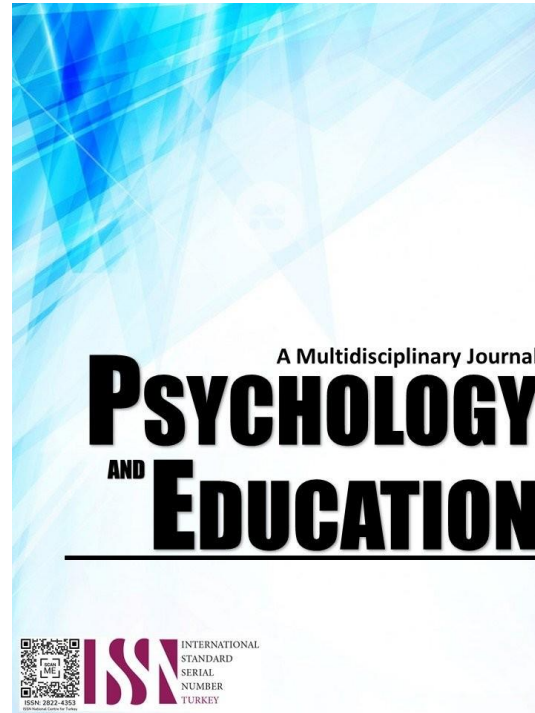


# **BEYOND THE WARD: INVESTIGATING NURSE MANAGERS' LEADERSHIP DYNAMICS IN COVID-19 CRISIS**



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## Beyond the Ward: Investigating Nurse Managers' Leadership Dynamics in COVID-19 Crisis

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### Abstract

Effective leadership plays a crucial role in nursing, shaping the vision for optimal practice, inspiring and supporting personnel, and addressing professional interests and concerns. This quantitative research employed a descriptive correlational design to explore the relationship between various challenges experienced during the COVID-19 pandemic and the perceived leadership styles of nurse managers. The study revealed that all nurse managers faced challenges related to staff safety and infection risk during the pandemic. The majority reported changes in staff shortage, absenteeism, turnover, stress, fear, anxiety, work overload, duty assignments, conflict management, crisis handling, collaboration, resource and personal protective equipment shortages, regulatory complexities, changing instructions, information overload, and ambiguity in performing duties. Nurse Managers perceived these challenges to be predominantly high, with few being moderate or low. Transformational and transactional leadership styles were reported as high, while passive avoidance was low. Transformational leadership was influenced by staff shortage, absenteeism, and turnover, increasing with higher challenges in these areas. Transactional leadership correlated with staff turnover and information overload, increasing as challenges in these aspects intensified. Passive avoidance leadership style was associated with staff turnover, stress, fear, and anxiety, escalating with higher challenges in these areas. Leadership outcomes were influenced by staff shortage, absenteeism, and turnover, exhibiting a substantial increase with heightened challenges. Despite the challenges, diverse leadership styles were observed, emphasizing the adaptability of leadership approaches to different situations. The study concludes with the development of a leadership enhancement plan.

**Keywords:** *clinical governance, descriptive correlational desig, nurses, safety attitudes*

### Introduction

The global impact of the COVID-19 pandemic has been particularly pronounced in the healthcare delivery system. Simultaneously, the four (4) domains encompassing physical, social, spiritual, and mental aspects of humanity have also suffered significant devastation. The onset of the COVID-19 pandemic has compelled healthcare leaders globally to swiftly confront and grapple with the formidable task of addressing emerging issues related to quality, safety, patient-family dynamics, and workforce management. The pandemic has triggered various workforce-related issues, such as shortages in staff, heightened service demands, instances of illness and absenteeism due to quarantine measures, a dynamic workforce composition involving returning personnel and nursing students transitioning into roles, equipment shortages, and a workforce experiencing fatigue and anxiety (James & Bennett, 2020). Healthcare workers were primarily affected by the ever-growing impact of the disease that seemed to have no ending in sight as they faced immense pressure during outbreaks, influenced by factors such as a heightened risk of infection, inadequate personal protective equipment (PPE), substantial workloads, manpower shortages, confusion, discrimination, isolation, dealing with emotionally distressed patients, separation from their families, and the risk of burnout (Peng & Xiong, 2020).

