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LEADERSHIP PRACTICES AND WORK MORALE AMONG NURSE LEADERS IN PRIVATE HOSPITALS OF TAGBILARAN CITY, BOHOL. UNIVERSITY OF BOHOL

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ABSTRACT

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This study aims to inform stakeholders and advance scientific understanding by investigating the correlation between leadership styles and work morale among nurse leaders working in private hospitals in Tagbilaran City, Bohol. The findings are intended to guide leadership development initiatives and inform healthcare policies to improve organizational outcomes. Results showed that nurse leaders generally demonstrated high levels of leadership practice, with management-by-exception, individualized consideration, and inspirational motivation rated highest. This demonstrates the competence of nurse leaders, which should reassure the audience of their effective practices and dedication. Trend analysis highlights the significance of ethical and

transformational leadership behaviors in establishing trust and professional dedication, as well as in pushing practical stakeholder solutions. This is despite the fact that no clear statistical correlation was established between the two.

INTRODUCTION

The importance of leadership in nursing is widely acknowledged as a significant factor in determining an organization's efficiency, the quality of care provided, and the health and happiness of its workforce. According to Sullivan and Garland (2010) and Dyess and Sherman (2011), nurse leaders can affect patient outcomes not only through their clinical competence but also by motivating, encouraging, and directing healthcare teams toward agreed-upon goals. Leadership is critical for sustaining staff commitment, professional engagement, and organizational stability in healthcare systems facing challenges such as workforce shortages, rapid technological advancements, and rising service demands. Work morale, which reflects employees' self-assurance, enthusiasm, emotional well-being, and a sense of purpose in relation to the company's goals, is closely tied to leadership. Low morale leads to fatigue, absenteeism, turnover, and a decline in the quality of patient treatment (Galanis et al., 2021). However, strong morale has been related to increased productivity, ethical practice, resilience, and patient safety. The nursing profession is particularly vulnerable to low morale due to heavy workloads, emotional labor, ethical difficulties, personnel shortages, and frequent exposure to human misery. These findings stress leadership's importance in creating supportive environments that encourage motivation, trust, and psychological well-being. This study is based on four important theories: King's Goal Attainment, Locke and Latham's Goal-Setting, Fiedler's Contingency, and Herzberg's Two-Factor Theory, which explain how leadership influences motivation and morale in nursing settings. Imogene King's Goal Attainment Theory describes nursing as an interactive process in which people communicate, set objectives, and work together to achieve them. This paradigm encourages leaders and employees to identify common goals, understand each other, and communicate effectively.

This implies that nurses' morale improves when they feel involved in reaching their aims. Locke and Latham established the Goal-Setting Theory, which holds that setting specific, demanding, and relevant goals can boost performance and motivation. Leaders can improve morale by clarifying expectations, providing feedback, and recognizing accomplishments.

Employees are more likely to feel inspired and devoted to their work when they understand and value the goals set. The Contingency Theory of Leadership, proposed by Fiedler, holds that leadership effectiveness depends on the degree to which a leader's style is compatible with the circumstances. Leadership in the healthcare industry must adapt to changes in task structure, team maturity, crisis conditions, and

institutional constraints. As a result, morale may fluctuate depending on how closely the leadership style aligns with the organization's realities. The Two-Factor Theory developed by Herzberg distinguishes between hygiene factors, such as income, policies, and working conditions, and motivators, such as recognition, achievement, and further development. To boost morale, leaders should address both sources of unhappiness and of inspiration. This highlights that leadership alone may not be sufficient if the conditions within the system remain unsatisfactory.

Review of Related Literature. Leadership in healthcare involves influencing others toward shared goals, ensuring quality care, and fostering professional growth (Cummings et al., 2008). According to research by Laschinger et al. (2014) and Wong et al. (2014), transformational leadership, defined by vision, inspiration, intellectual stimulation, and customized consideration, has been consistently associated with work satisfaction, empowerment, and organizational commitment. Additionally, trust, involvement, and professional identity are strengthened through ethical leadership and supportive supervision. It has been demonstrated that leadership credibility, justice, communication, and trust are significant factors that influence morale (Dirks & Ferrin, 2002). In contrast, poor leadership can negatively impact both morale and productivity (Dangmei & Singh, 2017). Leaders who communicate clearly, acknowledge staff contributions, and treat people fairly are more likely to generate stronger morale among their colleagues. In addition, supportive leadership is associated with lower burnout rates, improved teamwork, and increased resilience among nurses. On the other hand, the literature also highlights that morale is about more than one thing. There are a number of factors that significantly impact morale, including, but not limited to, workload, personnel numbers, salary, job security, organizational culture, and work-life balance. Sometimes, these factors hold more weight than leadership style alone. This viewpoint is supported by Herzberg's thesis, which demonstrates that even if leadership behaviors are improved, it will not be enough to compensate for poor working conditions entirely.

