Leadership Approaches and Communication Styles Affecting Practice Changes During Healthcare Crisis Among Nurses in a Tertiary Hospital

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Abstract — The ever-changing world of healthcare nursing nowadays is always leading professionals to doors of opportunities and a road to development and progress. In the everyday encounter of the researcher, leadership approaches and communication styles always arise in the situation. May it be in deciding on the smallest detail of a task loaded for them at that moment. Thus, this sparks the idea of delving more into the depths of both variables and learning more about how they impact one another. The curiosity about how each leadership approach differs in their communication styles on situations that need decision-making may it be urgent or not. Thus, learning more about how communication styles interplay with the leadership approaches and how they can be associated with each other. Can these interplays in the variables differ when practice changes during a healthcare crisis arise in the situation? This study may reflect how good leadership and communication impact the working output of the nurses in the chosen tertiary hospital in Marikina City. Research studies always aim for an output that could further enhance the healthcare system and the work output of professionals. Thus, leadership approaches and communication styles may be a few of those confounding factors that are crucial but have not been recognized further in developing the working output of the nurses. These work outputs can be a foundation for an improved quality of patient care.

Moreover through this study, the researcher created a new framework and strategies inclined to the relationship between leadership approaches and communication styles and their impact on the practice changes during health crises that can be encountered by nurses in the future. The relevance of this study focuses on the scarcity of research studies relating to the impact of both the leadership approaches and communication styles in the practice changes in healthcare settings especially during a healthcare crisis. Previous research studies have not yet delved into analyzing each leadership approach and exploring its association with the different communication styles which may contribute to creating a better leader world-view of managing people. The researcher used descriptive quantitative research to address the above research questions in this study. A random stratified sampling technique was used among the nurses assigned to the different departments in a Tertiary Hospital. These respondents came from the highest to the lowest of ranks to simply gauge the perceived experiences of the nurses in each unit regardless of their rank in the organization. There are a total of 286 staff nurses in the whole institution of different ranks and positions. All of the nurses during the gathering of data may only be limited due to the different other factors at the time of the data gathering procedure.

Through proper statistical treatment used, it is therefore recommended that an assertive communication style be encouraged among nurses in the chosen tertiary hospital, regardless of whether practice changes are being implemented. Assertive communication promotes clarity, mutual respect, and efficient collaboration among healthcare team members, which can enhance patient care outcomes. Before practice changes during healthcare crises, the study suggests that transformational leadership is perceived as the most effective leadership style among nurses. Transformational leaders inspire and motivate their teams through a shared vision, fostering innovation and adaptability in addressing challenges. During practice changes in healthcare crises, the study finds that nurses perceive democratic leadership as most favorable. Democratic leaders involve team members in decision-making processes, promoting shared responsibility and commitment to implementing changes effectively. Overall, the recommendations derived from the study's conceptual framework underscore the importance of effective communication and leadership in navigating healthcare crises and implementing practice changes to improve patient care quality

Keywords — Leadership Approaches, Communication Style, Practice Changes, Healthcare Crisis, Quality Patient Care

I. Introduction

In a world of constant change, things may come across to inevitable switching and shifting of practices. Transitioning to new innovative ways of coping through unending practice changes will always be experienced. It is when time is rough and we are all forced to adapt to a change that is so abrupt and unpredictable. It is innate for human beings to live life in comfort, safety, and self-care. Meanwhile, change is the primary core and essence of living, resiliency in adapting to the turnover of events can be their driving force of energy in growing, learning, and coping.

Nurses as a part of the healthcare team who do most of the bedside care to the patients have encountered abrupt changes in the work and environment during a healthcare crisis. The most recent example was when the Covid-19 pandemic became a worldwide crisis. Everything has changed too such as behavior, economics, communication and even access to education has reached a turning point too. In the turn of events, the healthcare world stumbled upon different practice changes to be able to survive a day safe from being infected by the virus. Such a healthcare crisis is just an example of the many inevitable crises that we expect and shall foresee in the healthcare world.

From this turn of events, the researcher was inspired to explore how to improve healthcare service during a healthcare crisis by knowing the correlation between the leadership approaches and communication styles in practice change among nurses in a tertiary hospital. In the research trends study done by Hande Yesilbas and Filiz Kantek, they stated that it was also reported that a majority of these studies (98.6%) were published in English with the most common keywords "leadership", ''nursing'', "transformational leadership", "leadership in nursing". In their study, it was further found that the number of studies on leadership in nursing has been gradually

increasing, that the researchers in the United States were trailblazers in the field, and that the Journal of Administration has been one of the main sources of data. This study, accordingly, is considered to guide researchers about research trends in leadership in nursing. (Yesilbas, Et al,2020).

Like any other disaster or crisis, leadership (or lack thereof) is truly the differentiator in how groups and entities fared. (J. Sanders, 2021). This research work encompasses the different experiences of different nurses and their leadership approaches and communication styles during the healthcare crisis and how they were able to implement new changes that urgently needed to be done.

In the cross-sectional study done by Petra-Maria Kamarainen and others about perceptions of nurse leaders' internal crisis communication during the COVID-19 pandemic, they concluded that nurse leaders' internal crisis communication was timely, especially in the most critical units dealing with the pandemic. The study highlighted the importance of considering a unit's special needs for internal crisis communication. Interaction between nurse leaders and nursing staff during periods of crisis needs improvement.(Kamarainen, Et al, 2022).

The ever-changing world of healthcare nursing nowadays is always leading professionals to doors of opportunities and a road to development and progress. In the everyday encounter of the researcher, leadership approaches and communication styles always arise in the situation. May it be in deciding on the smallest detail of a task loaded for them at that moment. Thus, this sparks the idea of delving more into the depths of both variables and learning more about how they impact one another.

Research studies always aim for an output that could further enhance the healthcare system and the work output of professionals. Thus, leadership approaches and communication styles may be a few of those confounding factors that are crucial but have not been recognized further in developing the working output of the nurses. These work outputs can be a foundation for an improved quality of patient care.

This study dealt mainly with the correlation between the leadership approaches and communication styles on the practice changes during a healthcare crisis among nurses in the different divisions/units in a chosen Tertiary hospital in Marikina City. It seeks to show the relationship between the leadership approaches and communication styles in the success of practice changes in the different areas that respondents are assigned to.

