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Leadership Style in Nurses According to Function in Public and Private Sectors in Temuco, Chile, 2015

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Abstract

Introduction: Nursing leadership is considered a fundamental competence, due to its impact on the quality of care.

Objective: Know the style of leadership exercised by nurses, nursing assistants, nursing teachers and supervisors.

Materials and Methods: This is a quantitative, descriptive and transversal study. The sample is comprised of 165 nurses from the adult-pediatric area in Temuco, southern Chile. Data collection was done through the Multifactorial Leadership Questionnaire, in its short form, adapted to the Chilean population by Vega and Zabala.

Results: It was shown that nursing professionals develop transformational and transactional styles to a lesser degree. In the teaching and supervisory areas, they exercise transactional leadership, and contingent reward in teachers and individualized consideration in supervisors are elements that stand out. According to gender, women most often use inspirational motivational behavior and inspirational charisma. In addition, transactional leadership is found more in women, as is individualized consideration.

Conclusion: The predominance of transactional leadership in nurses (teachers) and supervisors (s), which favors the development and reinforcement of transformative leadership, is essential to quality care management.

Keywords: *Leadership Style; Nurses; Public and Private Sectors*

Introduction

The current trend on leadership indicates that this is considered an essential and inherent factor in all organizational theories [1] and for nursing it is a fundamental competence in the organizational structure of health institutions [2,3], due to the need to have efficient and competitive institutions, with human resources prepared in management and leadership skills, to foster human relations centred on culture, communication and community; while generating processes of analysis and possibility of change in organizations [1], in order to achieve a better quality of patient care, impact on the work environment and well-being of staff [4].

There are currently three transcendental international lines of leadership development in nursing. One of them is the International Leadership Program of the School of Nursing at Birmingham University, Alabama, Collaborating Center of the Pan American Health Organization and the World Health Organization. Another is the one developed by the International Council of Nurses, the Leadership for Change Program, which includes negotiation and strategic planning [5]. And the third is the British Columbia Nursing Leadership Institute Program, focused on training nursing leaders [4]. These programs have generated transformations in health services and programs towards the improvement of the quality of care.

Historically, nursing professionals have emerged as leaders of the health team, due to their training and professional development, with a broad vision of the "human being", "care" and "health", beyond the visible, which articulates knowledge and actions necessary to offer creative and quality care [6]. They have the ability to coordinate teams and develop strategies for the fulfillment of goals and objectives proposed by health systems [7,8].

The leader must be trained and able to apply leadership skills in all nursing functions; in addition, it must have the capacity to generate, develop, promote and evaluate transformation processes in health services and professional education towards universal coverage and the renewal of primary health care to the highest quality of care [5].

At the same time, the ethical sense of the leadership of these professionals should be highlighted, which responds and is accountable to the social mandate that communities and nations have given to nurses, referring to the provision of human care of the highest quality and universality in favor of health [5].

According to the Canadian Nursing Association [9], "Leadership plays a critical role in the lives of nurses" and "Nursing requires strong, consistent, and knowledgeable leaders." However, despite numerous studies that have analyzed and explained the subject of study, there is no evidence available on a definitive, effective theory that guides leaders.

Likewise, the American Organization of Nurse Executives recognizes leadership as an essential competence in the administration exercised by nurses, due to active participation in public policies, health programs, resource allocation, information analysis and leadership of working groups [10].

In turn, the Institute of Medicine supports what has been described, stating that "leadership is essential to achieve the objectives related to the quality of care and safety of patients" [11]. At the same time, it points to transformational leadership, focused on quality of care, as a necessary element in nurses to address the deficiencies of the work environment [11].

