

How to Cite:

Ahmed, N. H., & Sahib, S. H. A. (2022). Leadership styles run by nursing leaders' working in Governmental hospitals of Kurdistan Region of Iraq: An evaluative study. *International Journal of Health Sciences*, 6(S9), 2072–2082. <https://doi.org/10.53730/ijhs.v6nS9.12868>

Leadership styles run by nursing leaders' working in Governmental hospitals of Kurdistan Region of Iraq: An evaluative study

Nian Hamaamin Ahmed

MSc: Community Health nursing, PhD Candidate / College of Nursing/ University of Raparin

Corresponding author email: Nian_hamaamin@yahoo.com

Dr. Sanaa H. Abdul Sahib

Professor, Community Health Nursing, Dean of college of nursing, Raparin University

Abstract--Objective: The study aims to evaluate leadership style among nursing leaders were working in the governmental hospitals in Kurdistan region /Iraq. Method: A quantitative design/a purposive sampling was conducted on a sample 55 nurses' leader after taking their consent. Data collection was performed in governmental hospitals in Kurdistan region. the study tool was conducted questionnaire with method of data collecting all leader nurses of each city separately, Interviewing at the beginning, Email communication, Self-report, By telephone.The study participants were the nurse's leader working at the governmental hospitals in Kurdistan region (Sulaymaniyah, Erbil, Duhok and Halabja). There were 55 responses from a survey population of 55 (100% response rate). Results: The study has shown that the majority of nursing leaders in their hospitals are running their work in a democratic style of leadership where actually represented (77%) from their point of view. The rate of use of other types of leadership style by nursing leaders was 66% of autocratic style and 70% of delegative that used by the nursing leaders in the governmental hospitals in the Kurdistan region. Conclusions: The study has concluded that nursing leaders in our hospitals preferred the style of democratic leadership in their work environment. Therefore, the study recommended that further studies should be done to enlighten the actual style of leadership in our hospitals.

Keyword--nursing leaders', leadership style, communication.

Introduction

Leadership can be interpreted in many different ways. As far as hospital nurse leaders are concerned, they can play crucial roles by contributing to the improvement of patients' outcomes and enhancing their care. Additionally, this will positively impact on healthcare delivery. One of the significant responsibilities of nurse managers is to encourage and assist making decisions and independence of qualified staff via letting them take part in making decisions, which are strongly related to managing their hospital. Furthermore, to notify their staff of evidence-based performances (Association, 2010).

Nowadays, all changes happen in health settings are in need of nurses whom necessitate leadership, through instructing and giving pointers to lead nurses from new generations. Leadership setting, authority, power, influences, components of arch leaders and solutions to effective leadership, in all domains, future nurses motivate to be leaders, gaining Knowledge in one way of ensuring high quality of healthcare for the future (Zydzianaite, 2012). Anderson 2012, stated that, any person can be an influential leader. However, not everyone can become a manager at such quality. In other words, anyone can be a manager even without bearing in mind their leadership skills and qualities (Lebwohl et al., 2012).

Leadership style and capability are important to making an impact on the staff to "to achieve the stated vision and goals" (Yukl, Gordon and Taber, 2002). Whilst health systems are undergoing crucial organisation changes, nursing management becomes "both challenging and difficult task". The methods used by the manager play a significant role in prompting and encouraging the staff to increase standardisation of care "to achieve high quality of care" (Bycio, Hackett and Allen, 1995). During the 1940s, leadership style had drawn attention in terms of the way that managers could have strong impacts and this topic has been investigated through conducting research particularly at Michigan and Ohio universities emphasizing "the behavior and attitudes of managers and supervisors in contrast to earlier research that mainly had been looking for inborn personality and intellectual traits, which paved the way for leadership positions" (Sellgren, Ekvall and Tomson, 2006).

