

# Assessing Nursing Manager's Situational Leadership Style and Nurse's Work Readiness Levels

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## Abstract

Nursing Managers hold a vital role in matching the vision of the institution with the vision of staff at the bed-side. *Study Aim:* Assess nursing manager's situational leadership style and nurses' work readiness levels. *Study subject:* nursing managers No=84 and 420 nurses. *Setting:* Assiut and Sohag Universities hospitals. Tools; consists of; 1) Personal data sheet, 2) Situational leadership styles questionnaire, 3) Work readiness scale validity and reliability were ensured Results: highest percentage of nursing managers at Assiut and Sohag universities hospitals utilize participative style (50% & 47.6%) respectively, meanwhile lowest percentage of them utilize delegative leadership style (4.8%, and 2.4%) respectively. Also the highest percentages of nurses at Assiut and Sohag Universities Hospitals had moderate work readiness level (54.8%, & 48.6%) respectively, followed by high work readiness level (38.1%, 28.6) respectively. Conclusions; this study concluded that; the majority of Assiut and Sohag Universities hospitals nursing managers not utilize situational leadership style. But only more than half of nursing managers at Assiut and less than half of nursing managers at Sohage utilize participative style, also highest percent of nurses work readiness levels were moderate. *Recommendation:* Condensed training for nursing managers must be done to enable nursing managers to utilize leadership styles that best fit with nurse's work readiness level.

**Keywords:** Situational, Leadership, style, Nurses, work readiness, nurses manger.

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## INTRODUCTION

The role of nursing managers currently seen as one of the hardest, and complex roles in work-setting she/he is responsible for translating strategic goals and objectives to operational level then into clinical practice of their subordinates Fiedler [1]. So the position of nursing managers requires an ability to interpret general concepts and integrate them into specific clinical performance, while deciding what must be done and auditing the outcomes [2]. Kent [3] stated that effective nurse managers are those who can adapt their behaviors and attitudes to meet the demands of subordinates' unique situation from that perspective situational leadership was emerged in the late 1970- 1980. Leadership Journal [4] published there is no style of leadership which is useful with all followers in all work place situation.

Situational leadership model is focused on two important dimensions of managers attitudes and behaviors; 1) Task behavior: is the extent to which the leader spells out the duties and responsibilities of an individual or group, and 2) Relation behavior: is the extent to which the leader engages in two ways or

multi-ways communication, it includes such activities as listening, providing encouragement and coaching these two dimensions have been given various leadership styles ranging from telling (autocratic)" to "delegative" also can be named "relation oriented" and "task oriented "with varying degree [5]:

Situational leadership model is a part of contingency theories. This thought emerged in the late 1970 based on the assumptions that leaders effectiveness which can be exhibited by the leader related to the ability of them to modify management behavior (leadership style) according to subordinates maturity level/readiness level/developmental level in dealing with different situations [6], Hersey [7] and Papworth *et al.*, [8]. There are four styles of leadership nursing managers can use it according to the demand of the situation [9].

Hersey [7] categorized styles which nursing managers can be used usually based upon combining levels of giving orders (directive) to giving support and guidance, so they support the classification of Hersey and Blanchard of leadership styles which described

them as follows: 1) Telling: unidirectional flow of information from the leader to the group "do this task in that manner leader demonstrate high directive behavior and low level of support and guidance, 2) Selling: leader provide social and emotional support there are two ways of communication, the leader demonstrate high directive and high supportive behavior, 3) Participative, leader share decisions within the group, making the system more democratic and building relations, the leader demonstrate low directive and high supportive behavior, and 4) Finally delegative style assigning task to a group member, the leader demonstrate low directive and low supportive.

Leaders must make adjustment in their leadership styles they used according to employees maturity levels or employees readiness levels which defined by Hersey and Blanchard [5] as the extent to which a group members has the ability, willingness and confidence to accomplish a specific task, also they distinguish among two types of maturity 1) Task maturity which mean the ability of the followers to perform the task and 2) Psychological maturity which means the followers willingness to perform that task.

