Leadership and Management Styles: Disparities among Generational Nurses

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ABSTRACT

This paper aimed to determine the characteristic differences among the generational nurses of Northern Mindanao Medical Center, their leadership and management styles and the subsequent effects of both on the job satisfaction of the team members in their respective area. This study was anchored on the leadership theory by Vroom and Yetton's normative leadership (1964) and Weber's Theory of Bureaucracy and Authority. The study employed the descriptive correlational research design. Purposive sampling was utilized to get the participants. Survey questionnaire was used to gather data. Frequency and percentages, mean, Pearson R Moment of Correlation were utilized for establishing relationship between the independent and dependent variables. Although management and leadership are important for the delivery of good health services. the two are similar in some respects, but they may involve different types of outlook, skills, and behaviors. It is therefore conclude that the leadership and management style of the generational nurses have no difference even though that most number of nurse leaders belong to the millennial group. It is also visible in the profile that mostly had continued their master degree courses. Continuous education and learning provide practical learning and examples of how others handle situations you will likely face. Structured academic courses, integrate the most common form of management training.

Keywords: Generational Nurses, leadership, management style

INTRODUCTION

With diverse health care providers, conflict among them is inevitable. The Northern Mindanao Medical Center is a 600-bed capacity health care institution with more than 1,400 employees. Of these, nurses comprised almost 50 percent of the total population. Out of the 686 employees of the Nursing Service Department, there are 62 nurse supervisors, two nurse managers, one Infection Control Nurse, two assistant chief nurses and the chief nursing officer as nurse leaders of the Nursing Service Department. The investigator has observed that those in managerial positions employed several styles in dealing with the staff nurses which resulted in confusion as to which process or rule to follow especially when a new policy is being discussed.

Baby boomers are those people born between 1946 and 1964. Conveniently, the increase in population corresponded with a post-war economic boom. Kane notes that common characteristics among baby boomers include work-centric, independent, goal-oriented, more competitive, and are self-actualized. Pappas has a different point of view for the baby boomers (2016), he notes that people who belonged to this generation have a strong work ethic, self-assured, resourceful, mentally focused, team-oriented and disciplined. He further described members from this generation as not technologically-oriented but are willing to learn using modern gadgets such as laptops, mobile phones, and online games. The best way to adjust to this generation is to give value to their past experiences and making them an integral part of the learning process.

Kaminski has her definition of generation X. He coined members from the generation X as those born between 1961 and 1981 and identified them as children of the Baby Boomers. The terms slackers, twenty-somethings, the generation without a conscience, the lost generation, the 13thgeneration, and me-generation would only mean the same Generation X. Tulgan (2000) defined this group as those people born between 1963 and 1977.

According to Howe and Strauss (2003), millennials are known for being technology-oriented, are members of the social generation, collaborative and cooperative and are more adventurous and values-oriented.

According to Fry, millennials are on the height of surpassing Baby Boomers as the nation's largest living adult population, as projected by the U.S. Census Bureau (2018). As of July 1, 2016 (the latest date for which population estimates are available), millennials who aged 20 to 35 in 2016, numbered 71 million, and boomers (ages 52 to 70) outnumbered them by three million. Millennials will

soon overtake Boomers in population in 2019 as their population heightens to 73 million and Boomers will decline to 72 million. Generation X members (ages 36 to 51 in 2016) are projected to pass the Boomers in population by 2028.

Conflict, as defined by Mujtaba and Prause (2015), consists of several components. Initially, there has to be a disagreement or differences in the position of the people participating in the conflict. For the issues to exist, a misunderstanding or discrepancy in opinions or needs should be present. An example of this can be points of view on duties and responsibilities between the nursing employees and nurse leaders. The second components of conflict are the parties involved either in a workplace or a social setting.

To resolve issues successfully,   nurse managers must also recognize that some parties are unaware of their participation. Thirdly, are the needs, beliefs, interests, and concerns of both.