Reports increasingly highlight burnout among nurses during pandemic, but the burnout experienced by nurse managers has received comparatively less attention. Factors contributing to burnout include a stressful work environment, staff shortages, inadequate management or leadership, issues with work schedules, and a desire for higher salaries or better benefits. The COVID-19 pandemic exacerbated burnout, linking it to decreased social support, family and colleague readiness to cope with the crisis, and working in high-risk environments with heavy workloads and insufficient equipment (Clinton et al., 2002). Challenges in allocating limited staff during the pandemic resulted in managers requesting additional personnel from other units as a practical option, but staff shortages led to nurses working despite COVID-19 symptoms, impacting their health and causing stress. The shortage extended beyond nurses, affecting general workers and creating an unfriendly patient care environment (Moyo et al., 2022). Therefore, the effective management of both internal and external challenges, coupled with a judicious leadership style, becomes paramount.

Research on the experiences of nursing managers overseeing front-line nurses and managing COVID-19 patient units is limited during the pandemic. It can be speculated that some of the health consequences reported in the literature for front-line nurses are also encountered by nurse managers (White, 2021). Despite being overlooked, nurse managers play a crucial role in both bedside care and managerial functions. Their presence in healthcare institutions during the pandemic is driven by passion, raising questions about the challenges they face and the effective leadership styles required. This research aims to identify challenges encountered by nurse

managers during the pandemic and develop programs enhancing their leadership capabilities across diverse situations. Leadership is pivotal in nursing practice, providing a vision, inspiring and supporting staff, promoting professional growth, and addressing nursing profession concerns (Daly et al., 2020). Nurse managers, despite facing mental health concerns and managerial challenges, played a vital role in emergency management, adapting infection prevention measures, prioritizing supply chain practices, and engaging directly with patients and families (Aquila et al., 2020; Deldar et al., 2021). This research aimed to contribute to developing effective leadership programs tailored to the unique challenges nurse managers face during pandemics. It sought to provide insights from the leadership styles employed and challenges faced by nurse managers during a pandemic which will allow for a more informed and effective response to emerging challenges.

## Research Questions

The main purpose of the study was to correlate the challenges and the effective nursing leadership styles during the COVID-19 pandemic as perceived by nursing managers in selected hospitals in Midsayap, North Cotabato, for the 1st quarter of 2022. Specifically, it sought to answer the following questions:

1. What are the perceived challenges experienced by nurse managers during the COVID-19 pandemic?
2. What effective leadership style was applied by nurse managers during the pandemic in terms of:
  - 2.1 transformational;
  - 2.2 transactional; and
  - 2.3 passive avoidant?
3. What are the outcomes of leadership as perceived by the nurse managers?
4. Is there a significant relationship between the overall degree of challenges experienced by the respondents and their perceived effective leadership styles?
5. What leadership enhancement plan can be proposed based on the findings of the study?

## Literature Review

### *Challenges Faced by Nurse Managers During Pandemic*

The COVID-19 pandemic has imposed a significant strain on the healthcare system, especially on nurses grappling with unprecedented professional, social, and psychological challenges worldwide (Buheji, 2020; Catania et al., 2020). Acknowledging the sources of healthcare workers' concerns enables managers and leaders to create approaches, provide targeted support, and to guide nursing managers in addressing the challenges and effective leadership styles during the pandemic (Shanafelt et al., 2020). A global response is imperative to prepare healthcare systems for effective and efficient management in spite of these challenges (Remuzzi, 2020).

Nurse managers played dual roles during the COVID-19 crisis, safeguarding patients, families, and staff while ensuring 24-hour unit operations (Aquila et al., 2020; Bassette et al., 2020). The emergence of COVID-19 in the Philippines added unexpected pressure to the healthcare system, impacting the nursing workforce's performance, mental health, and even putting their lives at risk (Lv et al., 2020; Maben & Bridges, 2020; Mo et al., 2020). There was reported prevalent anxiety among the nursing workforce during the pandemic, potentially impacting well-being and work performance (Labrague & Santos, 2020). Nurse Managers faced challenges due to staff shortages, affecting patient care quality. According to the report of the Department of Health, at least 80 healthcare workers (HCWs) in the Philippines had already died as a result of COVID-19. In early April 2020, the Philippines estimated that it needed an additional 300,000 healthcare workers to address the COVID-19 pandemic. In some instances, healthcare institutions had to maximize 1:50 to 1:80 nurse-to-patient ratio, a far cry from the recommended 1 nurse per 12 patients. This is indicative of a crisis of access to healthcare in a country where seven out of ten people die each year without seeing a health professional (Almendral, 2020).