For its part, the World Health Organization points out that it is a challenge to maintain competent professionals, stating that "nurses in leadership positions must be able to influence decision-making mechanisms that establish priorities and allocate resources to obtain health" [10]. In hospital institutions, as supervisors, nursing professionals need a preparation to assume leadership roles, a basic condition to generate changes in their daily practice and guarantee quality in care, in order to reconcile institutional objectives with the needs of the nursing team [12]. This situation is in line with the Health Code and General Administrative Rule 19, which states: "the nurse must have training, technical and generic skills in relation to Care Management" [13,14]. Together, leadership is considered the most important and present capacity in the administrators of accredited institutions, according to the vision of hierarchical superiors [15].

In their care function, these professionals are responsible for providing comprehensive and quality care, while considering psychological, social, cultural and biological aspects, in order to modify the conception focused on physical care [16] and assume leadership, which must be "comprehensive, generating a favorable, participatory work environment, promoting teamwork, involving its staff in decisions" [13].

For their part, teaching nurses must be clear about the concept of leadership and master the practices that promote its development, because experience has shown that this notion has different connotations for teachers themselves [10]. This requires flexibility in the application of leadership and management skills, which are directly related to teamwork, decision-making and planning [17], which use different leadership styles, depending on the situation that arises and to the extent necessary. In this way, it will be able to influence the people responsible for care, motivating behaviors and behaviors of the health team towards humanized and quality management practices [10,18].

Therefore, nursing professionals have a responsibility to lead the way to change, consider the big issues, and identify strategies whose actions are required to realize their full leadership potential [19]. However, in her work process, the nurse has difficulties in dealing with conflicts and performing leadership. Their work privileges excessively bureaucratic activities, which place the rules to the detriment of care. This is accentuated by workload, demands and demands of the institutions, as well as a deficit of resources and the plurality of the personnel in their charge, which affects the way of influencing within the health team, the resolution of conflicts and the achievement of objectives [20].

However, even when it influences and modifies behaviors in the patient and his environment, this leadership process is not valued by society and the health team itself [21]. Moreover, assuming leadership alone does not guarantee its effectiveness [2]. Not only does it influence the direct care of patients, but it also influences the administration, education, decisions and autonomy of peers [20], while promoting the improvement of the health and living conditions of the population; the achievement of care objectives of the profession, and the achievement of the proposed goals in health services. Therefore, it is a process that favors social, professional and organizational development [7], whose magnitude covers all areas of nursing management, whether they perform care functions, are in charge of a group of paramedical technicians, administer a service or participate in the training of new professionals.

The research on nursing leadership developed in Latin America is also based on transformational theory, which is part of the new paradigm, one of the most studied and influential today [2], apart from being considered the most appropriate style to promote leadership in nursing [11].

In the city of Temuco, Chile, nursing professionals have the possibility to perform several of their functions: care, administrative and teaching in the public and private sectors. According to the observation and experience of nurses, there is difficulty in the exercise of leadership, with different styles, conflicts within the team, lack of decision-making, difficulties in the management of personnel and non-compliance with stated objectives. This may be due to a deficit in knowledge of leadership as a competency, generational differences, lack of confidence, identity, and lack of training programs that include leadership competencies.

Given the importance of leadership as an element of development for the professional discipline of nursing, in terms of competence, quality and productivity, it is preponderant that in the spaces of practice and professional application of the nurse (o) its characteristics are present: that it is notorious, proactive and impactful, not only in its work actions, but also in aspects related to patients, work groups, colleagues and the professional environment in general [21].

As a result, quantitative research was carried out, with a descriptive cross-sectional design, in relation to the leadership styles exercised by nursing professionals. To this end, the research question was raised: what is the leadership style exercised by nurses, supervisors, and teachers in the city of Temuco in the Araucanía region? The purpose was to contribute to the strengthening of nursing leadership in the management of care and training of new professionals, identifying these styles as a first stage. For data collection, the Multifactorial Leadership Questionnaire in its short form (MLQ 5X), adapted to the Chilean population by Vega and Zabala [22], was used.

