RESEARCH ARTICLE: **Leadership Style and Job Performance Among Nursing Staff at Sulu Sanitarium and General Hospital**

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*ABSTRACT***.** This study assessed the leadership style and job performance of nursing staff at Sulu Sanitarium and General Hospital using a descriptive-correlational research design. A purposive sampling method was employed to select 100 nurse-respondents. Data were analyzed using frequency, percentage, weighted mean, standard deviation, Pearson's r, t-test, and ANOVA. The findings revealed that most respondents were 20-40 years old, female, had 1 to 5 years of service, were college graduates, and were primarily job order employees. Leadership style, encompassing transformational, transactional, and Laissez-Faire leadership, and job performance in terms of quality of patient care, work efficiency and productivity, and professional behavior and teamwork were generally rated from 'Strongly Agree' to 'Moderately Agree.' No significant differences were found in the respondents' perceptions of leadership style and job performance across demographic variables. A high to nearly perfect positive significant relationship was identified between leadership style and job performance. The findings suggest that effective leadership styles are associated with improved job performance, highlighting their importance in enhancing nursing performance and delivering quality healthcare services.
KEYWORDS: Leadership Style, Job Performance, Nursing Staff, Transformational Leadership, Transactional Leadership, Laissez-Faire Leadership, Quality Patient Care, Healthcare Services

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Introduction

Nurses play a vital role in ensuring quality patient care and safety, yet the global nursing workforce continues to face significant shortages that increase workloads and affect job performance (World Health Organization, 2020; International Council of Nurses, 2023). Research shows that nurses' performance is influenced by organizational factors such as workload, communication, motivation, and leadership (Cho et al., 2016; Alshammari et al., 2018). Among these, leadership is a key determinant of nursing outcomes, with transformational, transactional, and laissez-faire leadership styles having varying effects on staff motivation, job satisfaction, burnout, and performance (Bass & Avolio, 1994; Wong & Cummings, 2007; Cummings et al., 2018).

Although leadership and nursing outcomes have been widely studied, most research has focused on job satisfaction, burnout, and resilience, with limited evidence on the direct relationship

between leadership styles and nurses' job performance, particularly in resource-constrained government hospitals. Furthermore, rapid changes in healthcare driven by technological advancements, the COVID-19 pandemic, and persistent nursing shortages have created evolving workplace demands that require further investigation (Rutledge et al., 2017; Topol, 2019). Addressing this gap can provide evidence to strengthen leadership practices and enhance nursing performance in local healthcare settings.

In the Philippine healthcare system, effective nursing leadership remains essential for sustaining quality patient care despite staffing shortages, heavy workloads, and limited resources. These challenges are evident in government hospitals such as Sulu Sanitarium and General Hospital, where workforce constraints and operational demands may affect nursing performance. Accordingly, this study examined the leadership styles practiced by nurse leaders, the job performance of nursing staff, and the relationship between these variables to generate evidence that can inform leadership development and improve nursing performance.

Research Questions

1. What is the demographic profile of the respondents in terms of:
    - 1.1. Age;
    - 1.2. Gender;
    - 1.3. Highest Educational Attainment;
    - 1.4. Employment Status; and
    - 1.5. Length of Service?
2. What is the extent of leadership style among nursing staff at Sulu Sanitarium and General Hospital, in the context of:
    - 2.1. Transformational Leadership;
    - 2.2. Transactional Leadership; and
    - 2.3. Laissez-Faire Leadership?
3. What is the extent of job performance among nursing staff at Sulu Sanitarium and General Hospital, in the context of:
    - 3.1. Quality of Patient Care;
    - 3.2. Work Efficiency and Productivity; and
    - 3.3. Professional Behavior and Teamwork?
4. Is there a significant difference in the extent of leadership style and job performance among nursing staff at Sulu Sanitarium and General Hospital when data are grouped according to the respondents' demographic profile, in terms of:
    - 4.1. Age;
    - 4.2. Gender;
    - 4.3. Highest Educational Attainment;
    - 4.4. Employment Status; and
    - 4.5. Length of Service?
5. Is the significant correlation among the subcategories subsumed under the extent of leadership style and job performance among nursing staff at Sulu Sanitarium and General Hospital?

Literature

Foreign Studies and Literature

Overview of Leadership Style in Nursing. Leadership style plays a vital role in influencing nurses' job performance, workplace satisfaction, and patient care quality. Effective nurse leaders

create supportive work environments that enhance motivation, teamwork, and organizational effectiveness. Relational leadership approaches, particularly transformational leadership, have consistently been associated with improved workforce outcomes and better healthcare delivery (Wong & Cummings, 2007; Cummings et al., 2018).

