

**LEADERSHIP STYLE OF NURSE SUPERVISORS ON THE
TURNOVER INTENTION AS PERCEIVED
BY NURSE DEPLOYMENT PROJECT (NDP) NURSES**

**A Master Thesis Presented to the
Faculty of the College of Nursing Graduate Program
Southwestern University PHINMA
Cebu City**

IJSER

**In Partial Fulfillment of the Requirements for the Degree
MASTER OF ARTS IN NURSING MAJOR IN
NURSING SERVICE ADMINISTRATION**

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April 2021

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This thesis entitled "**LEADERSHIP STYLE OF NURSE SUPERVISORS ON THE TURNOVER INTENTION AS PERCEIVED BY NURSE DEPLOYMENT PROJECT (NDP) NURSES**" prepared by **Estela-Berna B. Luib**, in fulfillment of the requirements for the degree **Master of Arts in Nursing, major in Nursing Service Administration** has been examined and is recommended for the acceptance and approval for the **ORAL EXAMINATION.**

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ABSTRACT

Title : **Leadership Style of Nurse Supervisors and the Factors of Turnover Intention as Perceived by Nurse Deployment Project (NDP) Nurses**

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Major in Nursing Service Administration

School : Southwestern University

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Date : April 2021

Pages : 89

CONTENT ANALYSIS

Objectives and Scope

A quantitative-correlational-predictive research design was utilized in the study. This primarily assessed whether the leadership style predicted the turnover intention of nurses in rural health units of the province of Dinagat Islands for the last quarter of 2020.

Findings

The transformational leadership style, transactional leadership style, and passive-avoidance leadership style of the nurse supervisors were high as perceived by the NDP nurses. Overall, the turnover intention of the NDP nurses was moderate. Transformational leadership style, transactional leadership style, and passive-avoidance leadership styles did not predict turnover intention.

Conclusions

This concluded that the leadership styles of the nurse supervisors did not affect the moderate intention of the NDP nurses to quit. It is safe to conclude that the moderate decision of the NDP nurses to quit was a decision that emerged after weighing each NDP nurse' contribution to his or her rural health unit (RHU) against NDP nurse' perception of the contribution of the RHU to NDP nurse' life, personal goals and well-being.

Recommendations

On the bases of the findings and conclusions generated in the study, the following recommendations are offered:

1. Nurse supervisors of every RHU of the Province of Dinagat Islands should be aware about effective leadership styles for retaining their nurses in nursing profession.
2. Nurse supervisors of every RHU of the Province of Dinagat Islands should not just focus on improving and maintaining quality leadership styles but other factors like domestic issues, work environment, and organizational system should be checked that may affect the nurses' turnover.
3. That the proposed retention plan may be fully implemented.

ACKNOWLEDGMENT

I would like to express my heartfelt gratitude to the following persons, of whom in one way or another, shared their great knowledge and expertise and in order to complete this research as one of the requirements for my master's degree.

Above all, to our **Almighty Father**, our creator the source of everything, my protector, my shield, my healer, the source of my strength, wisdom, knowledge, strong faith, patience and fervent prayers that made this research possible. I owe it all to THEE.

Dr. Adriel Arman V. Pizarra, the research adviser, for his effort and time in answering all my queries which I felt such a sense of relief and assurance despite of his busy schedules, for his patience and words of encouragement to accomplish this research study. Thank you and God bless you more.

Dr. Michelle B. Yu, our Dean, and one of the member of the panelist who willingly shared her exceptional expertise and knowledge in order to complete this study. Thank you for your kindness and thoughtfulness.

Dr. Resty Picardo, the statistician and chairman of the panelist, for his valued support on computations and ensuring the validity and accuracy of the results through the applications of the different statistical test, I am truly grateful.

To the Panel Members, **Dr. Resty Picardo, Dr. Michelle B. Yu, Dr. Jill Marie Hermogenes**, I am blessed to have them and indeed gratefully indebted for their inspiring comments, recommendations and suggestions that have contributed to the enhancement of this thesis.

Al Mabolis, who gave his time in mentoring, guiding and sharing his brilliant ideas for the success of this thesis. Thanks for everything.

To my dear brothers, **Ezra-Rey, Marden** and **Raul Jr.**, thank you for your unfading love, prayers, protection and support morally and sometimes financially when times get tough. Having a caring, loving and supportive brothers who sees you at your best and worst, sees your lows and highs makes me recipient of God's greatest blessings.

To my lovable nephews, **Ezra Lloyd, Ezra Ezekiel, Nelton Dirk, Mark Dendirik, and Zaiden Dirk**, with your sweet smiles and entertaining dance move, you are tita's stress reliever. Thanks for doing what you did that calmed me down, and gave me soothing relief.

Finally to my dearest **Tatay, Raul E. Luib Sr.** and my beloved **Nanay Esther Berador Luib**, thank you for your limitless love and sacrifices, for always believing in me at my worst, for being supportive, kind and understanding. Thank you for not only being a parent to me but also being a softhearted teacher and mentor. You are the reason for all the achievement in my life. Parents may not be perfect, but they are the most precious gift God has ever given me. I appreciate your effort in bringing me up to be a better person.

Thank you and God bless us all!

Researcher

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CHAPTER I

THE PROBLEM AND ITS SCOPE

Introduction

A good leader is always aiming the best for his subordinates. Often, a good leader should always change his style in order to arrive at one best leadership style for the benefit of his subordinates. This is tantamount to saying that leadership is a fluid practice (Becker, 2020) or it is always changing. A wise leader knows to flex from one style to another as the situation demands or it is a continuum, which is ranging from autocratic at one end to laissez-faire at the other with a variety of styles in between (Martinuzzi, 2019).

On the other hand, nursing leadership is a key skill for nurses at all levels and it varies according to a leader's personality, educational background, and type of work environment. In other words, nurse managers have the added challenge of maintaining efficiency and adhering to process protocols while keeping up staff morale and engagement thereby decreases turnover. This can be done effectively when nurse leaders are applying quality leadership styles as this is critically important to enhance the retention of nurses and ensure continued quality of nursing care

(Labrague et al., 2020). Nurse turnover intention may vary with the kind of leadership styles applied by the nurse managers.

In one local rural health center, some nurses intentionally incurred absences due to being hurt by the way the physician and nurse manager treated them. *“Naay case nga nagka-conflict ang mga NDP with the doctor og ilang nurse manager, nga they even opted to ask help from a lawyer. Dili sila pabalikon sa work, that’s why they decided nga magpabalhin og area and ang uban nangita na lang og laing trabaho”* (There was case when NDP nurses have conflict with the physician and nurse manager which they opted to ask assistance from a lawyer. The NDP nurses were not permitted to report back to work, and so, they decided to be transferred to other area and others opted to look for another job). This goes to say that quality nursing leaderships is very important as it really connects to staff nurses’ good performances and decreases nurse turnover. This relates to the study of Magbity et al. (2020) which found out that participative and transformational leadership styles decrease turnover intention while autocratic and laissez-faire leadership styles increase turnover intention. Therefore, leadership styles of nurse managers are determinants of nurses’ turnover intentions.

According to Albougami et al. (2020), the intention of nurses to leave their current jobs has become a global issue and it is one of the main difficulties that several health-care organizations face, leading to inadequate nurse staffing and intent to resign and then shifting to another organization (Kaddourah et al., 2018). In a healthcare scenario where conflicts and nurse turnover are high, strong leadership is of paramount importance. After all, Suliman et al. (2020) pointed out that one factor that may influence nurse turnover is nurse managers' leadership styles such as transactional, in which leaders give contingent rewards; transformational, in which leaders inspire and motivate; and passive-avoidant, in which leaders are absent. According to Chen et al. (2018), the factors that influence the intent to leave must be identified and explained for appropriate managerial policy considerations. This could mean that to ensure nurse intention to stay, a work environment must be spearheaded by a dynamic leader with desirable leadership attributes exemplified being visionary, visible, empowering, approachable and relational. It takes a good and a strong leadership to ensure successful healthcare setting and it is essential to maintain successful nursing team by manifesting quality leadership. There are happenings when nursing leadership is at stake and this precisely

gave the drive to the researcher to continue embarking with this study.

The researcher works as a head Public Health Nurse (PHN) in the Rural Health Unit of Loreto, Province of Dinagat Islands. She assists the Municipal Health Officer in implementing programs, health education and preparation of reports. With other PHNs, she also conducts regular visits to priority households and prepares health status reports of these households and plans for the appropriate interventions on the identified health concerns of the families. In other words, exercising and performing these varied functions demand good leadership style. The researcher's workplace, though small in area has a lot of health problems requiring nurses to carefully undertake. This again requires the Public Health Nurse to exercise fully his or her leadership skills.

The researcher felt the need to conduct such study considering her being the Public Health Nurse of the said rural health unit thereby making her capable to impart information and further knowledge relative to the rationale of the study. The researcher guaranteed that the result can be used as ideal guide for necessary intervention regarding retention of employees especially the nurses. Hence, the study assessed whether the leadership style predicted the turnover

intention of NDP nurses in rural health units of the province of Dinagat Islands for the last quarter of 2020.

