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Leadership Styles in Healthcare: Supervisors' and Nurses' Influence on Staff Dynamics and Patient Care in a General Hospital in Sulu

Nurfaiza K. Tutong
Mindanao State University
nurfaizsachangtutong@gmail.com

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ABSTRACT

This study examined the influence of supervisors and nurses on staff dynamics and patient care outcomes at Sulu Sanitarium and General Hospital in Sulu using a concurrent explanatory, cross-sectional mixed-methods design. Quantitative data were gathered from 100 nursing personnel selected through random and stratified sampling, while qualitative data were obtained from 10 purposively selected participants composed of five nurse supervisors and five nursing staff. Researcher-developed questionnaires and semi-structured interviews were used, and data were analyzed through frequency counts, percentages, means, standard deviations, Pearson correlation, multiple regression, and thematic analysis. Results showed that most respondents were staff nurses (87%), female (79%), aged 25-34 years (64%), bachelor's degree holders (81%), and job order employees (68%). Leadership styles were generally assessed positively, with transformational and transactional leadership emerging as prominent approaches. Staff dynamics (M = 4.33) and patient care outcomes (M = 4.62) were both rated very positively. Regression analyses indicated that personal profiles significantly predicted leadership styles and leadership attributes, while leadership styles significantly predicted staff dynamics ($R^2 = 0.67$, $p < 0.001$) and leadership attributes significantly predicted patient care outcomes ($R^2 = 0.75$, $p < 0.001$). Qualitative findings produced four core themes: leadership styles in healthcare delivery, leadership practices and staff dynamics, leadership practices and patient care outcomes, and challenges and opportunities in healthcare leadership. The study concludes that supportive, caring, communicative, and adaptive leadership strengthens teamwork and contributes to improved patient care in the hospital context.

Keywords: *Leadership styles, healthcare leadership, staff dynamics, patient care outcomes, mixed-methods research, emotional intelligence*

INTRODUCTION

Effective leadership is essential in contemporary healthcare because it shapes how healthcare teams communicate, collaborate, and sustain safe patient-centered care. In nursing settings, supervisors and nurses occupy direct leadership roles in coordinating work, guiding clinical routines, responding to patient needs, and maintaining a supportive workplace climate. At Sulu Sanitarium and General Hospital, leadership is especially important because the hospital serves a diverse community in Sulu, where healthcare delivery is affected by staffing demands, resource constraints, varied patient needs, and the need for culturally responsive care.

The literature consistently associates effective nurse leadership with organizational performance, staff morale, and quality of care. Leadership practices that promote clear communication, emotional intelligence, and shared responsibility can improve collaboration and reduce workplace tensions, while ineffective leadership may weaken morale and compromise patient care (McNulty et al., 2020). Prior studies also emphasize the value of transformational and transactional leadership in strengthening organizational outcomes and staff commitment (Friedman et al., 2020; Judge & Piccolo, 2020). In nursing environments where emotional labor is substantial, transformational leaders can inspire commitment and help nurses remain engaged in their work (Bagnasco et al., 2018; Cummings et al., 2018; Liu et al., 2020).

Despite these contributions, leadership research in nursing has often been framed through general or Western-based models. Less attention has been given to how leadership styles and attributes operate in localized healthcare settings such as Sulu, where cultural, organizational, and socio-economic realities may influence the way leaders communicate, decide, resolve conflict, and support staff (Morrison et al., 2020). This gap is important because leadership practices in one context may not fully capture the lived realities of nurses and supervisors in a resource-limited provincial hospital.

This study therefore investigated the leadership styles and attributes of nurse leaders and nursing staff at Sulu Sanitarium and General Hospital. Specifically, it examined the personal profiles of nursing personnel, the prevalent leadership styles among nurse leaders, the leadership attributes exhibited by nurses, the status of staff dynamics, and perceived patient care outcomes. It also tested whether personal profiles predicted leadership styles and attributes, whether leadership styles correlated with leadership attributes, and whether leadership styles and attributes predicted staff dynamics and patient care outcomes. Qualitative inquiry was used to deepen the quantitative results by exploring how nursing personnel described effective leadership and its connection to patient care.

