INTERNATIONAL MULTIDISCIPLINARY JOURNAL OF RESEARCH FOR INNOVATION, SUSTAINABILITY AND EXCELLENCE (IMJRISE)
Online ISSN: 3028-032X | Print ISSN: 3028-0370
PUBLISHED BY: RISEJOURNALS.ORG
Volume 2, Issue no. 4 | **79**

Leadership Styles, Risk Management, and Staff Support among Head Nurses: Basis for Capacity Building Program

DOI: 10.5281/zenodo.15205607

Sheila C. Matti, RN
State University of Northern Negros, Sagay City, Negros Occidental
sheilacmatti@gmail.com

Kristine A. Condes, PhD
State University of Northern Negros, Sagay City, Negros Occidental
kcondes@sunn.edu.ph

Abstract

Leadership is critical in ensuring effective risk management and staff support within healthcare settings. This study aimed to determine the leadership styles, risk management practices, and staff support provided by head nurses in selected hospitals in Bacolod City. A descriptive-correlational research design was employed, utilizing a survey questionnaire to collect data from 165 staff nurses. Descriptive statistics, independent t-tests, one-way ANOVA, and chi-square tests of independence were used to analyze the data. Findings revealed that task-oriented leadership (M = 4.65, SD = 0.122) was the most prevalent leadership style, while laissez-faire leadership was the least observed (M = 4.59, SD = 0.142). Risk management was rated as high (M = 4.24, SD = 0.492), with monitoring and evaluation as the most substantial component (M = 4.64, SD = 0.572) and reporting and organizational learning as the weakest (M = 3.80, SD = 0.510). Staff support was also rated high (M = 4.25, SD = 0.588), with social support being the strongest (M = 4.60, SD = 0.679) and work-life balance the weakest (M = 3.86, SD = 0.903). A significant difference in risk management perception was found across hospital units (p = 0.009), but no significant differences were found in staff support across demographic variables. Furthermore, no significant relationships were found between leadership style and both risk management (p = 0.055) and staff support (p = 0.117). Aligning the findings into a focused perspective, there is a need for leadership enhancement programs that integrate structured risk management strategies and staff support mechanisms to improve hospital leadership effectiveness.

Keywords: Leadership styles, risk management, staff support, nursing leadership, hospital administration

Introduction

Leadership styles cover the various approaches through which individuals exert their influence and offer guidance to their subordinates. Within the nursing realm, the significance of proficient leadership cannot be overstated as it plays a pivotal role in fostering collaboration, optimizing patient outcomes, and cultivating a favorable professional atmosphere (Wong & Laschinger, 2018). Risk management includes the meticulous process of identifying, evaluating, and mitigating potential risks within healthcare environments, with the ultimate goal of optimizing patient safety and bolstering organizational performance (Morsiani et al., 2017; Gottlieb et al., 2021). Effective risk management strategies, such as evidence-based practices and technology, have been shown to reduce adverse events and improve patient safety (Morsiani et al., 2017). Staff support on the other hand consists of a multitude of strategies designed to enhance the overall welfare, job contentment, and professional growth of nursing personnel (Akbiyik et al., 2020). In light of the current knowledge base, numerous gaps have been identified that warrant additional exploration. Initially, there is a dearth of research that has specifically concentrated on the intricate connections between leadership styles, risk management, and staff support within the domain of head nurses (Muksoud et al., 2022; Akhu-Zaheya et al., 2017). Also, there is a paucity of research examining the effects of capacity building programs that are specifically designed to target these interconnected variables among head nurses (Muksoud et al., 2022).
This study aimed to address the aforementioned gaps in the literature by exploring the relationships between leadership styles, risk management, and staff support among head nurses. By identifying effective leadership styles, risk management strategies, and staff support mechanisms, this research intends to inform the development of a comprehensive capacity building program for head nurses. The results of this study will make a significant contribution to the existing literature on nursing leadership, risk management, and staff support, offering valuable insights for healthcare organizations to optimize patient safety, enhance nursing outcomes, and cultivate a favorable work environment.

Literature Review

Role Dynamics And Professional Relationship Of Head Nurses And Their Subordinates
In healthcare facilities, the organizational structure typically follows a bottom-up approach, where various units and departments operate under the leadership of head nurses. Head nurses, also referred to as nurse managers or nurse leaders, hold pivotal roles in ensuring effective and efficient delivery of patient care within their specific unit or

department (Asamani et al., 2016). According to Feliciano et al., (2022), head nurses provide leadership, guidance, and support to staff nurses, promoting a culture of excellence and patient-centered care. On the other hand, as referenced to Specchia et al., (2021), staff nurses serve as frontline caregivers who directly interact with patients and provide essential nursing care. They work under the supervision of head nurses and are responsible for implementing care plans, administering medications, monitoring patients' conditions, and ensuring patients' well-being. Staff nurses play a critical role in maintaining patient safety, advocating for patients' rights, and documenting accurate and comprehensive records of patient care (Specchia et al., 2021). They form the backbone of patient care delivery and contribute significantly to the overall functioning of the healthcare facility.

