Nurses' perceptions about the transformational leadership in psychiatric hospitals in Cyprus

Flourentzou P.[1A,B,C,D,F], Myrofora Ch.[1A,B,C,D,F], Lavdaniti M.[2C,D,E,F*], Sapountzi-Krepia D.[1A,C,D,E,F], Krepia V.[3C,D,F], Prezerakos P.[3C,D,E,F]

1. Department of Nursing, Frederick University, Nicosia, Cyprus
2. Department of Nursing, Alexander Technological Educational Institute, Thessaloniki, Greece
3. Department of Nursing, University of Peloponnese, Sparta, Greece

---

A- Conception and study design; **B -** Collection of data; **C -** Data analysis; **D -** Writing the paper; **E**- Review article; **F** - Approval of the final version of the article; **G** - Other (please specify)

ABSTRACT

Purpose: To assess nurses' perceptions about the transformational leadership applied in psychiatric hospitals and to investigate factors that influence these perceptions.

Materials and methods: A descriptive study was conducted in a psychiatric hospital and a psychiatric ward of a general hospital located in a city of Cyprus. A convenience sample of 95 nurses was used, while the Greek version of the « Kuopio University Hospital Transformational Leadership Scale (KUHTLS) questionnaire was used as an instrument.

Results: Appreciation, decision making fairness, and individuality were the variables with the highest mean values. Women had significantly higher scores in appreciation, justice, and individuality compared to men. Nurses who were >45 years old had a significantly higher score compared to those who were 31-45 and <30 years old in the subscales decision making (p=0.005), appreciation (p=0.043), development (p=0.020), work efficiency and outcomes (p=0.030). Head and senior nurses had significantly higher scores regarding subscales decision making (p=0.003), appreciation (p=0.025), development (p=0.010), work efficiency and outcomes (p=0.004). Nurses with > 7 years of work experience, had significantly higher scores in fairness subscale compared with the nurses who had less than seven years of work experience (p=0.034).

Conclusions: Nurses working in those psychiatric hospitals and ward had positive perceptions about transformational nursing leadership. Hospital administrators should facilitate training programs for nurse managers in leadership styles and their effects on job satisfaction.

Key words: Nurses, transformational leadership, perceptions

---

*Corresponding author
Maria Lavdaniti**,** Associate Professor, Department of Nursing
Alexander Technological Educational Institute of Thessaloniki, Greece, P.O. Box 141
e-mail: maria_lavdaniti@yahoo.gr

INTRODUCTION

Leadership is one of the most important processes for the successful operation of the nursing services [1]. Through effective management procedures, nurses can be activated and use their abilities for effective provision of nursing care [2].

Leadership as a concept is complex and there are different perspectives for it [3]. According to Porter-O'Grady leadership is 'a multifaceted process of identifying a goal, motivating other people to act, and providing support and motivation to achieve mutually negotiated goals' [4]. Specifically, in clinical practice leadership is defined as a 'direct involvement in clinical care while constantly influencing others to improve the care they provide' [5]. It is supported that leadership in healthcare organizations is important for assuring quality in health care services, patient satisfaction, and financial performance [6]. Also, it influences work environments, productivity and organization effectiveness [7], and is associated with better patients' outcomes [8].

Healthcare systems in many countries face many challenges, such as the nursing staff shortage [9] and great number of changes due to their financial restrictions. In that context, there is a necessity for nurse managers to play more active and inspiring role [10]. To achieve work environment change (i.e., to "transform" it), a transformational leadership style (TLS) should be used by nurse managers. The TLS guides the change by inspiring employees and creating a sense of commitment [11].

There is a lot of research regarding 'Transformational Leadership' (TL). James Mac Gregor Burns, defined TL as "a process by which leaders raise the aspirations and motivations of others to higher levels by appealing to higher ideals and values" [12]. Doody and Doody [10] defined TL as a process that motivates followers by appealing to higher ideas and moral values where the leader has a deep set of internal values and ideas and is persuasive at motivating followers to act in a way that sustains the greater good rather than their own interests". The transformational leader should have some important characteristics such as being an effective communicator, possessing inspirational traits, having a trustworthy character, and promoting teamwork [11].

