

Determining the Leadership Order of the Clinically Responsible Nurse Working in a University Hospital

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ABSTRACT

This study aims to determine the leadership orientations of clinical chief nurses. In the descriptive study, the G-Power 3.1.9.4 program was used to calculate the sample size and the number of people planned to be included in the study was calculated as 50 with 5% error and 95% power. In this direction, all (50) clinical nurses working in a university hospital between 10.05.2023 and 30.05.2023 will form the study sample group. The data of the study will be collected from individuals with a socio-demographic "Leadership Orientation Questionnaire" prepared by the researchers. 84.6% of the participants were female and 15.4% were male. While 89.7% of the participants are married, 10.3% are single. While 56.4% of them are graduates, 43.6% of them are undergraduates. 46.2% of the participants have been in management for 0-5 years, 28.2% for 10 years and above, and 25.6% for 5-10 years. While the participants' human-oriented leadership behavior score average was 7.79, the minimum score was 3 and the maximum score was 12. While the task-oriented behavior average score was 12.62, the minimum score was 4 and the maximum score was 19. While the leadership orientation total score average was 20.41, the minimum score was 7, and the maximum score was 27. As a result of this study, there is no significant difference between the sub-dimensions of the leadership orientation scale and age, gender, marital status, educational status, duration of work in the profession, and management process. Therefore, extra pieces of training should be planned for responsible nurses, taking into account clinical leadership. There are few studies on this subject in the literature. It is recommended to increase the studies.

Keywords: responsible nurse; manager; leadership

INTRODUCTION

Mankind has needed management and a manager since its existence. Management: "It is a way of making/implementing decisions that can use the available resources efficiently and effectively to achieve certain goals. Individuals who provide management are called managers." (Young, 2005). Nurses primarily responsible for providing health services are selected in line with the education, knowledge, and skills they have received in the professional direction and receive the title of manager nurse (Serinkan & İpekçi, 2005).

The executive nurse is responsible for planning, organizing, collaborating, coordinating, executing, and controlling nursing care (Girvin, 1996; Canbolat, 2013). The manager nurse is responsible for fulfilling and supervising nursing services (Arslan, 2015). Executive nurses are expected to use their managerial and leadership characteristics such as following up-to-date data by conducting research, working with nurses, and thinking critically (Canpolat, 2012; Girvin, 1996).

Leadership is defined as the ability to mobilize individuals for a specific purpose (Yulk, 2001). A leader, on the other hand, is a person who influences individuals with his knowledge and ability and motivates them to achieve their goals. Leadership in the nursing profession is defined as "the use of personal power and inclination to achieve the common goal and vision by influencing the patient, family, and others constructively and ethically" (Yoder Wise, 2003). In another definition, it is the use of the power and tendency to achieve the common goal and vision by influencing the patient, family, and society (Girvin, 1996). Nurses who exhibit leadership behavior provide quality service (Yiğit and Yazkan, 2014). Negativenesses experienced in nursing leadership behaviors; Disruptions in the subordinate-superior relationship in health

institutions are because physicians are expressed as team leaders, uncertainties in duties and responsibilities, lack of justice and equality among nurses, insufficient knowledge, and lack of self-confidence (Baykal, 2003; Baykal et al., 2006). ; Dierckx De Casterle et al., 2008; Duygu & Kublay, 2008; Öztürk, 2010). When the literature is examined, studies in this direction are limited. For this reason, it is aimed to determine the leadership orientations of clinically responsible nurses. The research question to be answered within the scope of the study is: Is there a relationship between the sociodemographic characteristics of the clinical nurses participating in the study and the Leadership Orientation Questionnaire?

METHOD

The study sample group will comprise individuals who worked as clinical nurses in charge of a medical faculty hospital between 10.05.2023 and 30.05.2023. This study aims to determine the leadership orientations of clinical chief nurses.

In the descriptive study, the G-Power 3.1.9.4 program was used to calculate the sample size and the number of people planned to be included in the study was calculated as 50 with 5% error and 95% power. In this direction, all (50) clinical nurses working in a university hospital between 10.05.2023 and 30.05.2023 will form the study sample group.

The study data will be collected from individuals with a socio-demographic "Leadership Orientation Questionnaire" prepared by the researchers.

Data will be collected by face-to-face conversation method from individuals who agree to participate in the study and meet the inclusion criteria. Data collection was set at approximately 15-20 minutes for each participant.

Exclusion Criteria

- Volunteer to participate in the research,
- Working as a clinical nurse in the relevant medical faculty hospital

Exclusion Criteria

- Not being willing to participate in the research,
- Not working as a clinical nurse in the relevant medical faculty hospital

Instruments

The data of the study was to be collected from individuals using the Personal Information Form, the "Leadership Orientation Questionnaire" prepared by the researchers.