Theoretical Background

Several theories have been utilized to be the anchors of the study. The first theory that can be utilized in this scenario is the **Transformational Leadership Theory (Burns, 1978)**. Transformational leadership is a relationship between the leader and the follower, in which they motivate each other to higher levels, resulting in value system congruence between the leader and the follower. Moreover, Bass as cited by Xu (2017) believed that a strong vision and personality are common traits among transformational leaders. In other words, they motivate their followers to adjust expectations, opinions, and inspirations to work toward common goals. Additionally, he mentioned four components in transformational leadership: ideal impact, strong motivation, intellectual stimulation, and personal consideration.

Applying the theory in the present study, it can mean that nurse supervisor should schedule an appropriate time and designate a private room for a one-on-one talk with the NDP nurse to reassure the nurse of the leader's respect and trust. Then, when communicating with the NDP nurse, the nurse supervisor should

listen carefully to the NDP nurse's thoughts, as it is imperative to recognize the NDP nurse's needs and concerns. By means of transformational leadership, the NDP nurse's behavior can be influenced. Additionally, the NDP nurse will improve her organizational commitment and is more likely to achieve the organization's goals.

In like manner, Savaro et al. (2019) refer transformational leadership to leaders with an appealing vision for their team who intellectually stimulate others in a way that is demanding and appreciative of the individual needs of the team members. Moreover, Morales (2020) pointed out that transformational leadership is a management style that motivates employees to take ownership for their roles and perform beyond expectations. Instead of assigning tasks from the top, transformational leadership teaches people how to think rather than just do what they are told. Transformational leaders are inspirational and can motivate employees to find better ways of achieving a goal. They are able to mobilize people into groups that can get work done, raising the well-being, morale and motivation level of a group through excellent rapport. These leaders also excel at conflict resolution who are called quiet leaders who lead by example.

The second theory is on **Transactional Leadership Theory (Bass, 1981)**. This style is most often used by the managers, here refers to nurse supervisors. It focuses on the basic management process of controlling, organizing, and short-term planning. Hu (2017) accentuated that transactional leadership is based on the setting of clear objectives and goals for the followers as well as the application of rewards and punishments to motivate followers and encourage compliance. In transactional leadership theory, subordinates and leaders enter a contract where the leader provides positive rewards such as a bonus, time off, health benefits, or simply a paycheck in exchange for the completion of a task. On the other hand, if tasks are not met or do not meet the employer's expectations, supervisor may also use negative rewards such as a "do it or else" threat of job loss.

Savaro et al. (2019) elucidated that transactional leaders exert influence on followers based on exchanging benefits for outstanding performance and response to their self-interests when they have achieved defined goals. For Juneja (2020), transactional leadership involves motivating and directing followers primarily through appealing to their own self-interest. The power of transactional leaders comes from their formal authority and

responsibility in the organization. The style can also be mentioned as a 'telling style' (Juneja, 2020). The theory assumes that subordinates can be motivated by simple rewards. The only 'transaction' between the leader and the followers is the money which the followers receive for their compliance and effort. Both transformational and transactional leadership are applicable in predicting the turnover intention of NDP nurses on several outcomes, such as enhanced satisfaction and increased performance.

In relation to NDP nurse turnover, a **Nursing Intellectual Capital Theory** (Covell & Sidani, as cited by Harris, 2016) was also utilized. Nursing intellectual capital theory conceptualizes the sources of nursing knowledge available within an organization and delineates its relationship to patient and organizational outcomes. Nursing intellectual capital is nursing knowledge that is translated into nursing and organizational performance. According to Harris (2016), in nursing, intellectual capital is the stocks of nursing knowledge available within a healthcare organization. It is the combination of nursing knowledge that resides within NDP nurses and in organizational structures used by registered nurses to facilitate their clinical decision-making while delivering nursing care.

Nursing intellectual capital reflects the knowledge of NDP nurses and knowledge resources available on inpatient care units as that is where there is the greatest concentration of registered NDP nurses providing care to hospitalized patients within an organizational setting. After all, the said theory influences better quality patient care and retain registered NDP nurses.

In applying the theory to the present study, it can be said that a rural health unit that invests on the NDP nurses' intellectual capital may avoid NDP nurses' turnover. This is supported by the fact that any healthcare organization that have made greater investments in their nursing human capital are more likely to demonstrate lower levels of turnover of their registered nursing personnel (Gilbert et al., 2017).

Another anchor of the study is **Theory of Organizational Equilibrium (TOE, 1938)** of Barnard-Simon. This is the first formal theory on turnover intention and hypothesizes that turnover is a decision takes after weighing one's perception of one's contribution to the organization against one's perception of the contribution of organization to one's life (Brasher, as cited by Ngo-Henha, 2017). In other words, TOE as applied to nursing turnover can be likened to the fact that NDP nurses' turnover affects the entire size of the

healthcare unit; the size of the healthcare unit affects the possibility of the NDP nurses' ideas to transfer; nurses' ideas to transfer affects the perceived desirability of movement; the perceived desirability of movement affects turnover. The circle will again start with the effect of turnover to the size of healthcare unit and so on. Given this way that perceived desirability of movement are deemed by TOE to have influence on nursing turnover, it is imperative for the entire healthcare management and nurse supervisors to initiate management courses of action and interventions to counter NDP nurses' turnover and promote retention by maintaining equilibrium between nurses contribution and healthcare unit incentives (Ngo-Henha, 2017).

Social Exchange Theory (SET) is also considered as one of the anchors of the study. Crossman (2020) stressed out that SET is a model for interpreting society as a series of interactions between people that are based on estimates of rewards and punishments. Meaning, the interactions are determined by the rewards or punishments that one is expecting to receive from others. It means further that an interaction that elicits approval from another person is more likely to be repeated than an interaction that elicits disapproval. Thus, one can predict whether a particular interaction

will be repeated by calculating the degree of reward (approval) or punishment (disapproval) resulting from the interaction. If the reward for an interaction exceeds the punishment, then the interaction is likely to occur or continue.

In applying to the present study, SET is used when NDP nurses and nurse supervisors create positive relationships at the healthcare unit to create mutual understanding, which provides a working environment that is beneficial for both. In general, under perfect working conditions, employees perceive themselves to be supported and encouraged; consequently, they will be more likely to pay back their organization through embedding extra effort in the form of innovative behavior and affective commitment. Cropanzano and Mitchell, as cited by Nazir et al. (2018) proposed that such a perfect situation can only be created when individuals in a workplace follow the rules and regulations of exchange. It can be argued that important job attitudes are significantly associated with NDP nurses' behavioral outcomes, like, task performance and nurse's retention within the healthcare unit.

Another theory used is **Job Embeddedness Theory**. According to Ehrler (2018), human resources professionals can gain a wealth of insight into best retention practices by learning about job

embeddedness and its implications. Job embeddedness theory offers a multi-faceted means of identifying and addressing challenges that could potentially lead to unwanted turnover within the organization. Holtom, as cited by Ehrler (2018) posits that employees can be viewed as individuals with a series of connections among different aspects of their lives. Those whose lives integrate more roles, responsibilities, and relationships have more connections and thus can be described as more embedded. Specifically, individuals who are involved in a wider range of work-related roles, responsibilities, and relationships are more job embedded. Those with high job embeddedness may avoid leaving their job due to the higher number of factors that will be affected by the disruption.

In application to the present study, Job Embeddedness Theory explains that it is a collection of forces and a motivational variable that enables health care supervisors to retain employees. NDP nurses who obtain sufficient support from their nurse supervisors or head nurses are highly embedded in their jobs. Such NDP nurses in turn exhibit lower tendency to be late for work (Karatepe & Avci, 2019). The presence of work social support can trigger NDP nurses' perceptions of job embeddedness. Employees who can obtain support from their coworkers and supervisors are more involved in

their jobs. This support can be in the form of care and consideration received from coworkers and supervisors (Singh et al., 2018).

Furthermore, several studies showed that job embeddedness was linked to nurses' quitting intentions through change-related self-efficacy (Vardaman et al., 2018); that work-life balance and job characteristics fostered job embeddedness, which in turn reduced quitting intentions and that career opportunities enhanced job embeddedness, which in turn mitigated both quitting intentions and actual turnover (Dechawatanapaisal, 2017); that organizational identification partly mediated the influence of leader-member exchange on job embeddedness, whereas job embeddedness completely mediated the association between organizational identification and quitting intentions (Dechawatanapaisal, 2018); that job embeddedness weakened quitting intentions and such expatriates were more inclined to leave the organization when they were highly embedded in the community (Hussain & Deery, 2018).

Next theory used is **Herzberg's Two-Factor Motivation-Hygiene Theory**. This theory argues that there are two factors that an organization can adjust to influence motivation in the workplace. These two are motivators and hygiene factors. Motivators can encourage employees to work and hygiene factors would not

encourage employees to work harder but they will cause them to become unmotivated if they are not present.

In relation to the present study, Herzberg's two-factor theory highlighted the importance of promotion opportunities as a motivating factor among nurses. Alrawahi et al. (2020) accentuated that the creation of new positions is important to encourage and retain nurses. As such promotions are the main mechanism for achieving nurse retention and satisfaction. This result is consistent with the findings of another study regarding the dissatisfaction of healthcare professionals due to low salaries and poor working conditions (Wang et al., 2017). The finding is similar to those of a previous study conducted in Oman among healthcare professionals in a regional hospital (Al Maqbali, 2015) and of other studies carried out with healthcare workers in Africa (Deriba et al., 2017) and in Pakistan (Tasneem et al., 2018) which concluded that nurses chose to stay because of presence of motivators and hygiene factors as offered by the workplace and their nurse supervisors.