Risk management in the healthcare setting
Risk management refers to the systematic process of identifying, assessing, and mitigating potential risks within a healthcare setting. It involves the application of evidence-based strategies and interventions to minimize the likelihood of adverse events and optimize patient safety (Ferdosi et al., 2020). Risk management is a comprehensive and systematic approach that entails the identification, evaluation, and mitigation of potential risks in order to effectively reduce their adverse effects on an organization or system (Keighley et al., 2021). The process entails a systematic analysis and evaluation of potential hazards, vulnerabilities, and uncertainties in order to formulate strategies and measures aimed at preventing, mitigating, or managing risks (Pascarella et al., 2021).

Provision of staff support in nursing practice
The concept of staff support in nursing encompasses the essential provision of comprehensive emotional, psychological, and professional assistance to our esteemed nurses within their dynamic and demanding work environment. As elucidated by Walton et al. (2020), this multifaceted support system plays a pivotal role in nurturing the well-being and resilience of our dedicated nursing workforce. The implementation of a supportive and nurturing culture is important in fostering an environment that prioritizes the well-being, job satisfaction, and professional growth of nurses. According to El-Ashry et al., (2022), staff support encompasses a multitude of crucial components that are integral to the success and well-being of nurses. These components include mentorship, guidance, recognition, feedback, and access to valuable resources. By prioritizing these elements, we can effectively enhance the overall experience and performance of nurses, ultimately leading to improved patient outcomes and a more positive healthcare environment (El-Ashry et al., 2022).

Methodology

Research Design
The research design for this study was a descriptive-correlational design using the survey method. This design worked well because it made it easy to gather detailed and well-organized data about two key topics: leadership styles and support for nursing staff, and leadership styles and risk management among head nurses. The detailed part of the design lets the researcher give a full account of the different leadership styles used by nurse managers. This showed how common and varied these styles are in the healthcare setting. Furthermore, the correlational aspect of the design allowed the researcher to explore the relationships among different leadership styles, staff support, and risk management within the nursing team.

Respondents of the Study
The respondents of the study consisted of 165 staff nurses in Bacolod City who have been in service to their current institution for at least 6 months. Bacolod City is chosen as the study location due to its diverse healthcare facilities and a sizable number of staff nurses, making it an appropriate setting for examining leadership styles and their impact on nurse staff support and risk management. The respondents are primarily composed of younger nurses (136, 82.4%), predominantly female (127, 77%), mostly assigned in special areas (122, 73.9%) with more than a year in service (121, 73.3), and with bachelor's degree only (156, 94.5).

Statistical Treatment of Data
Descriptive statistics such as mean and standard deviation were used to summarize the general trends in leadership styles, risk management, and staff support. Inferential statistical analyses were conducted to examine significant differences and relationships among variables. Independent t-tests and one-way analysis of variance (ANOVA) were used to determine whether significant differences existed based on demographic and professional variables. Meanwhile, the chi-square test of independence was employed to analyze the relationship between leadership style and both risk management and staff support.

Results

Perceived Leadership Styles of Head Nurses
Table 1 presents the overall leadership styles of head nurses as perceived by the nurse respondents, categorized according to age, sex, unit assignment, years in service, and educational attainment. The leadership styles were evaluated based on three classifications: people-oriented, task-oriented, and laissez-faire leadership.

Table 1. Overall leadership style of the head nurses as perceived by the nurse respondents and according to profile variable(n=165)

Profile	People-oriented leadership			Task-oriented leadership			Laissez Faire		
	Mean	Std. Dev.	Int.	Mean	Std. Dev.	Int.	Mean	Std. Dev.	Int.
Age									
• Younger (22-38 yrs old)	4.70	0.523	AO	4.73	0.497	AO	4.70	0.527	AO
• Older(39-54 yrs old)	4.41	0.548	VOO	4.52	0.571	AO	4.39	0.614	VOO
Sex									
• Male	4.57	0.557	AO	4.58	0.563	AO	4.52	0.584	AO
• Female	4.68	0.531	AO	4.73	0.497	AO	4.68	0.542	AO
Department/ Unit Assigned									
• Wards/ rooms	4.79	0.354	AO	4.83	0.289	AO	4.78	0.385	AO
• Special Areas	4.61	0.583	AO	4.66	0.567	AO	4.60	0.598	AO
• Wards/ Private Rooms and Special Areas	4.60	0.400	AO	4.64	0.385	AO	4.60	0.400	AO
Number of years in service									
• Less than 1 year	4.66	0.723	AO	4.70	0.688	AO	4.64	0.728	AO
• More than 1 year	4.65	0.456	AO	4.69	0.439	AO	4.64	0.479	AO
Highest educational attainment									
• Bachelor's degree	4.67	0.539	AO	4.71	0.516	AO	4.66	0.557	AO
• Master's degree	4.33	0.412	VOO	4.38	0.406	VOO	4.29	0.348	VOO
Over-all	4.61	0.132	AO	4.65	0.122	AO	4.59	0.142	AO