According to an early survey by the American Nurses Association (2020), a significant majority of nurses in the United States expressed fear and concern about personal safety when going to work. Additionally, many were involved in caring for COVID-19 patients or those suspected of having the virus. Nyashanu et al. (2020) identified several challenges among nurse managers, including a lack of pandemic preparedness, insufficient personal protective equipment, evolving guidance, staff shortages, delayed testing, anxiety among professionals, difficulties in fulfilling social protection responsibilities, challenges in enforcing social distancing, and anxiety among residents. Reflecting on nurse managers' experiences in Singapore during the pandemic, Tan et al. (2020) highlighted a study linking workplace conditions to adverse mental health outcomes among nurse employees. The study found that factors such as organizational support, preparedness, workplace safety, and access to supplies and resources were associated with higher scores in adverse mental health outcomes (Farinaz et al., 2021).

A study by Geremia et al. (2020) delved into the challenges experienced by nurses in leadership positions during the pandemic. This

group faced financial deficits for system management, unpreparedness of nursing staff, poor working conditions, work overload, and high lethality among nursing professionals. Allah's study (2021) concluded that the COVID-19 pandemic imposed additional challenges on nurse managers, expected to persist in the future. The study highlighted a significant percentage of nurse managers facing challenges, with the most frequently mentioned being employee safety and infection risk, stress, fear and anxiety, and work overload. Carmassi et al. (2020) noted that healthcare providers, including nurse managers, were expected to suffer from psychological disorders as consequences of the pandemic, potentially including posttraumatic stress syndrome.

The American Organization for Nursing Leadership (AONL) and Joslin Marketing conducted a study on the impact of COVID-19 on nursing leadership. The findings, as reported, highlighted the top challenges faced by current and emerging nurse leaders during the pandemic. These challenges encompassed communicating and implementing changing policies, surge staffing, training and reallocation, emotional health and well-being of staff, and access to personal protective equipment (ICN, 2020).

### ***Role of Nurse Managers During Pandemic***

It is critical to distinguish between the roles of leaders and managers when trying to discuss leadership, for the reason that nursing teams will actually meet both in a constant basis. Nurse leaders and nurse managers are distinguished by the tasks they perform on the job, the roles they play in their organizations, the credentials they hold, and the educational background they have completed (American Sentinel College of Nursing & Health Sciences at Post University, 2021).

Nurse Managers hold high positions in the healthcare organization's hierarchy indicating that they will have subordinates, or people who report directly to them. Nurse leaders, on the other hand, will not necessarily hold a position in a healthcare organization's hierarchy, but they must have a vision for how effective services can be developed and optimal patient care can be provided (Lucas, 2019).

The nurse manager must be able to plan, organize, lead, and control in order to achieve organizational goals and objectives. The nurse manager must be a leader in planning, organizing, and controlling, as well as have the ability or skill to envision and bring the organization to that vision through effective communication and interpersonal skills (Agustin, 2017).

One of the goals and objectives of any medical and healthcare organization is to provide high-quality patient care. The Nurse Manager is in charge of achieving this goal through his or her staff nurse. The success of such goal is determined by the performance of the staff nurses. Nurse managers' leadership behaviors are critical to nurse performance, which directly affects quality patient care outcomes, and researchers concluded that "nurse performance can be improved by addressing nurse autonomy, relationships among nurses, their colleagues and leaders, and resource accessibility." Nursing leadership behaviors thus indirectly affect quality patient care outcomes (Bradley et al., 2010).

The COVID-19 period has brought many new and unpredictable challenges in meeting the population's health-care needs (Jackson et al., 2020). During the pandemic, nurse managers played a critical role in confronting challenges and developing solutions that ensured the quality of care provided as well as the safety of the workforce, patients, and their families, which should be recognized and valued (Freitas et al., 2021).

The complex organizational climate necessitates that nurse managers stay current on scientific developments in their field. They must also be able to deal with problems as they arise and achieve the best possible outcome (Marquis & Huston, 2017). Effective management is critical for the well-being of healthcare workers during times of high stress, such as the COVID-19 pandemic (Woodford, 2020). The spread of COVID19 has added new strains to already overburdened health-care systems around the world, as well as new challenges for nurse managers. So far, hospitals have been facing severe crises while attempting to provide necessary care, while administrators have been making heart breaking decisions on how to allocate scarce resources (Gab Allah, 2020).