Personal Information Form

Personal information form prepared by the researcher by the literature; It consists of six questions about socio-demographic characteristics (age, gender, marital status, educational status, etc.), years of work in the profession, and duration of being a manager.

Leadership Orientation Survey

It was developed by Fred Luthans (Nebraska University) in 1992 and adapted into Turkish by Cömert in 1999. The 5-point Likert-type scale consists of 35 items. In addition to the statements, there is also a scale that includes "always", "often", "occasionally", "rarely" and "never" options. Statements 1, 2, 4, 6, 7, 9, 11, 12, 13, 14, 16, 17, 20, 21, 23, 25, 27, 29, 31, and 33 are task-oriented, while other statements are human. describing behaviors. In the scoring of the scale, being human-oriented can get a maximum of 15, while being task-oriented can take a maximum of 20 (Cömert, 1999).

Ethical considerations

Institutional permission (Issue No: E-89969066-044-1761681) was obtained from the Ethics Committee of a foundation university (Decision No: 2023-03-86) and the directorate of the relevant university hospital to conduct the research. The permissions of scales to be used in the research were used with the permission of the scale authors. The oral and written consent and informed consent were obtained from the nurses in charge of the clinic who will participate in the study.

Data collection procedure

The data of the study was to be collected from individuals using the Personal Information Form, the "Leadership Orientation Questionnaire" prepared by the researchers.

Data analysis

Data were analyzed with IBM SPSS V23. Conformity to the normal distribution was evaluated using the Shapiro-Wilk test. Mann-Whitney U test was used to compare the data that were not normally distributed in paired groups. The Kruskal-Wallis test was used to compare the data that were not normally distributed according to groups of three or more. Spearman's rho correlation coefficient was used to examine the relationship between age and non-normally distributed scores. The significance level was taken as $p < 0.050$.

RESULT

Table 1 shows 40 people participated in the research. 84.6% of the participants were female and 15.4% were male. While 89.7% of the participants are married, 10.3% are single. While 56.4% of them are graduates, 43.6% of them are undergraduates. 46.2% of the participants have been in management for 0-5 years, 28.2% for 10 years and above, and 25.6% for 5-10 years. While the participants' human-oriented leadership behavior score average was 7.79, the minimum score was 3, and the maximum score was 12. While the task-oriented behavior average score was 12.62, the minimum score was 4, and the maximum score was 19. While the leadership orientation total score average was 20.41, the minimum score was 7, and the maximum score was 27.

Table 1. Descriptive Statistics

	Frequency (n)	Percentage (%)
Gender		
Male	6	15.4
Woman	33	84.6
Marital Status		
Single	4	10.3
Married	35	89.7
Educational Status		
Undergraduate	17	43.6
Graduate	22	56.4
How many years have you been working in this profession?		
10 years and above	39	100
How many years have you been managing?		
0-5 years	18	46.2
10 years and above	11	28.2
5-10 years	10	25.6
	Mean±SD	Median (min-max)
Human-oriented leadership behavior	7.79±2.28	8.00 (3.00 - 12.00)
Task-oriented behavior	12.62±4.10	14.00 (4.00 - 19.00)
Leadership orientation	20.41±5.41	23.00 (7.00 - 27.00)

Table 2 shows a commonly intended relationship was not obtained between age and human-oriented leadership behavior, task-oriented behavior, and leadership training scores (p values 0.874, 0.308, 0.329, respectively).

Table 2. Examining the relationship between age and scale scores

	Age	
	r	p
Human-oriented leadership behavior	0.026	0.874
Task-oriented behavior	0.168	0.308
Leadership orientation	0.161	0.329