Prevalent Leadership Style

Mean Numerical Rating	Descriptive Interpretation
4.50 – 5.00	Always observed (AO)
3.50 – 4.49	Very often observed (VOO)
2.50 – 3.49	Sometimes observed (SO)
1.50 – 2.49	Rarely observed (RO)
1.00 – 1.49	Never observed (NO)

Level of Risk Management Among Head Nurses

Table 2 presents the level of risk management as perceived by the nurse respondents regarding their head nurses. The results are categorized into five key areas: risk identification, risk assessment, risk mitigation, monitoring and evaluation, and reporting and organizational learning. The general overall mean score for risk management was 4.24 (SD = 0.492), which falls under the High Risk Management (HRM) category.

Table 2. Level of risk management as perceived by the nurse respondents on their head nurses as a whole and according to the different areas (n=165)

Risk Identification	Mean	Std. Dev.	Interpretation
Over-all	4.36	0.714	High Risk Management (HRM)

1	My head nurse demonstrates awareness regarding the potential risks and adverse events that may arise within our nursing practice.	4.65	0.6	Very High Risk Management (VHRM)
2	Incident reporting systems, well-established by my head nurse, effectively support the identification of risks within our healthcare facility.	4.52	0.83	Very High Risk Management (VHRM)
3	My head nurse is not that mindful in ensuring that his/her nursing staff receive adequate training and educational opportunities regarding risk management practices.	3.91	1.37	High Risk Management (HRM)
Risk Assessment		Mean	Std. Dev.	Interpretation
Over-all		4.19	0.672	High Risk Management (HRM)
4	Risk assessments, conducted by my head nurse, do not effectively identify potential risks hence, we are not able to prioritize them based on severity and likelihood of occurrence.	3.41	1.6	Moderate Risk Management (MRM)
5	I feel encouraged to report near-misses and potential risks under the proactive leadership of my head nurse.	4.53	0.72	Very High Risk Management (VHRM)
6	Effective communication channels, established by my head nurse, facilitate the sharing of information about identified risks and strategies for risk mitigation.	4.65	0.61	Very High Risk Management (VHRM)
Risk Mitigation		Mean	Std. Dev.	Interpretation
Over-all		4.23	0.931	High Risk Management (HRM)
7	My head nurse do not necessarily implement risk mitigation strategies, including evidence-based practices and guidelines, are not clearly communicated and implemented in our nursing practice.	4.07	1.29	High Risk Management (HRM)
8	I have confidence in my head nurse's ability to implement risk mitigation strategies in their daily nursing activities.	4.64	0.67	Very High Risk Management (VHRM)
9	My head nurse does not necessarily provide valuable feedback and support when risks are reported or identified, creating a supportive environment.	4.03	1.31	High Risk Management (HRM)
Monitoring and Evaluation		Mean	Std. Dev.	Interpretation

Over-all		4.64	0.572	Very High Risk Management (VHRM)
10	I believe that the risk management practices led by my head nurse positively impact patient safety and the quality of care provided.	4.64	0.65	Very High Risk Management (VHRM)
11	My head nurse promotes a culture of continuous monitoring and evaluation of risks and risk management practices within our healthcare facility.	4.68	0.58	Very High Risk Management (VHRM)
12	Adequate resources, such as staffing and equipment, are provided by my head nurse to support effective risk management in our nursing practice.	4.59	0.65	Very High Risk Management (VHRM)
Reporting and Organizational Reporting		Mean	Std. Dev.	Interpretation
Over-all		3.80	0.510	High Risk Management (HRM)
13	My head nurse fails to foster collaborative teamwork and interdisciplinary communication to address risks and enhance patient safety.	2.07	1.46	Low Risk Management (LRM)
14	I am aware of the available reporting and learning systems for adverse events and near-misses within our healthcare facility, thanks to my head nurse's guidance.	4.62	0.61	Very High Risk Management (VHRM)
15	I appreciate that my head nurse recognizes that risk management is a shared responsibility among all healthcare professionals, including nurses.	4.69	0.61	Very High Risk Management (VHRM)
General Over-all		4.24	0.492	High Risk Management (HRM)

Level of Risk Management Mean Numerical Rating	Descriptive Interpretation
4.50 – 5.00	Very High Risk Management (VHRM)
3.50 – 4.49	High Risk Management (HRM)
2.50 – 3.49	Moderate Risk Management (MRM)
1.50 – 2.49	Low Risk Management (LRM)
1.00 – 1.49	Very Low Risk Management (VLRM)

Level of Staff Support Provided by Head Nurses

Table 3 presents the level of support provided by head nurses as perceived by nurse respondents. The results are categorized into five key areas: physical support, emotional support, professional support, social support, and

work-life balance. The overall mean score for staff support was 4.25 (SD = 0.588), which falls under High Support (HS).

