DDC Professional Journal
Vol. 7, No.1, January 2026
ISSN 1908-3130

PERCEIVED LEADERSHIP STYLE, WORK ENGAGEMENT, AND PERFORMANCE OF STAFF NURSES IN TAGUM CITY

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Abstract

This study assessed the perceived leadership styles, work engagement, and performance of staff nurses in Tagum City using a predictive-correlational design. It involved 150 conveniently selected registered staff nurses from selected healthcare institutions. Data were collected via questionnaires adapted from Northouse (2001) for leadership styles, the UWES (Schaufeli & Bakker, 2003) for work engagement, and the IWP (Koopmans et al., 2014) for performance; these were modified to suit the study's objectives and validated with Cronbach's α and McDonald's ω values of 0.934, 0.844, and 0.911, respectively. Findings indicated high work engagement among nurses, driven by strong dedication but with room for improvement in absorption. Overall performance was also high, featuring effective task execution and low counterproductive behaviors. Leadership style positively correlated with work engagement (r= .389, p= <.001), implying that better leadership linked to higher engagement. Democratic leadership uniquely predicted work performance (β= .039, p=.002) , while laissez-faire leadership influenced engagement (β=.057, p= <.001) and both autocratic and democratic styles predicted performance. It is recommended that nurse leaders in private hospitals continue to adopt and strengthen democratic, participative leadership practices to maintain a positive work environment and enhance staff collaboration.

Keywords: *Leadership Style, Work Engagement, Work Performance, Predictive-Correlational, Tagum City*

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Introduction

Leadership plays a crucial role in nursing practice and health care delivery as it provides direction and motivation for nurses to achieve organizational goals and objectives. Global researches reveal that leadership style has significantly influence nurses' motivation, confidence, and willingness to fulfil their tasks, Dominguez (2025). Studies conducted across Indonesia, Malaysia, and Thailand exemplified the association between leadership style, work engagement, and employee performance, emphasizing that nurses who are highly engaged are more productive and satisfied (Buchakun et al., 2025; Falguera et al., 2023). As agreed, upon by Bakker et al. (2023) & Lee et al. (2022) leaders who communicate and support their subordinate can foster a positive work environment and good interpersonal relationship as nurses feel valued and engaged (Kim et al., 2023). Further, Zhang et al. (2021) reported that transformational leaders inspire and empowers nurses can increase nurses' work engagement which in turn, improves delivery of health care services. In contrast, authoritarian or autocratic leaders are known for their poor communication skills, they are least likely to communicate with them resulting to decrease nurses' morale and diminishes work performance (García-Serrano & Rojas, 2024). Research on private hospital nurses in Laguna links leadership styles to enhanced work performance via improved team dynamics and job satisfaction (Dominguez, 2025). A 2022 Philippine correlational study 2 revealed moderate transformational leadership strongly associates with higher work engagement, suggesting leadership elevation boosts engagement levels (Feliciano et al, 2025). However, leadership that lacks clarity, communication, and recognition can result in disengagement and decreased motivation among nurses (Villanueva et al., 2021; Dizon et al., 2022). Though there are supporting evidences stating that

leadership style, especially supportive or transformational style can influence nurse job satisfaction and performance, (Gebreheat et al, 2023), different studies use different ways of measuring leadership, engagement, and well-being making it difficult to determine which leadership style most strongly influence nurses' engagement and performance. Despite intervention studies and other research, there is a lack evidence that strengthening leadership alone can improve nurses' engagement, retention, or performance, particularly in low-resource countries such as the Philippines (Alsadaan et al., 2023; Dominguez, 2025) Further, there are very few local studies done to examine how healthcare system issues, such as nurse migration, staffing policies, and workforce shortages related with leadership practices overlooking the complex relationship between national conditions and leadership at the hospital level is often overlooked. Many studies in the Philippines discuss leadership and nurse engagement only within the four walls of the hospital, but Niinihuhta et al. (2022) emphasize that nurses are shaped by their daily experiences not just by their leaders, but by issues such as the ongoing shortage of nurses, the steady migration of experienced staff, and gaps in staffing policies as well.

