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An Examination of the Relationship between Nurses' Perceived Leadership Behaviors in their Managers and Their Attitudes to Change

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ABSTRACT

Purpose – The purpose of this study is to examine the connection between manager nurse's leadership styles and employees' attitudes toward change.

Design/methodology/approach – This research was conducted with structural equation model, which is one of the quantitative research methods.The study conducted with 222 nurses working in three state hospitals in two towns in the south of Turkey. Data were collected using the Leadership Behavior Questionnaire and the Attitude towards Change Scale. Statistical analyses of the data were performed using SPSS Statistics Base version 23. The correlation between the Leadership Behavior Questionnaire and Attitude to Change Scale was analyzed using Pearson (r) correlation analysis. For structural equation modeling (SEM) analysis and testing research hypotheses AMOS 21 program was used.

Findings – Nurses' perceived leadership score averages were found to be highest in the "Task Oriented Leadership" sub-dimension and the lowest in the "Employee Oriented Leadership" sub-dimension. It was determined that the average score of the nurses' attitude towards change was positive. All leadership styles explained the results of change in a positive and meaningful way through the management style in change.

Discussion – In the study, nurses' perception of their managers as more business-oriented leaders and lower mean score for employee and change-oriented leadership revealed the need to develop employee and change-oriented leadership skills of manager nurses.The results of the research show that the results of change will be more efficient if nurse managers create institutional policies and strategies for change. However, since nurses have resistance to change, it is important to develop knowledge, skills and attitudes for managers to cope with these resistances.

1. INTRODUCTION

Rapidly changing legal requirements, continuous innovations and accompanying new information, technological and medical developments in health services create a system that is constantly changing. Health institutions need to constantly change their procedures within this system (Varkey and Antonio, 2010; Shore and Kupferberg, 2014). Because change is the only constant in health institutions, both health institutions and health professionals need to adapt to change (Rafferty and Griffin 2006; Nilsen et al., 2020) and show commitment to it (Korkmazer et al., 2020).

Due to the extensive changes in healthcare, hospitals in many countries are frequently updating their physical infrastructure. Organizational change implies that behavior, relationships, roles, and hospital organizational culture can all change in addition to physical changes. For instance, altering the physical environment of the healthcare industry can have an impact on job satisfaction, job stress, teamwork and turnover intentions (Gharaveis et al., 2018). These negative effects make it difficult for employees to adapt to changes at the desired level. Resistance to change is the most common attitude within organizations. Under normal circumstances, the majority of people have the propensity to resist change, and these people are regarded as maladaptive and change-defying. However, resistance is not inherently bad. It has been suggested that, change perhaps cannot occur without some resistance (Vos and Rupert 2018; Curtis and White, 2002). Although change may not always be welcomed, managers must learn coping with resistance to change, change strategies, how to lead

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change, and manage change as well as realize change (Aksu, 2016; Grey and Sturdy, 2003). According to research conducted in our country, nurses and other health professionals have a negative attitude toward change and experience various levels of resistance to change (Bulut and Yıldız, 2018; Çakıroğlu and Seren, 2019). Therefore, the leadership styles of manager nurses and how they influence nurses' attitudes toward change, is one of the significant knowledge gaps in our country.

The main purpose of this study is to examine the connection between the leadership styles of nurse managers and the attitudes of employees towards change. The study's secondary objective is to determine how manager nurse's leadership styles impact the outcomes of change initiatives. It was expected that the results would help identify manager nurse's needs in terms of developing their change management and leadership skills. The literature background and the hypotheses developed for the secondary purpose of the research are presented below.

2. LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Nurses represent the decision mechanism of leadership styles or behaviors in the health care institutions (Cummings et al., 2018). Dealing with change effectively is one of the key leadership competencies of modern manager nurses. A leadership approach that can foster creative interactions and enduring relationships is necessary for successful change management (Huston, 2008). In order to create a safe environment for patient care that considers patients' needs and values, leader nurses play a key role in developing nurses' knowledge and skills and accepting new working methods (Rokstad et al., 2015). In order to improve the quality and safety of patient care, there is a need for nurse leaders who can drive and coordinate change in healthcare organizations (Currie and Watterson, 2007; Sorensen et al., 2008). The literature has addressed the experiences manager nurses have had leading projects to advance evidence-based practice and enhance nursing quality as a result of decisions made by senior management. These studies revealed that managers should empower nurses to provide effective project management and play a significant role in creating a culture that improves nursing quality (Bondas, 2009; Hayman et al., 2008; Salmela et al., 2012). Therefore, the leadership and management competencies of executive nurses are of international importance (McCarthy and Fitzpatrick, 2009; Furukawa and Cunha, 2011).

Despite the importance of leadership and management competencies of executive nurses, manager nurses in healthcare organizations use a variety of leadership styles. Classical (laissez faire), democratic, autocratic, and contemporary leadership (operational/transformational) styles are common examples (Cummings et al., 2018; Sfantou et al., 2017). Change-oriented leadership behavior, one of the leadership styles, includes institutional decisions that encourage innovations such as making strategic decisions, following institutional policy open to changes and innovations, revising the culture, having a clear vision about the institution. The change-oriented leadership styles includes transformational, emotional intelligence, resonance (Yukl, 2013). Task-oriented leadership focuses on coordination and job assignment. This leadership focuses on completing tasks, deadlines, and directives. The task-oriented leadership style includes operational, autocratic, and laissez-faire leadership (Cummings, 2012). Employee-oriented leadership focuses on team development and supports followers. This leadership focuses on people and relationships. It is positively associated with staff satisfaction, organizational commitment, stress reduction, job satisfaction, increased productivity, effective work, and positive patient outcomes. Employee-oriented leadership styles includes, transformational participatory leadership (Sellgren et al., 2008; Yukl, 2013).

Among these leadership styles mentioned in the literature, change management can also be effective, especially for managers who adopt change and employee-oriented leadership styles. Change-oriented leadership can bring about effective change by bringing a new vision to employees and engaging them. Employee-oriented leadership can create changes in order to improve the productivity of employees and thus their job satisfaction. Because task-oriented leaders prioritize getting things done efficiently, they can make a quality service change. However, they may not be able to make an effective change because they do not take into account the employee's feelings and thoughts.

3. METHOD

3.1. Research Model and Hypotheses

In this study, hypotheses created to determine the mediating effects using structural equation modeling in the relationship between nurse managers' leadership styles and employees' attitudes towards change and their sub-dimensions were examined.

