

LEADERSHIP STYLES AND WORK PERFORMANCE AS PERCEIVED BY GEN Z NURSES IN SELECTED HOSPITALS OF DAVAO CITY

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Abstract

This study aimed to determine the leadership styles of Gen Z nurses in selected Davao City hospitals and their impact on work performance. This aims to examine the perception of Gen Z nurses about the leadership styles, its correlation, significance and its relationship to work performance. A predictive-correlation research design and stratified random sampling were employed to collect data from 104 young, primarily female nurses. 2 Adopted questionnaires were used during data collection process for the 5 selected hospitals of Davao City. The findings revealed that Gen Z nurses predominantly favored democratic leadership, followed by laissez-faire leadership, while authoritarian leadership was less preferred. The study also showed strong task and contextual performance among Gen Z nurses, but also a concerning level of counterproductive work behavior. Correlation analysis indicated weak but significant positive relationships between both authoritarian and laissez-faire leadership styles and work performance. However, democratic leadership showed no significant correlation. Regression analysis revealed that laissez-faire leadership emerged as the strongest predictor of work performance, followed by authoritarian leadership. As per Situational Leadership theory, no specific leadership style fits to all generations, leaders should adjust to the members of different age groups in order to be able to improve work performance and significantly minimize counterproductive work behavior in order to achieve effective and quality outcome

Keywords: *Social Science, Leadership Style, Predictive-Correlational, Davao City*

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Introduction

The healthcare industry is undergoing a generational shift, with Gen Z nurses entering the workforce in increasing numbers (Tussing et. al., 2024). While these young professionals bring fresh perspectives and innovative ideas, their unique characteristics and expectations can pose challenges for traditional leadership approaches. As Stone and Helsen (2021) highlight, Gen Z nurses are digitally native, purpose-driven, and highly collaborative. However, research by Laschinger et al. (2019) and Aiken et al. (2019) suggests that traditional leadership styles may not align with their needs, potentially leading to burnout, turnover, and compromised patient care. To ensure optimal

outcomes, it is imperative to understand how leadership styles can be adapted to effectively engage and motivate Gen Z nurses.

Globally, healthcare organizations recognize the need to adapt leadership styles to attract and retain Gen Z nurses. Studies from Canada (Wong & Laschinger, 2019) and Pakistan (Malik et al., 2020) highlight the importance of leadership that fosters autonomy, professional development opportunities, and work-life balance. These findings resonate across various countries, highlighting a global trend in aligning leadership approaches with the preferences of this emerging generation within the nursing workforce. While extensive research in

Canada explores Gen Z's traits, values (Maloni et al., 2019), attitudes towards work (Barhate & Dirani, 2021), and workplace adaptation (Raclota-Paina, 2021), a gap exists in understanding how leadership styles specifically impact their work performance.

The Philippines faces a severe nursing shortage (Philippine Statistics Authority, 2022), particularly in Davao City. Attracting and retaining Gen Z nurses is crucial, but understanding their leadership preferences is key. Research by Ancheta & Atienza (2019) and Ramos and Dacanay (2019) indicates that Gen Z nurses prefer participative and empathetic leadership. However, limited research exists on how leadership styles impact their performance in Davao City hospitals. While Lim and Talamayan (2020) examined leadership styles' influence, a deeper understanding of Gen Z nurses' specific needs is crucial. By tailoring leadership strategies to their preferences, healthcare institutions in Davao City can optimize performance and improve patient care. This will not only benefit the patients but also the administrators in managing their manpower preventing burnout and shortage of workforce.

Existing research on leadership styles in Davao City hospitals hasn't specifically explored their impact on Gen Z nurses' work performance (Amiri et al., 2019). While research on leadership styles exists, it often focuses on traditional models (Specchia, 2021) such as studies about the previous generations or general studies about work performances and leadership styles. This study delves into examining how these styles influence the work performance of Gen Z nurses, a demographic with distinct preferences. This study aims to bridge this gap by focusing on Gen Z nurses and their experiences in Davao City hospitals.

