**LEADERSHIP PERCEPTIONS AMONG NURSES IN PAKISTAN**

**BY**

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# **CHAPTER ONE**

# **1.0 INTRODUCTION**

This chapter first looked at the background of the study on leadership perceptions among nurses in Pakistan, then at the statement of the problem, where the study attempted to fill in the gaps that other researchers had not addressed, and finally at the research questions that were posed by the study.

## 1.1 Background of the Study

Effective leadership is required to carry out strategic planning and overcome the hurdles that the healthcare business faces. With this study, the researchers hope to learn more about nurses' views and actions toward leadership, as well as their perceptions of these attitudes and behaviors. Although nurses' views of their attitudes and actions toward leadership have received little empirical scrutiny, it is not known if such beliefs have had an impact on the continuity of patient care and safety as a result of their leadership practices. In their research, researchers have discovered that leaders who are involved with and supportive of their followers produce high-quality LMX. Theorists of LMX predicted that the value of LMX produced inside work units would vary significantly over a continuum ranging from low- to superior LMX. According to Anderson and Sun (2017), the leadership study has progressed from examining the characteristics of exceptional leaders to examining the behaviors and processes that are commonly linked to the three leadership styles. The three leadership styles are transformational leadership, authentic leadership, and transactional leadership. Daft and Lane (2015) asserted that transformational leaders can foster innovation while also altering the vision and culture of their organizations. Daft went on to argue that employing this method was appropriate within the context of culture and patient safety. Moriano et al. (2014) agreed with Daft and Lane (2015) by asserting that transformational leaders created a culture by inspiring creativity in their work environments. Similarly, Bowers (2019) found a link between transformative leadership and good impacts on the well-being of employees, indicating that the employee-leader relationship was a significant anxiety predictor in many situations. To that end, the theory of transformational leadership backs up the notion that the transformational style of leadership fosters stronger employee-leader relationships as well as a caring environment and an integrated work unit, thereby strengthening a structural method for the variety of care and cultivating patient safety results. Transactional leadership is characterized by a more vigorous leadership style that incorporates a management focal point of attention. This sort of leadership manifests itself once a leader collaborates with their workforce just to exchange ideas and information. This approach is in contrast to transformational leadership, in which individuals connect in techniques that permit both leaders together with followers to seek greater levels of motivation and ethics from their interactions.

Genuine leadership exchanges, according to the findings of researchers, can help to favorably regulate the link between employ relationship identity and authentic leadership (Niu et al., 2018). Wong et al. (2020), claimed that real leaders will raise the self-rated work performance levels of their followers. According to decades of study, true leadership may have a favorable impact on the work performance of those who follow him or her. This work is critical in that it demonstrates a technique for enhancing good outcomes linked with patient care and safety in a clinical setting. A key concern in the healthcare business, according to researchers, is professional perceptions of leadership styles (transformational, transactional, and genuine), attitudes, and actions (including authentic leadership) (Sfantou et al., 2017).

## 1.2 Statement of the Problem

It is difficult to define the word "nurse leadership" since it has a wide range of operationalizations that are difficult to describe. Nursing literature contains references to nurse leadership; however, these references are mostly focused on official leadership responsibilities, and there is no commonly agreed definition of nurse leadership. There are a variety of official responsibilities linked with nurse leadership, including the Director of Nursing, Chief Nursing Officer, Nurse Manager, Charge Nurse, and Nursing Supervisor among others. Nurse leadership is a method of conceptualizing the kind of nurses' engagement in various healthcare systems, and it is one of the most often used. There has been little investigation on how individual nurses perceive themselves as leaders. To understand the notion of leadership from their perspective, it is essential to study it. This work contributes to the existing knowledge of nurse leadership in both the academic and practical domains, according to the authors. This sector requires greater transparency if nurse leadership is to be seen as a viable vehicle for developing the nursing career and health care as a whole.

This study investigated the perspectives of nurses regarding their actions and personal attitudes toward leadership, as well as whether or not such behaviors and attitudes affected the permanence of patient safety and patient care in their respective organizations. There has been a little scientific investigation into the perspectives of nurses regarding their attitudes and actions on the LMX, leadership styles, and whether or not such perceptions altered the permanency of patient safety and care.

