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ORIGINALS

Perception of Peruvian Nursing professionals regarding the leadership style of nurse coordinators at an Emergency Hospital

Percepción de las enfermeras peruanas sobre el estilo de liderazgo de los coordinadores de Enfermería en un hospital de emergencias

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ABSTRACT:

Introduction: The work of Nursing professionals in hospitals, especially in the context of health emergencies, where leadership and motivation are characteristics that should stand out among the staff.
Objective: to analyse the perception of Nursing professionals regarding the leadership styles of Nursing coordinators in an emergency hospital in Lima.
Material and Method: A descriptive cross-sectional study was conducted with the aim of analyzing Nursing professionals' perceptions of Nursing leadership styles in a Peruvian hospital. A total of 85 Nursing professionals from 12 departments participated, and the 65-item Multifactor Leadership Questionnaire form 5X was administered.
Results: We found that 80% of the Nursing professionals rated leadership as fair, followed by 12.9% as good and 7.1% as bad. Based on the total score, the highest value was found for transactional leadership (1.19 ± 0.56). According to the dimensions, the highest score was achieved in Active Management by Exception-Directive with 1.24 ± 0.52, while the lowest was obtained in "Laissez-Faire" with 0.92. ±0.50.
Conclusions: Nursing professionals predominantly perceived transactional leadership positively, whereas laissez-faire leadership was least valued. These results suggest that transactional leadership is functional in structured hospital settings, but integrating transformational behaviors may enhance long-term team engagement and performance.

Keywords: Perception; Nurses; Leadership; Occupational Health; Personnel Management; Peru.

RESUMEN:
Introducción: El trabajo de los profesionales de Enfermería es esencial en los hospitales, especialmente en contextos de emergencias sanitarias, donde el liderazgo y la motivación son características que deben destacar entre el personal.
Objetivo: analizar la percepción de los profesionales de Enfermería respecto de los estilos de liderazgo de los coordinadores de Enfermería en un Hospital de Emergencias de Lima.
Material y Método: Estudio transversal descriptivo cuyo objetivo fue analizar la percepción de los profesionales de Enfermería sobre tipos de liderazgo de Enfermería en un hospital peruano. Se evaluó a 85 profesionales de Enfermería de 12 servicios a quienes se les aplicó el cuestionario breve Multifactor Leadership Questionnaire de 65 ítems en su forma 5X.
Resultados: Se encontró que el 80 % de los profesionales de Enfermería calificó el liderazgo como regular, seguido de un 12,9 % como bueno y un 7,1 % como malo. Según el puntaje total, se obtuvo un valor más alto para el liderazgo transaccional (1.19 ± 0.56). Según las dimensiones, el puntaje más alto se alcanzó en Gestión por Excepción Activa - Directiva con 1.24 ± 0.52, mientras que el más bajo se obtuvo en "Laissez-Faire" con 0.92 ± 0.50.
Conclusiones: Los profesionales de Enfermería percibieron de manera predominantemente positiva el liderazgo transaccional, mientras que el liderazgo laissez-faire fue el menos valorado. Estos resultados sugieren que el liderazgo transaccional es funcional en entornos hospitalarios estructurados; sin embargo, la integración de comportamientos transformacionales podría favorecer el compromiso del equipo y el desempeño a largo plazo.

Palabras clave: Percepción; Enfermeras y Enfermeros; Liderazgo; Salud Laboral; Administración de Personal; Perú.

INTRODUCTION

Leadership represents a wide field of study since different leadership styles can significantly influence the motivation and engagement of employees [(1)]. An efficient and skilled human capital that applies innovative leadership capacity will ensure the achievement of organizational objectives and goals successfully [(2)]. The role of nursing professionals is fundamental within healthcare organizations, and it is essential to recognize that public institutions demand investment in human resources, physical capacity, and infrastructure. However, individuals responsible for leading these processes require formal educational preparation to effectively achieve institutional objectives [(3)]. Along these lines, the lack of management and leadership capacity at all health system levels is most frequently cited as a critical barrier to strengthening quality of care, expanding primary health services, and progressing toward sustainable global health development goals [(4)].

