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Effect of Personal and Working Characteristics on Staff Nurses' Leadership Behaviors in Acute Care Setting

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Abstract: Contemporary health care organizations focus on the capability and efficiency of front-line staff to minimize bureaucracy and ensure better performance to meet the vision, mission, and values of the organization. In health care organizations, front line staff must gain leadership abilities which enable them to perform multifocal and complex tasks required by healthcare. Those leadership abilities will certainly optimize the quality of services which cannot be achieved without effective leadership. This study aims to assess nurses' leadership behaviors and the effect of personal and working characteristics on their leadership behaviors in acute care hospitals. Cross-sectional correlational design is used to collect data from a stratified randomized sample of 129 nurses from different wards. The questionnaire includes demographic data and self-assessment leadership instrument. Most of the participants are females, married, and have children. Their age range is about 37. Nurses' age which ranges between 35-54 years (X-Generation) rated the highest score of leadership behaviors in comparison with other generations. The results revealed that only personal characteristics (gender, education and nationality) have significant effect on nurses' leadership behaviors. Assessing factors affecting nurses' leadership behaviors is crucial for health care organizations to survive and succeed in the current globalized competitive work environment.

Keywords: Personal and Working Characteristics, Staff Nurses, Leadership Behaviors

1. Introduction

Contemporary health care organizations focus on the capability and efficiency of front-line staff to minimize bureaucracy and ensure better performance in order to meet the vision, mission and values of the organization [1]. Health care organizations aim to optimize the quality of services that cannot be achieved without effective leadership [2]. Leadership practiced by staff nurses to provide effective patient care necessitates them to be equipped with leadership behaviors to perform multiple and complex tasks required by healthcare and to cope with the changeable and dynamic environment of health care organization [3]. Leadership behaviors are defined as the activities, actions or performances that leaders mostly utilize in their work environment [4]. Igbaekemen and Odivwri [5] identified leaders' behaviors as a combination of attitudes,

characteristics, and skills which depend on the persons and organizational values in different situations.

Nurses need to reflect the health care organization vision and values in their leadership behaviors as these positively impact the quality of care, patient outcomes and patient satisfaction [6]. Nurses must be equipped with leadership behaviors to communicate effectively, solve problems, and adapt with technology and change [7]. Leadership behaviors changed the limited nurses' role from providing direct patient care to being involved in patient's advocacy, applying evidence-based practice, ensuring quality and risk management, as well as challenging the information technology [1]. Nurses leadership is a key for success in healthcare organizations and is essential to improve quality of care. However, nurses' leadership behaviors are a complicated concept to be identified because they are affected by many factors [8]. Personal and working characteristics play a significant role in developing

individual's leadership behaviors. This is supported by leadership theories such as Great Man theory, and Trait theory [9]. Identifying factors which affect leadership behaviors among nurses will facilitate their communication, coordination of healthcare activities to ensure patient care and safety [10].

Most of the studies in nursing focused on investigating leadership styles or behaviors among nurse managers, leaders, chairpersons or educators but not on the staff nurses [11]. Some authors studied nurse managers leadership skills and competencies [12], while others overviewed the characteristics of exemplary nurse leaders from the perspective of frontline nurses [13]. Few studies only considered leadership behaviors of staff nurses. These studies provided important and solid background for studying nurses' leadership behaviors [14] and propounded that nurses must redirect their behaviors from a reactive paradigm to a proactive one, critically evaluating their leadership strengths and weaknesses [15]. Hargett, Doty [16] indicated that postgraduate nurses under fellowship program must develop their leadership abilities and skills to enable them to cope with change, focus on learning, think systemically and work with teams. Fardellone, Musil [17] conducted a study using Leadership Practice Inventory (LPI) to find out correlation between some demographic factors and staff perspectives to leadership behavior. The results showed an association between years of experience and leadership behaviors. LPI was also used by Foli, Braswell [18] to assess the impact of service-learning program on leadership behaviors among baccalaureate nurses' students. Self-Assessment Leadership Instrument (SALI) was used by Wessel, Larin [19] and Abdrbo [20] to assess leadership characteristics amongst nursing students. However, no study used SALI to assess staff nurses' leadership behaviors.