The study is also anchored to **Resource-Based Theory (RBT) or Resource-Based View (RBV)**. The theory posits that instead of looking at the competitive business environment to get a niche in the market or an edge over competition and threats, the

organization should instead look within at the resources and potential it already has available. According to RBV, it is significantly easier to exploit new opportunities using resources and competencies that are already available, rather than having to acquire new skills, traits or functions for each different opportunity. These resources are the main focus of the RBV model, with its supporters arguing that these should be prioritized within organizational strategy development (BusinessBalls, 2020).

In relating the theory to the present study, this suggests that RBV theory assumes that underlying organizational resources come in bundles, may be tacit in nature and difficult to surface through formal analysis, so that healthcare planners and nurse supervisors may find it difficult to replicate good practice which in turn affects nurses' turnover intentions.

The other theory used is **Equity Theory**. This theory, according to Mulder (2018), is about the balance between the effort an employee puts into their work (input), and the result they get in return (output). Input includes hard work, skills, and enthusiasm. Output can be things like salary, recognition, and responsibility. Kuntardina (2017) on the other hand, considered the theory as having two primary components in the employee-employer

exchange, and these are inputs and outcomes. A proper balance between these components ensures that an employee feels satisfied and motivated, contributing to their productivity and prevention of turnover intentions.

This theory is applicable to nurses' turnover and retention where turnover is the consequence of the perceived inequity. Causes of nurse turnover vary within and across healthcare systems. Kerfoot and Douglas as cited by Ngoyen (2019) pointed out that cited reason for voluntary termination was problems with interpersonal relationships. When interpersonal relationships among nurses and their colleagues (other nurses, hospital administrators, doctors, etc.) are tense, there is a high risk of nurses quitting.

Similarly, the study of Doan (2017) showed that appreciation of supervisors motivated nurse to work efficiently and dispel the idea of quitting. Equity theory is applicable when NDP nurses experience unequal treatment by their nurse supervisors. The NDP nurses who had good relationships with colleagues and supervisors have higher work motivation than those with poor relationships. The results suggested the hospital board of management should be more concerned with nurses' working environment as well as morale. In addition, nurse supervisors should promote the tradition of

solidarity, improve working conditions, and build relationships between nurses and supervisors. Thus, nurse supervisors are encouraged to maintain an equitable work environment as an effective retention strategy to prevent NDP nurse turnover intention. Kuntardina (2017) stressed out that nurses deal directly with supervisors or nurse managers in daily activities. Supervisors provide assignments, guidance, direction, motivation, appreciation, and reprimand in the execution of daily tasks. Organizational justice or equity and nurse-supervisor-staff nurses' relationship will be expected to affect the NDP nurse's job satisfaction and ultimately affect the turnover intentions.

On Leadership Styles of Nurse Managers

True enough good leaders are good managers; they provide visionary inspiration, direction and motivation. They also attract and inspire; they let their members pursue their goals and values they consider worthwhile (Choi, et al., 2017). Effective nurse supervisors combine leadership and management and devotedly work hard to achieve the requisite goals. The leadership styles of nurse supervisor positively influence job satisfaction and nurses' retention. Thus, being a nurse requires advancement and moving up the ranks through promotion and job changes. One can become nurse

supervisor and this again demands what kind of nursing leadership styles works for a certain nurse as he or she gets ready to take on more managerial roles throughout his or her career.

As nursing is a key force for patient safety and safe care, therefore nursing leadership is a key skill for nurses at all levels. The leadership styles of nurse supervisor are believed to be an important determinant of job satisfaction and job commitment of nurses (Durmus & Kirca, 2019). Nurses who are mobilized and empowered to perform specific personal or group goals by a good leader nurse are willing to implement evidence-based practices and are highly motivated, well informed, and committed to organizational goals.

Transformational Leadership. Transformational leadership is considered the gold standard of leadership and is at the center of nursing because it has an impact on patient outcomes, employee satisfaction, and safety culture (Cope & Murray, 2017). There are four characteristics of transformational leaders. The first characteristic is about transformational leaders who support the development of subordinates' skills and assist subordinates in achieving desired outcomes. These are nurse leaders who will not only offer coaching and advices but also give employees attention and treat them as individuals. Second, characteristic includes

intellectual stimulation, whereby leaders promote a culture in which employees will develop intelligence and rational thinking (Choi et al., 2016).

The intellectual stimulation fosters independent problem solving by employees. Third characteristic is inspiration when leaders communicate high expectations and encourage employees to focus their efforts on achieving established goals. Here, transformational nurse leaders tend to use effective communication techniques, such as symbols and simple language, to ensure that employees understand the main purposes of the assigned tasks. The fourth is about charismatic leaders who offer a vision and a mission to employees. This nurse supervisor will try to instill pride and gain respect and trust from employees so that the organization can achieve the required outcomes (Choi et al., 2016).

Further, it can be said that transformational leadership is a process of creating a vision and delivering a sense of belonging to employees. This also causes the employees to perceive that the organization supports them and leads to attachments among the organization members. This kind of nursing leadership style establishes a strong relationship between NDP nurses and the entire

healthcare as this can also build a mission-oriented culture within an organization through a social influence process among members.

Meanwhile, transformational or visionary nurse manager is focused on the big picture, like improved patient care, better systems and processes and how to get there (Posnick, n.d.). In fact, this style works best when the workplace like hospital, clinic, or other healthcare facility is in need of big changes and improvements. It can never work so well when day-to-day decision making is required on small or specific issues. Transformational nurse supervisors first perform nursing, communicate effectively with their audiences, and become effective role models. Such supervisors are motivated and empowering, encouraging and following their audience for organizational goals and individual goals (Brewer, et al., 2016).

In like manner, transformational leadership style in nursing is also based on the encouragement of the employees to give their best at work and motivation to be positive while performing various tasks instead of being negative (TOP Nursing, 2020). Transformational style results into engaged and productive teams through an inspiring and smart nurse supervisor. This style may fall in a contemptible manner if the one who handles everything lacks in any of the essential traits required to make transformational leadership

successful for any health care setting. Transformational leadership is a process in which leaders and followers help each other to advance to a higher level of morale and motivation. This leadership style is impressive with inspirational leaders who define and lead change and who are also charismatic and confident persons who others want to follow (Williamson, 2017).

Transactional Leadership. This leadership style provides short-term goals and motivates viewers through the fulfillment of individual needs in exchange for high performance toward organizational goals (Durmus & Kirca, 2019). The leaders in transactional leadership act as exchanges managers by exchanging followers who lead to improvement in production, and are interested in processes rather than shared values with forward-thinking ideas.

Transactional leadership style emerges in two basic forms as “management with exceptions” and “conditional rewarding” (Akyurt et al., 2015). The form management with exceptions is divided into two as active and passive. The active leader monitors the performance of the team followers and intervenes to correct these errors when he/she detects errors. The passive leader expects the followers’ mistakes to draw their attention before giving negative feedback or any warning. In conditional rewarding, transactional

leaders clearly explain to their followers what their duties are, how they will be made, and how they will be rewarded if the desired tasks are fulfilled satisfactorily. Transactional leaders are cultural carriers who maintain the existing order and act in line with traditions and past (Kılıç et al., 2015).

Transactional leadership approach is an effective style and the best leadership style for the direction of critical events (Durmus & Kirca, 2019; Bish, 2015). In like manner, transactional leadership is seen as a simple mutual exchange between leaders and followers based on economic or political reasons, while transformational leadership states that leaders and followers influence each other in order to achieve higher levels of motivation and morale (Şentürk et al., 2016).

Passive-avoidant Leadership. It is comprised of two factors: management-by-exception (passive) and laissez-faire leadership. Passive management by exception means avoiding action until mistakes or problems can no longer be ignored. Management-by-exception in its active phase describes a leader who actively monitors the followers' progress, and when mistakes are identified, the leader then adjusts the course of action, thereby correcting the situation.

Meanwhile, laissez-faire leadership prioritizes employee freedom and so, if clinical nurse leaders are to trust their team with minimum supervision, they must first build a team that is skilled and responsible enough to balance freedom with individual duties (Norwich University Online, 2017). This means that a laissez-faire leadership approach is most effective for new clinical nurse leaders who are in charge of a team of well-educated nurses who have extensive experience.

While these nurse supervisors may not have obtained enough experience to effectively make authoritarian choices, they can develop their leadership expertise by observing talented professionals and providing them with feedback when needed. The supervisor themselves may provide basic knowledge, but generally the employees are accountable for their own actions. As long as they maintain strong attention to detail and an eye for selecting competent, experienced employees, nurse leaders can utilize the laissez-faire style of leadership to allow more experienced nurses to thrive, improving their institution's ability to serve patients (Norwich, 2017).

The laissez-faire nurse is the opposite of the autocratic nurse. In this style, the nurse provides no specific direction for team

members, and adopts more of a hands-off approach to managing. This works best when the nurse's team is already experienced and self-directed, and does not necessarily need general giving orders. This does not work so well when specific decisions need to be made and implemented, or team members are inexperienced.