Methodology

This was a descriptive cross-sectional study, in relation to leadership styles of care nurses, teachers and supervisors, in Temuco, Chile, during 2015. The sample consisted of 165 nurses from the public and private sectors. Data collection was carried out using the MLQ 5x, prepared by Bass and Avolio, and adapted to the Chilean population by Vega and Zabala, which has a reliability index of $\alpha = 0.97$, and which was validated in content and construct [22]. An item with sociodemographic data was added. It consists of 82 items, which discriminate between transformational, transactional leader and absence of leadership [23]. The study was structured as a hierarchical model of nine variables, which are composed of three variables of high order, transformational leadership (LTF), transactional (LTR) and corrective/avoidant (LC/E). Within transformational leadership are those of the second order: charisma/inspirational (C/I), which includes idealized attributed influence (IIA) and behavioral (IIC) and inspirational motivation (MI), and intellectual stimulation (EI). In transactional leadership we find individualized consideration (IQ) and contingent reward (CR). Finally, corrective/avoidant leadership is formed by active exception management (DPE-A) and passive/avoidant leadership (LP/E), in which we find passive exception management (DPE-P) and laissez-faire (LF) [22,24].

Variables are measured by perceptions of attitudes and behaviors exhibited by the leader and their effects on followers. The response scale has a range from 0 to 4, Likert type, which corresponds to the categories: never (0); rarely (1); sometimes (2); often (3), and frequently or always (4) [22]. In addition, it allows to identify organizational results through three scales: a) extra effort, related to motivation towards higher achievements; b) effectiveness, ability to guide and lead successfully, and c) satisfaction, related to gratification in the work group, since there is a healthy organizational climate [25].

An exploratory descriptive analysis was performed to determine the quality of the data to be analysed; subsequently, descriptive analysis for the characteristics of nurses and leadership styles, variables or dimensions according to frequency and response averages. Then followed the analysis of the relationship between sociodemographic variables and leadership styles, and organizational outcome variables, for this the analysis of variance (Anova) tests and the test as appropriate were used. In the case of the function exercised by nurses, we worked with the Anova and Kruskal-Wallis tests. Finally, the age and years of work of nurses were correlated with leadership styles. A p-value ≤ 0.05 was used. The process was supported by the statistical program Stata 11.0.

Ethical aspects

The ethical aspects are safeguarded according to the principles proposed by Emanuel [26]: the value of this study meant a contribution to the management of nursing care, identifying leadership styles exercised by nurses as a first step for the strengthening of nursing leadership in the city of Temuco.

Its scientific validity was based on a rigorous methodological design, which respects each stage of the process. We had the guidance of experienced researchers in the subject and research methodology. In addition, the advice of an experienced statistician for data analysis. Likewise, the data collection instrument is validated in the Chilean population with high reliability and validity.

All participants were free to sign an informed consent at the time of agreeing to participate in this study. In addition to the authorization of the respective directors of the institutions where the research was carried out.

The confidentiality of the participants was ensured, through the delivery of numbered questionnaires. These questionnaires did not bear the name of the participant or the name of the institutions where it was applied. There was a possibility of changing one's mind at any stage of the investigation; in addition, the results will be delivered at the end of the study.

Results

There were 165 study participants, from whom a 100% response rate was obtained. Of the total respondents, 85.5% were women with a mean age of 34.97 ± 9.88, and 14.5% were men, with a mean age of 31.54 ± 8.35. According to the years of work, women the average is 10.43 ± 9.61, and men it is 6.38 ± 8.03. With regard to the role they play, 64.3% is care, 21.8% is teaching and 13.9% is supervision. According to the area of work, 62.4% is in adults and 37.6% is in pediatrics. As for the organization in which they work, 69.1% do so in the public system, and 30.9%, in the private system.