Table 3. Level of support given by the head nurses to the nurse respondents as a whole and according to the different areas (n=165)

	Physical Support	Mean	Std. Dev.	Interpretation
Over-all		3.91	0.831	High Support (HS)
1	My head nurse ensures that there are always adequate staffing levels to support safe patient care.	4.62	0.67	Very High Support (VHS)
2	Most of the time, my head nurse missed to provide necessary equipment and resources are readily available whenever I'm performing my nursing duties.	2.95	1.66	Moderate Support (MS)
3	Because there is no continued guidance from my head nurse, the physical work environment does not promote a sense of safety and well-being.	4.15	1.27	High Support (HS)
	Emotional Support	Mean	Std. Dev.	Interpretation
Over-all		4.49	0.635	High Support (HS)
4	My head nurse provides opportunities for me to debrief and discuss challenging or stressful experiences.	4.56	0.63	Very High Support (VHS)
5	I have access to support services, such as counseling or employee assistance programs, to address my emotional well-being, thanks to my head nurse.	4.4	0.79	High Support (HS)
6	There is a culture of empathy, understanding, and support among colleagues and managers, fostered by my head nurse.	4.52	0.73	Very High Support (VHS)
	Professional Support	Mean	Std. Dev.	Interpretation
Over-all		4.39	0.724	High Support (HS)
7	My head nurse ensures that there are ample opportunities for continuing education and professional development.	4.55	0.78	Very High Support (VHS)
8	There are no mentorship programs in place to support my career growth and skill development, facilitated by my head nurse.	4.08	1.29	High Support (HS)
9	My head nurse recognizes and utilizes the expertise and knowledge of the nursing staff in decision-making processes.	4.55	0.7	Very High Support (VHS)
	Social Support	Mean	Std. Dev.	Interpretation
Over-all		4.60	0.679	Very High Support (VHS)

10	Within the nursing team, effective teamwork and collaboration are actively encouraged by my head nurse.	4.64	0.67	Very High Support (VHS)
11	My head nurse promotes opportunities for social interaction and camaraderie among nursing staff.	4.57	0.74	Very High Support (VHS)
12	Positive relationships among colleagues, fostered by my head nurse, contribute to a supportive work culture.	4.59	0.72	Very High Support (VHS)
Work-life balance		Mean	Std. Dev.	Interpretation
Over-all		3.86	0.903	High Support (HS)
13	Policies and practices established by my head nurse do not support a healthy work-life balance for nursing professionals.	3	1.71	Moderate Support (MS)
14	My head nurse does not ensure flexible work arrangements to be available in order to meet personal obligations.	4.03	1.36	High Support (HS)
15	Adequate time off and leave options are provided by my head nurse to prevent burnout.	4.56	0.8	Very High Support (VHS)
General Over-all		4.25	0.588	High Support (HS)

Level of Staff Support Mean Numerical Rating	Descriptive Interpretation
4.50 – 5.00	Very High Support (VHS)
3.50 – 4.49	High Support (HS)
2.50 – 3.49	Moderate Support (MS)
1.50 – 2.49	Low Support (LS)
1.00 – 1.49	Very Low Support (VLS)

Differences in Risk Management Practices Based on Staff Nurses' Profile Variables
Table 4 presents the findings on whether the general level of risk management of head nurses, as perceived by nurse respondents, significantly differed based on age, sex, department/unit assigned, number of years in service, and highest educational attainment.

Table 4. Significant difference on the general level of risk management of the head nurse as perceived by the nurse respondents according to profile variables(n=165)

		Test Stat	*p – value*	Decision for H_o	Conclusion
Age					
•	Younger (22-38 yrs old)	1.929	0.55	Not significant	Fail to reject
•	Older (39-54 yrs old)				
Sex					
•	Male				
•	Female	-2.060	0.41	Not significant	Fail to reject

Department/Unit Assigned • Wards/Private Rooms • Special Areas • Wards/Private Rooms and Special Areas	F(4.853)	0.009	Significant	Reject
Number of years in service • Less than 1 year • More than 1 year	-0.227	0.821	Not Significant	Fail to reject
Highest educational attainment ● Bachelor's degree • Masters' degree	1.204	0.230	Not Significant	Fail to reject

*Significant at alpha 0.01

Differences in Staff Support Based on Staff Nurses' Profile Variables
Table 5 presents the findings on whether the general level of staff support provided by head nurses, as perceived by nurse respondents, significantly differed based on their age, sex, department/unit assigned, number of years in service, and highest educational attainment. To determine statistical differences, an independent t-test was applied for profile variables with two subcategories, while a one-way analysis of variance (ANOVA) was used for those with three or more categories.