In such manner, this kind of a leader advises the process by not participating in the process, encourages followers to generate ideas, offers suggestions when asked by followers, and declares opinions. It is a leadership that recognizes full freedom is a style in which the leader provides little or no orientation or control, and prefers a practical approach. Fully free leadership style includes a leader who does not decide, and acts without staffing or supervision. The main task of the leader is to provide resources, dissipate responsibilities and retreat and refrain from taking decisions (Şentürk et al., 2016). The leader only gives his/her opinion when asked about his/her opinion on any subject, but this view is not binding on his/her followers (Durmus & Kirca, 2019).

Laissez-faire or delegative leaders provide minimal supervision. They take a hands-off, stand-back approach that can be difficult to work with. They tend to delegate tasks and avoid making hard decisions. Rather than stepping in and taking charge

themselves, they let consensus and group-think take over, or sometimes just allow things to work themselves out (Williamson, 2017).

Nursing Turnover Intention

Registered nurses (RNs) play a dominant role in delivering patient care (Mullen, 2015). Because of this role, RNs face high work demands and may eventually develop in them turnover intention. Turnover intention may result from individual, organizational, or job characteristics, all of which can affect job satisfaction and influence voluntary turnover (Ghosh et al., 2015). Sharma and Namburdiri (2015) opined that the consequence of turnover intention may result in the deviant behavior of nurses which may result in adverse work outcomes (Sharma & Dhar, 2016). In addition, the lack of resources may entice nurses to leave the organization or the profession altogether (de Oliveira et al., 2017). These challenging factors of the nursing profession may contribute to the nursing shortage; thereby, adversely affect medical work environments (Yang et al., 2017).

Turnover intention is the conscious and deliberate willfulness to leave the organization (Ngo-Henha, 2017). In addition, Kuntardina (2017) defines turnover as the cessation of an employee from work voluntarily or move from one workplace to another. It is

a factor that mediates between the attitudes that affect the desire to quit of the work and actually quitting. Clearly, the healthcare industry contains numerous interrelated facets that lead employees to encounter adverse work-related outcomes (Tosun & Ulusoy, 2017). Yang et al. (2017) conducted a cross-sectional study which included 785 registered nurses in China, to investigate work pressure and factors that contribute toward nurses' turnover intention and found that work stress predicted turnover intention, which may ultimately lead to turnover.

Edwards-Dandridge (2019) pointed out that turnover intention creates instability for organizations. Thus, it is an essential consideration for professions such as nursing, in which anticipated shortages could present significant and devastating effects.

Synthesis. The foregoing books, journals and researches established linkage with the present study as far as nursing leadership styles are concerned. Several authors have yielded ideas demonstrating the best nursing leadership style that inspire staff nurses to work better with satisfaction. It can also be gleaned that the materials reviewed provided clearer explanation of the connection and the importance of leadership styles in the nurse turnover intention. Besides, the strengths of this literature review

are that there are literature and evidence acknowledging globally and nationally that nurse's turnover intention has been a problematic feature of nursing science management. While there are studies which have addressed resolutions identifying factors on nursing retention.

However, most of the reviewed materials have been published abroad. It can be deduced that their way of life and healthcare system are far higher and latest compared in the Philippines thereby posed slight difference. Besides, most studies cited were literature reviews and not surveys offering primary data. Consequently, this gap in knowledge ought to be addressed from a theoretical level whereby more scientific research should be conducted to fill this discrepancy occurring in the nursing science.

As illustrated, Figure 1 shows the interconnection of the theories to the variables included in the study as to nursing leadership and its connection to nurses' turnover intention. Upper box in the left contained the Transformational and Transactional Theories and the one in the left contained the seven (7) theories related to nursing turnover intention such as Nursing Intellectual Capital Theory, Theory of Organizational Equilibrium, Social Exchange Theory, Job Embeddedness Theory, Two-Factor

Motivation–Hygiene Theory, Resource-Based Theory, and Equity Theory.

The lower box in the left side contained the nursing leadership styles as to transformational, transactional or passive-avoidant leadership. Adjacent box in the right contained the extent of nurses' turnover intention based from Roodt's Turnover Intention Scale (TIS) as affected predicted by leadership styles. The last box at the lower portion is the proposed action plan in response to the demand of the study basing all from the findings.

IJSER

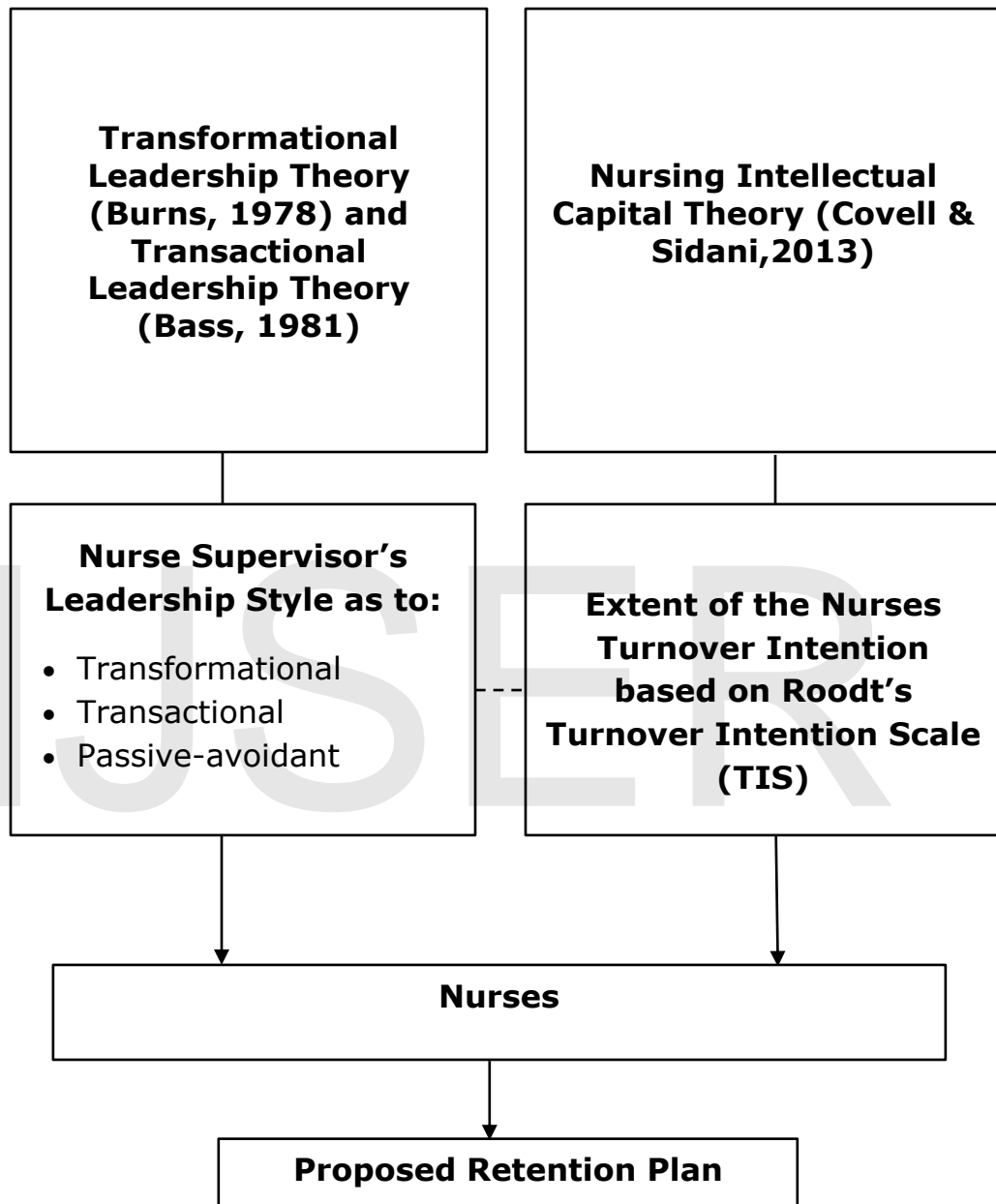


Figure 1. Theoretical Framework of the Study based on Transformational Leadership Theory (Burns, 1978) and Transactional Leadership Theory (Bass, 1981) Nursing Intellectual Capital Theory (Covell & Sidani, 2013)

THE PROBLEM

Statement of the Problem

This study assessed whether the leadership style predict the turnover intention of nurses in rural health units of the province of Dinagat Islands for the last quarter of 2020.

Specifically, it sought answers to the following inquiries:

1. What is the leadership style of the nurse supervisor as perceived by the staff nurses in terms of:
 - 1.1 transformational leadership;
 - 1.2 transactional leadership; and
 - 1.3 passive-avoidant leadership?
2. What is the extent of turnover intention of the nurses based on Roodt's Turnover Intention Scale?
3. Which leadership style predicts the turnover intention of the nurses?
4. What retention plan can be proposed based on the findings of the study?

Statement of the Null Hypothesis

Ho₁. The dimensions of leadership styles do not predict the overall turnover intention of the nurses.

Significance of the Study

The result of this study can be used as additional information to the pool of knowledge in clinical nursing. Specifically, this would be of help to the following areas of the nursing profession:

Nurses. The result provides accurate guide to the staff nurses on understanding nursing leadership which can have effect to their performance and job satisfaction. The result provides them the significant information towards attainment of satisfaction thereby holding them to retain rather than working apart from their nursing profession.

Nurse Leaders/Administrators. The findings of this study would help the nurse leaders/administrators assess the performances of nurses in their respective units and thereby provide them strategies to better stay that leaving. The results would guide them apply appropriate leadership style that can be a factor to retention and success.

