

**LEADERSHIP BEHAVIORS OF NURSE ADMINISTRATORS AND
CARING BEHAVIORS OF STAFF NURSES AT THE
CAGAYAN VALLEY MEDICAL CENTER**

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ABSTRACT

This study sought to describe the leadership behaviors of nurse administrators as well as the staff nurses' caring behaviors and to compare the nurse administrators' leadership behaviors as assessed by themselves and by their staff nurses. Caring behaviors of staff nurses were described according to profile variables. Leadership behaviors of nurse administrators have been associated with the caring behaviors of staff nurses. This descriptive correlational study was conducted in a 500-bed capacity tertiary, teaching, training hospital, the Cagayan Valley Medical Center, the 3rd largest hospital in the Philippines. All 53 nurse administrators and 89 regular staff nurses in this hospital were the participants of the study. The Leadership Behavior Checklist developed by Cornelius & Associates (2010) for nurse administrators and the Caring Behaviors Inventory established by Wolf (1994) for staff nurses were used as data gathering instruments of this study. Leadership behaviors were very highly manifested by nurse administrators in all dimensions as assessed by themselves, however, these manifestations were not slightly concurred by staff nurses in some dimensions. The leadership behavior of nurse administrators reflects high manifestation of staff nurses caring behaviors. The caring behavior manifested by staff nurses was not affected when the staff nurses were grouped according to their profile variables. This study also provides further evidences regarding perceptions of nurse administrators and staff nurses on the leadership behaviors of their nurse administrators which demonstrate agreements and disagreements on the different dimensions of leadership behaviors.

Keywords: *Nurses' leadership behavior, caring behavior, Cagayan Valley Medical Center*

INTRODUCTION

Effective leadership is an important factor in delivering high-quality patient care by nurses. This calls for the role of nurse administrators on the hospital settings to influence and create an environment where professional nursing practices can succeed. Providing a caring environment in the management of nurses is necessary to ensure caring and recovery of patients while they are in the hospital. Hospitals need nurse administrators who can provide support to the nursing profession and develop nursing care through their effective leadership. Nurse administrators as leaders are responsible for establishing suitable conditions in the nursing workplace. This workplace is where the staff nurses are highly involved in caring for their patients and will perform to the best of their ability. A simple act of caring according to Pellicer (2008) is “a leader’s single most powerful tool for creating a workplace environment in which employees feel appreciated and respected.”

When applied in a nursing workplace this could mean that when staff nurses feel that their leaders care about them, they become motivated resulting to better quality of nursing care.

Williams, McDowell & Kautz (2011) believed that role modeling with the principles of caring, blended with the principles of leadership, can transform the way nurses do things in the workplace, the best place to work and the best place to receive care.

The importance of nursing administrators’ leadership role in developing professional nurses’ skills and capability must be acknowledged. According to Watson (2006), the nurse administrators’ responsibilities include caring and administrative leadership. As such, nurse administrators “understand and communicate caring as a philosophy/ ethic for organizational process and develop skills of caring behaviors/presence in formal-informal relationships with individuals and groups.” Thus, when nurse administrators are engaged in incorporating caring in their daily leadership practice, they become agents of change. Hence, healthcare organizations need nurse leaders who can develop nursing care through their leadership (Frankel, 2008).

The Cagayan Valley Medical Center is a growing community of health care providers in which nurses are to provide direct contact and total care to patients 24 hours a day. Changes have been constantly inflowing as felt by the growing number of newly hired nurses brought about by the increasing demands of healthcare and the expansion of hospital services through the years. Quality patient care is the utmost vision of the hospital in which the institution sustains all activities towards attaining quality healthcare services. This includes enhancing the nursing manpower is skills through various professional trainings and development, leadership and supervisory seminars, management short courses, research and series of evaluation programs to ensure a fully structured and equipped staff nurses and nursing administrators amidst the dynamic changes in manpower of the nursing service.