### ***Leadership Styles During Pandemic***

Effective nursing practice hinges on leadership. It plays a pivotal role by providing a vision for optimal practice, inspiring and motivating staff, offering support, considering avenues for practice improvement, encouraging professional growth and development, and ensuring that the interests and concerns of the nursing profession are adequately addressed (Daly et al., 2020).

The coronavirus disease 2019 (COVID-19) pandemic has created numerous workforce challenges, including staff shortages, increased demand for services, sickness and absence due to quarantine measures, a changing workforce, including returners and nursing students who have chosen to join the workforce, a shortage of equipment, and staff who are tired and anxious (James & Bennett 2020). However, it provided nurses with the opportunity to reflect on the characteristics of effective leadership in this situation and identify areas for improvement.

According to Daly et al., (2020), while there is much to celebrate in nurse leadership, the pandemic has revealed several areas that could be strengthened to better serve patients and the broader nursing workforce. While nursing is essential in COVID-19 management, these authors contend that the nursing profession is frequently mentioned as a commodity and a transaction-oriented component of a supply chain. Daly et al., (2020) cited the decision to reintroduce retired nurses into the workforce to support the workplace, but noted that there had been little discussion about how these retired nurses would contribute or the education and support they would require. They also tried to claim that the COVID-19 pandemic proved how nurses are significantly under-represented in the making of policies and even at the "decision-making table."

A wide range of leadership theories, styles, and models have already been extensively researched. From early twentieth-century trait theories, which focused on leaders' qualities and suggested that all these qualities are inherent within individual people and cannot be taught, to contingency leadership models, including the theory of Fiedler (1967), which suggested that the interaction between a leader's leadership style and the circumstances predicts a leader's effectiveness and efficiency. The Full Range of Leadership Model, developed by Avolio and Bass (2002), outlined three main leadership styles: transactional, transformational, and laissez-faire. These leadership styles all play a role in nursing, but nurses must understand the benefits and limitations of each style in various situations, especially in the context of the COVID-19 pandemic.

Leadership and the way nurses may choose to lead are important factors in maintaining morale as well as supporting the staff. Pishgooie et al. (2019) found that certain leadership styles can help reduce work stress and the nurse's intent to leave their profession. They also suggested that leaders should strive to instill confidence in their team and make them feel respected and cared for. This is especially important when the stress is high and during major challenges, such as the COVID-19 pandemic. Therefore, it is important to understand which leadership style is most effective in optimizing patient care and by ensuring the staff feel supported during this period. This study examines some commonly used leadership styles in healthcare and describes their use in the context of the COVID-19 pandemic.

### ***Transactional leadership***

Transactional leaders supervise and correct their followers to facilitate effective working and the completion of the task, and they provide tangible benefits or rewards for every superior performance. In reality, a transaction occurs between the leader and their followers. If an individual or a team does what the leader asks and completes the necessary tasks, they will be rewarded, such as with praise or positive comments. However, the leader will also impose sanctions for subpar performance or failure to meet the standard requirements.

Nursing leaders frequently use transactional leadership styles, which may be the right approach in many situations. It is frequently used in emergency rooms, for example, during admissions and treatments, as well as when quick decisions and interventions are required. According to Cope and Murray (2017), transactional leadership is also effective during crises because these leaders can provide clear direction, make quick decisions, and take decisive action. As a result, during the COVID-19 pandemic, this leadership style could be advantageous because staff nurses are frequently under pressure and many are caring for critically ill patients, requiring them to take immediate action and with clear direction.

### ***Transformational leadership***

Transformational leaders focus on encouraging changes in the beliefs, values, and needs of followers. They believe that followers require a sense of mission or purpose to work effectively and that they can motivate them to act for the 'greater good', rather than in their own interests (Collins et al., 2019).

## **Methodology**

The descriptive, correlational research design was used in this quantitative research. It entails describing, recording, analyzing, and interpreting the current nature, composition, or processes of physical processes. It is also used to describe the characteristics of a population or phenomenon under investigation (Rebmann, 2020). In this study, it determined the challenges the nurses experienced and the perceived leadership style utilized during the COVID-19 pandemic

A correlational research design investigates relationships between variables without the researcher controlling or manipulating any of them (Bhandari, 2021). In connection with this, this study assessed the relationship between the different challenges including the overall degree of challenges experienced during the COVID-19 pandemic and the perceived leadership style of the nurse managers.

