

**LEADERSHIP STYLES IN NURSING AND THEIR IMPACT ON
TEAM PERFORMANCE AMONG NURSES OF UNIVERSITY OF BENIN
TEACHING HOSPITAL**

BY

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BENIN CITY**

JULY, 2025.

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**IN PARTIAL FULFILLMENT OF THE AWARD OF BACHELOR OF NURSING
SCIENCES (BNSC), COLLEGE OF MEDICAL SCIENCES, UNIVERSITY OF
BENIN, BENIN CITY**

JULY, 2025.

DECLARATION

This is to declare that this research project titled “**LEADERSHIP STYLES IN NURSING AND THEIR IMPACT ON TEAM PERFORMANCE AMONG NURSES OF UNIVERSITY OF BENIN TEACHING HOSPITAL** will be solely carried out by **AGHEDO FAVOUR OSARIENKHERE** . It is solely the result of my work except where acknowledged as being derived from other person (s) or resources.

MATRICULATION NUMBER: _____

**IN THE FACULTY OF NURSING SCIENCES, COLLEGE OF MEDICAL SCIENCES,
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CERTIFICATION/APPROVAL

This is to certify that this research project by **AGHEDO FAVOUR OSARIENKHERE** with matriculation number _____ has been examined and approved for the award of **BACHELOR IN NURSING SCIENCES CERTIFICATE**

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Dean of Faculty

EXAMINAR

Sign & Date

DEDICATION

I dedicate this Project work to God Almighty, whose guidance and strength has been my constant companion throughout my academic journey, and to my wonderful parents MR.& MRS.AGHEDO for their unwavering support.

ACKNOWLEDGMENT

I would like to express my sincere gratitude to God Almighty, for His divine guidance, provision, strength and grace throughout this research journey

Special appreciation to my supervisor Mrs. R. Lawal for her guidance and valuable insights in my research study. Her invaluable contributions, meticulous corrections, and expert guidance were instrumental in shaping this research study. I would also like to extend my utmost appreciation to the Dean of the Faculty of Nursing Sciences, University of Benin, Prof. F. U. Okafor. I extend my sincere appreciation to my lecturers, Prof (Mrs) J. A. Afemikhe, Prof. (Mrs) C.E Omorogbe, Prof. (Mrs) R.E. Esewe, Dr (Mrs) C. Enuke, Sr. J. N. Chukwurah, Mrs C. C. Edo-Osagie, Dr T. A. Ehwarieme, Mrs. E. N. Oyana, Mrs Ikhuobase, Mrs. F. Esebanme and Mr Aragua as well as all other lecturers and non- academic staff for their immense contribution, dedication and support.

I express my deepest gratitude to my parents Mr. OSARINMWIAN & MRS SARAH AGHEDO. for their unwavering support, encouragement, and love. Special thanks to my siblings,, for their support throughout the period of my academic pursuit, also to my friends and fellow course mates for their encouragements at one time or the other and for their support in the pursuit of my career.

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ABSTRACT

Background: Effective nursing leadership is pivotal in healthcare, significantly influencing team dynamics, job satisfaction, and the quality of patient care. The leadership styles adopted by nurse managers can either enhance or impede team performance, yet the specific dynamics within the context of Nigerian tertiary hospitals remain underexplored.

Aim: This study aimed to evaluate leadership styles in nursing and their impact on team performance among nurses at the University of Benin Teaching Hospital (UBTH), Benin City.

Methods: A correlational survey design was employed, with a sample of 272 nurses selected from a population of 850 using stratified and convenience sampling. Data were collected using a validated, self-structured questionnaire and analyzed with descriptive statistics (frequencies, percentages) and inferential statistics (Chi-square test) via SPSS version 25.

Results: The findings revealed that transactional (50.8%) and laissez-faire (46.0%) leadership styles were predominant among nurse managers, with minimal evidence of transformational leadership. These styles were perceived negatively and were significantly associated with low team performance, including confusion (54.4%) and poor coordination (51.1%). Key factors influencing leadership style adoption included personal traits (69.5%), availability of resources (65.1%), and the nature of the clinical unit (62.9%). A significant relationship was found between leadership styles and team performance ($p=0.026$).

Conclusion: The study concludes that the prevalent leadership styles at UBTH are largely ineffective, adversely affecting team cohesion and performance. There is a critical need for leadership development programs focused on transformational and participatory approaches to foster a more supportive and efficient work environment for nurses.

Keywords: Leadership Styles, Team Performance, Nurse Managers, University of Benin Teaching Hospital, Transformational Leadership, Transactional Leadership.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Nursing leadership is a critical element in healthcare, influencing not only the work environment for nurses but also the quality of patient care and overall organizational outcome (Cummings et al., 2021). Effective nursing leadership directs nursing practice to perform the highest level of care, support evidence-based practices, and maintain quality of healthcare at all administrative level. As healthcare systems face increasing complexity and demands, the role of nurse leaders becomes ever more vital in fostering motivated and high-performing teams. Leadership in nursing is a widely studied topic because it is a fundamental skill in establishing favorable work environments (Ferreira et al., 2022). Different leadership styles can impact nurses' job satisfaction, retention, and ultimately, the quality of services they provide (Specchia et al., 2021). The leadership style of a leader will affect employee performance and productivity (Gebreheat et al., 2023). In high-stress environments of hospitals, it is important that nurses have a higher level of empowerment and well-being to impart their services (Alzahrani et al., 2019). Several leadership styles are commonly discussed in the context of nursing. Transformational leadership, for example, has been shown to positively affect employee satisfaction, engagement, and performance. This style involves leaders working collaboratively with their teams to create a shared vision and inspire members (Gebreheat et al., 2023). In contrast, a laissez-faire leadership style involves little

guidance from the leader, giving employees significant autonomy (Albagawi et al., 2019). As the healthcare sector evolves, nurse leaders must be equipped to guide their teams through new challenges and implement changes effectively. Improving team motivation is an essential task in the rapidly changing healthcare services sector, especially in the nursing profession. In the demanding world of healthcare, think of nurse leaders as the guiding hands that shape not just the daily grind for nurses, but also the very care patients receive and how well a healthcare organization functions overall (Ariani et al., 2022). Imagine a skilled nurse leader as someone who inspires their team to provide the absolute best care, champions practices backed by solid evidence, and ensures quality across all levels of administration. As our healthcare systems become increasingly intricate and face growing pressures, these nurse leaders become even more essential in nurturing teams that are not only capable but also truly motivated and high-performing (Gashaye et al., 2023). The topic of leadership in nursing has captured the attention of many researchers, and it's easy to see why it's a fundamental ingredient in creating a positive and supportive workplace (Albagawi et al., 2019). Picture a leader whose approach makes nurses feel valued and supported. Different leadership styles can significantly sway how satisfied nurses are with their jobs, how likely they are to stay in their roles, and ultimately, the quality of care they lovingly provide (Abdelhafiz et al., 2016). Think about it: the way a leader leads directly influences how well and how much their team accomplishes (Morsiani et al., 2017). In the often high-pressure environment of hospitals, it's crucial that nurses feel empowered and have a sense of well-being so they can bring their best selves to their vital work (Hogan et al., 2005). Consider the different personalities you might encounter in leadership. For instance, a transformational leader is like that inspiring mentor

who works side-by-side with their team, painting a shared vision and igniting passion within each member. This style has a wonderful ripple effect, boosting how happy and engaged nurses are, and even improving their performance (Gebreheat et al., 2023). On the flip side, imagine a leader who takes a completely hands-off approach, a "laissez-faire" leader, giving their team a lot of freedom but perhaps not much direct guidance (Gashaye et al., 2023). The impact of strong leadership stretches beyond the daily tasks; it's also about navigating change within healthcare organizations (Chestnut, 2017). As the healthcare landscape constantly evolves, nurse leaders need to be the steady hands that guide their teams through new challenges and help implement changes smoothly and effectively. Think of it as needing a skilled captain to steer a ship through changing tides. Boosting team spirit and motivation becomes a key responsibility in our rapidly changing healthcare world, especially for the dedicated nurses. Given how profoundly leadership affects nursing teams and the overall well-being of patients, it's incredibly important to dig deeper into which specific leadership styles truly help nursing teams flourish. Now, let's bring it closer to home, to the University of Benin Teaching Hospital (UBTH). Here, our nurses face unique pressures, serving as a major referral center dealing with a wide range of complex cases. This puts a significant demand on their skills and dedication. So, it becomes really important to understand the leadership styles that are present within UBTH's nursing units and how those styles impact how well our nursing teams function. This understanding can help us pinpoint areas where we can improve and create a more supportive and efficient workplace for our nurses. While we know a lot about nursing leadership in general, the specific ways different leadership styles play out within the particular culture and daily realities of UBTH might be different.

Things like limited resources, local customs, and the specific challenges our nurses face could all influence the relationship between leadership and team performance. That's why it's so important to take a closer look at what's happening right here at UBTH. By examining the leadership styles of our nurse leaders and how they affect their teams, we can develop targeted strategies and leadership training programs that will ultimately help our nursing teams thrive and contribute to even better patient care within our institution. This study aims to explore the connection between different leadership styles in nursing and how they ultimately impact how well a team performs.