Leadership and management skills are essential skills needed by nurse managers in health care settings. Job performance, organizational commitment and intent to stay depend on how nurse leaders effectively resolve conflicts, otherwise, compassion fatigue, absenteeism and fast turnover result for the ineffective management of disputes. Because of these, globalization (Mujtaba & Prause, 2015) has led to a higher migration of people seeking personal development, better market opportunities and new challenges.

This project paper aimed to answer the characteristic differences among the three generations of nurses in Northern Mindanao Medical Center, their leadership and management styles and the subsequent effects of both on the job satisfaction of the team members in their respective areas of assignment.

According to Brunetto et al. (2013), the primary reason why there is fast turnover and decreased organizational commitment is due to the presence of generational gaps in the nursing workforce. It is interesting to know that the nursing workplace right now has three existing generations. Gone are the traditionalists and here come the members of the millennial group. The existing problems in healthcare can serve as challenges for nurse leaders who are trying to bring their team together in accomplishing a shared goal. However, in order for a nurse leader to achieve the shared goal, he must be able to embrace how each generation wants to be motivated (Rampton, 2017).

Nursing leaders cannot focus on specific age group requirements because each generation has different needs and wants. Nurse leaders must be skillful enough to resolve disputes among nurses to avoid high turnover issues. Focusing on a more effective way of managing conflicts in the workplace is the objective and

contribution of this project paper.

With the presence of diversity in the workplace, generational nurses cannot help but misunderstand the traits and characteristics of others. Baby boomers cannot embrace the behaviors of the millennial group and vice versa unless they could imbibe the displayed behaviors of one another.

The primary purpose of this project paper was to differentiate traits, rituals, and characteristics of each generation as a way of identifying the leadership and management styles utilized by the different generations of nurses in order to achieve the organizational goal.

Another purpose of this quantitative project paper was to explore the views of nursing management and leadership as perceived through the eyes of the generations in the nursing workforce.

FRAMEWORK

The aim of this paper was to determine the relationship between generational nurses and the leadership and management styles these nurses used. This study was anchored on the leadership theory by Vroom and Yetton's normative leadership (1964) and on Weber's Theory of Bureaucracy and Authority.

For a nurse manager to effectively manage disputes among the nursing workforce, he has to acquire leadership and management skills which are the basic essential requirements to be able to increase job satisfaction and decrease staff turnover.

The Vroom-Yetton Contingency Model (Kerrigan, 2015), which was developed by Victor Vroom and Phillip Yetton, has its decision making on situational leadership that can be utilized by just about anyone, regardless of position. In other words, it gives a nurse leader the idea that the best way to make a decision is to base it on the current situation or problem; not the personal traits or style of the decision maker.

According to Leadership-central.com, the point of focus of the Vroom & Yetton Decision-making Model of Leadership is to determine how the nature of the group, leader, and situation determines the degree to which the group is included in the decision-making process (1973). A flowchart-style decision making procedure is being accomplished by any nursing leader so that he or she may be able to arrive at a specific style of decision-making. The styles included in the model are autocratic, consultative, and group. The autocratic leader is

primarily a dictator, basing her or his cue from the methods of Transactional Leadership, which, in its totality, would like his members to follow all his commands. The consultative approach has the leader asking the group for suggestions or comments on how to carry out tasks. This method of decision making is the most democratic, wherein the group ultimately gives out the decision.

Mulder (2017) described bureaucracy as a structure of an organization that is composed of several policies, procedures, and guidelines, number of desks, with a meticulous division of labor, and responsibility, clearer professional hierarchies and impersonal interactions among employees. She further stressed that Max Weber's bureaucratic theory was more helpful in larger organizations in structurally performing all tasks by a number of employees. Besides, in a bureaucratic organization, selection and promotion are purely based on technical qualifications.

Max Weber (Caramela, 2018) would have been an exceptional workplace leader today. His theory of management, also termed as the bureaucratic theory, stressed strict rules and a consistent power contributor. He would have confronted the managers of today, most of whom are open to new ideas and flexible work arrangements and for their leadership style.

Leadership Styles

A nurse leader greatly influences his followers in a manner to achieve desired goals. Organizational outcomes can be the product of different leadership styles (Nanjundeswaraswamy & Swamy, 2014).