There is growing evidence on nurses' perceptions about transformational leadership style (TLS). In one study, the results showed that transformational leadership has a positive impact on nurses' safety performance [13]. Also, this type of leadership style was positively related to staff nurse job satisfaction [14] and lead to diminished burnout [15]. Moreover, there are conflicting findings about the relationship between transformational leader-

ship and staff commitment to patients and their organizations. A negative correlation was found between the above two characteristics in the study of Asiri et al. [16], while a positive relationship was reported in the study of Kodama et al. [9].

Several studies have examined nurses' perceptions about specific leadership model [1,6]. One of these revealed that nurses perceived that their supervisors often use transformation and transactional leadership styles. These styles have positive correlation with effectiveness, extra efforts and satisfaction [6].

To the best of our knowledge, there is only one study which provides information for leaders attempting to integrate a health psychologist into psychiatric units [17]. This fact stimulated the researchers' interest to investigate the phenomenon further. The purpose of the present study was to assess nurses' perceptions about the transformational leadership applied in psychiatric hospitals and to investigate factors that influence these perceptions.

MATERIALS AND METHODS

Design and sample

A descriptive study was conducted in a psychiatric hospital and in a psychiatric ward of a general hospital located in a city of Cyprus. A convenience sample of 95 nurses was recruited. The inclusion criteria for nursing staff were:
- to be over 18 years,
- to have the ability to speak and read Greek language,
- to be willing to participate,
- to have a minimum of 6 months' experience in psychiatric wards.

Data collection

The research protocol was approved by the University, and after its submission to the Committee for Medical Ethics and Deontology of the Cypriot Ministry of Health, the permission for data collection from the abovementioned hospitals was granted. Moreover, the hospitals' authorities granted their permission for study's conduction in their psychiatric units. Next, the researchers contacted all potential participants, providing them with written information on the purpose of the study, as well as on the protection of their anonymity and the voluntary character of their participation. Those who agreed to take part signed a consent form attached to the questionnaire that they were given. Additionally, permission was granted by the creators of the original version of the KUHTLS (Kvist et al. 2012) as well as by the researchers of the Greek version of the same tool to use it in our study. The response rate was 83.7% (the researcher approached 113 nurses and finally 95 nurses accept to participate).

Data were collected from January 2012 to March 2012.

Instrument

The Greek Version of the «Kuopio University Hospital Transformational Leadership Scale (KUHTLS) [18] questionnaire was used as an instrument of data collection. The KUHTLS was translated in Greek and validated by Sapountzi-Krepia et al. [19].

The Greek version of the questionnaire consists of 54 questions related to leadership model as applied in psychiatric clinics of two Cypriot hospitals. It includes seven subscales, which are the following: decision making, appreciation, development, fairness, work efficiency and outcomes, individuality, position of the unit director.

Each subscale contained five-point Likert scale items on the subjects' responsive options (1 strongly disagree, five strongly agree).

In the present study, the Cronbach's alpha coefficient was 0.99 for the total scale and ranged between 0.77 -0.95 for the subscales.

Data analysis

Data were analyzed using the Statistical Package for Social Sciences (SPSS 20.0.). Descriptive statistics were used for the analysis of demographic characteristics. The data were normally distributed so parametric tests were used (t-test, ANOVA). Statistical significance was set at $P < 0.05$

RESULTS

The majority of patients were men (n=48, 51.1%) and the mean age was 34.14 ± 9.21 years. As is shown in table 1 75.8% of the participants were working in the psychiatric hospital and the rest 24.4% in the psychiatric unit in that general Hospital of Cyprus. The vast majority of participants were registered nurses (n=76, 81.7%), 16.1% were senior nurses and the rest 2.2% were nurse managers. More than half of the sample (n=55, 58.5%) were permanent employees, and 41.5% of them were temporary employees. The mean value of the work time was 10.34 ± 9.62 years, and the experience in this type of nursing department was 4.35 ±5.52 years (Table 1).

