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# A STUDY TO ASSESS THE LEADERSHIP STYLE AMONG THE INCHARGE NURSES WORKING IN CRITICAL CARE UNITS AT SRM GENERAL HOSPITAL, KATTANKULATUR

***M.Hemamalini*, jeya[1], K.Kanmani[2], Jomcy Mary Joseph [3]***

**** Assoc.Prof., S.R.M. College of Nursing, SRM University, Kattankulathur, Kancheepuram District-: 603203, TamilNadu, India***

***[1, 2] Lecturer, S.R.M. College of Nursing, SRM University***

***[3]Mannopparambil (House), Manarcad P.O,Kottayam, Kerala***

***Corresponding Author Email:** hemasrini1979@yahoo.com

## ABSTRACT

*Leadership is a shared responsibility. Nurses in all domains of practice and at all levels must maximize their leadership potential. With the collective energy of shared leadership, nurses form strong networks and relationships that ultimately result in excellence in nursing practice. The present study was conducted to explore the leadership style among in-charge nurses working in critical care units of SRM Hospital. Quantitative approach and descriptive research design was adopted for the present study. The variables studied are study variables and demographic variables. The study variable was leadership style among in-charge nurses. The study was conducted in SRM General Hospital and Research centre, Kattankolathur, Chennai. The sample size for the present study was 50. Non Probability convenient sampling technique was adopted to select the samples for the study.* ***Don clark*** *Standardized Leadership Style Tool which consists of 30 statements was used to collect the data. The results revealed that majority 82% of the in charge nurses adopt delegative leadership style, only 18% of the in charge nurses adopt authoritarian leadership style and none of the in charge nurses follow participative leadership style.*

## KEY WORDS

*Critical care units, In-charge Nurses, Leadership, Responsibility.*

## INTRODUCTION

Leadership is a key skill for nurses at all levels. While this may be stating the obvious for those whose position gives them direct managerial responsibility, even the most recently qualified practitioners need the confidence and skills to be able to offer leadership to students and other colleagues such as healthcare assistants. A range of policies and initiatives mean the nursing profession has a growing influence on all aspects of healthcare delivery. Practitioners need to be able to exert this influence clearly and confidently.

Nursing requires strong, consistent and knowledgeable leaders who are visible, inspire others and support professional nursing practice. Leadership plays a pivotal role in the lives of nurses. It is an essential element for quality professional practice environments where nurses can provide quality nursing care. Key attributes of a nurse leader include being an: advocate for quality care, a collaborator, an articulate communicator, a mentor, a risk taker, a role model and a visionary.

The in-charge nurse provides visionary leadership to his/her organization, as well as to the profession of nursing, and must have the authority and resources necessary to ensure nursing standards are met. This linkage between professional practice and the operational activity of the organization leads to a greater involvement in decision-making and fosters collaboration within nursing and interdisciplinary teams. A collaborative approach contributes to quality client-centered care. It involves nurses participating in a common vision for their workplaces and being recognized for their unique contribution.

Leadership is a shared responsibility. Nurses in all domains of practice and at all levels must maximize their leadership potential. With the collective energy of shared leadership, nurses form strong networks and relationships that ultimately result in excellence in nursing practice. To support excellence in professional practice, humanism must be restored to the work environment to help nurses feel safe, respected and valued.

Nurses have the obligation to their clients to demand practice environments that have the organizational and human support allocations necessary for safe, competent and ethical nursing care. Developing and supporting quality professional practice environments is a responsibility shared by practitioners, employers, governments, regulatory bodies, professional associations, educational institutions, unions and the public.[1]

The mentoring literature demonstrates a relationship between the active investment and involvement of a mentor, and protégé career achievements, including attainment of formal leadership positions. In addition, studies of leadership development in nursing suggest that successful nurse leaders have been the recipients of mentoring, and that they attribute their success in part to the influence and actions of their mentors.

## OBJECTIVES

To explore the leadership style among In-charge nurses working in critical care units.

To associate the leadership style of In-charge nurses with their demographic variables.