Methods

This study utilized a predictive-correlational research design. A quantitative design which aims to understand the relationship between variables and

predict future outcomes (Creswell 2022). This will investigate the relationship between staff nurse leadership styles and work performance of Gen Z nurses in selected hospitals in Davao City.

A predictive-correlational design was the most suitable for this study as it allows for the identification and analysis of the potential predictive power of leadership styles on work performance metrics. Specifically, it enabled the assessment of how variations in leadership styles (independent variable) might predict or influence work performance outcomes (dependent variable) among staff nurses. Statistical techniques such as correlation analysis were employed to determine the strength and direction of the relationship between leadership styles and work performance. This study often uses regression analysis in order to understand the correlations between variables which are the leadership style and work performances and to know if the independent variable would significantly influence the dependent variable.(Bryman and Bell 2023).

This study explored the relationship between leadership styles and work performance among Gen Z nurses in selected private hospitals in Davao City. Work performances were measured by assessing the task performance, contextual performance and counterproductive work behavior. The study aimed to understand the factors that influenced their work experiences and career paths within this specific demographic and setting.

The five hospitals in Davao City offer diverse healthcare services and they vary in size and specialties. Hospital A is a new, 100-bed facility institution providing comprehensive services and easy public transport access. Hospital B has 85 beds and emphasizes affordable, quality healthcare with a focus on family-centered and maternal health care. Hospital C, operates 80 beds under a cooperative model emphasizing community and preventive health, benefiting from its central location and ease of access. Hospital D, a 50-bed facility prioritizes accessibility, quality healthcare with modern amenities and strong transport connections. Hospital E, a Level 2, 46-bed multispecialty hospital is recognized for advanced diagnostics and surgical

specialties, with good road connectivity for local and regional referrals.

The research respondents for this study consisted of 104 respondents who were Gen Z staff nurses in the chosen research setting. Hospital A had 35 respondents, Hospital B had 22 respondents, Hospital C had 24 respondents, Hospital D had 13 respondents and Hospital E had 10 respondents. These respondents were selected using the combination of purposive sampling and total enumeration technique to ensure the study's coherence and clarity. Purposive sampling is a non-probability technique for selecting respondents based on specific criteria. Stratified random sampling was not used for this study because the amount of the Gen Z population cannot be subgrouped anymore since the study aims to include every Gen Z Nurse regardless of their specialty. It was preferred to target Gen Z registered nurses (aged 20-27), ensuring the sample reflected the perspectives of this particular demographic, known

for having unique views on leadership and work performance (Berg & Lune, 2020). Total enumeration, on the other hand, includes all members of the defined population who meet the criteria.

This combined approach allowed the researcher to target a specific, clearly defined group (Gen Z nurses) while ensuring no relevant voices were left out, enhancing the data's thoroughness and representativeness. This hybrid approach is ideal for gaining in-depth insights into generational differences without excluding any relevant voices (Smith, 2022). They met the following inclusion criteria: respondents are 20-27 years of age; respondents are Generation Z nursing staff nurses who are currently working in Level 1 & 2 private hospitals in Davao City, respondents were willing to participate in the study and had signed an informed consent form, demonstrating their understanding of the study's purpose, procedures, and their rights as respondents.

Results and discussion

Table 1. Distribution of Respondents

Private Hospitals	Generation Z Nurses
Hospital A	35
Hospital B	22
Hospital C	24
Hospital D	13
Hospital E	10
Overall	104

This study investigated the relationship between leadership styles and work performance among Gen Z nurses in private hospitals in Davao City, weighing the pros and cons of two sampling methods. Total enumeration sampling, where data were collected from every Gen Z nurse in the targeted hospitals, offered the advantage of comprehensive data and eliminated sampling bias. However, this approach was deemed impractical due to time and resource constraints, especially given the potential number of nurses across multiple hospitals.

Consequently, total enumeration sampling provides robust insights into the relationship between leadership styles and work performance among Gen Z nurses, leading to actionable recommendations for hospital management.