1.2 Statement of the Problem

The efficacy of the team's performance depends substantially on the leadership style

The delivery of high-quality healthcare within tertiary institutions like the University of Benin Teaching Hospital (UBTH) in Nigeria is fundamentally dependent on the effectiveness of its nursing workforce. Nurses constitute the largest group of healthcare professionals and play a pivotal role in direct patient care, influencing patient outcomes, safety, and overall healthcare quality (World Health Organization, 2018). Effective team performance among nurses is therefore crucial for achieving optimal healthcare delivery standards within UBTH. Leadership, a key determinant of team dynamics and organizational success, has been extensively studied in nursing (Asamani et al., 2016). Different leadership styles adopted by nurse managers can significantly shape the work environment, influencing nurses' job satisfaction, motivation, communication, collaboration, and ultimately, their performance as a team (Alharbi, 2017; Albagawi et al., 2019). For instance, transformational leadership,

characterized by its focus on shared vision and inspiration, has been linked to improved team engagement and performance (Gebreheat et al., 2023). Conversely, less effective leadership styles can contribute to decreased morale, increased burnout, and suboptimal team outcomes. While the impact of leadership styles on nursing teams has been explored in various contexts globally, there is a relative paucity of research specifically examining this relationship within the unique operational and cultural context of tertiary healthcare institutions in Nigeria, such as UBTH. UBTH, as a major tertiary referral center in Benin City, faces specific challenges including high patient loads, resource constraints, and a distinct organizational culture that may influence the manifestation and impact of different leadership styles on nursing team performance. Understanding these dynamics within the local context is crucial for developing evidence-based strategies to enhance nursing team effectiveness and improve the overall quality of care at UBTH particularly, it's crucial to ascertain the prevalent leadership styles among nurse managers at UBTH and to rigorously investigate their association with key indicators of nursing team performance, such as efficiency of care delivery, adherence to protocols, incidence of errors, levels of teamwork and collaboration, and overall team productivity. Furthermore, exploring the mediating or moderating factors within the UBTH environment that may influence this relationship, such as organizational support, communication structures, and workload distribution, is essential for a comprehensive understanding.

1.3 Aim and Objectives of the Study

The aim of this study is to evaluate leadership styles in nursing and their impact on team performance in a tertiary institution in Benin city.

1.3.1 Specific Objectives

1. To identify the dominant leadership styles exhibited by nurse managers as perceived by nursing staff at the University of Benin Teaching Hospital
2. To examine the impacts of different leadership styles on team's performance.
3. To explore the specific factors that significantly influence the adoption of particular leadership styles among nurse managers at UBTH.

1.4 Research Questions

1. What are the dominant leadership styles exhibited by nurse managers as perceived by nursing staff at the University of Benin Teaching Hospital?
2. What are the impacts of different leadership styles on team's performance?
3. What are the specific factors that significantly influence the adoption of particular leadership styles among nurse managers at UBTH?

1.5 Research Hypothesis

The following hypothesis was formulated for this study:

H0: There is no significant relationship between leadership styles and team performance.

H1: There is a significant relationship between leadership styles and team performance.

1.6 Significance of the Study

Nursing Team: The study can identify leadership styles that foster better communication, collaboration, and coordination within nursing teams at UBTH, leading to improved overall

team performance, increased nurse satisfaction and retention by promoting a positive work environment, empowering nurses, and valuing their contributions, encouraging improved professional growth and empowerment by providing opportunities for development and making nurses feel more valued, and leading to optimized resource utilization through more efficient workflows.

Nurse Managers: The study's findings offer valuable insights for informing leadership development initiatives within UBTH, equipping nurse leaders with the skills to adopt effective leadership styles, providing guidance for effective leadership practices that enhance team performance and nurse satisfaction within the UBTH context, leading to improved leadership skills and knowledge by understanding the impact of different leadership styles, highlighting leadership behaviors that contribute to cultivating a positive, supportive, motivated, and engaged nursing workforce, and providing data-driven evidence to support leadership decisions and strategies aimed at improving team performance and staff well-being within the nursing department.

1.7 Scope of the Study

This study will focus on the registered nurses working within various departments and units of the University of Benin Teaching Hospital. It will cover the various leadership styles in nursing, team performance, and also consider factors that could influence the relationship between leadership styles and team performance.

1.8 Operational Definition of Terms

Leadership style: For the purpose of this study, leadership style is defined as consistent

pattern of behavior that nurse leaders exhibit when directing, influencing and motivating their nursing teams within the University of Benin Teaching Hospital.

Team performance: This refers to the collective effectiveness and functioning of nursing teams within UBTH in achieving their patient care goals and operational objectives.

Tertiary institution: For the purpose of this study, Tertiary Institution (in Benin City) specifically refers to the University of Benin Teaching Hospital (UBTH), a major healthcare facility in Benin City, Edo State, Nigeria, that provides specialized medical services, serves as a training center for healthcare professionals, and is involved in medical research.

CHAPTER TWO

LITERATURE REVIEW

This chapter deals with the review of related literature which will be discussed under the following headings: Conceptual Review, Theoretical Review and Empirical Review, conceptual framework, application of theory to study and summary of literature review.

2.1 Conceptual Review

Leadership style refers to a leader's consistent approach to providing direction, implementing plans, and motivating individuals and teams within an organization (Cummings et al., 2021). Following a physician's guidance, leadership encompasses several crucial elements, with four key traits standing out. Firstly, motivation is paramount; a leader must possess a strong passion for their life, career, and profession, maintaining drive and commitment towards their objectives. In the context of patient care, this translates to a fervent dedication to their well-being and swift recovery. Secondly, an intense desire is vital. For nurses, this manifests as a profound passion for caring for patients and facilitating their healing. Nurses with this trait often collaborate closely with healthcare teams, families, and support systems to foster patient confidence and promote recovery, a particularly important attribute given the demanding nature of their profession. Thirdly, integrity is indispensable, emphasizing unbiased decision-making in critical situations, irrespective of personal gain or wealth. Nurses must uphold a strong sense of integrity, consistently acting in the best interests of their patients. Finally, self-confidence is crucial. A solid foundation of theoretical knowledge and exceptional practical skills underpins nurses' ability to deliver high-quality care and fosters the self-assurance necessary to effectively lead

teams and achieve organizational goals. These four principal leadership characteristics directly correlate with the demands placed on nursing professionals, including both nurses and nursing managers. For managers, leadership skills are essential for setting and achieving goals. This involves understanding the team's overarching direction and positively influencing nurses' sense of responsibility, professional worth, and job satisfaction through their charisma and influence. This, in turn, fosters team cohesion, enabling team members to work collaboratively.

2.1.1 Leadership Styles in Nursing Management

Opinion Leadership Styles: this leadership tactic gives an informal leader—an "opinion leader" with a foundation in education and behavior appropriate for the job. Its goal is to set up the most effective medical procedures while forming a team that becomes more accustomed to working together (Alzahrani & Hasan, 2022). Example: A team leader who shares knowledge and experiences to guide and inspire team members. These nurses, while not necessarily in formal leadership positions, are sought out for their advice, insights, and perspectives on clinical practices, new technologies, and even workplace issues. The way opinion leaders in nursing exert their influence over their peers' attitudes, beliefs, and behaviors is shaped by a constellation of key characteristics. Foremost among these is their clinical expertise and knowledge, as they are typically highly skilled and well-informed in their specialty, staying current with evidence-based practices and innovations, and confidently and clearly sharing this expertise. Their trustworthiness and credibility are also paramount, with colleagues relying on their perceived reliability, honesty, and commitment to patient and team well-being, a "style" reflected in their integrity and sound clinical judgment. Furthermore, their strong communication and interpersonal skills enable them to articulate their views effectively, actively listen, and build rapport, fostering an approachable "style" that encourages open dialogue. Their social connectedness, being well-integrated within the

team and having strong peer relationships, allows them to disseminate information and influence opinions through informal networks, characterized by an accessible and engaged "style." Often, they are early adopters and open to innovation, readily trying new practices and sharing their practical experiences, which influences others to embrace them. The respect and recognition they have earned due to their competence, experience, and positive contributions further enhance their influence, often demonstrated through a "style" of humility and a focus on patient care and team well-being. This foundation of qualities manifests in several influential roles: they act as informal mentors and advisors, offering guidance based on their experience; they serve as champions for change, advocating for evidence-based practices with a positive attitude; they function as role models, setting high standards through their clinical competence and professional conduct; they are facilitators of knowledge sharing, bridging the gap between formal learning and practice by disseminating relevant information; and finally, they act as influencers of team culture, fostering a positive and supportive environment through their collaborative, supportive, and solution-oriented approach. Opinion leadership holds significant value within nursing, playing a vital role in several key areas. By informally championing the integration of new evidence-based guidelines, opinion leaders effectively bridge the divide between research findings and practical application at the bedside. Their persuasive influence also proves instrumental in navigating the often challenging process of implementing change, helping to overcome resistance and ensure the smoother adoption of new policies and procedures. Furthermore, these influential nurses actively foster a culture of continuous learning within their teams by readily sharing their knowledge and experiences with colleagues. Ultimately, through their advocacy for best practices and their contribution to a positive team dynamic, opinion leaders indirectly but significantly contribute to the enhancement of patient care outcomes. Finally, the recognition and development of these informal leaders can serve as a valuable means of

identifying and nurturing potential candidates for future formal leadership roles within the nursing profession. The opinion leadership style in nursing is a powerful form of informal influence rooted in a nurse's expertise, trustworthiness, and social capital. These individuals play a vital role in shaping the attitudes, behaviors, and practices of their colleagues, ultimately contributing to a more knowledgeable, collaborative, and patient-centered healthcare environment.