Autocratic leadership

An autocratic leadership usually has the leader providing the direct and final decision when faced with a difficult situation not mindful of the suggestions of his members. The autocratic leader would right away decide for the group (Kemp & Val, 2012). This type of leader would finally decide when they wake up and depart, and exactly how far they should go for that day. If the members have disputes or barriers during the length of the journey, decisions were given by the leaders right away without asking for feedback from the members to check whether their decisions were okay or not.

Under an autocratic type of leadership, workers are bound to follow their superiors. Decisions may be made very quickly and work done more efficiently,

but suggestions and opinions of the members are not appreciated by the autocratic leader (Taiwo, 2013). The authoritative style does not work in all situations. For example, if the work failed, the followers seldom saw the autocratic leader get in touch with them. This type of leader is more concern of the end-result of his command unmindful of the complaints and the good spirit of his followers. He is more after the trophies and the achievement of his organization (Goleman, 2014).

Transformational Leadership

Transformational leadership is described as a leadership approach that elicits change in an individual person or a society. In its ideal form, this type of leadership brings positive change for its members with the end goal of refining the followers into effective leaders. The goal of transformational leadership is to motivate the members, boost their morale and enhance their performance in all aspects (Burns, 1980).

According to Gomes (2014), the overall impact of transformational leadership is to introduce ample changes for the members' social and work environments, including the values and behaviors of the followers. For example, in the open market world, in which organizations usually deal with more aggressive competitors, leaders have a significant role in making individuals and organizations develop and continue to survive.

Democratic Leadership

The definitions of democratic leadership were conceptualized by White and Lippitt (Gastil, 1994) with more emphasis on group participation, discussion, and group decisions encouraged by the leader while an autocratic leader keeps tight control over group decisions and activities. The autocratic leader usually determines all organizational policies, guidelines, and activities and dictates each member what tasks to perform and follow.

To evaluate the concept of democratic leadership (Ray & Ray, 2012), it is essential to understand both democratic leadership and the progress it has made in a democratic environment.

The democratic leadership style (Hubahib, 2015) is also known as the participative type of leadership because it requires the full participation of its members. It is also known as group-centered leadership style because with this type of leadership, decisions usually are not taken by the leader alone but require consultation with the team members. In Lewin's study (Khan, Khan, & Qureshi,

2015), it was found out that participative leadership was considered as the most effective leadership style. Democratic leaders push group members to their limits and can also participate in the group and listens to suggestions made by the members.

Management Styles

Management style as defined by Northouse (2013) refers as to how nurse managers exercise their style in order to get work done and successfully meet objectives. He saw that one best way to manage which would achieve the best results in every situation is to act diligently on the management style learned. Presently, management style has been emphasized as how nurse leaders relate to their staff nurses, especially those who report to them. There is now also a growing belief that nurse managers need to find a better style which is original for the nursing workforce and that the nurse leaders will need to adjust their style according to the people surrounding them and the culture of the people they work with. According to Warden (2012), a senior nurse leader has to determine which management style works best for the staff and what the weaknesses of that style can bring. Further, he stressed that a nurse leader has to work more on developing a weaker management style because the dominant management style is being reflected in the culture of the members or the team a nurse manager is leading. If not treated directly, this dominating management style can act as a hidden stain in the cultural system, producing unlikely bad dynamics and undermining the organization's core values.
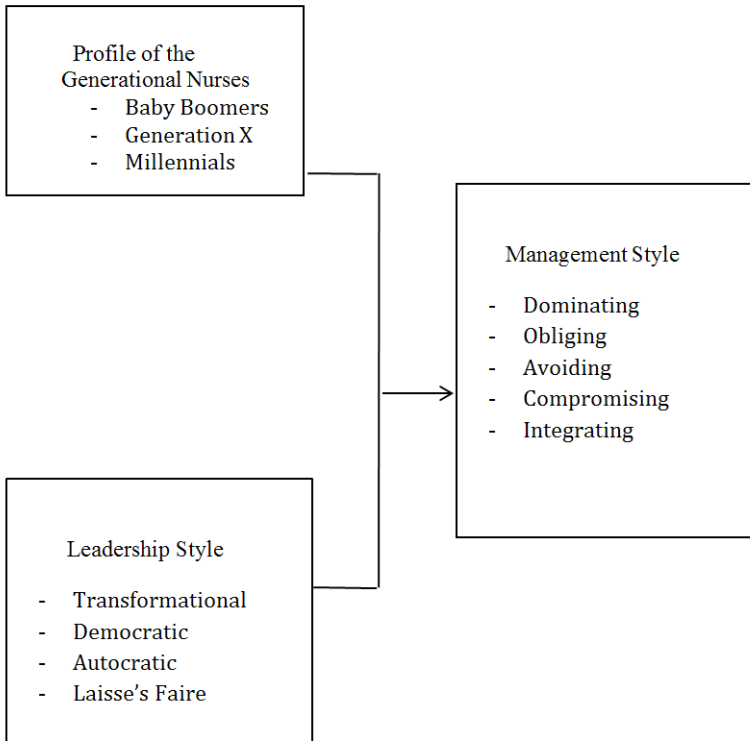
Figure 1. Schematic presentation showing the interpretation of dependent variable and independent variables