According to the average responses, the transformational (3.41 ± 0.38) and transactional (3.33 ± 0.41) styles have similar averages, which implies that both are "almost always" present in the study participants, with a slight predominance of the transformational style, without significant differences. However, corrective/avoidant leadership (1.77 ± 0.37) has a lower mean response and evidence that is "sometimes" present in study subjects (Table 1).

Variables			
1st order	2nd order	Sub variable	x̄ ± ds
LTF	C/I	IIC	3,57 ±0,37
		IIA	3,38 ± 0,47
		ME	3,44 ± 0,45
	Total		3,47 ± 0,03
	NO		3,25 ± 0,45
Total			3,41 ± 0,38
LTR	THERE		3,32 ± 0,41
	RC		3,35 ± 0,52
Total			3,33 ± 0,41
LC/E	DPE-A		2,89 ± 0,59
	LP-E	DPE-P	1,1 ± 0,69
		LF	1,43 ± 0,49
	Total		1,29 ± 0,51
Total			1,77 ± 0,37

Table 1: *Leadership styles in care nurses, teachers and supervisors, Temuco - Chile, 2014.*

LTF: Transformational Leadership; LTR: Transactional Leadership; LC/E: Corrective/Avoidant Leadership; IC: Individualized Consideration; C/I: Charisma/Inspirational; RC: Contingent Reward; DPE-A: Direction by Active Exception; LP-E: Passive/Avoidant Leadership; DPE-P: Passive Exception Steering; LF: Laissez-Faire; IIC: Idealized Behavioral Influence; IIA: Idealized Influence Attributed; MI: Inspirational Motivation.

Source: Own elaboration according to the multifactorial leadership questionnaire.

According to the relationship between sociodemographic variables and leadership styles and their dimensions, inspirational motivation is a behavior that is found more frequently in women (p = 0.0092), as well as charisma/inspirational (p = 0.0389). On the other hand, the transactional style of leadership is also more present in women (p = 0.0064), where individualized consideration is a behavior

exercised more frequently in women (p = 0.0014). Likewise, the transformational style is "almost always" present in both sexes, without significant differences, as it happens in the subvariants idealized behavioral and attributed influence, and intellectual stimulation, according to the response averages. On the other hand, the contingent reward has a higher average response in women, which is not significant. Despite this, both response averages indicate that it is a behavior that is "almost always" present. On the contrary, active exception steering is a behavior that is "often" exercised by both sexes; not so the corrective/avoidant leadership, which is "rarely" present (Table 2).

Variables			Sex		
First Order	**Second Order**	**Subvariable**	**Woman**	**Man**	
			x̄ ± ds	**x̄ ± ds**	**p**
LTF	C/I	IIC	3,59 ± 0,35	3,45 ± 0,47	0,1684*
		IIA	3,39 ± 0,44	3,30 ± 0,61	0,4954*
		ME	3,48 ± 0,44	3,22 ± 0,47	0,0092**
		Total	3,50 ± 0,35	3,33 ± 0,45	0,0389**
	NO		3,25 ± 0,45	3,23 ± 0,47	0,8480**
	Total		3,43 ± 0,36	3,3 ± 0,44	0,1819*
LTR	THERE		3,36 ± 0,38	3,07 ± 0,50	0,0014**
	RC		3,38 ± 0,52	3,19 ± 0,50	0,0933**
	Total		3,37 ± 0,40	3,12 ± 0,44	0,0064**
LC/E	DPE-A		2,88 ± 0,61	2,94 ± 0,49	0,6285**
	LP-E	DPE-P	1,05 ± 0,67	1,39 ± 0,74	0,0271**
		LF	1,42 ± 0,50	1,49 ± 0,41	0,5107**
		Total	1,26 ± 0,52	1,45 ± 0,40	0,0986**
	Total		1,75 ± 0,38	1,90 ± 0,30	0,0704**

Table 2: *Relationship of averages between leadership styles and their variables, according to sex in nurses (os) assistants, teachers and supervisors (es), Temuco - Chile, 2014.*

**ttest for different variances; **Anova.*

LTF: Transformational Leadership; LTR: Transactional Leadership; LC/E: Corrective/Avoidant Leadership; IC: Individualized Consideration; C/I: Charisma/Inspirational; RC: Contingent Reward; DPE-A: Direction by Active Exception; LP-E: Passive/Avoidant Leadership; DPE-P: Passive Exception Steering; LF: Laissez-Faire; IIC: Idealized Behavioral Influence; IIA: Idealized Influence Attributed; MI: Inspirational Motivation.