Growing future nurse leaders is a long-term quest that requires both planning and action. It is important to ensure that nurses develop the skills and competencies that will be needed for them to succeed. The development of healthy workplaces that are responsive to ever-changing healthcare environment will be in their hands (Sherman & Pross, 2010). These qualities are believed to have an impact on how the nursing services of Cagayan Valley Medical Center would be at par with the demands of care now and in the future.

This study explored the leadership behaviors of nurse administrators as assessed by nurse administrators themselves and as assessed by their respective staff nurses and this also assessed the caring behaviors of staff nurses. Furthermore, the relationship of the leadership behavior of nurse administrators was determined with the caring behaviors of staff nurses.

Statement of the Problem

The study aimed to determine the relationship between nurse administrators' leadership behaviors and staff nurses' caring behaviors in Cagayan Valley Medical Center.

Specifically, the study sought answers to the following questions:

1. What is the profile of the two groups of participants in terms of

- 1.1 Age;
 - 1.2 Unit of assignment; and
 - 1.3 Length of service?
2. What are the leadership behaviors of nurse administrators as measured by the leadership behavior checklist?
 3. Is there a significant difference in the assessment of two groups of participants on the leadership behavior of the nurse administrators?
 4. What is the assessment of staff nurses on their caring behavior along the following dimensions as measured by the Caring Behavior Inventory:
 - 4.1 Respectful deference to others;
 - 4.2 Assurance of human presence;
 - 4.3 Positive connectedness;
 - 4.4 Professional knowledge and skill; and
 - 4.5 Attentiveness to the other's experience?
 5. Is there a significant difference on the caring behaviors of the staff nurses when they are grouped according to profile variables?
 6. Is there a significant relationship between the leadership behaviors of the nurse administrators and the caring behaviors of their staff nurses?

METHODOLOGY

Research Design

The research design was a cross-sectional, descriptive and correlational study. In a cross-sectional study, variables are identified one point at a time and the relationships between them are determined. Descriptive correlational studies describe the variables and the relationships that occur naturally between and among them (Burns & Grove, 2013). In this study, leadership and caring behaviors were described and the relationship between them was determined.

Participants of the Study

The participants of the study included all nurse administrators and regular staff nurses with at least six months of experience at the Cagayan Valley Medical Center. Nurse administrators include senior nurses, nursing supervisors, and an assistant chief nurse.

The participants of this study were the 89 staff nurses and the 53 nurse administrators.

Instrumentation

Nurse administrators' leadership behavior was assessed using the Leader Behavior Checklist (LBC) by Cornelius and Associates (2010). The instrument was designed to measure "leadership" behaviors as opposed to "management" behaviors. Factors assessed by this instrument were derived from a leadership model (Bennis, 1991) based on leadership defined as "an interpersonal influence process of setting direction and inspiring others to achieve goals". The factors on this instrument define the kinds of behaviors involved in "setting direction" and in "inspiring others". It is based on a published research, the ideas of various authors in the leadership literature and on observations of developing leaders in an organization across a variety of industries for the last fifteen years. It was designed to be generic enough to be applicable for all levels of leadership that include senior executive, department head, supervisor and even team leader.

The items on this checklist are clustered under the following nine categories of leadership behaviors:

1. **Communicating Purpose and Direction.** It is the extent to which a leader is engaging in the behaviors that are needed to ensure that the organization has a clear understanding of its purpose (mission) and direction (vision).
2. **Communicating and Behaving According to Values.** It is the extent to which a leader is doing those things that will ensure that others in the organization unambiguously understand the principles for which the leader stands.

3. Showing Enthusiasm for People. It is the ability to show support and enthusiasm for people in the organization.
4. Instilling in People the Belief They Are Powerful. It is the extent to which the leader engages in the behaviors that will help people feel important and powerful.
5. Being Consistent in the Face of Adversity. It is the tendency of a leader to persevere during difficult times and hold to a course of action, even in the face of adversity.
6. Planning and Leading Change. It is the extent to which a leader carries out the behavior needed to produce change in organizations.
7. Releasing Potential and Energy. It is the extent to which the leader carries out the actions needed to “release” the full potential and energy of the organization.
8. Creating a Flexible and “Ready-for-Change” Culture. It is the extent to which a leader creates a business literate organization that is better able to understand and react quickly to any change.
9. Developing Leaders in the Organization. It is the extent to which the leader understands that a critical leader’s role is to teach, coach and develop the talent within the organization.

