

IMPACT OF LEADERSHIP STYLES ON LEADERSHIP OUTCOME (EFFECTIVENESS, SATISFACTION AND EXTRA EFFORT) IN THE PRIVATE HEALTHCARE SECTOR IN JORDAN

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Abstract

Background: It can be concluded from past studies that the grounds for day to day exchanges amid leaders and workers are based on leadership styles, and work procedures are assisted and boosted by them.

Purpose: To investigate the nature and importance of leadership styles and behaviours of head nurse managers is the purpose of this research; its purpose also includes their influence on diverse organizational outcomes that are part of leader's efficiency and job satisfaction of workers, together with their readiness to give more input to their work.

Methodology: 24 participants were head nurse managers out of the total sample of 96; rest of the sample comprised of juniors. There were 45 things that were a part of The Multifactor Leadership Questionnaire (MLQ, Form 5-X) employed in this study to recognize and determine the important leadership styles together with their results.

Findings: The transformational leadership style was discovered to be the most frequently employed style by the outcome of this research. The results also disclosed that amid the overall score of transformational leadership (TRL) and independent variables there was a positive correlation ($r=0.661^{**}$, 0.585^{**} and 0.504^{**} for leader effectiveness, staff job satisfaction, and extra effort, respectively).

Conclusion: The quality of nursing services is greatly increased when there

is an improvement in the development of transformational leadership that in turn boosts nurses' satisfaction and additional efforts.

Keywords: Leadership styles, Head nurse managers, Quality of services

Background

The quality of services that the patients obtain is influenced by the leadership styles; additionally, the subordinates of a head nurse are influenced by the diverse parts that the head nurse performs (Squires et al., 2010). The skill, to efficiently oversee other nurses, controlling work, and guiding other nurses and nursing students, are the parts performed by the head nurse. The quality of services at the hospital relies on the leadership styles (Schreuder et al., 2011; Alloubani et al., 2014).

With the help of diverse approaches, the theoretical and practical importance of this research can be examined. The theoretical importance of this research is obvious in minimum three sections: quality, leadership style, and health results and performance.

The positive impact on the professional development of health sector administrators can be witnessed if viewed from the practical side. The initial stage that will develop the beginning will be the investigation and conclusion of the present standing of the leadership and management performance; it may then proceed to the required development and training later on.

There is a necessity to develop Jordan together with the institutions that can generate useful health managers and leaders in Jordan; for that purpose, it is necessary to employ such policies that can facilitate its development. A health system is adopted in Jordan to function as a model for different nations in that area together with acting as a perfect environment to facilitate more research into leadership; this model is generally appreciated as well as being very useful.

The part performed by the leaders and leadership especially in healthcare facilities was emphasized by most of the researchers (Tyagi, 1975). The leadership scale was the basis of this research developed by (Bass, 1985). Many factors like the sources of difference amid leadership styles, working of employees and quality of nursing services in the private health care sector in Jordan will be emphasized by this research.

Aims

The aim of the present study was to explore the nature and the status of leadership styles of head nurse managers and its effects on the quality of services. It was also to evaluate the correlation between perceived leadership styles and certain organizational consequences such as leader effectiveness, staff job satisfaction and staff willingness to exert extra effort.

This research hopes to determine the characteristics and properties that are necessary for overcoming barriers to acquiring effective leadership strategies and identifies the prerequisite skills that leaders and leaderships require if they are to be effective.

Materials and Methods

Setting and Design

Descriptive, cross-sectional design and correlation formed the basis of this research at the three private hospitals in Jordan. Explanations of the trend of present interest sans any manoeuvring are depicted by the descriptive design (Brink and Wood, 2001); while the interpretations of certain subset of the population simultaneously with regard to the independent variables will be possible by the cross-sectional designs (Polit & Beck, 2004); and for the accumulation of great quantities of information regarding certain trend can be achieved by the correlation design (Polit and Beck, 2008).

Population and Sample

In order to know the required sample size, an aptness sampling process was applied. At least 90 participants were necessary to increase the credibility of the outcomes (24 head nurse managers and 72 raters (subordinates)); this was known after it was imparted on a power analysis employing a power approximation of 0.80 and a medium effect size, for a two-tailed test with $\alpha = 0.05$.

