RESEARCH ARTICLE

Decision-Making and Leadership Style among Nurse Managers

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Abstract
Background: Decisions are vital to effective management. It forms appropriate actions and outcomes to achieve positive results.
Nurse Managers carry significant responsibility in the workplace. Every day, various situations allow this opportunity to take place, the chance to make decisions. Nurse leaders must adhere to the base of professional nursing practice appropriate for decision-making. Objectives: This study aims to determine nurse managers' leadership styles and decision-making amidst the pandemic. Method: The research design utilized was descriptive-correlational, a quantitative and qualitative approach to assessing the extent of leadership style and decision-making among the respondents. Result: findings revealed that 21% of the nurse managers are females, while the remaining 14% are male. In terms of education, more than 28 nurse managers (80%) are BSN Degree holders (majority), and 14% are still pursuing their master's degree studies. In the monthly income profile, a majority (66%) earn 5,000 to 10,000, and only 1 (3%) have a monthly income of 20,000 or more. Leadership style finds a weighted mean of 1.83 and is interpreted as Fairly Bureaucratic. The respondents disagree that people will devise the best working methods when given minimal instruction. The respondents' extent of decision-making revealed an overall weighted mean of 3.01, which was interpreted as extensive; the respondents strongly agreed that they evaluated the risk associated with each alternative before making a decision. Conclusion: The findings show that leadership style is obtained in various factors but not relatively through a distinct variable. Respective of profile characteristics, the type of leadership, an individual, chooses to implement is out of an established pattern separate from all other aspects.

Keywords- Decision making, Demographic Variables, Leadership style, Management, Nurse managers

INTRODUCTION

Today, the global challenge of addressing the pandemic is vast and varied. As hospitals join in the quest for innovation and approaches, new technological assets are put in place to meet current demands for accuracy and efficiency, which adds to higher skills acquisition as these components are part of the job specification. Furthermore, with the diversity of cultures mixed into the nurses' workforce pool, a nurse manager adopts a distinct consideration when leading a unit. In addition, an assortment of disease conditions that enters into specialized areas of care need quick decision-making, which impacts the capacity and effectiveness of a leader's performance.

For instance, the healthcare team's

assortment of emergencies is catered to regardless of the extent or nature of the illness or condition. As the hospitals served a large population, the influx of patients and critical needs required sound judgment and practical leadership skills to redirect the situation into a manageable unit.

The researcher, a practising clinical nurse specially assigned to the emergency room for 13 years, has the necessary competency to conduct the study. Experience in vital processes in critical conditions has owned his exposure to these situations and the pursuit of this study. Moreover, this study will investigate how nurse managers create decisions and utilize their distinct leadership styles in emergent situations.

BACKGROUND OF THE STUDY

Leader-member relations are determined by how the group accepts the leader. If, for example, there is group friction with the leader, rejection of the leader, and reluctant compliance with orders, then leader-member relations are low [1].

Task structure refers to the degree to which work is defined, with specific procedures, explicit directions, and goals. A high task structure involves routine, predictable, clearly defined work tasks. A low task structure requires non-routine, predictable or clearly defined work, such as creative, artistic, or qualitative research activities [2].

Legitimate power is a position of strength. Authority is also called legitimate power. It is the power gained by a title or official position within an organization. Legitimate power has inherent in it the ability to create feelings of obligation or responsibility. As previously discussed, the socialization and culture of subordinate employees will influence how much power a manager has due to their position [3].

Besides, nursing leadership is necessary to guide nursing personnel to a specific goal: providing nursing care to their patients. Leadership is the art of developing people. Leadership activities include directing and actuating efforts to accomplish goals, supervising or overseeing employees' work, and coordinating or unifying personnel and services. Managers at different levels of the institutional hierarchy are referred to in additional terms. Managers at each level of the hierarchy direct, supervise, and coordinate the efforts of their subordinates. Administrators are concerned with overall planning and setting up objectives, developing and scheduling programs, budget proposals, and establishment of policies. The supervising nurse manages nursing care and services in two or more nursing units. The Head or Senior Nurse manages and supervises a particular nursing unit [4].

Furthermore, the Situational Leadership Theory (SLT) supports this study. SLT focuses on followers. It says successful leadership is achieved by selecting the exemplary leadership style contingent on the follower's readiness or the extent to which they are willing and able to accomplish a specific task. A leader should choose one of four behaviours depending on follower readiness [5].