## **Participants**

The respondents were drawn from both six (6) public and private healthcare facilities in the Municipality of Midsayap with the following estimated total populations: Dr. Amado B. Diaz Provincial Foundation Hospital, a level II government hospital with a 50-bed capacity - seven (7); Community Health Service Cooperative Hospital, a level II private hospital with a 52-bed capacity - ten (10); Midsayap Diagnostic Center and Hospital Incorporated, a level II private hospital with a 58-bed capacity - five (5); Midsayap Doctors Specialist Hospital Incorporated, a level I private hospital with a 38-bed capacity - six (6); Anecito P. Pesante, SR Memorial Hospital Incorporated, a level II hospital with a 98-bed capacity - seven (7); and Dr. Roland dela Cruz Memorial Hospital Incorporated, a level I hospital with an 18-bed capacity - three (3). These hospitals adhere to the bed capacity allocation guidelines of at least 20% for private hospitals and 30% for government hospitals, as per the Department of Health-Philippines AO No. 2020-016. A total of thirty-eight (38) respondents were recruited for the study.

## Instruments of the Study

The study utilized a two-part questionnaire. The first section comprised a set of challenges (15 items) addressing the challenges that managers experienced during the COVID-19 pandemic. This questionnaire was adapted from Allah's research (2020). The second part assessed the perceived leadership style among nurse managers using the Multifactor Leadership Questionnaire (MLQ 5X short or the standard MLQ) - Leader Form developed by Avolio and Bass (2004) and published by Mind Garden, Inc. It measured a broad range of leadership types, ranging from passive leaders to those who provided contingent rewards to followers and those who transformed their followers into becoming leaders themselves.

## Procedure

The study initiated the approval process by seeking consent from the Dean of the Graduate School as the initial step. After obtaining approval, the study underwent a design hearing with a panel of experts for further approval. Subsequently, the paper underwent the approval process of the University of the Visayas-Institutional Review Board (UV-IRB) to proceed with the report. The researcher awaited the release of the notice before recruiting the first respondent. Due to the in-person data-gathering method, the researcher adhered to the standard protocols outlined by the Inter-agency Task Force (AITF) guidelines during face-to-face encounters to ensure the safety of both the respondents and the researcher.

Enumerators were hired to facilitate the distribution and retrieval of research questionnaires. During data gathering, the inclusion and exclusion criteria were revisited as a guide for selecting respondents. Enumerators were briefed on the requirements for recruiting respondents. Qualified respondents received questionnaires, which were collected on the same day. Upon receiving the questionnaires, a double-check was performed to identify any missed or unanswered items. In such cases, the incomplete questionnaires were returned to the respondents for completion. All questionnaires were collected, collated, and subjected to treatments for both descriptive and inferential statistics. At the conclusion of the study, the answered questionnaires were securely destroyed through shredding. A soft copy of the tabulated responses was retained for reference but deleted once the survey was concluded.

In addition to the mentioned principles, the study also adhered to the following values: transparency, determination of the risk-benefit ratio, informed consent, and ethical considerations throughout the research process.

## Ethical Considerations

The design hearing involved a panel of experts assessing the technical soundness of the research study. After incorporating recommendations, the institutional review board assessed the study's ethical soundness. Upon receiving the notice to proceed, the recruitment process commenced, adhering to three ethical standards for the protection of respondents' interests: respect for people, beneficence, and justice.

Respect for persons, the first principle, ensured that respondents exercised autonomy, granting them the right to decide their level of involvement in the study. Participants were fully informed about the study's activities, including answering a survey questionnaire on challenges and leadership styles during the pandemic. They made rational decisions about their participation, doing so freely and willingly, without coercion, restriction, or undue influence. To document this willingness, a consent form was utilized to signify the respondents' desire to participate.

Beneficence, the second principle, emphasized the duty to maximize the study's benefits while minimizing risks. This principle was upheld by avoiding the implementation of any treatments, procedures, or alternatives that could cause harm to the respondents.

The third principle, justice, ensured equitable selection of respondents. In recruiting participants, inclusion and exclusion criteria were applied. Additionally, the study did not include any vulnerable subjects, and all respondents underwent the same data collection process



by answering a questionnaire. The research aimed to benefit the respondents, considering them as part of the communities that benefitted from the study.