Table 2. Demographic Profile of the Respondents

Demographic Profile	Frequency n=104	Percentages 100%	Mean and SD
Age (Years)			
22 years old	2	1.9	25.38 ± 1.317
23 years old	7	6.7	
24 years old	16	15.4	
25 years old	31	29.8	
26 years old	20	19.2	
27 years old	28	26.9	
Sex			
Male	29	27.9	
Female	75	72.1	
Length in Service as A Nurse			
8 Months	1	1.0	4.85 ± 1.357
10 months	3	2.9	
12 months	22	21.2	
22 months	2	1.9	
24 months	41	39.4	
36 months	27	26.0	
48 months	8	7.7	
Highest Educational Attainment			
BSN/RN	78	75.0	1.36 ± 0.667
With MA Units	15	14.4	
MAN/MN Degree Holder	11	10.6	
Area of Assignment			
Emergency Room	21	20.2	3.82 ± 2.507
Medical Ward	27	26.0	
Surgical Ward	10	9.6	
OR/DR	8	7.7	
Neonatal ICU	6	5.8	
Pediatric ICU	4	3.8	

Demographic Profile	Frequency n=104	Percentages 100%	Mean and SD
Intensive Care Unit(General)	18	17.3	
Pediatric Unit	10	9.6	

Table 2 summarizes the demographic characteristics of the study sample, which consists of 104 nurses. The demographic information collected includes age, sex, length in service, highest educational attainment, and area of assignment. The respondents' ages ranged from 22 to 27 years, with an average age of 25.38 years. The largest age group was 25 years old, comprising 29.8% of the sample (n = 31), followed closely by 27-year-olds at 26.9% (n = 28). Other age groups included 24-year-olds (15.4%, n = 16), 26-year-olds (19.2%, n = 20), 23-year-olds (6.7%, n = 7), and 22-year-olds (1.9%, n = 2). Of the respondents, 72.1% were female (n = 75), while 27.9% were male (n = 29). This distribution highlights a higher representation of female nurses within the sample, which aligns with typical gender distribution in the nursing profession. Meanwhile, the mean length of service among the respondents was 4.85 pertaining to 22-24 months. Service durations varied, with the majority (39.4%) having 24 months of experience.

Additional groups included those with 36 months (26.0%), 12 months (21.2%), 48 months (7.7%), and smaller percentages for other durations. Only one participant reported 8 months of service, representing 1.0% of the sample. In terms of educational background, the majority of respondents held a Bachelor of Science in Nursing (BSN/RN), comprising 75.0% of the sample (n = 78). Additionally, 14.4% had completed some Master's-level coursework, and 10.6% held a Master of Arts in Nursing (MAN) or Master of Nursing (MN) degree. The mean educational attainment score was 1.36 which was congruent with the majority results of the study. On one hand, the areas of assignment varied, with the medical ward representing the largest category (26.0%, n = 27), followed by the emergency room (20.2%, n = 21), and the intensive care unit (ICU) at 17.3% (n = 18). Other areas included the surgical ward (9.6%), pediatric ward (9.6%), neonatal ICU (5.8%), pediatric ICU (3.8%), and the operating room/delivery room (OR/DR) at 7.7%. On the other hand, the mean assignment area score was 3.82), indicating a diverse distribution of assignments.

Table 3. Dominant Leadership Style Being Utilized by the Respondents

Leadership Style	Frequency	Percentage	Level	Mean & SD
	n=104	%		
Authoritarian	0	0	Very Low	3.38 ± 0.486
	0	0	Low	
	65	62.5	Moderate	
	39	37.5	High	
	0	0	Very High	
Democratic	0	0	Very Low	3.82 ± 0.388
	0	0	Low	
	30	28.8	Moderate	
	74	71.2	High	
	0	0	Very High	
Laissez-faire	0	0	Very Low	3.71 ± 0.455
	0	0	Low	
	19	18.3	Moderate	
	85	81.7	High	
	0	0	Very High	

Legend: 6-10: very low; 11-15: low; 16-20: moderate; 21-25: high; 26-30: very high