On the other hand, caring behaviors were assessed using the Caring Behaviors Inventory (CBI) by Wolf (1988) published by Watson (2002). The original 75-item CBI was developed by Wolf in 1981 and later revised into a 42-item Survey. This study used the updated 42-item tool with a four-point Likert Scale to elicit responses (1=never; 2=occasionally; 3=usually; 4=always). Each of the 42-items describes nursing behaviors that are further grouped into five dimensions or subscales that includes respectful deference to others (12 items), assurance of human presence (12 items), positive connectedness (9 items), professional knowledge and skill (5 items), and attentiveness to other’s experience (4 items). In this study the following scale was adopted: 1=never; 2=occasionally; 3=usually; 4=always.

Internal consistency was demonstrated by a Cronbach's alpha of .974 (Wolf et al., 1998). This corresponds with findings of a study done by Hayes and Ball (2007) who used the tool with more than 200 trauma patients in a southeastern US hospital. Their Cronbach's alpha was 0.98.

Data Gathering Procedure

As a protocol, approval of the conduct of the study was obtained from the Graduate School Dean of St. Paul University Philippines. After getting the Dean's approval, a letter requesting permission to conduct the study and float the questionnaires to the nurse administrators and staff nurses was obtained from the Medical Center Chief of the Cagayan Valley Medical Center, Tuguegarao City.

Following formal approval of the permission to conduct the study from the Medical Center Chief, the researcher gave personally the packet containing the cover letter and the Leadership Behavior Checklist, to the Nurse Administrators. Another packet containing the cover letter, the Leadership Behavior Checklist and Caring Behavior Inventory was also given to the staff nurses.

The completed questionnaires were retrieved personally by the researcher. The completion and return of the questionnaire by the participants are indicative of their consent to participate in the study.

Data Analysis

All data were aggregated and were statistically treated using the Statistical Package for the Social Science (SPSS 15.0). Descriptive Statistics was used to measure the leadership behavior of nurse administrators and the caring behaviors of the staff nurses. These include frequency count, percentage and mean.

The Leadership Behavior Checklist (LBC) consists of 61 items scored in Likert format ranging from 1 (I have not yet started to do this.) to 4 (I have done this very well.). Scoring the LBC involves:

- (1). Calculating the total number of points for each of the nine

factors measured on the instrument and entering each score, called the raw score, in the space provided in the table below:

Leadership Factor	Raw Score
Communicating Purpose and Direction	
Communicating and Behaving According to Values	
Showing Enthusiasm for People	
Instilling in People the Belief They can be Powerful	
Being consistent in the Face of Adversity	
Planning and Leading Change	
Releasing Potential and Energy	
Creating a Flexible and "Ready-For-Change" Culture	
Developing Leaders in the Organization	

(2). Determining a "Converted Score" for each factor involves finding the raw score range in the columns of the table below. Table entries are raw score ranges for each factor.

Categories of Leadership Behavior	Converted Score = 1	Converted Score = 2	Converted Score = 3	Converted Score = 4
Communicating Purpose and Direction	(8-12)	(13-20)	(21-28)	(29 or higher)
Communicating and Behaving According to Values	(10-15)	(16-25)	(26-35)	(36 or higher)
Showing Enthusiasm for People	(6-9)	(10-15)	(16-21)	(22 or higher)
Instilling in People the Belief They are Powerful	(7-11)	(12-18)	(19-24)	(25 or higher)

(table continues)

Table (continued)

Being Consistent in the Face of Adversity	(3-5)	(6-8)	(9-11)	(12 or higher)
Planning and Leading Change	(8-12)	(13-20)	(21-28)	(22 or higher)
Releasing Potential and Energy	(7-11)	(12-18)	(19-24)	(25 or higher)
Creating a Flexible and “Ready-for-Change” Culture	(8-12)	(13-20)	(21-28)	(29 or higher)
Developing Leaders in the Organization	(4-6)	(7-10)	(11-14)	(15 or higher)

(3). Entering the Converted Score for each factor in the table below:

A	B	C	D	E	F	G	H	I
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Scores from each factor range from Level Four (the highest) through Level One (the lowest). In terms of leadership effectiveness, factor scores of 3 and 4 indicate areas of strength, whereas scores of 1 and 2 indicate opportunities for improvement. In general, the more scores of 3 and 4 that an individual has, the more likely that he/she is engaged in behaviors that are known to be characteristics of effective leaders.