Nursing leadership has gained increasing recognition, particularly in healthcare practice and research, highlighting leaders capable of enhancing nursing team performance and supporting the achievement of organizational goals [(5)]. In recent years, the concept of leadership has evolved to address the need to improve job performance and satisfaction. Other authors define it as an individual's ability to guide, and drive coordinated actions toward a goal [(6)]. Nursing personnel are expected to practice transformational leadership that motivates and inspires their teams, focusing on achieving objectives that promote both staff and patient satisfaction [(7)].

Leadership and its various styles are assessed through validated instruments, with the Multifactor Leadership Questionnaire (MLQ) being the most widely used. The MLQ identifies transformational, transactional, and passive-avoidant leadership styles, demonstrating strong validity across organizational settings [(8)]. According to the Full Range Leadership Model, effective leadership minimizes laissez-faire behaviors, incorporates transactional practices that provide structure and control, and prioritizes

transformational behaviors. This balance enhances job satisfaction, performance, and willingness to exert additional effort, positioning transformational leadership as the most influential within the healthcare sector [9]. Leadership styles, while relatively stable, may still adapt to contextual and situational demands, allowing nurse leaders to respond dynamically to the needs of their teams [10].

A growing body of evidence supports the positive relationship between transformational leadership and employee motivation, affective commitment, and quality of performance outcomes through increased engagement [11]. However, many professionals continue to perceive leadership more as a set of personal characteristics than as a process of influence. Although there is no universally accepted concept, it is widely recognized as essential for professional Nursing practice, where enabling conditions often outweigh barriers to quality patient care [12]. Other research highlights that professionals most frequently associate their supervisors' leadership with values such as authority/power, tradition, achievement, and self-direction. Furthermore, the perception of task-oriented leadership correlates positively with authority/power, security, and achievement and negatively with benevolence and universalism [13].

Three main theoretical models explain leadership in nursing. First, the Full Range Leadership Model, which defines transformational, transactional, and passive-avoidant styles, highlighting the transformational style as the most beneficial [14]. Second, the Situational Leadership Theory, which proposes adapting leadership style according to the needs of the nursing team [15]. Third, Fiedler's Contingency Model, which emphasizes the influence of situational factors on leadership effectiveness [16].

Evidence also indicates that educational interventions strengthen leadership skills, particularly among younger nursing staff, and that more experienced nurses can lead teams with performance indicators comparable to, and sometimes superior to, those under physician-led models [17]. However, the effectiveness of nursing leadership relies on ongoing capacity-building and supportive institutional policies. Recent findings during the COVID-19 pandemic showed that transformational leadership reduced turnover intention and work-related fatigue, underscoring the need for continuous training and organizational support [18].

In this context, the present study examined how nursing personnel perceive their coordinators' leadership styles at an Emergency Hospital in Lima. These findings are expected to inform strategies for improving leadership training programs, enhancing clinical nurses' skills and job satisfaction, and strengthening health management practices to optimize patient care outcomes.

MATERIAL AND METHODS

DESIGN STUDY AND PARTICIPANTS

We conducted a cross-sectional study in an Emergency Hospital in Lima, Perú, and evaluated a population consisting of 210 Nursing professionals employed across various emergency and surgery services during April and May in the year 2019. The sample size was determined using Epidat version 4.2, assuming a 95% confidence level, 9% precision, an anticipated proportion of 50%, and a rejection rate of 10%, yielding 85 participants. Inclusion criteria encompassed Nursing professionals between 25 and 61

years old, with a minimum of 5 years of service. Exclusion criteria included Nursing professionals occupying coordination positions or being on vacation.