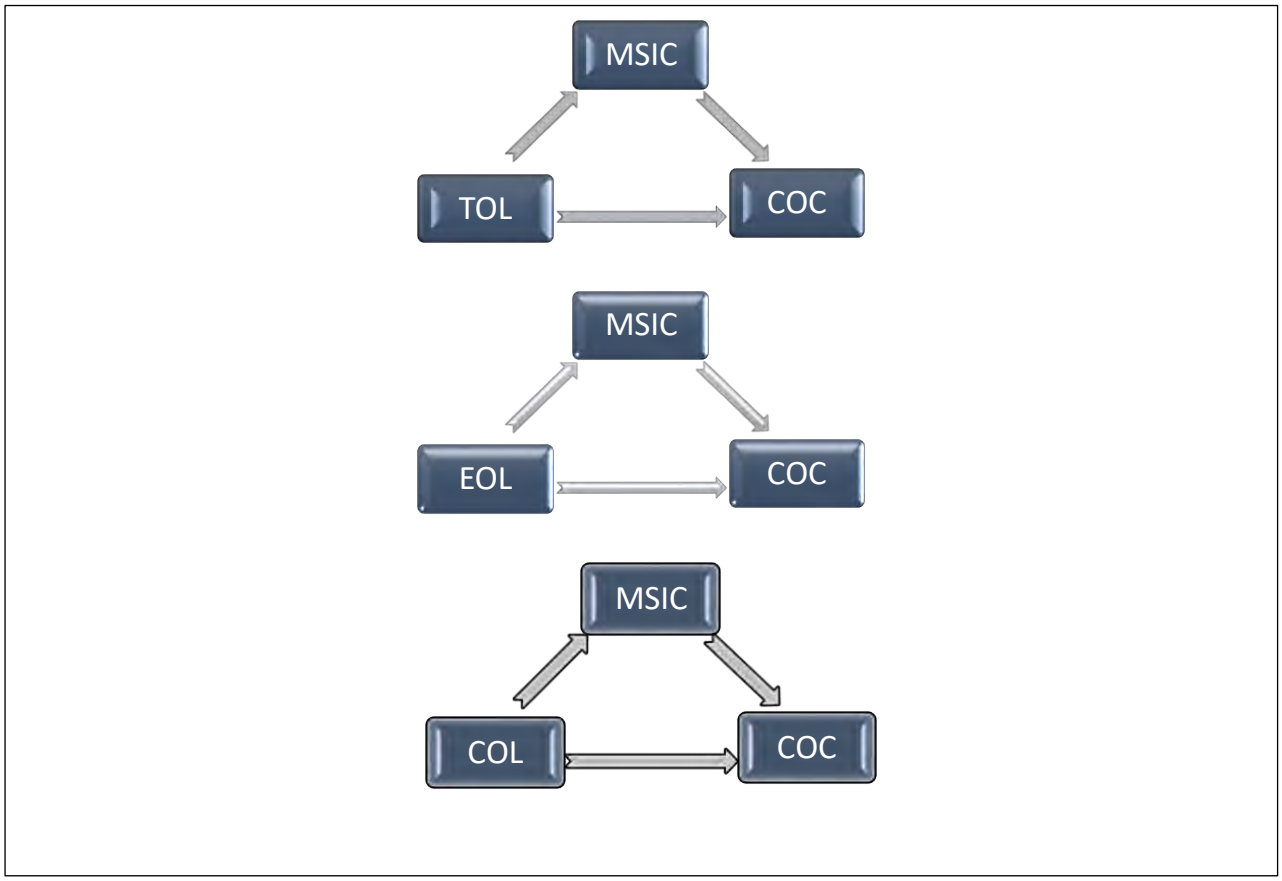

Figure 1. Conceptual models

CoC: Consequences of change, EOL: Employee_Oriented_Leadership COL:changeoriented_leadership TOL: taskoriented_leadership MSIC: Management style in change

In the context of the information stated in the conceptual framework, the following hypotheses were created in line with the theoretical model in Figure 1 and the relationships between the variables in these hypotheses are included:

H_0. Management style in change does not have a mediating effect on the relationship between task-oriented leadership and the results of change.

H_1. Management style in change has a mediating effect on the relationship between employee-oriented leadership and the consequences of change.

H_2. Management style in change has a mediating effect on the relationship between change-oriented leadership and the consequences of change.

3.2. Study population and sample

The study population comprised 324 nurses working in three state hospitals in two districts located in the south of Turkey. No sampling method was implemented in this present study. All the nurses who agreed to participate in the study were included in the sample. The data were obtained from 222 nurses. The participation rate was 68.5%.The sample size was calculated using the sample calculation formula in cases where the universe is known, and it was determined that it should be at least 177 within a 95% confidence

interval. The error rate of the study due to the number of samples was found to be 4.86% within a 99% confidence interval.

3.3. Data collection tools

The data were collected using the following data collection tools:

1.Sociodemographic Characteristics Questionnaire

The socio-demographic and working characteristics form prepared by the researchers (age, gender, educational status, marital status, length of service in the profession, shift, working unit, working type, permanent or contractual employee) consists of eight questions.