Literature Review

Healthcare Leadership and Human Caring in Nursing

The study was anchored on Jean Watson's Theory of Human Caring, which views caring as the essence of nursing and as a foundation for meaningful relationships between nurses and patients. Within a leadership context, caring leadership is expressed through empathy, respect, compassion, and the creation of a supportive environment where both staff and patients experience dignity and trust (Watson, 2018). Such a leadership orientation is significant because caring supervisors can strengthen job satisfaction, reduce turnover tendencies, and promote the quality of patient care (Kirk et al., 2020).

Watson's perspective also complements contemporary leadership theories because leadership in healthcare is not limited to task assignment or supervision. It involves the ability to motivate, communicate, support, and model ethical and compassionate behavior. When nurse leaders demonstrate caring behaviors, they create a climate where nurses are more likely to communicate openly, respond to patient needs with empathy, and sustain teamwork during difficult situations. This perspective supports the present study's focus on leadership as a relational and practice-based influence on staff dynamics and patient care.

Leadership Styles in Healthcare Settings

Transformational leadership emphasizes inspiration, motivation, professional growth, and the development of shared vision. In healthcare, it is frequently associated with improved staff commitment, higher job satisfaction, and better patient care outcomes because it encourages nurses to exceed routine expectations and participate in continuous improvement (Bass & Riggio, 2018; Sfantou et al., 2017). Studies reviewed in the thesis also report that transformational leadership behaviors, such as inspirational motivation and individualized consideration, can foster supportive and patient-centered environments (Adams & Bond, 2021; Salas et al., 2021; Wang et al., 2020).

Transactional leadership, by contrast, focuses on task clarity, performance expectations, rewards, and corrective feedback. This style can support structure and accountability, especially in clinical environments where

procedures and standards must be followed. However, when used without relational support, it may limit creativity and emotional engagement among staff (Alshurideh et al., 2022; Northouse, 2018). The study also considered servant leadership, which prioritizes the growth and welfare of others. Servant leadership aligns strongly with caring-oriented healthcare practice because it emphasizes empathy, empowerment, trust, and staff development (Carter & Jones, 2020; Eva et al., 2019; Greenleaf, 2018; Van Dierendonck, 2018).

Autocratic and democratic leadership were also examined because they represent contrasting approaches to authority and participation. Autocratic leadership may be useful when immediate decisions are needed during emergencies, but it can restrict collaboration if applied rigidly (Goleman, 2018). Democratic leadership, on the other hand, promotes participation, shared decision-making, and recognition of staff input, which may strengthen cohesion and ownership in healthcare teams (Gastil, 2018). In a hospital context, the effective use of these leadership styles may depend on the situation, the urgency of clinical decisions, and the need to balance authority with compassion.

Leadership Attributes, Staff Dynamics, and Patient Care

Leadership attributes refer to the abilities and behaviors through which leadership styles are practiced. In this study, the major attributes were communication skills, decision-making, conflict resolution, and emotional intelligence. Communication is central to nursing leadership because it supports clarity, active listening, feedback, and safe coordination among healthcare team members (McMahon et al., 2021). Decision-making is equally important because nurses and supervisors must weigh evidence, available resources, and patient needs when responding to clinical situations (Qadri et al., 2022).

Conflict resolution and emotional intelligence are particularly relevant in healthcare settings because nurses work in high-pressure environments where misunderstandings, workload stress, and emotionally difficult situations are common. Leaders who address conflict directly and professionally can protect team morale and prevent disruptions in patient care (Young & Hegney, 2019). Emotionally intelligent leaders are also better able to recognize their own reactions, respond empathetically to staff concerns, and maintain composure during crises, which can support staff well-being and patient satisfaction (Goleman, 2018; Weng et al., 2021).

The reviewed literature suggests that leadership styles and attributes influence staff dynamics by shaping trust, communication, team cohesion, and collaboration. Positive staff dynamics then contribute to patient care through fewer communication breakdowns, stronger commitment to quality, and more coordinated care delivery. Thus, the present study positioned leadership not only as an individual trait of supervisors but also as a set of relational practices that may influence the hospital's work culture and patient care outcomes.