Method and Materials

An evaluative study was done in Kurdistan region cities (Sulaymaniyah, Erbil, Dhok and Halabja) for nursing leaders who are working in governmental hospitals to identify which type of style are more dominants the nurse's leadership and identified the most prevalent leadership style among nurse leaders at governmental hospitals in the Kurdistan region. Data was collected through different techniques and with constructed questionnaire with {30 items} for 55 samples of a target population whom working as leaders at the time of the study from February 2021 to August 2021. The collected data has been consequently analyzed through statistical tests. This research has used version 25:00 of the statistical package for social sciences for the purpose of gathering, verifying and analyzing the collected data (SPSS 25:00; IBM Corp; USA).

Material and Methods Study Design

A quantitative research design strategy with non-experimental study done by the researcher to gain an access of nursing leaders working in governmental hospitals in different specialties (emergency, oncology, cardiac, general, gynecology, ophthalmology, etc.) so as to identify the style of leadership run by nursing leaders in their work environment.

Non-probability purposive sample of 55 nursing leaders who represent 100% of nurses in 4 governorates (Sulaymaniyah, Erbil, Dhok and Halabja).

Population and Sample Size:

A non-probability, purposive sample size of 55 nurses' leaders that work in the governmental hospitals in the Kurdistan region cities (Sulaymaniyah, Erbil, Duhok and Halabja).

Sampling and Data collection:

Whilst conducting this research, sampling has been done in governmental hospitals of the Kurdistan region where nurses with inclusion criteria have contributed to it. The participants have showed their consent via filling out consent forms beforehand.

Tools of data collection:

Four types of techniques were used to collect proper data and achieve the objectives of the study such as face-to-face interviews at the beginning, record revision, Email communication and by telephone. A questionnaire has been used as a tool of data collection which included (30 items) social-demographic data as well as types of leadership run by the target population. The questionnaire was developed by the researcher to meet the objectives of this study, and it was mainly used to know the style of nursing leaders were used during working in the hospitals as a leader. The tools of data collection were constructed, modified, and developed in the questionnaire in English, Kurdish and Arabic altogether. The questionnaire was made up of two sections. The first one involved situational demographic data questionnaire, including age, gender, marital status, professional education, current working department, working experience as a leader and training. The second one was about leadership style, which consisted of three types (democratic, autocratic, laissez-faire) that clarified in the questionnaire. The questionnaire explored the participated nurse's viewpoint of their leadership styles and the impact they had on their performance. It also identified which type of style were more dominant in the nurse's leadership at governmental hospitals in the Kurdistan region.

Procedures of data collection:

The researcher established contact with the general director of health and the manager of governmental hospitals in the four provinces of Kurdistan that intended to clarify the aims and purposes of the study and also to plan the procedures of collecting data. The participants of the study included 55 nurse leaders who worked in governmental hospitals in the Kurdistan Region.

Ethical consideration

This study has been submitted to the ethical committee of the University of Raparin, college of Nursing. The ethical approval has been guaranteed through the above-mentioned committee. A permission letter was guaranteed from the College of Nursing/ Raparin University to all four general directorates of health in the Kurdistan region with issue no. 301/913 on 11/3/2020 to allow data collection in government hospitals. Those who participated in this study have all been notified about the aims and purposes behind conducting this study. All nurses leaders agreed to give consent verbally and through filling out forms. They were aware of their rights to withdraw from the study at any stage. The researcher has taken data protection and confidentiality into consideration.

Inclusion and Exclusion

According to the inclusion criteria of the study, nurses' leaders (males and females) are included in this study who are currently working in the governmental hospitals. However, nurses' leaders who either work in private hospitals, are on leave or have been retired were excluded from taking part in this study.

Results

This study has utilised version 25:00 of the statistical package for social sciences to code, enter, verify and analyse the collected data (SPSS 25:00; IBM Corp; USA). It has presented the numerical and classified characteristics of style of nursing leaders in percentage (frequency). Three styles have been the aim of conducting the research: authoritarian style (autocratic), participative style (democratic) and delegative style (Laissez-faire).

