

Nurse Leadership Impact on Clinical outcomes and Staff satisfaction in Regional Medical and Dental Unit V

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ABSTRACT

This study examined the impact of nurse leadership on clinical outcomes and staff satisfaction among nurses assigned at the Regional Medical and Dental Unit V (RMDU 5). A quantitative descriptive-correlational research design was employed involving 47 nursing personnel selected through total enumeration. Data were gathered using adopted and adapted standardized questionnaires measuring leadership styles, staff satisfaction, and clinical outcomes. Descriptive statistics, Pearson Product-Moment Correlation, and Multiple Linear Regression were utilized for data analysis. Results showed that democratic ($M = 3.46$) and transformational ($M = 3.38$) leadership styles were the most practiced. Staff satisfaction was generally high, particularly in work engagement ($M = 3.41$), while clinical outcomes and patient safety were consistently rated as "Always Practiced." Democratic ($r = 0.588$, $p < .001$) and transformational leadership ($r = 0.498$, $p < .001$) demonstrated significant positive relationships with staff satisfaction. Regression analysis further revealed that democratic ($\beta = 0.329$, $p = .009$) and transformational leadership ($\beta = 0.253$, $p = .048$) significantly predicted staff satisfaction. However, no leadership style significantly influenced clinical outcomes. The findings emphasize the importance of democratic and transformational leadership in improving nurses' workplace satisfaction while highlighting that clinical outcomes are influenced by multiple organizational and professional factors.

Keywords: Nurse Leadership, staff satisfaction, clinical outcomes, nursing management, transformational leadership.

INTRODUCTION

Leadership remains one of the most influential factors affecting healthcare organizations. Nurse leaders significantly shape employees' motivation, job satisfaction, collaboration, and quality of patient care. Effective leadership creates supportive work environments that improve nurses' engagement while promoting patient safety and organizational excellence. In healthcare institutions such as the Regional Medical and Dental Unit V (RMDU 5), understanding how leadership influences staff satisfaction and clinical outcomes is essential in strengthening nursing management and sustaining quality healthcare services.

Statement of the Problem

This study sought to determine the impact of nurse leadership on clinical outcomes and staff satisfaction in the Regional Medical and Dental Unit V (RMDU 5). Specifically, it aimed to describe the demographic profile of the respondents, determine the perceived nurse leadership styles practiced by nurse leaders, assess the level of staff satisfaction and clinical

outcomes, examine the significant relationship between nurse leadership and staff satisfaction, and determine the influence of different leadership styles on staff satisfaction and clinical outcomes.

Scope and Delimitations

The study was conducted among 47 nursing personnel assigned at RMDU 5. It focused exclusively on four leadership styles (autocratic, democratic, transformational, and laissez-faire), staff satisfaction, and perceived clinical outcomes. Physicians, administrative personnel, and other healthcare professionals were excluded. Clinical outcomes were measured through nurses' perceptions rather than objective hospital performance indicators.

Review of Related Literature

Previous studies consistently demonstrate that transformational and democratic leadership improve employee engagement, organizational commitment, teamwork, and patient care quality. Bass and Avolio emphasized transformational leadership as an effective approach that motivates employees beyond expected performance. Cummings et al. (2021) and Boamah et al. (2018) likewise found positive associations between supportive leadership and nurse job satisfaction. However, evidence regarding leadership's direct influence on clinical outcomes remains inconsistent, suggesting that patient outcomes are affected by several organizational factors beyond leadership alone.

Theoretical Framework

The study was anchored in Transformational Leadership Theory by James MacGregor Burns (1978), further developed by Bass (1985). The theory explains that transformational leaders inspire followers through vision, motivation, individualized consideration, and intellectual stimulation. The study also incorporates principles of Democratic Leadership Theory, emphasizing employee participation, collaboration, and shared decision-making as mechanisms that enhance staff satisfaction and organizational effectiveness.

Conceptual Framework

The conceptual framework of the study is anchored on the Input–Process–Output (IPO) model. The input consists of nurses' leadership styles and the demographic profile of nurses working in Regional Medical and Dental Unit V. Nurses' leadership styles include the various approaches practiced by nurse leaders, such as transformational, transactional, and democratic leadership, which influence how nurses are guided, motivated, and supported in their clinical roles. The demographic profile, including age, sex, educational attainment, years of clinical experience, and position, provides important contextual information that may affect nurses' perceptions of leadership and its impact on their work performance and satisfaction.