Conceptual Framework

The conceptual framework of the study linked the demographic profile of nurses and nurse leaders with leadership styles, leadership attributes, staff dynamics, patient care outcomes, and qualitative insights. The demographic profile included role in the organization, department, age, gender, educational qualifications, years of experience, employment status, and number of patients handled. These factors were expected to shape the leadership styles of nurse leaders and the leadership attributes exhibited by nursing staff.

The framework further proposed that leadership styles influence leadership attributes and staff dynamics, while leadership attributes influence patient care outcomes. Qualitative insights were integrated to explain how participants experienced and interpreted these relationships in daily practice. This framework guided the organization of the study and the integration of quantitative and qualitative findings.

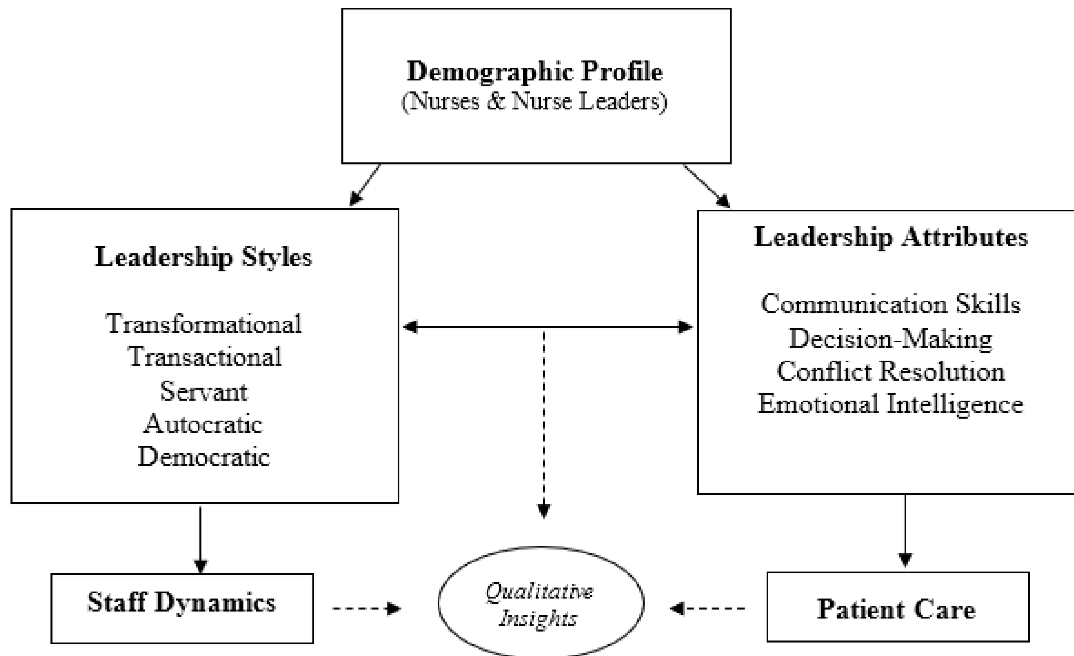

Figure 1. *Conceptual Framework of the Study*

METHODS

Research Design

The study employed a concurrent explanatory, cross-sectional mixed-methods design. The quantitative strand used a structured survey to describe leadership styles, leadership attributes, staff dynamics, and patient care outcomes and to test predictive and correlational relationships among the variables. The qualitative strand used semi-structured interviews to provide richer explanations of the participants' experiences and perceptions of leadership in daily nursing practice. The mixed-methods approach allowed triangulation of statistical patterns and participant narratives (Creswell & Plano Clark, 2021).

Research Locale

The study was conducted at Sulu Sanitarium and General Hospital in Jolo, Sulu. The hospital serves the local population and surrounding communities and provides a relevant setting for examining nursing leadership because of its varied departments, patient demands, and the diverse backgrounds of nursing personnel. The local context made it appropriate for studying how leadership styles and attributes operate in a culturally distinct healthcare environment.

Participants and Sampling Technique

The quantitative component involved 100 nursing personnel composed mainly of staff nurses, charge nurses, head nurses, senior nurses, and one supervisor. Participants were selected using a combination of random and stratified sampling to secure representation across relevant groups, consistent with the use of sampling approaches in healthcare research (Achuthan et al., 2020). The qualitative component involved 10 purposively selected participants consisting of five nurse supervisors and five nursing staff. Purposive sampling was used to obtain information-rich accounts from participants who had direct experience with leadership practices in the hospital (Etikan et al., 2016).