OBJECTIVES OF THE STUDY

This study on the leadership and management style of the generational nurses aimed to: (1) identify the profile of generational nurses; (2) assess the leadership styles of generational nurses; (3) determine the management styles of generational nurses; and (4) correlate the management style and profile of the generational nurses to leadership style.

METHODS

Northern Mindanao Medical Center is a 600-bed tertiary government hospital with more than 1,400 regular and more than 200 job order employees from top management to rank and files. This Department of Health-retained hospital is located at the Capitol Compound, Corrales Street, Cagayan de Oro City. Landmarks of the Medical Center included the Gaisano City/Mall along Recto Avenue, the Bangko Sentral ng Pilipinas on its eastern side, the Ayala Centrio Mall facing the Out-patient Department. The Nursing Service Department, being the most populated workforce, is almost seven hundred in population of which there is one chief nursing officer (Nurse VII), two assistant chief nurses (Nurse VI), four nurse managers (Nurse V), sixty-one nurse supervisors (Nurse III) and almost two-hundred head nurses (Nurse II) who were my project paper population group.

This study employed a descriptive-correlational research design. The investigator utilized the descriptive-correlational methods of research whereby it is a fact-finding study with adequate and accurate interpretation of the research findings. It described with emphasis what existed such as current conditions, practices, situations, or any phenomena (Calderon, & Gonzales, 2011)

There were 60 participants randomly selected for this project paper. After the approval from the Ethics Committee of Northern Mindanao Medical Center, the instruments were answered by the participants during a monthly Nursing update which was held on the last week of December 2018 and was given 15 minutes to answer the questionnaires. Included in the sampling procedure were those nurses with valid professional licenses and were holding administrative functions including those at the Nursing Service Department Office, the Nurse Supervisors and few of the Head Nurses who joined the Nursing workforce from 2000 and earlier.

Purposive sampling was utilized to choose the participants. A purposive sample is a non-probability sample that is selected based on the characteristics of a population and the objectives of the study. Purposive sampling is also known as judgmental, selective, or subjective sampling.

This study adopted two survey questionnaires. The questionnaire consisted of three parts. Part 1 was about the generations of the participants. Part 2 described the adopted leadership style questions from Peter Northouse from his book on the Basic Principles on Leadership. The second survey questionnaire (Part 3) was the adopted survey questionnaire from Haire, Chili & Porter's Managerial Thinking:

An International Study. The survey questionnaire on management consisted of eight questions. The questionnaire underwent reliability and validity testing. The final questionnaires were distributed to the target population of this paper.

For the leadership style scale, the highest possible total score was 100 from a twenty-item-questionnaire scaled with responses of 1- strongly disagree, 2- disagree, 3- neutral, 4 – agree, and 5-strongly agree.

