



جامعة القدس

Deanship of Graduate Studies

Al-Quds University

Gaza Strip Nurse Managers' Leadership Styles

Submitted by

Ghada Al.Najjar

Master Thesis

Spring-2004

Gaza Strip Nurse Managers' leadership styles

Submitted by

Ghada Al.Najjar

**A thesis Submitted in a Partial Fulfillment of the
Requirements for the Degree of Master in Nursing
Management**

Supervisor

Asma Al-Imam, Ph.D.

Assistant Professor- College of Health Professions

Al QUDS University

Spring-2004

MSc. / Nursing Management
Deanship of graduate studies

Gaza Strip Nurse Managers' leadership styles

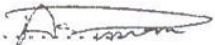


By

Student Name: Ghada Mohammed Hamed Al.Najjar

Registration No.: 200116677

Supervisor Dr. Asma Imam

Master Thesis Submitted and Accepted, date: 16-06-2004

- 1- Dr. Asma Imam **Head of the Committee** signature. 
- 2- Dr. Varsen Aghabekian **Internal Examiner** signature. 
- 3- Dr. Majed El-Farra **External examiner** signature. 

Al Quds University

Spring-2004

Declaration

I certify that this thesis submitted for the degree of Master is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed: -----

A handwritten signature in black ink, appearing to be 'Ghada Al-Najjar', written over a dashed line.

Ghada Mohammed Al.Najjar

Date: June 16th 2004

Dedication

To my mother, for her caring, warm,
patience and endless support.

To my father, sisters, brothers and
niece for their lovely encouragement.

To martyrs souls, their families, for
their endless giving.

To the Palestinian stones children, for
their endless hope and revolution.

To my comrades, friends and
colleagues, for their care, support and
help.

Acknowledgement

I would like to express my great thanks and gratitude to all people who contributed to my success in obtaining my degree, and those who are responsible for making me optimistic.

Deep appreciation and recognition to Dr. Asma Imam, my thesis supervisor because for her distinctive advice, reassurance, friendly support and care.

Especial thanks to Dr. Bassam Abu Hamad, my dear teacher and the coordinator of the program for his serious care.

High appreciation to Mr. Najy Al Geeg for his statistical consultation.

Lots of thanks to MOH, MMS, UNRWA, PRCS, UHWC, Alwafa hospital, Patient Friend and Al-Ahli Arab Hospitals Directors for their permission to conduct this study in their settings.

I am extremely grateful to Mr. Muin Rizeq, Mr. Abdel Salam Salamah, Mr. Jamal Abu Zbeedah, Mr. Khalid Abu Ghaly, Salah Abdel Ati, Rafat Salha, Eyad Awadallah, Mr. Mohammed Sheriff, Mr. Noaman Abu Jayab and Che-leila group in Britain for their encouragement and help.

Lots of respects, thanks are due to all nurses' director in all settings, for their facilitation and help to distribute the questionnaires.

My sincere thanks, respects and appreciations for all nurses participated in this study for their cooperation.

Many thanks go to all teachers, lectures, and my colleagues during the study period.

Abstract

Gaza Strip Nurse Managers' leadership styles

Nursing management is an important issue for promoting nurses' performance. Perhaps, leadership styles among nurse managers are most important in contributing to the promotion of performance and skills of nursing staff consequently improving the health services provided for the public. The topic was chosen because of the scarcity in the studies dealing with it besides its impact on policy making and planning in selecting and employing nurse managers with managerial behaviors and skills contributing to the profession development and preparing programs for developing a cadre of leaders among nurse managers which ultimately affect the performance and service.

The study aimed to identify the leadership styles of nurse managers in health institutions belonging to government, UNRWA and NGO's in PHC and SHC. The study includes all levels of nurse managers: First level of management (head nurses), second level of management (supervisors) and top level(nursing directors)..

The present study is an analytical, comparative and cross sectional study of nurse managers working in health institutions in Gaza strips at all management levels. The study sample was 318 female and male nurse managers including government, UNRWA and NGO's in both hospitals and health centers. Data were collected by using a questionnaire containing personal, managerial and professional data which may influence the leadership styles patterns among nurse managers. Response rate was 94.3%. Data were analyzed by using "SPSS". The contents were validated by experts. The reliability using Cronbachs' alpha coefficient was 0.879.

Findings revealed that 71.3% of participants are males, 55.3% aged from 31-40, 92% are married, 26% were from Mid-Zone and 57.3% had B.Sc. Seventy-nine point four are working in governmental sector and 73.3% in hospitals. Thirty-nine point seven percent worked in Gaza city and 71.3% worked more than 10 years. Sixty-two point seven percent were first line of management (H.N). Sixty-one percent had more than five years of experience in current position. Seventy-four point percent three worked previously in other places and 50.7% didn't choose the job. Also, 61.7% had no job description. Fifty point seven percent continued their education. Fifty percent of the respondents aren't satisfied in their job and 79.7% work in non preferable department.

The findings also, showed that the dominant leadership style was the participative leadership style for both females and males. In UNRWA 33.3% of male nurse managers demonstrated the political leadership style, and 33.3% of them demonstrated the laissez-faire leadership style. In Khanyounis and Rafah city, female managers showed political leadership style. Chi-Square test showed no significant differences between male and female on most of variables. However, there were significant differences in males leadership style and the availability of job description. Also, there were significant differences in females leadership style and the following variables: place of residence, continuing education in the last three years, years of experience in the current position and the applying of the current job.

Finally, the results showed that there were statistically significant differences between mean concern for people and work. Gaza nurse managers showed generally concern for people more than work. However, there was an inverse relationship between age and concern for people. There was also positive relationship between years of experience and concern for people. Moreover, there were significant differences between managers concern for work and organization type (hospitals and clinics)

Recommendations and suggestions are aimed at enhancing management of human resources. Training courses can be designed to help managers in developing their leadership capabilities. Policy and decision makers shall provide opportunities for females to be promoted to managerial positions at all levels

ملخص الدراسة

" أساليب القيادة المتبعة لدى مدراء التمريض في قطاع غزة "

مما لا شك أن إدارة التمريض هي أمر مهم لتطوير أداء الممرضين. و لربما كانت الأنماط القيادية بين مدراء التمريض هي الأهم و ذلك لمساهمتها في تطوير أداء مهارات الطاقم التمريضي الذي قد يؤدي إلى تحسين نوعية الخدمة الصحية المقدمة.

إن اختيار هذا الموضوع جاء من ندرة الدراسات التي تطرقت لبحثه ولما قد يكون له من تأثير على صناعة السياسات والقرارات وذلك بالتخطيط لاختيار وتوظيف مدراء التمريض ذوي المهارات والسلوكيات التي قد تساهم في تطوير المهن وإعداد برامج لتطوير كوادر تمريضية قيادية تؤثر إيجاباً على الأداء والخدمة.

هدف الدراسة هو التعرف على الأنماط القيادية لدى مدراء التمريض بالمؤسسات الصحية بقطاع غزة وذلك في كل من المؤسسات الحكومية، وكالة الغوث، و المؤسسات الحكومية وهذا يشمل كل من الرعاية الأولية المتمثلة بالمراكز والرعاية الثانوية المتمثلة بالمستشفيات. هذه الدراسة تشمل جميع المستويات الإدارية وذلك كما يلي:

المستوى الإداري الأول والذي يتمثل برؤساء الأقسام والمراكز الصحية، والمستوى الإداري الثاني والذي يتمثل بالمشرفين والمستوى الإداري الثالث و الذي يتمثل بالإدارة العليا للتمريض.

هذه الدراسة هي دراسة تحليلية، مقارنة، مقطعية لمدراء التمريض في المؤسسات الصحية بقطاع غزة في كل المستويات الإدارية. عينة الدراسة هي 318 مدير ومديرة يعملون بإدارة التمريض في الحكومة، الوكالة، والمؤسسات الأهلية بكل من المراكز الصحية والمستشفيات. تم جمع البيانات بواسطة استبيان يحتوي على معلومات شخصية، و معلومات إدارية ومهنية يعتقد أن لها تأثير على الأنماط القيادية لدى مدراء التمريض. نسبة الاستجابة بين المشاركين كانت 94.3%.

وقد تم تحليل البيانات بواسطة البرنامج الإحصائي "SPSS"، وقد تم أيضاً اختبار صدق الدراسة بواسطة خبراء متخصصين ومن ثم تم اختبار الثبات بواسطة الاختبار الإحصائي Cronbach's alpha coefficient والذي كان 0.879.