Research Instrument

Researcher-developed instruments were used for both quantitative and qualitative data collection. The questionnaire measured leadership styles, leadership attributes, staff dynamics, and patient care outcomes through Likert-type items. Leadership styles covered transformational, transactional, servant, autocratic, and democratic leadership. Leadership attributes included communication skills, decision-making, conflict resolution, and emotional intelligence. The instrument also collected demographic and work-related profile data.

The quantitative instrument underwent expert review for validity and reliability testing. Cronbach's alpha values indicated excellent reliability for leadership styles ($\alpha = 0.87$) and leadership attributes ($\alpha = 0.92$), and acceptable reliability for staff dynamics ($\alpha = 0.79$) and patient care outcomes ($\alpha = 0.75$). These values met the commonly accepted threshold for internal consistency in social science and health research (Bolarinwa, 2019). The qualitative interview guide contained open-ended questions about effective leadership attributes, staff dynamics, patient care outcomes, and leadership challenges.

Data Gathering Procedure

After institutional permission and ethics clearance were secured, the researcher coordinated with the hospital and invited qualified participants. Quantitative surveys were administered to the selected nursing personnel, while qualitative interviews were conducted with purposively selected supervisors and staff. Participants were informed about the purpose of the study, the voluntary nature of participation, and the confidentiality of their responses. Interviews were conducted until sufficient depth and thematic saturation were achieved.

Data Analysis

Quantitative data were analyzed using descriptive and inferential statistics. Frequencies and percentages described the personal profiles of participants, while means and standard deviations summarized leadership styles, leadership attributes, staff dynamics, and patient care outcomes. Multiple regression analysis tested whether personal profiles predicted leadership styles and attributes and whether leadership styles and attributes predicted staff dynamics and patient care outcomes. Pearson correlation analysis examined relationships between leadership styles and leadership attributes. Statistical significance was evaluated at $p < 0.05$.

Qualitative data were analyzed through thematic analysis. Interview responses were organized, coded, and clustered into recurring themes and subthemes that reflected participants' descriptions of leadership practices, staff dynamics, patient care, and contextual challenges. Thematic analysis was appropriate because it allowed the researcher to identify patterns in participants' narratives while preserving the meaning of their experiences (Braun & Clarke, 2021; Fereday & Muir-Cochrane, 2020). Quantitative and qualitative findings were then integrated to produce a comprehensive interpretation of leadership dynamics in the hospital.

Ethical Consideration

The study observed research ethics throughout the data gathering and analysis process. Participants were provided informed consent, were told that participation was voluntary, and were allowed to withdraw at any point. Confidentiality and anonymity were maintained by protecting personal information and presenting findings in aggregate or coded form. The researcher also ensured that data were handled securely and that results were reported honestly and respectfully.

RESULTS AND DISCUSSION

Profile of Nursing Personnel

The profile of respondents showed that the nursing workforce in the study was largely composed of staff nurses. Out of 100 participants, 87% were staff nurses, while the remaining respondents were charge nurses, head nurses, senior nurses, and one supervisor. Most respondents were female (79%), aged 25-34 years (64%), bachelor's degree holders (81%), and job order employees (68%). The largest group had 1-3 years of healthcare

experience (46%), and most handled 6-8 patients per shift (36%). These results indicate that the leadership environment examined in the study was shaped mainly by early-career and frontline nursing personnel who directly experienced the daily demands of hospital care.

Table 1. *Dominant Personal Profile Characteristics of Nursing Personnel (n = 100)*

Profile Variable	Dominant Category	n	%
Role in the organization	Staff Nurse	87	87.0
Age	25-34 years	64	64.0
Gender	Female	79	79.0
Educational qualification	Bachelor's degree	81	81.0
Employment status	Job Order	68	68.0
Years of experience in healthcare	1-3 years	46	46.0
Number of patients handled	6-8 patients	36	36.0

The predominance of young and job order nurses has implications for leadership development. Since many respondents were still building their professional experience, the need for supportive supervision, mentoring, clear communication, and professional development was evident. These findings also help contextualize why transformational, transactional, and servant-oriented practices were highly relevant in the study setting: staff members needed both task clarity and relational support to function effectively in a demanding healthcare environment.