The following are the scoring scale of leadership style scale:

Range	Point Value	Leadership Style	Interpretation
4.50 – 5.00	5	Strongly Agree	All the time
3.50 – 4.49	4	Agree	75% of the chances
2.50 – 3.49	3	Neutral	50% of the chances
1.50 – 2.49	2	Disagree	25% of the chances
1.00 – 1.49	1	Strongly Disagree	0% of the chances

For the management style scale, the highest possible total score was 40 from an eight-item which was scaled with responses of 1- strongly disagree, 2- disagree, 3- neutral, 4- agree, and 5-strongly agree.

Range	Point Value	Leadership Style	Interpretation
4.50 – 5.00	5	Strongly Agree	All the time
3.50 – 4.49	4	Agree	75% of the chances
2.50 – 3.49	3	Neutral	50% of the chances
1.50 – 2.49	2	Disagree	25% of the chances
1.00 – 1.49	1	Strongly Disagree	0% of the chances

Research Protocol

For reliable and quality research findings, the investigator observed the following protocol set by the University Research: The investigator sought approval from the adviser after careful assessment and review of the manuscript for the project paper. The Dean of the Graduate School approved the schedule for the defense of the project paper after thorough assessment and review of the final manuscript. After the proposal defense, the investigator accomplished the Research Ethics Application form and submitted it to the Office of the Vice-President for Research, Publication, and Extension together with the approved project paper proposal. The Associate Director of the Research and Publication Office reviewed the proposal and Research Ethics Form for completeness and for compliance with the University format and guidelines. The Research Ethics form was then forwarded to the RPO Director and Vice-President for Research, Publication, and Extension for further review and approval of the Research Ethics Review Committee. The investigator secured permission from the hospital's Ethics Committee to allow him to perform his project paper. The investigator secured the participants' consent to participate in the study. The participants will be assured by the investigator that all their responses will be treated with utmost confidentiality. Provision of the final manuscript. The investigator provided the adviser a copy of the manuscript for assessment and review of the quality and relevance of the paper prior to the scheduling of the final project paper presentation. Once the paper was approved by the adviser, it was forwarded to the Graduate School Research Coordinator for further review of the completeness of the paper. The Coordinator met the Dean for the scheduling of the paper presentation. After the final presentation, the investigator incorporated all the corrections and suggestions of the Research Panel. It will then be reviewed by the adviser and the panel. After the paper was approved by the panel, it was submitted to the Research and Publication Office for Plagiarism and Grammarly Tests. The investigator forwarded the final paper to the assigned editor. After incorporating all the corrections, the investigator submitted the final paper to the adviser and the Research Panel for signature and approval for binding.

Before gathering the data for the study, the investigator asked through a letter of request to the Medical Center Chief. After the approval of the letter, the investigator proceeded to the Research Ethics Committee to ask permission to conduct the study on generational nurses. After the approval, the investigator proceeded to the Nursing Service Department to present the project paper proposal along with the prepared questionnaires. The investigator joined one

Nursing Update to ask informed consent from the participants. After securing consent, the investigator gave the questionnaires to the participants for them to answer the survey forms before the start of the Nursing Update. The participants were given ample time to answer the questionnaire to ensure free will and do reflections as they rated the questionnaires.

This project paper used the quantitative method to analyze the data gathered. Furthermore, mean and standard deviation were utilized for the descriptive statistics in the identified types of leadership and management. Pearson R Moment of correlation was used to determine the relationship between the leadership styles of generational nurses against the management styles they utilized. Two adopted survey questionnaires were used to further support the result of this paper. One questionnaire came from Northouse (2013) in his book on the principles of leadership and the second questionnaire was adopted from an international study on Managerial Thinking by Haire, Chili and Porter (Black, 1991). Each survey questionnaire was subjected to validity and reliability from fifteen participants. The results of the pilot test were not used for the project paper. Once validity and reliability were done, the final survey questionnaires were distributed to the target population. The survey questionnaire floated on the area for one week. Survey questionnaires were then collected after one week.

The survey questionnaires were tested for validity and reliability among fifteen nurse managers of the hospital. The results of the test have no bearing on the actual result of the project paper.