Instruments

The Multifactor Leadership Questionnaire (MLQ) has 45 items; nine of them calculate the results of leadership while 36 of them calculate and assess important leadership styles and efficiency behaviour. A five-point ranking measurement is employed to evaluate all items. Hence, to calculate and assess the degree of a particular leadership style as transformational, transactional or laissez-faire the commonly accepted tool is MLQ. It has undergone demanding reliability and validity inspection. After being reassessed many times, the current version is the MLQ 5X. This current version has been employed in nearly 300 research programs, doctoral and master's dissertation papers internationally between 1995 and 2004, as stated by (Avolio et al., 2004). MLQ employs the following anchors: 0 = not at all, 1 = once in a while, 2 = sometimes, 3 = fairly often, and 4 = frequently, if not always.

An MLQ that employs a rating scale has a major advantage that the results that it conveys are highly authentic, constant and generates higher

variability due to which the researcher is facilitated to build greater differences amid the participants (Johnson & Christensen, 2007).

Out of the two ways of MLQ, initial is the one in the leader is inquired to rate his personal leadership style or behaviour and that is the self-rating way; while in the other way the juniors are asked to rate their leader which is the rater way.

Data Collection Procedure

From May 2013 to September 2013, data were accumulated from head nurses and staff nurses who were employed in various departments in the hospitals that were under investigation.

In order to enroll the respondents, the researcher went many times to different departments. It was at the discretion of the respondents if they wanted to be a part of the study or not; also they were given the option to remove themselves from the research at any point. Any kind of queries on behalf of the participants was catered to. Researcher made them take part in the research after they were briefed about the targets and importance of the research. An informed permission was attained by the respondents who were ready to take part in the research before the data accumulation. The permission form was signed by every respondent that evidently pinpointed that the participation in the research was solely by choice on the behalf of the participant. To offer instructions, every questionnaire was accompanied by a cover letter. The respondents were finally given the questionnaire by the researcher to answer.

Throughout the entire process of the research, not only the moral factors were taken into account; also all the rights of the respondents were guaranteed. There was a guarantee of retaining the secrecy and anonymity of the gathered data and the researcher made sure to satisfy the respondents that the information was being collected merely to conduct the research. The respondents were free to fill the questionnaire at any appropriate place of their choice. The researcher inquired from the respondents if they had any additional queries or comments regarding the research, once the data was gathered.

Results

Together with the demographics, sample and leadership styles effect; the result sections also imparts a summary of the research conclusion. The opinion of the respondents regarding the leadership styles together with dependent variables that comprised of usefulness, worker job satisfaction, and additional effort were described by the research outcomes.

This research needed head nurse managers and their staff nurse juniors in study hospitals as its target population. Out of the total of 96

respondents of the research, 72 juniors and 24 head nurse managers consented to participate in the study; they were able to finish the multifactor leadership questionnaire and 96% was their aggregate response rate.

Cronbach's Alpha (Reliability Analysis)

The reliability of the accumulated data together with the items arranged on the questionnaire is displayed by the reliability analysis of the study. Table 1 shows the great reliability of all the items placed on the questionnaire.

Table 1: Cronbach's Alpha (reliability analysis)

	Cronbach's Alpha	Valid	Excluded a	Items No.
Transformation leadership style	0.908	95	1	20
Transactional leadership style	0.759	96	0	12
Laizzes-faire leadership style	0.730	96	0	4
Dependent Variables	0.798	96	0	9
Multi-factor leadership	0.824	95	1	45

Gender

As deduced from Table 2, out of the aggregate of 96 respondents participating in this research the male participation was 46 (47.9%) while the female participation was 50 (52.1%). A minor difference was found in response on the basis of gender as deduced by the T-test outcome.

The T-Test displays the important P value of 0.49 for equality of means. The value is unimportant because it is more than 0.05; this signifies that in the private sector the influence of gender is nil on the leadership styles of the people. When it comes to the performance of the leaders in Jordan, gender seems to be irrelevant. .

This conclusion opposes the debate of Gill (2006) that leaders of different genders behave in a different way, as implied by many researchers.

Marital Status

There were 54 married respondents who accounted for 56.2%; while unmarried respondents accounted for 43.75% of the research outcomes (Table 2).

The independent sample T-Test having the P value 0.27 is displayed by the table; this is unimportant as the value is over 0.05. The leadership styles in the private sector is unaffected by the marital status. Hence, the performance of the leaders in private healthcare sector in Jordan is unaffected by the marital status.

Age

Out of the three age groups, 50% of the results of the study were offered by the young group -22 to 30 years; next group accounted for 38.5% of the results of the research and they were between the ages of 31-40 years; the last group was the smallest group and they were over 40 years.