Hersey and Blanchard's Situational Leadership model suggests that the most critical factor affecting a leader's style selection is a subordinate's development (maturity) level. The development level is the task-specific combination of an employee's task competence and motivation to perform (commitment). They assess development levels by examining an employee's job knowledge, skill, and ability, as well as their willingness to take responsibility and their capacity to act independently. Employees typically (according to Theory Y assumptions) develop better on a task as they receive appropriate guidance, gain job experience, and see the rewards for cooperative behaviour. Both the competence to perform a given task and the commitment to do so can vary among employees; therefore, different development levels demand different responses from leaders [1].

SIGNIFICANCE OF THE STUDY

Emergent situations surround the environment of any healthcare institution's day-to-day scenario. To properly usher in critical clients and appropriately render necessary interventions, especially in emergencies, decision-making and leadership skills are vital to meet client needs. The direction through which each nurse manager leads a team of healthcare workers should lead to the provision of quality care.

Aim of the Study

The study aims to determine nurse managers' leadership style and decision-making

amidst the current pandemic, even with the relationship between approaches in discharging their duties in the healthcare institution.

Research Design

This study will be descriptive-correlational, utilizing a quantitative and qualitative approach to determine the extent of decision-making and the leadership style of nurse managers in the hospital setting. Further, it sought to know whether there was a significant relationship between the profile and extent of decision-making and leadership style among the nurse managers. The findings of this study served as a basis for a proposed decision-making and leadership style guide for Nurse Managers.

Ethical Considerations

The researcher was able to ask permission to conduct the study through the deanship of the Applied Medical Science research unit and managed to request official permission from the director and Chief Nurse of the respondent hospital where this study was conducted. Respondents were personally asked to sign consent forms and explained that they could withdraw at any time during the study.

Sample and Setting

The hospital clinical area consists of the Emergency Room, the Outpatient Department, the Operating Room, the Delivery Room, and the General Ward. Nursing Service personnel are categorized by staff nurses, senior nurses, and supervisors. Senior nurses and supervisors are placed in positions based on years of service, a speciality of exposure, and educational qualifications.

Research Instrument

This study utilized a three-part research tool to answer the problem. The first part is a researcher-made tool to gather profile information regarding age, gender, civil status, monthly income, length of service, and highest educational attainment. The second part is a modified standardized tool from mindtools.com, which contains 18 statements describing the extent of decision-making. The survey is a 4-point Likert scale, and respondents are asked to place a checkmark corresponding to their chosen response. On the other hand the third part is a standardized Leadership Expert's leadership style questionnaire by Simon Oates.

RESEARCH PROCEDURES
Data Gathering

The researcher forwarded a letter of transmittal for approval to the Medical Director and Chief Nurse. After permission had been granted, the data was gathered. In the period of distribution of the questionnaires, the researcher was available to provide clarificatory questions to enable the respondents to answer the questionnaire appropriately. Enough time was provided to each respondent to yield accurate and complete data. An interview was done with the respondents utilizing the guided question interview tool. After collating common responses, the researcher selects a group of nurse managers to form a focus group discussion.

Treatment of Data

A demographic profile will be utilized; a simple percentage will be used. On the other hand, the scoring of the leadership style is based on the points entered for each question against the question numbers in table form, and the total for each column is painted to paint a picture of which leadership style the behaviour matches most closely. Moreover, to determine the leadership style of nurse managers, points shall be entered for each question against the question numbers below, and each column will be totalled to paint a picture of which leadership styles the Behavior matches most closely. Moreover, the Chi-square will determine the relationship between the profile and the extent of decision-making, profile, and leadership style.

RESULTS

The study determined the extent of decision-making and leadership style of nurse managers. The study's findings were based on a Leadership Training Plan for nurse leaders and managers. The topics are discussed and presented as follows: Profile of the respondents, the extent of decision making, the extent of leadership style, the relationship between profile and decision making, and the relationship between profile and leadership style.

Table 1: Profiles of the respondents.