Transformational Leadership and Job Performance. Transformational leadership is characterized by inspiring, motivating, and empowering employees to exceed expectations. Studies show that this leadership style enhances nurses' work engagement, psychological empowerment, professional commitment, and job performance. Leaders who provide individualized support and encourage innovation contribute to higher productivity, better teamwork, and improved patient outcomes (Bass & Avolio, 1994; Boamah et al., 2018; Huang et al., 2025).

Transactional and Laissez-faire Leadership. Transactional leadership emphasizes supervision, clear expectations, and performance-based rewards, making it effective in maintaining compliance with clinical standards. However, its impact on long-term motivation is limited. In contrast, laissez-faire leadership, characterized by minimal guidance and limited supervision, is associated with lower job performance, reduced accountability, and poorer patient care due to unclear expectations and insufficient leadership support (Bass, 1985; Cummings et al., 2018; Skogstad et al., 2014).

Leadership, Work Environment, and Performance. Research highlights that leadership indirectly influences job performance by shaping communication, empowerment, and workplace climate. Supportive leadership reduces burnout, improves job satisfaction, and strengthens teamwork, while poor leadership contributes to stress, workplace conflict, and decreased productivity. Empowering leadership practices enable nurses to perform more effectively and maintain quality patient care (Laschinger & Fida, 2014; Maslach & Leiter, 2016; Cho et al., 2016).

Local Studies and Literature

Overview of Leadership in Philippine Nursing. In the Philippine healthcare setting, leadership is widely recognized as a key factor influencing nurses' job performance, job satisfaction, and retention. Local studies identify transformational leadership as the most commonly perceived leadership style among nurse managers and associate it with improved work performance and greater professional autonomy (Lapeña et al., 2018; Caraan, 2025).

Leadership Style and Nursing Performance. Philippine studies consistently show that transformational and supportive leadership enhance teamwork, productivity, and the quality of patient care. Supportive nurse managers foster positive work environments that help nurses manage heavy workloads and workplace challenges, leading to improved performance (Dominguez, 2025; Labrague & De los Santos, 2020). Likewise, leadership characterized by coaching, constructive feedback, effective communication, and commitment strengthens employee performance, motivation, collaboration, and organizational effectiveness (Amerol et al., 2025; Ang et al., 2025; Chavez et al., 2024). Adequate leadership support also enables healthcare professionals to manage multiple responsibilities while maintaining work performance (Dagoy et al., 2024).

Leadership, Retention, and Professional Development. Effective leadership also promotes nurse retention and workforce stability by reducing burnout, improving job satisfaction, and encouraging organizational commitment. Continuous leadership development, training, and institutional support further strengthen nurses' competencies, confidence, and professional growth, particularly in resource-limited healthcare settings (Gamiao et al., 2024; Cariaso et al., 2024; Savellon et al., 2024; Carpio et al., 2024).

Context of Philippine Healthcare. Leadership practices in the Philippines are shaped by collaborative values such as teamwork and strong interpersonal relationships. However, research examining the relationship between leadership style and job performance in provincial hospitals remains limited, underscoring the need to investigate this relationship among nursing staff at Sulu Sanitarium and General Hospital.

Methodology

1. Research Design

This study employed a quantitative descriptive-correlational research design. The descriptive aspect described the extent of leadership styles in nursing management and the level of job performance among nursing staff, while the correlational aspect determined the relationship between these variables. This design enabled the systematic collection and analysis of quantitative data to examine leadership styles and job performance among nursing staff at Sulu Sanitarium and General Hospital (SSGH).

2. Research Participants and Sampling

The study involved 100 nurse managers and staff nurses employed at SSGH during Fiscal Year 2025, selected through purposive sampling. Participants were required to be currently employed, directly involved in nursing services, have at least six months of work experience, and voluntarily provide informed consent. Nursing staff on leave during data collection and those not directly involved in nursing services were excluded. Ethical considerations included voluntary participation, informed consent, confidentiality, anonymity, and the right to withdraw at any time.