Advantages:

Influence and Persuasion: Opinion leaders often possess deep knowledge or experience in a specific area, making their opinions highly valued. Their endorsement of an idea or product can significantly influence others' decisions. This influence can be more organic and persuasive than formal authority, as it stems from respect and perceived expertise. Think of a respected senior developer advocating for a new coding language within a tech team – their opinion carries weight due to their experience.

Trust and Credibility Because opinion leaders are often seen as unbiased and knowledgeable, their recommendations are generally trusted. This trust can facilitate the adoption of new practices or ideas more smoothly. For example, a well-regarded teacher's recommendation of a particular study method is likely to be followed by students.

Disadvantages:

Limited Reach: Opinion leaders might only exert influence within their immediate social or professional circles. Their insights, while valuable, might not reach broader segments of an organization or community that could benefit from them. A local community leader's opinion on neighborhood issues might not impact city-wide policies.

Resistance to Change: If an opinion leader is entrenched in old ways of thinking or feels

threatened by new ideas, their resistance can become a significant barrier to progress. Their strong influence can inadvertently sway others against adopting beneficial changes. A long-tenured employee who is resistant to new software might negatively influence their colleagues' willingness to learn it.

Ethical Leadership Styles: an ethical leader helps team members' mental health by giving them fulfilling jobs and connecting their self-concept to the organization's greater moral goals (Chikeleze et al., 2017). Instead of acting out of self-related interest, an ethical leader is guided by a system of widely recognized ideas and acceptable judgments, which is advantageous for followers, organizations, and society. The definition of ethical leadership involves "demonstrating ethical behavior through one's own actions, relationships with others, and the promotion of such behavior's to followers through conversation in both directions, reinforcement, and decision making" (Asamani et al., 2016). Example: The ethical leader serves as a role model and inspires others to act ethically in their own roles and responsibilities. Nurses, as the most numerous professional group within healthcare, engage in significant communication with patients (Chestnut., 2017). Often viewed as the cornerstone of the healthcare system, their effectiveness substantially influences the quality of patient care. Consequently, it is crucial that nurses experience a strong sense of well-being and thrive, particularly given the recent obstacles and complexities they face (Abdelhafiz et al., 2016). It goes beyond simply adhering to legal and professional codes of conduct; it involves actively promoting an ethical culture within the healthcare environment and making decisions based on values such as respect, honesty, justice, and beneficence (Ahmad et al., 2017). Recent literature emphasizes the critical role of ethical leadership in navigating the complex moral dilemmas inherent in nursing practice and fostering a work environment where ethical conduct is the norm (Nursing Ethics, 2024; Journal of Nursing Regulation, 2023)

Advantages:

Increases followers' confidence and trustworthiness: When leaders consistently act with integrity, fairness, and honesty, they create a psychological safety net for their followers. Employees feel secure knowing their leader will act in their best interests and uphold ethical standards. This fosters a culture of trust, where individuals are more likely to take risks and be innovative.

Puts employees' well-being first, which raises morale and increases retention: Ethical leaders often prioritize fair compensation, opportunities for growth, and a healthy work-life balance. This genuine care for employees translates into higher job satisfaction, increased loyalty, and reduced turnover rates, saving the organization time and resources associated with recruitment and training.

Disadvantages:

Resolves ethical issues in a complicated manner: Ethical dilemmas often involve competing values and stakeholders. Thoroughly analyzing all sides, considering potential consequences, and striving for the most ethical outcome can be a lengthy and complex process. This can sometimes lead to delays in decision-making, especially in fast-paced environments.

May experience decision-making paralysis due to conflicting priorities: When faced with choices that have ethical implications but may negatively impact other important goals (e.g., profitability), ethical leaders might struggle to find a solution that aligns with all values. This internal conflict and the weight of ethical considerations can sometimes lead to indecisiveness.

Authentic Leadership Styles: Authentic leadership, as defined by Mondini et al. (2020), centers on a leader's profound self-awareness, a clear understanding of their own behavior

and ethical principles, an appreciation for the traits of others, and a genuine concern for the well-being of everyone involved. This style transcends mere outward actions, delving into the leader's inner compass and how their true self is expressed in their interactions and decision-making. Authentic leaders lead not through imitation or adherence to a specific mold, but from a place of deep-seated values and convictions, inspiring others through their sincerity and transparency. While "authentic leadership" is considered a single overarching style, its enactment can manifest in various ways depending on the nurse leader's individual personality, the specific context, and the needs of their team. The core components of authentic leadership (self-awareness, relational transparency, balanced processing, and internalized moral perspective) provide a framework, but the way these are expressed can lead to nuanced approaches. Description: This leader strongly emphasizes the "concern for everyone's welfare" aspect of authentic leadership. They demonstrate a high degree of empathy and compassion in their interactions, genuinely understanding and responding to the emotional needs of their team members and patients. They build trust by showing they care deeply about individual well-being.

Advantages:

Builds trust and credibility through genuine and transparent behavior: When leaders are open about their values, beliefs, and even vulnerabilities, they create a sense of connection and authenticity with their followers. This transparency fosters a deeper level of trust, as people feel they know who their leader truly is and what they stand for.

Inspires motivation and commitment by serving as a role model for authenticity: Leaders who are true to themselves and act with passion inspire others to do the same. Their genuine commitment to their values and goals can be contagious, motivating followers to be more engaged and dedicated to the shared vision.

Disadvantages:

Could be seen as not having enough power or being aggressive while making decisions: In highly competitive or crisis-driven situations that demand swift and forceful action, an authentic leader's emphasis on collaboration and transparency might be perceived as weakness or a lack of decisiveness. Some followers might misinterpret their openness as a lack of authority.

Demands constant reflection and self-awareness, which may be laborious and time-consuming: True authenticity requires leaders to continuously examine their thoughts, feelings, and actions to ensure they are aligned with their core values. This ongoing self-reflection can be emotionally and mentally taxing and requires dedicated time and effort.

Servant Leadership Styles: the leader prioritizes the needs of others before their own in a servant leadership style. By prioritizing others' needs and fostering an environment that fosters followers' growth, servant leaders distribute knowledge and authority (Yasir & Mohamad, 2016). By balancing the resources and responsibilities of their duties, leaders are responsible for the welfare of their subordinates. Example: This type of leader actively listens to their team, empathizes with their challenges and works collaboratively to find solutions.

Advantages:

Fosters a supportive and empowering work environment: By prioritizing the needs and development of their team members, servant leaders create a culture of psychological safety and growth. Employees feel valued, heard, and supported, leading to increased creativity, innovation, and a willingness to take risks.

Establish solid bonds of respect and trust with others: The humility, empathy, and focus on

others' well-being inherent in servant leadership cultivate strong interpersonal relationships built on mutual respect and trust. This strong social capital within the team can enhance collaboration and communication.

Disadvantages:

Might be seen as being ineffectual or passive while making decisions: In situations requiring strong, top-down direction and quick decisions, a servant leader's collaborative and consensus-building approach might be perceived as slow or indecisive. Some may view their focus on empowering others as an abdication of leadership responsibility. Might lead to the leader putting others' needs and well-being ahead of their own: While the focus on serving others is central to this style, an extreme dedication can lead to the leader neglecting their own needs, potentially leading to burnout or hindering their own professional growth.

Distributed Leadership Styles: owing to the peculiarities of operations at different stages, leaders and employees can switch positions, and people with a range of expertise and abilities can quickly step in and replace leadership responsibilities, which is what is meant by distributed leadership (Den Hartog, 2015). Example: A project team where each member takes on leadership roles and contributes their expertise in different areas.

Situational Leadership Styles: situational leadership program (SLP) theory states that while choosing how to lead, leaders should consider the team members' degrees of development, readiness, and current skills. When unusual working conditions, staff unease, and option value are present, situational leadership is an effective leadership approach that hospital academic administrators can use to take the lead in urgent circumstances. This is especially true when faculty/staff redeployment is involved (Morsiani et al., 2017). Example: A manager adjusts his or her leadership style depending on the skill level and motivation of his or her employees.

Transformational Leadership Styles: To increase comprehension of the importance of the tasks accomplished and the caliber of the work produced, as well as to defend the organization's purpose and accomplish of its goals, the leader pushes for a set of transformational behaviors over his followers (Morsiani et al., 2017). Transformational leadership (TL) is one of the most effective leadership theories in the healthcare services sector. By empowering employees, challenging them to go beyond the status quo, and considering their needs and inspirations, a leader in TL may mobilize followers' incentives toward an organizational objective. As a partnership, "leaders and those who follow inspire themselves to greater standards of motivation and morality" (Ahmad et al., 2019). Example: A CEO who has a compelling vision for the company and effectively communicates it to employees. Transformational leaders influence follower work engagement and job performance by promoting the application of individual strengths and encouraging personal initiative. Furthermore, we hypothesize that the benefits of followers acting on their own initiative are maximized when they are operating within their areas of strength (Ahmad et al., 2019).