Table 1. Demographic and work related characteristics

	N	%
Gender		
Woman	46	48.9%
Man	48	51.1%
Place of work		
Psychiatric Unit in the General Hospital	23	24.4%
Units in the Psychiatric Hospital	72	75.8%
Position		
Head Nurse	2	2.2%
Senior Nurse	15	16.1%
Registered Nurse	76	81.7%
Type of employment		
Permanent employees	55	58.5%
Temporary employees	39	41.5%
Time in work		
Day work	1	1.1%
Shift work	94	98.9%

Table 2 shows the mean and standard deviations for the subscales. The mean score for the total scale was 3.71±0.83. The subscale with the maximum mean was the appreciation (4.02±0.81), followed by decision making (3.80±0.75), fairness (3.78±0.86), and individuality (3.70±0.88). The

Cronbach's alpha coefficient for each subscale is presented in the same table.

The results of the comparison between subscales in the two hospitals revealed no statistical difference (Table 3).

Table 2. Mean, maximum and minimum values, standard deviations and Cronbach's alpha coefficient for each subscale and the total Scale

	Mean	Standard Deviation	Min	Max	Cronbach's alpha coefficient
Decision making	3.80	0.75	1.67	5.00	0.868
Appreciation	4.02	0.81	1.25	5.00	0.885
Development	3.66	0.84	1.43	5.00	0.903
Fairness	3.78	0.86	1.00	5.00	0.776
Work efficiency and outcomes	3.65	0.87	1.00	5.00	0.943
Individuality	3.70	0.88	1.11	5.00	0.951
Position of the unit director	3.39	0.84	1.00	5.00	0.951
Total	3.71	0.83	3.39	4.02	0.997

Table 3. Comparison between subscales in the two hospitals

	Place of work	N	Mean	Standard Deviation	t	p-value
Decision making	Psychiatric Unit of the General Hospital	13	3.83	0.58	.152	.879
	Psychiatric Hospital	82	3.80	0.77		
Appreciation	Psychiatric Unit of the General Hospital	13	4.12	0.67	.477	.634
	Psychiatric Unit of the General Hospital	82	4.00	0.83		
Development	Psychiatric Unit of the General Hospital	13	3.73	0.79	.322	.748
	Psychiatric Unit of the General Hospital	82	3.64	0.85		
Fairness	Psychiatric Unit of the General Hospital	13	3.97	0.64	.866	.389
	Psychiatric Unit of the General Hospital	82	3.75	0.89		
Work efficiency and outcomes	Psychiatric Unit of the General Hospital	13	3.80	0.73	.689	.492
	Psychiatric Unit of the General Hospital	82	3.62	0.89		
Individuality	Psychiatric Unit of the General Hospital	13	3.79	0.75	.391	.697
	Psychiatric Unit of the General Hospital	82	3.68	0.90		
Position of the unit director	Psychiatric Unit of the General Hospital	13	3.43	0.99	.173	.863
	Psychiatric Unit of the General Hospital	82	3.38	0.82		

The results of the comparison between each subscale and demographic and professional characteristics are shown in Table 4. It was found that women had significant higher scores in appreciation (p=0.10), fairness (p=0.31) and individuality compared with men. Nurses who were >45 years old had a significantly higher score compared with those who were 31-45 and <30 years old in the following subscales: decision (p=0.005), appreciation (p=0.3), development (p=0.20), work efficiency and outcomes performance (p=0.30).

In addition, nurse managers and senior nurses had significantly higher scores regarding the following subscales: decision making (p=0.03), appreciation (p=0.025), development' (p=0.010),

work efficiency and outcomes (p=0.04). Moreover, it was shown that nurses who had >7 years of work experience, had significantly higher scores in justice subscale compared with the nurses who had less than seven years of work experience (p=0.034). Finally, there is not any statistically significant difference in subscales regarding the type of employment.