Table 5. Significant difference on the general level of staff support provided by the head nurse as perceived by the nurse respondents according to profile variables (n=165)

Variable	Test Stat	*p – value*	Decision for H_o	Conclusion
Age • Younger (22-38 yrs old) • Older (39-54 yrs old)	1.671	0.97	Not significant	Fail to reject
Sex • Male • Female	-1.558	0.121	Not significant	Fail to reject
Department/Unit Assigned • Wards/Private Rooms • Special Areas • Wards/Private Rooms and Special Areas	F(1.098)	0.336*	Not Significant	Fail to reject
Number of years in service • Less than 1 year • More than 1 year	-0.533	0.595	Not Significant	Fail to reject
Highest educational attainment • Bachelor's degree • Masters' degree	0.422	0.674	Not Significant	Fail to reject

Relationship Between Leadership Styles and Risk Management Among Head Nurses
Table 6 presents the findings on the relationship between leadership style and the level of risk management of head nurses, as analyzed using a chi-square test of independence. The results indicate a Pearson chi-square value of 20.713, df = 12, p = 0.055. Since the p-value exceeds the 0.01 significance threshold, the null hypothesis was not rejected, suggesting that there is no statistically significant relationship between leadership style and the level of risk management as perceived by the respondents.

Table 6. Relationship between the leadership style and level of risk management of head nurses

Variable	Test Stat	p – value	Decision for H_o	Conclusion
Leadership style Level of risk management	20.713	0.055	Not significant	Fail to reject

Relationship Between Leadership Styles and Staff Support from Head Nurses
Table 7 presents the findings on the relationship between leadership style and the level of staff support provided by head nurses, as analyzed using a chi-square test of independence. The results indicate a Pearson chi-square value of 17.965, df = 12, p = 0.117. Since the p-value exceeds the 0.01 significance threshold, the null hypothesis was not rejected, suggesting that there is no statistically significant relationship between leadership style and the level of staff support as perceived by the respondents.

Table 7. Relationship between the leadership style and level of staff support from head nurses

Variable	Test Stat	p – value	Decision for H_o	Conclusion
Leadership style Level of staff support	17.965	0.117	Not significant	Fail to reject

PROPOSED LEADERSHIP ENHANCEMENT PROGRAM

Program Title:
Leadership Excellence in Nursing: Strengthening Risk Management and Staff Support

Duration:
One Year

Target Participants:
Head Nurses, Nurse Supervisors, and Hospital Administrators

Implementation Strategy:
Workshops, Seminars, Mentorship Programs, and Applied Training

DIMENSION: Leadership Development
Objective 1: Enhance head nurses' competency in task-oriented and people-oriented leadership styles to ensure efficient management and staff engagement.
Objective 2: Develop effective communication and delegation skills among head nurses to improve collaboration and teamwork.
Objective 3: Strengthen decision-making and problem-solving skills to effectively address workplace challenges.

Tasks/Activities	Resources	Outcome Criteria
Leadership workshops on task-oriented and people-oriented leadership	Facilitators, Training Modules, Conference Hall	Head nurses demonstrate improved leadership behavior through documented feedback from staff

Coaching and mentoring sessions on effective communication and delegation	Experienced Nurse Leaders, One-on-One Coaching	Staff nurses report increased engagement and clearer role expectations
Problem-solving and decision-making training with case studies	Case Study Materials, Facilitators	Improved conflict resolution and critical thinking skills, as reflected in workplace evaluations

DIMENSION: Risk Management
Objective 1: Strengthen head nurses' ability to identify, assess, and mitigate risks within their nursing units.
Objective 2: Improve incident reporting systems and organizational learning from risk events.
Objective 3: Enhance interdisciplinary communication for more effective risk monitoring and evaluation.