It became clear from situational leadership theory that the follower ability mean; is the knowledge, experience, and skills an individual or group brings to a particular task or activity meanwhile willingness is extent to which an individual or group has confidence, commitment, and motivation to accomplish a specific task, so the more mature employees are the less direction and support they will needed, meanwhile employees with less maturity require more direction and support [23, 24].

Nurses work readiness levels can be classified into four categories as described by Hersey & Blanchard [7] and Verghese [10] as follows: 1) No readiness= R1: follower experienced basic in ability and unwillingness to do the task in this case nursing managers should utilize telling style; 2) Low readiness =R2: Follower experience in ability to do the task but willing to do, nursing managers utilize selling style; 3) Moderate readiness= R3: Follower able to perform the task but unwilling, managers here utilize participative style and; 4) High readiness= R4: The follower is ready, willing and able to do the task so, nursing managers should utilize delegative leadership style.

### Significance of the Study

Nowadays nursing managers must be competent in using leadership style that best fit with situations it become a basic requirement in any dynamic workplace this research was conducted as an attempt to solve recurrent problem which reported by general director of nursing at Assiut and Sohag Universities Hospitals which is nursing managers generally spend many hours resolving conflict with their staff, so it is become inevitable to assess nursing

managers leadership style and measure nurses readiness level in an attempt to justifying nursing managers style to match nurses work readiness levels so nurses satisfaction and performance will enhanced.

### Aim of the study

Assessing nursing manager's situational leadership style and nurses work readiness levels.

### Specific objectives of the study

- Assess nursing manager's leadership styles at Assiut and Sohag Universities Hospitals.
- Measure nurse's work readiness levels.

### Research Questions

- What are leadership styles used by nursing managers at Assiut and Sohag Universities Hospitals?
- What are the levels of nurses work readiness at Assiut and Sohag University Hospitals?

### Subject and Method

#### Technical Design

#### Research Design

Descriptive correlational study design was utilized in the present study.

#### Setting

This study was conducted at general (medical and surgical) and special (medical and surgical) units at Assiut and Sohag Universities Hospitals.

#### Subject

The study subject comprised convenient number of nursing managers working at selected hospitals No.= 84 nursing mangers (42 from Assiut University Main hospital and 42 from Sohag University Hospital) and representative number of nurses No. = 420 nurse randomly selected from the previous units using Schlesselman [11] formula to calculate study subjects.

$$N = \frac{(2n^2)^2 p (1-p)}{D^2}$$

Where,

N=sample size

P= 0.50

D= 0.50 ×10% =0.005

### Tools of the Study

Structure Questionnaire Sheet which consisted of two parts classified as follow:

#### Part One

Personal data sheet included items related to sex, age, years of experience in nursing, years of

experience as a nursing managers, marital state, and past training programs about leadership and management.

## Second Part

Situational leadership styles questionnaire adopted from leadership effectiveness and adaptability description by Hersey, & Barnard's [5], self-assessment questionnaire which consist of 12 statement each of them contain five statements with options (A, B, C, D and E) each option relate to one situational leadership style except E which mean I cannot decided as I used all behaviors in different situations the participant will circle one option. Scoring system choices added up in the scoring sheet then the participants style determined as follow: 1) From 12 -15 telling leadership style; 2) From 16 – 27 selling style; 3) From 28- 39 participative leadership style, 4) From 40 – 48 delegative leadership style, and more than 48 mean nursing managers utilized situational leadership style.

## Tool Two

Work Readiness Scale (WRS) which developed by Caballero *et al.*, [12] and modified by the researchers based on reviewing relevant literature and it consisted of four factors classified as follows: 1) Job characteristics (22 statements); 2) Organizational acumen (19 statements); 3) Work competence (15 statements); and 4) Social intelligence (8 statements); responses varied as follow: 1= No readiness, 2=Low readiness, 3 = Moderate readiness, and 4 = High readiness. Scoring system participant responses added up and distributed as follow: From 64 – 80 no readiness; From 81 – 144 low readiness; From 145 – 208 moderate readiness; and From 209 – 256 high readiness.