## MATERIALS AND METHODS

Quantitative approach and descriptive research design was adopted for the present study. The variables studied are study variables and demographic variables. The study variable was leadership style among incharge nurses where as the demographic variables includes Age, sex, education, marital status, type of family, monthly income, years of experience and birth order. The study was conducted in SRM General Hospital and Research centre, Kattankolathur, Chennai. It is a 1500 bedded hospital and providing state of the act comprehensive health care to the patients. It has separate critical care units. The setting was chosen on the basis of feasibility in terms of availability of adequate samples and co-operation extended by the management and the health team members. The accessible population includes the incharge nurses who are working in critical care units at SRM general hospital and research centre. Sample consisted of incharge nurses working in SRM hospital who full filled the inclusion criteria. The sample size for the present study was 50. Non-Probability convenient sampling technique was adopted to select the samples for the study. Inclusion criteria which includes (i) incharge nurses who are working in critical care units. (ii) in-charge nurses who are willing to participate in this study. (iii) incharge nurses who can understand Tamil or English. The exclusion criteria include (i) Newly joined incharge nurses and (ii) incharge nurses who have undergone any leadership training. The tool used for data collection was structured questionnaire consists of 2 sections:

**Section A** - Structured questionnaire to elicit demographic data of incharge nurses who are working in critical care unit.

**Section B** - **DON CLARK** Standardized Leadership Style Tool which consists of 30 statements.

The content of the tools were established on the basis of opinion of one medical expert and three nursing experts. Suggestions were incorporated in the tool. The reliability of the tool was established by test retest method. The r value obtained was 0.8 which indicates the positive correlation. The proposed study was approved by the dissertation committee of SRM College of Nursing, SRM University, Kattankulathur; Kancheepuram District Permission was obtained from the Dean, SRM College of nursing and authorities of the selected hospital. Informed consent was obtained from each participant for the study before starting data collection. Assurance was given to the subjects that anonymity of each individual would be maintained are free to withdraw from the study at any time.

After obtaining formal approval from administration, of SRM hospital. The investigator explained the objectives and methods of data collection. Data collection was done within the given period of 4 weeks in all critical care units in SRM hospital. The data collection was done during the day time. Self introduction about the researcher and details about the study was explained to the samples and their consent was obtained. The leadership style was assessed among the selected incharge nurses in the ward using the tool. The confidentiality about the data and finding were assured to the participants, the participants took 30 minutes to complete the tool and their co-operation was imperative. Descriptive statistics such as frequency and percentage distribution was used to analyze the data collected. Inferential statistics- chi square was used to find out the association.

## RESULTS AND DISCUSSION

**Table 1: Frequency and percentage distribution of demographic data of the In charge nurses**

| Demographic data | frequency | Percentage |
|---|---|---|
| **Age** | | |
| 25-35 | 40 | 80.0 |
| 36-45 | 10 | 20.0 |
| **Sex** | | |
| Female | 50 | 100.0 |
| Male | 0 | 0 |
| **Education** | | |
| Diploma | 18 | 36.0 |
| Undergraduate | 32 | 64.0 |
| **Marital status** | | |
| Married | 35 | 70.0 |
| Unmarried | 15 | 30.0 |
| **Type of family** | | |
| nuclear family | 39 | 78.0 |
| joint family | 11 | 22.0 |
| **Monthly income** | | |
| 13495-17999 | 50 | 100.0 |
| **Years of Experience** | | |
| 2-4 years | 37 | 74.0 |
| 5-7 years | 13 | 26.0 |
| **Birth Order** | | |
| 1 | 35 | 70.0 |
| 2 | 8 | 16.0 |
| 3 | 7 | 14.0 |

Table 1 depicts the demographic profile of the In charge nurses. Considering age majority 80%of the in charge nurses were in the age group of 36-4years. All the in charge nurses were females. With regard to education 64% of the in charge nurses have undergone undergraduate education. 70% of the in charge nurses were married. 78% of the in charge nurses belongs to nuclear family. Almost all the in charge nurses receiving income of Rs 13495-17999. 74% of the in charge nurses were having experience of 2-4 years. Considering birth order 70 % of the nurses were the first born child of the family.