The researcher focused mainly on the nurses in a chosen Tertiary Hospital in Marikina City as respondents in the set of questionnaires prepared vigorously for them. Furthermore, the researcher will come up with an assessment process where the data gathered will be evaluated and examined. This study will focus merely on nurses regardless of their rank or position in the organizational chart in their institution. This study does not represent the views of all the

organizations and professions in the institution, as the study was limitedly done only to the nurses in the institution. Whoever may be available during the data-gathering procedure.

This study will be conducted with a limited number of financial resources and time frameworks. This study will explore the existence of leadership approaches and communication styles regardless of the position of the nurses in a group. This aims to see how leadership approaches and communication styles are related to the practice changes in healthcare settings.

II. Methodology

Research Design

This study used descriptive quantitative research to address the above research questions. The relationship between the leadership styles, communication styles, and practice changes during healthcare crises among nurses in a chosen Tertiary Hospital is the goal that is measured in this research study. Descriptive research is a method of performing exploratory research. It enables researchers to precisely and methodically describe a population, circumstance, or phenomenon in detail. (Health,2023).

The objective of the study is to present the relationship between leadership approaches and communication styles preferred by the nurses in a chosen Tertiary Hospital to the practice changes made during the healthcare crisis. In quantitative research, the researcher used a structured research instrument to gather data useful for the study being done.

Correlative surveys were used by the researcher to establish the relationship between the variables may it be a positive, negative, or neutral connection. Relevant data were gathered from several aspects of a given population. In assessing the relationship between the variables, the statistical relationship between them must not be affected by any extraneous variable. By utilizing this method, the researcher can identify the degree of the relationship that exists between the two or more variables under study.

Research Locale

The study was conducted in a chosen Tertiary hospital in Marikina City. It is a government Tertiary hospital with a 500-bed capacity. This institution is a licensed facility, wherein its main goal is to maintain its integrity as a teaching and training center under the Department of Health. The institution caters to and offers different services like Medical, Surgical Pediatric, Surgical Adult, Obstetrics, Gynecology, Pediatrics, Newborn, ENT/ Ophthalmology, and Orthopedic. Through the years the institution has become fully departmentalized and equipped with services. This becomes the motivation for the researcher to pursue the study at this institution. Its manpower service comprises different units and departments, with a total number of 1,282 staff members of

different professions and positions in the organization. Among this manpower, are the 286 staff nurses which include the following as shown in the illustration below:

Nurse Position/ Ranking	Number of Nurses per Position/Rank
Chief Nurse	1
Assistant Chief Nurse	2
Nurse V	2
Nurse IV	6
Nurse III	52
Nurse II	130
Nurse I	82
Nurse Contractual	11
Total:	286

Figure 1: Total number of nurses in the chosen Tertiary Hospital shown with their corresponding position/ rank in the institution.

These nurses work together in different units and divisions in the institution.

Population, Sample Size, and Sampling Technique

A random stratified sampling technique was used among the health care professional nurses assigned in the different areas, units, and departments in a chosen Tertiary Hospital. The sample population is random from the following; These respondents came from the highest to the lowest of ranks to simply gauge the perceived experiences of the nurses in each unit regardless of their rank in the organization.

There are a total of 286 staff nurses in the whole institution of different ranks and positions. A random stratified sampling technique was used by the researcher apparently by getting random respondents in the different units in the hospital.

The researcher technically used the Rao soft tool in calculating the sample size of the population. The researcher used 5% as the acceptable margin of error percentage. A 95% confidence level was used in the tool for computation this is the tolerable percentage of uncertainty for the study being done. The researcher used 50% as the percentage for the response distribution of the data gathering procedure. Using this percentage gave the researcher the largest sample size from the population. The researcher used the Rao soft tool, and through this, the minimum recommended size for the survey will be 165 respondents. Rao soft is usually used to determine the number of respondents needed in a research study to achieve the desired level of accuracy.

Questionnaires were equally distributed to all the units or departments involved in the chosen local. The total number of staff per area was divided by the total number of population of nurses in the institution which is 286. The rate is equal to the number of populations per unit divided by 286. Lastly, to get the sample size per unit, the rate will then be multiplied by 165 which is the calculated sample target population using the Rao soft tool.

Research Instrument

The research methodology for the study was the quantitative correlative survey research design. A quantitative survey design is typically administered during large-scale research and primarily relies on using closed questions to obtain information that can be analyzed relatively quickly, such as multiple-choice or dichotomous response answers. The data obtained in a quantitative survey is numerical and is usually analyzed using statistics. Quantitative designs and data allow researchers to obtain a general snapshot of trends in your population of interest. (Mills,2021). By using quantifiable data, the researcher can therefore gather a concrete statistic as output on the research study done through the proper data gathering procedure chosen to complete the research.

Furthermore, the researcher adapted the leadership styles questionnaire done by the author Peter Northouse. The researcher will contact the author and a formal letter was sent via email with the intent of adapting the author's work and with the terms and conditions discussed in the letter of intent.

The researcher made revisions and changes from the questionnaire of Peter Northouse as it shall be adapted to this work.

The adapted research instrument underwent testing and validity which was done by the experts in the field of study. The researcher approached psychologists, the manager of the Human Resource Department in the institution, and other educators and professional experts in the field of the interest of the study

Data Gathering Technique

The consent was secured, and a questionnaire was given to the respondents which included the demographic data information. The demographic data collected on all respondents included sex, age, education, area of assignment, and years of experience the respondent had worked in the tertiary hospital. The demographic data will be obtained to gain a wider breadth of information.

The questionnaire was given via an online platform known as Google Forms. The first part includes the gathering of the demographic profile relevant to the study being done. The second part includes Likert Scale questionnaires with 20-item tests about leadership approaches. The third part includes a Likert Scale questionnaire with 20-item tests about communication styles. Lastly, the fourth part includes a Likert scale questionnaire with 40-item tests about practice changes with both leadership approaches and communication styles interjected on the random items.

Data Analysis

Descriptive analysis includes summary measures such as mean, frequency, and rank. The degree of relationship and direction will utilize Pearson's coefficient of correlation, otherwise, non-parametric tools was used.

III. Results and Discussion

Table 1. The Demographic Profile of the respondent nurses in a Tertiary Hospital in terms of Age.