Profile	Frequency, n = 35	Percentage, %
Age		
22 - 31	23	66
32 - 41	8	23
52 - 59	4	11
Gender		
Male	14	40
Female	21	60
Civil Status		
Single	23	66
Married	12	34
Length of Service		
1 – 3 years	17	48.5
4-6 years	9	26
7 – 9 years	3	8.5
More than 10 years	6	17
Educational Attainment		
BSN Degree	28	80
BSN Degree with Masteral units	7	14
Area Assigned		
General Ward	15	43
Annex	4	11
OR	8	23
DR	2	6
ER	5	14
OPD	1	3
Monthly Income (Pesos)		
5,000 – 10,000	23	66
11,000 – 15,000	6	17
16,000 – 20,000	5	14
Above 20,000	1	3

PROFILE OF THE RESPONDENTS

Table 1 reflects the profile of nurse managers. Regarding age, the majority (66%) are aged between 22 to 31 years old, 23% belong to the ages 32 to 41, while only 11% are aged 52 to 59 years old. This implies that more than half of the respondents are young adults. Young adults may have predominated the population of these respondents, suggesting that a younger generation of nurses remains in service in hospitals today. This comes as no surprise. Several experienced nurses have sought opportunities in other countries years ago, causing hospitals to hire new ones. Counting from 10 years before, it could be observed that the newly hired nurses who were new registered nurses then are the ones in place of these positions. In these stages, young adults seek employment opportunities to establish a career. Employment leads to a more stable lifestyle and assists individuals in attaining higher goals in life.

Regarding gender, 21% of the nurse managers are females, while the remaining 14% are males. Thus, the female gender still dominates the population of nurses in a hospital. This implies that women are more drawn to the nursing career than men. Although it is observed that men now pursue the interest of working as nurses, women still predominate among nurses.

Moreover, for civil status, 66% are married, representing the majority, and 34% are single. This implies that among the nurse managers, it is the married respondents that dominate the group, whereas, in the aspect of the length of stay, out of the 35, the majority (48.5%) have stayed for 1 to 3 years while only 9 (26%) have a length of service of 4 to 6 years, the remaining 8.5% have been employed for 7 to 9 years, and 17% have stayed for more than ten years.

In terms of education, more than 28 nurse managers (80%) are BSN Degree holders (majority), and 14% are still pursuing their master's studies. Meanwhile, 15 out of the total respondents are assigned to the general ward, and the others are distributed to the Operating Room (23%), Emergency Room (14%), Delivery Room (2%), and 3% are assigned to the Outpatient Department.

Finally, for the monthly income profile, a majority (66%) earn 5,000 to 10,000, and only 1 (3%) have a monthly income of 20,000 or more.

Table 2: *Extent of decision-making among the respondents.*

Statement	GWA	Interpretation
Evaluate the risk associated with each alternative before making a decision.	3.54	Very Extensive
After making a decision, it's final – because I know my process is vital.	2.63	Extensive
Try to determine the real issue before starting a decision-making process.	3.40	Very Extensive
Rely on own experience to find potential solutions to a problem.	2.83	Extensive
Tend to have a strong "gut instinct" about problems and rely on it in decision-making.	2.86	Extensive
The actual consequences of assumptions and process.	2.66	Extensive
Use a well-defined process to structure decisions.	3.06	Extensive
To involve many stakeholders to generate solutions can make the process more complicated than it needs to be.	3.09	Extensive
If there are doubts about the decision, recheck assumptions and the process.	3.26	Very Extensive
Time is needed to choose the best decision-making tool for each specific decision.	3.37	Very Extensive
Consider a variety of potential solutions before making a decision.	3.20	Extensive
Before communicating the decision, create an implementation plan.	2.97	Extensive
In the group decision-making process, one tends to support friends' proposals and try to find ways to make them work.	3.06	Extensive
When communicating a decision, include rationale and justification.	3.17	Extensive
Some options have been much more challenging to implement than expected.	2.69	Extensive
One prefers making decisions independently and then letting others know what is decided.	2.54	Extensive
Determine the factors most important to the decision and then use those factors to evaluate choices.	3.00	Extensive
Emphasize how confident the decision is as a way to gain support for plans.	2.94	Extensive
Average	3.01	Extensive

Legend

Parameters of Limit	Response Categories	Interpretation
3.26 – 4.00	Strongly Agree	Very Extensive
2.51 – 3.25	Agree	Extensive
1.76 – 2.50	Disagree	Moderately Extensive
1.00 – 1.75	Strongly Disagree	Less Extensive

EXTENT OF DECISION MAKING

Table 2 presents the results of the extent of decision-making among nurse managers. Decision-making can be simple or complex. The situation may require a quick response or allow for reflection [6]. Studies weighed a mean of 3.54 and were interpreted as very extensive; the respondents strongly agreed that they evaluated the risk associated with each alternative before making a decision. This implies that nurse managers must consider things before deciding on an alternative action. Therefore, it is the job of a nurse manager to carefully assess all factors of the situation before concluding what to do. The respondents established that this is a logical step as the consequences of any decision are their responsibility. Venzon (2006) reiterated

that the decision-making process should be objective in order to arrive at the best solution.