## Administrative Design

An official permission was obtained from the Director of Assiut University Main Hospital and Sohag Universities Hospital, Head of General and special (medical and surgical) units at selected Hospitals.

## Operational Design

This design explained the steps of actual implementation of the study, including preparatory phase, pilot study, and the field work.

## Preparatory Phase

This phase took about two months from April to May 2018 which included reviewing the available literature concerning to the study topic, prepare, and translate the tools of the study. Study tools was checked for face validity by 6 experts opinions three professors and three assistant professor working at nursing administration department and community health department faculty of nursing Assiut University to test tools comprehension then content validity was measured using confirmatory factor analysis Test all

items of the tools used were confirm and obtain score 1.8 and more.

## Pilot Study

A pilot study was conducted to test the clarity and understandability of the study tools and detect the obstacles that may be encountered during data collection phase. Also it helps to estimate time needed to fill the questionnaire form. It was carried out on 10% of nursing managers; every questionnaire took from 20 minutes to half an hour to be filed the total period for collection of data in the pilot study takes about one week. The participant chosen for the pilot study were excluded from the total study sample.

## Reliability

Reliability was ensured by measuring internal consistency using Cronbach's Alpha Coefficients methods for the tools included in the present study, it's were highly more than 0.86 for all statements in the study questionnaire.

## Fieldwork

After ensuring the clarity and understandability of the study tools the actual data collection was started in June 2018 and ended August 2018. The researchers met with all participated nursing managers at continuous education center affiliated to Assiut and Sohag Universities Hospitals, and the purpose of the study was explained to them then oral consent was obtained from all participate nursing managers then the researchers distributed the situational leadership styles questionnaire which completed from nursing managers during morning shifts and one day training was done for nursing managers to be able to evaluate nurses work readiness levels using work readiness scale after ensuring validity and reliability of the scale.

## Ethical Considerations

Oral agreement was obtained from all participants after informing them about their rights to participate, refuse, or withdraw at any time. Confidentiality of any obtained information was ensured. The steps of the study could not entail any harmful effects on participants.

## Statistical Analysis

Data entry and statistical analysis were done using statistical software package for social science (SPSS version 19.0). Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables mean and standard deviation was calculated. Pearson correlation analysis was used for assessment of the inter-relationships among quantitative variables. A Nova test for multiple group comparison  $P \leq 0.05$  (Significance).

## RESULTS

**Table-1: Frequency Distribution of Nursing Manager's Personal Data at Assiut and Sohag Universities Hospitals (No.= 84)**

Personal Data	Assiut		Sohag	
	No=42	%	No= 42	%
<b>Gender</b>				
Male	0	0.00	12	28.6
Female	42	<b>100.0</b>	30	<b>71.4</b>
<b>Age</b>				
≤ 30yrs	10	23.8	16	38.1
30-40	26	<b>61.9</b>	26	<b>61.9</b>
> 40	6	14.3	0	0.00
<b>Years of Experience</b>				
≤ 10	14	33.4	20	47.6
>10	28	<b>66.6</b>	22	<b>52.4</b>
<b>Educational Levels</b>				
Secondary Nursing School Diploma	0	0.00	2	4.8
Bachelor degree	38	<b>90.4</b>	40	<b>95.2</b>
Master – PhD	4	9.6	0	0.00
<b>Marital Status</b>				
Single	12	28.6	8	19
Ever Married	30	<b>71.4</b>	34	<b>81</b>
<b>Years of Experience in Management Position</b>				
≤ 5	6	14.3	12	28.6
> 5	36	<b>85.7</b>	30	<b>71.4</b>
<b>Attend Workshop about Leadership</b>				
Yes	10	23.8	8	9.1
No	32	<b>76.2</b>	34	<b>80.9</b>