Table 4. Comparison between each subscale and the demographic and professional characteristics

	Gender			Age				Work position		
	Male Mean ±SD	Female Mean ±SD	p	<30 Mean ±SD	31-45 Mean ±SD	45 Mean ±SD	p	Head & Senior Nurse Mean ±SD	Staff nurse Mean ±SD	p
Decision making	3.68 ± 0.77	3.93 ± 0.71	0.110	3.74 ± 0.72	3.67 ± 0.77	4.46 ± 0.53	**0.005**	4.27 ± 0.69	3.69 ± 0.73	**0.003**
Appreciation	3.81 ± 0.94	4.23 ± 0.59	**0.010**	3.97 ± 0.87	3.90 ± 0.75	4.56 ± 0.75	**0.043**	4.41 ±0.57	3.92 ± 0.84	**0.025**
Development	3.49 ± 0.83	3.82 ± 0.83	0.060	3.66 ± 0.80	3.44 ± 0.80	4.23 ± 0.80	**0.020**	4.13 ± 0.83	3.55 ± 0.83	**0.010**
Fairness	3.62 ± 0.87	3.96 ± 0.83	**0.031**	3.73 ± 0.78	3.72 ± 0.97	4.31 ± 0.69	0.90	4.10 ± 0.80	3.71 ± 0.87	0.099
Work efficiency and outcomes	3.53 ± 0.86	3.79 ± 0.88	0.152	3.63 ± 0.82	3.47 ± 0.96	4.24 ± 0.65	**0.030**	4.20 ± 0.62	3.52 ± 0.88	**0.004**
Individuality	3.50 ± 0.88	3.91 ± 0.85	**0.024**	3.70 ± 0.77	3.58 ± 0.96	4.02 ± 1.11	0.352	4.01 ± 0.99	3.62 ± 0.85	0.101
Position of the unit director	3.30 ± 0.90	3.48 ± 0.77	0.316	3.44 ± 0.78	3.72 ± 0.97	4.31 ± 0.69	0.336	3.49 ± 1.15	3.35 ± 0.77	0.559

	Work experience			Type of employment		
	≤ 7 years Mean ± SD	>7 years Mean ± SD	p	Permanent Mean ± SD	Temporary Mean ± SD	p
Decision making	3.74 ± 0.72	3.87 ± 0.79	0.414	3.81 ± 0.77	3.84 ± 0.68	0.854
Appreciation	3.99 ± 0.76	4.03 ± 0.88	0.844	4.06 ± 0.82	3.97 ± 0.81	0.593
Development	3.65 ± 0.75	3.63 ± 0.93	0.923	3.63 ± 0.90	3.73 ± 0.74	0.572
Fairness	3.60 ± 0.85	3.98 ± 0.84	**0.034**	3.92 ± 0.81	3.66 ± 0.80	0.123
Work efficiency and outcomes	3.60 ± 0.85	3.68 ± 0.84	0.650	3.71 ± 0.86	3.64 ± 0.81	0.694
Individuality	3.65 ± 0.79	3.72 ± 0.97	0.695	3.74 ± 0.91	3.70 ± 0.75	0.815
Position of the unit director	3.40 ± 0.77	3.38 ± 0.93	0.772	3.39 ± 0.90	3.43 ± 0.73	0.807

DISCUSSION

The current study investigated nurses' perceptions about Transformational Leadership in Cyprus psychiatric units and the factors related to it. This is important for nursing managers and leaders, in order to create a work environment that

encourages and facilitate a high level of quality of care.

Also, investigating the phenomenon is a fundamental step toward implementing the appropriate interventions in order to help healthcare systems to confront challenges such as the nursing staff shortage. One interesting result was the nurses' overall positive perceptions about the TLS. This is in consistent with the results of other studies [6,20].

The result that Cypriot nurses had better perceptions about the leaders' ability in appreciation, decision making and fairness could be explained by the fact the nurse managers in these hospitals tend to adopt a democratic approach in their leadership. This means that leaders encourage their staff ability for education, care for staff and generally act in a supportive role [10].