Profile	Levels	Frequency	Percentage
Age	24-31 years old	26	15.8%
	32-39 years old	96	58.2%
	40-47 years old	10	6.1%
	48-55 years old	26	15.8%
	56-64 years old	7	4.2%
	Total:	165	100%

Grounded on the 165 respondents gathered during the process, it showed that the dominating age group of the nurses working in the chosen Tertiary Hospital is that of ages 32-39 years old which is 58.2% of the nurse population ratio. Those aged 56-64 years old belong to the group that is in the least range of the nurse population which is in an estimated percentage of 4.2% based on the sample size of 165 respondents.

Analysis of the Findings:

This is close to the results and findings from this study wherein the average mean age of the respondents is 33 out of the 165 respondents, with the dominating group of 32-39 years old which is 58.2% of the sample population. This reflects that the younger generation from the sample population dominates the total number of professional nurses working in the chosen Tertiary Hospital in Marikina City. Thus, fresh, young minds represent most of the working output made by the institution from the nursing service department.

Table 2. The Demographic Profile of the respondent nurses in a Tertiary Hospital in Terms of Sex

Profile	Levels	Frequency	Percentage
Sex	Female	109	66.1%
	Male	56	33.9%
	Total:	165	100%

In terms of sex, female nurses dominate the male population with a percentage of 66.1% of the sample size versus the 33.9% male population percentage who answered the questionnaires during the data gathering procedure. In an article on health topics made by the World Health Organization, they stated that, women comprise almost 70% of health-care workers globally and that it is nearly 90% of the nursing and midwifery workforce. (WHO, 2022).

Analysis of the Findings:

The data results gathered showed that more than half of the sample population from the chosen Tertiary Hospital in Marikina City are female nurses. In contrast to the findings of the WHO, most leadership ranks in the top management of the nursing service from the chosen Tertiary Hospital in Marikina City were mostly comprised of the female population. This only shows that the stigma and the role of gender in leadership are not confined to the hands of the male

population in this institution. This may show an evolution in practice changes too wherein leadership is mostly done by the female population who are dominantly working in the chosen locale.

Table 3. The Demographic Profile of the respondent nurses in a Tertiary Hospital in Terms of Years of Service.

Profile	Levels	Frequency	Percentage
Years of Service	Less than a year	5	3.0%
	1-8 years	66	40.0%
	9-16 years	73	44.2%
	17-24 years	10	6.1%
	25-32 years	7	4.2%
	33-39 years	4	2.4%
	Total:	165	100%

In terms of years in service in the institution, those who are in service ranging from 9-16 years cover the 44.2% of the sample size group which represents the greatest number of respondents when it comes to years in service. And the least number of respondents in relevance to years of service in the institution are those ranging from 33-39 years which is equivalent to 2.4% of the sample population size. In conclusion, most of the respondents in the data gathering are those ages 32-39 years old, mostly female, and mostly are with 9-16 years of service record.

Analysis of the Findings:

Most of the respondents in the data gathering are those ages 32-39 years old, mostly female, and mostly with 9-16 years of service record. The result of their findings in a study done in the Hospitals of Social Security Organization in Tehran is a bit close based on statistics when talking about the range of years in service from the findings of this research study. The vastness of knowledge, skills, and experience is rich in the nurses under this category. Thus, leadership roles and managerial tasks best suit this group of nurses. Fresh, young minds who are equipped with the newest trends and training inclined to the nursing profession.

Statement of the Problem 2. How can the self-perceived leadership approach of nurses in the chosen Tertiary Hospital in Marikina City be described in terms of:

Mean Scores and Descriptive Interpretation of the Self-Perceived Leadership Approach of Nurses in terms of Authoritarian Leadership

Table 4. Self-Perceived Leadership Approach of Nurses in terms of Authoritarian Leadership

Statement	Mean	Interpretation
I do not appreciate being questioned by my subordinates.	1.83	Disagree
I am the sole decision- maker for the team.	1.88	Disagree
I issue out directives to other nurses.	2.56	Agree
I like to be in control of every detail of the work.	2.27	Disagree
I hold myself 100% responsible for every task.	3.09	Agree
Authoritarian(M)	2.33	Disagree

From the set of statements inclined to authoritarian leadership listed in the questionnaire, " I do not appreciate being questioned by my subordinates" got a weighted mean score of 1.83, which garnered the least agreeing response from the sample population.

Hence, the statement, " I hold myself 100% responsible for every task" gets a mean score of 3.09. This statement acquired the highest number of agreeing responses from the sample population under study. This score as interpreted on the scale above is perceived by nurses as agreed to be utilized in all the situations that they may encounter at work. This is a positive indication that nurses in the chosen locale always put their best effort in everything they do. Authoritarian leaders make decisions independently, with little or no input from the rest of the group. (Cherry,2022).

Mean Scores and Descriptive Interpretation of the Self-Perceived Leadership Approachof Nurses in terms of Democratic Leadership

Table 5. Self- Perceived Leadership Approach of Nurses in terms of Democratic Leadership

Statement	Mean	Interpretation
I dictate the particular work task to other nurses.	2.61	Agree
I encourage team discussion.	3.54	Strongly Agree
I ask the team for a decision.	3.53	Strongly Agree
I allow the team members to work with anyone.	3.52	Strongly Agree
I try to be part of the team.	3.71	Strongly Agree
Democratic (M)	3.38	Strongly Agree

There are statements in the questionnaire that reflect an inclination toward the democratic leadership approach. From the table above the statement from the questionnaire, "I dictate the particular work task to other nurses", got a mean score of 2.61 which placed it as the least perceived statement by the nurses at work in the tertiary hospital being studied.

On the other hand," I try to be part of the team", is a statement inclined to democratic leadership which garnered the highest agreeing response from the nurses in the tertiary hospital. With its calculated mean score of 3.71, it is interpreted as strongly agreed perceived by most nurses in the locale being studied. Democratic leaders offer guidance to group members, but they also participate in the group and allow input from other group members. (Cherry,2022). It is innate for democratic leaders to always take part in decision-making that is unanimously done by the group.