Tasks/Activities	Resources	Outcome Criteria
Risk assessment and mitigation training for head nurses	Risk Management Experts, Hospital Incident Reports	Increased awareness and proactive risk identification, documented in risk logs
Implementation of improved incident reporting systems	Digital Reporting Tools, Training Modules	Faster and more transparent reporting of risk events
Interprofessional collaboration workshops with other healthcare units	Facilitators, Group Exercises	Improved team-based risk management, evidenced by enhanced staff cooperation

DIMENSION: Staff Support
Objective 1: Strengthen physical, emotional, and professional support mechanisms for nursing staff.
Objective 2: Enhance policies and programs promoting work-life balance to reduce burnout.
Objective 3: Encourage a culture of teamwork, social support, and professional recognition among nursing staff.

Expected Outcomes:

Tasks/Activities	Resources	Outcome Criteria
Emotional intelligence and staff support training	Psychologists, HR Support, Training Manuals	Increased staff morale and job satisfaction, assessed through surveys
Work-life balance policy review and adjustment	Hospital Administrators, HR, Nurses' Union	Reduced burnout rates, evidenced by lower attrition and leave requests
Team-building and peer recognition programs	Event Organizers, Reward System	Stronger team cohesion and peer support, documented in evaluations

1. Enhanced leadership effectiveness among head nurses, leading to improved staff engagement and operational efficiency.
2. Stronger risk management strategies, resulting in better patient safety and reduced incidents.
3. Improved staff support systems, contributing to higher job satisfaction and reduced nurse burnout.

Discussion

The results indicated that task-oriented leadership (M = 4.65, SD = 0.122) is the most prevalent leadership style among head nurses, as it received the highest overall mean rating. This was closely followed by people-oriented leadership (M = 4.61, SD = 0.132) and laissez-faire leadership (M = 4.59, SD = 0.142). Despite the slight variations in mean scores, all three leadership styles were always observed (AO) based on the descriptive interpretation scale. The prevalence of task-oriented and people-oriented leadership styles among head nurses is consistent across literature particularly that of Dousin et al., (2020). The supporting study indicates that effective nursing leadership in dynamic healthcare environments often involves a balanced approach that combines task efficiency with human engagement.

Among the five areas, monitoring and evaluation received the highest overall mean rating (M = 4.64, SD = 0.572), which is classified as Very High Risk Management (VHRM). This suggests that head nurses are perceived as highly effective in maintaining continuous oversight of risk management practices, ensuring that risks are regularly monitored and evaluated.
Existing literature emphasizes the importance of both monitoring systems and communication frameworks in effective risk management, demonstrating a connection between a culture of safety and collaborative practices (Khai-Lee et al., 2020; Kim et al., 2024).

Among the five dimensions, social support received the highest overall mean (M = 4.60, SD = 0.679), classified as Very High Support (VHS). This indicates that head nurses were most effective in fostering a collaborative and team-oriented work environment. The highest-rated item in this category was "Within the nursing team, effective teamwork

and collaboration are actively encouraged by my head nurse" (M = 4.64, SD = 0.67), reinforcing the perception that teamwork and camaraderie are strongly promoted by nursing leaders.

It is apparent that head nurses provided substantial social support; however, there were weaknesses regarding work-life balance policies, which received moderate ratings consistent with the studies of Dousin et al., (2020) and Zhang et al., (2024).

The results revealed a significant difference in the perceived level of risk management based on department or unit assignment, F(4.853), p = 0.009. Since the p-value was less than the 0.01 alpha level, the null hypothesis was rejected, indicating that nurses working in different hospital areas (e.g., wards/private rooms vs. special areas) had varying level of perceptions of risk management. This finding suggests that the effectiveness or implementation of risk management strategies may differ depending on the work setting and specific risk exposures within various hospital units.

This variance aligns with existing literature that of Dousin et al., (2020) and Dewi & Salvawirza (2022), which points out that unit characteristics and specific patient populations can affect risk management procedures and staff perceptions.

The results indicated that there were no significant differences in the level of staff support across all profile variables. Specifically, no significant difference was found in age (t = 1.671, p = 0.97), sex (t = -1.558, p = 0.121), number of years in service (t = -0.533, p = 0.595), highest educational attainment (t = 0.422, p = 0.674), and department/unit assigned (F = 1.098, p = 0.336). These findings suggest that staff nurses, regardless of their demographic characteristics and professional background, perceived the level of support from their head nurses in a relatively uniform manner.

Existing literature supports this finding, suggesting that uniform leadership training and institutional directives can significantly enhance staff perceptions of support and commitment across diverse nursing teams (Singh et al., 2020; Khai-Lee et al., 2020).

The finding implies that the leadership style of head nurses does not have a direct or statistically significant influence on their perceived level of risk management practices. While leadership approaches may shape certain aspects of nursing management, the data suggests that risk management effectiveness is likely influenced by other organizational factors such as hospital policies, staff training, and institutional safety protocols rather than by leadership style alone.

Studies of Shin et al., (2021), and that of Ria & Palupiningdyah, (2020), have similarly pointed to a healthcare culture shaped largely by organizational environment as opposed to external factors.