To give more meaning to the findings of this study, the instrument used arbitrary descriptive values for each of the categories. These descriptive values are very competent (4), competent (3), needs improvement (2) and incompetent (1).

The converted scores for each dimension of leadership behaviors were manifested by the nurse administrators with respect to the 9 dimensions of leadership determined by the converted scores. The

converted scores were further interpreted using the given table:

Converted Score	Descriptive Value	
4	Strength	Very Highly Manifested
3		Highly Manifested
2	Weakness	Less Manifested
1		Not Manifested

The frequency and percentage were used to present the nurses' profile in terms of their Caring Behavior which is based on the qualitative interpretation of their individual mean scores for each dimension. The qualitative interpretation was based on the given scale:

Mean Range	Qualitative Interpretation
3.25 – 4.00	I have done this very well./ Very High Manifested
2.50 – 3.24	I have done this somewhat well./ Highly Manifested
1.75 – 2.49	I need some improvement./ Less Manifested
1.00 – 1.74	I have not yet started to do this./ Not Manifested

To test the hypothesis that there is no significant difference in the leadership behavior of the nurse administrators as assessed by the staff nurses and the nurse administrators themselves, Chi-Square test was used. Likewise, this was used to test for the significant difference on the caring behaviors of the staff nurses when grouped according to their unit of assignment, and to determine if there is a significant correlation between the leadership behaviors of the nurse administrators and the caring behaviors of their staff nurses.

RESULTS AND DISCUSSION

Participants' Profile

The regular staff nurses in Cagayan Valley Medical Center were young adults ranging from 21 – 40 years of age and for the distribution of nurse administrators, majority were from ages 31 – 50 years which denote that nurse administrators were among the senior age range compared to the regular staff nurses.

For the distribution of nurse managers and staff according to unit of assignment, it showed that the nursing service workforce was proportionately distributed in Cutting and Non-Cutting Areas. The bulk of the nursing manpower is assigned in the Non-cutting Areas in which the General wards, Out-Patient Department, and Emergency Department belonged.

For the length of service, staff nurses have shorter experience in the hospital as compared to nurse administrators. This suggests that nurse administrators are far more experienced than that of regular staff nurses.

Leadership Behavior of Nurse Administrators

Nurse administrators were likely to demonstrate the leadership behaviors as defined by the nine dimensions. This finding supports that nurse administrators influence the strategic direction of the organization through their inputs regarding service delivery, resource allocation, workforce planning and devolvement, governance arrangements and clinical quality assurance (White, 2011).

Comparative Analysis on the Assessment of the Staff Nurses and Nurse Administrators on the Leadership Behavior of Nurse Administrators

There is a significant difference in the assessment of staff nurses and the nurse administrators on the leadership behavior of the nurse administrators in terms of the following leadership behaviors: communicating and behaving according to values; showing enthusiasm for people; instilling in people the belief they are powerful; creating a flexible and “Ready-for-change” culture and developing leaders in the organization.

This finding supports the results of a study by Kleinman, (2004) which concluded that nurse managers perceived that they demonstrated a higher frequency of the leadership behaviors as compared with staff nurses.

However, no significant difference was observed on the assessment of the two groups with respect to the following leadership dimensions: communicating purpose and direction; being consistent in the face of adversity; planning and leading change; and releasing potential and energy.

Assessment of Staff Nurses' Caring Behaviors as Measured by the Caring Behavior Inventory

Staff nurses were likely to exercise behaviors mentioned in all dimensions of the Caring Behavior Inventory.