النتائج أظهرت أن 71.3% من المشاركين ذكوراً وأن 55.3% هم من الفئة العمرية ما بين (31-40) سنة، أم المتزوجين فقد كانوا 92%، و 26% من المشاركين يسكنون بالمنطقى الوسطى، وأن 57.3% حاصلين على بكالوريوس تمريض كما أن 4.79% يعملون في القطاع الحكومي. لقد أوضحت الدراسة أيضاً أن 73.3% من المشاركين يعملون بالمستشفيات، و 39.7% منهم يعملون بمدينة غزة و 71.3% لديهم خبرة أكثر من عشرة سنوات في الموقع الحالي، و 62.7% كانوا من المستوى الإداري الأول أي رؤساء أقسام ومراكز. كما أن 61% لديهم خبرة أكثر من خمس سنوات في الموقع الحالي و 74.3% عملوا سابقاً في أماكن أخرى. أظهرت الدراسة أن أكثر من النصف أيضاً (50.7%) لم يختاروا أو تقدموا لوظيفتهم الحالية، و 61.7% ليس لديهم وصف وظيفي، كما وأن 50.7% قد أكملوا دراستهم آخر ثلاث سنوات، و 50% ليسوا راضين وظيفياً وان 79.7% لا يعملون بالقسم الذي يفضلونه حالياً. أظهرت النتائج أن النمط القيادي السائد بين مدراء التمريض في قطاع غزة هو النمط القيادي المشارك "Participative leadership style" لكل من المديرات والمدراء.

بالنسبة للمدراء العاملين بوكالة الغوث فقد أظهروا نمطين قياديين مختلفين وهما النمط القيادي السياسي و النمط القيادي التحرري " Political and laissez- faire leadership styles " بنفس النسبة 33.3%. أيضاً أظهرت النتائج أن المديرات اللاتي يعملن في مدينتي رفح وخانيونس يتبعن النمط القيادي السياسي (Political leadership style). أوضحت الدراسة وذلك بعد اختبار Chi-Square أنه لا توجد فروقات دالة بين الأنماط القيادية للمدراء و المديرات و بين أغلب المتغيرات.

أظهرت الدراسة أن هناك فروقات دالة لدى المديرات في المتغيرات التالية: مكان السكن، أكمل التعليم آخر ثلاث سنوات، سنوات الخبرة في الوظيفة الحالية والتقدم للوظيفة الحالية، أما بالنسبة للمدراء فقد كانت هناك علاقة دالة بين النمط القيادي وإمكاني وجود وصف وظيفي. أخيراً. أظهرت النتائج وجود فروقات دالة لصالح الاهتمام بالناس على الاهتمام بالعمل. بينما كانت هناك علاقة عكسية بين زيادة العمر والاهتمام بالناس وكانت هناك علاقة ايجابية بين سنوات الخبرة والاهتمام بالناس. كما وكانت أيضاً علاقة ايجابية بين نوعية المؤسسة (مستشفى أو مركز) وبين الاهتمام بالعمل. أوصت الدراسة بتنشيط إدارة القوى البشرية وذلك عن طريق تصميم دورات إدارية تساعد في تطوير الأداء الإداري كما وأوصت بأنه لابد لصناع القرار من إعطاء الفرص للمدیرات للعمل الإداري بكل مستوياته.

Table of Contents

	Page
Declaration.....	I
Dedication.....	II
Acknowledgement.....	III
Summary in English.....	IV
Summary in Arabic	VI
Table of content	IX
List of abbreviations	XII
List of tables	XIII
List of figures	XV
List of Annexes	XVI
Chapter (1) Introduction	
Significance of the study	4
Focus of the study	6
Aims and Objectives.....	7
Specific Objectives.....	7
Research Questions.....	8
Assumptions.....	8
Limitation.....	9
Definition of Terms.....	10
Time frame.....	11
Summary.....	11
Chapter (2) Settings	
Demographic Background	13
Government Health Institution.....	17
Ministry of Health	17
Primary Health Care	17
Secondary Health Care	18
Military Medical Services	18
UNRWA Health Service	19
NGO's Health Services	19
The Palestinian Red Crescent Society (PRCS)	20
Union of Health Work Committees (UHWC).....	20
EL-Wafa Medical Rehabilitation Hospital	21
Patients Friends Benevolent hospital	21
Ahli Arab Hospital	21
Summary.....	21

Chapter (3) Literature Review	
Theoretical Review.....	22
Definitions of management, leadership and gender	22
Theories of leadership styles and models	26
Behavioral Styles Theories	26
Ohio State Studies	26
Blake/Mouton’s Managerial Grid	27
Situational or Contingency Approach Theories	30
House’s path-goal theory of leadership	31
Hersey-Blanchard Situational Theory	33
Transformational Leadership.....	35
Leadership Styles.....	
Review of related research	37
Conceptual Framework.....	50
Summary.....	53
Chapter (4) Methodology	
Study design	54
Study sample and setting	54
Eligibility	55
exclusion criteria:	55
Expected response rate:	55
Ethical Consideration and Procedures	55
Description of the Questionnaire	56
Pilot Study Data Collection	58
Data Entry and Analysis	58
Validity	59
Content Validity	59
Reliability	60
Summary.....	60
Chapter (5) Results of the study	
Study population characteristics	62
Leadership style	73
Managerial Grid	110

Chapter (6) Discussion	
Introduction.....	123
Demographical and Organizational Characteristics.....	132
Gaza Nurse Managers' Dominant Leadership Style.....	133
The Managerial/Leadership Grid.....	134
Dominant Management Style of Gaza Nurse Managers.....	135
Summary.....	137
Chapter (7) Conclusion and Recommendation	
Conclusions.....	139
First Part: Leadership Styles.....	140
Second Part: Management Grid.....	140
Recommendation.....	140
Summary.....	144
References.....	145
Annexes.....	155

List of Abbreviation

AMA	American Management Association
ANOVA	Analysis of Variance
B.S.N	Bachelor of science in Nursing
ERI	Effort Related Imbalance
GS	Gaza Strip
HCS	Health Care System
HN	Head Nurse
HR	Human Resource
MMS	Medical Military Services
MOH	Ministry of Health
NDU	Nurse Development Units
NE's	Nurse Executives
NGO's	Non Governmental Organizations
PBUH	Peace Be Upon Him
PCBS	Palestinian Centre Bureau Statistics
PHC	Primary Health Care
PRCS	Palestinian Red Crescent Society
RN	Registered Nurse
SD	Standard Deviation
SHC	Secondary health Care
SPSS	Statistical Package for Social Sciences
THC	Tertiary Health Care
UHWC	Union of Health Work Committees
UK	United Kingdom
UNRWA	United Nations Relief of Work Agency
UNSCO	United Nations Special Coordinator Office
WB	West Bank
WSJ	Wall Street Journal

List of Tables

No.	Table	page
1	Distribution of participants by gender	62
2	Distribution of participants by organization's type	66
3	Distribution of participants as working in other organization in past	69
4	Distribution of participants as they trained in management or not	70
5	Distribution of participants of continuous education programs last 3 years	71
6, a	Distribution of leadership style according to gender	73
6, b	Chi-Square test values, that comparing leadership style with gender	73
7, a	Distribution of male leadership style according to age	74
7, b	Chi-Square test values, comparing males leadership style with age	75
8, a	Distribution of female leadership style according to age	75
8, b	Chi-Square test, comparing female leadership style with age	75
9, a	Distribution of male leadership style according to marital stat	76
9, b	Chi-Square test values, comparing male leadership style with marital status	77
10, a	Distribution of female leadership style according to marital status	77
10, b	Chi-Square test values, comparing female leadership style with marital status	77
11, a	Distribution of male with leadership style according to residency place	78
11, b	Chi-Square test values, comparing male leadership style with residency place	79
12, a	Distribution of female leadership style according to their residency place	80
12, b	Chi-Square test values comparing female leadership style & place of residence	80
13, a	Distribution of male leadership style according to years of education	81
13, b	Chi-Square test values, comparing male leadership style with education	81
14, a	Distribution of female leadership style according to years of education	82
14, b	Chi-Square test, comparing female leadership style & years of education	83
15, a	Distribution of male leadership style according to level of education	84
15, b	Chi-Square test comparing male leadership style with level of education	84
16, a	Distribution of female leadership style according to level of education	85
16, b	Chi-Square test comparing male leadership style with level of education	85
17, a	Distribution of leadership style according to organization owner	86
17, b	Chi-Square test comparing males leadership style & organization work owner	86
17, c	Chi-Square test comparing females leadership style with organization owner	87
18, a	Distribution of leadership style according to organization type	87
18, b	Chi-Square test, comparing male leadership style with organization type	88
18, c	Chi-Square test comparing female leadership style with organization type	88
19, a	Distribution of male leadership style according to work place	89
19, b	Chi-Square test comparing male leadership style with work place	89
20, a	Distribution of female leadership style according to work place	90
20, b	Chi-Square test comparing female leadership style with work place	90
21, a	Distribution of leadership style according to years of experience	91
21, b	Chi-Square test comparing male leadership style with years of experience	92
21, c	Chi-Square test, comparing female with leadership style & years of experience	92

