing Education. The findings of this study can be very helpful in serving as a supporting or negating literature or study in studies relating to leadership styles and turnover intention among nurses and their relationship. The study can also be a good educational material that can be used during the discussion of research methodology, statistical treatment, and ethics in research. The study will also support lectures pertaining to leadership styles and turnover intention. The findings will somehow trigger or stimulate future researchers to validate the findings also.

Nursing Research. It is important that the study findings be disseminated either through publication or through oral or poster presentations in any research congress, local or international. Part of the dissemination process

would be to present the study in the different hospitals where the study was conducted in Midsayap. Also, the conduct of this study has opened new doors for new research studies as new gaps were identified. Thus, the following research titles are suggested for future studies by future researchers.

- Comparative Study on the Leadership Styles of Nurse Managers in Public and Private Hospitals
- Correlation Between Nurse Manager Leadership Style and Patient Care Outcomes
- Leadership Style Preferences of Millennial and Gen Z Nurses in the Workplace.

APPENDIX “A”

Strategic Management Plan

Rationale

It is the nurse leaders that make a difference in the culture of the workplace and who advocate beneficial changes in the legislation that governs health care. The morale of a group is boosted and a psychologically safe working environment is promoted when members of the group admire the traits of their leader. This, in turn, leads to increased levels of job satisfaction and retention rates. There are a number of responsibilities that a nurse leader could be responsible for, all of which are important to the overall performance of the healthcare facility or hospital. The maintenance of a high level of employee retention among nursing staff is an essential component in the reduction of expenses, the promotion of consistent practices, and the maximization of the length of employment for nurses. With a better understanding of nurse retention and the ways in which it may be improved, the organization may be able to achieve greater success. Findings of the study revealed that the leadership styles of idealized influence, inspirational motivation, intellectual stimulation, individual consideration, contingent reward, and management by exception were rated as high while laissez-faire was rated as moderate. The turnover intention of the nurses was moderate. Thus, there is a need to sustain the different leadership styles and a need to decrease the turnover intention of the nurses.

- **General Objective**

- The main purpose of this program is to sustain the high utilization of the different leadership style and moderate use of laissez-faire and decrease the moderate level of turnover intention.

- **Specific Objectives**

- Specifically, this program intends to achieve the following objectives:
- To achieve a low level of turnover intention among nurses;
- To achieve high utilization of the different leadership styles and moderate or low use of the leadership style of laissez-faire among nurses;
- To maintain a high level of utilization of leadership styles except for laissez-faire which is moderate only among nurses;
- To achieve a low level of turnover intention across profile of nurses; and
- To achieve a high level of utilization of the difference leadership styles except for laissez-faire which is moderate only and achieve a low turnover intention among nurses.

Concern	Specific objectives	Activities	Person's Responsible	Resources	Time frame	Success indicators
Leadership Style	To achieve high utilization of transformational and transactional leadership styles and moderate or low use of laissez-faire leadership among nurse managers.	Personally-initiated Activities: Read articles or watch videos on leadership styles Hospital-initiated Activities: Conduct leadership workshops: Transformational, Transactional, Laissez-faire	Nurses (Staff), Head Nurses, Chief Nurse, HRDM Director, Hospital Administrators	- Internet access - Devices (laptops, phones, tablets) • ₱5,000/training • Leadership assessment tools	First Quarter 2025	• Attendance certificates • Focus Group Discussions and meeting minutes • Resurvey on the results of high transformational and transactional, and moderate laissez-faire • Improved staff perception across demographics
Moderate turnover intention	To achieve a low level of turnover intention among nurses.	Personally-initiated activities: Engagement in recreational activities (exercise, vacations, and family time). Hospital-initiated activities: Find the right talent making sure that hiring for staff nurses are those who are qualified based on the requirements, Re-assess the turnover intention six months following the implementation	Nurses (Staff) Head Nurses Chief Nurse HRDM Director Hospital Administrators	Internet connectivity. recognition and reward Vacation and sick leaves Staff Development Plan	First quarter of 2025.	Saved articles and videos. Updated Staff Development Plan. Turnover rates report. Re-survey results on the different factors influencing turnover intention and low turnover intention

		n of this plan.				
Sustainability of Leadership Style Utilization	To achieve high utilization of the different leadership styles and moderate or low use of the leadership style of laissez-faire among nurses.	Personally-initiated activities: Read articles or view videos on the different leadership styles. Hospital-initiated activities: Conduct focus group discussions and share leadership styles used in appropriate situations	Nurses (Staff) Head Nurses Chief Nurse HRDM Director Hospital Administrator s	Internet connectivity. Budget for seminars and training (Php 5,000.00 / activity). Instrument to measure leadership styles.	First quarter of 2025.	Saved articles and videos. Certificates of participation or attendance to trainings or webinars or seminars. Focus group attendance.
Influence, impact, correlation, effect and role of demographic factors on various nurse manager leadership styles and motivation.	To maintain a high level of utilization of leadership styles except for laissez-faire which is moderate only among nurses.	Same with the second concern.	Nurses (Staff) Head Nurses Chief Nurse HRDM Director Hospital Administrator s	Same with the second concern.	First quarter of 2025.	Same with the second concern.
High correlation of highest educational attainment and position with turnover intention.	To achieve a low level of turnover intention across profile of nurses.	Same with the first concern.	Nurses (Staff) Head Nurses Chief Nurse HRDM Director Hospital Administrator s	Same with the first concern.	First quarter of 2025.	Same with the first concern.
Significant correlation of inspirational motivation, intellectual	To achieve a high level of utilization of the difference leadership	Same with the first and second concern.	Nurses (Staff) Head Nurses Chief Nurse HRDM	Same with the first and second concern.	First quarter of 2025.	Same with the first and second concern.

stimulation, contingent reward, and laissez-faire with turnover intention.	styles except for laissez-faire which is moderate only and achieve a low turnover intention among nurses.		Director Hospital Administrator s			
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