Source: Own elaboration according to the multifactorial leadership questionnaire.

Regarding the relationship between leadership styles and their dimensions with the functions of nurses, observed that the transactional style is more present in the function of supervision (p = 0.0002) and teaching (p = 0.0011). Individualized consideration (p = 0.0040) is appreciated as the main conduct in supervisors and the contingent reward in the teaching function. According to the response averages, the transformational style is a behavior that is "almost always" developed in all functions, where the lowest averages belong to the care function. Instead, the corrective/avoidant style and its variables are behaviors that are "rarely" used. The highest averages are found in the supervisory function, and the lowest in the care function. Within the corrective/avoidant style, the variable direction by active exception is the one with the highest averages, which indicates that study participants "often" exercise this behavior (Table 3).

Variables			Function			
First order	Second order	Subvariable	Care	Teaching	Supervision	
			x̄ ± ds	x̄ ± ds	x̄ ± ds	p
LTF	C/I	IIC	3,53 ± 0,35	3,65 ± 0,45	3,64 ± 0,29	0,1485*
		IIA	3,40 ± 0,42	3,35 ± 0,62	3,31 ± 0,39	0,5083**
		ME	3,40 ± 0,42	3,51 ± 0,54	3,54 ± 0,40	0,2359*
		Total	3,45 ± 0,34	3,52 ± 0,50	3,51 ± 0,31	0,0969**
	NO		3,20 ± 0,43	3,32 ± 0,52	3,34 ± 0,39	0,2404*
	Total		3,38 ± 0,34	3,46 ± 0,49	3,47 ± 0,32	0,0734*
LTR	THERE		3,25 ± 0,37	3,39 ± 0,53	3,52 ± 0,31	0,0040**
	RC		3,24 ± 0,50	3,59 ± 0,55	3,5 ± 0,42	0,0011*
	Total		3,25 ± 0,38	3,46 ± 0,50	3,51 ± 0,31	0,0002**
LC/E	DPE-A		2,91 ± 0,60	2,83 ± 0,63	2,89 ± 0,51	0,8073*
	LP-E	DPE-P	1,18 ± 0,73	0,96 ± 0,56	0,98 ± 0,65	0,1678*
		LF	1,46 ± 0,51	1,39 ± 0,44	1,37 ± 0,47	0,5803*
		Total	1,34 ± 0,53	1,20 ± 0,41	1,20 ± 0,50	0,2469*
	Total		1,18 ± 0,39	1,69 ± 0,28	1,71 ± 0,44	0,1755*

Table 3: *Relationship of averages between leadership styles and variables according to the role of care nurses, teachers and supervisors, Temuco - Chile 2014.*

**ttest for different variances; **Anova.*

LTF: Transformational Leadership; LTR: Transactional Leadership; LC/E: Corrective/Avoidant Leadership; IC: Individualized Consideration; C/I: Charisma/Inspirational; RC: Contingent Reward; DPE-A: Direction by Active Exception; LP-E: Passive/Avoidant Leadership; DPE-P: Passive Exception Steering; LF: Laissez-Faire; IIC: Idealized Behavioral Influence; IIA: Idealized Influence Attributed; MI: Inspirational Motivation.

Source: Own elaboration according to the multifactorial leadership questionnaire.