METHODOLOGY

A quantitative descriptive-correlational research design was utilized to determine the relationships and predictive influence of nurse leadership on staff satisfaction and clinical outcomes.

Research Design

This study will utilize a quantitative, descriptive-correlational research design to examine the impact of nurse leadership on clinical outcomes and staff satisfaction in Regional Medical and Dental Unit 5. A descriptive approach will be used to identify and describe the prevailing leadership styles of nurse leaders as perceived by staff nurses, as well as to assess the current levels of staff satisfaction and selected clinical outcome indicators within the institution.

The correlational component of the design will determine whether a significant relationship exists between nurse leadership styles and (1) staff satisfaction and (2) clinical outcomes. This design is appropriate because the study seeks to measure variables as they naturally occur within the hospital setting without manipulating any factors. It allows the researcher to analyze the degree and direction of relationships among leadership practices, workforce morale, and patient care indicators.

Data will be collected primarily through structured survey questionnaires administered to nurse leaders and staff nurses, and, where applicable, through review of selected hospital records related to clinical performance indicators. Statistical tools such as frequency distribution, mean, standard deviation, Pearson correlation coefficient, and regression analysis may be used to analyze the data and determine significant relationships between variables.

Research Steps

The research process included adviser and ethics approval, validation of the demographic and work-related profile items, pilot testing, coordination with RMDU 5 facility, distribution and retrieval of printed questionnaires, data checking, coding, statistical analysis, interpretation of findings, and development of proposed programs and practices.

Data Collection and Sample Selection

Data were collected through self-administered questionnaires distributed to all 47 nursing personnel using total enumeration sampling. Participation was voluntary and anonymous.

Data Analysis Methods

Frequency, percentage, weighted mean, and standard deviation described respondents and variables. Pearson Product-Moment Correlation determined relationships, while Multiple Linear Regression determined the influence of leadership styles on staff satisfaction and clinical outcomes at the 0.05 significance level.

Research Hypotheses and Conceptual Framework Alignment

Based on the findings, the study supports the hypothesis that democratic and transformational leadership styles significantly enhance staff satisfaction among nurses in RMDU 5. However, the study does not support the hypothesis that nurse leadership styles significantly influence clinical outcomes, indicating that patient outcomes are likely affected by multiple organizational, professional, and clinical factors beyond leadership alone.

Ethical Considerations

The present research adhered to the eight fundamental ethical principles in nursing and health research. Ethical protocols included obtaining informed consent from all participants, ensuring anonymity and confidentiality, and allowing participants to withdraw at any time.

Results And Discussion

The findings revealed that democratic and transformational leadership were the predominant leadership styles practiced in RMDU 5. Nurses reported high levels of staff satisfaction, particularly regarding work engagement, leadership support, and recognition. Clinical outcomes and patient safety were consistently rated as highly practiced. Democratic and transformational leadership demonstrated significant positive relationships with staff satisfaction and significantly predicted nurses' satisfaction. However, no leadership style significantly influenced clinical outcomes, suggesting that patient outcomes are affected by broader organizational, clinical, and environmental factors beyond leadership alone.

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SUMMARY

The study determined that democratic and transformational leadership are the dominant leadership styles in RMDU 5. Nurses exhibited high levels of satisfaction and consistently excellent clinical practice. Leadership significantly enhanced staff satisfaction but did not independently predict clinical outcomes.

CONCLUSIONS

Effective nurse leadership, particularly democratic and transformational leadership, contributes significantly to improving staff satisfaction by fostering collaboration, empowerment, and supportive work environments. Although leadership did not significantly influence clinical outcomes, quality patient care remains consistently high, indicating that multiple organizational factors collectively contribute to healthcare quality.

RECOMMENDATIONS

Healthcare administrators should strengthen leadership development programs emphasizing democratic and transformational leadership. Employee recognition, professional development opportunities, and compensation systems should be enhanced to further improve staff satisfaction. Future studies should include larger samples, multiple healthcare institutions, and objective clinical outcome indicators.

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AI DECLARATION STATEMENT

AI-supported tools were used to assist with grammar, organization, and formatting of this IMRAD manuscript. The researcher remains responsible for the academic content, verification of results, interpretation, and final submission of the paper.

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