Review of Related Studies. International and local studies reveal mixed findings on the leadership–morale relationship. According to several studies, there is a strong relationship among transformational leadership, morale, job satisfaction, and organizational commitment among nurses. This correlation merits serious consideration. The findings of some studies, on the other hand, imply that leadership can boost morale through the mediation of characteristics such as empowerment, job satisfaction, organizational support, and working conditions. These researchers conclude that the correlations between leadership and morale are thin or indirect.

According to findings from several studies, even when leadership techniques are rated highly, morale may remain low if nurses are subjected to excessive workloads, inadequate compensation, limited career options, or unsafe working conditions. Taking these findings into consideration, it can be

inferred that leadership is essential but not sufficient for maintaining strong morale; systemic and organizational factors also play equally important roles. Based on the ideas and literature examined, it is suggested that leadership should positively influence morale through shared goals, motivation, ethical practice, and supportive connections. At the same time, they warn that morale is shaped by a complex interaction between leaders' behaviors and the organization's conditions. Despite the absence of a statistically significant direct relationship between the two, this theoretical and empirical tension provides a prism through which to evaluate studies that may demonstrate excellent leadership practice alongside good morale. These kinds of results would be in line with the perspectives of Herzberg and contingency, both of which emphasize the role of broader structural and situational elements. Private hospitals in the Philippines, particularly those in more rural areas such as Tagbilaran City, continue to face challenges in retaining skilled nurses and maintaining healthy working environments. This is especially true in the context of the Philippines.

Immigrants, staffing shortages, unequal access to training, and limited resources all contribute to an increase in the amount of strain that is placed on the local healthcare workforce. The number of empirical research investigating leadership and morale in local private hospitals is still relatively low, despite the belief that leadership plays a significant role in addressing these difficulties. The majority of the research now available comes from urban centers or other international contexts, which may not accurately reflect the realities of healthcare systems in provincial governments. The existence of this gap underscores the importance of conducting research specific to Tagbilaran City that analyzes how leadership practices and work morale interact within the city's particular social, economic, and organizational context. This research should examine how these aspects interact.

OBJECTIVES OF THE STUDY

General Objective

To determine the relationship between leadership practices and work morale among nurse leaders in private hospitals in Tagbilaran City.

Specific Objectives

1. Describe respondents' profiles in terms of age, sex, civil status, position, length of service, and assignment area.
2. Determine the level of leadership practices.
3. Determine the level of work morale.
4. Test the relationship between profile and leadership practices.
5. Test the relationship between profile and work morale.
6. Test the relationship between leadership practices and work morale.

RESEARCH METHODOLOGY

Research Design. This study employed a quantitative descriptive–correlational design to determine the level of leadership practices and work morale among nurse leaders and to examine the relationship between these two variables. A descriptive approach is appropriate when the purpose is to systematically describe existing conditions, characteristics, or perceptions as they naturally occur (Creswell & Creswell, 2018). In this study, it was used to describe the levels of leadership practices and work morale among nurse leaders. The correlational component was applied to identify the degree of relationship between leadership practices and work morale without manipulating any variables, consistent with the view that correlational research is suitable for examining naturally occurring relationships in organizational and behavioral studies (Polit & Beck, 2021).

Cummings et al. (2008) and Laschinger et al. (2014) are two examples of researchers who have extensively used descriptive–correlational designs in nursing and healthcare research. These designs have been utilized to investigate leadership, work satisfaction, morale, burnout, and organizational outcomes. These designs are especially suitable for healthcare contexts, where experimental manipulation may be considered immoral or unrealistic.

Environment. The study was conducted in selected private hospitals in Tagbilaran City, Bohol. Private hospitals play a significant role in healthcare delivery in provincial settings and employ nurse leaders who are responsible for unit management, staff supervision, and quality assurance. Studying leadership practices in these settings is important because organizational culture, resource availability, and management structures in private hospitals differ from those in public institutions, potentially influencing leadership behavior and employee morale (Bawafaa et al., 2015).