Most of the studies investigated personal characteristics generation group, gender, marital status, nationality, and education level) and work characteristics (professional experience and working areas) that can shape nurses' leadership behaviors as sample demographics and did not include it in the main research questions [21]. Age and generation group can affect leadership behaviors [22-24]; which are classified as: Greatest Generation, namely, those who are above 70 years old and who prefer leaders who command subordinates. They also those who decide by using logic and previous experience, avoid risk and/or control it. The second kind of leaders are the Baby Boomers whose age varies between 55-69. These leaders demonstrate clear plans and vision, outline steps and let followers accomplish tasks; they also like to participate in decision making but they keep final decision for the leader, and they adore leaders who give them opportunities to develop and improve. The third kind of leaders is the X-Generation (35-54 years). These prefer flexible leaders and take decisions according to priorities and situations; they minimize policies and maximize informal management; they also feel comfort when they trust and believe their leaders. Finally, the Y-Generation are less than 35 years. They want leaders who can instill autonomy among the team, challenge staff with tasks, promote independency and enhance innovation. Recent study indicated that Baby Boomers nurses have more experience than other generations [25].

In general, women are more people-oriented than task-oriented; therefore, they show higher leadership behaviors than men [26]. In nursing, females are dominant around the globe [27] and studies showed that male nurses' percentage still low. For example, in the USA and Canada male nurses are about 10% only [28, 29]. Within nurses personal characteristics, married individuals as more settled and satisfied in their lives and jobs; therefore, they take better decisions, particularly with children, and may show responsible behaviors and commitment to their jobs and work behaviors [30]. On the other hand, single staff can spend more time and effort in their work as they have less family responsibilities [31]. No study highlighted the relationship between marital status and leadership behaviors among nurses [32-34]. American Association of Colleges of Nursing (AACN) (2014) declared that nurses with higher education such as baccalaureate degree, master or above have better leadership abilities and skills than those with lower educational levels. Additionally, nurses' professional experience reflected in their knowledge and practice [35, 36] which is consequently affecting their leadership behaviors. Nurses are hired from different countries such as the UK, the USA, Australia, Canada, the Middle East, Malaysia, the Philippines and South Africa in Gulf area [37]. Therefore, one unit may accommodate more than ten nationalities from different cultural and linguistic backgrounds and lifestyles. This globalized and multinational work environment presupposes a cross-cultural workplace where nurses interact to perform and accomplish their tasks [38, 39]. Pennington, Townsend [40] concluded that different leadership practices resulted from different cultures. The study aims to assess nurses' leadership behaviors and the effect of personal characteristics, namely, generation group, gender, marital status, nationality, education level, and working characteristics, namely, professional experience and working areas on their leadership behaviors.

2. Methods

2.1. Design & Setting

Descriptive correlational cross-sectional design was used to collect data from registered nurses in acute care hospitals in Saudi Arabia.

2.2. Sampling

Stratified randomized sampling technique was used to recruit 129 staff nurses. Nurses were divided into strata by units to achieve greater degree of representativeness of the study population. The investigators contacted the nursing directors to get the list of all nurses and calculate the random sample proportion of staff nurses who are working in different units.

2.3. Instruments

First, demographic data were collected through asking nurses about their gender, age, length of service, nationality, educational level and working unit. Second, Self-Assessment Leadership Instrument (SALI) [41] was used. It was originally developed by Yura [42]. It is a 40-item tool used to assess leadership behaviors of staff nurses. The response was a 5-point numerical scale ranging from 0 which denotes "usually not" to 4 which denotes "Almost always". The instrument does not have subscales; however, it includes a self-assessment for decision making, critical thinking, interpersonal, group, and job relationships with higher scores indicating more occurrence of the leadership behavior. Content validity was assessed by agreement of five experts in leadership and because they did not agree on the subscales, so all items used to reflect the leadership concept. Construct validity assessed by contrasted groups of nursing leaders and non-leaders. Leaders agree 100% on SALI items while non-leaders agree only on 25% [41]. The reliability of the instrument was reported in another study by Smola [43] and Cronbach's alpha was 0.94. In the current study, the Cronbach's alpha was .95.

2.4. Procedure

Data collected from acute care hospitals for 4 weeks period. Data were collected by distributing the study questionnaires randomly to staff nurses after explanation of the purpose of the study and the way to answer the questions.

2.5. Ethical Consideration

Approval was obtained from Institution Review Board Committee, and from the nursing directors to ensure administrative convenience. Research procedures ensured the privacy and confidentiality during data collection, and participation in the study was voluntary.

2.6. Data Analysis

Data were analyzed using descriptive statistics (number, percentages, mean and standard deviation) as nurses were classified in different categories (gender, generation group, marital status, nationality, education level and working area), correlation between continuous variables (age, length of years' service in hospital, years of nursing experience, and number of children) and hierarchal regression to test factors that predict nurses' leadership behaviors by using SPSS version 22 [44].