22, a	Distribution of male leadership style according to management level.	93
22, b	Chi-Square test comparing male leadership style & management level	94
23, a	Distribution of female leadership style according to management level	94
23, b	Chi-Square comparing female leadership style with management level	94
24, a	Distribution of leadership style & years of work in the current position	96
24, b	Chi-Square comparing male leadership style & work years in current position	96
24, c	Chi-Square comparing female leadership style & work years in current position	97
25, a	Distribution of male leadership style & working in other organization	98
25, b	Chi-Square test male with leadership style & working in other organization	98
26, a	Distribution of female leadership style & working in other organization	99
26, b	Chi-Square test female with leadership style & working in other organization	99
27, a	Distribution of male leadership style according to their application for this job	100
27, b	Chi-Square test male leadership style males & their application for this job	100
28, a	Distribution of female leadership style & application for this job	101
28, b	Chi-Square, comparing female leadership style males & application for this job	101
29, a	Distribution of leadership styles according to managerial training	102
29, b	Chi-Square values, comparing male leadership style with managerial training	102
29, c	Chi-Square values, comparing female leadership style with managerial training	103
30, a	Distribution of male leadership style & availability of job description	104
30, b	Chi-Square comparing male leadership style with availability of job description	104
31, a	Distribution of female leadership style & availability of job description	105
31, b	Chi-Square values, comparing female leadership style with availability of job description	105
32, a	Distribution of leadership style & enrollment in continuous education	106
32, b	Chi-Square comparing male leadership style with & continuous education	106
32, c	Chi-Square test female leadership style & enrollment in continuous education	107
33, a	Distribution of participant's leadership style according to their job satisfaction	107
33, b	Chi-Square values, comparing male leadership style with job satisfaction	108
33, c	Chi-Square values, comparing male leadership style with job satisfaction	108
34, a	Distribution of male leadership style according to department preference	109
34, b	Chi-Square comparing male leadership style with department preference	109
35, a	Distribution of female leadership style according to department preference	110
35, b	Chi-Square comparing female leadership style with department preference	110
36	Concern of Gaza Strip nurses managers toward work and people	111
37	T- test comparing management style with gender	111
38	One-way ANOVA comparing management style with marital status	112
39	One-way ANOVA comparing residency place with management style.	113
40	One-way ANOVA comparing level of education with management style.	114
41	One-way ANOVA comparing organization's owner with management style.	115
42	T-test comparing organization type with management style.	115
43	One-way ANOVA comparing work place with management style.	116
44	T-test comparing working in other organization with management style.	117
45	T-test comparing applying for this job with management style.	118
46	T-test comparing having training in management with management style.	118
47	T-test comparing having job description with management style.	119
48	T-test of continuous education programs last 3 years & management style.	119
49	T-test comparing satisfaction about working as a manager & management style	120
50	T-test comparing department preference with management style	121
51	T-test comparing person or group centered leadership style & management style	121

List of figures

No	Figure	Page
Figure: 1	Conceptual framework	53
Figure: 2	Distribution of subjects by age	63
Figure: 3	Distribution of subjects by marital status	63
Figure: 4	Distribution of subjects by governorates	64
Figure: 5	Distribution of subjects by education year	65
Figure: 6	Distribution of subjects by educational level	65
Figure: 7	Distribution of subjects by organization's owner	66
Figure: 8	Distribution of participants by work place	67
Figure: 9	Distribution of subjects by years of experience	67
Figure: 10	Distribution of subjects by level of management	68
Figure: 11	Distribution of subjects by experience years to position	68
Figure: 12	Distribution of subjects by applying for the current job	69
Figure: 13	Distribution of subjects by availability of job description	70
Figure: 14	Distribution of subjects by satisfaction of a manager	71
Figure: 15	Distribution of subjects by department preference	72

List of Annexes

No.	Annex	Page
Annex: 1	Map of Palestine	156
Annex: 2	Map of Gaza Strip	157
Annex 3	Population Pyramid 2002	158
Annex: 4	Consent Form "Instruction letter"	159
Annex: 5	Arabic questionnaire	160
Annex: 6	English questionnaire	166
Annex: 7	Helsinki Committee ethical approval	174
Annex: 8	Ministry of Health approval	175
Annex: 9	UNRWA approval	176
Annex: 10	Wall Street Journal approval	177
Annex: 11	NGO's approval	178
Annex: 12	Documentations of population size	179
Annex: 13	Ohio structure	180
Annex: 14	Mangerial Grid	181
Annex: 15	Fiddler's contingency model	182
Annex: 16	Houses Path Goal structure	183
Annex: 17	Blanchard and Hersey structure	184

Chapter (1)

Introduction

A great deal of literature on traditional management deals with the planning, organization, administration, monitoring, control, and short-term horizon of organizations (Mintzberg 1973; Morgan 1986; Taylor 1911). On the other hand other literature is concerned with the soft elements that relate to motivation, inspiration, participation, and vision and value creation in a long-term horizon. The latter, reflected by different underlying definitions, is often referred to as leadership (Bass 1994; Conger 2000; Kotter 1999; Rost 1991; Yukl 1989). Management as a human activity is very ancient but as a science it has basics and theories (Serrgiovanni, 1984). The concepts of management and leadership are varied through time, concerning situation, individuals and many circumstances (Bass & Avolio, 1990).

In pace with an increasing globalization and technological development, a need for softer managerial elements can be expected to increase in importance (Kotter 1999). As it is almost impossible for management to fully monitor and control specific and knowledge-intensive processes in any detail, the importance of leadership as a motivating factor has gained increasing momentum (Bass 1994; Conger 2000; Kotter 1999; Rost 1991).

In continuation of this there is a tendency to use the term leadership about almost all kinds of managerial functions. Thus, as much of earlier research has demonstrated, the discussion of leadership as opposed to management has been partly substituted by a focus towards different kinds of leadership (Bass 1994; Egri 2000; Ekvall 1994; Gabris 1998). However, the specific tasks that were once covered by the term "management" has not disappeared.

In addition, some of the functions referred to in the literature as different types of leadership may be characterized more adequately as traditional management practices.

Leadership styles and theories are different. There are commonly cited themes like Tylorism characteristics, theory X and Y, and managerial theory of Black and Mouton and Hersey and Blanchard's situational theory. All of these tried to explain, and interpret the nature of human managerial behavior for both managers and subordinates. Others classified managerial styles into autocratic, democratic, and loose leadership style (Burns, 1978).

All of these tried to explain, interpret the nature of human managerial behavior for both managers and subordinated. As leadership and management styles are so important to people in many domains to organize their life. It is also, a very significant to nursing as one of the most important health professions. In spite of this nursing profession has many difficulties and problems like nursing shortage.

However, the current nursing shortage is a serious problem at all levels of nursing. Even at major research and teaching hospitals, chief financial officers are lamenting the nursing staff sacrifice (Singhapattanapong, 2002). Shortage of nurses could be considered one of the reasons for the absence of effective leadership.

Nurses in the West have experienced major changes in both managerial arrangements and professional development (Hunt, 1995). This does not apply to nursing in Palestine. Although female nurses in Palestine comprise around 60% of the nursing personnel, the majority of managerial positions are filled by male nurses especially in the Gaza Strip.

A leader should recognize that conflict management is a fundamental part of leadership. A person who can't manage conflict should not be in a leadership role. So, when we see the leaders as mediators, we mean that all members must know that their role together is to do the right thing by finding the best response to the issue that addresses their lives together. Part of the managerial led changes, particularly those stemming from Griffiths' Report (1983), many managers have moved from being administrators of health services in which professionals played an equal role in management, to a leading, accountable role primarily concerned with the use of resources and health care outputs (Henkle 1990).

Nurse females executives' have joined high administrative team, but for where they are accepted as fully integrated team executives and their influential colleagues view integration and its influence (Henkle 1990). The nursing profession requires leadership which empowers nurses, and enabling them to lead the profession into the next millenniums. Health care leadership continues to run under a transactional style that may be the cause of nurses leaving the system. Nurses no longer wish to stay in the profession perhaps because they struggle ideologically with the system in which they work. Pressures for change in health care delivery make the move of ineffective management to effective leadership essential. An appropriate leadership style will ensure that nurses play a pivotal role in the process of change.

Significance of the study:

Drucker (1992) mentioned that leadership is a need at all organizations and leaders are the basic resource and also the scarcest one at any organization. Nurses are being identified as leaders at the hospital organizations because their work with and through people gives them a relationship of influence.

According to Trevizan (1993), there is recognition about the importance of leadership and the need of its development in nursing so this study will analyze the leadership styles of nurse leaders in Gaza Strip.

Many discussed and argued the significance of woman's roles in community (Fiedler, 1996), even at, national, political, economic or relational issues. Palestinians have been facing hard times. Health professions are very important in these situations especially nursing that is the highest ratio profession from health professions in Palestine.

So, it is vital to utilize this Human Resource (HR) power to get results that can help in the improvement of Health Care System (HCS) generally and nursing managerial leadership specifically. One of the most important issues is leadership management. Because of this, the researcher tends to investigate managerial leadership skills and style differences between male and female nurse managers. In addition to this, this topic was not studied previously in Gaza-strip in spite of lots of studies and researches that investigated gender issues, differences & their effects on many careers. Also, we can't deny the fact that Arabian tribal hierarchical minds and our community is one of those communities which support male dominance. These things can easily be the volunteer advocates for selecting and preferring powerful male managers just because they are males. So they have more abilities and can manage things effectively more than females who are mostly staying at home and considered the best at house keeping roles but not to involve in politics of institutional managerial leadership issues.

Most of literature studies perceptions of males' and females' managerial abilities but those that study and measure real abilities are rare (empirical studies).