## Results

This section presents the tables as answers to the research problems on the different challenges experienced, the overall degree of challenges, perceived leadership styles, and the significant relationship between the different challenges and overall degree of challenges with the perceived leadership styles during the COVID-19 pandemic.

### Challenges Experience during COVID-19 among Nurse Managers

Table 1 presents the perceived challenges experienced by nurse managers during the COVID-19 pandemic. The table includes 15 specific challenges, and for each challenge, the respondents indicated whether they experienced it or not. The results are presented in terms of the frequency (f), percentage (%), and the cumulative percentage score.

Table 1. *Perceived Challenges Experience during COVID-19 among Nurse Managers*

<i>I experienced challenges as nurse manager with:</i>	<i>Yes</i>		<i>No</i>		<i>Percentage Score</i>	
	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>		
1. staff safety and risk for infection.	38	100.00	0	0.00	38	100.00
2. staff shortage.	32	84.20	6	15.80	32	84.20
3. staff absenteeism.	24	63.20	14	36.80	24	63.20
4. staff turnover.	24	63.20	14	36.80	24	63.20
5. staff stress, fear and anxiety.	36	94.70	2	5.30	36	94.70
6. work-overload.	37	97.40	1	2.60	37	97.40
7. assignment of duties.	35	92.10	3	7.90	35	92.10
8. managing conflicts.	32	84.20	6	15.80	32	84.20
9. managing unexpected crisis.	37	97.40	1	2.60	37	97.40
10. lack of collaboration.	25	65.80	13	34.20	25	65.80
11. lack of resources and PPE.	28	73.70	10	26.30	28	73.70
12. too many rules and regulations from different national agencies.	34	89.50	4	10.50	34	89.50
13. frequently changing instructions.	32	84.20	6	15.80	32	84.20
14. information overload.	27	71.10	11	28.90	27	71.10
15. ambiguity and uncertainty in performing duties and responsibilities.	28	73.70	10	26.30	28	73.70

Note: n=38.

Table 2. *Overall Degree of the Challenges Experienced by the Nurse Managers*

<i>Perceived Level of Challenge</i>	<i>f</i>	<i>%</i>
Low	6	15.79
Moderate	3	7.89
High	29	76.32
Overall percentage score	82.28	High

Note: n=38.

Legend: A score of more than 70% indicates that you are facing a high level of challenges, a score of 50% to less than 70% indicates that you are facing a moderate level of challenges, and a score of less than 50% indicates that you are facing a low level of challenges.



Table 3. Leadership Style Applied during the COVID-19 Pandemic among Nurse Managers

Leadership Styles	Mean score	SD	Interpretation
<i>Transformational Style</i>			
1. Idealized Attributes	2.36	0.674	High
2. Idealized Behavior	2.84	0.708	High
3. Inspirational Motivation	2.95	0.595	High
4. Intellectual Inspiration	2.78	0.716	High
5. Individual Consideration	2.91	0.616	High
Grand mean score	2.77	0.535	High
<i>Transactional Style</i>			
1. Contingent Reward	2.70	0.682	High
2. Management by Exception (Active)	2.44	0.911	High
Grand mean score	2.57	0.690	High
<i>Passive Avoidance Style</i>			
1. Management by Exception (Passive)	0.99	0.760	Low
2. Laissez-Faire	0.75	0.707	Very low
Grand mean score	0.87	0.671	Low

Note: n=38.

Legend: A score of 0.00 – 0.80 is very low, 0.81 – 1.60 is low, 1.61 – 2.40 is moderate, 2.41 – 3.20 is high, and 3.21 – 4.00 is very high.

Table 4. Outcomes of Leadership as perceived by the Nurse Managers

Dimensions	Mean score	SD	Interpretation
1. Extra Effort	2.85	0.657	High
2. Effectiveness	2.72	0.709	High
3. Satisfaction	2.88	0.692	High
Grand mean score	2.82	0.634	High

Note: n=38.

Legend: A score of 0.00 – 0.80 is very low, 0.81 – 1.60 is low, 1.61 – 2.40 is moderate, 2.41 – 3.20 is high, and 3.21 – 4.00 is very high.