Distribution Table of Respondents According to Ward Assignment

Ward Assignment	No. of Respondents
Medical Ward	15
Surgical Ward	14
OB-Gyne Ward	14
Pediatrics Ward	14
Out-Patient Department	14
Emergency Room	15
Non-Basic Ward	14
Total:	**100**

3. Research Instruments

Data were collected using a structured survey questionnaire adapted from the Multifactor Leadership Questionnaire (MLQ) by Bass and Avolio (1994) and nursing performance measures used in studies by Aiken and Patrician (2000). The instrument consisted of three sections: demographic profile; leadership styles (transformational, transactional, and laissez-faire); and job performance (quality of patient care, work efficiency and productivity, and professional behavior and teamwork). Responses were measured using a 5-point Likert scale. The instrument was validated by two faculty experts from the School of Graduate Studies.

4. Data Gathering Procedure

A formal letter requesting permission to conduct the study was submitted to the Dean of the Graduate Studies and endorsed to the Chief of Hospital of SSGH. Upon approval, the researcher personally administered the questionnaires to the respondents. Participants were given sufficient time to complete the survey, after which the accomplished questionnaires were collected for data encoding, analysis, and interpretation.

5. Data Analysis

Data were analyzed using appropriate statistical tools. Frequency and percentage were used to describe respondents' demographic profiles. Mean and standard deviation determined the extent

of leadership styles and the level of job performance. One-way Analysis of Variance (ANOVA) was used to determine significant differences based on demographic variables, while the Pearson Product-Moment Correlation Coefficient (Pearson r) determined the relationship between leadership styles and nursing staff job performance.

Results and Discussion

Question 1. What is the demographic profile of nurse-respondents in terms of: Age, Gender, Highest educational attainment, Employment Status, and Length of service?

In terms of age

Table 1.1 Demographic profiles of the nurse-respondents in terms of age

Age	Number of Respondents	Percent
20 to 30 years old	47	47%
31 to 40 years old	47	47%
41 to 50 years old	6	6%
51 years old and above	0	0%
Total	**100**	**100%**

Table 1.1 shows the demographic profile of nurse-respondents in SSGH in terms of age. It can be gleaned from this table that out of 100 nurse-respondents, 47% aged 20 to 30 years old, 47% aged between 31 to 40 years old, and 6% aged between 41 to 50 years old. This implies that most of the nurse-respondents aged between 31 to 50 years old.

In terms of gender

Table 1.2 Demographic profiles of the nurse-respondents in terms of gender

Gender	Number of Respondents	Percent
Male	36	36%
Female	64	64%
Total	**100**	**100%**

Table 1.2 shows the demographic profile of nurse-respondents in SSGH in terms of gender. It can be gleaned from this table that out of 100 nurse-respondents, 36% were male while 64% were female. This implies that majority of the nurse-respondents were female.

In terms of highest educational attainment

Table 1.3 Demographic profiles of the nurse-respondents in terms of highest educational attainment

Length of service	Number of Respondents	Percent
Bachelor's degree	65	65%
With Master's units	14	14%
Master's degree	17	17%
With Doctorate units	2	2%
Doctorate degree	2	2%
Total	**100**	**100%**

Table 1.3 shows the demographic profile of nurse-respondents in SSGH in terms of highest educational attainment. It can be gleaned from this table that out of 100 nurse-respondents, 65% were bachelor's degree, 14% were with master's units, 17% were master's degree, 2% were with doctorate units, and 2% were doctorate degree. This implies that most of the nurse-respondents were college graduates only.

In terms of employment status

Table 1.4 Demographic profiles of the nurse-respondents in terms of employment status

Status of employment	Number of Respondents	Percent
Permanent	33	33%
Contractual	18	18%
Job Order	49	49%
Total	**100**	**100%**

Table 1.4 shows the demographic profile of nurse-respondents in SSGH in terms of employment status. It can be gleaned from this table that out of 100 nurse-respondents, 33% were permanent nurses, 18% were in contract of service, and 49% were job order nurses. This implies that most of the nurse-respondents were job order nurses at SSGH.

In terms of length of service

Table 1.5 Demographic profiles of the nurse-respondents in terms of length of service

Length of service	Number of Respondents	Percent
1 to 5 years	70	70%
6 to 10 years	16	16%
11 to 20 years	9	9%
21 to 30 years	5	5%
31 years and above	0	0%
Total	**100**	**100%**

Table 1.5 shows the demographic profile of nurse-respondents in SSGH in terms of length of service. It can be gleaned from this table that out of 100 nurse-respondents, 70% served for 1 to 5 years, 16% served for 6 to 10 years, 9% served for 11 to 20 years, and 5% served for 21 to 30 years. This implies that majority of the nurse-respondents have been serving for 1 to 5 years.