RHU Management. The result of the study provides collection of information to the rural health unit (RHU) management on effective leadership styles nurse leaders should undertake to promote satisfaction among nursing staff and in turn attain productivity. The result may be considered as additional information

to the RHU management in the formulation of guidelines on effective leadership styles.

Policy Makers. The result of the study provides benefits to the policy makers enabling them to formulate policies that could prevent nurses' turnover intention and in the long run can create a plan for the retention of nurses

Community. The result of the study can be a good source of information for the community in choosing a hospital or rural health center that highly retain quality nurses that can provide quality patient care.

The Researcher. The result of the study would help the researcher explore the best and effective nursing leadership styles as best help to reduce nursing turnover.

Future Researchers. The results of the study provide useful material for future researches.

METHODOLOGY

Design

A quantitative-correlational-predictive research design was utilized in the study. This primarily assessed whether the leadership style predicted the turnover intention of nurses in rural health units of the province of Dinagat Islands for the last quarter of 2020.

A correlational study is a type of research design where a researcher seeks to understand what kind of relationships naturally occurring with one another. In simple terms, correlational research seeks to figure out if two or more variables are related to each other (Cheprasov, 2019).

Predictive research was also used to predict the variance of one or more variables based on the variance of another variable (s). According to Grant (2017), predictive research is about the prediction of a goal. It is used as a non-experimental design with correlation, regression and multiple regressions as the method of analysis to be used. Predictive research determined and measured the relationship between variables, which in the study, refers to nursing leadership style and nursing retention. In effect, this enables the ability to predict the changes in the dependent variable based on the value of the independent variable (Grant, 2017).

Environment

The study was conducted at the Province of Dinagat Islands. The province is composed of seven municipalities, including the provincial capital, San Jose. The six other municipalities are Dinagat, Loreto, Cagdianao, Libjo (Albor), Basilisa (Rizal) and Tubajon. Each of this municipality has its own rural health unit (RHU).

Dinagat Islands are a group of islands constituting a province in the Caraga region in the Philippines, located on the south side of Leyte Gulf. The island of Leyte is to its west, across Surigao Strait, and Mindanao is to its south. Its main island, Dinagat, is about 60 kilometers from north to south (Wikipedia, 2020). Prior to becoming a separate province from Surigao del Norte, most RHUs in Dinagat are left behind in terms of provisions of health care materials, equipment and resources. As to personnel, there was a lack of health care providers like nurses and midwives.

Recently, the RHUs in respective municipalities are assigned with health care providers. Each RHU now has a nurse head or supervisor who administers the activities of the center. The nurse supervisor and staff nurses have their own way of interaction starting from staffing up to the exercise of different tasks. Admittedly, nurse leaders are challenged as to the extent they

exercise their power as the head. The said work environments, aside from being located in the far-flung islands, are also devoid of transportation facilities like ambulance and even motor boat. This caters the nurse leader with challenges to adjust and be able to manage the workplace.

Leadership styles and skills of nurse leaders or supervisors are at stake. A leader should do all means just to satisfy, inspire or motivate his or her staff nurses, thereby promote retention and avoid turn-over. The work environment is fitting enough to be considered in the study so as to assess whether the leadership styles predict the turnover intention of nurses in rural health units of the province of Dinagat Islands. There has to be best leadership practices and styles to employ so as to create a healthy work environment.

Respondents

The 58 NDP nurses assigned in all the rural health units of the Province of Dinagat Islands were the respondents of the study. They were utilized using the complete enumeration sampling.

Complete enumeration was used in identifying the respondents of the students. Meaning, all members of the whole population were measured. In other words, for as long as one

respondent is a nurse (NDP or Public Health Nurse) working within the specified rural health units (RHUs) in Dinagat Province, he or she was included in the respondents as part of the study's inclusion criteria. However, part of its exclusion criteria was preventing visiting nurses from the regional, provincial and city health offices outside Dinagat Province from participating in the study. Meaning, they were not considered legit and qualified respondents. The following is the distribution of the respondents by RHU: Basilisa RHU=15, Cagdianao RHU=9, Dinagat RHU=7, Libjo RHU=7, Loreto RHU=6, San Jose RHU=10, and Tubajon RHU=4.

Instrument

On *Leadership Style*, the study utilized a standard Multifactor Leadership Questionnaire (MLQ) Form. The Multifactor Leadership Questionnaire (MLQ) is also known as MLQ 5X short or the standard MLQ. It measures a broad range of leadership types from passive leaders to leaders who give contingent rewards to followers, to leaders who transform their followers into becoming leaders themselves. The MLQ identifies the characteristics of a transformational leader and helps individuals discover how they measure up in their own eyes and in the eyes of those with whom

they work. The extent of leadership styles was measured by using the following parametric scale:

Scale	Parameter	Verbal Interpretation
4	3.21-4.00	Very High
3	2.41-3.20	High
2	1.61-2.40	Moderate
1	0.81-1.60	Low
0	0.00-0.80	Very Low

On *Extent of Nurse Turnover Intention*, the study used the Turnover Intention Scale (TIS-6) developed by Roodt as it is deemed appropriate to the study. To enhance the reliability of responses, behavior intention was measured within a reasonable timeframe after accepting a position within the rural health unit. This study used a 6-month period. The response scale was scored on a five-item Likert scale varying between poles of intensity as follows:

Scale	Parameter	Verbal Interpretation
4	3.21-4.00	Very High
3	2.41-3.20	High
2	1.61-2.40	Moderate
1	0.81-1.60	Low
0	0.00-0.80	Very Low

Procedures

Data Gathering. Prior to the formal gathering of data, a letter of request to conduct the study was sought from the Dean and from the head of every Rural Health Unit within the Province of Dinagat Islands for the approval to conduct the study. Upon their approval, the researcher personally administered the questionnaires to the respondents. A cover consent letter was used to request time from the respondents.

Retrieval of the data was made personally by the researcher and these were sorted, tallied and analyzed with the assistance of the statistician.

Treatment of Data

To give in depth to the study, the following measures were used in the study:

Mean Scores. This was used to determine the level of leadership style of nurses in the different RHUs in the Province of Dinagat Islands. The weighted mean is a type of mean that is calculated by multiplying the weight (or probability) associated with a particular event or outcome with its associated quantitative outcome and then summing all the products together. It is very useful when calculating a theoretically expected outcome where

each outcome has a different probability of occurring, which is the key feature that distinguishes the weighted mean from the arithmetic mean (Corporate Finance Institute [CFI], 2020).

Linear regression. This was used to investigate whether the leadership style predict the turnover intention of nurses in rural health units of the province of Dinagat Islands for the last quarter of 2020. According to Statistics Solutions (2020), linear regression is a basic and commonly used type of predictive analysis. The overall idea of regression examined two things: (1) does a set of predictor variables do a good job in predicting an outcome (dependent) variable? (2) Which variables in particular are significant predictors of the outcome variable, and in what way do they—indicated by the magnitude and sign of the beta estimates—impact the outcome variable? These regression estimates were used to explain the relationship between one dependent variable and one or more independent variables.

DEFINITION OF TERMS

As to how the key terms used in the study was the scope of the definition of the following terms:

Leadership refers to the way head or nurse supervisor lead or manage the staff nurses in the RHU to perform their respective functions.

Leadership Styles as used in the study, only refers to the three common leadership styles included in the multifactor leadership questionnaire such as transformational, transactional and laissez-faire leadership styles.

Nurses are RNs who are currently employed in the rural health units in all the municipalities in the Province of Dinagat Islands.

Nurse Deployment Project (NDP) is a program where it hires nurses for a contractual status to in far-flung communities.

Nurse Manager refers to a nurse whose job includes managing the nursing staff on a unit and whose responsibilities include scheduling staff for their working shifts as well as the time off for staff, meeting budget requirements of the RHU, ensuring staff is properly trained for their duties and assigns the duties for the staff.

Nurse Turnover Intention is a conscious and deliberate intention of the nurses to leave the healthcare environment or rural health unit.

Passive-Avoidant Leadership is considered to be a non-authoritative leadership style where the leader takes a hands-off approach.

Retention Plan is a plan which tackles the foreseen intervention that may help the RHU to prevent their NDP nurses from leaving the profession by improving the leadership performance of the nurse leaders.

Rural Health Unit (RHU) refers to any health facility such as health center in a certain municipality where the researcher and some of the Public Health Nurses are assigned and currently working as NDP nurses.

Transformational Leadership. It is a kind of leadership which has an impact on patient outcomes, employee satisfaction, and safety culture.

Transactional Leadership is a kind of nursing leadership style where a nurse leader acts by exchanging followers who lead to improvement in services.

CHAPTER II RESULTS AND DISCUSSIONS

This chapter presents the answers to the research problems using tables together with interpretation, analysis, implications, and supporting literature and studies.

Extent of Leadership Style of Nurse Supervisors as Perceived by the NDP Nurses

Table 1 presents the data on the extent of the leadership styles of the nurse supervisors as perceived by the NDP nurses.

Transformational Leadership. The table shows that the transformational leadership style of the nurse supervisors was **high** as perceived by the NDP nurses based on the factor mean of 2.81 and standard deviation of .661. This means that the NDP nurses was able to appreciate that their nurse supervisor goes beyond self-interest for the good of the group; considers the moral and ethical consequences of the decisions; talks optimistically about the future; reexamines critical assumptions to question whether they are appropriate; and helps others to develop their strengths.