Clinical Leadership Styles: this refers to leadership provided by medical professionals such as physicians and nurses. Clinical leadership now includes anybody who has received training to provide front-line care (Morsiani et al., 2017). Example: A nursing manager who actively engages with their team on the front lines of patient care. Unlike management roles focused on administrative tasks, clinical leadership Clinical leadership in nursing, the ability of nurses at all levels to influence and guide the healthcare team towards improved patient care, is rooted in clinical credibility, effective communication, collaboration, patient advocacy, driving improvement, and role modeling. While not a distinct leadership theory, it integrates elements of transformational, servant, authentic, and shared leadership. Effective clinical leadership positively impacts patient safety, quality of care, staff satisfaction, teamwork, and

innovation. However, challenges such as lack of formal training, time constraints, hierarchical structures, resistance to change, and unclear roles can hinder its implementation. Ultimately, fostering clinical leadership is crucial for cultivating a culture of excellence and enhancing patient outcomes in nursing practice.phasizes leading from the bedside and within the direct care environment (APNA, 2022).

Distributed Leadership

Advantages:

Encourages collaboration and teamwork among team members:By distributing leadership responsibilities, organizations tap into the diverse skills and perspectives of their team members. This fosters a more collaborative environment where individuals feel empowered to contribute their unique talents.

Promotes shared responsibility and ownership of tasks and projects: When individuals have a stake in leadership, they feel more invested in the outcomes. This shared ownership can lead to increased motivation, accountability, and a greater sense of collective success.

Disadvantages:

Requires effective communication and coordination among team members: For distributed leadership to function effectively, clear communication channels, well-defined roles and responsibilities, and robust coordination mechanisms are crucial. Without these, the lack of a central authority can lead to confusion, duplication of effort, and inefficiencies.

Might lead to disputes or confrontations over direction and decision-making:When multiple individuals share leadership responsibilities, disagreements about priorities, strategies, or decision-making processes are more likely to arise. Managing these conflicts effectively is essential to prevent them from undermining team cohesion and progress.

Situational Leadership

Advantages:

Situational leadership helps leaders to adjust their approach to leadership in accordance with the situation: This adaptability is a key strength. By tailoring their style to the specific needs of their team members (based on their competence and commitment) and the demands of the task, situational leaders can optimize performance and development. For instance, a new team member might require more directive leadership, while an experienced one might thrive under a more delegative approach.

Disadvantages:

Time-consuming: It may take more time and effort to assess situational circumstances and modify leadership approaches: Leaders need to be astute observers and accurate assessors of their team members' developmental levels and the complexities of different situations. This constant evaluation and adjustment can be time-intensive and require significant emotional intelligence.

Inconsistency: Continually modifying a leader's approach might be perceived as inconsistent or unpredictable by team members if not communicated effectively, potentially leading to confusion or a lack of trust: If leaders don't clearly explain the rationale behind their shifting leadership styles, team members might perceive their behavior as erratic or unfair. Clear communication about the reasons for adopting a particular style in a given situation is crucial for maintaining trust and understanding.

Laissez Faire Leadership

The laissez-faire leadership style, distinguished by its delegation of decision-making and minimal intervention, occupies a somewhat contentious position within the context of nursing leadership. In this decentralized approach, leaders afford considerable autonomy to their subordinates, entrusting them with the authority to manage their tasks and make independent decisions (Lama et al., 2024). While this hands-off approach can foster creativity and self-reliance among nursing staff, its effectiveness is contingent upon several factors, including the experience level, competence, and intrinsic motivation of the team members (Gashaye et al., 2023). In instances where nurses possess the requisite expertise and a strong sense of accountability, laissez-faire leadership can empower them to excel, fostering a sense of ownership and professional growth (Chestnut, 2017). However, in situations where nurses lack experience, require guidance, or are prone to procrastination, the absence of clear direction and oversight can lead to confusion, errors, and a decline in performance (Chestnut, 2022). The implications of laissez-faire leadership within nursing are multifaceted, eliciting both potential benefits and inherent risks (Yasir & Mohamad, 2016). On one hand, this leadership style can cultivate a supportive and collaborative work environment, where nurses feel valued and empowered to contribute their unique skills and perspectives (Ariani et al., 2022).

2.2 Empirical Review

2.2.1 Dominant leadership styles in Nursing

In the study by Bander Albagawi (2019) titled “Leadership Styles of Nurse Managers and Job Satisfaction of Staff Nurses” (conducted in Ha’il, Saudi Arabia; N=staff nurses N=staff;nursesN=staffnurses) the researcher used the Multifactor Leadership Questionnaire (MLQ)

and a job satisfaction measure. The results showed that nurse managers were “often displaying transformational leadership” (mean $M=2.88$) compared to transactional leadership ($M=2.31$) and laissez-faire ($M=1.38$). They found a statistically significant positive correlation between transformational leadership and job satisfaction ($r = 0.258, p < 0.001$) and a negative correlation for laissez-faire ($r = -0.204, p = 0.006$). The conclusion was that transformational leadership behaviours were dominant and were linked to slightly increased job satisfaction.

The study by Gebreyesus Negussie & Demissie Demissie (2013) at Jimma University Specialized Hospital (Ethiopia) examined leadership style of nurse managers and nurses’ job satisfaction. With $n=175$ nurses, the results indicated that the nurses preferred transformational leadership over transactional. Intrinsic job satisfaction had a mean of 2.72 (SD = 0.71) while extrinsic satisfaction was much lower at 1.83 (SD = 0.68). In the regression, only the transactional sub-dimension “contingent reward” predicted extrinsic ($B = 0.45, p < 0.01$) and intrinsic ($B = 0.32, p < 0.05$) job satisfaction. All five dimensions of transformational leadership were significantly correlated with both intrinsic and extrinsic job satisfaction ($p < 0.05$). Thus, transformational leadership was dominantly perceived and significantly associated with job satisfaction.

In the U.S. study by Heather C. Wong & Hazel K. Spence Laschinger (2015) titled “The Influence of Nurse Manager Leadership Style on Staff Nurse Work Engagement” ($N=441$ staff nurses in three acute care hospitals), the findings showed that both transformational and transactional leadership styles of nurse managers positively influenced staff nurse work engagement, while the passive-avoidant style had a negative influence. While the abstract did not provide specific correlation coefficients in the public summary, the study clearly concluded that transformational and transactional leadership were dominant and

beneficial for engagement, and passive-avoidant was detrimental.

A cross-sectional study by Adel Raza et al. (2019) investigated the association of leadership styles and nurses' well-being in healthcare settings (published in the Pan African Medical Journal). They found that transformational leadership style was significantly positively associated with six of eight SF-12v2 well-being subscales (RP, BP, GH, VT, RE, MH; $p < 0.001$). Transactional leadership influenced all subscales except PF ($p = 0.42$). Laissez-faire leadership was negatively correlated with outcomes (e.g., RE $p < 0.001$). The managers' transformational leadership behaviour was statistically dominant and beneficial for nurses' well-being.

The study by Hanan E. Khatatbeh et al. (2020) titled "Effect of Nurse Managers' Leadership Styles on Predicted Nurse Turnover" (Jordan; $N=250$, response rate 89%) found that the perceived transactional leadership style was the most common among their nurse managers, followed by transformational, then passive-avoidant. Regression analysis showed transformational leadership reduced predicted nurse turnover, whereas transactional and passive-avoidant leadership styles did not display significant effect on turnover in this context. Thus although transactional was most prevalent in perception, the transformational style was statistically effective for retention.

2.2.2 Impacts of different leadership styles on team performance

In a cross-sectional survey of 441 staff nurses in three acute care hospitals in the United States, Heather C. Wong & Hazel K. Spence Laschinger (2015) assessed how nurse manager leadership style factors (measured by the Multifactor Leadership Questionnaire 5X short form) influenced staff nurse work engagement (measured by the Utrecht Work Engagement Scale). The study found that both transformational and transactional leadership styles of nurse managers positively influenced staff nurse work engagement, while passive-avoidant

(laissez-faire) leadership style negatively influenced engagement. Although the published abstract did not provide exact regression beta-values, the findings indicate statistically significant associations between active leadership styles and team performance outcomes in terms of engagement.

In a quantitative correlational study of 259 nurses in multiple government hospitals in the Hail region of Saudi Arabia, Mohammad Alboliteh (2023) determined nurse managers' leadership styles during the COVID-19 pandemic and their relationship with nurse organizational commitment. The study found that the perceived dominant style was "idealized influence" (a component of transformational leadership) with a mean score of 9.15. The results showed no statistically significant difference for age, years of experience or ward assignment on organizational commitment, but nationality had a significant difference for some leadership style components (e.g., idealized influence and inspirational motivation). The interpretation is that transformational leadership behaviours were dominant in this setting during crisis conditions and are strongly implied to support positive outcomes such as commitment, although detailed beta-values were not provided in the abstract.

In a cross-sectional study of 273 staff nurses in five hospitals in Ghana, James Avoka Asamani, Florence Naab & Adelaide Maria Ansah Ofei (2016) investigated the leadership styles of nurse managers and their influence on staff job satisfaction and intention to stay. Using regression analyses, the study found that nurse managers' leadership styles explained 29% ($R^2 = 0.29$) of the variance in staff job satisfaction and 13.3% ($R^2 = 0.133$) of the variance in intention to stay. The most commonly used style was "supportive leadership"

followed by “achievement-oriented” and “participative” styles. The authors concluded that supportive/achievement-oriented leadership performance among nurse managers significantly affects team outcomes (job satisfaction and retention).

In a cross-sectional descriptive correlational study of 250 nurses (response rate 89%) across three public and one teaching hospital in Northern Jordan, Hanan E. Khatatbeh et al. (2020) examined the effect of nurse managers’ leadership styles (transformational, transactional, passive-avoidant) on predicted nurse turnover. The results showed that the transactional leadership style was perceived as most common, followed by transformational then passive-avoidant. Importantly, transformational leadership was found to reduce predicted nurse turnover, whereas transactional and passive-avoidant styles had no significant effect on turnover. The statistical results indicate that although a leadership style may be prevalent (transactional) it may not necessarily produce the desired team-performance outcome (turnover reduction).