**Table 2: Assessment of leadership style among In charge nurses**

| Leadership style | Frequency | Percentage |
|---|---|---|
| Authoritarian | 9 | 18 |
| Paticipative | 0 | 0 |
| Delegative | 41 | 82 |

Table 2 reveals that majority 82% of the in charge nurses adopt delegative leadership style , only 18% of the in charge nurses adopt authoritarian leadership style and none of the in charge nurses follow participative leadership style.

**Table 3: Association of the leadership style among nurses working in critical care units with their demographic variables**

| Demographic variables | | Leadership style | | Chi-square |
|---|---|---|---|---|
| | | Authoritarian | Delegative | |
| Age | 25-35 | 7 | 33 | x2=0.34 |
| | 36-45 | 2 | 8 | P=0.85 NS |
| Sex | Female | 9 | 41 | |
| Education | Diploma | 2 | 16 | x2=0.904 |
| | undergraduate | 7 | 25 | P=0.3 NS |
| Marital status | Married | 6 | 29 | x2=0.058 |
| | Unmarried | 3 | 12 | P=0.81NS |
| Type of family | nuclear family | 8 | 31 | x2=0.75 |
| | joint family | 1 | 10 | P=0.38 NS |
| Monthly income | 13495-17999 | 9 | 41 | |
| Years of experience | 2-4 years | 5 | 32 | x2=1.94 |
| | 5-7 years | 4 | 9 | p=0.164 NS |
| Birth order | 1 | 7 | 28 | x2=1.8 |
| | 2 | 2 | 6 | p=0.38 |
| | 3 | 0 | 7 | NS |

Table 3 reveals that there was no significant association of leadership style among incharge with their demographic variables.

## DISCUSSION

Based on our knowledge, experience and the literature, leadership practices of formal nurse leaders and managers have been found to positively impact outcomes for organizations, patients (Wong and Cummings, 2007), and healthcare providers (Cummings et al., 2005, Upenieks, 2002 and Vitello-Cicciu, 2002). Recently, Gilmartin and D'Aunno (Gilmartin and D'Aun, 2007) conducted a review of 60 studies in healthcare leadership reporting that leadership was positively and significantly associated with individual work satisfaction, turnover, and performance.[2]

Tom W. Reader, Brian H. Cuthbertson conducted a study on Teamwork and Leadership in the Critical Care Unit. Effective multidisciplinary teamwork and team leadership have been shown as essential for the safe management of patients in intensive care medicine (ICM). Solutions to improve teamwork and leadership have been developed, but with mixed success. It is observed that to improve teamwork in ICM, interventions must reflect (1) the demands and constraints of ICM, and how they influence team behaviour and (2) the specific teamwork skills and behaviours that are associated with safe patient care. Research in ICM shows that effective team leadership is the key determinant of team functioning, and that interventions should focus on enhancing leadership. Yet, simply applying leadership solutions developed in other domains (e.g. aviation) is not appropriate. Specifically, the flow and nature of work, and the changeable and complex construction of teams, means that tools for improving and assessing leadership need to be designed to reflect the very specific constraints of ICM[3]

The results of the present study were supported by the study on Head Nurse Leadership Style with Staff Nurse Burnout and Job Satisfaction in Neonatal Intensive Care Units by duxbury, mitzi l.; armstrong, gordon d [4] and the study on Managers' leadership and critical care nurses' intent to stay done by Boyle DK, Bott MJ, Hansen HE, Woods CQ, Taunton RL inn1999[5].

## CONCLUSION

The present study was conducted to assess the leadership style among the leadership style among the incharge nurses working in critical care units of SRM hospital. The results revealed that majority 82% of the in charge nurses adopt delegative leadership style, only 18% of the in charge nurses adopt authoritarian leadership style and none of the in charge nurses follow participative leadership style. Hence the strategies of leadership can be promoted to the staff nurses by various methods like workshops, CNE etc., to promote the effective leadership style (participative) among nurses which in turn reflects on quality nursing care. Managers with leadership styles that seek and value contributions from staff, promote a climate in which information is shared effectively, promote decision making at the staff nurse level, exert position power, and influence coordination of work to provide a milieu that maintains a stable cadre of nurses.

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***Corresponding Author:**
***M.Hemamalini****
*Email:* hemasrini1979@yahoo.com