Reliability was established by conducting a pilot test. The pilot test was done by collecting data from the participants not included in the sample. Data collected from the pilot test was then analyzed using licensed SPSS (Statistical Package for Social Sciences, by IBM incorporated). Cronbach alpha was used to measure the internal consistency reliability.

A different statistical tool was used to treat the data for analysis in this study.

Frequency and percentage were used to answer objective 1. Mean was used to answer objectives 2 and 3. Pearson R moment of correlation was used to answer objective 4.

RESULTS AND DISCUSSION

This section includes the data gathered and the discussion on the findings on the leadership and management styles of the generational nurses.

Objective 1: To assess the profile of generational nurses.

Table 1

Demographic Profile of the Participants

Generations		Frequency	Percentage
Baby Boomers (1946-1964)		5	8.33
Generation X (1965-1979)		22	36.67
Millennials (1980-2000)		33	55.00
	Total	60	100.00

Participants from the Northern Mindanao Medical Center were randomly selected. Table 1 shows that a little over fifty percent of the participants (55%) belongs to the millennial group. The generation X comes next at 36.6% while the remaining 8.3% comes from the Baby Boomer group. Which means that the majority of the staff in Northern Mindanao Medical Hospital belongs to the millennial group.

Majority of the participants belong to the feminine group at 61.7% while the remaining 38.3% are males. The nursing workforce is dominated by women. This manifestation only showed that nursing as a profession is being dominated by women as it carried the tradition in the early 1900s when women are the only ones allowed to take care of the wounded American soldiers.

Two-thirds of the participants (40 nurses) were married followed by 19 single nurse leaders and one separated participant. Twenty-nine of the 60 participants finished Bachelor of Science in Nursing as their highest educational attainment. Forty percent (24 out of 60) of the total participants are either taking up Master in Nursing or just obtained units in postgraduate studies. Civil Service Commission only requires nurses for a qualification of the Republic Act No. 1080 to be able to be accepted as a qualified government nurse of the Philippines.

The race towards postgraduate education for both sexes in the Nursing workforce has gone further. The number of male RNs who earned a master or

doctoral degree in nursing increased from 1,000 to 4,000 between 2003 and 2015 according to the Center for Interdisciplinary Health Workforce Studies (2017).

The few better reasons why nurse leaders attempt to further their studies include salary increase and promotion. Two of the better reasons why they have to go back to school and finish the Graduate Studies programs like Master in Nursing or Master of Arts in Nursing or other related disciplines. Majority of the participants are Head Nurses (Nurse II) which comprises 55% of the total population followed by the 25 Nurse Supervisors with two Nurse Managers who joined in the survey.

Traditionally, Nursing is a woman's world. Only after the early 70s did men become interested in joining the Nursing Workforce. With a healthcare report from the United States Census Bureau (2016), healthcare is one of the fastest growing industries in the country where healthcare male population only reached nine percent out of 3.2 million nurses.

Seventeen of the sixty participants have spent more than sixteen years in serving Northern Mindanao Medical Center. This was followed by the sixteen nurse leaders who are serving the government hospital between six and nine years. The remaining number (11 nurses) of the participants already has served the Northern Mindanao Medical Center for ten to fifteen years.

Millennial nurse leaders dominated the nursing workforce of Northern Mindanao Medical Center at present. This was supported by the data of Table 1 where 55% belonged to the millennial group. As of January 2019, there are almost 200 Head Nurses of the Nursing Service Department as claimed by the Human Resource Management office. This result was followed by the 64 strong Nurse Supervisors who came next on the result at 41.67%. There are four current Nurse Managers of Northern Mindanao Medical Center.

Traditionally, women dominated the Nursing profession. According to the Philippine Statistics Authority (PSA, 2018), there are more males than females but being a feminine profession, men cannot think of nothing but gender discrimination for such profession.

At present, the Nursing workforce of Northern Mindanao Medical Center is dominated by the members of the millennial group. Female millennial nurses outnumbered the male nurses by more than fifty percent as presented by the Human Resource Management Office data.

Objective 2: To assess the leadership styles of generational nurses.