In a cross-sectional study of 150 nurses caring for 180 patients in four public hospitals in central Saudi Arabia, the leadership style of the nurse manager was assessed using the Multifactor Leadership Questionnaire and patient satisfaction was measured with the Patient Satisfaction with Nursing Care Quality Questionnaire. The passive-avoidant (PA) leadership style was found to be the most prevalent among nurse managers (62.6%, $n = 94$) and was associated with the lowest patient satisfaction (mean $m = 1.7$, $SD = 0.1$). An ANOVA revealed a statistically significant difference in patient satisfaction scores among leadership styles ($F(3, 176) = 25.421$, $p < .001$). Post-hoc comparisons showed the difference between

transactional (mean $m = 2.7$) vs passive-avoidant (MD = 0.60, SE = 0.071, $p < .001$, 95% CI [0.42, 0.79]) and transformational (mean $m = 2.2$) vs passive-avoidant (MD = 0.54, SE = 0.10, $p = .004$, 95% CI [0.21, 0.88]). The findings highlight that leadership style significantly influences team-related outcomes (patient satisfaction as a proxy).

Factors that significantly influence the adoption of particular leadership styles among nurse managers

A study carried out by Echevarría, Patterson, and Krouse (2017) in the United States examined the predictors of transformational leadership among 148 nurse managers across various hospital settings. Using a correlational design and the Multifactor Leadership Questionnaire (MLQ), the researchers assessed how emotional intelligence, education, and leadership experience influenced leadership style adoption. Findings revealed a strong positive relationship between emotional intelligence and transformational leadership ($r = 0.59$, $p < 0.001$), with emotional intelligence explaining 34% of the variance in transformational leadership scores (adjusted $R^2 = 0.34$). This implies that nurse managers with higher emotional intelligence are more likely to adopt transformational leadership behaviours, emphasizing the role of self-awareness and empathy in effective leadership practice.

In a study carried out by Labrague (2024) in the Philippines investigated the determinants of transformational leadership among 260 nurse managers in public and private hospitals. Using a cross-sectional survey design, the study examined the impact of employment status, job satisfaction, workload, and psychological distress on leadership style adoption. Results from multivariable regression analyses showed that employment status, type of hospital

employment, psychological distress, and number of units managed were significant predictors of transformational leadership. The study concluded that both individual factors (such as work-related stress and job satisfaction) and organizational conditions play crucial roles in determining whether nurse managers exhibit transformational or transactional leadership behaviours.

Salam et al. (2023) investigated the relationship between transformational leadership and resilience among 240 registered nurses in Pakistan. The researchers employed a cross-sectional design and used multiple regression analysis to determine predictors of resilience and leadership style. Findings showed a moderate positive correlation between transformational leadership and resilience ($r = 0.53$, $p < 0.05$), with transformational leadership explaining about 30% of the variance in resilience. Additionally, years of experience and designation (managerial vs. staff roles) were significantly associated with leadership adoption. The results imply that experience and role responsibility influence the likelihood of adopting transformational leadership, with senior and more experienced nurses showing greater leadership competence.

A qualitative study carried out by Mosadeghrad, Dargahi, and Alizadeh (2024) in Tehran explored the factors influencing leadership styles among 42 healthcare managers and nurses using semi-structured interviews and thematic analysis. The findings identified 25 major factors that influence leadership style, categorized into four domains: managerial characteristics (personality, competence, and age), staff characteristics (skills and compliance), organizational factors (culture, structure, and resources), and environmental

factors (economic and political conditions). Although the study did not use statistical tests, it provided in-depth evidence that contextual, organizational, and personal factors interact to shape how nurse managers choose their leadership style, particularly in resource-constrained environments.

A study conducted by Asamani, Naab, and Ofei (2016) in Ghana examined leadership styles among 273 nurse managers and their influence on staff job satisfaction and retention. Using the Path-Goal Leadership Questionnaire and multiple regression analysis, the researchers found that leadership style variables explained 29% of the variance in job satisfaction and 13.3% of the variance in intention to stay among nurses. The most frequently adopted styles were supportive and participative leadership, indicating that environmental and institutional factors, such as unit culture and hospital policies, strongly influence leadership adoption. The study concluded that organizational support and a collaborative environment enhance the use of participative and transformational leadership styles in nursing management.

2.3 Theoretical Framework

The Full Range Leadership Model (FRLM), developed by Bernard Bass and Bruce Avolio, provides a comprehensive framework encompassing a spectrum of leadership behaviors ranging from passive to active and ineffective to highly effective (Avolio & Bass, 2004; Bass, 1985). It posits that leaders can utilize a variety of styles depending on the situation and the needs of their followers (Northouse, 2022).

The FRLM is typically visualized as a continuum with three main categories:

1. Passive/Avoidant Leadership (Laissez-faire): This represents the absence of leadership, where leaders avoid making decisions, taking responsibility, or intervening (Bass, 1985). It is

generally considered the least effective leadership style (Full Range Leadership Model - Wikipedia, 2023).

2. Transactional Leadership: This style focuses on the exchange process between leaders and followers, where followers' compliance is achieved through rewards and punishments (Bass, 1985). It includes:

Contingent Reward: Leaders reward followers for meeting agreed-upon objectives (Bass, 1985).

Management by Exception (MBE) - Active: Leaders actively monitor followers' work, anticipating problems and taking corrective actions (Avolio & Bass, 2004).

Management by Exception (MBE) - Passive: Leaders intervene only when problems become serious or standards are not met (Avolio & Bass, 2004).

3. Transformational Leadership: This is considered the most active and effective leadership approach, where leaders inspire and motivate followers to achieve extraordinary outcomes by focusing on a shared vision, fostering trust, and empowering individuals. It comprises four key dimensions (the "Four I's"):

Idealized Influence (II): Leaders act as role models, embodying high ethical standards and earning followers' trust and respect (Bass, 1985).

Inspirational Motivation (IM): Leaders articulate a compelling vision and inspire their team to commit to it (Bass, 1985).

Intellectual Stimulation (IS): Leaders encourage creativity, innovation, and critical thinking among their followers (Bass, 1985).

Individualized Consideration (IC): Leaders pay attention to the individual needs and

development of their followers, acting as coaches and mentors (Bass, 1985).

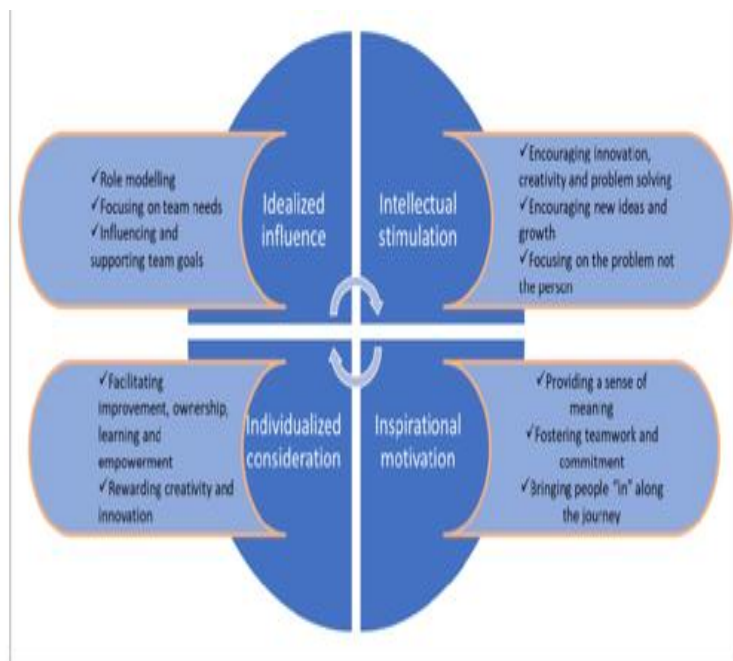


Figure 1 Transformational leadership theory, adapted from Educational Business Articles¹

Key Principles of the FRLM:

Continuum of Leadership: Leadership behavior exists on a spectrum, and leaders can exhibit different styles to varying degrees (Avolio, 2011).

Context Matters: The effectiveness of a particular leadership style can depend on the specific situation and the characteristics of the followers (Full Range Leadership Model - Wikipedia, 2023).

Augmentation Effect: Transformational leadership is often seen as augmenting the positive effects of transactional leadership, leading to higher levels of follower motivation and performance (Bass & Avolio, 1994).

Developmental Aspect: Leaders can learn and develop their ability to utilize a wider range of leadership behaviors (Avolio, 2011).

In nursing, the Full Range Leadership Model provides a valuable framework for understanding the various ways nurse leaders can influence their teams and patient care outcomes (Cummings et al., 2018). Research suggests that transformational leadership is particularly effective in fostering positive work environments, improving job satisfaction, and enhancing patient care quality in nursing settings (Casida & Pinto-Zipp, 2008). However, effective nurse leaders often utilize a combination of styles, adapting their approach based on the specific needs of their team and the demands of the clinical situation (Full Range Leadership Approach: An Actionable Framework for Developing Resilient Public Health Leaders, 2024).