Table 1
Basic Characteristics of the Study Sample

Age Groups	N	%
26 - 35	1	3
	7	0.9
36- 45	2	5
	8	0.9
46 -55	1	1
	0	8.2
Total	5	10
	5	0.
Gender	N	%

Male	2 8	5 0. 9
Female	2 7	4 9. 1
Total	5 5	1 0 0.
Marital Status	N	%
Married	4 1	7 4. 5
Unmarried	1 4	2 5. 5
Total	5 5	1 0 0.
Working shift	N	%
Full time	4 4	8 0. 0
Part time	1 1	2 0. 0
Total	5 5	1 0 0.
Level of Education	N	%
School nurse Institute	14 22	25. 5 4 0. 0
College	13	2 3. 6

Postgraduate	6	10.9
Total	55	50.2

Table no. 1 represents data of socio-demographic attributes of the target population of 55 nursing leaders using frequency and percentage. The result revealed that the participant nurse leaders were mostly men (50.9%), and all participants were in employment status. Approximately (74.5%) of the participants were married and the remainder were single, most of the participants (n=28.50.9%) were (36-45) years old and all worked as hospital nurse stewards for three months to 24 years. Among all of the leaders (40%) had a diploma in nursing followed by (23.6%) holding B.Sc. in nursing, while only (10.9%) had master's degrees. According to the results, nurses' leaders were mainly in full time shifts (80%).

Table 2: Autocratic leadership style of study samples

Autocratic style	Highly disagreed		Dis agree		Un certain		Agree		Strongly agree		Mean Score	Rank	Total Mean	%
	No.	%	No.	%	No.	%	No.	%	No.	%				
Y2_1_1	2	3.60	0	0.00	4	7.30	23	41.80	26	47.30	4.290	1	3.629	66
Y2_1_2	25	45.50	23	41.80	1	1.80	3	5.50	3	5.50	45.50	10		
Y2_1_3	1	1.80	3	5.50	4	7.30	21	38.20	26	47.30	4.240	2		
Y2_1_4	1	1.80	9	16.4	7	12.7	21	38.2	17	30.90	3.800	5		
			0	0		0		0						
Y2_1_5	4	7.30	9	16.40	15	27.30	19	34.50	8	14.50	3.330	8		
Y2_1_6	3	5.50	4	7.30	10	18.20	28	50.90	10	18.20	3.690	6		
Y2_1_7	0	0.00	3	5.50	8	14.50	23	41.80	21	38.20	4.130			
Y2_1_8	0	0.00	12	21.80	8	14.50	21	38.20	14	25.50	3.670	7		
Y2_1_9	7	12.70	10	18.20	14	25.50	19	34.50	5	9.10	3.090	9		
Y2_1_10	1	1.80	0	0.00	5	9.10	29	52.70	20	36.40	4.220	3		

Y2_1_1 I am always the person who makes the final decision.

Y2_1_2 I cannot always follow my employees' suggestions because of lack of time. Y2_1_3 I instruct my staff how to do their job.

Y2_1_4 I give warnings to my employee if I realize that they have not done their job properly.

Y2_1_5 No new employee can take part in decision making if not given permission beforehand.

Y2_1_6 If the plan in use does not work as expected, I advise my employees how to replace it.

Y2_1_7 I always check with my staff on their performance.

Y2_1_8 I enjoy my authority provided by my position.

Y2_1_9 I believe that there should be consequences so as to attain organizational goals.

Y2_1_10 My staff know how to ensure safety.

Table no. 2 reveals one type of leadership style (Autocratic style) of nurse's leaders in governmental hospitals by items, frequency, percentages and mean. The result reveals that among the 55 participants, (50.9%) of the study samples, agree with (If the plan in use does not work as expected, I advise my employees how to replace it) with the mean of this question (3.69). While, at the same time, most of them strongly agree with (I instruct my staff how to do their job) composing the rate of (47.30%). However, according to the rank that question is the most important one and more effective 45.5% that highly contrasts (I cannot always follow my employer's suggestions because of lack of time). This indicates that the leaders are very conscious about how to behave with the situations and their staff. The (Autocratic style) in Table 2 with the total mean of score is about (3.629,66%).