Mean Scores and Descriptive Interpretation of the Self-Perceived Leadership Approach of Nurses in terms of Laissez-Faire Leadership

Table 6. Self- Perceived Leadership Approach of Nurses in terms of Laissez-Faire Leadership

Statement	Mean	Interpretation
I trust my team to accomplish their work.	3.62	Strongly Agree
I let my group decide.	3.05	Agree
I provide feedback when necessary.	3.51	Strongly Agree
I understand what needs to be changed.	3.48	Strongly Agree
I ask their ideas.	3.69	Strongly Agree
Laissez-Faire (M)	3.47	Strongly Agree

The table above shows the statements of the questionnaire that are all inclined to the Laissez-Faire leadership approach. Learning more about their levels of inclination with each statement will further lead the researcher to know how laissez-faire leadership was viewed by the nurses in the institution.

Hence, the statement, " I ask their ideas", got a mean score of 3.69 which garnered the highest number of agreeing responses from the data gathered. This is interpreted as strongly agreed by most of the population being studied to use in most of their circumstances and situations at work. This indicates that nurses from the chosen locale appreciate being heard on their ideas and suggestions.

The responses in the Likert scale that are inclined in the Laissez-Faire leadership approach received the greatest responses of agreement and neutrality from the respondents. Through the computation of its mean, Laissez-Faire leadership scored 3.47 which indicates that this is strongly agreed as the self-perceived leadership approach that the nurses in the chosen hospital preferred to have. These leaders do not give concise instructions or guidance to the members of the group. This type of leadership often lacks direction and often leads members to blame one another for making mistakes.

Mean Scores and Descriptive Interpretation of the Self-Perceived Leadership Approach of Nurses in terms of Transformational Leadership
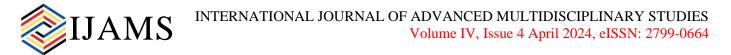
Table 7. Self-Perceived Leadership Approach of Nurses in Terms of Transformational Leadership

Statement	Mean	Interpretation
I encourage them to participate.	3.72	Strongly Agree
I see to it that my lines are open for communication.	3.75	Strongly Agree
I always make sure that other employees will always be on track in their tasks and clearly see the vision and goals of the organization.	3.61	Strongly Agree
I always envision to create followers into becoming future leaders	3.59	Strongly Agree
I am keen towards my behavior at work; thus, I believe that my own behavior influences other team members and inspires them to become better employees too.	3.60	Strongly Agree
Transformational(M)	3.65	Strongly Agree

Transformational leadership is where leaders can motivate and inspire followers and direct positive changes in groups. (Cherry,2022). These types of leaders also blend in during action at work, making them more involved with the staff in decision-making and finishing tasks needed.

On the other hand, the laissez-faire leadership approach is also chosen by the nurses at the beginning of the course of the study. Delegative leaders/ laissez-faire leadership offer little or no guidance to group members and leave the decision-making up to group members. While this style can be useful in situations involving highly qualified experts, it often leads to poorly defined roles and a lack of motivation. (Cherry,2022). These two types of leadership approaches were highlighted to be the favorable type for the respondents included in the study.

Democratic leadership also got a remarkably strongly agreed response from the nurses from the chosen tertiary hospital. The study of Dike E. Ego and others concluded that their study shows that there is a significant effect of democratic leadership style on organizational performance. Based on this, the study recommends that leaders in organization settings and other areas should apply this leadership style frequently. They should propose to get employee input when making decisions that affect the employees and the organization in general. (Dike, Etal,2019)

Statement of the Problem 3. How may the self-perceived leadership approach of nurses in the chosen Tertiary Hospital be presented according to rank?

Table 8. Summary of the Self-Perceived Leadership Approach Chosen By Nurses in a Tertiary Hospital

Leadership Approach	Mean (Total Score = 25)	Rank
Transformational(S)	18.3	1
Laissez-Faire (S)	17.4	2
Democratic (S)	16.9	3
Authoritarian(S)	11.6	4

The leadership approach of nurses in a chosen Tertiary hospital can be classified through computation of the mean of the leadership approaches based on the data gathered results. Then after, ranking these leadership approaches from highest to lowest will reflect the result and findings on the data above. As classified, it showed that the Transformational Leadership Approach ranked the highest of all with a mean score is 18.3.

On the other hand, the Authoritarian leadership approach ranked fourth or last from all the approaches included in the table above with a mean score is 11.6. This makes it the least preferred leadership approach of nurses at work in the chosen Tertiary Hospital. Based on the literature written by Katie Terrell Hanna and Francesca Sales, it is stated that authoritarian leadership, also known as autocratic leadership, is a management style where an individual possesses total decision-making power and retains as much authority as possible, often requiring followers to strictly adhere to their directives without much freedom or participation. (Hanna, Etal, N.D.)

Statement of the Problem 4. How can the self-perceived communication style of the nurses in the chosen Tertiary Hospital be described in terms of;

Table 9. Mean Scores and Descriptive Interpretation of the Self-Perceived Communication Style of Nurses in terms of Passive Communication Style

Statements	Mean	Interpretation
I often let them decide for me and say, "Just do what you want to do, anyway."	1.96	Disagree
I find it difficult to express my opinion most of the time.	2.10	Disagree
I cannot always express myself when I feel uncomfortable in a given situation.	2.27	Disagree
I can't say "No" in situations even if I don't feel sure and comfortable about it.	2.07	Disagree
I always take my time before giving a response to a question.	3.05	Agree
Passive (M)	2.29	Disagree

Table number 9 above shows the means scores and descriptive interpretation of the self-perceived communication style of nurses in a chosen Tertiary Hospital in terms of passive communication style. From the statements from the questionnaire that is inclined toward the passive communication style, "I often let them decide for me and say, "Just do what you want to do, anyway.", got a mean score of 1.96 which placed it as the least in the rank that is chosen by the nurses in the tertiary hospital. This score is interpreted in the scale above as disagreeing with the nurses in certain situations. This only implies that nurses do not appreciate being left behind doing most of the decision-making without proper guidance from the leader of their group. The nurses from the chosen locale still prefer to finalize a plan and decision with the affirmation of their leader. Or somehow get a response or suggestions from the person that they look up to, for them to be able to gain confidence from the decision that they have finalized for the team.

Passive communicators tend to be quiet and don't actively seek attention. They rarely take a stance and assert themselves, share their feelings, or express their needs. Their lack of communication makes it difficult to know whether they're uncomfortable or need help. (Waters,2022).