According to Podsakoff et al. (2018), Job performance is defined as behaviors and actions that are in the employee’s control and that add to the achievement of an organization's objectives. For an employee, performance is a collection of behaviors containing evaluative features that may be classified as good or unfavorable. Because of their high levels of efficiency, these actions may be expected and may have an impact on any results (June & Mahmood, 2020).

This study sought to fill a knowledge gap in the field of leadership styles theory and LMX by conducting this stuTor to overcome the shortage of knowledge about nurses' personal experiences, it was necessary to conduct this qualitative research. Based on Sandvik et al. (2018), to analyze an employee's viewpoint, it is necessary to consider the notion of leadership, which links subordinates to the business and drives them toward a common goal as a team. Nurses' assessments of their behaviors and attitudes toward styles of leadership, the LMX, and whether or not such attitudes impacted the endurance of patient care and safety were, on the other hand, given little scientific scrutiny. The drive of this research was to fill up the information gap regarding leadership theory and the LMX.

## 1.3 Objective of the Study

The objective of this research is to learn about nurses' impressions of different leadership styles and to make recommendations. Nurses, physicians, and clinicians who worked in a healthcare environment made up the majority of the study's participants. This contribution is critical in the identification of techniques for improving communication between leaders and followers, as well as in the provision of good patient care and safety results.

## 1.4 Study Questions

**1.4.1** How do these beliefs influence the attitudes and behaviors of nurses about work performance, namely continuity of patient safety as well as care?

**1.4.2** How does nursing leadership manifest itself in terms of language, behaviors, and values?

**1.4.3** In what methods do nurses appreciate nurse leadership as crucial in the current health care setting?

**1.4.4** What influences the development of nurse leadership?

## 1.5 Significance of the Study

Significantly, this study adds to social change by offering a better knowledge of nurses' opinions of their leaders and how that may affect the continuity of patient safety and care in their workplace. It is possible to enhance the experience of treatment and economic results for patients and their families when they participate in patient safety initiatives with their caregivers, family members, stakeholders, and community members. Worker participation that includes input from leadership may be more favorable to positive work settings as well as patient safety. These significant contributions identify the leadership abilities that will be required by the nurses of tomorrow (Sexton et al., 2018).

It has been shown that the transformational leadership style is associated with increased employee confidence in the leader and higher levels of job performance (Mufti et al., 2020). Transformative and transactional leadership, when applied to the research issue, have the potential to create a positive working environment for nurses while also encouraging change. The attitudes, habits, and performance results of followers are all influenced by transformational leadership. Through the growth of efficacy, trust, identification, and empowerment, the studies have demonstrated the significance of transformational leadership as a collective whole (Northouse, 2018).

Studies have differentiated transformational leadership (as demonstrated by moral leadership that results in institutional or social change) and as it were transformational leadership (as evidenced by corrupt leads), which later evolved into authentic as well as inauthentic leadership. Different types of leadership have been investigated by researchers, including transformational and transactional leadership styles.

Real leadership is regarded to be the most important component of effective leadership since it is believed to be crucial for the development of healthy and trusting work cultures that promote patient safety and excellence in treatment. Based on Sfantou et al. (2017) study, effective leadership styles must be developed to improve the value of health care. Different leadership styles have varying effects on health-related outcomes, and these styles may either widen or narrow the current disparity in healthcare delivery. This research will contribute to social change by offering a greater knowledge of how nurses' attitudes toward their managers may vary over time, which will help to enhance patient safety and continuity of care in the future. Involvement in patient safety by patients, patipatient’silies, community members, and stakeholders can result in major improvements in the quality of treatment and economic results.

# **CHAPTER TWO**

# **2.0 LITERATURE REVIEW**

## 2.1 Introduction

In this narrative inquiry, the researcher investigated nurses' views and practices about leadership. Nurses’ opinionNurses’tyles of leadership may impact safety as well as the continuity of care. The issue in this research study is that there is no awareness of nurses' actions and attitudes about leadership, strategic planning, and the many challenges facing the healthcare business. The researcher also examined all variables that influenced nurses' views of leadership, LMX theory dynamics, and leadership styles (transformational leadership and transactional leadership). In this narrative inquiry, the researcher investigated nurses' views and practices about leadership. Employees' opinions of leadership styles may impact continuity of care and safety. The issue in this narrative inquiry is a lack of awareness of nurses' attitudes and actions about leadership, strategic planning, and the many challenges facing the healthcare business. This study may help improve patient care and safety. Chapter 2 offers a literature assessment, conceptual framework, and literary depiction of historical and present material surrounding nurse leadership attitudes and actions. This study may help improve patient care and safety.