TECHNIQUES AND INSTRUMENTS

We used the Multifactor Leadership Questionnaire (MLQ) Form 5x short by B. Bass and B. Avolio (19,20). The questionnaire consisted of 65 items capturing data on leadership styles to assess the Nursing professionals's perception of the styles exhibited by nurse coordinators. Questions were structured around three constructs corresponding to transformational leadership, transactional leadership, and corrective avoidance leadership, described in the background section. A Likert scale ranging from 0 to 2 was used for response options (Never=0, Sometimes=1, Always=2). The final analysis considered categories as "Good", "Regular" and "Poor". In a Peruvian working population, the MLQ-5X demonstrated excellent reliability ($\alpha = 0.944$ and $\omega > 0.8$ across its dimensions) and validity, as confirmed by a confirmatory factor analysis showing good model fit ($\chi^2 = 114.415$, $p < 0.05$) [21].

DATA COLLECTION STRATEGY

Data collection was carried out during April and May 2019 through in-person administration of the instrument within the hospital premises. Nursing professionals who met the inclusion criteria were invited to participate and were provided with an explanation of the study objectives and procedures before obtaining informed consent. The questionnaires were distributed and self-administered during work shifts to minimize disruption to clinical activities, ensuring anonymity and confidentiality throughout the process. Completed questionnaires were collected immediately after completion to prevent data loss and to verify completeness of responses in real time.

STUDY VARIABLES

The primary variable of interest was the perceived leadership style of Nursing coordinators, measured using the Multifactor Leadership Questionnaire (MLQ) 5X short. This instrument evaluates three overarching leadership dimensions. The transformational leadership dimension captures behaviors that inspire, motivate, and engage followers beyond transactional exchanges, and is composed of five subdimensions: idealized influence (attributed and behavior), inspirational motivation, intellectual stimulation, and individualized consideration. The transactional leadership dimension assesses goal-oriented exchanges between leaders and followers and includes the subdimensions of contingent reward and management by exception (active and passive), which emphasize monitoring performance and intervening when deviations occur. Finally, the corrective-avoidant (laissez-faire) leadership dimension reflects passive or absent leadership, characterized by a lack of decision-making and avoidance of responsibility.

Additional sociodemographic variables were collected, including age, sex, years of service, and hospital service area, to provide a descriptive characterization of the study population and to explore potential associations between demographic factors and leadership style perception.

STATISTICAL ANALYSIS

The evaluation involved absolute and relative frequencies for the final instrument ratings (categorized as poor, regular, and good). The instrument's overall score, represented by mean and standard deviation, was analyzed across variables such as gender, age, education, and Nursing service duration. The statistical analysis was conducted using IBM SPSS Statistics version 26.

ETHICAL ASPECTS

The study was approved by the Committee of Ethics from a private university in Peru. Everyone was invited to participate with a prior explanation of the study's objectives, benefits, and risks. The study adhered to bioethical principles of autonomy, non-maleficence, beneficence, and justice. Informed consent was obtained from participants, emphasizing the anonymous and confidential nature of the information utilized solely for study purposes.

RESULTS

PARTICIPANTS CHARACTERISTICS

Table 1 illustrates the demographic characteristics of the study population, comprised of Nursing professionals, with a predominant female representation (82.4%). Age was categorized into three groups, with the most common age range being 36-45 years (40%), followed by 26-35 years (30.6%), and 46-60 years (29.4%). Regarding the educational attainment of the study population, it was observed that 69.4% held a bachelor's and specialization degree, while 24.7% held both a master's and specialization degree and only 5.9% pursued continuous education. Concerning the work area, personnel were most frequently distributed in the Medicine and Emergency units, accounting for 22.4% and 21.2%, respectively, followed by outpatient clinics and the intensive care unit, both with 8.2%. The population in other areas showed frequencies below 8% (less than seven workers per unit). Regarding the years of service, 51.8% had between 16-25 years of service, followed by 6-15 years with 35.3%, and 1-5 years with 10.6%. Only two workers had a service tenure exceeding 25 years.