Those who looked at perceptions found that male managers were better but who made empirical studies sometimes didn't find differences and generally found variant differences among both. So, this research tries to study and compare empirically the managerial leadership styles, abilities and skills of female and male managers in Gaza-Strip.

Focus of the study (research problem):

The current optimism about leadership in nursing has stemmed from the success of the trust in nurse executive director posts in working to a corporate agenda and achieving change (Lisa, 2000). Nurses also have taken an increasing role in politics and governments. Since gender and leadership differences are significant global issues, it is important to be in the core of these international issues for investigation. So, the researcher tried to look into the surrounding situation in an attempt to have a clearer picture and an overview about these circumstances and phenomena. Although nurses are the major contributors in the health organizations in terms of number and the services they provide, still they are not in a position to influence decisions and policies. Nursing management in Gaza-Strip is in the way of improvement now if compared to 20 or 30 years ago.

The focus of this study will be on exploring the male and female nurses leadership styles among those who work in managerial positions in the Gaza Strip (Government, UNRWA & NGO's).

Aims and objectives:

The overall aim of this study is to appraise the range of leadership styles differences between female and male nurses who work in managerial leadership positions in Gaza-Strip. This assessment can help in determining the leadership style of manager by answering some questions that can reveal their style and not only how they perceive their styles.

Specific Objectives:

- To assess the leadership styles of nurse managers in Gaza Strip health institutions.
- To compare leadership styles between first, middle and top level management.
- To compare between managers leadership styles for Primary Health Care (PHC) and Secondary Health Care (SHC) in different health sectors.
- To examine the relationship between selected demographic and organizational variables and nurse manager of leadership styles.

Research Questions:

- What are the leadership styles of nurse managers in health institutions of Gaza strip?
- What is the dominant leadership style in Gaza Strip?
- Are there any differences in nurses' leadership style between first, middle and top line management?
- Are there any differences of leadership styles between PHC and SHC?
- Are there any differences in leadership and management styles according to demographic variables?

Are there any differences in leadership and management styles due to organizational variables?

Assumptions:

The investigator had the following assumptions at the outset of the study:

- Leadership related literature is available.
- Health care institution will grant the investigator permission for data collection.
- Subjects will cooperate in responding to the study questionnaire.

Limitations:

The following were the expected limitations of the study:

- Delay and difficulty in collecting data due to unstable political situation. Gaza Strip was separated into four areas (cantons) and moving around from one area to another was restricted by Israel Military forces.
- The instrument used in this study has not been previously tested in Palestinian culture and this might affect the results of this study.
- The bureaucracy that is found in the health sector. For example the Minister of health was changed more than one time during data collection that required the researcher to get new permission each time to distribute the questionnaires in the M.O.H settings. Also the researcher faced problems in primary health care settings. It seemed that there was improper communication and coordination between the administration of PHC and the clinics because many times the researcher visited clinics by the advice of PHC administrator to meet head nurses and didn't find many in spite of appointment.
- Limited available resources: There was some difficulty in locating books, journals and other resources in Gaza Strip but there was a chance for researcher to visit London during the study and having access to recent resources.

- Budget limitations were a real problem because the study was financed by the researcher own budget. The researcher had to pay for transportation, photocopying, communication...etc.

Definition of Terms:**Primary Health Care:**

"The primary health care (PHC) is the basic level of care provided equally to everyone. It addresses the most common problem in the community by providing preventive, curative, and rehabilitative services to maximize health and well being. It is considered as backbone of the health system, which provides essential health care services. It is distinguished from other types of care by clinical characteristics of patients and their problems. Also, practitioners are distinguished from their secondary and tertiary counterparts by the variety of problems encountered" (MOH, 2002, p.38).

Secondary health care:

"Secondary health care is he stage between primary health care and tertiary health care levels. It is mainly focused on hospital stage". (MOH, 2002, p.109)

Leadership:

"Leadership is influencing individuals and groups within an organization, helping them establish goals, and guiding them toward achievement of those goals, thereby allowing them to be effective". (Nahavandi, 1997, p.48)

Leadership style:

"Leadership styles may be of relevance to in a variety of situations where there is a requirement to manage others. Effective performance will depend on many factors including the organizational culture in which the individual is operating" (Landsberg, 1997, p.).

Time Frame:

This study actually took quiet a long time more than expected because of the above mentioned limitations.

Proposal writing: Six months.

Data collection and analysis: Six months.

Results final outcome: Three months.

Results discussion , conclusion and recommendation: Three months.

Summary:

This chapter presented the concepts of management, leadership and leadership styles. The importance of the relation between nursing and leadership was indicated Study significance was explained.

Then research problem, aims and objectives, research questions, assumptions, limitations of the study, definition of the main terms and the study time frame were covered.

Chapter (2)

Settings

This chapter includes background and demographic information and a description of health institutions of Gaza. The three most prominent providers of health services are the Ministry of Health (MOH), the United Nations Relief and Works Agency (UNRWA), and Non-Governmental Organizations (NGO's).

Background and demographic information:

Palestine has an important geographic and strategic location (Annex, 1). Gaza- Strip is one of the two parts which constitute political Palestine (Annex, 2). It is a narrow piece of land lying on the coast of the Mediterranean Sea. Its position on the crossroads from Africa and Asia made it a target for occupiers. The total Palestinian population size in Gaza Strip and the West Bank is estimated as 3,464,550 in year 2002. In Gaza Strip about 1,261,909 (36.4%) of total population in Palestine were living in year 2002. In the West Bank, residing about 2,202,641 (63.6%) of total population in Palestine were living in year 2002. The population size in Palestine constitutes (37.6%) of all Palestinian people all over the world including those in Diaspora (9,209,773) in year 2002 (Palestinian center of Bureau Statistics, 2002) (MOH, 2002).

46.4% of population was under 15 years old and in Gaza Strip and 49.6% was under 15 years old, while 44.6% was under 15 years old in the West Bank in year 2002. Average life expectancy at birth is 71.1 years for males and 72.6 years for females as shown in Population pyramid in year 2002 (Annex, 3), (Palestinian center of Bureau Statistics, 2002) (MOH, 2002).

Gaza-Strip is a very crowded place with area 360 sq. km; the population is mainly concentrated in the cities, small villages, and eight refugee camps that contain two thirds of the population (Health Research and Planning Directorate, 1997). In addition, Israeli occupation imposed a lot of restrictions on Palestinian. This created a very special and complex situation for Palestinians who are required to investigate the term “management” through multi directions and conceptions of it. For example to have some disposals or medicine supplies as donations from other countries, an approval from Israeli should be taken and when there is a case of mal coordination, these supplies may stay months till reach consumers even if there is a vital need for them.

The main income source for Gaza population was work in Occupied Palestinian Land in 1948 & 1967 that what is called “Israel”, in addition to the poor agricultural products that have to be exported via Israel. Part of the refugee population was moved from camps to new areas.

A Part from the weak economic situation and its consequences on the public health, the population of Gaza, as all Palestinian population have lived through severe consecutive wars (1948, 1956, 1967) and long stressful periods (the Israel occupation). During the years from 1987 to 1992, the Intifada- the Palestinian uprising, erupted spontaneously. It was led by children and youth, who chose to face the Israel occupation with stones, burning tires and blocks. Al-Aqsa Intifada broke out on 29-09-2000 till 31-12-2000 (Health Research and Planning Directorate, 2000), then the last Intifada started on 11-09-2001 till now.

All these stressors, situational changes through economic, political, social, educational, health and other fields participated in making changes weather positive or negative in the Palestinian community regardless of desirability.

The idea here is the chance of change that approximately seems to be easier than other communities who have a nearly stable nature and needs many decades or centuries for change. This can transparently reflect the need for having all possible productive human energy resources that are considered the main important power expected from both females and males for building the community.

So, management and leadership research like these can positively share in the selection of needed and suitable persons for the community building process specially in nursing management field.

Community perspective and image with regard to nursing in Gaza-Strip are vary considerably. This image which depends on many factors is improving approximately because of the increasing need for during the Intifada.

There is no doubt those nurses' attitude toward education and upgrading hasn't a negative impact if it doesn't impact positively so community needs more qualification and education in nursing, which can also make it possible for them to assume higher managerial positions. Nursing population in Palestine is young that mean it is easy to develop their managerial abilities and skills. The majority 66.8% was less than 37 years old according to database findings in 1996. In the West Bank (W.B), 73% of nursing personnel were females, while in Gaza females were 44.8%. This imbalance may be due to the job opportunities available for nurses in Gaza Strip. However, the overall male female ratio was 1: 1.7. The distribution of social status of nursing personnel by region were as follows., 36.3% were single in W.B while the percentage of singles was 16.2 % in Gaza- Strip (GS)., 60.0 were married in W.B and the percentage of married was 80.1 in GS., 1.7 was divorced in the WB whereas 1.4 were divorced in GS., 2.0% were widowers in and 2.3 were widowers in GS. (Nursing Data Base, 1996).