2. Leadership Behavior Questionnaire

The Questionnaire scale developed by Ekvall and Arvonen (1991) was adapted to Turkish by Tengilimoğlu (2005). The Questionnaire which consists of 36 items is a 5-point Likert type scale. The scale is aimed at determining three types of leadership behavior characteristics. Of the 36 items, 14 question the employee-oriented leadership behaviors, 12 question the task-oriented leadership behaviors and 10 question the change-oriented leadership behaviors. There are no negatively keyed items in the scale. The higher the score obtained from the scale is the better the perceived leadership behavior. The Cronbach's alpha value of the scale which was 0.96 in the version adapted to Turkish was 0.72 in the current study.

3. Attitude to Change Scale (ACS)

The Attitude to Change Scale is a 29-item 5-point Likert-type scale (1 strongly disagree, 5 strongly agree) developed by Seren (2005). The scale is divided into four sub-dimensions as "institutional policy in change" (12 items), "consequences of change" (8 items), "resistance to change" (5 items), and "management style in change" (4 items). In the 29-item 5-point Likert-type "Attitude to Change Scale", 5 items have negative expressions, 24 items have positive expressions, positive items were scored as "1" strongly disagree, "2" disagree, "3" undecided, "4" agree and "5 "I strongly agree", while negative statements were scored in reverse. The item numbers of negative statements are 13, 21, 22, 23 and 24. In the study of Seren (2005), the Cronbach alpha reliability coefficient of the scale was .88 for the institutional policy in factor; .85 for the results of change factor; .67 for the resistance to change factor and .66 for the management style in change factor. The lowest score that can be obtained from the ACS is 29, and the highest score is 145. The level of perception to change is determined by the scale's overall score. The increase in the total score obtained from the scale indicates that there is a positive increase in the perception of change. (Seren, 2005).

Research data were collected by researchers between 08/2021-03/2022. Before the questionnaires were administered to the nurses who accepted to participate in the study, they were informed about the purpose of the study and the confidentiality of the data. Then the questionnaires were administered, and they were requested not to write any personally identifiable information on the questionnaires. The questionnaires were collected after they filled them in.

Before the study was conducted, the approval of the ethics committee of the university and the permission of the institutions where the study was to be conducted was obtained. In addition, informed consent from the nurses who were to participate in the study was obtained.

3.4. Data Analysis

Based on the assumption that the data show a normal distribution, the covariance matrix was created by using the Maximum likelihood calculation method. Descriptive statistical methods (frequency, percentage, mean and standard deviation) were used to evaluate the data of the study. Statistical analyses of the data were performed using SPSS Statistics Base version 23. The correlation between the Leadership Behavior Questionnaire and Attitude To Change Scale was analyzed using Pearson (r) correlation analysis. For structural equation modeling (SEM) analysis and testing research hypotheses AMOS 21 program was used.

4. FINDINGS

4.1.Sociodemographic and working characteristics of participants

83% of the participants are women, 66% are married, 87% have a bachelor's degree or higher, 27% have been working in the profession for 20 years or more, 32% work in intensive care and emergency services, 62% work at night. /works during the day. The average age of the participants in the study was 38.03±.89 years.

Table 1. Distribution of the participants in terms of their sociodemographic and working characteristics (N=222)

Characteristics	*n*	%
Sex		
Women	185	83.3
Men	37	16.7
Marital status		
Married	147	66.2
Single	75	33.8
Educational status		
Bachelor's degree or higher	194	87.3
Associate's degree	19	8.6
Senior high school	9	4.1
Length of service in the profession		
0-5 years	42	18.9
6-10 years	27	12.2
11-15 years	40	18.0
16-20 years	53	23.9
≥ 21 years	60	27.0
Unit worked in		
Intensive Care / Emergency	72	32.4
Internal medicine	64	28.8
Surgery	62	27.9
Outpatient clinics	24	10.8
Shift		
Day	78	35.1
Night	6	2.7
Day and night alternately	138	62.2
Permanent or contractual employee		
Permanent	188	84.7
Contractual	34	15.3
The average age	38.03± .89	
Total	222	100