Moreover, with a weighted mean of 2.54 and interpreted as extensive, the respondents agree that they prefer to make decisions independently and then let others know what they've decided. Managers must form solutions to problems, especially those about work. The challenge of the position is its great responsibility to the persons appointed to lead. Being looked upon requires careful consideration of things. The respondent believes respondent believes that relying on one's judgment is often the critical thing to do, much so when emergent situations arise. Staff members put forward a problem because they believe it is within the capacity of the nurse managers to make the final say. Using judgment on a given situation and disseminating this implementation decision is often the case, especially when it is already an emergency crisis. After all, whatever untoward incidents result from this decision, it is always their responsibility to answer to management.

Overall, the rating of 3.01 (extensive) signifies that nurse managers are confident about the importance of their decision-making in terms of the extent of decision-making. Professionals appointed to certain positions are aware of the nature of their responsibility and its impact on the expected work output of any organization. With greater responsibility, a greater liability is perceived to come once decisions are faulty. To these people, logical reasoning and factual analysis of specific actions before decision-making are crucial to achieving good outcomes.

Decisions made at the executive level are more complex and affect many people. Decisions at the unit level usually pertain to everyday problems that may have routine answers or which Supervising Nurses and Head Nurses may have learned to solve through experience [4].

Table 3: The leadership style of the respondents.

Statements	GWA	Interpretation
Consulting with others before making decisions is often necessary due to time pressures.	2.34	Fairly bureaucratic
Teams operate best within a clear and structured framework of procedures.	3.43	Highly bureaucratic
The best decision will be the one with the most significant consensus.	2.77	Moderately bureaucratic
People will come up with the best working methods when given minimal instruction.	1.83	Fairly bureaucratic
People repeatedly come to me for advice and support and generously give it.	2.97	Moderately bureaucratic
People have learned not to question judgment and rarely back down when someone is passionate about something.	2.26	Fairly bureaucratic
If everyone is forced to perform the same task in the same way, the deficiencies gained outweigh the cause.	2.31	Fairly bureaucratic
Receive employee approval before changing their working conditions or role, even for a day.	2.54	Moderately bureaucratic
One has learned that people will never fail to surprise you if you leave them alone positively.	1.97	Fairly bureaucratic
One should consult various people when making decisions, but they tend to agree with my original idea.	2.49	Fairly bureaucratic
Half of the people are intrinsically hardworking, but the other half must be pushed to complete work to a high enough standard.	2.69	Moderately bureaucratic
Over time, we can continue to build upon and add to our systems and ways of doing things, making life easier.	2.69	Moderately bureaucratic
People constantly challenge my ideas and strategies because they know they are welcome when they do so.	2.54	Moderately bureaucratic
One can say with 100% conviction that no one micromanages.	2.43	Fairly bureaucratic
People see themselves as leaders, not managers.	2.49	Fairly bureaucratic

Leadership is about making the right decisions at the right time and ensuring the workforce effectively follows through with that decision.	3.23	Moderately bureaucratic
Cost savings can be made if everybody does precisely what they are told and don't try to over-engineer solutions.	2.66	Moderately bureaucratic
Try to delegate as many tasks as possible in their complete entirety.	2.34	Fairly bureaucratic
Let people return when they decide to, rather than get in touch.	2.34	Fairly bureaucratic
To feel responsible for employees and look after them accordingly.	3.00	Moderately bureaucratic
Average	2.57	Moderately bureaucratic

Legend

Parameters of Limit	Response Categories	Interpretation
3.26 – 4.00	Strongly Agree	Highly Bureaucratic
2.51 – 3.25	Agree	Moderately Bureaucratic
1.76 – 2.50	Disagree	Fairly Bureaucratic
1.00 – 1.75	Strongly Disagree	Not Bureaucratic

LEADERSHIP STYLE OF THE RESPONDENTS

Table 3 reflects the leadership style of the respondents.

As reflected in Table 4, nurse managers strongly agree that teams operate best within a clear and structured framework of procedures, with a weighted mean of 3.43 and interpreted as Highly Bureaucratic.