According to Palestinian Council Health (1997) the distribution of social status for Nursing Personnel by Gender was as follows:

Single males were 12.8% while single females were 38.5 %., married males were 86.9% and married female was 55.8%., divorced males were 0.1 % ., widows were 0.2% while widowers were 3.2%. Nursing manager were 3.7% in W.B and 2.5% in Gaza Strip. However, male nurse managers were 3.8 % while female nurse managers were 3.0 %. Nursing managers were 24.8% in Primary Health Care (PHC), 47.1% in Secondary Health Care (SHC), 11.6% in Tertiary Health Care (THC). 11.6% in education, 5.0% in Research and Planning. Nurse manager's rates were 2.3 % in hospitals. (Palestinian Council Health, 1997). These data mean and reassure that we need more managerial position for both males and females.

Government Health institutions:

- Ministry of health
- Military medical services

Ministry of Health:

In general, Ministry of Health (MOH) is responsible for providing the main health services, including primary and secondary health care services.

Primary Health Care in Gaza Health Institutions:

These services differ from one center to another according to the level of Primary Health Center. The number of the staff differs in each health center.

In Gaza Strip, there are 47 health centers in year 2002 that mainly include nurse managers at first, middle level. The top management level is located at MOH premises in Gaza (MOH, 2002). The number of managers according to PHC management office in MOH is 57 nurse managers in year 2002 including the three levels of management.

Secondary Health Care in Gaza health Institutions:

In Gaza Strip, there are 10 hospitals in year 2002 for MOH that mainly include nurse managers at first and middle level while top management are located at MOH premises in Gaza (MOH, 2002).

The number of managers according to SHC management office in MOH is 195 nurse managers in year 2002 including the three levels of management as shown in table I.

Military Medical Services:

The Military Medical Services (MMS) are considered also governments' institutions; and run two hospital; Al-Karama hospital in Abasan town in the district of Khanyounis and Balsam hospital in North as SHC in year 2002. In addition it supervises five clinics in Gaza strip areas as PHC (MOH, 2002). The number of nurse managers according to the general nursing management office in MMS is 10 in the two hospitals and five in the clinics in year 2002 as shown in table I.

UNRWA Health Services:

UNRWA plays an important role in health services delivery, providing free of charge primary health care and considered the second health care sector in Gaza. UNRWA has in Gaza governorate 17 clinics in year 2002 as PHC centers. Therefore, the work of UNRWA is largely focused on offering primary health care services (MOH, 2002). The number of nurse managers according to the general nursing management office in UNRWA is 42 in 17 clinics in year 2002 as shown in table I.

Table I: Gaza nurses managers' distribution in PHC and SHC in 2002

Health Sector		PHC	SHC	Total
Governments	MOH	57	195	252
	MMS	05	10	15
UNRWA		42	00	42
NGO's		00	44	44
Total		104	249	353

Source: (unpublished data collected by the researcher through intensive visit to different institutes, 2002)

NGO's Health Services:

NGO's have 10 hospitals in Gaza Strip in year 2002. It plays an important role in providing SHC for Gaza people especially in areas that have no governmental settings according to Office of United Nations Special Co-coordinator (2003).

It is worth to mention that the NGOs PHC centers do not have nursing management in its hierarchy, so these settings were not included in the study.

Nurse Managers who work in NGO's hospitals of Gaza strip is 44 at year 2002 according to each organization management office as shown in table II.

The Palestinian Red Crescent Society (PRCS):

PRCS is a national humanitarian society that provides a wide range of health, social and other humanitarian services for the Palestinian People throughout the Middle East. It considered the first NGO's after MOH and UNRWA in providing health care. It runs two Hospitals Al-Amal Hospital in Khanyounis and Al-Quds Hospital in Gaza City as SHC and two health centers as SHC (UNSCO, 2003) and (MOH, 2002). The two hospitals have 20 nurse managers according to nursing management offices in year 2002.

Union of Health Work Committees (UHWC):

It runs 1 hospital, A-Awda hospital in North as SHC and four health centers as PHC. Nursing management hierarchy is relatively found in Al-Awda hospital but not in clinics. It has five nurse managers in year 2002 according to nursing management office as shown in table II.

EL-Wafa Medical Rehabilitation Hospital:

El-Wafa hospital is the first and only nationally recognized inpatient rehabilitation hospital in Gaza Strip (UNSCO, 2003) and (MOH, 2002). It has six nurse managers in year 2002 according to nursing management office as shown in table II.

Patients Friends Benevolent hospital:

It is considered as SHC setting in Gaza city. According to nursing management office, there are five nurse managers in the hospital in year 2002 as shown in table II.

Ahli Arab Hospital:

The hospital is run by the Anglican and Episcopal Diocese in Jerusalem and Middle East (UNSCO, 2003). Today, it is a private non-profit hospital as SHC provider setting. It has eight nurse managers in year 2002 according to the hospital administration and nursing management office as shown in table II.

Table II: Gaza nurses managers' distribution in NGO's Hospitals in 2002

Hospital	No of nurses mangers
Al-Amal	09
Al-Quds	11
Al-Awda	05
El-Wafa	06
Ahli Arab	08
Patients Friends	05
Total	44

Source: (unpublished data collected by the researcher through intensive visit to different institutes, 2002)

Summary:

This chapter described the main health settings in Gaza Strip including primary and secondary services. Governmental, UNRWA and NGO's health services are presented.

The chapter also included the number of nurse managers who work in those healthcare settings.

Chapter (3)

Literature Review

This chapter is divided into two parts. The first part includes conceptual definitions of the study variables in addition to the theoretical framework and the main leadership and management style theories. The second part is related to some research results and study findings. The third part demonstrates the study conceptual framework.

Theoretical Review:

Definitions and differences between management and leadership:

Very often management and leadership are referred to as the same thing. But actually these two are different in some ways. The most obvious differences are shown below.

Covey states that "Management works within the paradigm. Leadership creates new paradigms. Management works within the system. Leadership works on the system. You manage 'things' but you lead people" (Covey, 1994, p. 27). In understanding the differences between leadership and management, one would have to differentiate between the functions of each of these roles. Both are desperately needed and both have extremely important functions within organizations.

It is also true that both managers and leaders fail miserably when they are unwilling or unable to take into account the needs of the people involved in helping them achieve their goals. Management and leadership should work in tandem to accomplish what needs to be done. According to Stephen Covey, "management is problem-oriented and leadership is opportunity oriented" (Covey, 1994, p. 48). Management suggests more formality & manager refers to a position in an organization. "Management has not meaning apart from its goals. Managers must, therefore, keep organizational goals in mind at all times" (Certo, 1997, p. 5). Managers plan, organize, control and influence processes, procedures and goals. Leadership is an evolution of oneself through a constant growth and development process. "At bottom, becoming a leader is synonymous with becoming yourself. It is precisely that simple, and it's also that difficult" (Bennis, 1989, p. 109). When manager's processes and procedures go awry, when organizations change culturally and systemically, when strategic initiatives change midstream, it is leadership that must provide consistency in the face of difficult times. "The factor that empowers the workforce and ultimately determines which organizations succeed or fail is the leadership of those organizations" (Cohen, 2000, p. 3). Leaders establish a vision and provide energy and enthusiasm for the vision.

Antoine de Saint Exupery has been quoted as saying that if you want to build a ship, don't drum up the men to gather the wood, divide the work, and give orders. Instead, teach them to yearn for the vast and endless sea (DailyQuote, 2002). Leaders consistently communicate the vision and provide support for changing mental models, which enable others to act in support of the vision. While management establishes specific purpose and mission, makes work productive and effectively manages social impacts (Drucker, 2001, p. 14), leaders influence others to willingly achieve the group's vision for success. Leaders help others change the way they see themselves in the picture (vision) of the organization. Leaders listen well and encourage others to take leadership roles within the organization. Leaders understand that creativity is born when people stop long enough to listen and see what they have not previously looked at or heard. "When we start to look through a leadership instead of management paradigm, we begin to see opportunities in places we never really thought of before (Covey, 1994, p. 274)."Leadership is the process of influencing human behaviors in the interest of achieving particular goals "(Lewis, Lewis & Souflee 1991, p.26).

"Management is the process of getting things done through the efforts of other people (Williams, 2000, p. 13) while "Leadership is a process of legitimate influence rather than a quality of a person." (Grimes, 1978, p. 17). "Leadership involves motivating group members to expend more energy in attaining the goals of the group." (Katz & Kahn, 1978, p. 44). "Leadership is a reciprocal relationship involving the leader - who directs, guides and facilitates the group's behavior - and followers - who accept the suggestions of the leader. (Hollander, 1978, p. 32). "Management: is the art of utilizing employees and the ability to utilize both HR and other resources by minimum cost and effort (Palestinian Management Team, 1999, p. 25). Leadership: is the process by which you affect others and group through it in order to motivate them to work and achieve determined goals (Palestinian Management Team, 1999, p. 26). Leadership is a reciprocal process in which an individual is permitted to influence and motivate others to facilitate the attainment of mutually satisfying group and individual goals. (Forsyth, 1983, p. 27). There are many definitions of leadership, and these definitions may change over time and between cultures. These definitions indicate that leadership is a *process* in which leaders motivate group members to behave in a desired way.