**Table-2: Distribution of Nursing Manager's Leadership Styles at Assiut and Sohag Universities Hospitals (No.= 84)**

Leadership styles		Hospital				Mean ±SD	P-Value
		Assiut		Sohag			
		No=42	%	No=42	%		
Leadership styles	Telling	4	9.5	9	31.4	3.26±0.58	0.004
	Selling	12	28.6	11	26.2	3.31±0.79	
	Participative	21	50	20	47.6	3.66±0.57	
	Delegative	2	4.8	1	2.4	3.25±0.65	
	Situational	3	7.1	1	2.4	3.99±0.68	
	Not situational	97	92.9	99	97.6		0.000

**Table-3: Frequency Distribution of Nurses Personal Data at Assiut and Sohag Universities Hospitals (No. = 420)**

Personal Data	Assiut		Sohag	
	No=210	%	No= 210	%
<b>Gender</b>				
Male	4	1.9	21	10
Female	<b>206</b>	<b>98.1</b>	<b>189</b>	<b>90</b>
<b>Age</b>				
≤ 30yrs	<b>143</b>	<b>68.1</b>	<b>140</b>	<b>66.7</b>
30-40	48	22.8	40	19
> 40	20	9.1	30	14.3
<b>Years of Experience</b>				
≤ 10	<b>140</b>	<b>66.7</b>	<b>117</b>	<b>55.7</b>
>10	70	34.8	93	44.3
<b>Educational Levels</b>				
Secondary Nursing School Diploma	147	<b>70</b>	167	<b>79.5</b>
Nursing Institute	63	30	43	20.5
<b>Marital status</b>				
Single	60	28.6	42	20
Ever Married	150	<b>71.4</b>	168	<b>80</b>

**Table-4: Distribution of Nurses Work Readiness Factors at Assiut and Sohag Universities Hospitals (No.=420)**

Factors of Work Readiness	Levels of Work Readiness	Assiut			Sohag		
		No. =210	%	Mean±SD	No. =210	%	Mean±SD
Job characteristics	No	3	1.4	3.04±0.67	5	2.4	2.93±0.54
	Low	34	16.2		38	18.1	
	Moderate	124	<b>59</b>		143	<b>68.1</b>	
	High	49	23.4		24	11.4	
Organizational Acumen	No	8	3.8	2.99±0.76	6	2.8	2.96±0.69
	Low	38	18.1		54	25.7	
	Moderate	112	<b>53.3</b>		103	<b>49.1</b>	
	High	52	24.8		47	22.4	
Work competence	No	9	4.3	3.05±0.81	17	8.1	3.00±0.86
	Low	37	17.6		39	18.6	
	Moderate	97	<b>46.2</b>		87	<b>41.4</b>	
	High	67	31.9		67	31.9	
Social Intelligence	No	13	6.2	3.14±0.87	6	2.8	3.10±0.79
	Low	27	12.8		38	18.1	
	Moderate	86	<b>40.9</b>		95	<b>45.2</b>	
	High	84	40		71	33.9	

**Table-5: Total Work Readiness Levels for Nurses at Assiut and Sohag Universities Hospitals (No.=420)**

Levels of Work Readiness	Hospitals				Mean±SD
	Assiut		Sohag		
	No=210	%	No=210	%	
No	5	2.4	16	7.6	1.50±0.70
Low	10	4.7	32	15.2	2.66±0.57
Moderate	115	54.8	102	48.6	2.25±0.75
High	80	38.1	60	28.6	2.22±0.88

**Table-6: Correlation Matrix between Nurses Work Readiness and Nursing Manager's Leadership Styles**

Correlation	Leadership	Job Characteristics	Organizational Acumen	Work Competence	Social Intelligence	Total Work Readiness
Leadership Styles n=84 r	1					
P value						
Job Characteristics n=420 r	.052**	1				
P value	.001					
Organizational Acumen n=420 r	.055**	.528**	1			
P value	.000	.000				
Work Competency n=420 r	.091**	.512**	.643**	1		
P value	.000	.000	.000			
Social Intelligence n=420 r	.065**	.382**	.500**	.481**	1	
P value	.000	.000	.000	.000		
Total Work Readiness n=420 r	.550**	.712**	.662**	.624**	.734**	1
P value	.000	.000	.000	.000	.000	

\*\*. Correlation is significant at the 0.01 level (2-tailed).