This implies that an effective or successful team effort is demonstrated when managers can communicate with members the goals and clear directions of processes. The respondents articulated that implementing guiding principles and operational procedures is best carried out when a specific system is put in place, the order of actions is already translated to them, and a straightforward course of action is ready for them to analyze and determine the next step. Referrals and other collaborative nursing actions, for instance, require different professionals to perform and need clear-cut guidelines to follow so the team can work efficiently. Since every nurse professional is part of a team, and the care required of the patient is dependent not only on the nursing division, there is a greater need to be fully aware of existing policies and regulations for interventions to be implemented.

Moreover, with a weighted mean of 1.83 and interpreted as Fairly Bureaucratic, the respondents have differing views that people will come up with the best working methods when given minimal instruction. When directing team members, instructions must be clear and understood. Otherwise, the wrong implementation of specific procedures will create a problem. It is within the knowledge and experience of nurse managers that when they give directions to nursing actions and assume that understanding is in place, there is always a repercussion that creates a problem of some sort. Especially when working in a health institution, regardless of whether the team may have been noted to be familiar with specific working methods, it is always necessary to re-familiarize work instructions and evaluate the understanding of the directions provided so that the anticipated result is positive.

Further, with an average weighted mean of 2.57 and interpreted as Moderately Bureaucratic, it implies that nurse managers agree with imposing strict and systematic discipline on the followers, obedience to leaders as persons in authority, and looking into the ability of the follower to conform to the rules of the office.

Bureaucratic leadership emphasizes procedures and historical methods regardless of their usefulness in changing environments.

Table 4: *Relationship between profile and the extent of decision-making of the respondents*

Profile	Pearson R	P-value	Result	Interpretation
Age	-.130	.455	Not Significant	Do not Reject Ho
Gender	.130	.458	Not Significant	Do not Reject Ho
Civil Status	.165	.345	Not Significant	Do not Reject Ho
Length of Service	-.002	.990	Not Significant	Do not Reject Ho
Educational Attainment	-.078	.657	Not Significant	Do not Reject Ho
Area Assigned	-.233	.177	Not Significant	Do not Reject Ho
Monthly Income	.186	.285	Not Significant	Do not Reject Ho

RELATIONSHIP BETWEEN PROFILE AND EXTENT OF DECISION-MAKING

Table 4 displays the relationship between profile and extent of decision-making with a variable for the profile like age, gender, civil status, length of service, highest educational attainment, area of assignment, and monthly income.

The age profile reflects a Pearson R of -.130 and a p-value of .455; there is no significant relationship between age and the respondents' decision-making extent. Therefore, there is no association between the two correlates. With a Pearson R of .130 and a p-value of .458, there is no significant relationship between gender and the extent of decision-making. This implies that gender is not a determinant of the importance of respondents' decision-making.

Moreover, with a Pearson R of .165 and a p-value of .345, there is no significant relationship between civil status and the extent of decision-making, implying that decision-making is independent of the civil status characteristics of the respondents. Further, as reflected in the Pearson R of -.002 and p-value of .990, the decision is not to reject the null hypothesis. Therefore, there is no significant relationship between the length of service and decision-making.

In addition, the Pearson r of -.078 and a p-value of .657 means the null hypothesis is rejected; there is no significant relationship between the area of assignment and decision-making. There is, therefore, no association between the two correlates.

Finally, with a Pearson R of .186 and a p-value of .285, the decision is not to reject the null hypothesis. This means there is no significant relationship between monthly income and decision-making. Thus, monthly income and decision-making do not affect each other.

Based on the findings in this table, there is no established relationship between the profile correlates and decision-making regardless of age, gender, civil status, length of service, educational attainment, area of assignment, and monthly income. It can be understood that the correlates are not associated with the nurse managers' decision-making.

Decision-making is a fundamental task of any nurse manager. It is performed daily as patients are cared for daily, and nurse managers supervise their team. The careful analysis of situations and problems that require immediate attention or solutions right at the place of work is logically and systematically processed by managers. Projected outcomes are identified, and expected repercussions are calculated with almost exact precision. However, it may impact others; it is unknown and true that decision-making wagers are done this way.

Table 5: *Relationship between profile and the Leadership style.*

Profile	Pearson R	P-value	Result	Interpretation
Age	.072	.682	Not Significant	Do not Reject Ho
Gender	.289	.092	Not Significant	Do not Reject Ho
Civil Status	-.126	.472	Not Significant	Do not Reject Ho
Length of Service	-.076	.666	Not Significant	Do not Reject Ho
Educational Attainment	.045	.796	Not Significant	Do not Reject Ho
Area Assigned	-.063	.718	Not Significant	Do not Reject Ho
Monthly Income	-.076	.662	Not Significant	Do not Reject Ho

RELATIONSHIP BETWEEN PROFILE AND LEADERSHIP STYLE

Table 5 displays the relationship between profile and Leadership style. It shows the relationship between the profile variables of age, gender, civil status, length of service, educational attainment, area of assignment, and monthly income.