4.2. Nurses' perceived leadership behaviors and their attitudes towards change

The levels of leadership behavior perceived by nurses by hospitals and attitude towards change are presented in Table 2. When the perceived leadership scores of the nurses in the study were compared, in the "Employee Oriented Leadership" sub-dimension, the average score of nurses was 3.71± .89. In the "Task Oriented Leadership" sub-dimension, the average score of nurses "3.83 ±.78'. In the "Change Oriented Leadership" sub-dimension, the average score of nurses was 3.72 ±.83 (Table 2). The mean score of the nurses' attitude towards change was found to be 90.80±19.34. The average score of nurses in the institutional policy in change sub-dimension is 36.54±11.18, in the consequences of change sub-dimension is 25.56±6.55, in the resistance to change sub-dimension is 17.11±2.52 in the management style in change sub-dimension is 11.57±2 .09 (Table 2).

Table 2. Nurses' perceived leadership behaviors and attitude towards change (n=222)

Leadership Behavior Questionnaire and its Subscales	$\bar{X}$±SD
Employee-Oriented leadership	3.71± .89
Task-Oriented leadership	3.83 ±.78
Change-Oriented leadership	3.72 ±.83
Mean Score for the Overall Leadership Behavior	3.76 ±.82
Attitude Towards Change	$\bar{X}$±SD
Institutional policy in change	36.54±11.18
Consequences of change	25.56±6.55
resistance to change	17.11±2.52
Management style in change	11.57±2.09
Mean Score for the attitude towards change	90.80±19.34

The relationship between nurses' perceived leadership behaviors and their attitudes to change was examined and shown in Table 3. It was determined that there was a moderate positive relationship between the Employee-Oriented Leadership averages and the sub-dimensions of Institutional policy in change and consequences of change, and a weak relationship in the positive direction with the management style in change sub-dimension (p <0,01). It was determined that there was a moderate positive relationship between Task-Oriented Leadership and the sub-dimensions of Institutional policy in change and consequences of change, and a weak positive correlation with the sub-dimension of management style in change (p <0.01), and a moderate positive relationship between the Change-Oriented Leadership sub-dimension and the Institutional policy in change and the consequences of change sub-dimensions, and a weak positive relationship between the management style in change sub-dimension (p <0,01). It was determined that the relationship between all leadership types and the sub-dimension of resistance to change was not significant. (p >0,01) (Table 3).

Table 3. Investigation of the relationship between Leadership Behaviors perceived by the nurses and attitude towards change (n=222)

Attitude Towards Change and its Subscales		Employee- Oriented Leadership	Task- Oriented Leadership	Change- Oriented Leadership
Institutional policy in change	r	.360**	.410**	.390**
	p	.000	.000	.000
Consequences of change	r	.352**	.386**	.370**
	p	.000	.000	.000
Resistance to change	r	.001	-.023	-.002
	p	.991	.734	.971
Management style in change	r	.271**	.269**	.261**
	p	.000	.000	.000
Mean Score for the attitude towards change	r	.357**	.394**	.378**
	p	.000	.000	.000

** p= 0.01

Assessment of measurement and structural models

4.3. Hypotheses testing

Considering the results, there is a relationship between employee-oriented leadership and consequences of change (.352) and the regression coefficient is 0.124. The independent latent variable employee-oriented leadership explains the consequences of change dependent variable by 12% at the 0.01 significance level. The ratio that independent variables cannot explain is (1-R2) 88%. There is a relationship between change-oriented leadership and the consequences of change in the same way (.369) and the regression coefficient is 0.136. The independent latent variable change-oriented leadership explains the consequences of change dependent variable by 13% at the 0.01 significance level. The ratio that independent variables cannot explain is (1-R2) 87%. There is a relationship between task-oriented leadership and consequences of change in the same way