Staff Nurses Caring Behavior as Measured by the Five Dimensions of the Caring Behavior when Grouped According to Profile Variables

There is no significant difference in the caring behavior of nurses when grouped according to age, unit of assignment and length of service in all dimensions of caring behavior.

Comparative Analysis on the Relationship Between Leadership Behaviors of Nurse Administrators and the Caring Behaviors of their Staff Nurses

There is a significant relationship on the assessment of staff nurses and the nurse administrators on the leadership behaviors of nurse administrators in terms of the following dimensions of leadership behavior: communicating purpose and direction; showing enthusiasm for people; instilling the belief they are powerful; being consistent in the face of adversity, releasing potential and energy, creating a flexible and "Ready for Change" culture and developing leaders in the organization.

However, no significant relationship was observed on the assessment of the two groups of assessors with respect to communicating and behaving according to values and planning and leading change leadership dimensions.

CONCLUSION

Based on the findings of the study, the following conclusions were derived:

The Nurse Administrators of Cagayan Valley Medical Center are likely to exhibit competence in the way they mobilize the Staff Nurses in all categories of leadership behaviors. Meanwhile, there is just a slight shift on their assessment on the degree of competence experienced by their staff nurses.

The Regular Staff Nurses of Cagayan Valley Medical Center manifest their nursing care in accordance with the behaviors in the Caring Behavior Inventory. This manifestation of behavior proves that the staff nurses are aware of their institutions' vision and mission as a health care provider towards the fulfillment of the demands of their clients. This means that there is currently a considerable emphasis on the provision of patient-centered care in all aspects of healthcare to improve quality and increase client satisfaction (Michie et al., 2003).

RECOMMENDATIONS

In view of the results, discussions and the conclusions derived from this study, the following recommendations were made:

1. Staff Nurses of the Cagayan Valley Medical Center shall maintain the genuine behavior reflected on this assessment which shall contribute to a valuable impression of patients that the worth of caring of nurses is instilled in the culture of the hospital.
2. As such exemplary behaviors of staff nurses, the Nurse Administrators of the hospital could serve as the backbone of the Nursing Service to stand as a true leader in which the expressed behaviors were inculcated in every aspect of care and leadership while serving as an icon for the future administrators.
3. The Nurse Training Officer, being the one who plans the activities of nurses shall adopt and highlight in every nursing program the Caring Behaviors of Staff Nurses and the Leadership Behaviors of Nurse Administrators that every member of the Nursing Service must recognize in every aspect of nursing care.

4. As the mother of the Nursing Service, the Chief Nursing Officer should continuously embrace the values of Leadership and Caring in the incessant dynamics of Nursing Care towards the vision of a Globally Competent Nursing Service.
5. The Medical Center Chief shall continuously support the activities relevant to the conservation and development of Leadership Behavior of Nurse Managers and Caring Behavior of Staff Nurses through continuing professional development and research in order to emerge as a champion in Nursing Service.
6. For Affiliating Schools and the Academe, this study shall likewise be an instrument to be developed and utilized for students as they spearhead the foundation of future Nurses' Behaviors which accord to the demands of the profession and of the community people.
7. It is highly recommended for future researchers to have a parallel research on Caring Behaviors of Staff Nurses in CVMC and to compare with the Caring Behaviors of Staff Nurses as assessed by patients admitted in all Clinical or certain clinical areas.

References

- Anderson, J., & Yale, B. (2016). Welcome to the caritas coach education program presentation - A journey of transformation. Watson Caring science Institute.
- Attia, A. A. M., & Miligi, E. S. (2015). Leadership behaviors as perceived by pediatric nurses and its effect on their satisfaction and performance. *IOSR Journal of Nursing and Health Science*, 6(2), 01-10. Retrieved from <https://pdfs.semanticscholar.org/54c0/818132bfe4bc289372efe2eb9d2222652f40.pdf>
- Boykin, A., & Schoenhofer, S. (2001). The role of nursing leadership in creating caring environments in health care delivery systems. *Nursing Administration Quarterly*, 25(3), 1-7.
- Burns, N., & Grove, S. K. (2005). *The practice of nursing research: Conduct, critique, and utilization*. St. Louis, Mo: Elsevier/Saunders.