Question 2. What is the extent of leadership style among nursing staff at Sulu Sanitarium and General Hospital in each of the following dimensions: Transformational leadership, Transactional leadership, and Laissez-Faire leadership?

In terms of transformational leadership

Table 2.1 Extent of leadership style among nursing staff at Sulu Sanitarium and General Hospital in terms of transformational leadership

Statements	Mean	S.D.	Description
1. The nurse manager inspires me to perform beyond my expectations.	4.46	.73057	Agree
2. The nurse manager communicates a clear and compelling vision.	4.47	.65836	Agree
3. The nurse manager encourages innovative thinking in solving problems.	4.47	.68777	Agree
4. The nurse manager recognizes individual strengths among staff.	4.50	.68902	Strongly Agree
5. The nurse manager motivates staff through positive reinforcement.	4.50	.65502	Strongly Agree
6. The nurse manager serves as a role model in professional behavior.	4.54	.70238	Strongly Agree
7. The nurse manager provides support for professional development.	4.46	.70238	Agree
8. The nurse manager encourages teamwork and collaboration.	4.52	.68895	Strongly Agree
9. The nurse manager listens to staff concerns and suggestions.	4.50	.70345	Strongly Agree
10. The nurse manager promotes a sense of purpose in our work.	4.51	.67412	Strongly Agree
Weighted Mean	**4.493**	**.63489**	**Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 2.1 presents the extent of transformational leadership among nursing staff at SSGH. The respondents obtained a composite mean score of 4.493 (SD=0.63489), interpreted as “Agree.” These findings suggest that nurse managers demonstrate transformational leadership by inspiring and motivating their staff. This supports the findings of Huang et al. (2025), who reported that transformational leadership positively influences job performance, and Northouse (2021), who emphasized its role in shaping staff behavior and patient outcomes.

In terms of transactional leadership

Table 2.2 Extent of leadership style among nursing staff at Sulu Sanitarium and General Hospital in terms of transactional leadership

Statements	Mean	S.D.	Description
1. The nurse manager clearly defines roles and responsibilities.	4.50	.70353	Strongly Agree
2. The nurse manager provides rewards for good performance.	4.47	.75819	Agree
3. The nurse manager monitors staff performance regularly.	4.56	.62474	Strongly Agree

4. The nurse manager corrects mistakes promptly.	4.57	.65528	Strongly Agree
5. The nurse manager emphasizes adherence to policies and procedures.	4.55	.67232	Strongly Agree
6. The nurse manager gives feedback based on performance outcomes.	4.53	.70288	Strongly Agree
7. The nurse manager uses structured supervision to ensure efficiency.	4.53	.67353	Strongly Agree
8. The nurse manager sets clear expectations for tasks.	4.52	.68873	Strongly Agree
9. The nurse manager addresses performance issues immediately.	4.54	.68718	Strongly Agree
10. The nurse manager ensures that standards are consistently followed.	4.51	.71767	Strongly Agree
Weighted Mean	**4.529**	**.63218**	**Strongly Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 2.2 presents the extent of transactional leadership among nursing staff at SSGH. The respondents obtained a composite mean score of 4.529 (SD=0.63218), interpreted as "Strongly Agree." These findings suggest that nurse managers consistently practice transactional leadership by maintaining clear expectations and close supervision. This is consistent with Caraan (2025), who emphasized that effective transactional leadership contributes significantly to maintaining high standards of nursing practice.

In terms of Laissez-Faire leadership

Table 2.3 Extent of leadership style among nursing staff at Sulu Sanitarium and General Hospital in terms of Laissez-Faire leadership

Statements	Mean	S.D.	Description
1. The nurse manager allows staff to make decisions independently.	4.33	.85345	Agree
2. The nurse manager provides minimal supervision during tasks.	4.12	1.15715	Agree
3. The nurse manager is often unavailable when needed.	3.45	1.47966	Moderately Agree
4. The nurse manager avoids intervening in staff issues.	3.60	1.29490	Agree
5. The nurse manager gives complete freedom in task execution.	4.20	1.05409	Agree
6. The nurse manager delays decision-making when issues arise.	3.54	1.35154	Agree
7. The nurse manager rarely provides feedback on performance.	3.74	1.30748	Agree
8. The nurse manager allows staff to solve problems on their own.	3.93	1.16563	Agree
9. The nurse manager shows limited involvement in daily operations.	3.81	1.23660	Agree
10. The nurse manager avoids taking responsibility in critical situations.	3.47	1.51394	Moderately Agree
Weighted Mean	**3.819**	**1.05808**	**Moderately Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 2.3 presents the extent of laissez-faire leadership among nursing staff at SSGH. The respondents obtained a composite mean score of 3.819 (SD=1.05808), interpreted as "Moderately Agree." These findings indicate that laissez-faire leadership is only moderately practiced. This supports the findings of Alsadaan et al. (2025), who reported a significant negative direct effect of laissez-faire leadership on nurses' task performance, and Caraan (2025), who found it to be the least observed leadership style among nurse managers in government hospitals.