The result implies that nurse supervisors as having transformational leaderships skills have satisfied their subordinates and impacted on patient outcomes. In other words, the subordinates have been given the chance to develop their skills and even develop

their rational thinking while performing their duties. They also observed some factors that influenced their nurse supervisor to manifest the said leadership style. This includes the attributes and behaviors of their supervisor which empowered motivated them to perform competently and efficiently (Collins, Owen, Digan & Dunn, 2019).

One can surmise that nurse supervisor's way of exercising transformational leadership has been demonstrated by their being inspirational and motivational who mobilizes their subordinates to get their respective work done. As a leader, nurse supervisor being a transformational leader has excelled at conflict resolution and a leader by example (Morales, 2020). As an influential style of leadership, nurse supervisors who are transformational can create a high level of effectiveness in the healthcare system. Transformational nurse supervisors tap into the values, beliefs, and ideals of staff nurses toward a higher vision. After all, Lynch (2018) asserted that being transformational leadership is the most crucial part of leadership in fostering effectiveness.

The result is corroborated by Kodoma et al. (2016) which elaborated that intellectual stimulation aspect of transformational leadership positively increased staff nurses' affective commitment

which also increases the retention of staff nurses through enhanced affective commitment. There are even situations when both nurse supervisor and staff nurse whose strong organizational commitment have made them both perform good and satisfied with their respective roles. The same goes with the study of Manning (2016) which divulged that transformational leadership styles in nurse managers positively influenced staff nurse work engagement. Or, nurse managers who provide support and communication through transformational leadership styles can have a positive impact on staff nurse work engagement and ultimately improve organizational outcomes.

The study of Cope and Murray (2017) affirmed that when they said that transformational leadership is the gold standard of leadership and the center of nursing because it has an impact on patient outcomes, employee satisfaction, and safety culture. The result also relates to Williamson's (2017) notion that transformational leadership inspires, defines and leads changes being charismatic leaders who others want to emulate. But, the findings of the study of Morsiani et al. (2017) contrasted when they found out that transformational leadership style, which is mostly correlated with satisfaction was rarely practiced by nurse managers.

This led a conclusion that transformational leadership skills of Italian nurse managers need to be improved through behaviors based on greater respect, caring for others, professional development and appreciation.

The result is also in congruence with the study of Khan et al. (2018) which revealed that transformational leadership behaviors of nurse managers were moderately correlated to staff nurses' structural empowerment. Hence, nurses who perceived their nurse managers as demonstrating transformational leadership behaviors experienced higher structural empowerment.

Meanwhile, result from the study of Garcia-Sierra and Fernandez-Castro (2018) revealed that the transformational leadership of the nurse manager directly and positively influences the structural empowerment of nurses. The transformational leadership of managers positively influences nurse engagement through the mediating effect of structural empowerment. Such result implied that transformational leadership of nurse managers at the unit level has a double impact on staff nurses: first, increasing empowerment and second, increasing the engagement of the nurse staff.

The result of the study is in similar to the findings of Magbity et al. (2020) which revealed that transformational leadership has been predominantly practiced and such style decreased turnover intention. In like manner, the finding is also related to the study of Suliman et al. (2020) which accentuated that transformational style of leadership has been common among nurse managers. The transformational leadership style was found to reduce predicted nurse turnover.

Transactional Leadership. The same table shows that the transactional leadership style of the nurse supervisors was also **high** as perceived by the NDP nurses based on the factor mean score 2.43 and standard deviation of .665. This means that the NDP nurses was able to appreciate that their nurse supervisor makes clear what one can expect to receive when performance goals are achieved and keeps track of all mistakes.

It can be deduced that such kind of leadership style is making subordinates safe and aware of their shortcomings as their nurse leaders would constructively monitor and assess their performances. This is similar to Kılıç et al. (2015) perceptions of a transactional leader who monitors the performance of the team followers and intervenes to correct errors.

Lapeña et al. (2017) revealed that transactional leadership styles of nurse managers were correlated to nurses' job satisfaction. It is when nurse managers practice transactional leadership style by way of providing a reward system that would motivate others to perform effectively and efficiently.

The result is also substantiated by the contentions of Durmus and Kirca (2019) who stated that transactional leaders allow subordinates to lead and attain improvement in the workplace. However, results from the study of Albagawi (2019) contrasted with the result of the present study which revealed that transactional leadership styles were negatively associated with job satisfaction, thereby indicating a preference for transformational leadership among nurse practitioners in Saudi Arabia.

In a situation wherein a nurse supervisor is required to monitor their goals, being into transactional leadership can be useful in meeting short-term goals and competing tasks combined with other leadership styles. This is to maximize its effectiveness in healthcare settings (Richard, 2020). Transactional leadership is related to nursing staff satisfaction as it is also related to patient satisfaction in acute care and homecare settings (Sfantou et al., 2017).

Passive-Avoidant Leadership. Furthermore, the passive-avoidant leadership style of the nurse supervisors was ***moderate*** as perceived by the NDP nurses based on 1.79 factor mean score and .874 standard deviation. This means that the NDP nurses observed moderately that their nurse supervisor waits for things to go wrong before taking action and avoids making decisions.

In other words, the nurse supervisors are receptive than unreceptive or willing than reluctant in manifesting decisions as they lead the team. This could mean further that their nurse supervisors are far from being passive and avoidant. Because, being one, can negatively influenced staff nurse work engagement (Manning, 2016), or, in greater perspective, effective leadership, be it passive-avoidant or either transformational and transactional helps in improving nurses' job satisfaction and reduce turnover (Suliman et al., 2020).

The study of Specchia et al. (2021) revealed that passive-avoidant is characterized by a leader who avoids taking responsibility and confronting others. Thus, the study revealed that with this type of nurse leader there is a high staff turnover and low retention.

Table 1

Leadership Style of Nurse Supervisors as Perceived by the NDP Nurses

Leadership Style	Mean score	SD	Interpretation
1.1 Transformational Leadership			
1. My nurse supervisor goes beyond self-interest for the good of the group.	2.84	.875	High
2. My nurse supervisor considers the moral and ethical consequences of the decisions.	2.59	.838	High
3. My nurse supervisor talks optimistically about the future.	2.98	.688	High
4. My nurse supervisor reexamines critical assumptions to question whether they are appropriate.	2.57	.775	High
5. My nurse supervisor helps others to develop their strengths.	3.07	.746	High
Factor mean score	2.81	.661	High
1.2 Transactional Leadership			
1. My nurse supervisor makes clear what one can expect to receive when performance goals are achieved.	2.71	.701	High
2. My nurse supervisor keeps track of all mistakes.	2.16	.894	Moderate
Factor mean score	2.43	.665	High
1.3 Passive-avoidant Leadership			
1. My nurse supervisor waits for things to go wrong before taking action.	2.02	.908	Moderate
2. My nurse supervisor avoids making decisions.	1.57	1.094	Moderate
Factor mean score	1.79	.874	Moderate

Note: $N=58$.

Legend: A score of 0.00 – 0.80 is very low; 0.81 – 1.60 is low; 1.61 – 2.40 is moderate; 2.41 – 3.20 is high; and 3.21 - 4.00 is very high.

Extent of Turnover Intention among NDP Nurses

Table 2 presents the extent of the turnover intention among NDP nurses.

Specifically, the NDP nurses had a high level of satisfaction in their job in fulfilling their personal needs and looking forward to another day at work. These items are stated positive, in which if high are good indications that the NDP nurses are most likely to stay in their current work. In other words, if nurses are highly satisfied with the job, the higher intention they would stay. This is supported by the findings of the study of Oktizulvia et al. (2017) revealing that the experience of low job satisfaction is positively associated with turnover and consideration of other employment opportunities.

In addition, there was also a high level of dreaming about getting another job that will better suit their personal needs and accepting another job at the same compensation level should it be offered to them. There was also a high level of scanning the internet in search of alternative job opportunities. While these items were high, these are indications or these support the NDP nurse to be most likely to resign from work. Again, Oktizulvia et al. (2017) have cited several researches which underscored that most nurses have high intention to quit present job because of low satisfaction in terms

of operating conditions, promotion and fringe benefits. Or, the result of the present study is congruent with those nurses who identified pay and fringe benefits as a cause of dissatisfaction and intention to quit. Further, nurses who are satisfied with the compensation and benefits prefer to stay in the organization than nurses who are not satisfied as this incentive is likely to improve nurses' job satisfaction as well as retention rates (Wang et al., as cited by Oktizulvia et al., 2017).

In like manner, the NDP nurses had a moderate level of considering to leave their job; feeling frustrated when not given the opportunity at work to achieve their personal work-related goals; thinking about starting their own business; extent on doing responsibilities preventing them from quitting their job; extent on doing the benefits associated with their current job preventing them from quitting their job; and the extent on doing the "fear of the unknown", preventing them from quitting. This goes to say that while the abovementioned items were rate moderate by the NDP nurses, these indicate that they only experienced the conditions sometimes. Thus, they only thought of quitting their jobs occasionally. The result is corroborated by the study of Vermeir et al. (2017) when they found out that when staff nurses are given the

opportunity to work without pressures and with proper communication it can translate into decreased turnover intention.