*r: Spearman's rho correlation coefficient

Table 3 shows the median scores of leadership behavior toward people do not differ according to gender ($p=0.635$). While the median for men was 9.00, the median for women was 8.00. The median scores for task-oriented behavior did not differ according to gender ($p=0.349$). While the median for men was 14.00, the median for women was 15.00. Median leadership orientation scores did not differ according to gender ($p=0.582$). While the median for men was 23.00, the median for women was 21.00. According to marital status, the medians of human-oriented leadership behavior scores do not differ ($p=0.947$). While the median for singles was 8.50, the median for married people was 8.00. The median scores for task-oriented behavior did not differ according to marital status ($p=0.911$). While the median for singles was 13.00, the median for married people was 14.00. Median leadership orientation scores do not differ according to marital status ($p=1$). While the median for singles was 22.00, the median for married people was 23.00. The median leadership behavior scores towards people do not differ according to education level ($p=0.664$). While the median of undergraduate graduates was 9.00, the median of graduate graduates was 8.00. The median scores for task-oriented behavior did not differ according to education level ($p=0.944$). While the median of undergraduate graduates was 14.00, the median of graduate graduates was 14.50. Median leadership orientation scores do not differ according to educational status ($p=1$). While the median of undergraduate graduates was 23.00, the median of graduate graduates was 21.00. The median leadership behavior scores towards people do not differ according to management duration ($p=0.399$). The median of those who have been managers for 0-5 years is 7.56, for those who have been managers for 10 years or more is 8.45, and for those who have been managers for 5-10 years is 7.50. The median scores for task-oriented behavior do not differ according to the management duration ($p=0.47$). The median of those who have been managers for 0-5 years is 8.00, the median of those who have been managers for 10 years or more, and 5.00 for those who have been managers for 5-10 years. Leadership orientation score medians do not differ according to the management duration ($p=0.986$). The median of those who have been managers for 0-5 years is 11.00, the median of those who have been managers for 10 years or more, and 12.00 for those who have been managers for 5-10 years.

Table 3. Comparison of scale scores according to demographic characteristics

	Human-oriented leadership behavior		Task-oriented behavior		Leadership orientation	
	Mean±SD	Median (min-max)	Mean±SD	Median (min-max)	Mean±SD	Median (min-max)
Gender						
Male	7.83±2.40	9.00 (3.00-9.00)	12.17±4.02	14.00 (4.00-14.00)	20.00±6.42	23.00 (7.00-23.00)
Woman	7.79±2.30	8.00 (4.00-12.00)	12.70±4.17	15.00 (5.00-19.00)	20.48±5.32	21.00 (10.00-27.00)
Test ist.		86.000		74.000		84.000
p		0.635		0.349		0.582
Marital Status						
Single	7.50±3.11	8.50 (3.00-10.00)	11.75±6.40	13.00 (4.00-17.00)	19.25±8.73	22.00 (7.00-26.00)
Married	7.83±2.23	8.00 (4.00-12.00)	12.71±3.88	14.00 (5.00-19.00)	20.54±5.08	23.00 (10.00-27.00)
Test ist.		68.000		67.000		70.000
p		0.947		0.911		1.000
Educational Status						
Undergraduate	7.76±2.39	9.00 (3.00-11.00)	12.71±4.61	14.00 (4.00-19.00)	20.47±6.12	23.00 (7.00-26.00)
Graduate	7.82±2.26	8.00 (5.00-12.00)	12.55±3.78	14.50 (7.00-17.00)	20.36±4.94	21.00 (15.00-27.00)
Test ist.		171.500		184.000		187.000
p		0.664		0.944		1.000
How many years have you been managing?						
0-5 years	18.00±18.00	7.56 (13.56-21.11)	4.18±5.11	8.00 (14.00-23.00)	4.00±7.00	11.00 (19.00-25.00)
10 years and above	11.00±11.00	8.45 (11.91-20.36)	4.39±4.95	8.00 (14.00-20.00)	7.00±15.00	10.00 (16.00-26.00)
5-10 years	10.00±10.00	7.50 (11.70-19.20)	3.65±6.68	5.00 (10.00-15.00)	5.00±10.00	12.00 (17.00-27.00)
Test ist.		1.837		1.512		0.027
p		0.399		0.470		0.986

*Mann-Whitney U test, **Kruskal Wallis test

DISCUSSION

This study was carried out to determine the leadership orientations of the clinical nurses. Most of the participants in the study were women (84.6%) and the average age was 44.8. No statistically significant relationship was found between age and human-oriented leadership behavior, task-oriented behavior, and leadership orientation scores. In similar studies by Saatli (1998) and Göktepe (2002), no significant relationship was found between age and leadership orientation (Saatli, 1998; Göktepe, 2002). This result may suggest no parallel between the participants' professional development and age. While 56.4% of the participants are graduates, 43.6% are undergraduates. In this study, no significant relationship was found between the leadership orientation scores and the educational status of the participants. In a similar study conducted by Özdemir Özkan et al. with nursing students in 2015, it was found that the highest score in the scale sub-dimension scoring was the human-oriented leadership sub-dimension (Özdemir Özkan et al., 2015). When we look at the literature, it is seen that the human-oriented leadership sub-dimension score is higher, unlike our study (Cansoy and Tofur, 2017; Onur Sezer and Bağçeli Kahraman, 2018). The individuals participating in the research are those who have worked in the institution they work for 10 years or more. The people-oriented leadership behavior score average of the participants was determined as 7.79. In a similar study conducted by Erkan and Abaan in 2006, the human orientation score of the individuals working for 21 years and over was lower than that of the group working for 1-10 years. Employees working in the same institution for many years may have low scores because they work in the same position, their work life becomes routine, and they cannot access new information.