Table 10 Mean Scores and Descriptive Interpretation of the Self-Perceived Communication Style of Nurses in terms of Aggressive Communication Style

Statements	Mean	Interpretation
I often interrupt people while speaking especially when their opinions are different with mine.	1.68	Strongly Disagree
I don't mind invading personal spaces to insist on my commands.	1.64	Strongly Disagree
I prefer outright and direct answers from my subordinates.	2.68	Agree
I always maintain an intense eye contact when talking to someone especially when it is about work.	2.90	Agree
I use aggressive gestures to intimidate people I talk with	1.69	Strongly Disagree
Aggressive(M)	2.12	Disagree

The table shows various statements inclined with the aggressive communication style. The statement, "I don't mind invading personal spaces to insist on my commands" got a computed mean score of 1.64 which is interpreted as strongly disagreed to be applied by the nurses in the tertiary hospital based on the results from the data gathering procedure. This score only implies that an invasion of personal space towards others will be least likely to be done by nurses at work, hence, this represents their utmost respect towards others.

Aggressive communicators love dominating a conversation. Without realizing it, they often express their thoughts and feelings without hesitation — maybe even at the expense of others. They may also react before thinking, causing tension, conflict, and low productivity in the workplace. (Waters,2022).

Table 11 Mean Scores and Descriptive Interpretation of the Self-Perceived Communication Style of Nurses in terms of Passive-aggressive Communication Style

Statements	Mean	Interpretation
Sometimes my answers are the exact opposite of what I really meant.	1.92	Disagree
I am showing a happy face even if I am totally upset in a given situation.	2.26	Disagree
I sometimes use sarcasm to give a hint on what I really meant without having to tell it directly.	2.15	Disagree
I remain silent or give silent treatments towards people, especially when their ideas or opinions offend me.	2.35	Disagree
I often use denial as a defense mechanism when confronted about my real thoughts in a given situation.	1.95	Disagree
Passive-aggressive (M)	2.12	Disagree

As shown above, the table shows statements that are inclined to the passive-aggressive communication style. The statement," Sometimes my answers are the exact opposite of what I

meant", got a computed mean score of 1.92 which ranks the lowest from all of the statements included in the table. This mean score is interpreted as disagreed based on the interpretation scale above. This only means that most of the nurses in the tertiary hospital can vocally say what they want in a given situation. This statement may also induce sarcastic notes or sarcasm when heard. Sarcasm in the working environment may also add fuel to the fire when turmoil among workers arises.

Passive-aggressive people might appear agreeable at first. But behind your back, they'll quietly manipulate situations to benefit them or say things with double meanings. They may also try to hide their true feelings when speaking to you or influence you through guilt-tripping or gaslighting. (Waters, 2022).

Table 12 Mean Scores and Descriptive Interpretation of the Self-Perceived Communication Style of Nurses in terms of Assertive Communication Style

Statements	Mean	Interpretation
I often encourage brainstorming of ideas in a meeting.	3.39	Strongly Agree
I see to it that before a meeting is adjourned, all ideas and feelings are expressed freely in a healthy manner.	3.50	Strongly Agree
I can say "No" in a polite way when situations and ideas intrude my boundaries.	3.08	Agree
I use expansive gestures as my approach to people to make them more comfortable to express themselves.	3.10	Agree
I maintain a friendly eye contact, clear voice and good posture because I firmly believe that these are the keys in extracting ideas and feelings from people.	3.45	Strongly Agree
Assertive (M)	3.31	Strongly Agree

All the statements in the table are inclined with the assertive communication style. And from the data gathered, we can see that the statement, "I can say "No" in a polite way when situations and ideas intrude my boundaries", scored the least from it all. The mean score of 3.08 which is interpreted as agreed from the scale above may only mean that most nurses in the tertiary hospital can say "NO" in a polite way in some situations that they face at work. This only implies how they stick to the rules that their institution has laid to them since the beginning.

Thus, based on the results and findings from the data-gathering procedure, the assertive communication style got the greatest agreeing response from the respondents in the chosen locale with a score of 3.31. The passive-aggressive and aggressive communication styles both earned a mean score of 2.12 which makes these styles unlikely to be chosen as the self-perceived communication style by the nurses. The passive communication style score is 2.29 which makes it unlikely too for the nurses to choose their self-perceived communication style.

People in this category share their thoughts confidently but always kindly and respectfully. They aren't afraid of challenging themselves or setting healthy boundaries at work. They are also intuitive communicators, making others feel comfortable and facilitating productive discussions. (Waters,2022).

Statement of the Problem 5. How may the self-perceived communication style of the nurses in the chosen Tertiary Hospital be presented according to rank?

Table No. 13 Summary of the Self-Perceived Communication Style Chosen By Nurses in a Tertiary Hospital

Communication Style	Mean (Total Score = 25)	Rank
Assertive (S)	16.5	1
Passive (S)	11.5	2
Aggressive(S)	10.6	3.5
Passive-aggressive (S)	10.6	3.5

Table number 13 above shows the summary of the self-perceived communication style chosen by nurses in a Tertiary Hospital. Through computation of its weighted mean from the data gathered from the procedure, assertive communication style scored 16.5 which places it in the highest rank in the self-perceived communication style of the nurses included in the study.

In a journal from the Center of Integrated Healthcare, they defined assertiveness as communicating and expressing your thoughts, feelings, and opinions in a way that makes your views and needs clearly understood by others, without putting down their thoughts, feelings, or opinions. Assertiveness is the ability to express our thoughts and feelings openly in an Honest, Appropriate, Respectful, and Direct way. It can be hard to do, but it gets easier with practice. In assertive communication, both individuals are considered to be equally important. (Center for Integrated Healthcare, N.D.)

Table 14. The Perceived Communication Style Chosen By Nurses in a Tertiary Hospital by Age

Age of the Nurse Respondents	Self-Perceived Communication Style
24-31 years old	Passive
48-55 years old	Passive
Other age levels	Undecided

Table number 14 above shows the mapping of the perceived communication style chosen by the nurses in a Tertiary Hospital by age. As shown from the result of the data gathered during the procedure, the perceived communication style of both age groups ranging from 24-31 years old and 48- 55 years old is passive. While all the other age levels reflect an undecided. This result

only shows that most of the decision-making is being led by those who are in the Middle Ages. Those whose age ranges from 32-47 may be the ones who explore and delve into solutions and answers for a specific dilemma that they encounter. This age group of people may include those nurses who are maybe in their managerial, supervisory, or senior years in the institution. And thus, make them the most looked part of the nursing community.