Leadership Styles and Leadership Attributes

The assessment of leadership styles revealed an overall mean of 4.10, interpreted as "Agree." Transformational leadership received the highest computed dimension mean, followed by transactional, democratic, servant, and autocratic leadership. The high rating for transformational leadership indicates that nursing leaders were perceived as supportive of staff motivation and professional growth. Transactional leadership also received a favorable assessment, suggesting that clarity of expectations, feedback, and performance-related guidance remained important in the hospital setting. Autocratic leadership was still rated positively but had the lowest dimension mean, indicating that independent decision-making and strict reliance on rules were present but less preferred when compared with more participatory styles.

Table 2. *Summary of Leadership Styles and Leadership Attributes*

Dimension	Mean	Interpretation
Transactional Leadership	4.13	Agree
Transformational Leadership	4.18	Agree/Strongly Agree
Servant Leadership	4.06	Agree
Autocratic Leadership	4.04	Agree
Democratic Leadership	4.08	Agree
Overall Leadership Styles	4.10	Agree
Communication Skills	4.12	Often
Decision-Making	4.10	Often
Conflict Resolution	4.07	Often
Emotional Intelligence	3.99	Often
Overall Leadership Attributes	4.07	Often

Leadership attributes were also assessed positively, with an overall mean of 4.07, interpreted as "Often." Communication skills received the highest computed dimension mean, reflecting the importance of clear articulation, active listening, constructive feedback, and open dialogue. Decision-making, conflict resolution, and emotional intelligence were also rated favorably. These results support the literature emphasizing communication,

participatory decision-making, conflict management, and emotional intelligence as core leadership attributes in nursing (McMahon et al., 2021; Qadri et al., 2022; Weng et al., 2021; Young & Hegney, 2019).

Staff Dynamics and Patient Care Outcomes

Staff dynamics were rated very positively, with an overall mean of 4.33, interpreted as "Strongly Agree." The highest-rated item was that team collaboration enhances the quality of patient care (M = 4.44), followed by the presence of trust and mutual respect among staff (M = 4.35). These results imply that nursing personnel perceived their work environment as collaborative and supportive, which is important because teamwork and communication are essential for safe care delivery.

Table 3. *Staff Dynamics and Patient Care Outcomes*

Indicator	Mean	SD	Interpretation
Team members communicate openly with each other.	4.32	0.53	Strongly Agree
There is a culture of trust and mutual respect among staff.	4.35	0.54	Strongly Agree
Conflicts are effectively managed within the team.	4.22	0.56	Strongly Agree
Team collaboration enhances the quality of patient care.	4.44	0.52	Strongly Agree
Overall staff dynamics	4.33		Strongly Agree
Leadership style of supervisors positively impacts patient care.	4.55	0.54	Strongly Agree
Team is committed to providing high-quality patient care.	4.63	0.51	Strongly Agree
Staff feel empowered to make decisions that improve patient outcomes.	4.61	0.55	Strongly Agree
Effective communication within the team leads to better patient care.	4.69	0.49	Strongly Agree
Overall patient care outcomes	4.62		Strongly Agree

Patient care outcomes were likewise rated highly, with an overall mean of 4.62, interpreted as "Strongly Agree." The highest-rated statement was that effective communication within the team leads to better patient care (M = 4.69). This finding reinforces the central role of communication in linking leadership practice to patient care quality. It also supports Watson's caring perspective, where relational and compassionate interactions among healthcare workers contribute to a better healing environment for patients (Watson, 2018).

Relationships and Predictive Effects Among Leadership Variables

Regression analysis showed that selected personal profile variables significantly predicted leadership styles among nurse leaders. Role in the organization ($\beta = 0.25$, $p < 0.001$), gender ($\beta = 0.20$, $p = 0.009$), educational qualification ($\beta = 0.28$, $p < 0.001$), employment status ($\beta = 0.18$, $p = 0.003$), years of experience as a nurse leader ($\beta = 0.22$, $p < 0.001$), and number of patients handled ($\beta = 0.30$, $p < 0.001$) were significant predictors. The model explained 67% of the variance in leadership styles ($R^2 = 0.67$, $p < 0.001$). For nursing staff leadership attributes, role, department, gender, educational qualification, employment status, years of experience as healthcare provider, and number of patients handled were significant predictors, with the model explaining 71% of the variance ($R^2 = 0.71$, $p < 0.001$).