3. Results

Most of the nurses were females (N=120, 93 %), married (N= 77, 59.7 %), and have children (N= 80, 62 %). Their age range was 37 years old (SD=9.4) and were Filipinos (N=80, 58.9%), Malaysians (N=18, 14%), South Africans (N=10, 7.8 %), Saudis (N=12, 9,3%) and others (N=13, 10,2%). Most of them have a BSN degree (N=101, 78. %) and they work in different units in the hospital (Table 1).

Most of nurses had 14 years of experience in nursing (SD=.96), 6 years in the current hospital (SD=3.69), and 5 years in the unit (SD=3.03). The mean score of their leadership total score was 132 (SD=17.04). Leadership scores were highest among female nurses (Mean=133.31, SD=1.54), X generation (Mean=135.76, SD=2.18), married (Mean= 134.01, SD=1.90), South Africans (Mean=146.90, SD=3.13), with Master degree (Mean=155.50, SD=.50) and work in Stepdown units (Mean= 142.15, SD=6.89). Correlation indicated that leadership total score was positively correlated with nurses' age ($r = .18$, $p < .05$) and their years of experience in nursing ($r = .18$, $p < .05$) (Table 1).

Table 1. Nurses' Characteristics and Their Leadership Behaviors (N=129).

Nurses' Characteristics		N	%	Leadership Behaviors	
				Mean	SD
Gender	Female	120	93.0	133.31	1.54
	Male	9	7.0	124	6.16
Generation Group	Baby Boomer generation (55 -69 years)	10	7.8	134	5.35
	X generation (35-54 years)	59	45.7	135.76	2.18
	Y generation (Millennial) (less than 35)	60	46.5	129.38	2.20
Marital Status	Married	77	59.7	134.01	1.90
	Unmarried	52	40.3	130.67	2.43
Have children	Yes	80	62		
	No	49	38.0		
Nationality	Filipino	76	58.9	133.06	1.95
	Saudi	12	9.3	122.50	3.24
	Malaysian	18	14.0	131.28	4.64
	South African	10	7.8	146.90	3.13
	Others	13	10.2	130.69	4.50
Education	BSN	101	78.3	132.07	1.69
	MSN	2	1.6	155.50	.50
	Others	26	20.2	133.23	3.33
Unit	Obstetrics/Gynecology	8	6.2	136	5.34
	Step-down	7	5.4	142.15	6.89
	Critical Care Unit	6	4.7	129	9.62
	Intensive Care Unit	13	17.9	137	3.92
	Surgical ward	17	5.4	125	9.33

Nurses' Characteristics		N	%	Leadership Behaviors	
				Mean	SD
	Medical and surgical	13	10.1	130.08	3.62
	Emergency	14	10.9	126.93	3.62
	Pediatric Acute Care Unit	3	2.3	125.33	14.67
	Pediatric ward	15	11.6	135.40	4.68
	Medical ward	16	12.4	136.19	4.42
	Oncology Ward	10	7.8	138.90	2.64
	Operation Room	7	5.4	121	7.66
Nurses' Characteristics		Mean	SD	r with Leadership	
Age		37.53	9.40	.184*	
Children Number		1.26	1.29	.105	
Years working in nursing		13.74	8.96	.180*	
Years working in the organization		5.77	3.69	.118	
Years working in the unit		5.42	3.03	.154	
Leadership (total)		132.6	17.04	-	

To determine whether factors contributed incrementally to the prediction of nurses' leadership behaviors, a two-step hierarchical multiple regression analysis was conducted. Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, and homoscedasticity.

In the first step of hierarchical multiple regression, nurses' leadership behaviors total score was the dependent variable while age, generation group, gender, marital status, nationality, and education level were the independent variables. This model was statistically significant (F (10, 118) = 2.66, p =.006) and explained 43% the variance in nurses' leadership behaviors. The whole model in step 1 is significant as gender (females) (β = .18, p =.04), master degree qualification (β = .20, p =.02), Saudi nationality (β =-.23, p =.04), and South African nationality (β = .25, p =.04) were the only statistically significant independent variables (Table 2).

After entry of professional experience and working areas at Step 2, the total variance explained by the model was 51% with an 8% increment of the variance in nurses' leadership behaviors but the model is not significant (F (14, 104) = 1.54, p =.07) (Table 2).