In relation to the organizational outcome variables, it is evident that extra effort is often more present in women (p = 0.0229). According to the response averages, satisfaction shows similar averages in both sexes, although it is slightly higher in men, indicating that it is "often" present; in contrast, the effectiveness variable shows a higher average in women than in men, with no significant difference (Table 4). Regarding the functions of nurses, the extra effort is most often developed in the supervisory function (p = 0.0096). In turn, satisfaction and effectiveness have no significant differences. According to the response averages, satisfaction obtains the highest averages in care and supervision functions, and in effectiveness they are found in the teaching and supervision functions. All variables are "often" present in each of the functions (Table 5).

	Sex		p
	Woman	Man	
	x̄ ± sd	x̄ ± sd	
Satisfaction	3,32 ± 0,49	3,35 ± 0,46	0,8047**
Effectiveness	3,20 ± 0,49	3,04 ± 0,57	0,1489**
Extra Effort	3,23 ± 0,50	2,97 ± 0,59	0,0229**

Table 4: *List of organizational outcome variables, satisfaction, effectiveness and extra effort with sex of care nurses, teachers and supervisors, Temuco - Chile 2014.*

***Anova.*

Source: Own elaboration according to the multifactorial leadership questionnaire.

	Function			p
	Care	Teaching	Supervision	
	x̄ ± sd	x̄ ± sd	x̄ ± sd	
Satisfaction	3,34 ± 0,47	3,29 ± 0,56	3,34 ± 0,45	0,8670**
Effectiveness	3,15 ± 0,47	3,23 ± 0,64	3,25 ± 0,43	0,3082*
Extra Effort	3,12 ± 0,47	3,29 ± 0,65	3,36 ± 0,47	0,0096*

Table 5: *Relationship between organizational outcome variables, and the role of care nurses, teachers and supervisors, Temuco - Chile 2014.*

**Kruskal-Wallis; **Anova.*

Source: Own elaboration according to the multifactorial leadership questionnaire.

Discussion

The literature indicates that transformational leadership is the most used by care nurses [11], who have characteristics and develop behaviors that modify people's motivation [23,27]. Likewise, nursing professionals tend to be more satisfied with transformational styles over transactional ones [28]. However, workload and other constraints affect the way they influence and are geared towards transactional actions [17]. Unlike the above, the results obtained in this research showed lower averages of the transformational style in the care function, compared to teaching and supervision, aspect that is also appreciated in the transactional style. However, both leaderships are often present and there is no predominant style, as they are used interchangeably. This may be due to the fact that health policies are oriented to the fulfillment of specific objectives, established based on activities carried out in a certain time; this fact obliges, in a certain way, to have rather transactional behaviors in the nurse-user interaction, where the goals that are raised in the nursing process are established by the nurse himself and, many times, there is no participation in defining what will be the objectives that users must meet, to achieve an improvement or recovery of their problem.

In turn, human resources policies, large workload, plurality of staff and lack of resources benefit a task-focused style, with a strong component of authority, very common in medicalized vertical organizations. The commitment to productivity is due more to aspects of compliance with the tasks emanating from the job itself and forgetting transformative behaviors that motivate the search for innovative strategies to achieve the objectives.

According to the literature on the subject, teaching nurses exercise a mainly transformational leadership style [29], they tend to be optimistic and motivating in their work performance; in addition, they encourage their students to perform their tasks, considering the needs of each one [17,29]. However, in the present study it is observed that the transactional style is the most used and that the contingent reward is the most developed behavior. This may be because historically and culturally we work from the fulfillment of learning objectives and not all teaching practices are student-centered. On the other hand, the objective that students seek to achieve is approval, that is, an efficient grade; together, the teachers induce the student to achieve this, otherwise they will be sanctioned (with the reprobation). The latter agrees that contingent reward is the main behavior observed in teaching nurses.