Table 4. *Correlation Between Leadership Styles and Leadership Attributes*

Leadership Style	Communication Skills	Decision-Making	Conflict Resolution	Emotional Intelligence
Transactional	0.32**	0.23*	0.19	0.10
Transformational	0.55**	0.49**	0.52**	0.60**
Servant	0.48**	0.41**	0.45**	0.58**
Autocratic	-0.12	-0.25*	-0.18	-0.10
Democratic	0.42**	0.46**	0.53**	0.50**

The correlation analysis showed that transformational leadership had significant positive correlations with all four leadership attributes: communication skills ($r = 0.55$, $p < 0.01$), decision-making ($r = 0.49$, $p < 0.01$), conflict resolution ($r = 0.52$, $p < 0.01$), and emotional intelligence ($r = 0.60$, $p < 0.01$). Servant and democratic

leadership also showed strong positive correlations across the leadership attributes. Transactional leadership was significantly related to communication skills and decision-making, but not to conflict resolution and emotional intelligence. Autocratic leadership showed weak or negative relationships, including a significant negative relationship with decision-making ($r = -0.25$, $p = 0.028$). These findings suggest that relational and participatory styles are more consistently aligned with the leadership attributes needed in nursing practice.

Table 5. *Summary of Regression Models*

Model	Key Significant Predictors	R^2	Adjusted R^2	p-value
Personal profiles predicting leadership styles	Role, gender, education, employment status, nurse leader experience, patients handled	0.67	0.64	<0.001
Personal profiles predicting leadership attributes	Role, department, gender, education, employment status, healthcare experience, patients handled	0.71	0.68	<0.001
Leadership styles predicting staff dynamics	Transformational, transactional, servant, autocratic, democratic leadership	0.67	0.64	<0.001
Leadership attributes predicting patient care outcomes	Communication, decision-making, conflict resolution, emotional intelligence	0.75	0.73	<0.001

Leadership styles significantly predicted staff dynamics. Transformational leadership emerged as the strongest positive predictor, followed by servant and democratic leadership, while autocratic leadership had a negative effect. Leadership attributes also significantly predicted patient care outcomes, with communication skills showing the strongest effect, followed by emotional intelligence, decision-making, and conflict resolution. The model explaining patient care outcomes had the highest explanatory power ($R^2 = 0.75$, $p < 0.001$), indicating that leadership attributes are central to perceived care quality in the hospital.

Qualitative Themes on Leadership Practices

The qualitative findings deepened the statistical results by showing how participants experienced leadership in daily practice. Four core themes emerged from the interviews: the impact of leadership styles on effective healthcare delivery, leadership practices and staff dynamics, leadership practices and patient care outcomes, and challenges and opportunities in healthcare leadership. Participants emphasized that democratic and servant leadership fostered collaboration and inclusivity, while transactional leadership was useful for task completion but limited when emotional support was needed. Autocratic leadership was described as potentially restrictive because it could reduce participation and morale.

Table 6. *Core Qualitative Themes and Representative Subthemes*

Core Theme	Representative Subthemes
Impact of leadership styles on effective healthcare delivery	Democratic and servant leadership; limitations of transactional and autocratic leadership; essential leadership attributes; emotional intelligence
Leadership practices and staff dynamics	Communication styles and morale; balancing leadership approaches; modeling compassionate care; team-building practices
Leadership practices and patient care outcomes	Empowered staff; communication and care quality; leadership approach and patient satisfaction; strategic decision-making; collaborative care
Challenges and opportunities in healthcare leadership	Staffing shortages and burnout; communication and collaboration; training and development; leadership engagement; resource management and patient safety

Participants' narratives consistently described leadership as a practical influence on teamwork, morale, and care delivery. Supportive communication helped staff feel respected and guided, while empowered staff were perceived as more prepared to respond to patient needs. At the same time, participants identified staffing shortages,

burnout, limited resources, and high patient volume as major challenges. These concerns align with the idea that leadership must not only motivate staff but also manage contextual pressures that affect safety and care quality (Aiken et al., 2020; Bashir et al., 2021; Labrague et al., 2019; West et al., 2020).