Methods

This study employs a quantitative, descriptive predictive-correlational research design, which is appropriate for examining the relationships between perceived leadership style, work engagement, and work performance among staff nurses in Tagum City. These non-experimental approaches use statistical methods like regression to assess forecasting power, providing foundational evidence for phenomena like student performance or health trends. Descriptive predictive designs, often a form of correlational research, describe variables and predict outcomes without manipulation, making them ideal when ethical or practical constraints prevent experimental control (Devi et al.,2022). These designs suit studies examining natural relationships, such as predictors of student success or health behaviors. Moreover, correlational designs enable predictions about outcomes, like academic engagement from physical exercise levels among college students, when variables cannot be ethically or practically manipulated, as shown in Gao's 2025 study on self-efficacy and behavior. They capture real- world behaviors in natura settings, such as family conditions influencing well-being, providing detailed insights and hypotheses for further study without causation claims, according to a 2024 descriptive correlational analysis.

This study was conducted in three selected Level 2 private hospitals located in Tagum City, Davao del Norte, Philippines. These healthcare institutions represent a combination of private hospitals providing secondary and tertiary care services to the residents of Tagum City and neighboring municipalities. These setting were strategically chosen for their accessibility, diverse services, and sizable nursing workforce, representing Tagum City's hospital system. Conducting the study here examined how nurse leaders' perceived leadership styles influence staff nurses' work engagement and performance. The findings offer evidence-based insights to guide administrators and nursing leaders in enhancing leadership, engagement, and outcomes like patient care and retention.

The participants of this study were staff nurses working in selected private hospitals in Tagum City, Davao del Norte. These nurses are directly involved in patient care and work under the supervision of nurse managers, making them appropriate respondents for assessing perceived leadership style, work engagement, and work performance.

The study used convenience sampling, choosing participants who were
easily accessible and met the inclusion criteria. A power analysis with G*Power 3.1 determined the minimum sample size needed for correlational analysis, using $\alpha = 0.05$, power = 0.80, and a medium effect size (0.30). The study included 150 staff nurses, meeting the minimum needed for reliable statistical analysis. Participation was voluntary. Respondents were told the study's purpose, their right to withdraw, and that their information would be kept confidential.

This study utilized questionnaires that were adapted and slightly modified to fit the context and experiences of staff nurses in Tagum City. The instrument comprised three sections corresponding to the main variables of the study: perceived leadership style, work engagement, and work performance.

The first section of the questionnaire assessed the leadership style using items adapted from Northouse (2001). This section assesses participants' perceptions of their supervisors' leadership approaches, focusing on three primary styles: (a) Authoritarian, (b) Democratic, and (c) Laissez- faire. This section consists of 18 items corresponding to the different leadership styles. Some items were modified to better reflect the nursing context, emphasizing leadership behaviors relevant to clinical supervision and patient care coordination. Participants rate their agreement with statements on a Likert scale (1 = strongly disagree, 5 = strongly agree). Higher scores in

each subscale indicate stronger perception of that particular leadership style.

The Third Section Included In The Adapted questionnaires measured employees' work performance using Koopman et al.'s (2011) Individual Work Performance Questionnaire (IWPQ). This instrument assesses key dimensions of work performance, including task performance, contextual performance, and counterproductive work behavior. Participants rated each item on a 5-point Likert scale ranging from 1 (almost never) to 5 (always). Higher scores indicate better work performance, whereas lower scores (e.g.,1 = almost never; 2 = rarely) suggest that the employee hardly ever demonstrates the specified work behaviors.

All adapted instruments were modified to fit the goal of the study. The questionnaires were subjected to content validation by three experts in nursing education to ensure contextual appropriateness and clarity. A reliability test was conducted prior to the main data gathering to determine the reliability to the modified instruments, with Cronbach's alpha coefficient and McDonald's Omega results of 0.934, 0.844, and 0.911, respectively.

RESULTS AND DISCUSSION

Table 1. The Nurses' Level of Perceived Leadership Style

Indicator	Mean Score	SD	Rank	Interpretation
Authoritarian	20	3.3	3	**Moderate**
Democratic	24	3.1	1	High
Laissez faire	21	3.1	2	High
Overall	**21**	**3.2**		**High**

Note: Interpretation is based on Northouse (2009) Scoring System--- 26-30 (Very High); 21- 25 (High);16-20 (Moderate); 11-15 (Low); 6-10 (Very Low).