The finding implies that the leadership style of head nurses does not have a direct or statistically significant impact on the level of staff support they provide. While leadership approaches are expected to influence workplace interactions, the data suggests that support systems within healthcare settings may be shaped more by institutional policies, workload distribution, and team dynamics rather than by leadership styles alone. The consistency in staff support across different leadership styles may indicate that head nurses provide support as part of their professional responsibilities, regardless of their individual leadership approach.

Some studies corroborate this, indicating that while leadership plays a key role in directing operations, institutional frameworks, procedural protocols, and systemic supports often outweigh individual leadership traits in shaping risk management outcomes (Alenezi et al., 2024; Muojekwu, 2023).

Conclusion

Nursing leadership takes a primordial role in the delivery of nursing service as supported by the study's findings. Understanding how nurse leaders particularly head nurses, in the context of the study, undertake risk management and extending staff support is vital in any dynamic organization. Even though task-oriented leadership predominantly exists in the subject's organization, the weak association of such leadership style and the employment of risk management and staff support leads to the implication of various factors such as diversity of institutional policies and organizational culture, which may surface above individual leadership approaches.

Putting into consideration the specific nature, functions and logistics in the different units in the hospital, risk management requires tailored approaches and strategies. The unique risk management perceptions of the nurse among hospital units are indicative of the potential for risk-related challenges to vary depending on the activities and exposures of individual departments.

The perception of staff support across demographic and professional profiles backs up the premise that consistent levels of support are being experienced by nurses not primarily because of how their superiors exhibit their leadership roles but more of the impact of standardized hospital protocols. However, the less favorable assessments of work-life balance and multidisciplinary communication in risk reporting suggest that organizational policies and leadership development require additional improvement.

Therefore, sufficient empirical evidence backs up the necessity to initiate capacity-building initiatives that are specifically designed to enhance the efficacy of leadership and institutional structures. Consequently, head nurses must be equipped with the ability to establish cooperative, risk-aware healthcare environments, in addition to exceptional managerial skills.

Given the results, below are some recommendations meant to increase staff support, risk management, and leadership performance in hospital settings. Head nurses are advised to take part in leadership development courses that successfully mix task-oriented and people-oriented approaches, improve risk management techniques, and increase staff support projects using an effective combination of these tactics. Encouragement of honest communication and teamwork will help to greatly raise workplace safety and morale. Staff nurses should thus have access to mentoring programs and leadership development chances that can help them to advance professionally and engage in risk management. Bettering staff-head nurse communication will help to build a more inclusive and motivating environment.

To help head nurses in good leadership and risk management, other nurse leaders including nurse supervisors should carry out mentoring and coaching programs. Frequent leadership assessments help to evaluate hospital management efficiency and staff support initiatives. In the same way how hospital administrators must establish policies that promote leadership competency, risk management, and staff well-being. Investments in resources and workforce planning should be prioritized to address concerns about work-life balance and enhance patient safety.

As we look to expand nationally, the focus for the Department of Health authorities should be on developing leadership training, risk assessment, and staff support frameworks into our healthcare policies and accreditation standards. Standardized policies enable better patient outcomes and help to guarantee consistent quality of treatment. Furthermore, the clients will benefit from better patient safety and greater quality of treatment by means of improved leadership and more efficient risk management. Clear risk reporting systems and means of patient feedback sharing should be implemented in hospitals to help to enhance the quality of services.

Researchers should definitely link leadership theory with practical application to develop intervention strategies improving workplace dynamics and outcomes related to healthcare. Future studies should explore corporate culture, healthcare policies, and the outside elements influencing staff support and leadership efficacy. A better knowledge of the experiences of nurse leaders and the difficulties in risk management might come from qualitative research.

References

Abd El Muksoud, N., Metwally, F., & Ata, A. (2022). Leadership Behaviors and Innovative Work Behaviors among Nurses. Zagazig Nursing Journal, 18(2), 1–14. https://doi.org/10.21608/znj.2022.244982

Akbiyik, A., Akin Korhan, E., Kiray, S., & Kirsan, M. (2020). The Effect of Nurses' Leadership Behavior on the Quality of Nursing Care and Patient Outcomes. Creative Nursing, 26(1), e8–e18. https://doi.org/10.1891/1078-4535.26.1.e8

Alenezi, L., Gillespie, G. L., Smith, C., & Davis, K. G. (2024). Gender differences in burnout among US nurse leaders during COVID-19 pandemic: an online cross-sectional survey study. BMJ Open, 14, e089885. https://doi.org/10.1136/bmjopen-2024-089885