Table 1. Demographic data of nurses from Emergency Hospital

Participant Information	Total	
	N	%
Total	85	100
Gender		
Male	15	17.6
Female	70	82.4
Age Group (years)		
26-35	26	30.6
36-45	34	40.0
46-60	25	29.4
Education		
Bachelor's and specialization	59	69.4
Master's and specialization	21	24.7
Continuous Education	5	5.9

Participant Information	Total	
	N	%
Work Area		
Outpatient Clinic	7	8.2
Emergency	18	21.2
Medicine	19	22.4
Gynecology	1	1.2
Urology and Traumatology	6	7.1
Infectology	6	7.1
Pneumology	2	2.4
Surgery	6	7.1
Intensive Care Unit	6	7.1
Intermediate Care Unit	7	8.2
Pediatrics	2	2.4
Elderly Adult Care	5	5.9
Years of Service		
1-5	9	10.6
6-15	30	35.3
16-25	44	51.8
More than 25	2	2.4

Source: Own elaboration

LEADERSHIP STYLES IN NURSING PROFESSIONALS

The Multifactor Leadership Questionnaire (MLQ) results revealed an overall mean score of 1.10 ± 0.36 points. By the dimensions, the highest score was noted in the "Active Management by Exception (AMBE)" dimension (1.24 ± 0.52), whereas the lowest score was observed in the "Laissez-Faire (LF)" dimension (0.92 ± 0.50). Notably, transactional leadership exhibited a higher mean score (1.19 ± 0.56) compared to transformational (1.10 ± 0.56) and corrective/preventive (1.10 ± 0.36) leadership styles (Table 2). 80% of the study population rated their leadership style as regular on the MLQ scale, followed by 12.9% as good and 7.1% as poor.

Table 2. Scores of the MLQ Short Form 5x per dimension in nurses

Dimension	Mean	Standard Deviation (SD)
Transformational Leadership	1.10	0.56
Idealized Influence Attributed (IIA)	1.17	0.44
Idealized Influence Behavioral (IIB)	1.08	0.53
Inspirational Motivation (IM)	120	0.52
Intellectual Stimulation (IS)	1.02	0.71
Individualized Consideration (IC)	1.10	0.60
Effectiveness (E)	1.02	0.44
Extra Effort (EE)	1.11	0.67
Satisfaction (S)	1.08	0.54
Transactional Leadership	1.19	0.56
Contingent Reward (CR)	1.16	0.50
Management by Exception (MBE)	1.22	0.62
Corrective/Preventive Leadership	1.10	0.49
Active Management by Exception (AMBE)	1.24	0.52
Passive Management by Exception (PMBE)	1.15	0.45

Dimension	Mean	Standard Deviation (SD)
Laissez-Faire (LF)	0.92	0.50
Total score	1.10	0.36

Source: Own elaboration

Gender disparities emerged, with females scoring higher on the MLQ scale (1.14 ± 0.36) than males (0.92 ± 0.27). Among males, the highest scores were in the "Active Management by Exception (AMBE)" (1.17 ± 0.56) and "Idealized Influence Attributed (IIA)" (1.10 ± 0.47) dimensions. In contrast, females excelled in the "Active Management by Exception (AMBE)" (1.26 ± 0.63) and "Inspirational Motivation (IM)" (1.25 ± 0.51) dimensions (Table 3).

Table 3. Scores of the MLQ Short Form 5x per dimension according to gender in nurses

Dimension	Male (n=15)		Female (n=70)	
	Mean	SD	Mean	SD
Idealized Influence Attributed (IIA)	1.10	0.47	1.19	0.44
Idealized Influence Behavioral (IIB)	0.93	0.44	1.12	0.54
Inspirational Motivation (IM)	0.95	0.53	1.25	0.51
Intellectual Stimulation (IS)	0.67	0.57	1.09	0.72
Individualized Consideration (IC)	1.01	0.52	1.12	0.62
Effectiveness (E)	0.94	0.39	1.03	0.45
Extra Effort (EE)	0.87	0.64	1.16	0.67
Satisfaction (S)	0.87	0.49	1.13	0.55
Contingent Reward (CR)	0.84	0.28	1.22	0.52
Management by Exception (MBE)	1.07	0.59	1.26	0.63
Active Management by Exception (AMBE)	1.17	0.56	1.26	0.51
Passive Management by Exception (PMBE)	1.05	0.48	1.17	0.44
Laissez- Faire (LF)	0.74	0.57	0.96	0.48
Total score	0.92	0.27	1.14	0.36

Source: Own elaboration

Analysis by age groups demonstrated that individuals aged 36-45 years had the highest MLQ score (1.13 ± 0.38) (Table 4), followed by those aged 26-35 years (1.10 ± 0.33) and 46-60 years (1.06 ± 0.35).