Question 3. What is the extent of job performance among nursing staff at Sulu Sanitarium and General Hospital in each of the following dimensions: Quality of patient care, Work efficiency and productivity, and Professional behavior and teamwork?

In terms of quality of patient care

Table 3.1 Extent of job performance among nursing staff at Sulu Sanitarium and General Hospital in terms of quality of patient care

Statements	Mean	S.D.	Description
1. I provide accurate and safe nursing care to patients.	4.73	.56595	Strongly Agree
2. I follow clinical protocols and standards consistently.	4.78	.52227	Strongly Agree
3. I ensure patient safety in all nursing procedures.	4.78	.52378	Strongly Agree
4. I respond promptly to patient needs.	4.71	.55587	Strongly Agree

5. I maintain proper documentation of patient care.	4.75	.53889	Strongly Agree
6. I demonstrate competence in performing nursing procedures.	4.75	.52989	Strongly Agree
7. I prioritize patient well-being in all situations.	4.78	.52311	Strongly Agree
8. I observe and report changes in patient conditions accurately.	4.77	.52905	Strongly Agree
9. I maintain cleanliness and infection control standards.	4.73	.54781	Strongly Agree
10. I provide compassionate and patient-centered care.	4.74	.54346	Strongly Agree
Weighted Mean	**4.752**	**.51571**	**Strongly Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 3.1 presents the extent of job performance among nursing staff at SSGH in terms of quality of patient care. The respondents obtained a composite mean score of 4.752 (SD=0.51571), interpreted as "Strongly Agree." These findings suggest that nurses demonstrate a high level of quality patient care. This supports the findings of Hooge et al. (2021), who reported that transformational leadership is significantly associated with improved quality of patient care, and Alanazi et al. (2026), who found that effective transformational leadership predicts better patient care quality and improved clinical outcomes.

In terms of work efficiency and productivity

Table 3.2 Extent of job performance among nursing staff at Sulu Sanitarium and General Hospital in terms of work efficiency and productivity

Statements	Mean	S.D.	Description
1. I complete assigned tasks on time.	4.69	.59789	Strongly Agree
2. I manage my time effectively during shifts.	4.67	.60394	Strongly Agree
3. I can handle multiple tasks efficiently.	4.66	.60670	Strongly Agree
4. I respond quickly during emergency situations.	4.71	.55587	Strongly Agree
5. I maintain productivity even under pressure.	4.68	.60101	Strongly Agree
6. I minimize delays in patient care delivery.	4.70	.55958	Strongly Agree
7. I organize my workload efficiently.	4.69	.56309	Strongly Agree
8. I meet expected performance standards consistently.	4.69	.56111	Strongly Agree
9. I adapt quickly to changing work demands.	4.66	.61230	Strongly Agree
10. I utilize available resources effectively.	4.71	.52878	Strongly Agree
Weighted Mean	**4.686**	**.55104**	**Strongly Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 3.2 presents the extent of job performance among nursing staff at SSGH in terms of work efficiency and productivity. The respondents obtained a composite mean score of 4.686 (SD=0.55104), interpreted as "Strongly Agree." These findings suggest that nurses demonstrate high work efficiency and productivity. This supports the findings of Cummings et al. (2018), who reported that positive nursing behaviors contribute to improved performance within healthcare institutions.

In terms of professional behavior and teamwork

Table 3.3 Extent of job performance among nursing staff at Sulu Sanitarium and General Hospital in terms of professional behavior and teamwork

Statements	Mean	S.D.	Description
1. I communicate effectively with colleagues and supervisors.	4.63	.59722	Strongly Agree
2. I work collaboratively with other healthcare professionals.	4.69	.59789	Strongly Agree
3. I demonstrate respect toward patients and coworkers.	4.75	.53889	Strongly Agree
4. I follow ethical standards in nursing practice.	4.75	.53872	Strongly Agree
5. I show commitment to my responsibilities.	4.75	.51881	Strongly Agree
6. I handle conflicts professionally.	4.76	.54346	Strongly Agree
7. I participate actively in team activities.	4.71	.55587	Strongly Agree
8. I support colleagues when needed.	4.77	.52599	Strongly Agree