Integration of Quantitative and Qualitative Findings

The integration of findings showed convergence between the quantitative and qualitative strands. Quantitatively, transformational, servant, and democratic leadership were strongly associated with leadership attributes and staff dynamics. Qualitatively, participants explained that these leadership styles fostered collaboration, respect, open communication, and staff empowerment. The regression results also showed that communication skills and emotional intelligence were strong predictors of patient care outcomes, while interview participants described communication, empathy, and strategic decision-making as necessary for reducing errors, improving patient experiences, and maintaining care quality under pressure.

Together, the findings suggest that effective nursing leadership at Sulu Sanitarium and General Hospital requires a balance of task-oriented clarity and caring, participatory, and adaptive leadership. Transactional practices help clarify expectations, but transformational, servant, and democratic practices appear more strongly connected to staff morale, teamwork, and patient-centered care. The results therefore support the integration of Watson's human caring perspective with contemporary leadership styles as a useful framework for strengthening healthcare leadership in the hospital.

CONCLUSION

The study concluded that leadership styles and leadership attributes significantly shape staff dynamics and perceived patient care outcomes at Sulu Sanitarium and General Hospital. The quantitative results led to the rejection of all five null hypotheses, showing that personal profiles significantly predicted leadership styles and leadership attributes, leadership styles correlated with leadership attributes, leadership styles predicted staff dynamics, and leadership attributes predicted patient care outcomes.

Transformational, servant, and democratic leadership were especially important because they were strongly associated with communication, decision-making, conflict resolution, and emotional intelligence. Transactional leadership also contributed positively by supporting task clarity and feedback, but it appeared less connected to relational attributes when compared with transformational, servant, and democratic approaches. Autocratic leadership showed weak or negative relationships with leadership attributes and had a negative effect on staff dynamics.

The qualitative findings confirmed that leadership in the hospital is experienced not only as supervision but also as communication, support, empathy, strategic decision-making, and resource management. Participants emphasized that empowered and supported staff are better able to collaborate and provide quality patient care. Overall, the study contributes to nursing leadership by demonstrating that compassionate, adaptive, and attribute-based leadership can strengthen staff dynamics and improve patient care outcomes in a culturally distinct and resource-challenged healthcare setting.

Recommendation

For Nurses

Nurses should continuously develop leadership-related competencies such as communication, emotional intelligence, decision-making, conflict resolution, and teamwork. Participation in training, mentoring, and reflective practice can help nurses become more confident in contributing to team dynamics and patient-centered care.

For Nursing Supervisors

Nursing supervisors should promote a work environment characterized by collaboration, trust, open communication, and compassionate guidance. They should model transformational, servant, and democratic

leadership behaviors while still providing clear expectations and timely feedback when transactional guidance is needed.

For Hospital Administrations

Hospital administrators should establish leadership development programs that integrate human caring, communication skills, team-building, emotional intelligence, and adaptive decision-making. Administrators should also strengthen feedback mechanisms such as patient satisfaction surveys, staff consultations, and service quality monitoring to align leadership development with patient care outcomes.

For Patients

Patients should be engaged through clear communication and feedback opportunities. Patient feedback can help the hospital understand how leadership-supported teamwork affects care experience, safety, and satisfaction.

For Policymakers

Policymakers should support programs and policies that improve nurse staffing, staff well-being, and leadership training in public healthcare institutions. Attention to staffing standards, resource support, and continuing professional development can help reduce burnout and enhance care quality.

For Nursing Academe

Nursing schools should strengthen the integration of leadership theories, emotional intelligence, communication, and team dynamics in nursing curricula. Partnerships between nursing schools and hospitals can provide students with practical exposure to leadership in real healthcare settings.

For Future Researchers

Future researchers may replicate the study in other hospitals or provinces to compare leadership dynamics across different healthcare contexts. Further studies may also use longitudinal designs to examine how leadership development interventions influence staff dynamics and patient care outcomes over time.

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