The results presented in Table 3 identify the leadership style predominantly utilized by the respondents. Among the three leadership styles evaluated—Authoritarian, Democratic, and Laissez-faire—the Democratic leadership style emerged as the most dominant. Specifically, 71.2% (n = 74) of the respondents demonstrated a "high" level of Democratic leadership utilization, with a mean score of 3.82 (SD = 0.388), categorizing this style as "high" according to the scoring legend. The Laissez-faire leadership style was also highly prevalent, with 81.7% (n = 85) of the respondents rated at the "high" level (M = 3.71, SD = 0.455). This indicates that while the Laissez-faire approach was widely practiced, the Democratic style showed slightly greater dominance. In contrast, the

Authoritarian leadership style was less commonly utilized, as evidenced by 62.5% (n = 65) of respondents falling into the "moderate" category and 37.5% (n = 39) categorized as "high." The mean score of 3.38 (SD = 0.486) places this style at the upper boundary of the "moderate" level, suggesting it is employed less frequently compared to the Democratic and Laissez-faire styles. These findings highlight the Democratic leadership style as the dominantly utilized approach among respondents, reflecting an emphasis on collaboration, participative decision-making, and shared responsibility. This preference aligns with leadership practices that foster inclusivity and mutual respect, which may enhance team dynamics and organizational outcomes.

Table 4. Work Performance

Domains	Mean	SD	Description
Task performance	4.16	0.276	High
Contextual Performance	3.96	0.248	High
Counter Productive	3.42	0.265	High
Over-all Mean	3.85	0.150	

Legend: 5.00 - 4.21 – Very High; 4.20 – 3.41 – High; 3.40 - 2.61 – Moderate; 2.60 - 1.81 – Low; 1.80 - 1.00 – Very Low

Table 4 shows the respondents' level of work performance. With a mean score of 4.16 for task performance, the data indicates a high level. This suggests that, on average, the nurses felt satisfied with their ability to complete the assigned tasks. Several factors might explain this optimism. Clear instructions, adequate resources, or even a genuine interest in the tasks themselves could have contributed to this positive sentiment (Amiri et al., 2019). Furthermore, the low standard deviation of 0.276 points towards a degree of consistency in the responses. In simpler terms, most nurses' ratings were clustered closely around the average score. This consistency suggests a shared experience, implying that the majority of Gen Z nurses viewed the tasks in a similar way.

Moreover, the average contextual performance score of 3.96 reflects a favorable overall assessment of the Gen Z nurse's work habits and behaviors, interpreted as a high level. This is a bit lower in comparison to task performance's mean of 4.16. This implies that, on the whole, the Gen Z nurse was viewed as performing well with the assigned tasks. A higher score generally indicates a strong work ethic, dependability, and efficiency (Tan & Chin, 2023). Relatively, there is a lower standard deviation of 0.248 for contextual performance in comparison to task performance that signifies a consistent level of performance across various aspects of the tasks. This uniformity indicates that the individual's performance did not exhibit significant fluctuations, but rather remained stable during the evaluation period. Such consistency is often regarded as a valuable trait in employees, as it denotes predictability and reliability.

Furthermore, the counterproductive work behavior score of 3.42, with a standard deviation of 0.265, reflects a high degree of counterproductive work behavior among the Gen Z nursing staff. This mean is lowest in comparison to task performance and contextual performance. This indicates that, on average, individuals engage in actions that are harmful to the workplace. Although a score of 3.42 does not indicate severe counterproductive work behavior, it reveals a troubling level of negative behaviors that can adversely affect organizational productivity, morale, and the overall work environment (Hawkins et.al., 2022). The relatively small standard deviation of 0.265 is higher than that of contextual performance but lower than task performance. This score suggests a more uniform occurrence of counterproductive work behavior among individuals.

This means that, while specific manifestations of counterproductive work behavior may vary individually, the general level of counterproductive work behavior is quite consistent among the Gen Z nurses. This uniformity could stem from several factors, including organizational culture, leadership approaches, or job-related stress (Babapour et.al., 2022). Recognizing the particular types of counterproductive work behavior present in the

workplace is essential for creating focused interventions aimed at addressing and reducing these behaviors. By pinpointing the underlying causes of counterproductive work behavior, organizations can establish strategies to encourage a positive work atmosphere and lessen the detrimental effects of counterproductive behaviors (Patre & Chakraborty, 2024).