Also, this finding is supported by the suggestion of Rolfe [21 and Grimm [22] who claimed that leaders should be honest, acknowledge individual achievements and show interesting in their working day. In the present study there is not statistically significant difference between nurses perceptions in two different hospitals. This is an expected outcomes because the sample comes from the same region and maybe this affect the perceptions. There is a need for further research, with larger samples in order to draw safe conclusions.The results of this study indicated that females nurses had higher scores in subscales of appreciation, fairness, individuality and this means that female nurses perceived that their manager had better abilities in these areas. This difference should be explained by the social-role theory to which referred the expected roles refer for individuals of each gender group, stress different qualities, characteristics, and reactions for group members [23].

Also, it is worthwhile to mention that the results of the other studies about gender and their perception related to leadership style are conflicting. Undoubtedly, there is a need for further research in order to have safe conclusions.The mean scores of decision, appreciation, development and work efficiency and outcomes were higher in older nurses than younger, so this result indicated that age is a factor that affects perceptions. This is inconsistent with other study that found that age did not influence nurses' perceptions [24].

In literature, it was found that age influences leaders and styles of their leadership [25].

The results of this research also revealed that head and senior nurses had higher scores in decision making, appreciation, development and work efficiency and outcomes than staff nurses. This is explained by the fact leaders have different interpretation about their role. Moreover, this difference maybe was associated with reduced

satisfaction with leadership and by the fact that staff nurses who serve a direct operational role viewed their leader as less transformative than leaders viewed themselves. The leaders have broader administrative responsibilities and this affects their perceptions [26]. On the other hand, we suppose that head and senior nurses had more work experience and this influence their perception [25].

Another interesting result of this research is that nurses with >7 years experience had the better perception of fairness than the nurse with lower experience. Fairness is about issues such as education, planning work shifts, workload and maybe more experienced nurses are more interested in than the others. Also, we can suppose that the more experienced nurses had different needs in their family, different educational needs and all these affect their perceptions.

This study has several limitations. It was conducted with a convenient sample population. Also, the findings could not be generalized because the research was conducted only in two settings in a major city in Cyprus. Further research using randomized sampling procedure and including more nursing psychiatric units in Cyprus and beyond is necessary to validate and enhance the generalizability of the findings.

CONCLUSION

The present study supports that nurses working in psychiatric units had positive perceptions about transformational nursing leadership.

These results can be of interest for nurses and other health care professionals wishing to enhance their knowledge about leadership. Furthermore, these results may be useful for hospital administrators in order to launch training programs for nurse managers on leadership styles and their effects on job satisfaction and give them the opportunity to understand the components of effective nursing leadership style.

Finally, further investigation about transformational and other leadership styles and factors influencing it such as job satisfaction in private and public hospitals is recommended.

Conflicts of interest
All contributing authors declare no conflicts of interest.

REFERENCES

1. Sfantou DF, Laliotis A, Patelarou AE, Sifaki-Pistolla D, Matalliotakis M, Patelarou E. Importance of Leadership Style towards Quality of Care Measures in Healthcare Settings:A Syst ematic Review. Healthcare (Basel). 2017 Oct; 14: 5(4).