Table 3: Democratic leadership style of study groups

Democratic style	Highly disagreed		Dis agree		Un certain		Agree		Strongly agree		Mean Score	Rank	Total Mean	%
	No.	%	No.	%	No.	%	No.	%	No.	%				
Y2_2_1	2	3.60	2	3.60	9	16.4 0	17	30.9 0	25	45.50	4.11 0	6	4.06 7	77
Y2_2_2	1	1.80	0	0.00	9	16.4 0	26	47.3 0	19	34.50	4.13 0	5		
Y2_2_3	0	0.00	1	1.80	4	7.30	28	50.9 0	22	40.00	4.29 0	2		
Y2_2_4	0	0.00	2	3.60	7	12.7 0	25	45.5 0	21	38.20	4.18 0	3		
Y2_2_5	0	0.00	1	1.80	9	16.4 0	31	56.4 0	14	25.50	4.05 0	7		
Y2_2_6	0	0.00	3	5.50	8	14.5 0	27	49.1 0	17	30.90	4.05 0	8		
Y2_2_7	0	0.00	0	0.00	3	5.50	28	50.9 0	24	43.60	4.38 0	1		
Y2_2_8	0	0.00	4	7.30	6	10.9 0	23	41.8 0	22	40.00	4.15 0	4		
Y2_2_9	1	1.80	4	7.30	9	16.4 0	31	56.4 0	10	18.20	3.82 0	9		
Y2_2_10	0	0.00	10	18.2 0	12	21.8 0	28	50.9 0	5	9.10	3.51 0	10		

Y2-2-1 I let my staff contribute to discussions about management, but I would always make the final decision by myself.

Y2-2-2 My employees could be requested to have their ideas shared about planning.

Y2-2-3 When things don't go as planned, I would arrange for a meeting to listen to my employees suggestions.

Y2-2-4 My employees are a great part of not only planning, but of implementation and making decisions.

Y2-2-5 I request my employees to indicate their opinions on their performance when necessary.

Y2-2-6 I give permission to my employees to priorities responsibilities under my supervision.

Y2-2-7 When the staff members disagree on attitudes, there would be discussions to settle the situation.

Y2-2-8 I utilize my authority to support my staff flourish.

Y2-2-9 I encourage my staff to set aims and I help them how to achieve them.

Y2-2-10 My staff play roles in presenting ideas to solve out problems related to management.

Table no. 3 indicates the most effective leadership style used by nurses' leaders whilst practicing as head nurses. Accordingly, the highest total rate of mean of type 2 style (democratic style) is about (4.067) and (77%). About 24 nurses are

strongly agree that (When the staff members disagree on attitudes, there would be discussions to settle the situation).

Table 4: Frequency Laissez-faire of study sample

Laissez faire style	Highly disagreed		Dis agree		Un certain		Agree		Strongly agree		Mean Score	Rank	Total Mean	%
	No.	%	No.	%	No.	%	No.	%	No.	%				
Y2_3_1	0	0.00	7	12.70	9	16.40	19	34.50	20	36.40	3.950	6	3.804	70
Y2_3_2	1	1.80	3	5.50	8	14.50	26	47.30	17	30.90	4.000	4		
Y2_3_3	4	7.30	12	21.80	12	21.80	20	36.40	7	12.70	3.250	9		
Y2_3_4	1	1.80	4	7.30	6	10.90	29	52.70	15	27.30	3.960	5		
Y2_3_5	7	12.70	9	16.40	15	27.30	19	34.50	5	9.10	3.110	10		
Y2_3_6	1	1.80	1	1.80	1	1.80	37	67.30	15	27.30	4.160	1		
Y2_3_7	3	5.50	6	10.90	2	3.60	28	50.90	16	29.10	3.870	7		
Y2_3_8	0	0.00	2	3.60	12	21.80	20	36.40	21	38.20	4.090	2		
Y2_3_9	1	1.80	1	1.80	10	18.20	27	49.10	16	29.10	4.020	3		
Y2_3_10	3	5.50	2	3.60	14	25.50	30	54.50	6	10.90	3.620	8		

Y2_3_1 I would arrange for my staff to vote when I need to make an important decision.