Limitations of the study

This study was a single-center study and was conducted with clinical nurses. It cannot be generalized to clinical chief nurses in all centers.

CONCLUSION

As a result of this study shows no significant difference between the sub-dimensions of the leadership orientation scale and age, gender, marital status, educational status, duration of work in the profession, and management process. Management is a professional profession (Lourenço et al., 2005).

Therefore, extra training should be planned for responsible nurses, taking clinical leadership into account. There are few studies on this subject in the literature. It is recommended to increase the studies.

Key point for policy, practice, and/or research

1. In this study, no significant relationship was found between the leadership orientation scores and the educational status of the participants.
2. No statistically significant relationship was found between age and human-oriented leadership behavior, task-oriented behavior, and leadership orientation scores.
3. Therefore, extra pieces of training should be planned for responsible nurses, taking into account clinical leadership.

REFERENCES

- Arslan B. (2015). Leadership and Job Satisfaction in Hospital Management. Beykent University Institute of Social Sciences, Master Thesis, Istanbul.
- Baykal U. (2013). Management in the Nursing Profession. Retrieved from <http://www.kanunieah.gov.tr/wpcontent/uploads/2014/05/%C3%BCIk%C3%BCbaykal.pdf> Access Date: 10.04.2023
- Baykal Ü., Altuntaş S., & Seren S. (2006). Determination of the relationship between organizational commitment and personal and professional status variables, leadership styles, and locus of control of nurse managers. Sur, H., Yazar, O. (Ed). IV. National Health Organizations Management Congress Scientific Book. *Health Administrators Association, Istanbul*, 94–10.
- Canpolat Z. (2012). Evaluation of Leadership and Organizational Commitment in Nurses. Istanbul Bilim University Institute of Health Sciences, Master Thesis, Istanbul.
- Canbolat S. (2013). Nursing Management from Past to Present. Retrieved from <http://www.acibademhemsirelik.com/dergi/64/docs/uygulamalariniz-gelistirin2-64.pdf> Access Date: 10.04.2023

- Comert S. (1999). Relationship between Managers' Creativity Levels and Leadership Styles. Unpublished Doctoral Thesis, Istanbul: Istanbul University, Institute of Social Sciences, Faculty of Business Administration, Doctoral Thesis.
- Dierckx De Casterle B., Willemse A., & Verschueren M. (2008). Impact of clinical leadership development on the clinical leader, nursing team and care-giving process: A case study. *Journal of Nursing Management*, 16, 753-763.
- Duygulu S., & Kublay G. (2008). Leadership evaluations of executive nurses and nurses they work with and leadership characteristics of executive nurses. *Hacettepe University Faculty of Health Sciences Journal of Nursing*, 15(1), 1-14.
- Erkan E., & Abaan D. (2006). Task or People Orientation: Leadership Behavior of Unit Charge Nurses in Government and Private Hospitals. *Journal of the School of Nursing*, 1-13.
- Girvin J. (1996). Leadership and Nursing: Part Three: Traditional Attitudes and Socialisation. *Nursing Management*, 3(3), 20-22.
- Goktepe N. (2002). Leadership Style of Executive Nurses and Perception of the Leadership Style of Executive Nurses by Subordinates, Istanbul University Institute of Health Sciences, Nursing Services Management Program, Master Thesis, Istanbul
- Lourenço, R.M., Shinyashiki, GT, & Trevizan, M.A. (2005). Management and Leadership: Analysis of Nurse Manager's Knowledge. *Rev Lat Am Enfermagem*, 13(4), 469-73.
- Saatli G. (1988). Determination of Leadership Behaviors of Nurses According to the Ohio State University Model, Ege University Institute of Health Sciences, M.Sc., İzmir
- Serinkan C., & İpekçi İ. (2005). A Research on Leadership and Leadership Characteristics in Executive Nurses. *Süleyman Demirel University Faculty of Economics and Administrative Sciences*, 10(1), 281-294.
- Ozturk H. (2010). Ethical behaviors of executive nurses and research. Istanbul University Institute of Social Sciences, Department of Hospital and Health Institutions Management, Istanbul, 181
- Yigit S., & Yazirkan H. (2014). Examining the Relationship Between Leadership Style and Professional Commitment. *Dumlupınar University Journal of Social Sciences*, 41, 71-84.
- Yulk G.A. (2001). *Leadership in Organization*. Prentice-Hall international Inc.
- Yoder-Wise P. (2003). *Leading and Managing in Nursing* (3rd ed). Mosby, Inc.
- Young, N. (2005). *Management and Organization* (2nd ed). Seçkin Publishing