As shown in Table 1, the democratic leadership style obtained the highest mean score of 24 (SD = 3.1), which is interpreted as High. Meanwhile, the authoritarian leadership style garnered the lowest mean score of 20 (SD = 3.3), interpreted as Moderate. Overall, the composite mean of 21 (SD = 3.2) indicates a High level of perceived leadership among nurses.

Table 1 suggests that nurses perceive their leaders as generally participative and open to collaboration, encouraging involvement in decision-making and promoting teamwork within the healthcare setting. Sarmiento et al. (2024), who reported democratic style's superior rating (M=23.21) over authoritative (M=19.59) and laissez-faire (M=18.85) among nurses, attributing this to enhanced collaboration and job satisfaction. Meanwhile, the authoritarian leadership style as interpreted as moderate implies that leaders exercise authority and control when necessary but do not heavily rely on directive or coercive methods. The moderate rating reflects a balanced approach leaders maintain order and structure while still allowing input from subordinates. This observation aligns with recent findings, which suggest that although authoritarian leadership can be associated with negative outcomes such as higher nurse burnout and presenteeism, moderate use of authority combined with supportive climate may reduce those risks (Zheng et al., 2024). Overall, the composite mean of 21 (SD = 3.2) reflects a high level of perceived leadership among nurses, suggesting that nurse leaders consistently demonstrate effective and supportive leadership behaviors. These behaviors largely align with democratic principles while maintaining the flexibility to adapt alternative leadership styles when necessary. Consistent with this, Xue et al. (2025) found that clinical leadership enhances nurses' work engagement, which in turn contributes to improved quality of care—paralleling how participatory leadership in this context fosters a positive work environment and better patient outcomes. These findings underscore the critical role of participatory leadership in cultivating a supportive workplace and promoting high-quality patient care.

Table 2. The Nurses' Level of Work Engagement

Indicators	Mean	SD	Interpretation
Vigor	3.70	0.73	High
Dedication	4.24	0.67	Very High
Absorption	3.62	0.91	High
Overall	3.85	0.77	**High**

Note: 4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Low;1.00-1.80---Very Low; SD- Standard Deviation.

Table 2 shows that nurses demonstrated a high level of work engagement overall (M = 3.85, SD = 0.77). Among the three dimensions, Dedication received the highest mean score (M = 4.24), interpreted as Very High. On the other hand, absorption received the lowest mean score among the three (M = 3.62), although still interpreted as High.

This finding [for Dedication] is in line with previous research indicating that higher dedication is linked to improved job satisfaction and perceived quality of care among nurses. For instance, a study of hospital nurses in the Philippines found that those with higher dedication scores reported greater job satisfaction and better patient-care perceptions (Falguera, C.C. et al., 2023). Gwamanda (2024) similarly found dedication yielding higher means across diverse samples, attributing this to its stability as a motivational anchor compared to other facets. [For Absorption,] this indicates that while nurses are generally immersed and focused, they are somewhat less likely to experience the deepest levels of task absorption (such as losing track of time or being completely engrossed) compared to their feelings of dedication. Prior work supports this differentiation, noting that absorption often trails other engagement dimensions in high-demand healthcare contexts. For example, Wang, Gao, and Xun (2021) observed that although overall engagement among dental nurses in China was moderate, absorption trailed behind vigor and dedication, suggesting that it may be particularly sensitive to contextual demands such as job stress. Dedication reflects meaningful involvement and enthusiasm that nurses can sustain despite workplace challenges, while absorption requires intense focus that is often interrupted in dynamic clinical environments. Overall, dedication's prominence (M = 4.24) reflects nurses' sense of significance despite demands, consistent with Alenezi et al. (2025) who found transformational leadership boost most. Lower absorption (M = 3.62) suggests cognitive immersion challenges in high-stress settings, as Wang et al. (2025) noted among 778 Chinese nurses.