9. I maintain a positive attitude at work.	4.77	.52905	Strongly Agree
10. I contribute to achieving organizational goals	4.73	.56595	Strongly Agree
Weighted Mean	**4.729**	**.52634**	**Strongly Agree**

Legend: (5) 4.50 – 5.00= Strongly Agree; (4) 3.50 – 4.49= Agree; (3) 2.50 – 3.49=Moderately Agree; (2)1.50 – 2.49=Disagree; (1)1.00 – 1.49=Strongly Disagree

Table 3.3 presents the extent of job performance among nursing staff at SSGH in terms of professional behavior and teamwork. The respondents obtained a composite mean score of 4.729 (SD = 0.52634), interpreted as "Strongly Agree." These findings suggest that nurses demonstrate strong professional behavior and teamwork. This supports the findings of Dominguez (2025), who emphasized that a collaborative work environment improves staff productivity and patient care outcomes.

Question 4. Is there a significant difference in the extent of leadership style and job performance among nursing staff at Sulu Sanitarium and General Hospital when the data are grouped according to the respondents' profile in terms of: Age; Gender; Highest educational attainment; Employment status; and Length of service?

In terms of age

Table 4.1 Differences in the extent of leadership style and job performance among nursing staff at Sulu Sanitarium and General Hospital in terms of age

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Leadership Style							
Transformational leadership	Between Groups	.568	2	.284	.700	.499	Not Significant
	Within Groups	39.338	97	.406			
	Total	39.905	99				
Transactional leadership	Between Groups	.770	2	.385	.963	.386	Not Significant
	Within Groups	38.796	97	.400			
	Total	39.566	99				
Laissez-Faire leadership	Between Groups	.898	2	.449	.396	.674	Not Significant
	Within Groups	109.936	97	1.133			
	Total	110.834	99				
Job Performance							
Quality of patient care	Between Groups	.828	2	.414	1.575	.212	Not Significant
	Within Groups	25.501	97	.263			
	Total	26.330	99				
Work efficiency and productivity	Between Groups	1.218	2	.609	2.048	.134	Not Significant
	Within Groups	28.842	97	.297			
	Total	30.060	99				
Professional behavior and teamwork	Between Groups	.688	2	.344	1.248	.292	Not Significant
	Within Groups	26.738	97	.276			
	Total	27.426	99				

Significance at alpha 0.05

Table 4.1 presents the difference in the extent of leadership style and job performance among nursing staff at SSGH according to age. The results showed no significant difference, as indicated by the obtained F-ratios and p-values. These findings suggest that nurses, regardless of age, have similar perceptions of leadership style and job performance. Therefore, the hypothesis stating that there is no significant difference in the extent of leadership style and job performance when respondents are grouped according to age is accepted.

In terms of gender

Table 4.2 Differences in the extent of leadership style and job performance among nursing staff at Sulu Sanitarium and General Hospital in terms of gender

VARIABLES	Grouping Gender	Mean	S.D.	Mean Difference	t	Sig.	Description
Leadership Style							
Transformational leadership	Male	4.527	.61996	.05434	.409	.683	Not Significant
	Female	4.473	.64715				
Transactional leadership	Male	4.533	.64851	.00677	.051	.959	Not Significant
	Female	4.526	.62798				
Laissez-Faire leadership	Male	4.108	.67978	.07208	.985	.940	Not Significant
	Female	3.656	.61823				
Job Performance							
Quality of patient care	Male	4.722	.54726	-.04653	-.431	.667	Not Significant
	Female	4.768	.50075				
Work efficiency and productivity	Male	4.680	.56660	-.00851	-.074	.941	Not Significant
	Female	4.689	.54660				
Professional behavior and teamwork	Male	4.694	.54769	-.05399	-.491	.625	Not Significant
	Female	4.748	.51732				

Significance at alpha 0.05

Table 4.2 presents the difference in the extent of leadership style and job performance among nursing staff at SSGH according to gender. The results showed no significant difference, as indicated by the obtained mean differences and t-values. These findings suggest that both male and female nurses have similar perceptions of leadership style and job performance. Therefore, the hypothesis stating that there is no significant difference in the extent of leadership style and job performance when respondents are grouped according to gender is accepted.