In a journal written by Gillis, Kaytlyn, and others, they described passive communication as avoiding saying what one thinks and feels. People with a passive communication style often ignore their own needs, sometimes allowing others to walk over them rather than stand up for themselves. They may be self-deprecating, excessively apologetic, or reliant on others for decisions. (Gillis, Etal,2023).

Statement of the Problem 6. How can the self-perceived leadership approach and communication style during practice changes on a healthcare crisis of the nurses in the chosen Tertiary Hospital be described in terms of;

Table. 15. Mean Scores and Descriptive Interpretation of the Self-Perceived Leadership Approach during practice changes on a Healthcare Crisis of the Nurses in a chosen Tertiary Hospital in Terms of Authoritarian Leadership

Leadership Approach	Statement	Mean	Interpretation
Authoritarian	When I feel that my superior is micromanaging me, my decision-making skills are also impacted especially in coping with practice changes during a healthcare crisis.	2.87	Agree
	I think that open communication during a health situational crisis can only hinder me from imposing a task that I want to be done immediately.	2.17	Disagree
	Leaders set out a clear vision for what they want to accomplish in making a new protocol during a healthcare crisis	3.47	Strongly Agree
	Motivation to change may not be achieved when leaders impose what they want without considering other people's feelings.	3.25	Strongly Agree
	The environment where structure is highly rigid makes it uncomfortable for a change in practices.	3.04	Agree
	Overall Rating	2.96	Agree

Table number 15 above shows the mean scores and descriptive interpretation of the self-perceived leadership approach during practice changes on a healthcare crisis of the nurses in the chosen Tertiary Hospital in terms of authoritarian leadership. There are statements in the table that are all inclined to authoritarian leadership. From among those listed, the statement, "I think that

open communication during a health situational crisis can only hinder me from imposing a task that I want to be done immediately" got the lowest score of positive responses from the nurses. With the mean score of 2.17 which is interpreted in the scale above as disagreed. This only means that the nurses from the tertiary hospital still choose to have open communication, especially during a health situational crisis. In connection to the previously discussed statement similar to this, nurses would opt to have and maintain an open line of communication at all times. This would further give them the confidence in deciding for an instance especially if their decision as a group was consulted previously to their known leader.

Stobierski, Tim in his journal wrote that **authoritative leaders**, also called **visionary leaders**, tend to approach leadership like a mentor guiding a mentee. Instead of telling their team to follow instructions and do as they say, authoritative leaders put themselves in the scenario and utilize a "come with me" approach. They have a firm understanding of the challenges to overcome and the goals to reach, and have a clear vision for achieving success. (Stobierski, 2019).

Summary

The following results were generated by this academic study:

a. Respondents are composed of full-time nurses. Based on the 165 respondents gathered during the process, it showed that the dominating age group of the nurses working in the chosen Tertiary Hospital is that of ages 32-39 years old which is 58.2% of the nurse population ratio. Those aged 56-64 years old belong to the group that is of the least range of the nurse population which is an estimated percentage of 4.2% based on the sample size of 165 respondents.

b. In terms of sex, female nurses dominate the male population with a percentage of 66.1% of the sample size versus the 33.9% male population percentage who answered the questionnaires during the data-gathering procedure.

c. In terms of years in service in the institution, those who are in service ranging from 9-16 years cover the 44.2% of the sample size group which represents the greatest number of respondents when it comes to years in service. And the least number of respondents in relevance to years of service in the institution are those ranging from 33-39 years which is equivalent to 2.4% of the sample population size. In conclusion, most of the respondents in the data gathering are those ages 32-39 years old, mostly female, and mostly with 9-16 years of service record.

d. The transformational Leadership Approach ranked the highest of all the approaches included in the study. This means that this leadership is the most preferred approach of the nurses at work in the chosen Tertiary hospital in Marikina City. On the other hand, the Authoritarian leadership approach ranked fourth or last from all the approaches included

in the study. This makes it the least preferred leadership approach of nurses at work in the chosen Tertiary Hospital.

e. Through computation of its weighted mean from the data gathered from the procedure, assertive communication style scored 16.5 which places it in the highest rank in the self-perceived communication style of the nurses included in the study. However, aggressive and passive-aggressive both showed a score of 3.5 which places both on the lowest rank or lowest at the rank of the self-perceived communication styles by nurses in the chosen Tertiary Hospital.

f. The democratic leadership approach ranked highest above all the leadership approaches included in the study when practice changes during a healthcare crisis are interjected in the situation. While on the other hand, authoritarian leadership ranked last.

g. Assertive communication ranked highest above all communication styles included in the study before or even when practice changes during a healthcare crisis are interjected in the situation. While on the other hand, aggressive communication ranked last.

h. Highlighting the leadership approaches in different multiple regression analyses showed that the significance of the relationship between leadership approaches, communication styles, and practice changes varied depending on the situation and the factors considered by individuals before implementing changes in healthcare crises. This means that both leadership approaches and communication styles play distinct roles in influencing practice changes during healthcare crises, with their significance being context-dependent. The table below shows how the significance changes depending on whether the leader prioritizes the use of leadership approach or the use of communication styles in different situations.

Table 32. Matrix of the Results and Findings Based on Highlighting Leadership Approaches and their Significant Relationship to the Different Communication Styles used in the study

Leadership Approach	Communication Styles	Relationship Significance	Decision
Transformational	Aggressive	Not Significant	Accept the Null Hypothesis
	Passive- Aggressive	Significant	Reject the Null Hypothesis
	Passive	Significant	Reject the Null Hypothesis
	Assertive	Significant	Reject the Null Hypothesis
Democratic	Aggressive	Not Significant	Accept the Null Hypothesis
	Passive-Aggressive	Not Significant	Accept the Null Hypothesis
	Passive	Not Significant	Accept the Null Hypothesis
	Assertive	Significant	Reject the Null Hypothesis
Authoritarian	Aggressive	Significant	Reject the Null Hypothesis
	Passive-Aggressive	Not Significant	Accept the Null Hypothesis
	Passive	Not Significant	Accept the Null Hypothesis
	Assertive	Significant	Reject the Null Hypothesis
Laissez-Faire	Aggressive	Not Significant	Accept the Null Hypothesis
	Passive-Aggressive	Not Significant	Accept the Null Hypothesis
	Passive	Not Significant	Accept the Null Hypothesis
	Assertive	Significant	Reject the Null Hypothesis