Table 2

Leadership Styles among Generational Nurses

Indicators	Mean	SD	Descriptive Rating	Qualitative Interpretation
It is often necessary to make decisions without consulting others due to time pressure upon the task at hand.	2.92	1.062	Neutral	Good
Teams operate best within a clear and structured framework of procedures.	4.45	0.832	Agree	Very Good
The best decision will be the one with the largest consensus.	4.00	0.930	Agree	Very Good
People will come up with the best working methods when given minimal instruction.	3.37	0.974	Neutral	Good
People repeatedly come to me for advice and support, and I generously give it.	3.92	0.850	Agree	Very Good
People have learned to not question my judgment, as I rarely back down when I am truly passionate about something.	3.28	0.904	Neutral	Good
If everyone is forced to perform the same task in the same way, the efficiency gained outweigh the costs.	3.47	0.700	Neutral	Good
I prefer employee approval before making absolutely any changes to their working conditions or role, even if just for a day.	3.63	0.843	Agree	Very Good
I have learned that people will never fail to positively surprise you if you leave them alone.	3.17	0.763	Neutral	Very Good
I consult a variety of people when making decisions, but they tend to agree with my original idea anyway.	3.55	0.699	Agree	Very Good
Half of people are intrinsically hardworking, but the other half need to be pushed into completing work to a high enough standard.	3.93	0.548	Agree	Very Good
Over time, we can continue to build upon and add to our systems and ways of doing things, which will make life easier.	4.15	0.799	Agree	Very Good
People constantly challenge my ideas and strategies because they know they are welcome when they do so.	3.87	0.747	Agree	Very Good
I can say with 100 convictions that I do not micromanage.	3.20	0.798	Neutral	Good
People see me as a leader, not a manager.	3.82	0.930	Agree	Very Good
Cost savings can be made if everybody does exactly what he/she is told, and don't try to over-engineer solutions.	3.65	0.709	Agree	Very Good
I try to delegate as many task as possible in their complete entirety.	3.02	0.948	Neutral	Good
I let people get back to me when they decide to, rather than getting in touch myself.	3.27	0.821	Neutral	Good
I feel responsible for my employees, and I look after them accordingly.	4.30	0.830	Agree	Very Good
Overall Mean	**3.65**	**0.783**	**Agree**	**Very Good**

Legend:

Scale	Range	Descriptive Rating	Qualitative Interpretation
5-	4.50-5.00	Strongly Agree	Outstanding
4	3.50-4.49	Agree	Very Good
3	2.50-3.49	Neutral	Good
2	1.50-2.49	Disagree	Fair
1	1.00-1.49	Strongly Disagree	Poor

Table 2 shows the results of the leadership style survey of the nurse leaders of Northern Mindanao Medical Center. Majority of these participants answered "Teams operate best within a clear and structured framework of procedures", the highest score of 4.45 or Agree with a mean average score of 3.65. The second mean is the "I feel responsible for my employees, and I look after them accordingly". Both items were indicative of a democratic type of leadership which allowed complete participation of both leader and members of the team. And the lowest category in this table was "It is often necessary to make decisions without consulting others due to time pressure upon the task at hand" with has the mean score of 2.92. This item is an indication of an authoritative type of a leader and was simply not chosen by the participants of this paper. The standardized survey tool was borrowed from Northouse (2013).

Table 2 depicts a clear picture of a situational leadership as expounded by Northouse (2013) as supported by Vroom and Yetton's Situational Leadership Theory.

Objective 3: To determine the management styles of generational nurses.