Table 4. Scores of the MLQ Short Form 5x per dimension according to age group in nurses

Dimension	26-35 years		36-45 years		46-60 years	
	Mean	SD	Mean	SD	Mean	SD
Idealized Influence Attributed (IIA)	1.14	0.34	1.24	0.55	1.12	0.37
Idealized Influence Behavioral (IIB)	1.07	0.53	1.11	0.51	1.06	0.57
Inspirational Motivation (IM)	1.19	0.56	1.20	0.60	1.21	0.38
Intellectual Stimulation (IS)	1.05	0.70	1.09	0.74	0.89	0.70
Individualized Consideration (IC)	1.07	0.52	1.24	0.58	0.96	0.69
Effectiveness (E)	1.05	0.37	1.06	0.48	0.91	0.45
Extra Effort (EE)	1.00	0.69	1.32	0.68	0.92	0.57
Satisfaction (S)	1.10	0.49	1.03	0.59	1.14	0.55
Contingent Reward (CR)	1.18	0.45	1.14	0.56	1.14	0.50

Dimension	26-35 years		36-45 years		46-60 years	
	Mean	SD	Mean	SD	Mean	SD
Management by Exception (MBE)	1.23	0.65	1.15	0.61	1.32	0.63
Active Management by Exception (AMBE)	1.27	0.51	1.15	0.54	1.34	0.47
Passive Management by Exception (PMBE)	1.18	0.48	1.11	0.37	1.16	0.51
Laissez- Faire (LF)	0.90	0.34	0.87	0.51	1.01	0.63
Total score	1.10	0.33	1.13	0.38	1.06	0.35

Source: Own elaboration

Education-wise (Table 5), participants with continuous education exhibited the highest MLQ score (1.45 ± 0.25) compared to those with a master's degree (1.17 ± 0.31) and a bachelor's degree (1.04 ± 0.36).

Table 5. Scores of the MLQ Short Form 5x per dimension according to education in nurses

Dimension	Bachelor's degree (n=59)		Master's degree and specialty (n=21)		Continuing education (n=5)	
	Mean	SD	Mean	SD	Mean	SD
Idealized Influence Attributed (IIA)	1.11	0.43	1.22	0.41	1.71	0.34
Idealized Influence Behavioral (IIB)	1.02	0.56	1.16	0.43	1.49	0.48
Inspirational Motivation (IM)	1.13	0.55	1.32	0.44	1.51	0.42
Intellectual Stimulation (IS)	0.95	0.71	1.06	0.71	1.57	0.59
Individualized Consideration (IC)	1.05	0.58	1.14	0.65	1.60	0.49
Effectiveness (E)	0.95	0.43	1.10	0.42	1.37	0.51
Extra Effort (EE)	1.05	0.68	1.10	0.62	1.80	0.45
Satisfaction (S)	1.05	0.59	1.11	0.42	1.35	0.38
Contingent Reward (CR)	1.06	0.47	1.31	0.52	1.56	0.52
Management by Exception (MBE)	1.17	0.67	1.33	0.48	1.40	0.55
Active Management by Exception (AMBE)	1.21	0.55	1.31	0.43	1.30	0.45
Passive Management by Exception (PMBE)	1.11	0.45	1.21	0.44	1.25	0.50
Laissez- Faire (LF)	0.90	0.53	1.02	0.43	0.80	0.51
Total score	1.04	0.36	1.17	0.31	1.45	0.25

Source: Own elaboration

Examining years of service (Table 6), individuals with 1-5 years of service demonstrated the highest MLQ score (1.21 ± 0.28) compared to those with 6-15 years (1.10 ± 0.36), 16-25 years (1.08 ± 0.36), and 46-60 years (0.90 ± 0.58).