Y2_3_2 All staff or the majority need to agree so that an important decision could be made. Y2_3_3 I use different methods, such as memos, emails and voicemails, to inform staff of necessary information rather than meeting in person.

Y2_3_4 I let my staff members to decide on what is necessary and essential and to act accordingly.

Y2_3_5 My employees are experts in their jobs, thus they can make decisions when needed.

Y2_3_6 I identify responsibilities to meet new procedures.

Y2_3_7 It is everyone's responsibilities to define their jobs.

Y2_3_8 I fancy sharing me leadership authority with my staff.

Y2_3_9 Each member of staff has the right to set their organizational aims.

Y2_3_10 I allow my employees to lead themselves if they can or they want to.

Table no. 4 represents the third type of leadership style, which is run by the nurses' leaders in the governmental hospitals in the Kurdistan region. It shows the high range of mean in item (y2-3-6) 4.160 that is the number 1 according to the rank. While the lowest mean of score is number (y2-3-5) 3.110 according to the ranking.

To sum up, the total mean score related to the leadership style of head nurses in the governmental hospitals in the Kurdistan region is as follows: Autocratic leadership style mean 66%, democratic leadership style mean 77% and laissez-faire leadership style mean 70%. This indicates that the democratic style is the most dominant one among the nurses' leaders in the governmental hospitals of the Kurdistan region.

Table no. 5: Mean Score for Leadership Style

		Autocratic style	Democratic style	Laissez-faire style
Gender	Male	3.71	4.19	3.88
	Female	3.54	3.94	3.72
Age	26 - 35	3.60	4.11	3.91
	36 - 45	3.64	3.99	3.74
	46 - 55	3.64	4.20	3.80
Educational level	School	3.70	4.11	3.76
	nurse			
	institute	3.64	4.08	3.88
	College	3.65	4.04	3.82
	Postgraduate	3.38	3.98	3.58
years of experience as a nurse's leader	1-5	3.55	4.04	3.80
	6-10	3.70	4.07	3.84
	11-15	3.72	4.14	3.66
	16 and over	3.55	4.13	3.83

Table no. 5 displays the mean score for leadership style by age, gender, educational qualifications and years of experience as a nurse's leader. The majority of the participants preferred the democratic style with the mean score is about 4.2, the average range between 46-55. Their age rated between 46 and 55 with a mean score of 4.2 and the same average age selected the autocratic style by mean of score 3.64. Whilst most of men that mean score 3.88 think that it is good to use laissezfaire style when working as leaders in the governmental hospitals.

Table (6) Correlation matrix by (Spearman Rank Correlation) between Leadership style

Means	Mean democratic style	Mean of laissez-faire style
Mean of autocratic style	0.524**	0.445**
Mean of democratic style		0.692**

Table no. 6 represented that the correlation between leadership style among nurses' leaders by (mean). This table showed that there was a significant correlation between autocratic style and democratic style (0.524**) and laissez-faire (0.445**). At the same time, there was a significant correlation between democratic style and laissez-faire (0.692**).

Discussion

The majority of the participants in this study were aged between 46-55 years old, male participants are more than female ones. More than half of the sample were married 74% whereas only 14% were unmarried. Almost 23.6% of the leaders have B.Sc. level of education and most of them were diploma in nursing and