Furthermore, the NDP nurses had a low level of frequently scanning the newspaper in search of alternative job opportunities; their personal values at work being often compromised; frequently being emotionally agitated when arriving home after work; extent of their current job of having a negative effect on their personal well-being. Meaning, they rarely come to a point of quitting because of the abovementioned items. After all, the NDP nurses perceived their nurse supervisors to have very balanced as to their life, family and work. This is substantiated by the study of Galagar (2021) who premised that creating a balance between work-life is found as one of the suitable practices that when adopted can reduce work related stresses, increase satisfaction, performance, and can leads to retention.

Overall, the turnover intention of the NDP nurses was moderate or they only thought of quitting their jobs sometimes. Thus, what remained high was their intention to stay in their respective jobs as it appeared that NDP nurses are satisfied with the leadership styles of their nurse supervisors. In other words, the turnover intention was said to be moderate because the overall work

environment has given them the fullest satisfaction, they needed in order to stay. The results support the idea that work environment satisfaction is a valid predictor of intention to stay in the nursing field (Lin et al., 2019).

Several studies and literatures have direct connection with the findings of the study. Hence, Labrague et al. (2018) revealed that organizational commitment of nurses is influenced by the leadership styles of nurse supervisors. And so, Philippine nurses were moderately committed and were undecided whether or not to leave their organization. An inverse relationship was identified between the organizational commitment and turnover intention.

In their Canadian study, Hayward et al. (2016) demonstrated how nurses' decisions to leave were influenced by their work environment, poor relationships with physicians and poor leadership, which left them feeling ill-equipped to perform their job. Similar findings were observed in Italy by Galetta et al. as cited by Maxwell (2017), who found that the intention to leave was significantly lower where nurses felt they had good relationships with nurse leaders. It was even lower where nurses also felt they had good relationships with medical staff. After all, good nurse leadership can have a

positive impact on both patient experience and outcomes, and nurse satisfaction and retention (Maxwell, 2017).

One good thing to hold nurses from leaving is clarifying about their security of tenure. Then, Nelson (2020) suggested some of the ways to combat high turnover such as providing a comprehensive wellness program, focusing on employee experience and engagement, establishing and reinforcing core values by rewarding nurses for being engaged, reward and recognize key behaviors, and transforming the onboarding process. These are ways so that nurses would have second thought of leaving the profession.

Buchan, Shaffer and Catton (2018) revealed in a recent study which compared nurse turnover rates and costs in four countries such as Australia, Canada, New Zealand, and the US. The study highlighted that measuring and comparing the costs and rates of turnover was difficult because of differences in definitions and methodologies. It concluded that a significant proportion of turnover costs are attributed to temporary replacement, highlighting the importance of nurse retention.

Table 2
Extent of Turnover Intention among NDP Nurses

Items	Mean Score	SD	Interpretation
1. How often have you considered leaving your job?	2.79	.987	Moderate
2. How frequently do you scan the newspaper in search of alternative job opportunities	2.29	.879	Low
3. How satisfying is your job in fulfilling your personal needs?	3.52	.707	High
4. How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals.	2.78	.727	Moderate
5. How often are your personal values at work compromised?	2.53	.655	Low
6. How often do you dream about getting another job that will better suit your personal needs?	3.48	.778	High
7. How likely are you to accept another job at the same compensation level should it be offered to you?	3.53	.777	High
8. How often do you look forward to another day at work?	3.53	.754	High
9. How often do you think about starting your own business?	2.76	1.081	Moderate
10. To what extent do responsibilities prevent you from quitting your job?	3.07	.835	Moderate
11. To what extent do the benefits associated with your current job prevent you from quitting your job?	3.26	.609	Moderate
12. How frequently are you emotionally agitated when arriving home after work?	2.52	.682	Low
13. To what extent does your current job have a negative effect on your personal well-being?	2.48	.655	Low
14. To what extent does the "fear of the unknown", prevent you from quitting?	3.05	.963	Moderate
15. How frequently do you scan the internet in search of alternative job opportunities?	3.60	.815	High
Grand mean score	3.01	.295	Moderate

Note: $N=58$.

Legend: A score of 1.00 – 1.80 is very low; 1.81 – 2.60 is low; 2.61 – 3.40 is moderate; 3.41 – 4.20 is high; and 4.21 - 5.00 is very high.

Extent of the Leadership Styles of the Nurse Supervisors Predicting Turnover Intention

Table 3 presents the data on the extent of the leadership styles of the nurse supervisors predicting turnover intention.

As reflected on the table, the p values for the independent variables of transformational leadership style, transactional leadership style, and passive-avoidance leadership styles were greater than .05. These values were considered as not significant which led to the decision of failing to rejecting the null hypothesis. These findings also mean that transformational leadership style, transactional leadership style, and passive-avoidance leadership styles did not predict turnover intention. All the extent of leadership styles of the nurse supervisors did not influence turnover intention.

This implies that even if there was a high extent of the transformational leadership style, transactional leadership style, and passive-avoidance leadership styles of the nurse supervisors as perceived by the NDP nurses, the turnover intention can still be high as manifested in result of the Turnover Intention Scale of Roodt. However, even if the three leadership styles earlier mentioned are predominantly practiced, these did not relate to the overall moderate intentions of the NDP nurses to quit. It can also be interpreted in

such a way that, a low extent of the leadership styles by the nurse supervisors, the turnover intention can also be low. In other words, there was no regression equation that was derived from the findings.

In other words, leadership styles did not predict turnover intention. Therefore, leadership styles of nurse managers are not significant predictors or determinants of NDP nurses' turnover intentions. This is in contrast with the findings of the study of Pishgooie et al. (2019) which revealed that transformational, transactional, and laissez-faire leadership styles have significant relationship with job stress and anticipated turnover. The same is true with the study of Magbity et al. (2020) whose correlation analysis revealed that participative and transformational leadership styles decreased turnover intention while autocratic and laissez-faire leadership styles increased turnover intention. Thus, leadership styles of nurse managers are determinants of nurses' turnover intentions. So, also with the results of the study of Suliman et al. (2020) which divulged that transformational leadership has reduced predicted nurse turnover. In the study of Labrague et al. (2020) it revealed that transformational leadership predicted job satisfaction and intent to leave the profession.

The study of Alyami et al. (2018) revealed that effective leadership such as transformational has been the strongest contributor to organizational commitment and influential in staff retention. In such a way that the study of Khan et al. (2018) revealed that transformational leadership behaviors in nurse managers have been linked to increased staff nurse satisfaction and decreased turnover and burnout.

Another study of AbuAlRub and Nasrallah (2017) concluded and asserted that transformational leadership styles of nurse managers enhance positive hospitals' culture as well as the intention of nurses to stay at work. In like manner, the study of Naseer et al. (2017) is also in contrast with the present study when it revealed that transactional leadership style has significant positive relationship with turnover intentions and transformational leadership style has significant negative relationship with nurses' turnover intention. Therefore, head nurses of the private hospitals should use the transformational leadership style to overcome the issue of nurses' turnover

Several studies proved that leadership styles of nurse supervisors affect staff nurse turnover intention in contrast with the result of the present study which revealed otherwise. Specchia et al.

(2021) revealed that authentic, laissez-faire, passive-avoidant, resonant, servant, transactional, and transformational leadership styles predicted nurses' intention to stay. Mitterer (2017) declared that transformational and transactional styles have the greatest positive correlation. On the other hand, passive-avoidant and laissez-faire styles showed a negative correlation with job satisfaction in all cases as well as their intention to stay in the profession.

When the present study found out that the three leadership styles did not predict nurses' turnover intention, Specchia et al. (2021) and Saleem (2015) studies juxtaposed by revealing that the mentioned leadership styles have positive correlation with job satisfaction characterized by the opportunity to receive promotion and career advancement in recognition of good performance or achieved goals.

Table 3

Extent of the Leadership Styles of the Nurse Supervisors Predicting Turnover Intention

Independent variables	B value	Std Err	Beta value	t value	p value	Decision	Interpretation
Constant	2.573	.184		13.990	.000		
Transformational Leadership	.083	.080	.187	1.047	.300	Failed to reject the null hypothesis	Not significant
Transactional Leadership	.049	.079	.112	.628	.533	Failed to reject the null hypothesis	Not significant
Passive-avoidant Leadership	.048	.044	.143	1.095	.278	Failed to reject the null hypothesis	Not significant

Legend: Significant if p value is < .05. Turnover intention (dependent variable). Significant if p value is < .05. Model Summary: R value is .317; R squared value is .101; Adjusted R squared is .051; and Standard Estimated Error is .287. ANOVA: F value: 2.015 and Sig. = .123.

If R-squared value < 0.3 this value is generally considered a None or Very weak effect size, if R-squared value 0.3 < r < 0.5 this value is generally considered a weak or low effect size, if R-squared value 0.5 < r < 0.7 this value is generally considered a Moderate effect size, and if R-squared value r > 0.7 this value is generally considered strong effect size (Moore et al., 2013).

Proposed Nursing Retention Plan

Rationale

Despite the high level of nurse supervisors' display of their leadership styles, still some NDP nurses have the intention to quit their job. In other words, leadership styles of nurse supervisors have nothing to do with the intention of NDP nurses to quit. There are other reasons behind nurses' intention to leave or quit the job.