Table 2. *Model Summary of Hierarchical Multiple Regression.*

Model	R	R^2	Adjusted R^2	ΔR^2	ΔF	df1	df2	Sig. ΔF	F	Sig.
1	.43a	.18	.12	.18	2.66	10	118	.006	2.66	.006
2	.51b	.26	.09	.08	.75	14	104	.68	1.54	.07

a Predictors: generation group (baby boomers, and X), gender (Female), marital Status (married), nationality (Filipino, Saudi, Malaysian, and South African) and education level (BSN, MSN, and PhD).

b Predictors: generation group (baby boomers, and X), gender (Female), marital Status (married), nationality (Filipino, Saudi, Malaysian, and South African) education level (BSN, MSN, and PhD), professional experience (Years working in nursing, years working in the organization and years working in the unit) and working areas (obstetrics/Gynecology, Stepdown, CCU, ICU, Surgical, Medical Surgical, ER, PACU, Pediatrics, Medical, and Oncology).

4. Discussion

Descriptive results indicated that leadership behaviors as measured by SALI were highly rated by staff nurses in the current study. These results are supported by two research studies where nurses highly rated their transformational leadership as measured by LPI [17, 34]. Most of the sample in these studies were females and their age was about 56 years old [34] and 42 years old [17]. These indicate that Baby Boomers and X-Generations rate their leadership skills higher than others. In the current study, Baby Boomers and X-Generations rated their leadership higher than millennial generations and age was correlated positively with leadership. This means that with increasing age, they acquire leadership behaviors in decision making, critical thinking and communication with others.

In the current study, years of experience in nursing were positively correlated with nurses' leadership behaviors. Seventy five percent of 1354 nurses from Florida state indicated in a survey that experience is the first contributor in leadership success [45]. On the other hand, Fardellone et al. [17] found that experience in nursing affected negatively leadership behaviors. However, years of experience related to increasing age and staff nurses' specific generation group that indicate their values and beliefs. These values and beliefs combined with their knowledge and experience that acquired over time formulate and develop their leadership behaviors.

Hierarchal multiple regression indicated that females, who have master's degree, and are South Africans positively and significantly affected nurses' leadership behaviors, while Saudi nationality was negatively affected their leadership behaviors. Most of studies done about leadership in nursing did not include the gender in the research questions. However, females are dominant in nursing and studies indicated that most of the sample were females i.e., more than 90% [21, 35, 46]. Studies indicated that leadership practice among chief nurse officers was higher with both doctoral degrees [34] and among staff nurses who have bachelor degree than those who hold diplomas [21]. This was consistent with the current results that higher level of education improves the self-assessment of leadership behaviors. Higher level of education

expose nurses to more sophisticated studies that stimulate critical thinking and problem solving. In addition, it increases their maturity which instinctively affect their leadership behaviors.

Leadership behaviors of groups and individuals are greatly affected by their own culture whether it is inherited or developed [47]. The current results indicated that being South African significantly affected nurses' leadership behaviors. The South Africans are known to belong to collectivism (i.e. they encourage team work and value the organizational goals more than the individual ones), masculinity society (i.e. they value success and reward) and a culture of communication in high context style (i.e. they encourage interaction among different groups to build trust) [48]. These cultural qualities of the South Africans collectively could be reflected in their leadership behaviors such as proper communication, team work spirit, motivation, and goal directed.

In this study, Saudi nationality negatively affected nurses' leadership behaviors. This result could be due to the fact that, for cultural reasons, Saudi nurses are less in number in clinical care settings, increase the number of expatriates nurses, have a poor image of nursing and most of them are newly employed due to Saudization [49, 50]. Saudi nurses are relatively new in the nursing profession. They need more opportunities and time to get experience in clinical settings and develop their own leadership behaviors. In addition, there is a need to raise awareness regarding the nursing profession among Saudi society to increase the entry to nursing career.

5. Conclusion

The study concluded that personal characteristics significantly and positively affect nurses' leadership behaviors, especially when nurses are females, hold master's degree, and are South Africans Conversely, Saudi nationality negatively affected the staff nurses' leadership behaviors.

6. Limitations and Recommendations

Limitations of this study include low sample size, and lack of self-report questionnaire which should be considered when interpreting the study results and can affect the generalizability of the results. It is recommended to repeat the study with a larger sample size to apply factor analysis to validate the tool among staff nurses and to identify leadership subscales such as decision making and critical thinking. With a larger sample size, other significant relationships could also be proved in the inferential statistics such as age and years of experience. It is recommended to assign nurses in a leadership role continuously by rotation to acquire and develop leadership behaviors through practice. As globalization and exchange of cultures increased among nurses, it is important to highlight the qualities that positively affect leadership behaviors of nurses from other nationalities.

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