## Historical Content

### Perception of Leadership Styles

For over 30 years, researchers have studied modern leadership theories and their corporate and workplace applications (Freeborough & Patterson, 2015). From 1900 to 1929, a dominant theme emphasized control and concentration of power. Those researchers defined leadership as “the power to instill the leader's will on those led” (Northouse, 2018, p. 2). Influence, not domination, was the focus of leadership in the 1930s. Leadership is the relationship of an individual's personality attributes to a group's (Q. Chen et al., 2019). In the 1940s, psychologists defined leadership as an individual's conduct in a leading group activity. Despite global turmoil, leadership scholars found common ground in the 1960s. Seeman (1960) defined leadership as influencing others toward common goals. Most areas have praised transformational leadership as a research topic. However, nurses' impressions of transformational, transactional, and genuine leadership styles were poorly studied. Leadership has progressed from transformational to genuine leadership.

**Trust-Building Leadership Transformational**

According to Berberoglu (2015), corporate commitment influences employee behavior. Highly committed employees will likely trust their bosses more than less committed individuals (Birdie & Jain, 2021). Leadership is also described as focusing on ideas, vision, and direction rather than day-to-day implementation. When asked where they learned leadership abilities, employees frequently say they learned them from previous jobs or bosses. Programs that need individual instruction are rarely disclosed.

However, a leader must be able to utilize others' potential. A leader should inspire people without using a checklist. This chapter discusses transformative, transactional, and genuine leadership. The growth of information technology has changed the way healthcare professionals do business, necessitating new leadership styles. These new leadership ideas are more interactive and helpful than traditional leadership theories. The digital transition has prompted executives to collaborate with peers, stakeholders, and customers. Leaders need to network and adapt to this new digital revolution (Grafström & Falkman, 2017). Leaders employ digital tools every day (Rohrbeck, 2014).

**Transformational Leadership**

According to Flynn and Sylva (2019), transformative leaders behave in the organization's best interest. Common features, attributes, and actions of transformational leaders take a big-picture view of the business, work hard to achieve goals, and go above and beyond. Transformational leaders use learned behaviors. The transformative leader fosters a healthy and creative work atmosphere. This leader fosters personnel development, enhanced dedication, and motivation. More committed employees put forth more effort and produce more. According to Mufti et al. (2020), applied to the research issue, transformational leaders may help nurses and foster change. Employees' faith in leadership and job performance are strongly linked to transformative leadership. Through development efficacy, empowerment, trust, and identity, this research has revealed the scale of transformational leadership.

To accomplish remarkable results and improve their leadership potential. Characteristics and practices of transformational leaders. Transformational leaders take a big-picture view of the business, work hard to achieve goals, and go above and beyond. Thus, transformative leadership traits are learned.

The vision and culture of a company may be changed by transformational leaders, says Daft (2015). These leaders can provide clear communication that allows people to use their skills and expertise to find the best way to succeed. Daft suggested that using this method was pertinent to patient safety. Bowers (2019) said that the link between employee-leader was typically a strong indicator of anxiety. Transformative leaders strengthen leader-employee connections, and create united work divisions, and caring settings that promote a common approach in the organization to the continuation of patient safety and care results.

**Transactional Leadership**

Just as outpointed in transformational leaders, transactional leaders encourage followers to obey by rewarding and punishing them. But these two styles have distinct distinctions. Mutual elevation reshaped employees' and followers' perspectives and ideals. This leadership style influenced the environment by setting clear goals. The fundamental shortcoming of the strategy is change implementation. A transactional approach relies on a leader's force to implement change, not a team's effort. Applying transactional and transformational leadership to the research issue may benefit nurses and promote change. Employees' faith in leadership and job performance are strongly linked to transformative leadership (Mufti et al., 2020). Transformative leadership affects followers' attitudes, actions, and results. Through development efficacy, empowerment, trust, and identity, this research has revealed the scale of transformational leadership.