Table-1 Depicts that all nursing managers at Assiut University Main Hospital were female (100%) more than half of them aged 30-40years (61.9%), two third of them more than 10 years of experience (66.6%), also the majority of them had bachelor degree in nursing science, more than 5 years of experience in

management position, attending training courses in leadership and management and ever married (90.4%, 71.4%, 85.7%, and 76.2% ) respectively. But nursing manager at Sohage University Hospital more than two third of them were female and more than five years of experience in management position (71.4%), more than

half of them aged from 30-40 years old and more than 10 years' experience (61.9%, and 52.4%) respectively. highest percentage of them had bachelor degree in nursing science, ever married, and attending training courses in leadership and management and (95.2%, 81%, and 80.9%) respectively.

Table-2 Shows that the majority of nursing managers working at Assiut and Sohag Universities Hospitals not utilized situational leadership style (92.9%, 97.6%) respectively and lowest percent of them utilize delegative leadership style (4.8%, and 2.4%) respectively. Half of nursing manager working at Assiut University Main Hospital and less than half of nursing managers working at Sohag University Hospital utilize participative leadership style (50% and 47.6%).

Table-3 Reveals that the majority of nurses working at Assiut University Main hospital were female, ever married, and had Secondary nursing school diploma (98.1%, 71.4%, 70%) respectively and more than two third of them aged thirty years and less, and had experience 10 years and less (68.1%, 66.7%). Also the majority of nurses working at Sohag University Hospital were female, ever married, and had Secondary nursing school diploma (90%, 80%, 79.5%) respectively also two third of them aged thirty years and less (66.7%) meanwhile more than half of them had experience 10 years and less (55.7%).

Table-4 Shows that the highest percentages of nurses had moderate level of work readiness regarding all readiness dimension at Assiut and Sohag Universities Hospitals as follow job characteristics (59%, & 68.1%), Organizational acumen (53.3%, & 49.1%), Work competence (46.2% & 41.4%), and Social intelligence (40.9% 45.2%) respectively.

Table-5 Illustrates that highest percentages of nurses working at Assiut and Sohag Universities Hospitals had moderate work readiness (54.8%, & 48.6%) respectively, followed by high work readiness (38.1%, 28.6) respectively

Table-6 Reveals that there were positive correlations between Nursing Manager's Leadership styles and all work readiness factors for nurses with statistical significant difference.

## DISCUSSION

Managers and leaders had characteristics, qualities, skills, behaviors and attitudes which required to work effectively which should be determined by the demands of the situation in which he/she function in as a leader or as a managers this idea was proven its accuracy from the last decades so leaders behaviors or leadership style need to match with situations or followers work readiness levels which in return will improve employees performance and greater employees satisfaction will be arise [13].

So situational leadership style is proven to be the main key in enhancing employee's performance, so good/effective leaders and managers must be able to deal with various types of employees and consider that all of them are not the same there are a wide variety of individual differences. Leaders/ managers must be able to change their leadership style to match employee's situations or to match employees work readiness levels [14].

The present study was conducted to assess nursing manager's situational leadership style and measuring nurses work readiness levels at Assiut and Sohag Universities hospitals. The present study revealed that the highest percentages of nursing managers at Assiut and Sohag Universities Hospitals were female, aged between 30 to 40 years old, more than 10 years of experience, had Bachelor degree in nursing science, had more than 5 years of experience in management position not attend workshop about leadership and management before Table-1. For nurses the highest percentages of nurses working at Assiut and Sohag Universities Hospitals were female, aged 30 years old and less, their experience 10 years and less, they had secondary nursing school diploma Table-3.

The findings of the present study clarified that the majority of nursing managers not utilize situational leadership style the highest percentage of them utilize participative leadership style followed by selling, telling, situational and the lowest percentage of nursing managers utilize delegative leadership style Table-2.