Understandably, there is growing factual proofs that healthy work environment impacts health and safety for both nurses and even patients. It also influences quality of care, effective patient outcomes, job satisfaction and the retention of nurses. NDP nurses are particularly at risk for turnover. Although they tend to be engaged, they are more likely to move onto a new role due to available opportunities. Personal attention and feedback on their work can help improve or maintain engagement and retention of this generation of nurses. Thus, this nursing retention plan.

General Objectives

This nurses' retention plan is aimed at motivating NDP nurses from not quitting their job. This also aimed to engage NDP nurses in their current positions and to focus on prevention of turnover and of keeping nurses within their organization.

Specific Objectives

Specifically, this retention plan aimed to achieve the following specific objectives:

1. To conduct moderate monitoring of mistakes.
2. To achieve a moderate level of passive-avoidance.
3. To achieve a moderate level of turnover intention.

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Table 4

RETENTION PLAN

GOAL AREA:	RETENTION PLAN	
Smart Goal:	Motivating NDP nurses from not quitting their job by engaging them to their current positions.	
Outcome/Result	Improved nurse retention strategies after focusing on prevention of turnover and keeping nurses within the rural health unit.	
Action and Timeline	<p style="text-align: center;"><u>Action Steps</u></p> <ul style="list-style-type: none"> •Transforming the work environment by providing strong, top-level nursing leadership and supportive nursing supervision throughout the RHU; •Involving NDP nurses in decision making related to patient care delivery and practice; •Re-designing NDP nurses work spaces to be less physically demanding; •Creating a culture of safety; •Limiting NDP nurses work hours; •Offering flexible work schedules and employment opportunities such as job sharing; •Improving NDP nurses' wages 	<p style="text-align: center;"><u>Timeline</u></p> <p>Within the next 2 weeks Within the next 4-5 weeks Within next 2-3 weeks Within the next 3 weeks Within 1-2 months Within 1-2 months Within 2-3 month</p>
Support Network	RHU Medical Officers or physician, LGU officials and local stakeholders	
Obstacles	Poor facilities, lack of medical transportation equipment, nursing staff shortage	
Adjustments	To conduct further researches concerning opportunities and develop a networking system.	

CHAPTER III

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This chapter reflects the summary that draws the conclusions and recommendations of the study.

Summary of Findings

This quantitative study utilized the descriptive, correlational (predictive) design in assessing whether the extent of leadership styles of the nurse supervisors as perceived by the NDP nurses predict turnover intention among NDP nurses. The findings of the study revealed that:

The transformational leadership style, transactional leadership style, and passive-avoidance leadership style of the nurse supervisors were high as perceived by the NDP nurses. Overall, the turnover intention of the NDP nurses was moderate. Transformational leadership style, transactional leadership style, and passive-avoidance leadership styles did not predict turnover intention.

Conclusions

Based on the result, it can be concluded that turnover intention was not influenced by the leadership styles. Meaning, there was still

a high turnover intention of NDP nurses even if the leadership styles of the nurse supervisors are high. It is safe to conclude that the moderate decision of the NDP nurses to quit was a decision that emerged after weighing each NDP nurse' contribution to his or her rural health unit (RHU) against NDP nurse' perception of the contribution of the RHU to NDP nurse' life, personal goals and well-being. Both transformational and transactional theories supported the study which could prompt the entire RHU management and nurse supervisors to counter nurses' turnover and promote retention by maintaining equilibrium between nurse's contribution and healthcare unit incentives.

Recommendations

On the bases of the findings and conclusions generated in the study, the following recommendations are offered:

1. Nurse supervisor of every RHU of the Province of Dinagat Islands should be aware about effective leadership styles for retaining their NDP nurses in nursing profession.
2. Nurse supervisor of every RHU of the Province of Dinagat Islands should not just focus on improving and maintaining quality leadership styles but other factors like domestic issues, work

environment, organizational system should be checked that may affect the NDP nurses' turnover.

3. That the proposed retention plan may be fully implemented in all the respective rural health centers in the Province of Dinagat Islands.

4. That the following related studies may be conducted:

4.1 Impact of leadership styles among head nurses on level of job satisfaction among staff nurse

4.2 The relationship between leadership styles of nurse supervisors and staff nurse' level of commitment at the district hospital in Dinagat Province

4.3 Determining costs, causes and solutions of nursing turnover in all the rural health units in Dinagat Province

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APPENDIX A

Transmittal Letter to the Dean

March 16, 2020

MICHELLE B. YU, RN, DM

Dean, Graduate School
Southwestern University
Cebu City

Dear Dr. Yu:

Peace in the Lord!

The undersigned is currently conducting a study entitled:
**LEADERSHIP STYLE OF NURSE SUPERVISORS AND THE
FACTORS OF TURNOVER INTENTION AS PERCEIVED BY NDP
NURSES.**

In this connection, may I ask your kind approval for the conduct of this study among the NDP in all the municipalities of the Province of Dinagat Islands.

Anticipating a favorable approval. Thank you very much.

Very respectfully yours,


ESTELA-BERNA B. LUIB, RN

Masterand

Noted:

ADRIEL ARMAN V. PIZARRA, DHCM, MAN, RN

Adviser

APPENDIX B

Transmittal Letter to Supervisor

March 16, 2020

Dr. Vianney Frances H. Begino
Municipal Health Officer - DTTB
Loreto, Province of Dinagat Islands

Dear Dr. Begino:

Greetings of Peace!

The undersigned is conducting a study on the **LEADERSHIP STYLE OF NURSE SUPERVISORS AND THE FACTORS OF TURNOVER INTENTION AS PERCEIVED BY NDP NURSES.**

In this regard, I would like to ask permission to be allowed to administer the questionnaires among the nurses in your RHU.

Anticipating a favorable approval. Thank you very much.

Very respectfully yours,



ESTELA-BERNA B. LUIB, RN
Masterand

Noted:

ADRIEL ARMAN V. PIZARRA, DHCM, MAN, RN
Adviser

APPENDIX C

Consent Cover Letter for Survey Research

March 16, 2020

Dear Participant:

I am currently enrolled in the Master of Arts in Nursing (MAN) at Southwestern University, Cebu City and I am in the process of writing my master's thesis entitled, **LEADERSHIP STYLE OF NURSE SUPERVISORS AND THE FACTORS OF TURNOVER INTENTION AS PERCEIVED BY NDP NURSES.**

Since you are working under NDP, this makes you qualified to be one of the participants. Thus, I am inviting you to participate in my research by answering the questionnaire.


Your participation is completely voluntary. You may decline altogether, or leave blank any questions you do not wish to answer. There are no known risks to participation and your responses will remain confidential and anonymous. No one other than the researcher will know your individual answers to this questionnaire.

If you agree to participate, please answer the questions on the questionnaire and may I ask for your time for an additional interview. It should take approximately 30 minutes to complete. Please return the questionnaire as soon as possible or I will retrieve it personally or please give me instructions *as to what to do with the completed questionnaire.*

If you have any question, please feel free to contact the undersigned at this cellular number 09092684208.

Thank you for your assistance in this important endeavor.

Sincerely yours,


ESTELA-BERNA B. LUIB, RN
Masterand

APPENDIX D QUESTIONNAIRE

PART I EXTENT OF THE LEADERSHIP STYLES OF THE NURSE SUPERVISOR AS PERCEIVED BY THE NDP NURSES

Direction: Please indicate the extent of the leadership styles of your nurse supervisor by using the following rating guide:

- 4 Very High
- 3 High
- 2 Moderate
- 1 Low
- 0 Very Low

TRANSFORMATIONAL LEADERSHIP	4	3	2	1	0
1. My nurse supervisor goes beyond self-interest for the good of the group.					
2. My nurse supervisor considers the moral and ethical consequences of the decisions.					
3. My nurse supervisor talks optimistically about the future.					
4. My nurse supervisor reexamines critical assumptions to question whether they are appropriate.					
5. My nurse supervisor helps others to develop their strengths.					
TRANSACTIONAL LEADERSHIP	4	3	2	1	0
1. My nurse supervisor makes clear what one can expect to receive when performance goals are achieved.					
2. My nurse supervisor keeps track of all mistakes.					
PASSIVE-AVOIDANT LEADERSHIP	4	3	2	1	0
1. My nurse supervisor waits for things to go wrong before taking action.					
2. My nurse supervisor avoids making decisions.					

PART II. EXTENT OF THE TURNOVER INTENTION OF NURSES

Direction: Please check the number to signify the extent by which the item has influenced you in connection to nursing turnover intention by using the following rating scale:

- 4 Very High
- 3 High
- 2 Moderate
- 1 Low
- 0 Very Low

NURSE TURNOVER INTENTION	5	4	3	2	1
1. How often have you considered leaving your job?					
2. How frequently do you scan the newspaper in search of alternative job opportunities					
3. How satisfying is your job in fulfilling your personal needs?					
4. How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals					
5. How often are your personal values at work compromised?					
6. How often do you dream about getting another job that will better suit your personal needs?					
7. How likely are you to accept another job at the same compensation level should it be offered to you?					
8. How often do you look forward to another day at work?					
9. How often do you think about starting your own business?					
10. To what extent do responsibilities prevent you from quitting your job?					
11. To what extent do the benefits associated with your current job prevent you from quitting your job?					
12. How frequently are you emotionally agitated when arriving home after work?					
13. To what extent does your current job have a negative effect on your personal well-being?					
14. To what extent does the "fear of the unknown", prevent you from quitting?					
15. How frequently do you scan the internet in search of alternative job opportunities?					