2. Zyga S. Athens: Introduction in Nursing Science Beta Ed;2010.
3. Curtis EA, de Vries J, Sheerin FK. Developing leadership in nursing: exploring core factors. Br J Nurs 2011 Mar;20(5):306-9.
4. Porter-O'Grady T. A different age for leadership, part 1: new context, new content. J Nurs Adm 2003 Feb;33(2):105-10.
5. Cook MJ (1999) Improving care requires leadership in nursing. Nurse Educ Today 1999 May;19(4):306-12
6. Aboshaiqah AE, Ayman M. Hamdan-Mansour AM, Sherrod DR, Alkhaibary A, Alkhaibary S. Nurses' Perception of Managers' Leadership Styles and Its Associated Outcomes. AJNR 2014;2:57-62.
7. Cummings GG, MacGregor T, Davey M, Wong CC, Lo E, Muise M, Stafford E. "Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review". Int J Nurs Stud 2010 Mar;47(3):363-85.
8. Wong CA, Cummings GG. The relationship between nursing leadership and patient outcomes: a systematic review.   J Nurs Manag 2007 Jul;15(5):508-21.
9. Kodama Y, Fukahori H, Sato K, Nishida T. (2016) Is nurse managers' leadership style related to Japanese staff nurses' affective commitment to their hospital? J Nurs Manag 2016 Oct;24(7):884-92.
10. Doody O, Doody C. Transformational leadership in nursing practice. Br J Nurs 2012 Nov 8-21;21(20):1212-8.
11. Smith M. Are you a transformational leader? Nurs Manage. 2011 Sep;42(9):44-50.
12. Burns JM. Leadership. New York: Harper & Row; 1978.
13. Lievens I, Vlerick P. Transformational leadership and safety performance among nurses: the mediating role of knowledge-related job characteristics. J Adv Nurs 2014 Mar;70(3):651-61.
14. Bormann L, Abrahamson K. Do staff nurse perceptions of nurse leadership behaviors influence staff nurse job satisfaction? The case of a hospital applying for Magnet® designation. J Nurs Adm 2014 Apr;44(4): 219-25.
15. Shi R, Zhang S, Xu H, Liu X, Miao D. Regulatory focus and burnout in nurses: The mediating effect of perception of transformational leadership. Int J Nurs Pract 2015 Dec; 21(6):858-67.

16. Asiri SA, Rohrer WW, Al-Surimi K, Daar OO, Ahmed A. The association of leadership styles and empowerment with nurses' organizational commitment in an acute health care setting: a cross-sectional study. BMC Nurs 2016 Jun 9;15:38.
17. Abouljoud M, Ryan M, Eshelman A, Bryce K, Jesse MT. Leadership Perspectives on Integrating Psychologists into Specialty Care Clinics: An Evolving Paradigm. J Clin Psychol Med Settings 2018 Sep;25(3):267-77.
18. Kvist T, Mäntynen R, Partanen P, Turunen H, Miettinen M, Vehviläinen-Julkunen K. The job satisfaction of finnish nursing   staff: the development of a job satisfaction scale and survey results. Nurs Res Pract 2012; 2012:ID210509.
19. Sapountzi-Krepia D, Petrou A, Zyga S, Prezerakos P, Lavdaniti M, Charalambous G. Validity and Reliability of the Greek Version of the Kuopio University Hospital Trans-formational Leadership Scale (KUHTLS). Proceedings of International Journal of Health Administration and Education Congress (Sanitas Magisterium), 2015 p. 23.
20. Negussie N, Demissie A. Relationship between leadership styles of nurse managers and nurses' job satisfaction in Jimma University Specialized Hospital. Ethiop J Health Sci 2013 Mar; 23(1):49-58.
21. Rolfe P. Transformational leadership theory: what every leader needs to know. Nurse Leader.2011;9(2):54-7.
22. Grimm JW. Effective leadership: making the difference. J Emerg Nurs 2010 Jan;36(1):74-7.
23. Bellou V.   Do women followers prefer a different leadership style than men?, Int J Human Resource Manag 2011;22(13):2818-33.
24. Farag AA, Tullai-McGuinness S, Anthony MK. Nurses' perception of their manager's leadership style and unit climate: are there generational differences? J Nurs Manag 2009 Jan;17(1):26-34.
25. Kaifi BA, Mujtaba BG. Transformational Leadership of Afghans and Americans: A Study of Culture, Age and Gender. J. Service Sci Manag 2010 Mar;3(1):150-8.
26. Andrews DR, Richard DC, Robinson P, Celano P, Hallaron J. The influence of staff nurse perception of leadership style on   satisfa-ction with leadership: a cross-sectional survey of pediatric nurses. Int J Nurs Stud 2012 Sep;49(9):1103-11.