Table 3. The Nurses' Level of Work Performance

Indicators	Mean	SD	Interpretation
Task Performace	4.00	0.67	High
Contextual Performance	3.99	0.71	High
Counterproductive Behavior	3.89	1.00	High
Overall	**3.96**	**0.79**	**High**

Note*: *4.21-5.00---Very High ;3.41-4.20---High; 2.61-3.40---Moderate; 1.81-2.60---Low; 1.00-1.80---Very Low; SD- Standard Deviation

Table 3 shows that nurses demonstrated a high level of work performance overall (M = 3.96, SD = 0.79), indicating that, on average, they frequently demonstrate desirable work behaviors across the assessed dimensions. Among the three indicators, Task Performance (M = 4.00) and Contextual Performance (M = 3.99) both achieved High interpretations. Interestingly, Counterproductive Work Behavior (M = 3.89) was also rated High, which may reflect minimal engagement in negative behaviors rather than frequent occurrence, considering the scoring direction used.

This suggests that nurses effectively perform their core duties and actively contribute to the organizational environment through cooperation, initiative, and adherence to professional standards. According to Karaca, et al. (2021), nursing work environment and leadership factors significantly influence work performance, including task and contextual performance dimensions, thus underscoring the importance of supportive management and organizational resources in maintaining high levels of both core and extra-role performance in nursing practice.

Table 4: The Test of Relationship between the Nurses' Level of Perceived Leadership Style and Work Engagement.

Perceived Leadership Style	Work Engagement			
	r	p-value	Decision	Remarks
Authoritarian	.404	<.001	Reject H_{01}	S
Democratic	.312	<.001	Reject H_{01}	S
Laissez-Fair	.450	<.001	Reject H_{01}	S
Overall	**.389**	**<.001**	**Reject H_{01}**	**S**

Note: p<0.05 (Significant); IV-Perceived Leadership Style; DV-Work Engagement.

Table 4 shows the test of relationship between level of perceived leadership style and work engagement among nurses. The results indicate a statistically significant relationship between nurses' perceived leadership style and their level of work engagement, with all tested leadership styles, authoritarian, democratic, and laissez-faire showing significant positive correlations. The overall correlation coefficient is $r = 0.389$with a p-value less than 0.001, confirming that nurses' perceptions of their leaders' style are meaningfully associated with their engagement at work.

Moreover, it suggests that as nurses' level of perceived leadership style increases in general, their level of their work engagement also increases. The present results align with a growing body of literature indicating that nurses' perceptions of effective leadership style are strongly associated with their work engagement. For example, in a cross-sectional study of 390 nurses in Saudi Arabian hospitals, Al-Dossary (2022) found that both transformational and transactional leadership styles were positively and significantly correlated with nurses' work engagement.

Table 5: The Test of Relationship between the Nurses' Level of Perceived Leadership Style and Work Performance.

Perceived Leadership Style	Work Performance			
	r	p-value	Decision	Remarks
Authoritarian	-.002	.985	Accept H_{01}	NS

Democratic	.205	.012	Reject H_{01}	S
Laissez-Fair	.097	.239	Accept H_{01}	NS
Overall	**.100**	**.412**	**Accept H_{01}**	**NS**

Note: p<0.05 (Significant); IV-Perceived Leadership Style; DV-Work Performance.

As shown in Table 5, the results revealed that there is a significant, positive relationship between nurse's work performance and perceived leadership style in terms of democratic ($r = .205$, $p = .012$). On the other hand, the two domains of leadership style involving authoritarian ($r = -.002$, $p = .985$) and laissez-faire ($r = .097$, $p = .239$) did not show any significant relationship with their work performance. It further suggests that as nurses' democratic leadership increases, their level of work performance also increases.

Discussion

This finding aligns with empirical evidence promoting participative leadership in nursing contexts. For example, Widiharti, Sari & Sholichah (2023) reported that in an Indonesian inpatient ward, a predominantly democratic leadership style by the ward head was significantly related to improved nurse performance ($p = .000$). Similarly, Dominguez (2025) found in a Philippine private hospital a moderate positive correlation ($r = .4866$, $p < .001$) between perceived leadership style including democratic, and nurse work performance. These findings corroborate the inference that as nurses' perception of democratic or participative leadership increases, so does their level of performance. Alsadaan et al. (2023) demonstrated that authoritarian leadership styles reduce nursing performance by restricting autonomy, contrasting with participative approaches that enhance motivation and engagement. Furthermore, Li and Zhang (2025) linked authoritarian leadership to increased nurse burnout and emotional exhaustion, reinforcing why non-participative styles fail to improve performance. Collectively, these studies affirm that democratic leadership fosters greater engagement, vigor, and superior task and contextual outcomes among nurses

Table 6: The Test of Influence of Perceived Leadership Style on Work Engagement.