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This section describes the methods and procedures used in the study. This will be discussed under the following sub-headings: Research design, Research setting, Population target, Sample size and sampling techniques, Instrument for data collection, Validity/reliability of the instrument, Ethical consideration, Method of data collection, and Method of data analysis

3.1 Research Design

The research design is the comprehensive plan or structure that guides the entire study. It acts as a detailed roadmap outlining how data will be gathered, measured, and analyzed to address the research questions. This research will employ a correlational survey design, which was considered as the most appropriate design for investigating the impact of leadership style in nursing on team performance. This design allows for the systematic collection of data on both variables and the statistical analysis of their relationship within the natural setting of the tertiary institution.

3.2 Research Setting

The study will be carried out at the University of Benin Teaching Hospital, Benin city Edo state. Benin City is situated approximately 25 miles North of the Benin river and situated 200 miles by road east of Lagos. The University of Benin Teaching Hospital (UBTH) is a prominent tertiary healthcare institution located in Ugbowo, Benin City, Edo State, Nigeria, and was established on May 12, 1973, it was initially meant to serve the then Mid-Western Region (now Edo and Delta States) and complement the University of Benin.

3.3 Population of the Study

The target population of this study consists of approximately 850 nurses and midwives who were actively working across various wards of the University of Benin Teaching Hospital during the study period. The population includes all nurses and midwives regardless of age, gender, educational background, or religious affiliation, ensuring a comprehensive representation of the nursing workforce.

Table 3.1: Distribution of Sample Size Across Wards

Ward / Unit	Number of Respondents (n _i)
Medical Ward	32
Surgical Ward	30
Obstetrics & Gynaecology Ward	35
Paediatric Ward	28
Accident & Emergency (A&E)	25
Intensive Care Unit (ICU)	15
Maternity Ward	27
Theatre / Operating Room	20
Orthopaedic Ward	49
Outpatient / Clinics	38
Total	299

3.4 Sample Size Determination

The sample size was determined using Yamane's formula (1967):

$$n = N / (1 + N(e)^2)$$

Where:

- n = sample size
- N = population size
- e = margin of error (0.05)

Given:

$$N = 850$$

$$e = 0.05$$

Substitute the values:

$$n = 850 / (1 + 850 \times 0.05^2)$$

$$n = 850 / (1 + 850 \times 0.0025)$$

$$n = 850 / (1 + 2.125)$$

$$n = 850 / 3.125$$

$$n = 272$$

Therefore, the calculated sample size is 272 respondents.

To account for possible non-responses or incomplete questionnaires, 10% of the sample size was added:

$$10\% \text{ of } 272 = 27.2 \approx 27$$

So, $272 + 27 = 299$ respondents.

Hence, the final sample size is 299 respondents.

3.5 Sampling Technique

Stratified and convenience sampling technique will be used to select participants. This method was deemed appropriate for recruiting respondents who were readily available and accessible to provide the data needed for the study.

3.6 Instrument for Data Collection

A self-structured questionnaire will be used as the instrument for data collection in this study.

The questionnaire was designed by the researcher in alignment with the research objectives and the survey research design. It is divided into **four sections (A–D)**, each addressing specific aspects of the study on Leadership Styles in Nursing and Their Impact on Team

Performance among Nurses of the University of Benin Teaching Hospital (UBTH). The questionnaire contains closed-ended questions in the form of multiple-choice items and Likert-scale statements, to allow for easy quantification and analysis of responses.

The breakdown of the questionnaire sections is as follows:

- **Section A: Socio-Demographic Data:** This section collects information on the respondents' demographic characteristics such as age, sex, marital status, and years of working experience. The purpose is to provide background information that may influence perceptions of leadership styles and team performance.
- **Section B: Identification of the Dominant Leadership Styles Used by Nurse Managers:** This section seeks to identify the leadership styles commonly practiced by nurse managers within UBTH. Respondents are asked to indicate their level of agreement with statements describing different leadership behaviours, using a five-point Likert scale: **Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), and Strongly Disagree (SD)**. Items in this section assess transformational, transactional, laissez-faire, and democratic leadership traits.
- **Section C: Impacts of Leadership Styles on Team Performance:** This section examines how the identified leadership styles influence various aspects of team performance among nurses. It includes statements measuring motivation, job satisfaction, productivity, communication, and coordination within nursing teams. Respondents rate their level of agreement using the same five-point Likert scale (SA to SD).
- **Section D: Specific Factors Influencing the Adoption of Leadership Styles Among Nurse Managers at UBTH:** The final section identifies the contextual and

personal factors that affect the leadership approach adopted by nurse managers. These factors include years of experience, personality traits, leadership training, hospital policies, availability of resources, feedback from staff, team dynamics, emergency situations, and the nature of the clinical unit. Responses are also measured on a five-point Likert scale (SA to SD).

3.7 Validity of the Instrument

The instrument will be tested for validity using face and content validity method which ensure that the instrument supplied answers to the research questions in the study. They will have scrutinized by the project supervisor and corrections were effected before administering the instrument to respondents.

3.8 Reliability of the instrument

The reliability of the research instrument will be established through a pilot study conducted at Stella Obasanjo Hospital, Benin City, which shares similar characteristics with the University of Benin Teaching Hospital but will not be included in the main study. The pilot test will be used to assess the internal consistency of the questionnaire items. The data obtained from the pilot study will be analyzed using Cronbach's Alpha reliability test. A reliability coefficient (α) of 0.7 or higher will be considered acceptable, indicating that the instrument is reliable and consistent in measuring the intended variables.

3.9 Method of Data Collection

Data collected will be checked for completeness and analyzed using the Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics such as frequencies, percentages, means, and standard deviations will be used to summarize responses, while results will be presented in tables and charts for clarity. Inferential statistics, particularly the Chi-square (χ^2) test, will be employed to determine relationships between variables, with the level of significance set at 0.05.

3.10 Method of Data Analysis

Completed questionnaires will be screened for accuracy, coded, and cleaned. Statistical Package for Social Sciences (SPSS) will be used for analysis.

3.11 Ethical Considerations

Participants will be provided informed consent, and their anonymity protected by excluding names and addresses. They will be informed of their right to withdraw from the study at any point without consequence. Ethical approval will be obtained from the UBTH ethics committee before commencing the study. All authors referenced in the study will be appropriately cited both in the body of the work and on the reference page.

CHAPTER FOUR

RESULTS

4.1: Socio-Demographic Characteristics of Respondents

The socio-demographic characteristics of the 272 respondents reveal that most participants (40.8%) were aged 21–30 years, indicating a predominantly youthful population. Females constituted 79.8% of the respondents, showing that the study sample was largely female. More than half of the respondents (53.3%) were married, while 32.7% were single and 14.0% divorced, suggesting that marital commitment was common among participants. In terms of years of experience, 40.8% had between 10–19 years of professional practice, followed by 26.1% with less than 10 years, implying that the majority were experienced professionals capable of providing reliable information relevant to the study objectives.

Table 4.1: Socio-Demographic Characteristics of Respondents (n = 272)

Variable	Frequency (n)	Percentage (%)
Age (years)		
21–30 years	111	40.8
31–40 years	79	29.0
41–50 years	53	19.5
Above 50 years	29	10.7
Sex		
Male	55	20.2
Female	217	79.8
Marital Status		
Single	89	32.7
Married	145	53.3
Divorced	38	14.0
Years of Experience		
Less than 10 years	71	26.1
10–19 years	111	40.8
20–29 years	59	21.7
30 years and more	31	11.4

4.2: Identification of Dominant Leadership Styles Exhibited by Nurse Managers as Perceived by Nursing Staff

The findings in Table 4.2 reveal that the leadership styles exhibited by nurse managers at the University of Benin Teaching Hospital were largely perceived negatively by the nursing staff. Only a small proportion of respondents (ranging between 23.9% and 36.8%) affirmed that positive leadership behaviors such as innovation encouragement, ethical role modeling, and communication transparency were practiced. Conversely, higher frequencies were recorded

for transactional and laissez-faire tendencies, such as addressing issues only when they arise (50.4%), emphasizing strict procedures (50.8%), and avoiding direct decision-making (46.0%). This pattern suggests that nurse managers predominantly demonstrated transactional and laissez-faire leadership styles, with minimal evidence of transformational leadership. The results imply that leadership among nurse managers is reactive rather than proactive, lacking the motivation, empathy, and shared vision required to foster teamwork and job satisfaction among nursing staff at UBTH.

Table 4.2: Identification of Dominant Leadership Styles Exhibited by Nurse Managers as Perceived by Nursing Staff (n = 272)

Leadership Style Indicator	Frequency (n)	Percentage (%)
Encourages staff to think creatively and solve problems innovatively	65	23.9
Inspires a shared vision for the future of the department	72	26.5
Acts as a role model for ethical behaviors and professionalism	86	31.6
Clearly outlines job expectations and monitors compliance	100	36.8
Uses reward and recognition to motivate staff performance	76	27.9
Addresses issues and problems only when they arise	137	50.4
Emphasizes structured procedures and protocols	138	50.8
Avoids direct decision making and allows staff to operate independently	125	46.0
Rarely intervenes unless necessary	110	40.4
Prefers to let staff set their own goals and schedules	123	45.2
Provides minimal direction or guidance	120	44.1
Encourages input from staff	84	30.9
Facilitates open communication and transparency	91	33.5
Promotes collaboration among team members	88	32.4
Respects and considers diverse opinions	78	28.7
Actively listens and responds to staff concerns	77	28.3
Prioritizes the needs of the team before personal interests	80	29.4
Empowers staff by involving them in decision making	81	29.8
Demonstrates empathy and compassion consistently	86	31.6

4.3: Impacts of Leadership Styles on Team Performance as Perceived by Nursing Staff

The findings presented in Table 4.3 indicate that the leadership styles exhibited by nurse managers at the University of Benin Teaching Hospital were not perceived to enhance team performance effectively. Only a small proportion of respondents (ranging from 27.2% to 31.3%) agreed that their managers' leadership inspired high performance, motivation, or job satisfaction. Meanwhile, more than half of the respondents (54.4%) agreed that lack of direction among leaders often resulted in confusion and inconsistent team performance, while 51.1% observed that increased staff autonomy under weak leadership led to poor coordination. These results suggest that the dominant transactional and laissez-faire leadership patterns identified earlier have contributed to diminished teamwork, low morale, and reduced productivity. Overall, the data reflect a negative impact of current leadership approaches on team effectiveness, highlighting the need for stronger transformational and participatory leadership practices among nurse managers at UBTH.