Theories of leadership styles and models:

There are several theories of management, leadership styles and model. These theories are divided into three main behavioral theories that include Ohio studies and the Managerial Grid of Black & Mouton. The second part is the situational or contingency leadership theories that include Fiedler's contingency model, Path goal theory and Heresy & Blanchard's theory.

Behavioral Styles Theories:

- **Ohio State Studies** – found two independent dimensions of leader behavior:
 - **Consideration:** is a leader behavior associated with creating mutual respect or trust and focuses on a concern for group members' needs and desires.
 - **Initiating structure:** is a leader behavior that organizes and defines what group members should be doing to maximize output.
 - **Effective leaders** should be high on both consideration and initiating structure (Gardner, 1999) as shown in (Annex, 13).

Blake/Mouton's Managerial Grid:

The Managerial Grid is a behavioral theory. In 1964, two academics in the field of management published a book: "The Managerial Grid: key orientations for achieving production through the people". Blake and Mouton elaborated a model, which tried to understand the different attitudes of managers toward the human resources and the other resources involved in the organization. This is very important because a manager has to have the best skills and to be able to keep all the resources coordinated toward achieving the project's goal. The model conceptualizes management styles and relations (Black & Mouton, 1978).

It used two axes: "Concern for People" and "Concern for Task", which are two important dimensions used to examine management behavior and characteristics. When taken, the two axes and all evolving possibilities together a matrix with 81 different management styles appears. According to Blake and Mouton five of the 81 styles were the most significant and important (Black & Mouton, 1978).

Blake and Mouton described the five shown management styles as the following:

Country club management: (grid position 1, 9). Here we find all the managers with a high concern for people and a low concern for production.

This kind of manager has a thoughtful attention to needs of people for satisfying relationships, which leads to a comfortable friendly organization and work environment. They always have lots of social interaction and put service projects as well as company sports teams high on their list (Black & Mouton, 1978).

Authority- obedience management: (grid position 9, 1)

All the managers who operate at the other extreme are included in this position. They focus on the efficiency in operations with little concerns for individuals. They get a work done in such a way that human elements interfere to a minimum degree (Black & Mouton, 1978).

Improvised management: (grid position 1, 1)

Managers in this grid position exert a minimum effort to get required work done and to sustain organization membership. They have little concern for either the human element or the production level of the team. This kind of manager has a short life in responsible organizations (Black & Mouton, 1978).

Organization management: (grid position 5, 5)

These kinds of managers constantly try to balance the necessity to get out work with maintaining morale of people at a satisfactory level, but not excellent. Organization production will be close to expectations but without exceeding them (Black & Mouton, 1978).

Team management: (grid position 9, 9)

This is the ideal manager identified by Blake and Mouton. This manager develops a relationship of trust and respect with employees and others.

There is also certain interdependence through a common stake, which leads to an enhancement of the productivity (Black & Mouton, 1978)

Blake and Mouton concluded that the first four styles are not the most effective, while team management approach is the best style because it improves performances, lowers employee turnover and absenteeism and grants employee satisfaction.

However, the team management style would not work in a crisis, because sometimes there is no time to be sensitive to morale issues.

Moreover, the Managerial Grid encourages managers to devote more time to managing human resources, because they usually spend more time managing easier resources. In fact, human resources are quite complex to measure and to allocate; that's why managers should devote time to these more challenging resources. As in any other theory one can find both strengths and weaknesses in the Managerial Grid (Black & Mouton, 1978) as shown in (Annex, 14).

Situational or Contingency Approach Theories:

- **Fiedler's Contingency Model** - performance of a leader depends on

two interrelated factors:

- Situational control: amount of control and influence the leader has in the immediate work environment.
- Leader's basic motivation: Does a leader's self-esteem depend on accomplishing the task (task-motivated) or on having close supportive relations with others (relationship-oriented)?
- Situational control – varies according to three dimensions:

Leader-member relations: the extent to which the leader has the support, loyalty and trust of the work group.

Task structure: the amount of guidelines contained within tasks performed by the work group.

Position power: the degree to which the leader has formal power to reward, punish or otherwise obtain compliance from the work group (Fiedler's, 1967) as shown in (Annex15).

House's path-goal theory of leadership:

- Emphasizes how a leader influences subordinates' perceptions of both work goals and personal goals and the links, or paths, found between these two sets of goals as shown in (Annex, 16).
- The theory assumes that a leader's key function is to adjust his/her behavior to complement situational contingencies.
- House's path-goal theory of leadership
 - Leader behaviors.
 - Directive leadership.
 - Supportive leadership.
 - Achievement-oriented leadership.
 - Participative leadership.
- House's path-goal theory of leadership
 - Situational contingency variables.
 - Subordinate attributes - authoritarianism, internal-external orientation, and ability.
 - Work setting attributes - task, formal authority system, and primary work group.
- Path-goal theory predictions regarding directive leadership.
 - Positive impact on subordinates when task is clear; negative impact when task is ambiguous.

- More directiveness is needed when ambiguous tasks are performed by highly authoritarian and closed-minded subordinates.
- Path-goal theory predictions regarding supportive leadership.
 - Increases satisfaction of subordinates working on highly repetitive, unpleasant, stressful, or frustrating tasks.
- Path-goal theory predictions regarding achievement-oriented leadership.
 - Encourages subordinates to strive for higher performance standards and to have more confidence in their ability to meet challenging goals.
 - Increases effort-performance expectancies for subordinates working in ambiguous, non-repetitive tasks.
- Path-goal theory predictions regarding participative leadership.
 - Promotes satisfaction on non-repetitive tasks that allow for subordinates' ego involvement.
 - Promotes satisfaction for open-minded or non-authoritarian subordinates working on repetitive tasks (Mark, 1998).

Hersey and Blanchard's Situational Theory:

Researchers began to turn to the contexts in which leadership is exercised and the idea that what is needed changes from situation to situation. Some looked to the processes by which leaders emerge in different circumstances as shown in (Annex, 17), for example at moments of great crisis or where there is a vacuum. Others turned to the ways in which leaders and followers viewed each other in various contexts - for example in the army, political parties and in companies.

The most extreme view was that just about everything was determined by the context. But most writers did not take this route. They brought the idea of style with them, believing that the style needed would change with the situation. Another way of putting this is that particular contexts would demand particular forms of leadership. This placed a premium on people who were able to develop an ability to work in different ways, and could change their style to suit the situation. What began to develop was a *contingency* approach. The central idea was that effective leadership was dependent on a mix of factors. For example, Fred E. Fiedler argued that effectiveness depends on two interacting factors: leadership style and the degree to which the situation gives the leader control and influence (Hersey & Blanchard, 1977).

Three things are important here:

- The relationship between the leaders and followers. If leaders are liked and respected they are more likely to have the support of others.
- The structure of the task: If the task is clearly spelled out as to goals, methods and standards of performance then it is more likely that leaders will be able to exert influence.
- Position power: If an organization or group confers powers on the leader for the purpose of getting the job done, then this may well increase the influence of the leader. (Fiedler and Garcia 1987, also, Fiedler, 1997). Models like this can help us to think about what we are doing in different situations. For example, we may be more directive where a quick response is needed, and where people are used to being told what to do, rather than having to work at it themselves.

They also found their way into various management training aids – such as the development of Mouton and Blake's managerial grid by Reddin (1970; 1987) that looked to the interaction of the characteristics of the leader, the characteristics of the followers and the situation; and Hersey and Blanchard's (1977) gave a very influential discussion of choosing the appropriate style for the particular situation.

Transformational Leadership:

Burns (1978) introduced the concept of transformational leadership, describing it as not a set of specific behaviors but rather a process by which "leaders and followers raise one another to higher levels of morality and motivation". He stated that transformational leaders are individuals who appeal to higher ideals and moral values such as justice and equality and can be found at various levels of an organization. Burns (1978) contrasted transformational leaders with transactional leaders whom he described as leaders who motivated by appealing to followers' self interest. Working with Burns' (1978) definition of transformational leadership, Bass (1985) asserts that these leaders motivate followers by appealing to strong emotions regardless of the ultimate effects on the followers and do not necessarily attend to positive moral values. The Reverend Jim Jones of the Jonestown massive suicide could be an example of Bass's definition of transformational leadership. Other researchers have described transformational leadership as going beyond individual needs, focusing on a common purpose, addressing intrinsic rewards and higher psychological needs such as self actualization, and developing commitment with and in the followers (Leithwood, 1992).

Leadership styles according to Serrgiovanni:

The experienced leader uses many complex and subtle means to exercise his/her influence and stimulate those whom he/she leads to creative and productive efforts. From the complex range of leader behavior, the researcher has selected five of the most typical patterns, ranging from highly leader-centered to highly group-centered:

According to Serrgiovanni (1984) definitions:

Authoritative, "*Telling*"...The leader identifies a problem, considers alternative solutions, chooses one of them, and then tells others what they are to do. The leader may or may not consider what the group members will think or feel about the decision, but group members clearly do not participate directly in the decision making. Coercion may or may not be used or implied

Political," *Selling*"...The leader, as before, makes the decision without consulting the group. However, instead of simply announcing the decision, he/she tries to persuade the group members to accept it. The leader points out how he/she has considered organization goals and the interest of group members and states how the member will benefit from carrying out the decision.