(.386) and the regression coefficient is 0.149. The independent latent variable task-oriented leadership explains the consequences of change dependent variable by 15% at the 0.01 significance level. The ratio that independent variables cannot explain is (1-R2) 85% (Table 4). The SEM results for the research model, the standard explained regression coefficients (B), critical ratio (CR), multiple coefficients of determination (R2), and significance values for structural relationships are shown in Table 5. According to mediating effect results, indirect effect of task-oriented leadership on consequences of change through management style in change is significant (β =.213 99% CI .105/.233 R2=.529). The task-oriented leadership sub-dimension explains the results of change by 52.9% through the management style in change. The effect of employee-oriented leadership on the consequences of change through management style in change is significant (β =.016 99% CI .106/.243 R2=.516). The employee-oriented leadership sub-dimension explains the results of change by 51.6% through the management style in change. The effect of change-oriented leadership on the consequences of change through management style in change is significant (β =.201 99% CI .093/.240 R2=.525). The change-oriented leadership sub-dimension explains the results of change by 52.5% through the management style in change. In this regard, the H_1, and H_2 hypotheses are supported, but the H_0 hypothesis is not (Figure 2).

Table 4. Direct effects

Direct effects	***β***	***S.E.***	***C.R.***	***P***	R^2
CoC <--- EOL	.352	,458	5,598	***	.124
CoC<--- COL	.369	,492	5,904	***	.136
CoC <--- TOL	.386	,519	6,217	***	.149

CoC: Consequences of change, EOL: Employee_Oriented_Leadership COL:changeoriented_leadership TOL: taskoriented_leadership

Table 5. Mediating effects

Path	**β**	**S.E.**	**C.R.**	**P**	**R2**	**Bootstrap Distributions Lower /Upper Bounds %95 confidence interval**	**Mediation**	**Hypotheses**
MSiC <--- TOL	.269	.173	4,160	***	.529			
CoC <--- TOL	.213	.401	4,449	***		.105/.233	Partial	Not Accept
CoC <--- MSiC	.640	.150	13,363	***				
MSiC <--- EOL	.271	.150	4,181	***	.516			
CoC <--- MSiC	.650	.152	13,372	***		.106/.243	Partial	Accept
CoC <--- EOL	.176	.354	3,628	***				
MSiC <--- COL	.261	.163	4.012	***	.525			
CoC <--- COL	.201	.378	4.182	***		.093/.240	Partial	Accept
CoC <--- MSiC	.646	.151	13.439	***				

CoC: Consequences of change, EOL: Employee_Oriented_Leadership COL:changeoriented_leadership TOL: taskoriented_leadership MSIC: Management style in change