To show the association amid age and leadership styles in the private healthcare sector in Jordan, the outcomes of (table 2) show statistical analysis with ANOVA values. The P-value is 0.18 as stated by the row of table 1; this does not depict a strong association. The value being unimportant shows that leadership styles are not influenced by age.

Experience

Table 1 reveals that results were affected by 34.4% by the response of those people whose experience in the concerned field was 1-5 years. This was followed by 30.2% (29 participants), and that was contributed by those people whose work experience in the concerned field was 6-10 years. People with 11-15 years of experience contributed only 20.8% to the research results. This percentage was further reduced by people who had 16-20 years of work experience; merely contributed to 5.2% while 9.4% of the research result was contributed by people with over 20 years of work experience in the related field.

Table 1 also reveals that the leadership styles of people in the private sector in Jordan are not influenced by experience. The ANOVA outcomes of this category show that the P-value is unimportant because it is 0.64 (table2).

Table 2 T and F- Test distribution of Participants regarding their demographic data.

Variables		Frequency	Percentage	Mean	S.D	T&F-test	P value
Gender	Male	46	47.9%	2.54	0.35	-0.68	0.49
	Female	50	52.1%	2.59	0.32		
Marital Status	Single	42	43.75%	2.61	0.20	1.07	0.27
	Married	54	56.25%	2.53	0.41		
Leaders & Raters	Leader	24	25%	2.62	0.32	0.83	0.40
	Rater	72	75%	2.55	0.34		
Age	22-30 y	48	50%	2.594	0.29	1.70	0.18
	31-40 y	37	38.5%	2.597	0.37		
	> 40 y	11	11.5%	2.39	0.35		
Experiences	1-5 y	33	34.4%	2.62	0.23	2.31	0.64
	6-10 y	29	30.2%	2.53	0.34		
	11-15 y	20	20.8%	2.59	0.42		
	16-20 y	5	5.2%	2.80	0.34		
	> 20 y	9	9.4%	2.31	0.34		

Comparing Leadership Styles Subscales and Dependent Variable

Table 3 consists of the means, standard deviations, and t-test value for every sub-scales of leadership style in private sector hospitals. All the leadership styles are important if they are at 0.05 level and are attached certain values as revealed by Table 3. Many interesting aspects were revealed by table 3; the reason being that the mean value of the transformational leadership style (2.96) was greater than other leadership styles, similarly, the standard deviation value was of other leadership styles was less than the value of transformational style (0.55). Nursing management comes after transformational leadership styles.

Leadership style greatly influenced the effectiveness, satisfaction and extra effort as displayed by their mean value (3.03, 2.95 and 2.86 respectively). It was suggested by the data that value is near the mean; the reason being that the standard deviation values (0.60, 0.66 and 0.64) were minor, and this reveals that the variation in data is insignificant.

Table 3: Comparing leadership styles subscales and dependent variables for participants point view

Leadership Styles	N	Mean	SD.	D.F.	T-test	P value
Transformation leadership style	96	2.96	0.55	95	52.7	<0.001
Intellectual stimulation	96	3.00	0.69	95	42.4	<0.001
Individual Consideration	96	3.00	0.79	95	36.8	<0.001
Inspirational motivation	96	3.00	0.66	95	43.9	<0.001
Idealized Influence (Behavior)	96	2.95	0.68	95	42.1	<0.001
Idealized Influence (Attributed)	96	3.07	0.69	95	43.5	<0.001
Transactional leadership style	96	2.08	0.60	95	33.9	<0.001
Contingent reward	96	2.57	0.76	95	32.7	<0.001
Management-by-Exception(Active)	96	2.31	0.88	95	25.5	<0.001
Management-by-Exception (Passive)	96	1.37	0.85	95	15.7	<0.001
Laizzes-faire	96	1.20	0.91	95	12.8	<0.001
Effectiveness	96	3.03	0.60	95	48.8	<0.001
Extra effort	96	2.86	0.64	95	43.4	<0.001
Satisfaction	96	2.95	0.66	95	43.2	<0.001

Comparing Leadership Styles for Leaders and raters' Point of View

The values of means, standard deviations, and t-tests of leadership styles together with leaders and their valuations by raters are displayed in Table 4. All the leadership styles are important at the level of 0.05 and possess certain value, as obvious from Table 4. It can be concluded that transformational leadership style is pursued by the leaders of the Private Hospitals. The reason being that the mean value is higher of the transformational leadership style (2.91) as compared to other leadership styles, if viewed from the leaders' point of view. Additionally, the standard deviation value as compared to other leadership styles is lesser of transformational leadership style (0.42). On the contrary, if observed from the raters' point of view, the transformational value of the mean (2.97) is higher than the mean of other leadership styles.