Evaluative," *Testing*"...The leader identifies a problem and proposes a tentative solution. Before finalizing it, however, he/she gets the reactions of those who will implement it. The leader says, in effect, "I'd like your frank reactions to this proposal, and I will then make the final decision."

Participative," *Consulting*"...The leader here gives the group members a chance to influence the decision from the beginning. Problems and relevant background information are presented, and then the members are asked for their ideas. In effect, the group is invited to increase the number of alternative actions to be considered. The leader then selects the solution he/she regards as most promising.

Laissez-faire, "*Joining*"...The leader here participates in the discussion as "just another member"--and agrees in advance to carry out whatever decision the group makes. The only limits placed on the group are those given to the leader by his superiors. (Many research and development teams make decisions this way.) (Serrgiovanni, 1984, p 32-54).

Review of related research:

There are some study results that concentrate on the differences in leadership behaviors between male and female nurse managers. Wilson (1999) studied the relationship between leadership behaviors and staff retention.

The researcher found that manager consideration for staff and Registered Nurse (RN) intent to remain directly affected retention, unit separation and turnover. Other refereed that nurses from rural areas aspiring towards traditionally female area of nursing had significantly more feminine gender role orientation than either their urban counterparts or rural colleagues with non-traditional career. Muldoon and Kremer (1995) indicated that also, for lasting growth and development, the manager requires both solid experience and opportunity; the individual can be neither a slave to the daily tasks nor absentee manager. Rather, a sensible approach to care advancement requires a healthy balance of internal and external focus (McConnell, 1999).

The results of that 204 female German nurses who experienced an effort- related imbalance (ERI) reported higher levels on two of the core dimensions of burnout (i.e. emotional exhaustion and depersonalization) than those who didn't experience such an imbalance (Bakker, 2000).

In another study about nursing profession and its relation with hospital managers findings suggest ways in which Nursing Profession might develop to maintain its unique contribution to health care whilst embracing the managerial domain. This is necessary to ensure that professional nursing of nurtured and not overwhelmed by workloads and empirical assessment of nursing output (Richard, N.S.D, 1996).

Bowles (2000) conducted a comparative study of transformational leadership in nursing development units and conventional clinical settings. The researcher found that the leadership provided by nursing development units (NDU) leaders was evaluated more highly than non-NDU leaders. A higher level of congruence between self and observer evaluations was shown by NDU leaders. Statistically significant inter-group differences were apparent in three of the five practices of exemplary leadership and in the overall leadership behavior. NDU leaders show greater self awareness and are more transformational than their non-NDU counterparts.

It appeared also in another study that was connected to identify the management styles of front-line nurse managers as perceived by staff and to evaluate the relationship of these styles to staff nurse job satisfaction, suggests that efforts to retain nurses should also include further development of nursing leaders. The challenges of today's healthcare environment require different leadership skills than were required in the past. The development of new approach and skill foundations for nurse managers can lead to more effective and more satisfied nurses and, ultimately, to more positive patient outcomes (Dolan, 2003).

(Lockwood, 2003) said in a study to make the experience of precepting positive and beneficial for preceptor, student, and faculty, an examination and discussion of the potential preceptor's leadership style should be conducted.

Situational leadership and the four different styles of leadership identified by Hersey and Blanchard provide a useful model for identifying leadership traits in preceptors.

In a study conducted to analyze the principal and secondary leadership style of nurse-leaders from a Philanthropic hospital at the city of Sao Jose do Rio Preto, the researchers used the LEAD of self-perception tool developed by Hersey & Blanchard. They concluded that nurses at the context of hospital organizations have a more directive behavior, with signs of changes to a more participant one (Lourenco & Trevisan, 2002).

Reynolds *et al* (2003) indicated that leadership style changes as performance improves from directing to coaching to supporting to delegating. Managers may adapt their approaches to staff depending on task, competence and emotional reaction. However, managers do best when they adopt leadership styles that express their personality preferences and allow them to play to their strengths.

A study examined the influence of nursing deans' and nursing directors' transformational and transactional leadership styles on nursing faculty job satisfaction in baccalaureate and associate degree nursing programs in Taiwan. Idealized influence, intellectual stimulation, and contingent reward leadership behaviors significantly and positively predicted job satisfaction.

However, active management-by-exception significantly and negatively predicted job satisfaction. Therefore, nursing leaders should implement effective leadership styles Shieh *et al*, (2001).

Stordeur *et al* (2000) examined the cascading effect of leadership styles across hierarchical levels in a sample of nursing departments and investigated the effect of hierarchical level on the relationships between leadership styles and various work outcomes.

Results showed no support was found for a cascading effect of leadership across hierarchical levels. Rather, the variation of leadership scores was explained primarily by the organizational context. Transformational leadership had a stronger impact on criterion variables than transactional leadership. Interaction effects between leadership styles and hierarchical level were observed only for perceived unit effectiveness. Others present a leadership profile of employed nurse executives (NEs). Interviews and survey data show that the typical NE is a married, middle-aged woman who has a master's degree in clinical nursing and extensive clinical experience.

When comparing NEs' and influential colleagues' perceptions of the effectiveness of NEs' leadership skills, the former rate themselves higher than the latter, and both groups perceive that NEs' leadership styles are more "task motivated" than "relationship motivated."

The authors apply these findings to the career planning of NEs, chief executive officers, and educators in healthcare fields. (Murray *et al*, 1998).

Lindholm *et al* (2000) explored the meaning, exposition and application of nurse managers' leadership styles within the organizational culture of a changing healthcare system. They found that nurse managers who had a clear leadership style related mainly to a transformational or transactional leadership model, experienced fewer management problems than nurse managers with a composite leadership style.

There was a connection between nurse managers' attitudes to the existing organizational culture and the leadership model that adopted the strategy towards the top level and their management idea.

Others refereed that the current adaptive management style is unlikely to be dynamic enough to successfully manage the current change strategy.

Nurse managers must play an innovative, proactive, participative role in managing the change process and not remain adaptive, reactive and passive. Failure to recognize this fundamental need to change the management style will cause nurse managers to lose control and portray nurses once again as responsive and passive. Both nurses and nurse managers will find themselves working in a changed system which they have played no part in creating (Truman, 2001).

Newman (2001) examined the relationship between leadership style and empowerment.

The findings of this study indicated that nursing leaders in this organization predominantly utilized a transformational leadership style and that staff members believe their leaders should be more innovative and exert greater upward influence in the organization, and that staff members have a strong sense of empowerment. The data suggest that nursing staff members recognize and value transformational nursing leaders that are innovative, influential, and empowering. In a study was to examine the relationship between nurse executives' perceived personal and organizational value congruence and their leadership styles. Findings provided insight into the values held by nurse executives, personal and organizational value congruence and conflict perceived by nurse executives, and the leadership behaviors used by nurse executives (Perkel, 2002).

Bass *et al* (2003) indicated in their study on a trial for predicting unit performance by assessing transformational and transactional leadership. Both transformational and transactional contingent reward leadership ratings of platoon leaders and sergeants positively predicted unit performance.

The relationship of platoon leadership to performance was partially mediated through the unit's level of potency and cohesion.

In a study that examined the relationship between the two faces of transformational leadership namely empowerment and dependency. The researcher found that transformational leadership was positively related to both followers' dependence and their empowerment and that personal identification mediated the relationship between transformational leadership and followers' dependence on the leader, whereas social identification mediated the relationship between transformational leadership and followers' empowerment (Kark,2003).

Mosser (2000) in a study of the relationship between the perceived leadership style of nursing chairpersons and the organizational climate in baccalaureate nursing programs, found that faculty members perceived their chairpersons to use the human resource frame the most followed by the structural frame, the symbolic frame, and the political frame. Statistically significant relationships were demonstrated between single frame nursing chairperson leadership styles and organizational climate domains and between the various combinations of leadership frames of nursing chairpersons and organizational climate domains. Nine low, but statistically significant correlations were found between chairperson leadership frames, organizational climate domains, and selected demographic variables. Schools recognized as having a good organizational climate will have less difficulty finding faculty.

The impact of working in either a male- or female-dominated industry on the leadership style, stress levels and mental health of 60 women and 60 men managers was investigated.

Although there was no overall difference between women and men's mental health, there was a difference in the pattern of relationships between leadership style and mental health.

Women in male-dominated industries reported worse mental health when they utilized an interpersonally oriented leadership style, whereas men in male-dominated industries reported better mental health when they utilized such a leadership (Gardiner & Tiggemann 1999). As hospitals reorganize the demand for accessible, cost-effective quality healthcare, nursing active participation as part of the top management team is vital. The research findings indicated that the executives' leadership behavior was consistent with the theory in that they reported more frequent leadership behaviors at the strategic domain, less activity at the organizational domain, and infrequent activity at the production domain. Individual profiles were uniformly consistent with the group profile (Hemman, 2000).

In the following paragraphs some literature about females and males managers and the differences in attitude and perception will be demonstrated. Most studies illustrate the negative attitudes and stereotyping ideas in regard to woman abilities and interests.