	Work Engagement							
Variables	**Unstandardized Coefficients**		**Standardized Coefficient**			**CI (95%)**		**Remarks**
	β	**SE**	**Beta**	**t**	***p***	***LB***	***UB***	
(Constant)	1.697	.336		5.057	<.001	1.034	2.360	
AL	.017	.016	.110	1.058	.292	-.015	.050	NS
DL	.027	.014	.164	1.931	.055	-.001	.055	NS
LF	.057	.015	.340	3.737	<.001	.027	.087	S

Note: p<.05 *(Significant); Adjusted R^2= 0.233; F= 16.066; SE- Standard Error; IV- AL (Authoritarian Leadership), DL-(Democratic Leadership); LF-(Laissez-Fair); DV-Work Engagement; CI- Confidence Interval; LB= Lower Bound; UB- Upper Bound.

Table 7: The Test of Influence of Perceived Leadership Style on Work Performance.

	Work Performance							
Variables	**Unstandardized Coefficients**		**Standardized Coefficient**			**CI (95%)**		**Remarks**
	β	**SE**	**Beta**	**t**	***p***	***LB***	***UB***	
(Constant)	3.213	.289		11.104	<.001	2.641	3.785	
AL	-.034	.014	-.275	-2.402	.018	-.062	-.006	S
DL	.039	.012	.303	3.214	.002	.015	.063	S
LF	.024	.013	.185	1.839	.068	-.002	.050	NS

Note: p<.05 *(Significant); Adjusted R^2= 0.061; F= 4.247; SE- Standard Error; IV- AL (Authoritarian Leadership), DL-(Democratic Leadership); LF-(Laissez-Fair); DV-Work Performance; CI- Confidence Interval; LB= Lower Bound; UB- Upper Bound.

Table 7 revealed that authoritarian leadership ($\beta = -.034,\ p = .018$) and democratic leadership style ($\beta = .039,\ p = .002$) significantly influenced the work performance among nurses. On the other hand, the laissez-faire leadership did not show any significant influence on their work performance ($\beta = .024,\ p = .068$). Moreover, parametric regression analysis indicated that 6.1% of the variance in work performance could be explained by perceived leadership style, as reflected by an adjusted $R^2$of 0.061. This suggests that 93.9% of the variation is attributable to factors other than perceived leadership style.

Sholichah et al. (2023), in an Indonesian hospital context, documented that a predominantly democratic leadership style was significantly associated with higher nurse performance ($p = .000$), supporting our Table 7 findings. Our regression result for authoritarian leadership ($\beta = -0.034,\ p = .018$) indicates a small but statistically significant negative effect on nurses' work performance. This finding aligns with recent empirical work: for instance, Zhang et al. (2025) found that authoritarian leadership significantly predicted young nurses' burnout ($\beta = 0.340, p < .001$), mediated via organizational climate and psychological capital. While their outcome was burnout rather than performance, these results collectively suggest that authoritarian leadership tends to have a detrimental effect on nurse outcomes.

Conclusion

Grounded on the results of the study, it can be concluded that:

1. Staff nurses in private hospitals in Tagum City generally perceive their leaders as demonstrating a high level of effective and supportive leadership, with a predominance of democratic, participative, and collaborative behaviors. Authoritarian leadership was rated moderately, indicating that while leaders may exercise authority, when necessary, they balance it with inclusivity and staff involvement. Overall, these findings suggest that nurse leaders foster a positive work environment that encourages collaboration, supports staff, and contributes to the delivery of quality patient care.