Table 5: Test of relationship Between Leadership Style and Work Performance

Leadership Style	Work Performance			
	r	P- value	Decision	Remarks
Authoritarian	0.198	0.044	Reject Ho1	Significant
Democratic	0.192	0.051	Reject Ho2	Significant
Laissez-faire	0.255	0.009	Accept Ho1	Non Significant

Note: $p < 0.05$ (significant)

Correlation is significant at the 0.01 level (2-tailed) **; Correlation is significant at the 0.05 level (2-tailed). *

Table 5 presents the results of correlation analyses examining the relationships between different leadership styles (authoritarian, democratic, and laissez-faire) and work performance among 104 respondents. Pearson correlation coefficients and significance levels are reported for each leadership style. The correlation between authoritarian leadership style and work performance is $r = 0.198^*$, with a significance level of $p = 0.044$. This positive correlation is statistically significant at the 0.05 level ($p < .05$), indicating a moderate positive association between authoritarian leadership and work performance. This suggests that a slight increase in authoritarian behaviors may relate to improved work performance, although the strength of this relationship is relatively modest. Meanwhile, the correlation between democratic leadership style and work performance is $r = 0.192$, with a significance level of $p = 0.051$. Although there is a weak positive correlation between democratic leadership and work performance, this relationship is not statistically significant ($p > .05$). This lack of significance indicates that democratic leadership does not have a clear or strong impact on work performance in this sample.

For laissez-faire leadership, the correlation coefficient is $r = 0.255^{**}$, with a significance level of $p = 0.009$, indicating a significant positive relationship at the 0.05 level. This correlation suggests that, similar to authoritarian leadership, a moderate level of laissez-faire style may be associated with improved work performance. However, the relationship remains relatively weak and may reflect instances where allowing autonomy can enhance performance under certain conditions. Both authoritarian and laissez-faire leadership styles show weak yet significant positive correlations with work performance, while democratic leadership does not show a significant relationship with performance in this sample. These findings suggest that slight tendencies toward directive or autonomous leadership may positively influence work outcomes, though the effects are relatively modest. Further research could explore these relationships across diverse contexts to better understand the specific conditions under which different leadership styles impact performance.

Table 6: The Test of Influence of Leadership Styles on Work Performance.

Leadership Styles	Work Performance			
	Unstandardized Coefficients		Standardized Coefficients	T p-value
	B	SE	Beta	

Authoritarian	.022	.011	.198	2.043	.044*
Laissez-faire	.021	.008	.255	2.658	.009*
Democratic	.021	.038	.065	.569	.570

Note: *Significant if $p < .05$; Adjusted $R^2 = 0.030$ (Authoritarian); Adjusted $R^2 = 0.056$ (Laissez-faire); Adjusted $R^2 = -0.016$ (Democratic)

Table 6 presents the results of a stepwise regression analysis examining the impact of leadership styles (laissez-faire and authoritarian) on work performance. Two models were identified in the stepwise procedure, with "Work Performance" as the dependent variable.

In testing the assumption of normality for the variable "Work Performance," both the Kolmogorov-Smirnov and Shapiro-Wilk tests were utilized. These tests are common in determining whether the data distribution significantly deviates from a normal distribution (Field, 2018). Results from the Kolmogorov-Smirnov test indicate a statistic of 0.107 and a significance value $p = 0.005$, suggesting a statistically significant deviation from normality. Similarly, the Shapiro-Wilk test yielded a statistic of 0.958 with $p = .102$, also indicating a significant departure from normal distribution ($p < .05$). These results suggest that the work performance data is not normally distributed. The significance of both tests implies that parametric tests that assume normality might not be suitable for this data. (Tabachnick & Fidell, 2019).