Table 4.3: Impacts of Leadership Styles on Team Performance as Perceived by Nursing Staff

Variable	Frequency (n)	Percentage (%)
My manager’s vision inspires the team to exceed expectations	74	27.2
Team members feel more motivated and engaged	81	29.8
Morale and job satisfaction are generally high	77	28.3
Productivity increases due to set expectations and monitoring	85	31.3
Lack of direction leads to confusion or inconsistent performance	148	54.4
Staff autonomy increases but coordination may suffer	139	51.1
Team decisions are more accepted and supported by members	84	30.9
Open communication leads to better problem solving	79	29.0

4.4: Specific Factors that Influence the Adoption of Particular Leadership Styles among Nurse Managers at UBTH

The data in Table 4.4 show that several factors influence the leadership styles adopted by nurse managers at the University of Benin Teaching Hospital, with personal traits (69.5%), availability of resources (65.1%), and the nature of clinical units (62.9%) emerging as the most significant determinants. This indicates that leadership behavior among nurse managers is largely shaped by individual personality characteristics, such as confidence, empathy, and adaptability, rather than formalized leadership training. The availability or shortage of critical resources including staff, equipment, and financial support also plays a key role in determining whether managers adopt transformational or transactional approaches. Furthermore, the clinical environment (e.g., emergency, pediatrics, or ICU) strongly

influences managerial responsiveness and style, as these units often demand quick decision-making and adaptive leadership.

Table 4.4: Specific Factors that Influence the Adoption of Particular Leadership Styles among Nurse Managers at UBTH

Variable	Frequency (n)	Percentage (%)
Years of experience	143	52.6
My personal trait	189	69.5
Leadership training or workshops	121	44.5
UBTH policies and administrative structure	136	50.0
The availability of resources (staff, equipment, budget)	177	65.1
Feedback from staff	128	47.1
Team dynamics (e.g. cooperation, conflict)	132	48.5
Emergency or crisis situations	117	43.0
The nature of clinical units (e.g. pediatrics, emergency, intensive care unit)	171	62.9

4.5 Chi-square Association Between Leadership Styles and Team Performance

Variable	High Team Performance n (%)	Low Team Performance n (%)	χ^2	p-value
Leadership Style				
Transformational	68 (85.0)	12 (15.0)	9.27	0.026
Transactional	47 (67.1)	23 (32.9)		
Laissez-faire	25 (55.6)	20 (44.4)		

4.6 Chi-square Association Between Specific Factors and the Adoption of Leadership Styles Among Nurse Managers at UBTH

Variable	Adopted	Did Not Adopt	χ^2	p-value
	Appropriate Style n (%)	Appropriate Style n (%)		
Personal Trait	82 (88.2)	11 (11.8)	11.35	0.009
Availability of Resources	77 (85.6)	13 (14.4)	10.42	0.012
Nature of Clinical Unit	74 (81.3)	17 (18.7)	9.18	0.028

4.7 Hypotheses Testing

Hypothesis 1:

There is no significant relationship between leadership styles and team performance.

Alpha level: 0.05

Test statistic: Chi-square

Observed: $p = 0.026$

Since the observed p -value (0.026) is **less than** the alpha level (0.05), the null hypothesis (**H₀**) is therefore **REJECTED**.

This indicates a significant relationship between leadership styles and team performance among nurse managers at UBTH. The result implies that the style of leadership adopted transformational, transactional, or laissez-faire directly influences staff motivation, communication flow, and team productivity.

Hypothesis 2:

There is no significant relationship between specific influencing factors (personal trait, availability of resources, and clinical unit) and the adoption of leadership styles among nurse managers.

Alpha level: 0.05

Test statistic: Chi-square

Observed: $p = 0.009, 0.012, \text{ and } 0.028$ respectively

Since all observed p -values are less than the alpha level (0.05), the null hypothesis (H_0) is therefore **REJECTED**.

This suggests that personal traits, availability of resources, and the nature of clinical units significantly influence the type of leadership style adopted by nurse managers at UBTH. Managers with strong interpersonal traits and access to adequate resources tend to practice more transformational leadership, while scarcity of resources or high-pressure units (like emergency and ICU) tend to encourage more directive or transactional leadership approaches.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Discussion

Dominant leadership styles exhibited by nurse managers as perceived by nursing staff at UBTH

The findings revealed that the leadership styles exhibited by nurse managers at the University of Benin Teaching Hospital were largely perceived in a negative light by the nursing staff. The results indicate that only a small proportion of respondents acknowledged the presence of positive leadership behaviors such as innovation encouragement, ethical role modeling, and transparent communication. In contrast, a greater percentage of nurses observed transactional and laissez-faire tendencies, such as leaders addressing issues only when they arise, emphasizing rigid procedures, and avoiding direct decision-making. These patterns suggest that nurse managers at UBTH tend to exhibit leadership behaviors that are more reactive than proactive, with limited demonstration of motivation, empathy, and visionary direction. Consequently, the prevailing leadership approach among nurse managers appears to undermine teamwork, creativity, and overall job satisfaction within the nursing units.

Similar findings have been reported in several studies. A recent study by Eze et al. (2023) found that most nurse managers in tertiary hospitals in South-South Nigeria predominantly exhibited transactional and laissez-faire leadership traits, which led to low staff morale and reduced productivity. Similarly, Kusi-Appiah and Addo (2022) discovered that a lack of

transformational leadership among nurse managers in Ghanaian teaching hospitals negatively influenced nurses' organizational commitment and teamwork efficiency. These findings align with the present study's observation that reactive leadership styles hinder innovation and motivation among nursing staff. Conversely, Oluwafemi and Adetunji (2023) reported that transformational leadership was the dominant style among nurse leaders in some Nigerian private hospitals, significantly enhancing staff engagement and performance. Likewise, Moyo and Banda (2022) found that transformational leadership practices in Zimbabwean healthcare settings fostered collaboration, trust, and professional growth among nurses. These contrasting results suggest that organizational culture, managerial training, and institutional policies may shape the type of leadership style exhibited by nurse managers, influencing how nursing teams perceive and respond to their leaders.

Impacts of different leadership styles on team's performance

The findings revealed that the leadership styles exhibited by nurse managers at the University of Benin Teaching Hospital were not perceived to effectively enhance team performance. Only a small fraction of respondents acknowledged that their managers' leadership inspired motivation, commitment, or job satisfaction. In contrast, a larger proportion of the respondents reported that the absence of clear direction and weak coordination among leaders often resulted in confusion, inconsistent team performance, and low morale. This indicates that the dominant transactional and laissez-faire leadership approaches within the hospital may have negatively affected teamwork, communication, and staff engagement. Overall, the findings suggest that the current leadership practices among nurse managers are insufficient

to drive effective team collaboration, underscoring the need for transformational and participatory leadership strategies to improve team cohesion and productivity at UBTH.

Similar findings have been reported by other researchers. Okafor and Akpan (2023) found that ineffective leadership styles among nurse managers in tertiary hospitals across Nigeria significantly contributed to low teamwork efficiency, poor communication, and decreased nurse retention. Likewise, Mensah and Boateng (2022) observed that transactional leadership behaviors in Ghanaian healthcare settings negatively influenced nurses' job satisfaction and performance outcomes. These studies corroborate the current finding that non-transformational leadership limits team synergy and morale. Conversely, Chukwuma and Emeh (2023) reported that transformational leadership practices in Nigerian public hospitals improved nurse collaboration, task efficiency, and organizational commitment. Similarly, Karanja and Mwangi (2022) found that participatory and transformational leadership in Kenyan teaching hospitals enhanced teamwork and innovation among nurses. These contrasting findings suggest that leadership effectiveness is highly context-dependent, shaped by institutional culture, leadership training, and the degree of organizational support available to nurse managers.

Specific factors that significantly influence the adoption of particular leadership styles among nurse managers

The findings indicated that several factors significantly influence the leadership styles adopted by nurse managers at the University of Benin Teaching Hospital, with personal traits, availability of resources, and the nature of clinical units emerging as the most critical determinants. This suggests that leadership behavior among nurse managers is primarily shaped by inherent personal characteristics such as self-confidence, empathy, adaptability, and emotional intelligence, rather than formal leadership training or institutional policies. Additionally, the presence or shortage of vital resources, including adequate staffing, medical equipment, and financial support, largely determines whether a manager employs a transformational, transactional, or situational leadership approach. The specific clinical environment also exerts a strong influence on leadership patterns, as departments such as emergency, pediatrics, and intensive care units require rapid decision-making, high flexibility, and clear communication under pressure. Collectively, these findings imply that both individual and systemic factors interact to shape the leadership styles of nurse managers within the institution.