With a Pearson R of .072 and a p-value of .682, their null hypothesis is accepted. This means there is no significant relationship between age and leadership style. Meanwhile, the null hypothesis is still accepted with the Pearson R of .289 and a p-value of .092; there is no significant relationship between gender and leadership style. This implies that for the correlates of age and gender, there is no association between the leadership styles among the nurse managers.

Furthermore, the null hypothesis is accepted with a Pearson R of -.076 and a p-value of .472. Thus, there is no significant relationship between civil status and leadership style. Civil status, then, is not a determinant of the leadership style of the respondents.

In addition, the length of the service profile revealed a Pearson R of -.076 and a p-value of .666; the null hypothesis is accepted.

There is no significant relationship between the length of service and leadership style, implying the non-association of the correlate's length of service and leadership style.

In terms of education, with a Pearson R of .045 and a p-value of .796, the null hypothesis is accepted. There is no significant relationship between education and leadership style.

Referring to the area of assignment, a Pearson R of -.063 and a p-value of .718, the null hypothesis is accepted. Therefore, there is no significant relationship between the area of assignment and leadership style. This implies the independence of the leadership style from the location of assignment characteristics.

Finally, the null hypothesis is accepted for monthly income with a Pearson-R of -.076 and a p-value of .662. There is then no significant relationship between monthly income and leadership style. This means monthly income does not affect the leadership style of the respondents.

The findings show that leadership style is obtained in various factors but not relatively through a distinct variable. Respective of profile characteristics, an individual's leadership style is out of an established pattern separate from all other aspects.

Table 6: *Relationship in the extent of decision making and the leadership style.*

Item	Pearson -r	P-value	Result	Interpretation
Kind of Leadership vs. Decision Making	.247	.153	Not Significant	Do not Reject Ho

RELATIONSHIP IN THE EXTENT OF DECISION MAKING THE LEADERSHIP STYLE

Table 6 shows the data revealing the findings on the test of relationships between the extent of decision-making and leadership style. The null hypothesis is accepted with a Pearson-R of .247 and a p-value of .153. Therefore, there is no significant relationship between the two correlates. Decision-making considers specific logical steps that analyze situations and facts to derive the appropriate action to solve and manage problems. It is non-biased and objective, indicating the complexity of the skill. Therefore, no areas of concern and emphasis can be put forward to make the decision-making of nurse managers depend on it (Venzon, 2006), who emphasized that head nurses/nurse supervisors have to use a systematic, rational method to

solve their problems. This method can be learned and developed through experience, practice, and maturity [4].

PERCEIVED FACTORS THAT AFFECT DECISION-MAKING AND LEADERSHIP STYLES

Participants were asked to answer the perceived factors that affect decision-making and leadership styles. The respondents claimed that for decision-making, the factor a nurse manager considers primarily is the Magnitude of the problem. Tough decisions are made daily as a manner of responsibility; there are duty shifts wherein managers are pressured to make decisions of a larger scale, especially those about the welfare of the patients. Decision-making can be challenging and seemingly effortless, mainly when it carries the exact nature of a problem

solved with proper decision-making. However, any nurse manager's make-and-break moment must choose the right action to perform in a limited time.

"The Magnitude of a problem to be solved is an important factor. The bigger the problem, the harder it is to solve, and the more urgent it becomes, the more difficult it is to decide. Sometimes, when this happens, decision-making has repercussions."

Another is personal attitude. Inward factors are influential in the decision-making process. No matter how logical a person may seem outward, how a nurse manager reacts to certain situations may influence the decision-making mode.

"The attitude of a person largely contributes to the decision-making process. How one approaches a problem and transcends into the decision made is a factor to be considered."

Moreover, regarding leadership style, participants were also asked about the factors affecting this variable. Respondents established that the character of a leader is a factor in the leadership styles. People tended to lean towards the description of leadership style according to their nature.

"What personal traits the person practices is most likely the style of leadership they implement as a leader. If the leader is people-oriented, they likely choose a transformational approach."

CONCLUSION

This study concluded that the profile of the respondents was not a determinant factor in the leadership style of the nurse managers. However, there was no significant relationship between decision-making and leadership style among the respondents.

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