Table 33. Matrix of the Results and Findings Based on Highlighting Communication Styles and their Significant Relationship to the Different Leadership Approaches used in the study

Communication Styles	Leadership Approaches	Relationship Significance	Decision
Passive	Transformational	Not Significant	Accept the Null Hypothesis
	Democratic	Not Significant	Accept the Null Hypothesis
	Authoritarian	Significant	Reject the Null Hypothesis
	Laissez-Faire	Not Significant	Accept the Null Hypothesis
Passive-Aggressive	Transformational	Significant	Reject the Null Hypothesis
	Democratic	Not Significant	Accept the Null Hypothesis
	Authoritarian	Significant	Reject the Null Hypothesis
	Laissez-Faire	Not Significant	Accept the Null Hypothesis
Aggressive	Transformational	Significant	Reject the Null Hypothesis
	Democratic	Significant	Reject the Null Hypothesis
	Authoritarian	Significant	Reject the Null Hypothesis
	Laissez-Faire	Not Significant	Accept the Null Hypothesis
Assertive	Transformational	Significant	Reject the Null Hypothesis
	Democratic	Significant	Reject the Null Hypothesis
	Authoritarian	Not Significant	Accept the Null Hypothesis
	Laissez-Faire	Significant	Reject the Null Hypothesis

IV. Conclusion

From the findings of this data, various conclusions can be made. Half of the population ratio of nurses based on the data respondents are nurses who are in the middle age. In terms of years of service, those who belong to the middle-aged group with 9-16 years of experience are the greatest number of nurses in the chosen Tertiary Hospital. The dominant sex on the nurse population of the respondents is female. These data results only imply that the greater number of nurses belong to the young group of nurses and are mostly led by female individuals. The usual stereotype and stigma that the nursing profession is best viewed as a woman's job or role may be seen in this institution. This may also be due to the inherent characteristics of women as caring,

compassionate, and understanding of another human beings. It is always innate for women to nurture which placed the female group to be perfectly inclined to this profession.

Hence, the younger generation of these nurses in the institution was seen to be dominant in the population. They may be faster mentally, and physically, and are more pliant too emotionally, hence, being led by them is not new in a healthcare setting. Modification and innovative approaches to the changes in practice may be initiated by these groups of nurses, thus advancements in technology that help in the development of their institution are also one of the positive impacts of the young generation in the nursing community. Because of this, these nurses may delve more into exploring new ways to improve the patient delivery healthcare system within their institution.

Transformational leadership ranked the highest among all the leadership approaches included in the study. This leadership approach focuses on helping members of the group to have a collegial relationship with one another. These leaders usually create valuable and positive environments to encourage members to become potential leaders in the future. Through this strategic management of a transformational leader, the workforce becomes engaged and empowered to help in creating the company's future success. This leadership approach was chosen by nurses even before practice changes during a healthcare crisis were interjected into the scenario. Achieving extraordinary outcomes usually is the product of this type of leadership approach. Idealized influence by the leader is the most prominent trait of this leadership. This best fits in a healthcare setting wherein all processes, methods, and procedures must be done skillfully and with no room for mistakes.

The tasks of nurses daily were done in routine, but chaos may always arise at any instance. Not only these tasks are confined to paperwork but also done simultaneously with tasks that demand physical strength and stamina. Transformational leaders are always known for always taking part in a job. They tend to take part not just in delegating tasks to the nurses but also in doing the leg work when their hands are mostly needed in the scenario. For the nurses in the tertiary hospital in Marikina City, having leaders who are hugely transformational in nature could help them in achieving faster and better work output on their daily work environment in the clinical setting.

When a change in practices during the healthcare crisis was interjected into the scenario, the democratic leadership approach ranked the highest among all of the approaches included in the study. In this type of leadership, the nurses are encouraged to participate in decision-making, thus enhancing their creativity and decision-making skills. The leader in this type of leadership approach makes the nurses feel that they're equally important in making a final decision for everyone. Thus, this makes members feel motivated and committed to the goals of the group. Collecting ideas, brainstorming, and, group collaboration to help the group improve and develop are the basic strategies of a democratic leader so that the team members may foster commitment and ownership in what they do at work. The democratic leadership approach opens the door for

greater arrays of ideas, suggestions, and opinions gathered from the different points of view of different individuals in the group based on their actual personal experiences at work which could further help enhance and modify the ways to efficiently carry out new practice changes especially during a healthcare crisis.

On the other hand, the Authoritarian leadership approach ranked fourth or last among all the approaches included in the study. This makes it the least preferred leadership approach of nurses at work in the chosen Tertiary Hospital. These types of leaders give commands exactly how they want them to be. How things should be done and when it should be done. Abuse in this type of leadership is usually perceived as being bossy, dictatorial, and limiting. Other people's opinions are not given importance at all. This is a one-way relationship wherein the leader is the only person who is being obeyed and gives commands. But during situational crises wherein an immediate and urgent decision is needed, this type of leadership is the one the group needs most. Especially when there is little time given for decision-making. Strict adherence to the process and protocols can be well implemented and imposed by authoritarian leaders.

These leaders tend to demand unquestioned obedience from the team members. This kind of leadership may be of great benefit too for nurses in emergent situations. This may help them carry out tasks in an organized array of work patterns to deal with the very moment of emerging chaos in the workplace. This was reflected when authoritarian leadership turned out to have a significant relationship with assertive communication. This only means that the combination of both authoritarian and assertive communication may lead to an efficient role of obeying and commanding during chaos. They may have opposing characteristics, but when used together cautiously, create a good output.

On the other hand, the self-perceived communication styles of the nurses of the chosen Tertiary Hospital were analyzed in this research study. Upon exploring the results and findings from the gathered data during the research process, the assertive communication style ranked highest above all of the communication styles included in the study. This was based on the results acquired on their choices from the questionnaire laid upon them. The assertive communication style received the greatest number of agreeing responses from the respondents, when it comes to choosing their self-perceived communication styles in their work even during practice changes during a healthcare crisis was interjected in the situation.