Asamani, J. A., Naab, F., & Ofei, A. M. A. (2016). Leadership Styles in Nursing management: Implications for Staff Outcomes. Journal of Health Sciences, 6(1), 23–36. https://doi.org/10.17532/jhsci.2016.266

Dewi, R., & Salvawirza, L. (2022). Overview of work-life balance on married female nurses at cut meutia general hospital. Open Access Indonesian Journal of Medical Reviews, 2, 270–275. https://doi.org/10.37275/oaijmr.v2i5.227

Dousin, O., Collins, N., Bartram, T., & Stanton, P. (2020). The relationship between work-life balance, the need for achievement, and intention to leave: Mixed-method study. Journal of Advanced Nursing, 77. https://doi.org/10.1111/jan.14724

Dubey, A., & Riasudeen, S. (2021). Does work-life balance mediate the relationship of perceived organizational support and job satisfaction for healthcare workers? A study on female nurses in india. NMIMS Management Review, 29, 96–113. https://doi.org/10.53908/nmmr.290304

El-Ashry, N., El-Sayed, K., & AbouRamadon, A. (2022). Head Nurses Time management Skills for Provision of Caring to Staff Nurses. Tanta Scientific Nursing Journal, 25(2), 125–145. https://doi.org/10.21608/tsnj.2022.235459

Feliciano, A., Feliciano, E., Abdallah, O., Nabong, I., Yumang, J., & Apostol, A. (2022). Integrating leadership with work engagement in nursing: A correlational study. International Journal of ADVANCED and APPLIED SCIENCES, 9(11), 1–9. https://doi.org/10.21833/ijaas.2022.11.001

Ferdosi, M., Rezayatmand, R., & Taleghani, Y. M. (2020). Risk Management in Executive Levels of Healthcare Organizations: Insights from a Scoping Review (2018). Risk Management and Healthcare Policy, Volume 13, 215–243. ncbi. https://doi.org/10.2147/rmhp.s231712

Keighley, C., Cooley, L., Morris, A. J., Ritchie, D., Clark, J. E., Boan, P., Worth, L. J., Slavin, M. A., Thursky, K. A., Roberts, J. A., Worth, L. J., Chang, C. C., Sharon C-A Chen, C. Orla Morrissey, Blyth, C. C., & Khanina, A. (2021). Consensus guidelines for the diagnosis and management of invasive candidiasis in haematology, oncology and intensive care settings, 2021. 51(S7), 89–117. https://doi.org/10.1111/imj.15589

Khai-Lee, O., Woan-Ching, C., & Bit-Lian, Y. (2020). PERCEPTION OF JOB SATISFACTION AMONG OPERATION ROOM NURSES IN A TERTIARY HOSPITAL, SAUDI ARABIA. The Malaysian Journal of Nursing, 12, 3–9. https://doi.org/10.31674/mjn.2020.v12i01.001

Pascarella, G., Rossi, M., Montella, E., Capasso, A., De Feo, G., Botti, G., Nardone, A., Montuori, P., Triassi, M., D'Auria, S., & Morabito, A. (2021). Risk Analysis in Healthcare Organizations: Methodological Framework and Critical Variables. Risk Management and Healthcare Policy, Volume 14(14), 2897–2911. https://doi.org/10.2147/rmhp.s309098

Ria, Y., & Palupiningdyah, P. (2020). A life satisfaction of a dual role woman. Management Analysis Journal, 9, 318–326.
https://doi.org/10.15294/maj.v9i3.37232

Singh, C., Cross, W., Munro, I., & Jackson, D. (2020). Occupational stress facing nurse academics—A mixed-methods systematic review. Journal of Clinical Nursing, 29, 720–735. https://doi.org/10.1111/jocn.15150

Specchia, M. L., Cozzolino, M. R., Carini, E., Di Pilla, A., Galletti, C., Ricciardi, W., & Damiani, G. (2021). Leadership Styles and Nurses' Job Satisfaction. Results of a Systematic Review. International Journal of Environmental Research and Public Health, 18(4). https://doi.org/10.3390/ijerph18041552

Shin, J. Y., Kim, E., & Ahn, J. (2021). A latent profile analysis of living a calling, burnout, exploitation, and Work–Life imbalance. Journal of Career Development, 49, 089484532199416. https://doi.org/10.1177/0894845321994168

Walton, M., Murray, E., & Christian, M. D. (2020). Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic. European Heart Journal: Acute Cardiovascular Care, 9(3), 204887262092279. https://doi.org/10.1177/2048872620922795
Warshawsky, N. E., Cramer, E., Grandfield, E. M., &

Wong, C. A., & Laschinger, H. K. S. (2018). Authentic leadership, performance, and job satisfaction: the mediating role of empowerment. Journal of Advanced Nursing, 69(4), 947–959. https://doi.org/10.1111/j.1365-2648.2012.06089.x