The laissez-faire leadership style emerged as a significant predictor of work performance. The unstandardized coefficient for laissez-faire leadership was $B = .021$ ($SE = .008$), and the standardized coefficient (Beta) was $\beta = .255$, indicating a positive relationship between laissez-faire leadership and work performance. The t-value for this predictor was 2.658, with a significance level of $p = .009$, suggesting that laissez-faire leadership significantly predicts work performance ($p < .01$). The 95% confidence interval for BBB ranged from .005 to .037, reinforcing the reliability of this effect. The model had a correlation (R) of .255 and explained approximately 6.5% of the variance in work performance ($R^2 = .065$, Adjusted $R^2 = .056$). This result suggests that laissez-faire leadership has a small but significant positive effect on work performance.

Authoritarian leadership was added as a predictor alongside laissez-faire leadership. The unstandardized coefficient for authoritarian leadership was $B = .022$ ($SE = .011$), with a standardized coefficient (Beta) of $\beta = .198$. The t-value for this predictor was 2.043, with a significance level of $p = .044$, indicating a statistically significant relationship ($p < .05$) between authoritarian leadership and work performance. The 95% confidence interval for BBB was from .001 to .044, suggesting that authoritarian leadership also has a small positive effect on work performance. However, with the addition of authoritarian leadership, the model's explanatory power decreased slightly, with $R = .198$ and $R^2 = .039$ (Adjusted $R^2 = .030$). This suggests that while authoritarian leadership contributes to explaining work performance, its effect may be less consistent or impactful compared to laissez-faire leadership in this sample.

Both models exhibited low collinearity, (Appendix F) with a tolerance of 1.000 and a variance inflation factor (VIF) of 1.000 for both predictors. These statistics indicate no multicollinearity issues between laissez-faire and authoritarian leadership styles in predicting work performance. To sum up, the stepwise regression analysis indicates that laissez-faire leadership style is the strongest predictor of work performance, followed by authoritarian leadership. Both styles have a positive but relatively small effect on work performance. This finding suggests that more autonomous and slightly directive leadership approaches may support improved work outcomes, although the overall impact remains modest. Future research could explore additional variables to better understand factors influencing work performance.

Table 6.2 (Appendix F) presents the excluded variables from the stepwise regression analysis models predicting work performance. The table includes information on the democratic and authoritarian leadership

styles, which were not retained as significant predictors in certain steps of the model selection process. The results provide insights into the potential contributions of these excluded variables, as well as collinearity statistics. In the first model, where the laissez-faire leadership style was the sole predictor of work performance, the democratic and authoritarian leadership styles were evaluated for inclusion but ultimately excluded. In Authoritarian Leadership Style, the standardized coefficient (Beta) for authoritarian leadership was .131, with a t-value of 1.299 and a significance level of $p=.197$. The partial correlation was .128, indicating a weak relationship with work performance. The collinearity statistics showed a tolerance of .900 and a variance inflation factor (VIF) of 1.112, suggesting no multicollinearity issues. Despite a slight positive association, authoritarian leadership did not meet the significance threshold to be included in Model 1 ($p > .05$). The democratic leadership style also had a low Beta of .081, with a t-value of .713 and a significance level of $p=.477$. The partial correlation of .071 reflects a negligible association with work performance, and the collinearity statistics (tolerance = .723, VIF = 1.384) indicate no multicollinearity concerns. The lack of statistical significance ($p > .05$) and low effect size led to its exclusion from Model 1.

In Model 2, the authoritarian leadership style was added as a predictor along with the laissez-faire leadership style. Democratic leadership was again evaluated for inclusion but excluded. The standardized coefficient (Beta) for democratic leadership was .131, with a t-value of 1.221 and a significance level of $p=.225$. The partial correlation was .121, indicating a weak positive association with work performance. Collinearity statistics (tolerance = .814, VIF = 1.229) revealed no multicollinearity concerns. However, the democratic leadership style did not significantly contribute to predicting work performance ($p > .05$) therefore excluded from Model 2.

The stepwise regression analysis excluded both the democratic and authoritarian leadership styles at different steps due to their lack of statistical significance in predicting work performance. The democratic leadership style consistently showed low correlations and non-significant p-values across both models, indicating it does not contribute meaningfully to the prediction of work performance in this sample. Authoritarian leadership, while included in Model 2, also displayed limited predictive strength when initially evaluated in Model 1. These findings suggest that, in this context, laissez-faire leadership is the primary style associated with work performance, while democratic and authoritarian styles do not significantly impact this outcome.