According to the literature, nurses in supervisory positions exercise transformational leadership [30]. Similarly, Rodríguez-Gonzalo points out that junior nurses perceive that their supervisors exercise the same style [25]. Likewise, the new hospital care management policies implied changes in the hierarchical levels in personnel administration and considered management and administration functions; this meant that nurses needed skills such as motivation, communication, creativity, qualities or characteristics that a leader should

have [17]. In contrast, the results of this study revealed that nurses with supervisory roles develop a transactional style, where the main behavior observed is individualized consideration, followed by contingent reward. In addition, in relation to organizational results, despite exercising a transactional style, these tend to motivate the staff in their charge towards the achievement of higher objectives, by stimulating the extra effort in their performance.

Regarding leadership styles and sex, the literature indicates that women are more transformational than men [31,32], since they adopt contingent reward behaviors to a greater extent [33]. In this sense, the female leadership style is oriented towards the needs of people, cooperation, teamwork and individual development as a goal to achieve the objectives, which corresponds to a transformational leadership style [34]. In this regard, the basic study reveals that the transformational style is present interchangeably in men and women, and that women use behaviors, inspirational motivation and charisma/inspirational more often than men. In addition, in relation to organizational results, women tend to a greater extent than men to motivate subordinates towards the achievement of higher objectives, which favors extra effort in the performance of personnel. In addition, in this research, women use transactional leadership more often than men, as does individualized consideration behavior.

Conclusion

Nursing leadership is considered essential. This, according to the results, is exercised by the nurse within their work team, regardless of age, years of work, type of organization, work area or function they perform. However, there is no clearly defined leadership style that theoretically allows them to face new challenges, even though there are transformational and transactional behaviors, which complement each other.

In relation to the teaching function of nurses, the results obtained show that they mostly use transactional leadership, whose main behavior is the contingent reward over individualized consideration. Therefore, it is concluded that, despite the fact that the learning methodologies of the universities are based on competences, nurses with teaching functions use pedagogical methodologies based on objectives, rather than stimulating competences and considering the characteristics of each student, since they require the fulfillment of tasks and objectives, which are considered a prize (approval) or sanction (reprobation) according to their performance. This would force to rethink or evaluate these methodologies and orient them towards the motivational change of the students in order to achieve outstanding performances. In this sense, it is worth asking how to evaluate so that the grade does not become the main objective and that it is not considered a prize or sanction according to the performance of the students. In addition, it is necessary for students to identify the nurse as a model and not as an authority that delivers knowledge and evaluates their performance.

In the supervisory role, nurses with leadership positions use transactional leadership, whose main conduct is individualized consideration. In accordance with this, the supervising nurses use behaviors oriented towards the fulfillment of established goals, usually political-institutional, which are demanded by the directors of the institutions, which obliges, in a certain way, this type of leadership. On the other hand, despite having the requirement of meeting goals, they are able to consider each of their subordinates individually and show a concern for the personal development of each one. Therefore, in this case, the leadership style could be influenced by institutional political demands, from where compliance goals are established that force them to work in search of those objectives and to set aside behaviors that allow changing motivation and stimulating their staff towards outstanding performance, which would facilitate, finally, the fulfillment of the goals. For this reason, it is essential that both ministerial and institutional policies and the directors of each institution present a transformational vision that allows generating changes in motivation and, thus, achieving a high performance in the achievement of the objectives.

With regard to sex in nurses and its relationship with leadership style, and according to the results of the study, it is concluded that these are probably influenced by the higher proportion of women than men in care, teaching and supervision functions, which coincides with the results obtained according to their function. Therefore, it is necessary to continue conducting research with a more balanced ratio between men and women in all roles, in order to have a more real view of leadership.

Finally, it is stated that most research on nursing leadership shows the vision or perception that nursing professionals have, either as team leaders or subordinates. Consequently, it is necessary to know the vision, opinion and perception that non-professional subordinates, that is, nursing technicians or nursing assistants and students have about the leadership of nurse leaders. In this way, we will get closer to knowing the true leadership they exercise in their work teams.

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