Table 6. Scores of the MLQ Short Form 5x per dimension according to years of service in nurses

Dimension	1-5 years		6-15 years		16-25 years		>25 years	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Idealized Influence Attributed (IIA)	1.25	0.38	1.19	0.46	1.14	0.44	1.36	0.71
Idealized Influence Behavioral (IIB)	1.17	0.33	1.03	0.53	1.12	0.55	0.57	0.81
Inspirational Motivation (IM)	1.13	0.37	1.24	0.60	1.21	0.48	0.57	0.81
Intellectual Stimulation (IS)	1.27	0.75	1.07	0.72	0.93	0.68	1.00	1.41

Dimension	1-5 years		6-15 years		16-25 years		>25 years	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Individualized Consideration (IC)	1.29	0.39	1.10	0.60	1.07	0.66	1.14	0.00
Effectiveness (E)	1.02	0.19	1.07	0.46	0.98	0.48	1.00	0.00
Extra Effort (EE)	1.11	0.60	1.10	0.71	1.11	0.65	1.00	1.41
Satisfaction (S)	1.33	0.48	1.03	0.51	1.10	0.56	0.50	0.71
Contingent Reward (CR)	1.29	0.47	1.18	0.52	1.13	0.51	0.80	0.28
Management by Exception (MBE)	1.56	0.53	1.13	0.63	1.25	0.61	0.50	0.71
Active Management by Exception (AMBE)	1.50	0.50	1.17	0.50	1.26	0.52	0.75	0.35
Passive Management by Exception (PMBE)	1.14	0.60	1.17	0.38	1.14	0.47	1.00	0.00
Laissez- Faire (LF)	1.07	0.53	0.91	0.41	0.90	0.56	1.00	0.47
Total score	1.21	0.28	1.10	0.36	1.08	0.36	0.90	0.58

Source: Own elaboration

DISCUSSION

The present study delves into the relationship between leadership styles and demographic characteristics among Nursing professionals, focusing on work, leadership, and occupational well-being. The demographic profile of the study population, predominantly composed of female Nursing professionals (82.4%), reflects the broader gender distribution within the Nursing profession. This finding aligns with existing literature that often characterizes Nursing professionals as a predominantly female occupation [(22)]. Moreover, the age distribution, with the majority falling within the 36–45 years range (40%), suggests a mid-career workforce. Preferences related to vocational confidence and perceived support can be understood in light of this demographic composition, which aligns with the typical professional profile in nursing [(22,23)]. A significant finding from this study is the distribution of personnel across various work areas, with the Medicine and Emergency units being the most common placements. These highlight Nursing professionals' critical role in high-pressure and demanding environments, signifying the need for effective leadership strategies to ensure optimal performance and well-being in such settings. From the perspective of Full Range Leadership Model, these contexts particularly demand transformational and individualized consideration behaviors that sustain motivation and resilience under pressure [(14)]. A recent study has shown that organizations implementing structured leadership development programs and evidence-based management practices, such as daily transformational leadership interventions and aligning leader traits with situational demands, achieve higher team engagement, lower burnout levels, and improved patient outcomes [(16)].

The Multifactor Leadership Questionnaire (MLQ) was used to evaluate three major leadership dimensions in the Nursing cohort: transformational, transactional, and corrective-avoidant (laissez-faire) leadership. The overall mean MLQ score (1.10 ± 0.36) indicates a moderate inclination toward structured leadership behaviors within this population. When examining the dimensions separately, transactional leadership obtained the highest mean scores, particularly in the subdimension of Active management by exception, suggesting that Nursing coordinators tend to actively

monitor performance and intervene when deviations occur [9,14]. This pattern is consistent with the high task structure and time-sensitive decision-making required in emergency and medical units [19].