- Burns, N., & Grove, S. K. (2007). *Understanding Nursing Research: Building an Evidence-based Practice (4th ed.)*. Saunders Elsevier.
- Cagayan Valley Medical Center. (2015). Brief History of Cagayan Valley Medical Center. *Handbook of Standard Policies and Procedures*.
- Davidson, P. M., Elliot, D., & Daly, J. (2006). Clinical leadership in contemporary clinical practice: Implications for nursing in Australia. *Journal of Nursing Management, 14*(3), 180-187. DOI: 10.1111/j.1365-2934.2006.00555.x
- Department of Health. (2008). Staffing Pattern. *Nursing Service Administration Manual*.
- Fardellone, C., Musil, C. M., Smith, E., & Click, E. R. (2014). Leadership behaviors of frontline staff nurses. *The Journal of Continuing Education in Nursing, 45*(11), 506-513. doi: 10.3928/00220124-20141023-05
- Frankel, A. (n.d.). What leadership styles should nurses develop? *Leadership Skills for Nurses*. NursingTimes Leadership Supplement.
- Hajinezhad, M. E., & Azodi, P. (2014). Nursing caring behaviors from patients' and nurses' perspective: A comparative study. *European Online Journal of Natural and Social Sciences, 3*(4), 1010-1017. Retrieved from <http://european-science.com/eojnss/article/view/1300/pdf>
- Haynes, J. S., & Tyler-Ball, S. (2007). Perceptions of nurses' caring behaviors by trauma patients. *Journal of Trauma Nursing, 14*(4), 187-190.
- Kleinman, C. (2004). The relationship between managerial leadership behaviors and staff nurse retention. *Hospital Topics, 82*(4), 2-9. DOI: 10.3200/HTPS.82.4.2-9
- Manojlovich, M. (2005). The effect of nursing leadership on hospital nurses' professional practice behaviors. *The Journal of Nursing Administration, 35*(7-8), 366-374.

- Mustard, L. W. (2002). Caring and competency. *JONA's Healthcare Law, Ethics and Regulation*, 4(2), 36-43.
- Michie, S., Miles, J., Weinman, J. (2003). Patient-centredness in chronic illness: what is it and does it matter? *Patient Education and Counseling*, 51(3). 197-206.
- Mizuno, M., Ozawa, M., Evans, D., Okada, A., & Takeo, K. (2005). Caring behaviors perceived by nurses in a Japanese hospital. National College of Nursing, Japan. Retrieved from <http://www.ncn.ac.jp/academic/020/2005/2005jns-ncnj05.pdf>
- Pellicer, L. O. (2003). *Caring enough to lead: How reflective thought leads to moral leadership (2nd ed.)*. Thousand Oaks, CA, US: Corwin Press.
- Sherman, R., & Pross, E. (2010). Growing future nurse leaders to build and sustain healthy work environments at the unit level. *The Online Journal of Issues in Nursing*, 15(1). DOI: 10.3912/OJIN.Vol15No01Man01
- Watson, J. (2012). *Assessing and measuring caring in nursing and health sciences*. New York, NY: Springer Publishing Company.
- Watson, J. (2006). Caring theory as an ethical guide to administrative and clinical practices. *Nursing Administration Quarterly*, 30(1). 48-55
- Williams, R. L., II, McDowell, J. B., & Kautz, D. D. (2011). A caring leadership model for nursing's future. *International Journal for Human Caring*, 15(1), 31-35.
- White, J. (2012). Reflections on strategic nurse leadership. *Journal of Nursing Management*, 20(7), 835-837. DOI: 10.1111/jonm.12007
- Wong, C. A., & Cummings, G. G. (2007). The relationship between nursing leadership and patient outcomes: a systematic review. *Journal of Nursing Management*, 21(5), 709-724. DOI: 10.1111/j.1365-2834.2007.00723.x