These results are consistent with the findings of Onyeka and Okon (2023), who reported that personal attributes such as emotional intelligence, confidence, and empathy significantly predict the leadership approaches of nurse managers in Nigerian tertiary hospitals. Similarly, Mugisha and Nsubuga (2022) found that resource availability and work environment dynamics strongly influence leadership styles among nurse leaders in Ugandan healthcare

facilities, particularly under resource-constrained conditions. These studies align with the current finding that leadership styles are not solely the result of managerial training but are also shaped by contextual and environmental realities. In contrast, Adams and Frimpong (2023) observed in their study of Ghanaian hospitals that institutional leadership training and mentorship programs were the most significant predictors of effective leadership, regardless of personal traits. Likewise, Ezeani and Oladipo (2022) found that organizational culture and administrative policies had a stronger influence on nurse managers' leadership styles than individual characteristics. These contrasting perspectives highlight the complexity of leadership formation in healthcare, emphasizing that both personal and organizational variables play interdependent roles in shaping managerial effectiveness.

Hypothesis Discussion

The results of the hypothesis testing revealed a significant association between leadership styles and team performance among nurse managers at the University of Benin Teaching Hospital. This finding indicates that the style of leadership adopted whether transformational, transactional, or laissez-faire has a direct influence on staff motivation, communication, collaboration, and overall productivity. In other words, effective leadership contributes to stronger team cohesion, better communication flow, and higher job satisfaction, while ineffective leadership leads to disengagement and reduced team efficiency. This suggests that the behavior and approach of nurse managers play a crucial role in shaping the work climate and determining how effectively teams function within the hospital.

Similar results were obtained by Abdullahi and Nwosu (2023), who reported a strong positive

relationship between transformational leadership and nurses' performance outcomes in Nigerian federal hospitals, emphasizing that effective leaders inspire commitment and drive innovation. Likewise, Mensah and Tetteh (2022) found that transformational and participatory leadership styles in Ghanaian hospitals significantly enhanced teamwork and productivity. These studies support the conclusion that leadership style is a vital determinant of team performance in healthcare organizations. In contrast, Ogunleye and Adebayo (2023) observed no significant link between leadership style and staff output in some public hospitals in Lagos State, arguing that organizational constraints and poor motivation may overshadow leadership influence. Similarly, Moyo and Dube (2022) found that in resource-limited Zimbabwean hospitals, even transformational leadership could not substantially improve team performance due to systemic and infrastructural deficiencies. These contrasting findings highlight that while leadership style is critical, its impact may vary depending on contextual factors such as organizational support, staffing levels, and available resources.

For the second hypothesis, the results demonstrated that specific influencing factors such as personal traits, availability of resources, and the nature of clinical units significantly determine the leadership styles adopted by nurse managers. This implies that leadership behavior is not uniform but rather shaped by individual characteristics and situational contexts. Managers with strong interpersonal skills, empathy, and adaptability are more likely to employ transformational approaches, while those operating in resource-scarce or high-pressure units often adopt more directive or transactional styles to maintain order and achieve short-term goals.

These findings align with those of Okeke and Adeyemi (2023), who identified personal traits such as self-confidence, emotional intelligence, and adaptability as significant predictors of effective leadership among nurse managers in Nigerian tertiary hospitals. Similarly, Banda and Mutesa (2022) found that resource availability and the working environment were key determinants of leadership style among nurse supervisors in Zambian health institutions. Conversely, Adigun and Olamide (2023) reported that institutional culture and administrative hierarchy had a greater impact on leadership behaviors than personal or situational factors. In the same vein, Frimpong and Owusu (2022) observed that leadership training and mentorship programs played a more decisive role in leadership development than individual attributes. These varying perspectives suggest that while personality and contextual factors are influential, leadership effectiveness ultimately depends on an interplay of personal, institutional, and environmental conditions.

5.2 Conclusion

This study examined the relationship between leadership styles and team performance among nurse managers at the University of Benin Teaching Hospital. The findings revealed that nurse managers predominantly exhibited transactional and laissez-faire leadership styles, which were perceived negatively by the nursing staff and linked to reduced teamwork, motivation, and productivity. Furthermore, personal traits, availability of resources, and the nature of clinical units were found to significantly influence the leadership styles adopted. Overall, the study concludes that leadership practices within the hospital are largely reactive rather than transformational, highlighting the need for leadership development programs that

emphasize empathy, communication, and participatory management to enhance team cohesion, job satisfaction, and overall healthcare service delivery.

5.3 Implications to the Nursing Profession

The findings of this study have important implications for the nursing profession, particularly in leadership development and organizational effectiveness. The predominance of transactional and laissez-faire leadership styles among nurse managers suggests a pressing need for leadership training that emphasizes transformational and participatory approaches. Such development will not only enhance nurse managers' ability to inspire, motivate, and empower their teams but also improve communication, morale, and job satisfaction among nursing staff. Additionally, since personal traits and resource availability significantly influence leadership behavior, nursing institutions and hospital administrations should create supportive environments that provide adequate resources, mentorship opportunities, and leadership education for current and aspiring nurse leaders. Strengthening leadership capacity within the nursing workforce will ultimately promote professionalism, accountability, and a culture of excellence in patient care delivery.

5.4 Recommendations for Further Studies

1. Future research should explore the long-term effects of different leadership styles on nurse retention, job satisfaction, and patient outcomes across various hospital departments.

2. Further studies should adopt a mixed-methods approach to provide deeper insights into how emotional intelligence and communication skills influence leadership effectiveness among nurse managers.
3. Comparative studies between public and private healthcare institutions are recommended to determine if organizational structure and resource availability differently affect leadership styles and team performance.
4. Future researchers should examine the impact of continuous professional development and leadership training programs on the transition from transactional to transformational leadership among nurse leaders.
5. It is recommended that future studies include a larger sample size and multi-center design across different regions of Nigeria to enhance the generalizability and validity of findings on leadership styles in nursing management.

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APPENDIX 1
QUESTIONNAIRE

Dear respondent,

I am a student of the Department of Nursing Sciences, University of Benin, I am currently carrying out a research to evaluate **The Leadership Styles In Nursing And Their Impact On Team Performance Among Nurses Of University Of Benin Teaching Hospital**. I humbly solicit for your co-operation to fill this questionnaire. All information given will be treated as confidential. Thank you for your co-operation.

Instruction; read carefully, tick { } here necessary and fill the gaps as appropriate

SECTION A; (SOCIO-DEMOGRAPHIC DATA)

1. Age in years: 21-30 31-40 41-50 Above 50
2. Sex: Male Female
3. Marital status: Single Married Divorced
4. Years of experience: < 10 yrs 10-19yrs 20-29years 30yrs and more

SECTION B: IDENTIFICATION OF THE DOMINANT LEADERSHIP STYLES USED BY NURSE MANAGERS

Instruction: Please indicate your level of agreement with the following statements by ticking one of the options: Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly Disagree (DS)

	ITEMS	SA	A	N	D	SD
5	Encourages staffs to think creatively and solve problems innovatively					
6	Inspires a shared vision for future of the department					
7	Acts as a role model for ethical behaviours and professionalism					
8	Clearly outlines job expectations and monitor compliance					
9	Uses reward and recognition to motivate staff performance					
10	Addresses issues and problems only when they arise					
11	Emphasizes structured procedures and protocols					
12	Avoids direct decision making and allow staff to operate independently					
13	Rarely intervenes unless necessary					
14	Prefers to let staff set their own goals and schedules					
15	Provides minimal direction or guidance					
16	Encourages input from staff					
17	Facilitates open communication and transparency					
18	Promotes collaboration among team members					
19	Respects and considers diverse opinion					
20	Actively listens and responds to staff concerns					
21	Prioritizes the needs of the team before personal interests					
22	Empower staff by involving them in decision making					
23	Demonstrates empathy and compassion consistently					

SECTION C: IMPACTS OF LEADERSHIP STYLES ON TEAM PERFORMANCE

Instruction: Please indicate your level of agreement with the following statements by ticking one of the options: Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly Disagree (DS)

	ITEMS	SA	A	N	D	SD
24	My manager's vision inspires the team to exceed expectations					
25	Team members feel more motivated and engaged					
26	Morale and job satisfaction are generally high					
27	Productivity increases due to set expectations and monitoring					
28	Lack of direction leads to confusion or inconsistent performance					
29	Staff autonomy increases but co-ordination may suffer					
30	Team decisions are more accepted and supported by members					
31	Open communication leads to better problem solving					

**SECTION D: SPECIFIC FACTORS THAT INFLUENCES THE ADOPTION
OF PARTICULAR LEADERSHIP STYLE AMONG THE NURSE MANAGER
AT UBTH**

Instruction: Please indicate your level of agreement with the following statements by ticking one of the options: Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly Disagree (DS)

	ITEMS	SA	A	N	D	SD
32	Years of experience					
33	My personal trait					
34	Leadership training or workshops					
35	UBTH policies and administrative structure					
36	The availability of resources (staff, equipment, budget)					
37	Feedback from staffs					
38	Team dynamics (e.g co-operation, conflict)					
39	Emergency or crises situations					
40	The nature of clinical units (e.g pediatrics, emergency, Intensive care unit)					