**Authentic Leadership**

According to Lyubovnikova et al. (2017) proposed that genuine leadership is founded on and supported by both favorable ethical and psychological climates. In the psychological sense, authenticity is described as the unhindered operation of one's genuine, or core, self in one's everyday work. Successful leadership requires true leadership. Leaders that exhibit integrity, honesty, and high ethical values build trust. This concept links real leadership to leadership trust. Authentic leadership was rooted in positive psychology, notably development and self-fulfillment perspectives. Authentic leadership has four dimensions: an internalized moral perspective which is acting in harmony with strong moral principles and values), relational transparency which is both open and transparent communication, balanced processing which entails considering multiple viewpoints before decision-making), and self-awareness (knowing one's strengths as well as weaknesses). Generally, this study demonstrated the importance of authentic leadership in promoting organizational health. Leadership is perceived by leaders, managers, and employees. Leadership is essential to improving nurses' perspectives and the safety management system. Mosadeghrad and Ferdosi (2013) affirmed that leaders must tailor their styles to improve employee motivation and performance. Sensorial information is organized, identified, and interpreted (Keenan, 2015). Hearing, vision, taste, smell, and touch were mentioned by the author. Keenan utilized descriptive data to link hospital leadership to safety culture. The analysis found that most shareholders preferred immediate leadership over executive hospital management. However, senior hospital administration did not appear devoted to the problems of patient safety, resulting in a negative culture. Developing administrative and clinical leaders requires a patient-safe culture (Fischer et al., 2018). Thus, healthcare managers should foster an organizational culture that both motivates and empowers nurses to ensure patient safety.

Perceptions influence at-risk behaviors and decisions among nurses. Nurses' opinions of safety systems to leadership commitment. Creating a culture of patient safety is closely linked to transformative leadership, according to (Sfantou et al., 2017). Productivity levels are linked to the quality of care provided by healthcare organizations, as well as current professional knowledge and competence Key findings concerning how differing amounts of LMX impact outcomes like turnover intentions are equivocal. Other researchers have found no influence, while others have shown a favorable association.

### Behaviors and Attitudes in a Hospital Setting

According to Choo and Grabowski (2018), the safety climate is the surface fundamentals of the safety culture based on employee perceptions and attitudes The culture of patient safety is defined by Simsekler (2019) as the collective principles among organizational personnel concentrating around their culture and importance. Leadership in healthcare facilities is significant because the attitude of management may affect the organization's attitudes and behaviors. Day (2019) stated that “ensuring the required leadership behaviors, tactics, and attributes are established is crucial to improving health services. He linked good healthcare leadership to quality, safety, and patient outcomes. Bad leadership may also be a factor in patient safety failures, according to Day Leaders emphasizing hierarchy may prevent building a good safety atmosphere owing to fear of blame and punishment. Leadership tries to improve the organization's safety performance. Key performance metrics include safety vision, but the advantages of safety to employees and the firm are rarely fully explained. All healthcare staff contributes to the hospital's safety culture. Transformational leadership is a change in attitudes, beliefs, and actions that alter the leader-follower relationship. This interpersonal effect is assumed to promote favorable consequences in companies. To build safe workplace culture, one must understand actions and attitudes. Developing a safety culture inside a company requires safety leadership.

### Climate and Culture in Healthcare

Culture is defined as an organization's values and beliefs. Organizational culture is developed by newcomers, managerial choices, and legends and myths about the firm. In 2011, Schein defined a leader as a cultural builder—someone who intentionally influences an organization's culture through fostering good team dynamics. Transformative leadership builds trust and commitment to change. Culture is about social settings that influence people's behavior and societal standards that are predictable (Top et al., 2015). Leaders must modify attitudes and behavior patterns to reflect workers' values, beliefs, and assumptions while influencing the culture on a practical level.

**Climate**

The relationship between workplace safety and safety climate can foretell risky actions (Wagner et al., 2019). Leadership, corporate culture, and policy can influence employee-workplace interactions, resulting in a favorable or bad atmosphere. In 2000, Ashkanasy et al. contended that culture and climate were the same. This common meaning with culture is typically addressed within a unit level of study (West et al., 2014). Most healthcare organizations have significant commitments to quality and patient safety as organizational values and beliefs.