Respondents and Sampling. Nurse leaders who were employed at private hospitals in Tagbilaran City were the individuals who shared their responses. Members of the nursing staff who held supervisory, head-nurse, or charge-nurse responsibilities were considered nurse leaders. According to Creswell and Creswell (2018), they were selected through random sampling to ensure that every competent nurse leader had an equal opportunity to participate in the study. This reduced the risk of selection bias and improved the ability to accurately represent the population. When conducting quantitative research, it is recommended to use random sampling to improve the external validity and generalizability of the findings (Polit & Beck, 2021). Previous research on leadership in the healthcare industry has utilized probability sampling in a similar manner to bolster the reliability of the findings (Wong et al., 2014; Bawafaa et al., 2015), particularly when investigating leadership behaviors across a variety of organizational units.

Research Instrument. The data had been collected through the use of a standardized questionnaire that was divided into two primary parts.

Idealized influence, inspirational motivation, intellectual stimulation, individualized consideration, contingent reward, management-by-exception, and laissez-faire leadership were the dimensions that were used to measure leadership practices in the first section of the study. These dimensions were drawn from transformational and transactional leadership frameworks. These aspects align with the Multifactor Leadership Model established by Bass and Avolio. This model has been extensively validated in healthcare and organizational research (Bass & Avolio, 2004; Wong et al., 2014). The second part of the survey was designed to measure workers' morale using a standardized morale scale that assessed their levels of commitment, confidence, enthusiasm, and emotional well-being. According to Galanis et al. (2021) and Totman et al. (2011), morale scales are frequently used in organizational and nursing research. These scales are designed to capture psychological and attitudinal states that are associated with motivation, satisfaction, and engagement. Utilizing standardized instruments not only improves reliability but also makes it possible to compare the results of one study with those of other research.

Data Gathering Procedures. Data collection was conducted after obtaining necessary institutional approvals and ethical clearance. Respondents were informed of the study's purpose and their rights as participants, and consent was obtained prior to participation. Questionnaires were administered personally to respondents and retrieved after completion. Similar procedures are recommended in survey-based healthcare research to ensure high response rates and data completeness (Polit & Beck, 2021).

Ethical Considerations. During the research, the ethical principles of beneficence, respect for others, and fairness served as the guiding principles. The respondents were notified of their right to withdraw from the study at any time without penalty, and participation was entirely voluntary. Anonymity and confidentiality were also guaranteed without exception. According to Creswell and Creswell (2018), workplace studies should incorporate ethical protections to avoid coercion and shield participants from professional repercussions.

Data Analysis. Descriptive statistics, including frequencies, percentages, and weighted means, were used to summarize respondents' profiles and to describe the levels of leadership practices and work morale. Descriptive statistics are widely used in organizational research to present central tendencies and distributions of survey data (Field, 2018).

To investigate the relationships among the variables, inferential statistics were used. The Pearson correlation was used for continuous data, the point-biserial correlation for dichotomous variables, and chi-square tests for categorical variables.

Correlational techniques are appropriate for determining the strength and direction of relationships among leadership, demographic, and morale variables (Polit & Beck, 2021). These statistical methods have been consistently used in previous leadership and morale studies in healthcare settings (Laschinger et

al., 2014; Bawafaa et al., 2015).

This methodological approach aligns with established practices in nursing and organizational research and provides a rigorous framework for examining leadership practices and work morale among nurse leaders in private hospitals.

RESULTS AND DISCUSSION

Profile of the Respondents. Among the respondents, the majority were young women who held leadership positions in nursing. The majority of them were in the age range of 20–34 years old, with the largest proportion of them being in the age range of 30–34 years old (28.3%), followed by 25–29 years old (24.2%) and 20–24 years old (20.8%). There were only a few people who were 40 or older. The fact that 88.3 percent of the respondents were female is indicative of the fact that the nursing profession is dominated by women generally. On the other hand, 39.2% of them were married, while nearly three-fifths were single (59.2%). Regarding the positions held, the majority of the nurses were Charge Nurses (74.2%), followed by Nurse Supervisors/Head Nurses (23.3%), and only a small percentage of nurses were Nursing Service Administrators (2.5%). There was a high degree of mobility in private hospitals, as indicated by the fact that the majority of respondents had very short organizational tenures: 39.2% had served for one to three years, and 29.2% had served for four to six years. One-third of the respondents worked in high-acuity areas, such as emergency rooms, operating rooms, emergency rooms, hemodialysis units, and outpatient departments. Half of the respondents were assigned to general, medical, or pediatric wards.