These communicators normally encourage and motivate nurses to share their thoughts. They usually use affirming words and nods and make use of active listening when talking to other people. Friendly gestures and maintaining eye contact make people around them feel comfortable and without hesitation to speak for themselves. Maintaining eye contact also implies respect towards other people. This is an indication that as a person maintains eye contact during a conversation, the more it shows that he is engaged and interested to what the other person is saying. These communicators are approachable. They are always open to collegial approaches and relationships with everyone around them. Hence, most nurses prefer this type of communication

at work. The everyday scenario at the healthcare world of nurses can be better viewed with positivity and which brightens their day to day work output. Assertive communicators are known to have the courage to say "NO" in their polite and respectful way. Likewise as nurses in the chosen tertiary hospital in Marikina City knows their boundaries and limitations at work. This gives a positive indication that nurses from the chosen locale have high regards to professionalism at work. When a certain task and command are being given to them, they will certainly decline politely and in a professional manner if this task would aggravate their ethical morals and if the institutional policies and protocols will be breached when done.

In contrast, the passive-aggressive communication style received the greatest disagreeing response from the respondents which placed it as the last choice on the rank of all the communication styles included in the study. These communicators usually use sarcasm in speaking with other people. They may not disagree with you directly in the conversation made, but they will somehow try to manipulate you by gaslighting or guilt-tripping. They cannot directly say what they want but rather use a tone that suggests dissatisfaction. They may also display silent treatment whenever they feel aggravated in a situation, but would rather not tell it and just won't talk at all. This type of communicators are not appreciated by nurses especially working daily in a clinical setting where times can be stressful due to the inevitable instance of chaos. Nursing profession needs an open and direct communication at work for them to efficiently carry out a task assigned to them. Their time are of great importance, thus, everything must be done immediately. Hence, this profession does not have the space for unnecessary bickering among workers. The nurses in the chosen locale place professionalism on top of everything they do.

On the other hand, when practice changes during a healthcare crisis were interjected into the situation, the aggressive communication style received the greatest number of disagreeing responses from the nurses from the chosen locale for the research study. These communicators may later cause disturbance in the collegial relationship in a group. They are often misunderstood, and these people often impose their thoughts, feelings, and ideas on other people without considering the feelings of their co-workers. These communicators do not consider being declined with their ideas and opinions. They usually push through with their plans thinking that this will be the best decision to make. Mostly nurses are intimidated by them with the way they speak, act, and even how they invade personal space. They sometimes interrupt when someone is talking or is giving their own opinion. They always have their contrary comments with the ideas that are coming from other people. This negativity usually leads to turmoils, and nurses from the chosen locale refuse to get involved in unnecessary fights among their colleagues.

Highlighting both leadership approaches and communication styles on separate sets of multiple regressions makes this research different from previous studies that have been done by other researchers. Each type of leadership approach and communication style that are included in this study were used as dependent and independent variables on different sets of multiple

regressions so that magnifying their association with each other can be grasped, and utilized in exploring their impact on practice changes during the healthcare crisis.

The results of the regression analysis implied that the significance of the relationship between leadership approaches, communication styles, and practice changes varied depending on the situation and the factors considered by individuals before implementing changes in healthcare crises. This means that both leadership approaches and communication styles play distinct roles in influencing practice changes during healthcare crises, with their significance being context-dependent.

Overall, the study highlights the importance of considering both leadership approaches and communication styles in understanding and managing practice changes in healthcare crises, emphasizing the need for tailored approaches that take into account the specific circumstances and individual factors involved.

V. Recommendations

Through utilization of the findings of this scientific study, several recommendations were created and proposed for the following disciplines:

Professional Development for Nurses

1. Assertive communication style turns out to be the most favorable as perceived by most nurses in situations with or without practice changes during a healthcare crisis, it is recommended for the institution to enhance their communication styles at work by inducing the assertive communication influence among staff since the beginning of their orientation at work. This includes workshops and seminars inclined with assertive communication styles which they may use not only on their colleagues but also on their clients daily.

2. The administration must provide and strengthen training programs including leadership approach training. Through this, employees will be guided on how to deal with their working status and relationship with other people. Based on the results and findings, transformational leadership ranked highest when the nurses answered the statements inclined with the different leadership approaches. But when practice changes during a healthcare crisis were introduced in the situations, it changed to democratic leadership that got the most favorable response from the subjects. Therefore, both transformational and democratic approaches can be explored more by the institution. Then after having it discussed by the superiors, they have to be able to create an environment wherein these two leading leadership approaches can be utilized in every aspect of decision-making and policy-making in the hospital.

3. The Individual Performance Commitment Review Form tool used by the management and is required to be submitted by the employees by the end of a semester must include how their leadership approaches and communication styles developed and how it positively and negatively affects their work output and success in achieving goals. This monitoring of quality-control protocols must be reviewed more often to assess the adherence of the employees in setting the standardized system towards the improvement of service. This may improve performance tools used currently by different institutions.

4. The Strategic Performance Management System (SPMS) tool used by corporate management is recommended to strengthen magnifying the leadership and communication styles to be aligned to the strategic and performance indicators of their employees to lean towards positive development among workers.

Educational Improvement

1. Nursing education programs are recommended to strengthen and integrate more leadership and communication inclined based practical skills upgrade on the curriculum in preparation for their actual role as professionals and to encourage them to become future nurse leaders.

2. Nurse mentoring programs and communication consultation inclined with the nursing professional growth and development shall be given more execution and integration in nursing education.

Recommendations for Further Research

1. To provide a compelling argument for the reasons why nurses should improve their leadership approaches and communication styles in the working environment, this study recommends further research on how the lack of knowledge about leadership approaches and communication styles of nurse managers leads to disruption and delay of better working output of workers in the institution.

2. Future studies on leadership approaches and communication styles in several hospitals in the Philippines may include other healthcare workers in assessing and evaluating the leadership approach and communication styles used in their daily work and profession. Part of these future studies that the researcher may recommend is to explore more on the resistance of nurses and other healthcare professional managers to shifting their leadership approaches and communication styles to those that are mostly preferred by their subordinates in congruence to a better work output.

3. It is recommended for future researchers to obtain a larger sample population to prevent biases in respondents' answers, and to provide a more representative sample of the population. It is recommended that future studies of the same interest include more

institutions to be included in the research to achieve more different responses from institutions with different cultures at work.

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