Table 5. Relationship between the Different Challenges and the Leadership Style during COVID-19 Pandemic

Different Challenges (Independent variable) vs. Leadership Styles (Dependent variable)	eta value	p-value	Decision	Interpretation	Strength
<b>Staff safety and risk for infection*</b>	--	--	--	--	--
<b>Staff absenteeism</b>					
Transformational Style	.375	.022	Reject the null hypothesis	Significant	Large effect
<b>Staff turnover</b>					
Transformational Style	.501	.002	Reject null hypothesis	Significant	Large effect
Transactional Style	.416	.011	Reject the null hypothesis	Significant	Large effect
Passive Avoidance Style	.427	.008	Reject the null hypothesis	Significant	Large effect
<b>Staff stress, fear and anxiety</b>					
Passive Avoidance Style	.346	.036	Reject the null hypothesis	Significant	Large effect
<b>Information overload</b>					
Transactional Style	.155	.023	Reject the null hypothesis	Significant	Large effect

Legend: Significant if the p-value is ≤ .05. \* - Not computed since all responses are the same.

\* Eta value interpretation: 0.01 is a small effect, 0.06 is a moderate effect, and 0.14 is a large effect.

Table 6. *Relationship between the Different Challenges and the Outcomes of Leadership Style during COVID-19 Pandemic*

<i>Different Challenges (Independent variable) vs. Leadership Styles (Dependent variable)</i>	<i>eta value</i>	<i>p-value</i>	<i>Decision</i>	<i>Interpretation</i>	<i>Strength</i>
<b>Staff safety and risk for infection*</b>	--	--	--	--	--
<b>Staff shortage</b>					
Outcomes of Leadership	.359	.029	Reject the null hypothesis	Significant	Large effect
<b>Staff absenteeism</b>					
Outcomes of Leadership	.373	.023	Reject the null hypothesis	Significant	Large effect
<b>Staff turnover</b>					
Outcomes of Leadership	.395	.015	Reject null hypothesis	Significant	Large effect

Legend: Significant if the p-value is  $\leq .05$ . \* - Not computed since all responses are the same. Eta value interpretation: 0.01 is small effect, 0.06 is moderate effect, and 0.14 large effect.

## Discussion

The study presents a comprehensive overview of the challenges faced by nurse managers during the COVID-19 pandemic. The high percentage scores across various challenges, such as staff safety, shortage, turnover, stress, and more, suggest that nurse managers encountered a multitude of difficulties in their roles. The unanimous agreement on challenges like staff safety indicates the severity and universality of issues encountered. It reveals that the majority of nurse managers faced a high overall degree of challenges (82.28%). This indicates the pervasive impact of the pandemic on the nursing profession, emphasizing the need for focused interventions and support mechanisms. It also sheds light on the leadership styles adopted by nurse managers during the pandemic and their perceived outcomes. The predominantly high scores in transformational and transactional leadership styles suggest that nurse managers lean towards effectively motivating and guiding their teams. The positive outcomes, as perceived by nurse managers, further support the effectiveness of these leadership styles in dealing with the challenges posed by the pandemic. It explores the relationship between specific challenges and leadership styles and their outcomes. The significant relationships observed between challenges like staff turnover, absenteeism, stress, and leadership styles (both transformational and transactional) highlight the critical role of leadership in mitigating challenges. The large effect sizes indicate the substantial impact of leadership styles on navigating challenges.

## Conclusion

In conclusion, the transformational leadership style is influenced by staff shortage, absenteeism, and turnover. The use of a transformational leadership style increases as the challenges on staff shortage, absenteeism, and increase in turnover. Transactional leadership style is influenced by staff turnover and information overload. The use of a transactional leadership style increases as the challenges of staff turnover and information overload increase. Passive avoidance leadership style is influenced by staff turnover and staff stress, fear, and anxiety. The use of the passive avoidance leadership style increases as the challenges of staff turnover and staff stress, fear, and anxiety increase. The outcomes of leadership styles are influenced by staff shortage, staff absenteeism, and staff turnover. The outcomes of leadership styles are largely increased when the challenges of staff shortage, absenteeism, and turnover are increased. Despite the degree of the challenges, there can still be a varied use of the different leadership styles, which confirms the idea that different situations or challenges call for different leadership styles. The findings of the study were able to affirm the Contingency Theory by Fred Friedler (1960) that a leader's efficiency is contingent on how well the leader's approach matches a particular setting or situation.

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