Hofmann et al. (2017) linked organizational results to a safe climate. Public health issues such as medical blunders and the need for a better healthcare system are major concerns. Leaders value a safe atmosphere. Hospital executives that foster a safe environment focus on safety and include it into everyday operations as well as employee and team routines. To foster shared learning, hospital administrators should address unproductive ideas and attitudes regarding mistakes, their causes, and remedies. Leaders might use this data to set standards and strategies to enhance the workplace. Leaders who foster safety encourage collaboration inside and between firms to assess safety measures and create helpful ways (Hofmann et al., 2017). Rather than condemning and punishing individuals, hospital executives and physicians may focus on learning from mistakes and developing organizational structures. Leaders can then foresee issues and create remedies to keep patients safe. Low trust among healthcare practitioners can lead to bad working conditions, low compensation, and poor healthcare management. Poor collaboration and lack of trust among managers and employees lead to poor patient care. Poor leadership and resourcing are important contributors to low workplace trust. Few studies have studied organizational management and structural aspects to boost worker-manager trust (Topp & Chipukuma, 2016).

**Culture of Patient Safety**

An organizational worker's ethical ideas on how to conduct things in the organization and the linkages between their behaviors are characterized by the patient safety culture. To improve safe behaviors and ultimately service quality. Thus, leadership within health institutions is significant because management's attitude toward safety as well as patient safety culture may impact the corporate's attitude. Patient safety has replaced secrecy among doctors and hospital administrators. Without admitting culpability or compensating for medical blunders, clinicians and hospital managers dishonestly present patients and their families. Conversely, executives that want to foster a culture of patient safety aim for professional transparency (Carmack, 2019). Transparency in hospital leadership reduces medical mistakes Culture values openness and trust (Saha & Kumar, 2018). In the absence of these factors, there will be limited reporting and discussion of mistakes and systematic concerns. Chances to train and improve are diminished without reporting and communication. A safety culture requires senior leadership responsibility. Hospital executives are under pressure to restore a culture of safety that protects patients from medical blunders (McFadden et al., 2015).

**Just Culture**

Dangerous behaviors are not tolerated in a fair society, which focuses on identifying and addressing systemic flaws that contribute to unsafe behaviors. Ulrich (2017) portrayed human mistakes as dangerous. A fair culture seeks to discover the best method to handle workplace difficulties and system failures (Gurzynski, 2020).

A fair culture is a values-based approach of shared accountability that promotes high-quality patient care. Nevertheless, healthcare executives have tried to shift from a blame culture initially to a values-based one. A fair culture's leaders hold people accountable for mistakes and accept system failures. Dekker (2012) described a fair society as leaders discovering faults characterized by typical human-system interactions. Individuals may err, but the system may be flawed. Individual punishment without systemic change just prolongs the situation rather than resolves it. The goal of building a just culture is to strike a balance between punishment and innocence. Just culture leaders encourage transparent reporting and improve patient safety. System design and behavioral decisions might be the focus of these leaders. An organization's fair culture is established by executive leaders who set clear behavioral norms, hold workers accountable, and offer meaningful feedback.

A proposal by Trinchero et al. (2019), states that non-punitive reactions to leadership failures will generate a positive working atmosphere, reducing nursing errors. The most powerful part was determined to be the non-punishment response to faults. Employees should be able to disclose errors without fear of retribution. Considering management and leadership is critical to fostering a healthy culture and teamwork. Employees will naturally become more devoted to safety and follow rules and procedures if they feel top leadership and supervisors are committed to patient safety.

However, in 2018, Edwards found significant noteworthy distinctions in the method that emphasized individual punishment over system improvement; the former approach promoted only reporting of obvious faults. A leader of a just society attempts to hold people accountable for their actions by separating blameless from blameworthy. Trust, according to Dekker (2018), is a key component of a high dependability safety culture. The just culture paradigm was rejected owing to a lack of organizational learning theory and the importance of trust. Nurses struggle to understand organizational, system, and communication processes. Nurses may fear repercussions from colleagues and high management for reporting near misses. Creating a safety culture is simpler with leadership backing. Building a fair and just culture requires significant training, promotion of collaboration and communication, and tools such as WalkRounds.

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