Transformational leadership, although present, showed comparatively lower scores, suggesting limited use of behaviors such as inspirational motivation or individualized consideration. According to Full Range Leadership Model, such a profile may secure short-term compliance but could restrict the development of a shared vision and long-term staff engagement. In contrast, studies have shown that the integration of transformational behaviors within highly structured contexts enhances team cohesion, job satisfaction, and reduces burnout [14–16].

Corrective-avoidant or laissez-faire leadership showed the lowest tolerance among participants, consistent with previous findings indicating that passive-avoidant leadership is associated with lower quality of care and decreased team morale [17]. From the perspective of Fiedler's Contingency Model, these results suggest that in contexts characterized by high task structure and clarity, such as medicine and emergency units, transactional leadership is perceived as functional for achieving immediate goals. Furthermore, interpreting these results through the lens Situational Leadership Theory suggests that the preference for more directive and actively supervising styles may reflect a workforce at early to intermediate development levels (D1–D2), where leaders rely on "telling" and "selling" behaviors to ensure task compliance. As teams mature and gain competence and autonomy, adopting more participative and delegative approaches and progressively integrating transformational behaviors could enhance empowerment and staff engagement over time [15,16].

The gender disparities in leadership styles merit attention, with females consistently scoring higher on the MLQ scale than males. The variance in dimension scores further illustrates nuanced differences in leadership preferences between genders. This may indicate the unique challenges and opportunities female Nursing professionals face in leadership roles, warranting further exploration. Situational Leadership Theory highlights that leadership effectiveness depends on the ability to adapt to the competence and commitment level of team members. It is plausible that female Nursing professionals, who scored higher in inspirational motivation, adopt more supportive styles that match the developmental needs of their teams, particularly in high-stress units. Both males and females perceive the "Laissez-Faire" leadership style as deficient, whereas active management by exception is perceived more favorably, along with idealized influence attributed and inspirational motivation; These results align with the literature emphasizing that integrating transactional mechanisms with transformational components is crucial for sustaining engagement, well-being, and quality of care within healthcare teams [14,22].

Examining leadership styles through age groups, education, and years of service provides valuable insights. The higher MLQ scores among individuals aged 36-45 years and those with continuous education underscore the influence of these demographic factors on leadership styles. Notably, individuals with 1-5 years of service exhibited the highest MLQ scores, suggesting a potential learning curve or adaptability in leadership styles during the early years of their career, suggesting an inverse relationship that impacts Nursing professionals's perception of their coordinators' leadership; These findings diverge from those reported in a review study that identified years of service as a contributing factor to the enhanced perception of leadership among Nursing

professionals, with the exception being the years near retirement, deviating from the otherwise observed direct relationship between these variables [24].

Among the most critical limitations of the study are the cross-sectional design that lacks temporality and the self-report generated by each nurse. Response bias could be found, considering that the Nursing professionals evaluated may consider the topic controversial in the work environment. There could also be uncontrolled external factors that affect the perception of leadership, among the most notable of which are organizational culture, workload, and the quality of the work environment. Future research should employ longitudinal designs and incorporate multilevel modeling to account for organizational determinants of leadership perception.

Future studies should delve deeper into the specific challenges of nursing leadership and assess the impact of interventions designed to improve performance and job satisfaction in healthcare settings. This issue requires strengthening leadership through continuous education that fosters the development of transformational and transactional skills while reducing laissez-faire behaviors. Additionally, the use of longitudinal designs is essential to enhance the consistency of findings and to analyze the causal effects of leadership styles on nursing outcomes, incorporating contextual variables from the theoretical models previously described.

CONCLUSIONS

This study contributes to the growing body of knowledge on leadership in healthcare, emphasizing the need for tailored leadership development programs that consider the diverse demographic characteristics of Nursing professionals. The findings underscore the importance of recognizing and accommodating variations in leadership preferences based on gender, age, education, and years of service to promote effective leadership and overall well-being within the Nursing workforce.

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