In terms of highest educational attainment

Table 4.3 Differences in the extent of leadership style and job performance among nursing staff at Sulu Sanitarium and General Hospital in terms of highest educational attainment

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Leadership Style							
Transformational leadership	Between Groups	1.986	4	.496	1.244	.298	Not Significant
	Within Groups	37.919	95	.399			
	Total	39.905	99				
Transactional leadership	Between Groups	2.163	4	.541	1.373	.249	Not Significant
	Within Groups	37.403	95	.394			
	Total	39.566	99				
Laissez-Faire leadership	Between Groups	7.272	4	1.818	1.668	.164	Not Significant
	Within Groups	103.562	95	1.090			
	Total	110.834	99				
Job Performance							
Quality of patient care	Between Groups	2.152	4	.538	2.114	.085	Not Significant
	Within Groups	24.178	95	.255			
	Total	26.330	99				
Work efficiency and productivity	Between Groups	1.465	4	.366	1.217	.309	Not Significant
	Within Groups	28.595	95	.301			
	Total	30.060	99				
Professional behavior and teamwork	Between Groups	2.305	4	.576	2.180	.077	Not Significant
	Within Groups	25.121	95	.264			
	Total	27.426	99				

Significance at alpha 0.05

Table 4.3 presents the difference in the extent of leadership style and job performance among nursing staff at SSGH according to highest educational attainment. The results showed no significant difference, as indicated by the obtained F-ratios and p-values. These findings suggest

that nurses have similar perceptions of leadership style and job performance regardless of their highest educational attainment. Therefore, the hypothesis stating that there is no significant difference in the extent of leadership style and job performance when respondents are grouped according to highest educational attainment is accepted.

In terms of employment status

Table 4.4 Differences in the extent of leadership style and job performance among nursing staff at Sulu Sanitarium and General Hospital in terms of employment status

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Leadership Style							
Transformational leadership	Between Groups	1.610	2	.805	2.039	.136	Not Significant
	Within Groups	38.295	97	.395			
	Total	39.905	99				
Transactional leadership	Between Groups	1.376	2	.688	1.747	.180	Not Significant
	Within Groups	38.190	97	.394			
	Total	39.566	99				
Laissez-Faire leadership	Between Groups	1.478	2	.739	.655	.522	Not Significant
	Within Groups	109.356	97	1.127			
	Total	110.834	99				
Job Performance							
Quality of patient care	Between Groups	1.327	2	.663	2.573	.081	Not Significant
	Within Groups	25.003	97	.258			
	Total	26.330	99				
Work efficiency and productivity	Between Groups	1.179	2	.589	1.979	.144	Not Significant
	Within Groups	28.882	97	.298			
	Total	30.060	99				
Professional behavior and teamwork	Between Groups	.876	2	.438	1.601	.207	Not Significant
	Within Groups	26.550	97	.274			
	Total	27.426	99				

Significance at alpha 0.05

Table 4.4 presents the difference in the extent of leadership style and job performance among nursing staff at SSGH according to employment status. The results showed no significant difference, as indicated by the obtained F-ratios and p-values. These findings suggest that nurses have similar perceptions of leadership style and job performance regardless of their employment status. Therefore, the hypothesis stating that there is no significant difference in the extent of leadership style and job performance when respondents are grouped according to employment status is accepted.

In terms of length of service

Table 4.5 Differences in the extent of leadership style and job performance among nursing staff at Sulu Sanitarium and General Hospital in terms of length of service

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Leadership Style							
Transformational leadership	Between Groups	1.697	3	.566	1.421	.241	Not Significant
	Within Groups	38.208	96	.398			
	Total	39.905	99				
Transactional leadership	Between Groups	2.434	3	.811	2.098	.106	Not Significant
	Within Groups	37.132	96	.387			
	Total	39.566	99				
Laissez-Faire leadership	Between Groups	3.935	3	1.312	1.178	.322	Not Significant
	Within Groups	106.899	96	1.114			
	Total	110.834	99				

Job Performance							
Quality of patient care	Between Groups	1.014	3	.338	1.282	.285	Not Significant
	Within Groups	25.315	96	.264			
	Total	26.330	99				
Work efficiency and productivity	Between Groups	1.620	3	.540	1.823	.148	Not Significant
	Within Groups	28.440	96	.296			
	Total	30.060	99				
Professional behavior and teamwork	Between Groups	.988	3	.329	1.196	.316	Not Significant
	Within Groups	26.438	96	.275			
	Total	27.426	99				

Significance at alpha 0.05

Table 4.5 presents the difference in the extent of leadership style and job performance among nursing staff at SSGH according to length of service. The results showed no significant difference, as indicated by the obtained F-ratios and p-values. These findings suggest that nurses have similar perceptions of leadership style and job performance regardless of their length of service. Therefore, the hypothesis stating that there is no significant difference in the extent of leadership style and job performance when respondents are grouped according to length of service is accepted.