Additionally, it can be deduced that raters believe that the leaders pursue the transformational leadership style because the standard deviation value of transformational leadership style (0.58) is less than the other leadership styles for private hospitals.

Table 4: Comparing Leadership Styles for leaders and raters' point of view on leadership styles

		Leaders (n=24)				Raters (n=72)			
		Mean	SD	T-test	P	Mean	SD	T-test	P
1-Transformational leadership		2.91	0.42	33.9	<0.001	2.97	0.58	42.8	<0.001
A	Intellectual Stimulation	2.88	0.60	23.2	<0.001	2.97	0.63	40.0	<0.001
B	Inspirational Motivation	2.96	0.46	31.0	<0.001	2.97	0.68	37.0	<0.001
C	Individualized Consideration	2.97	0.53	27.2	<0.001	2.93	0.71	34.7	<0.001
D	Idealized Influence Behaviour	2.83	0.47	29.1	<0.001	2.94	0.67	36.7	<0.001
E	Idealized Influence Attribute	2.91	0.57	24.6	<0.001	3.06	0.68	37.9	<0.001
2- Transactional leadership		2.42	0.43	27.1	<0.001	1.97	0.61	27.3	<0.001
A	Contingent reward	3.04	0.55	26.8	<0.001	2.42	0.77	26.6	<0.001
B	M-by-E (Active)	2.73	0.75	17.8	<0.001	2.17	0.88	20.7	<0.001
C	M-by-E (Passive)	1.47	0.88	8.1	<0.001	1.34	0.84	13.3	<0.001
3- Laissez-faire		1.07	0.92	5.7	<0.001	1.25	0.92	11.5	<0.001
Score range: 0 (not at all) to 4 (frequently if not always)									

Correlations between Leadership Styles Subscales and Dependent Variables

By employing Pearson Product-Moment correlation, the transformational leadership style, transactional leadership style, laissez-faire leadership style and their subscales with dependent variables (Effectiveness, Extra effort and Satisfaction) are presented in Table 5. There was a positive correlation of all transformational leadership style subscales with all dependent variables. As obvious from table 5, the strongest correlation amongst all leadership styles and dependent variables was between the transformational leadership style and Effectiveness, Extra effort, and Satisfaction ($r = 0.661^{**}$, $r = 0.504^{**}$ and $r = 0.585^{**}$ at $P\text{-value} < 0.001$).

The most negative association amongst all sub styles of transactional leadership was the correlation amid management by exception passive with effectiveness and satisfaction ($r = -0.348^{**}$ and $r = -0.320^{**}$ at $P\text{-value} 0.001$). On the other hand, there was a positive association between the overall contingent reward sub style of transactional leadership (TAL) and Effectiveness and Satisfaction ($r = 0.228^*$ at $P\text{-value} 0.026$ and $r = 0.301^{**}$ at $P\text{-value} 0.003$). There was an important yet negative relationship of the overall correlations between Laissez-Faire leadership style and dependent variables

Table 5: Correlation coefficient between extra effort, effectiveness, and satisfaction variables and leadership styles (transformational, transactional and laissez-faire) for participants point view

Leadership style	Dependent Variable	Effectiveness	Extra Effort	Satisfaction
Transformational Leadership (TRL)	Pearson Correlation	0.661**	0.504**	0.585**
	P value	<0.001	<0.001	<0.001
Intellectual Stimulation IS	Pearson Correlation	0.500**	0.378**	0.546**
	P value	<0.001	<0.001	<0.001
Individual Consideration IC	Pearson Correlation	0.574**	0.443**	0.532**
	P value	<0.001	<0.001	<0.001
Inspirational motivation IM	Pearson Correlation	0.598**	0.374**	0.453**
	P value	<0.001	<0.001	<0.001
Idealized Influence – Behaviour IIB	Pearson Correlation	0.513**	0.419**	0.408**
	P value	<0.001	<0.001	<0.001
Idealized Influence – Attributed IIA	Pearson Correlation	0.608**	0.472**	0.467**
	P value	<0.001	<0.001	<0.001
Transactional	Pearson Correlation	0.031	-0.076	0.068