2. Nurses demonstrated a high level of work engagement, with Dedication

rated very high, and Vigor and Absorption rated high. This indicates that nurses are committed, enthusiastic, and fully involved in their work,
reflecting strong motivation and investment in their roles within the healthcare setting.

3. Nurses demonstrated a high overall level of work performance, with both Task Performance and Contextual Performance rated high, indicating that they carry out their duties effectively and contribute positively to the work environment. Counterproductive Work Behavior was also rated high, suggesting minimal engagement in negative behaviors and a generally positive approach to their roles.

4. The study revealed a significant moderate positive relationship between perceived leadership style and nurses' work engagement. All leadership styles—Authoritarian, Democratic, and Laissez-Faire—were significantly correlated with engagement, with Laissez-Faire leadership showing the strongest relationship, indicating that granting autonomy and fostering trust enhances nurses' involvement and commitment to their work.

5. The findings indicate a significant positive relationship between democratic leadership and nurses' work performance, suggesting that participative and inclusive leadership enhances nurses' effectiveness. Authoritarian and laissez-faire leadership styles, however, did not show a significant relationship, highlighting that engagement and involvement in decision-making are key factors in improving
performance.

6. Laissez-faire leadership significantly influences nurses' work engagement, while authoritarian and democratic styles did not show a significant effect. Overall, perceived leadership style accounted for 23.3% of the variance in work engagement, suggesting that other factors also play a substantial role in determining nurses' engagement levels.

7. Both authoritarian and democratic leadership significantly influenced nurses' work performance, with authoritarian leadership having a small negative effect and democratic leadership a positive effect. Laissez- faire leadership did not significantly impact performance. Overall, perceived leadership style explained only a small portion (6.1%) of the variance in work performance, indicating that other factors largely contribute to nurses' performance outcomes.

Recommendation

1. It is recommended that nurse leaders in private hospitals continue to adopt and strengthen democratic, participative leadership practices to maintain a positive work environment and enhance staff collaboration. Leadership development programs should emphasize skills in communication, team involvement, and supportive supervision to further promote staff engagement and quality patient care. Additionally, hospital management should monitor and provide feedback on leadership practices to ensure a balance between authority and collaboration, optimizing both staff satisfaction and performance.

2. Hospital management and nurse leaders should implement strategies to sustain and further enhance work engagement, such as recognizing achievements, providing opportunities for professional growth, and promoting a supportive and stimulating work environment. Fostering high engagement can improve nurse satisfaction, retention, and the quality of patient care.

3. Hospital management and nurse leaders should continue to support and reinforce factors that promote high work performance, such as clear expectations, professional development opportunities, and recognition of achievements. Strategies that maintain a positive work culture and minimize counterproductive behaviors will help sustain nurses' effectiveness, job satisfaction, and
the overall quality of patient care.

4. It is recommended that nurse leaders adopt leadership practices that promote autonomy and trust, such as participative decision-making and delegating responsibilities appropriately, to sustain and enhance work engagement. Hospital management should provide training and support to develop leaders' skills in balancing guidance with empowerment, ensuring a motivated and highly engaged nursing workforce.

5. Nurse leaders should emphasize democratic leadership practices, such as encouraging participation, collaboration, and open communication, to enhance nurses' performance. Hospital management should support leadership development programs that cultivate these skills, fostering a more effective and motivated nursing workforce.

6. Nurse leaders must incorporate aspects of Laissez-faire leadership, such as granting autonomy and fostering trust, to enhance work engagement. Additionally, hospital management should explore and address other factors affecting engagement such as workload, organizational support, and professional development opportunities to further improve nurses' involvement and commitment to their work.

7. Nurse leaders must adopt and strengthen democratic leadership practices, such as encouraging participation and collaboration, to enhance nurses' work performance. Additionally, hospital management should identify and address other factors affecting performance, such as organizational support,

workload management, and professional development, to further improve overall nursing effectiveness and patient care quality.

8. In light of the study's limitations, future research should employ probability sampling to enhance the generalizability of findings beyond hospitals in Tagum City. As this study relied solely on self-reported questionnaires, subsequent research should incorporate mixed methods, such as interviews or observations, to minimize response bias and obtain more comprehensive data.

9. Extend research to various hospital types and regions would strengthen the conclusions and improve external validity.

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