Table 3

Management Style of the Generational Nurses

Indicators	Mean	Standard Deviation	Verbal Description
The average human being prefers to be directed, wishes to avoid responsibility and has very little ambition	3.05	1.080	Mixed
Leadership depends on having the right inborn traits and abilities,	2.92	1.139	Mixed
The use of rewards (for example, pay and promotion) and punishment9for example, failure to promote) is the best way to get subordinates to do their work.	3.18	1.066	Mixed
In a work situation, if your subordinates can influence you, you lose your influence over them.	2.78	0.922	Mixed

Table 3 Continued

Indicators	Mean	Standard Deviation	Verbal Description
A good leader gives detailed and complete instructions to subordinates rather than giving them general directions and depending on their initiative to work out the details.	3.82	0.948	More Controlling
Individual goal setting is superior to group goal setting.	2.85	1.022	Mixed
A superior should give subordinates only the information necessary for them to do their immediate tasks.	3.08	0.926	Mixed
A superior's influence over subordinates in an organization is primarily economic.	3.23	0.909	Mixed
Overall Mean	**3.11**	**1.001**	**Mixed**

Legend:

Scale	Range	Descriptive Rating	Verbal Description
5	4.50-5.00	Strongly Agree	3.5-5.00 – More Controlling Style
4	3.50-4.49	Agree	2.5-3.49 – Mixed/Transitional Style
3	2.50-3.49	Neutral	1.0-2.49 – More Empowering Style
2	1.50-2.49	Disagree	
1	1.00-1.49	Strongly Disagree	

Table 3 shows an average score for the majority of the Management Style items. Only item Number 5 has an agreeable score for the participants. It is also shown in the table that the highest mean obtained from the participants was item 5 which states "A good leader gives detailed and complete instructions to subordinates rather than giving them general directions and depending on their initiative to work out the details", which has a mean result of 3.82. The participants believed in structured and itemized instruction for activities to be done. These instructions, of course, have to be made by the nurse leader of an area or unit.

The overall response from the participants revealed a mixed or transitional type of management styles.

Objective 4: To correlate leadership style and management style of the generational nurses.

Ho: There is no significant relationship between leadership style and management style

Table 4

Relationship between Leadership and Management Style

	Variables	Pearson Correlation	P-value	Interpretation
Leadership Styles	Autocratic	0.061	0.644	Not Significant
	Democratic	0.040	0.762	Not Significant
	Transformational	0.004	0.974	Not Significant
Management Styles	Controlling	0.032	0,808	Not Significant
	Mixed/Transitional	0.079	0.548	Not Significant
	Empowering	0.187	0.154	Not Significant
	Position	0.094	0.476	Not Significant

** Significant at p<0.01
*Not Significant at p<0.05

Table 4 shows the relationship between leadership and management styles of the generational nurses. Both variables have no significant relationship to the generational nurses. Therefore, the hypothesis is accepted. This means that the type of leadership and management skills utilized by the nurse leaders depended largely on the present situation that they are in as explained by Vroom and Yetton theory referring to situational leadership. The three named generations utilized the democratic type of leadership when engaging with the colleagues, staff and their superiors.

Most concerns of the members of the baby boomers group are the disappearing best practices of traditional nursing. The bowing of heads when meeting a senior nurse or just the simple greeting of "good day" or "goodbye" can no longer be seen in the new generation.

CONCLUSIONS

Management and leadership are essential to the delivery of quality health services. Although the two are similar in some respects, they may involve different types of outlook, skills, and behaviors. From the findings of the study, it is, therefore, concluded that the leadership style of the generational nurses is still democratic while the management style that they used is mixed or the transitional way.

Health care delivery and patient circumstances are repeatedly changing, and managers have to continue to learn new abilities and skills to keep up with present needs. A significant portion of management involves skills and competencies such as motivating staff, communicating and negotiating with stakeholders and maintaining certain attitudes and behaviors that maximize staff discipline and performance.

With the millennial generation dominating the nursing workforce, it is high time for the other generational nurses to embrace the millennial group's traits, behaviors, and ways. It would be wiser to blend with the millennials if possible as they will become the future nurse leaders

Recommendations

RECOMMENDATIONS

After completing this paper, the researcher has few recommendations on hand. These include:

1. Administering this study to a larger population may be considered. The next investigator may either continue this paper for nurses in the private hospital so that a better comparison be made for nurse leaders on both government and private healthcare institutions;

2. Neophyte nurses should be embraced to become part of the study. Some new nurses may have a better understanding and contributions for their generation; and

3. Adding variables to the study such as finding solutions on how to connect one generation to another is encouraged.

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