Leadership (TAL)	P value	0.767	0.464	0.510
Contingent Reward CR	Pearson Correlation	0.228*	-0.019	0.301**
	P value	0.026	0.852	0.003
Management-By-Exception- Active MBEA	Pearson Correlation	0.200	-0.002	0.187
	P value	0.05	0.981	0.068
Management-By-Exception-Passive MBEP	Pearson Correlation	-0.348**	-0.140	-0.320**
	P value	0.001	0.174	0.001
Laissez-Faire LF	Pearson Correlation	-0.401**	-0.238*	-0.326**
	P value	< 0.001	0.019	0.001
**. Correlation is significant at the 0.01 level (2-tailed). *. Correlation is significant at the 0.05 level (2-tailed).				

Discussion

To ascertain leadership styles and behaviours, many researches have been carried out (Walumbwa & Lawler, 2003; Leithwood, 2001).

Respondents were handed out questionnaires to disclose their ideal leadership styles. The most known styles that were adopted by the leaders, according to the research, were transformational and transactional leadership styles while the Laizzes-fair style was not a favourite. Hence, it can be deduced by this outcome that leaders are transactional as well as transformational (Bass, 2008).

When compared in the data, it can be deduced that the favourite leadership style adopted is transformational leadership style. Hence, the past research is substantiated by the current research that contrary to transactional leadership styles, the most adopted one is the transformational leadership styles (Avolio et al., 2004; Bass et al., 2008).

The debate that there is a positive association between the transformational leadership style and behaviours with the organizational consequences is strongly supported by the results of this research. This is on the grounds that the outcomes of the research show that there exists an important positive correlation amongst transformational behaviours and particular organizational outcomes like leader effectiveness, job satisfaction, and employee readiness to put in additional effort. But as noted by others, the prominent one was transformational leadership (Abualrub & AlGhamdi, 2012).

It was possible for the successful nursing leaders to increase employee satisfaction by adopting transformational leadership styles, as observed by a current research after assessing the association between leadership styles of nurse managers and organizational consequences (Casida & Parker, 2011). If head nurses practise transformational leadership styles, it

will not only have an impact on nurses' job satisfaction but also on the quality of nursing applications and patient care (Clavelle et al. 2013).

Lowe et al. (1996) was of the opinion that a positive association is encouraged with workers' opinion of the work if there is contingent reward. This theory is verified by this research by deducing that the contingent reward subsection achieved the maximum points of amongst transactional leaders, meaning that on the grounds of task achievement head nurses offer significant benefits. Leaders favour transactional leadership qualities, as suggested by Zaleznik's (1993). This was verified by many other researchers who confirmed the existence of contingent reward (Keegan & Hartog, 2004; Zagorsek et al., 2009).

Except for some respondents, the others did not favour the laissez-faire leadership style; additionally, a prominent negative correlation was present amid Laissez-faire behaviours and some organizational consequences. A positive relation is fostered with employees, as voiced by Lowe et al. (1996); when there are false impression and blunders then passive management by exclusion should be taken into account. Likewise, absent leadership or laissez-faire is considered to be negative type of leadership; generally it is not regarded as a leadership style (Bass & Avolio, 1995); whatsoever it remains to be a sound point. The results of this research do not confirm to the research of McGuire and Kennerly (2006), but it substantiates the results of Suliman (2009) and Failla and Stichler (2008). This leadership style was not agreed by many respondents.

The perfect leadership association is displayed if there is a score of 3.0 or more on the entire subsections of transformational leadership as suggested by Bass and Riggio (2006). There should be 2.5 average rating of contingent reward and active management by exception while less than 1.0 should be the score for passive management by exception and laissez-faire leadership. As indicated by Bass (1998), the average ratings of this research of transformational leadership and all the transactional subsections, together with laissez-faire leadership were approximately the same as the ideal average ratings.

Conclusion

It can be deduced from enough evidences from this study that the most familiar and widespread style of leadership is transformational style. Keeping this research in mind, an examination was made of the association between the apparent leadership styles, many organizational outcomes that include a leader's usefulness together with job satisfaction and performance of the workers. There is a requirement to enhance the present state of leadership, training models and development programs for senior employees of the healthcare sector.

In conclusion, as deduced from the study findings, the quality of nursing services is greatly improved by the additional development of transformational leadership.

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