Level of Leadership Practices. The overall mean score for leadership practices was 8.64, indicating a moderate level of leadership practice. Of all the characteristics evaluated, Management by Exception (9.04) and Individualized Consideration (9.01) received good ratings, indicating they are effective in performance monitoring and in paying attention to the specific requirements of individual employees. Idealized influence, inspirational motivation, intellectual stimulation, contingent reward, and laissez-faire are all examples of concepts. All aspects of leadership were scored at moderate levels, which indicates that leadership behaviors are usually functioning but not consistently strong across all domains.

Leadership Dimensions. Most respondents perceived high levels of Idealized Influence (72.5%) and Inspirational Motivation (66.7%), indicating that leaders are generally seen as role models who inspire and motivate staff. Over half rated Intellectual Stimulation as high (55.0%), while about two-thirds rated Individualized Consideration as high (65.8%). Contingent Reward was almost evenly split between high (48.3%) and moderate (46.7%). Management by Exception was rated high by 69.2% of respondents, while perceptions of Laissez-faire leadership were mixed, with most rating it as

moderate (51.7%) or high (43.3%).

Level of Work Morale. At the workplace, the overall mean morale score was 3.81, indicating high morale. The fact that over half of the respondents (47.9%) reported having good morale and that more than one-fourth (26.1%) reported having very high morale indicates that nearly three-quarters of the respondents experienced high levels of motivation and satisfaction in their work relationships. Regarding morale, over one-fifth (21.8%) of respondents reported that it was fair, while only a small minority reported that it was poor (3.4%) or very low (0.8%).

Overall, the findings show that nurse leaders in private hospitals of Tagbilaran City generally demonstrate moderate leadership practices and experience high work morale, although a small group with lower morale highlights the need for continued organizational and leadership support.

Relationship between demographic and leadership practices. An examination of the relationship between age and the various aspects of leadership practices is presented in Table 1. The findings indicate that there is a substantial correlation between age and four aspects of leadership. These aspects are as follows: Inspirational Motivation (r =.284, p =.002), Intellectual Stimulation (r =.238, p =.009), Individualized Consideration (r =.209, p =.022), and Contingent Reward (r =.192, p =.035). It appears from these positive associations that as nurse leaders get older, they tend to display higher abilities to motivate others, foster creativity, care to the particular needs of staff members, and make effective use of rewards.

Table 1. *Relationship between Age and Leadership Practices (N = 120)*

Leadership Practice	r (Pearson)	p-value (2-tailed)	Interpretation	Decision
Idealized Influence	0.082	0.375	Not significant	Fail to reject H_0
Inspirational Motivation	0.284**	0.002	Significant	Reject H_0
Intellectual Stimulation	0.238**	0.009	Significant	Reject H_0
Individualized Consideration	0.209*	0.022	Significant	Reject H_0
Contingent Reward	0.192*	0.035	Significant	Reject H_0
Management by Exception	0.086	0.353	Not significant	Fail to reject H_0
Laissez-faire Leadership	-0.146	0.111	Not significant	Fail to reject H_0

*Note: *p < .05, **p < .01*

These findings suggest that leadership capabilities related to motivation, mentoring, and developmental support may strengthen with age, possibly due to accumulated experience, professional maturity, and increased confidence in

leadership roles. According to the transformational leadership theory, which places an emphasis on the development of higher-order leadership qualities through experience and reflective practice, this is consistent with our findings. However, there was no significant correlation between age and Idealized Influence, Management by Exception, or Laissez-faire Leadership all of which were examined. This indicates that being viewed as a role model, monitoring performance deviations, or enabling autonomy are not highly influenced by age but may depend more on personality qualities, corporate culture, or leadership training. Moreover, this information suggests that age is not a significant factor in these areas. The findings of this study are in line with those of earlier research. According to the findings of Wong, Cummings, and Ducharme (2014), leadership behaviors that are associated with support and motivation tend to become more refined with increasing levels of professional maturity and experience. In a similar vein, Bawafaa, Wong, and Laschinger (2015) found that nurse leaders who were older and had more experience were more likely to exhibit relational and supportive leadership behaviors, particularly in the areas of mentorship and staff development. It was also observed by Laschinger et al. (2014) that the behaviors connected with leadership that are related with empowerment and individualized consideration improve as leaders gain experience and become more familiar with the organization. On the other hand, contrary to the findings of certain studies, which show that credibility and role-modeling improve with seniority (Cummings et al., 2008), there is no correlation between age and idealized impact. When it comes to private hospitals, where leadership responsibilities can be achieved at an early stage in one's career and where institutional standards, rather than age, affect how leaders are seen, this discrepancy may be a reflection of contextual circumstances.