Question 5. Is there a significant correlation among the sub-categories subsumed under the extent of leadership style and job performance among nursing staff at Sulu Sanitarium and General Hospital?

Table 5.1 Correlation among the sub-categories subsumed under the extent of leadership style and job performance among nursing staff at Sulu Sanitarium and General Hospital

Variables	Pearson r	Sig.	N	Description
Transformational leadership				
Transactional leadership	.913**	.000	100	Nearly Correlation
Laissez-Faire leadership	.283**	.000	100	Low Correlation
Quality of patient care	.602**	.000	100	High Correlation
Work efficiency and productivity	.662**	.000	100	High Correlation
Professional behavior and teamwork	.655**	.000	100	High Correlation
Transactional leadership				
Laissez-Faire leadership	.630**	.000	100	High Correlation
Quality of patient care	.636**	.000	100	High Correlation
Work efficiency and productivity	.683**	.000	100	High Correlation
Professional behavior and teamwork	.684**	.000	100	High Correlation
Laissez-Faire leadership				
Quality of patient care	.133	.187	100	No Correlation
Work efficiency and productivity	.252*	.012	100	Low Correlation
Professional behavior and teamwork	.185	.066	100	No Correlation
Quality of patient care				
Work efficiency and productivity	.907**	.000	100	Nearly Correlation
Professional behavior and teamwork	.959**	.000	100	Nearly Correlation
Work efficiency and productivity				
Professional behavior and teamwork	.933**	.000	100	Nearly Correlation

Legend: ** Correlation Coefficient is significant at alpha .01 level,
* Correlation Coefficient is significant at alpha .05 level,
Correlation Coefficient Scales Adopted from Hopkins, Will (2002): 0.0-0.1=Nearly Zero; 0.1-0.30=Low; 0.3-0.5=Moderate; 0.5-0.7-0=High; 0.7-0.9= Very High; 0.9-1=Nearly Perfect

Table 5.1 illustrates the correlation between the sub-categories of leadership style (transformational, transactional, and Laissez-Faire leadership) and job performance (quality of patient care, work efficiency and productivity, and professional behavior and teamwork) among

nursing staff at SSGH. The Pearson Correlation Coefficients (Pearson r) reveal significant positive correlations at α=0.05.

Results show generally high to very high positive and significant relationships among the variables. The strongest correlations are between quality of patient care and professional behavior and teamwork (r=.959; p=.000), work efficiency and productivity and professional behavior and teamwork (r=.933; p=.000), transformational and transactional leadership (r=.913; p=.000), and quality of patient care and work efficiency and productivity (r=.907; p=.000). High positive correlations were also observed between transformational and transactional leadership with all job performance dimensions. Meanwhile, Laissez-Faire leadership showed only low significant correlations with transformational leadership and work efficiency and productivity, and no significant correlation with quality of patient care or professional behavior and teamwork.

Overall, the findings indicate that transformational and transactional leadership are positively and significantly associated with job performance, whereas Laissez-Faire leadership demonstrates limited association with nursing performance outcomes. Therefore, the hypothesis asserting that there is no significant correlation among the sub-categories subsumed under leadership style and job performance among nursing staff at SSGH is rejected.

Conclusion

The study found that most nurses at SSGH are young professionals in the early stages of their careers, predominantly female, employed under job order status, with less than five years of service and a bachelor's degree. Leadership style was generally rated from “Strongly Agree” to “Moderately Agree,” while job performance consistently received “Strongly Agree” ratings, indicating effective leadership, high-quality patient care, strong teamwork, and professional resilience. No significant differences in leadership style or job performance were observed across age, gender, educational attainment, employment status, or length of service, suggesting consistent perceptions among respondents.

The findings support the Transformational and Transactional Leadership Theory and Job Performance Theory by emphasizing the role of active leadership in enhancing organizational performance and nursing outcomes, while indicating that Laissez-Faire leadership is less effective in sustaining professional growth and quality clinical practice. The study recommends strengthening career development through permanent employment and advanced education, sustaining effective leadership among nursing managers, promoting continuous professional development and teamwork, encouraging patient engagement through feedback and health education, and extending future research to include other healthcare professionals.

(Disclaimer: While artificial intelligence (AI) was used for language enhancement, all concepts that were generated are entirely original.)

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