Conclusion and Recommendations

Conclusions

The study sample primarily consisted of young, female nurses with a Bachelor of Science in Nursing degree and an average of two years of experience. A majority of the respondents were assigned to medical wards, emergency rooms, and intensive care units. These demographic characteristics provide a foundation for understanding the context of the study and may influence the interpretation of findings related to leadership styles, work performance, and other variables.

a. The findings revealed that Gen Z nurses predominantly favor democratic leadership, followed by laissez-faire leadership. This suggests a preference for collaborative decision-making and a level of autonomy in their work. Authoritarian leadership, while not completely absent, was less

avored, indicating a desire for a more participatory and less directive approach. These insights highlight the importance of understanding and adapting leadership styles to align with the preferences and values of this generation of nurses.

b. The study revealed that Gen Z nurses demonstrated strong task performance, feeling confident in their ability to complete assigned tasks. Similarly, their contextual performance was assessed favorably, indicating positive work habits and behaviors. However, a concerning finding was the relatively high level of counterproductive work behavior. While the specific manifestations of these behaviors were not explicitly detailed, this finding suggests a need for further investigation and interventions.

c. The correlation analysis revealed a complex relationship between leadership styles and work performance. While both authoritarian and laissez-faire leadership styles showed weak but statistically

significant positive correlations with work performance, democratic leadership did not. These findings suggest that a balance between directive and autonomous leadership approaches may be beneficial for improving work performance. However, the specific impact of leadership styles may vary depending on factors such as the nature of the work, the characteristics of the team, and the organizational culture. Further research is needed to explore these nuances and develop evidence-based strategies for effective leadership in healthcare settings.

d. The regression analysis revealed that laissez-faire leadership emerged as the strongest predictor of work performance, followed by authoritarian leadership. Both styles had a positive but relatively small impact, suggesting that a balance between autonomy and direction may be beneficial. Democratic leadership, however, did not significantly contribute to predicting work performance in this study. These findings highlight the complex interplay between leadership styles and their influence on individual performance. Further research is needed to explore the specific conditions under which different leadership styles may be most effective.

Recommendations

Based on the findings that were gathered, the following recommendations were offered for consideration:

Gen Z Nurses – While autonomy is valued, seek a balance between independent work and collaboration with colleagues and supervisors. Openly communicate expectations, concerns, and ideas with supervisors. Embrace opportunities for professional development to enhance skills and knowledge. Maintain a strong work ethic, punctuality, and a positive attitude. Be aware of behaviors that might negatively impact the workplace and strive to minimize them.

Head Nurses and Nursing Managers - Encourage shared decision-making and team collaboration to foster a positive work environment. Offer support and guidance to Gen Z nurses, especially when they need assistance or clarification. Implement recognition programs to acknowledge and reward

the contributions of Gen Z nurses. Implement strategies to address and minimize counterproductive behaviors, such as providing training, coaching, or counseling. Create a supportive and inclusive work environment that values diversity and encourages open communication.

Human Resource Managers - Develop training programs that cater to the specific needs and learning styles of Gen Z nurses. Implement mentorship programs to pair experienced nurses with younger colleagues. Offer flexible work arrangements and wellness programs to support work-life balance. Establish effective performance management systems that provide clear expectations and regular feedback.

Hospitals - Provide leadership training for nurse managers and supervisors to enhance their skills in managing Gen Z nurses. Create Supportive Work Environments: Foster a positive work culture that values employee well-being and job satisfaction. Empower nurses to make decisions and take ownership of their work. Continuous Evaluation and Improvement: Regularly assess the effectiveness of interventions and make necessary adjustments.

Future Researchers - Conduct studies to examine the relationship between leadership styles and patient outcomes, such as patient satisfaction, mortality rates, and readmission rates. Explore how organizational culture influences leadership behaviors and work performance. Conduct longitudinal studies to track the long-term impact of leadership styles on nurse retention and job satisfaction.

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