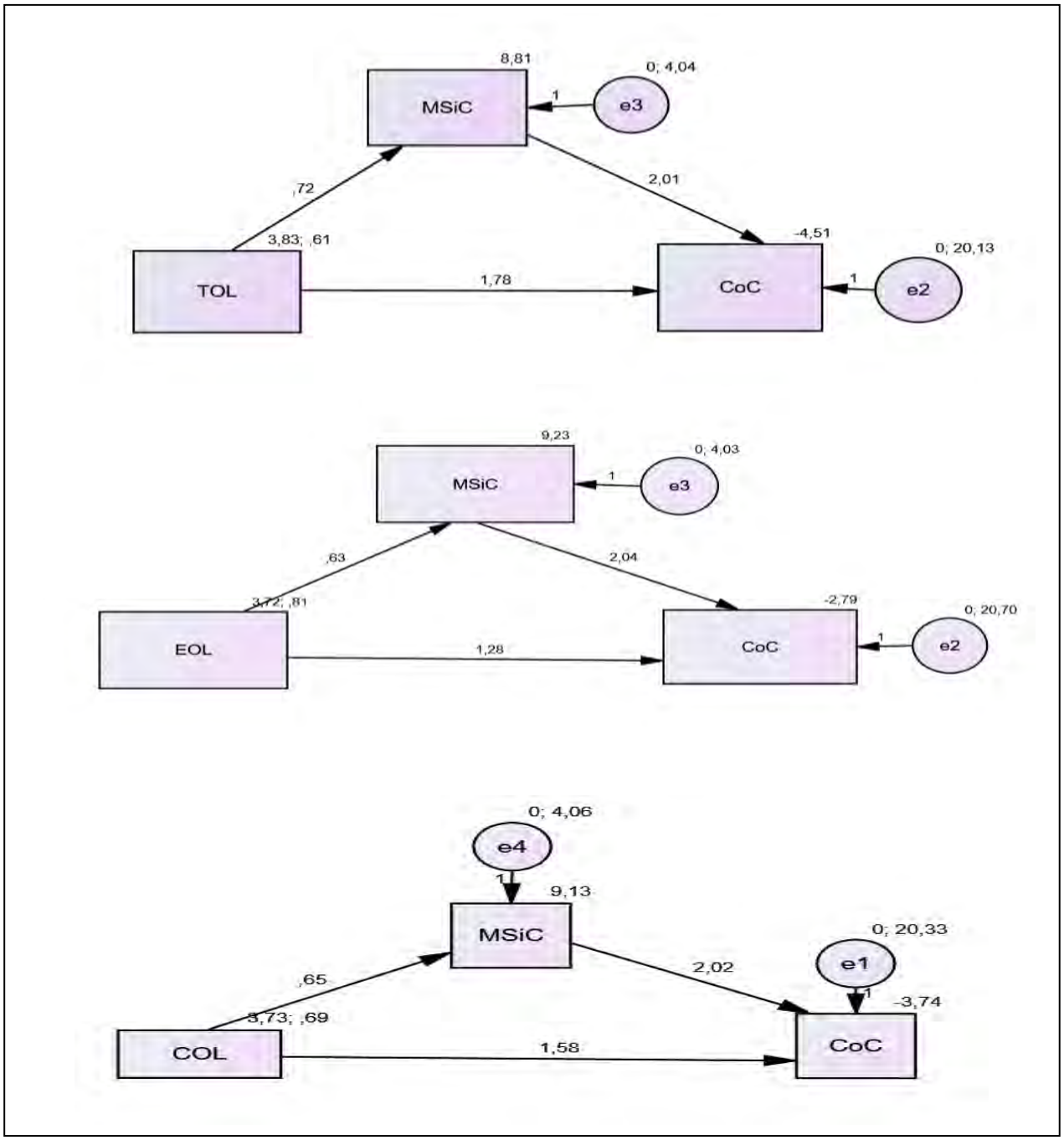

Figure 2. Hypotheses testing

CoC: Consequences of change, EOL: Employee_Oriented_Leadership COL:changeoriented_leadership TOL: taskoriented_leadership MSIC: Management style in change

5. CONCLUSION AND DISCUSSION

The first result obtained in this study is the perceived leadership behaviors of nurses in their managers and their attitudes to change. When the perceived leadership behaviors of the nurses were evaluated, it was determined that the highest perceived leadership dimension was task-oriented leadership, and the lowest perceived leadership dimension was employee-oriented leadership. These results concur with those of other studies that show manager nurses are viewed as having the most work-focused leaders (Ergün and Çelik, 2015; Gür and Baykal, 2016). Task-oriented leadership involves organizing business operations, outlining team members' responsibilities, and continuously monitoring performance (Yukl, 2013). These task-oriented