only 10% had postgraduate qualifications. While in another study done by (Adatara et al., 2018) the participants' qualification (25%) of the sample had master's degree. A significant proportion of the sample working full time 80%, the other participant working part time. As far as nursing management is concerned, further research would enforce the attitude that "leadership styles influence job satisfaction and, thereby, reduce turnover. While there are inconsistencies in reporting the costs of nurse workforce turnover" (Al-Yami, Galdas and Watson, 2018). There is no dispute that turnover is expensive. It has been obvious that the educational background is making an impact on the way that the nurses appreciate the leadership style as (Azaare and Gross, 2011) explained trust refers to employees trust in their leaders and that their actions would be in their staff's best interest. The results describe that most of the participants 77% accepted the democratic leadership style and according (Vesterinen, Isola and Paasivaara, 2009) all respondents considered their style of leadership as democratic. Democratic style has been considered as crucial due to its contribution to the staff's commitment to work. According to Goldman et al. (2002) a leader who practices a democratic leadership style would make it obvious that they would listen their staff members ideas and consider their opinions. The majority of the managers declared that they utilize more than one leadership style and usually use one of them more than the others.

Conclusions

Research regarding the leadership and emotional intelligence of nurse managers is relatively new. Future studies should focus on how nurse managers can be taught to reflect on their leadership styles and their effects on employees and their work. The most dominant leadership style that is implemented among nurse leaders in the government hospitals of the Kurdistan Region was the democratic style that was established in the result.

References

- Adatara, P. et al. (2018) 'Challenges of being a hospital nurse manager in the Volta region of Ghana: a qualitative study', *Nursing Management*, 25(5).
- Al-Yami, M., Galdas, P. and Watson, R. (2018) 'Leadership style and organisational commitment among nursing staff in Saudi Arabia', *Journal of Nursing Management*, 26(5), pp. 531–539. doi: 10.1111/jonm.12578.
- Association, A. N. (2010) *Nursing's social policy statement: The essence of the profession*. Nursesbooks.org.
- Azaare, J. and Gross, J. (2011) 'The nature of leadership style in nursing management', *British Journal of Nursing*, 20(11), pp. 672–680. doi: 10.12968/bjon.2011.20.11.672.
- Bycio, P., Hackett, R. D. and Allen, J. S. (1995) 'Further assessments of Bass's (1985) conceptualization of transactional and transformational leadership.', *Journal of applied psychology*, 80(4), p. 468.
- Ferguson, C. J. and Kilburn, J. (2010) 'Much ado about nothing: The misestimation and overinterpretation of violent video game effects in Eastern and Western nations: Comment on

- Anderson et al.(2010).’
- Harris, R. D.(1983) ‘Leadership style’, *Hospital Topics*, pp. 12–23. doi: 10.1080/00185868.1983.9948286.
- Lebwohl, M. et al. (2012) ‘Ingenol mebutate gel for actinic keratosis’, *New England Journal of Medicine*, 366(11), pp. 1010–1019.
- Lindholm, M., Sivberg, B. and Udén, G. (2000) ‘Leadership styles among nurse managers in changing organizations’, *Journal of Nursing Management*, 8(6), pp. 327–335.
- Porter-O’Grady, T. (2003) ‘A different age for leadership, part 2: new rules, new roles.’, *The Journal of nursing administration*, 33(3), pp. 173–178. doi: 10.1097/00005110-20030300000009.
- Ribelin, P. J. (2003) ‘Retention reflects leadership style’, *Nursing management*, 34(8), pp. 18–19. Sellgren, S., Ekvall, G. and Tomson, G. (2006) ‘Leadership styles in nursing management: preferred and perceived’, *Journal of Nursing Management*, 14(5), pp. 348–355.
- Vesterinen, S., Isola, A. and Paasivaara, L. (2009) ‘Leadership styles of Finnish nurse managers and factors influencing it’, *Journal of Nursing Management*, 17(4), pp. 503–509. doi: 10.1111/j.1365-2834.2009.00989.x.
- Yukl, G., Gordon, A. and Taber, T. (2002) ‘A hierarchical taxonomy of leadership behavior: Integrating a half century of behavior research’, *Journal of leadership & organizational studies*, 9(1), pp. 15–32.
- Zydzianaite, V (2012) ‘Challenges and issues in nursing leadership’, *J Nurse Care*, 1, p. e105.