This result go in the same line with study done by Mawoli *et al.*, [15] as they found that the majority of nursing managers utilized participative leadership style meanwhile, the present study incongruent with studies done by Mawoli *et al.*, [15] as they explored in their research that the minority of managers studied were utilize selling style. Also inconsistent with Bass [16] who found that managers are classified into transactional and transformational and the majority of today's leaders are transformational. also the present study contradictory with studies done by Dunham, [17] and Hersey & Blanchard [7] as they reported in their research that the highest mean score of managers utilize situational leadership style with flexible dealing and they reported that non situational leadership style managers leads to decreased followers satisfaction and performance.

The result of the present study may be due to nursing managers at Assiut and Sohag University Hospitals were experienced little power, and fear to be criticized from their superior or subordinates so, they tend to utilize participative style of leadership so, they; takes nurses opinions, shared decisions with them, formulate democratic atmosphere, demonstrate low directive behavior, and high supportive to build relation

as they thought relations make them more strengthen and empowered. Also the majority of nursing managers not feel confident from their followers competency so they stand away to utilize delegative leadership style.

The results of the present study as shown in (Table 4 & 5) declared that, highest percentages of nurses have moderate level of work readiness at both Assiut and Sohag Universities Hospitals for all work readiness factors; (Job characteristics, Organizational acumen, Work competence, and Social intelligence). This result consistent with Hersey and Godin [18] as they reported that the dominated work readiness level for employees they studied were moderate work readiness level nearly half and the another half of studied employees distributed between no, low, and high readiness they also found that a person could be skilled, confident and motivated for one part of his/her job, but could be less competent for another part of the job.

This result inconsistent with study done by Dunham [17] who found that employees levels of work readiness are varied but the majority of studied employees at different European Union countries were high level of work readiness. Also the present study go in the same line with study done by Kieppartrick and Locke [19] they concluded that more than half of studied followers have moderate work readiness level also the present study inconsistent with Hollande *et al.*, [20] as they reported that American and Japanese follower experienced high level of work readiness and their managers utilized the style that best fit this readiness level delegative leadership style, so managers experienced low directive and low supportive behavior

This result may be due to nursing managers not try to measure nurses readiness level before in order to put their hand on their levels of work readiness and try to modify her/his leadership style to match nurses readiness level in the same time try to upgrade nurses performance by increasing their ability by skill training and enhance their willingness by providing suitable motives so ability and willingness increased and nursing manager develop leadership style that best fit with nurses work readiness level.

The present study revealed that, there were positive correlation between leadership styles and all work readiness factors, with statistical significant difference. This result was consistent with study done by Bennis and Bass [21], Haibin & Shanshi [22] and Mawoli *et al.*, [15] as they reported that, there were strong relation between employee work readiness level and managers leadership styles also positive correlation between leadership style managers used and employee's readiness levels.

## CONCLUSIONS

**In the light of the study results, the following conclusions can be drawn:**

- The majority of nursing managers working at Assiut and Sohag Universities Hospitals not utilized situational leadership style
- Half of nursing manager working at Assiut University Main Hospital and less than half of nursing managers working at Sohag University Hospital utilize participative leadership style
- Lowest percent of nursing managers were utilizing delegative leadership style.
- The highest percentages of nurses working at Assiut and Sohag Universities Hospitals had moderate level of work readiness.
- There were positive correlations between Leadership styles and all work readiness factors with statistical significant difference.

## RECOMMENDATIONS

**Based on the forgoing conclusions, the following recommendations are proposed:**

- Condensed training for nursing managers must be done to enable nursing managers to utilize leadership styles that best fit with nurses work readiness level.
- Nursing manager's performance evaluation tools should contain section/ part to evaluate his/her ability to be flexible to deal with different situation.
- Hospital administrator should empower nursing managers to be able to apply situational leadership style with her /his staff.
- In-services education, skill training must be done for nurses to increase their ability gradually up to reach to high work readiness levels.
- Adequate immediate and suitable motivation to nurses to increase their willingness.
- Adequate training for nursing managers to utilize delegation strategies with nurses experienced high work readiness levels.
- This research results and recommendation will be given to responsible person at Assiut and Sohag Universities Hospital to reach to maximum benefit from this research

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