Overall, the findings indicate that age plays a modest but meaningful role in shaping leadership practices related to motivation, intellectual growth, and individualized support. This suggests that leadership development programs should not rely solely on age or tenure but should provide structured mentoring and training opportunities to help younger nurse leaders develop these relational and transformational skills earlier in their careers.

Correlation between morale and leadership practices. Table 2 indicates **no statistically significant relationship** between the respondents' work morale and any of the measured leadership practices ($p > .05$). In practical terms, the correlations were **very small** ($|r| = .01$ to $.18$), suggesting that variations in leadership practices were not accompanied by meaningful differences in morale in this sample.

Table 2. *Correlation between Work Morale and Leadership Practices (N = 120)*

Leadership Practice	r (Pearson)	p-value (2-tailed)	Effect Size	Interpretation
Idealized Influence	0.177	0.055	Small	Not significant
Inspirational Motivation	0.116	0.209	Trivial–Small	Not significant
Intellectual Stimulation	0.046	0.621	Trivial	Not significant
Individualized Consideration	0.072	0.434	Trivial	Not significant
Contingent Reward	-0.011	0.903	Trivial	Not significant
Management by Exception	0.114	0.217	Trivial–Small	Not significant
Laissez-faire Leadership	0.101	0.276	Trivial–Small	Not significant

Note. Pearson's r interpretation: ~.10 = small, ~.30 = moderate, ~.50 = large. Decision rule: Significant if p < .05. All relationships are not statistically significant.

Positive relational or transformational leadership is regularly linked to improved nursing outcomes, including work satisfaction, engagement, and well-being—constructs that conceptually overlap with morale, according to extensive reviews and empirical research (Specchia et al., 2021; Ystaas et al., 2023). For instance, transformational leadership frequently exhibits favorable associations with job happiness, whereas passive or avoidant leadership styles are negatively related with job satisfaction, according to a systematic review on nurses' job satisfaction (Specchia et al., 2021). According to Kohnen et al. (2024), research on the relationship between engaging leadership and nurse well-being highlights that workplace motivation and other mediating elements are the main ways that leadership influences well-being. Therefore, null findings may reflect organizational, contextual, or measurement-related dynamics rather than the lack of leadership influence per se. These bodies of evidence imply that, in many circumstances, leadership is relevant to work-related psychological outcomes. Not every study finds a direct correlation with every aspect of leadership or every result. A 2024 study that looked at leadership styles and nurses' job satisfaction, for example, found no significant relationship between laissez-faire leadership and job satisfaction. This suggests that, depending on the situation and the outcome measurement, some leadership behaviors may have weak or non-significant relationships (Notarnicola et al., 2024). A contingency-based interpretation of leadership effects is supported by other nursing leadership studies that observe that results differ across settings and are frequently influenced by structural conditions like workload, staffing adequacy, and organizational culture (Negussie & Demissie, 2013; Ystaas et al., 2023). Idealized Influence almost achieved statistical significance (p =.055) and

produced the strongest correlation (r =.177). Although the evidence is poor at α =.05., this implies a small tendency for morale to be greater when leaders are seen as credible role models. This association may become statistically discernible with higher morale variability or a larger sample, but the proper conclusion is still not significant based on the available data (Field, 2018). The results do not suggest that leadership is unimportant, even in the absence of statistically significant associations. Instead, they contend that leadership's role in these private hospitals may be indirect or context-dependent, and that other organizational factors including staffing, working conditions, and support networks may play a larger role in maintaining morale. Initiatives to improve leadership are still justifiable, especially those that improve the workplace and the motivational channels via which leadership is known to affect employee outcomes (Kohnen et al., 2024; Specchia et al., 2021).

CONCLUSION

Nurse leaders in private hospitals of Tagbilaran City demonstrate high levels of leadership practices and maintain high work morale. Demographic variables show limited influence on leadership and morale. Importantly, leadership practices are **not significantly related** to work morale, indicating that multiple organizational and personal factors beyond leadership style alone shape morale.

RECOMMENDATIONS

1 Implement a **Leadership Enhancement Program** focusing on ethical leadership, communication, and staff empowerment.
2 Address systemic morale factors such as workload balance, compensation, and working conditions.
3 Provide continuous leadership training emphasizing transformational and ethical leadership.
4 Conduct further studies with larger samples and mixed-methods designs.

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