leadership skills that the nurses who participated in the study perceived in their managers may help in the process of change. In our research, it was determined that the total ACS score of the nurses ranged between 52 and 138 and the mean score was 90.80±19.34 (Table 2). In other studies, it was seen that the mean ACS total score of nurses ranged from 64 to 97 (Ozkalay and Karaca, 2021; Uzun, 2008; Seren and Baykal, 2007). In this study, as in the studies of Ozkalay and Karaca, Uzun, Seren and Baykal, it can be said that the attitude of nurses to change is positive. Our study found that nurses' perceptions of the sub-dimensions of resistance to change and management style in change were lower than those of the other sub-dimensions (Table 2). As a result, it can be said that nurses may resist to change. It was discovered that the sub-dimensions of management style in change and resistance to change were lower than the other sub-dimensions in a study by Ozkalay and Karaca (2021) that examined nurses' attitudes to change. Similar findings were found in research by Korkmazer et al., (2020) that focused on how healthcare professionals felt about change and found that resistance to change and management style in times of change were lower than the other sub-dimensions. Following these findings, it was investigated to see whether the nurses' perceptions of leadership behaviors had an impact on the outcomes of the change in management style. (Table, 4-5). While the employee-oriented leadership indicated the results of change by 12.4%, it indicated the change by 51.6% through the management style. Again, business-oriented leadership indicated the results of the change-related variable with 14.9%, while it indicated the change with 52.9% through the management style. Similarly, change-oriented leadership indicated the results of the change-related variable at 13.6%, while 52.5% indicated the change through management style. These findings show that nurse managers, regardless of their preferred leadership style, successfully implement change management. It has also been found that task-oriented leadership, which has the highest leadership score average, has a greater impact on the results of change. For this reason, it can be said that as the average leadership style score rises, change management and change results may also increase. Although change-oriented leadership has a greater potential to influence change management and its results, it is thought to have a smaller impact on both because its average score is lower than that of business-oriented leadership. However, the conclusion that the change management style has a mediating effect on the results of change in general, suggests that nurse managers should place a greater emphasis on change management skills. According to a study, successful change implementation requires strong leadership qualities in management, such as encouraging staff members and respecting their ideas and opinions (Redfern and Christian, 2003). According to a different study, nurse managers should focus on building relationships with others rather than their work in order to make the desired change (Ozkalay and Karaca, 2021). This leads to the conclusion that nurse managers in the institutions where our research is implemented can be more effective at managing change if they develop their employee- and change-oriented leadership aspects. It is the duty of nurse managers—who are foremost leaders in healthcare—to implement changes to raise the standard of patient care in clinical settings. This duty of nurse managers has recently taken on increased significance as a result of patient satisfaction and safety, cost-cutting measures, improvements in medical technology, and shorter hospital stays. (Institute of Medicine, 2011; Japanese Nursing Association, 2016). Because of this, it is essential for nurse managers to develop their leadership skills and, hence, their attitudes to promoting change, in order to successfully manage change (Kodama and Fukahori, 2017). In some countries, various leadership programs have been developed to strengthen the leadership aspects of nurse managers (Japanese Nursing Association, 2016; Wallis and Kennedy, 2013). It has been suggested that a transformational leadership program in the USA (Wallis and Kennedy, 2013) improves the standard of nursing care and the workplace (Cummings et al., 2010).

One of the study's key conclusions is that the nurses' average score for resistance to change is low and that the leadership behaviors they perceive in their managers do not influence that score. In a qualitative study examining the change management of nurse managers in clinics, it was found that nurse managers had to struggle with nurses' resistance to change (Kodama and Fukahori, 2017). In today's world of rapid changes in healthcare, it is time to recognize resistance as a normal reaction and a typical aspect of the change process. Leaders can approach individuals with an understanding of their typical feelings and emotions related to change by increasing their awareness and understanding of resistance-related behaviors (Nekoranec and Fourrier, 2013). The potential negative effects of resistance can be minimized, and the process of adapting to change can be facilitated, by nurse managers who learn coping mechanisms (DuBose and Mayo, 2020). The findings of our study suggest that nurse managers may benefit from developing their attitudes, knowledge, and abilities related to dealing with resistance to change.

5.1. Strengths And Limitations

Since this research was conducted in three state hospitals in two districts, the results only represent the perceived leadership behaviors and attitudes of the volunteer nurses working in these three institutions and participating in the research during the study, and their attitudes to change. Therefore, it cannot be applied to other hospitals.

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