A study results indicated that when women are in authority position, men become cruel and hate work (Riger, 1980).

Another study indicated that male managers thought that most of men don't accept working with a female manager and 1/3 of participants saw female manager had bad effects on employees' psychology (Riger, 1980). A British study indicated that wanted characteristics for leadership work are found and seen in men more than women (Davidson, 1987). Belk & Snell, (1986) study results indicated that men saw women as less interested in profession, less intelligent, less controlled, unassertive, more interested in social relationship, more emotional and affected by critique and attraction (Belk & Snell, 1986; and Shaffer, 1974).

A study demonstrated that woman is unassertive in the management of mixed group., she doesn't delegate, or tries to understand the real organizing power but concentrates on how the system works (Feuer, 1988). Rizzo and Mendez (1988) indicated that assertive behavior is one of the few characteristics that characterized male more than female (Rizzo and Mendez, 1988). Others saw that biases against women are considered basic obstacles to promote her to higher managerial positions. Tauton (1997) indicated that achievement is better for male than female even if the female has the same abilities, skills for leadership position (Tauton, 1997). So, the way of evaluating behavior is more important than behavior conceptualization during managers and leaders selection.

So, the evaluator is constrained by his rules, values, behavior conceptualization for role but how is female evaluated in work and how stereotyping ideas affect her gender roles is still unclear.

Paterson (1998) studied a number of male and female middle manager. He found that female is always evaluated with low degrees than males in achievement and chance to have higher position. So, negative evaluation for female manager may be considered as an indicator for negative evaluation attitudes regarding female leadership and female role. Garland and Price (1999) indicated that males who have positive attitudes regarding women managers showed her success in work to internal factors. But males who have negative attitudes regarding women attributed her success in work to external factors like luck and female easy tasks (White, 1981). Because of gender role expectation, success of women is related to other factors different from her performance ability.

Conceptually working as a manager is considered male roles so it is expected to see this work unsuitable for women. Women face that her success in management is related to acquiring male characteristics like assertiveness, maturity and work interest more than social relations (Riger, 1980). So, women have to work in rosy jobs like secretary, libraries, nursing and education. All, these professions are characterized by low salaries and little chances for having higher positions (Drazgin, 1987). Stereotyping ideas and thoughts about woman had a big range in Japan.

Adler (1987) indicated that the basic and important role for woman is being a mother. Men object to having a female manager. An efficient man refuses to work with female manager because she isn't an authoritative and can't make decisions (Adler, 1987). We can say that sociocultural stereotyping for male and female characters direct individuals' behavior and share in role determination.

Male and female may be the same in leadership characteristics. Adler (1987) explained that male and female conceptualization about middle managers that have characteristically leadership positive attitude with regard to male that is not found in female (Adler, 1987).

These stereotyping ideas make women more emotional, humanistic, and passionate culturally sensitive and caring. But men are viewed as powerful and initiative. So these ideas affect gender characteristics when evaluating and choosing a female administrative manager. The stereotyping make women believe that success in work needs acquiring males' characteristics that stimulate many females to identify with male characteristics to be successful managers.

A study results indicated that a group successful female managers used men as model and consciously refused traditional women roles (Riger, 1980).

Research indicated that female managers face more pressures at home, and work more than men such as pressure from stereotyping, direct and indirect discrimination from colleagues, dominant systematic atmosphere against women, and absence of role model and feeling of autism between colleagues. At home women face conflict between profession, marriage, children and home care.

It is clear that the married female managers don't have psychological support from their husbands. A British study conducted on social circumstances of male and female managers showed most of female managers was unmarried and vice versa for males. Those female managers have a lower number of children than other females. It is also indicated that divorced, separated female managers are doubled than male managers (Davidson, 1987).

This phenomenon is also in Japan and seems to be international and global because expectation and social stressors on Japanese women are to marry and have children. So, her main role is to be a mother. Japanese women should take care of children first then work comes secondly (White, 1981).

Other research results indicated those women having the willing and the ability for administrative leadership. They rated the same as men on leadership style, employee satisfaction, achievement, cooperation, competition and problem solving.

These studies showed that workers who have a female manager were more positive in evaluation of their leader more than those who didn't work with female manager. It is noted that there are studies that support women in managerial work and others don't (Hunt, 1995).

Research that concentrates on how a woman interprets her absence after having high managerial position found that females in community are encouraged to have incongruent characters with those in manager like fear of success and avoiding risk. This means women personality; willingness, and behaviors are the most important factors in being successful female managers. One of the important studies that tried to see the effect of social background on personality and success in management included 25 successful female managers who reached high managerial positions. It indicated that they were alike in experience, social background; and each one of them was the first child for her family and had strong relationship with her father who encourages her to be independent. When those women became adult, most of them had strong relation with their bosses who contributed positively to their success through encouragements (Riger and Galligan, 1980).

Conceptual Framework:

The conceptual framework used in this study is presented in figure (I).

Demographic and work related variables include: gender, age, marital status, years of education, level of education, place of residence, and training in management, continuous education activities, department preference, presence of job descriptions, level of job satisfaction, current position and experience in the current position.

Organization related variables include: owner of organization, type of organization, and location of organization.

Leadership style determinants: include dominance, tact, communication, maturity, attitude and cooperation.

Leadership styles: include authoritative, political, evaluative, participative and Laissez-faire.

Leadership behaviors: include concern for people and concern for work.

The following are brief definitions of leadership styles:

Authoritative: The leader identifies a problem, considers alternative solutions, chooses one of them, and then tells others what they are to do. The leader may or may not consider what the group members will think or feel about the decision, but group members clearly do not participate directly in the decision making. Coercion may or may not be used or implied. (Serrgiovanni, 1984, p32-54).

Political: The leader, as before, makes the decision without consulting the group. However, instead of simply announcing the decision, he/she tries to persuade the group members to accept it.

The leader points out how he/she has considered organization goals and the interest of group members and states how the member will benefit from carrying out the decision. (Serrgiovanni, 1984, p32-54).

Evaluative: The leader identifies a problem and proposes a tentative solution. Before finalizing it, however, he/she gets the reactions of those who will implement it. The leader says, in effect, "I'd like your frank reactions to this proposal, and I will then make the final decision." (Serrgiovanni, 1984, p32-54).

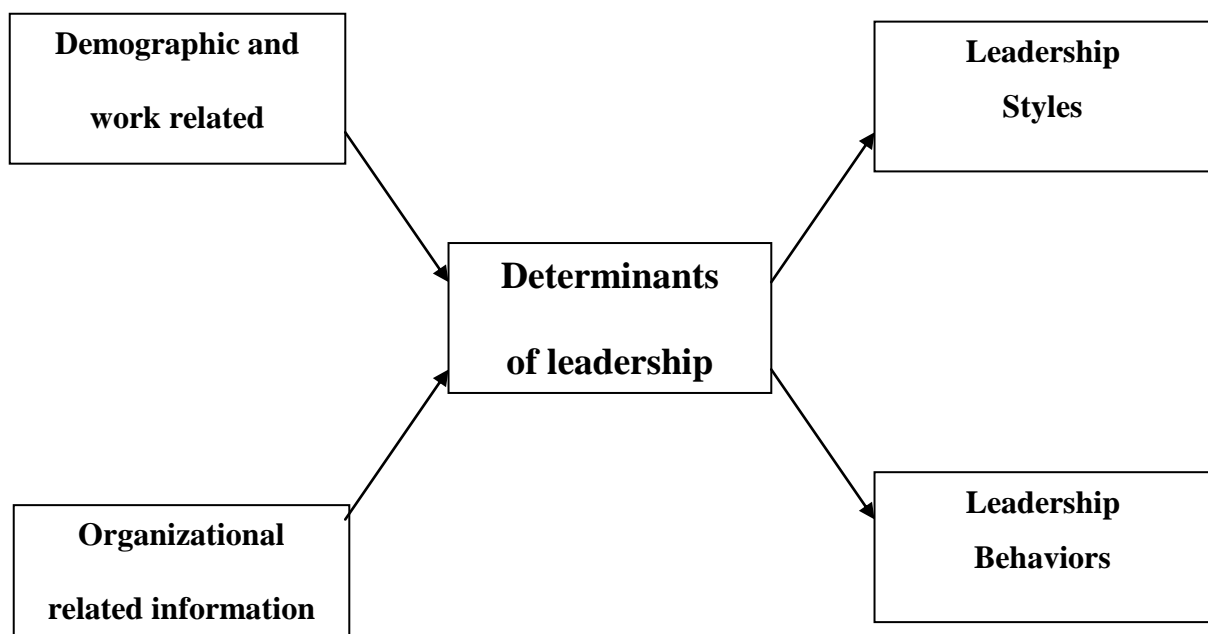
Participative: The leader here gives the group members a chance to influence the decision from the beginning. Problems and relevant background information are presented, and then the members are asked for their ideas. In effect, the group is invited to increase the number of alternative actions to be considered. The leader then selects the solution he/she regards as most promising. (Serrgiovanni, 1984, p32-54).

Laissez-faire: The leader here participates in the discussion as "just another member"--and agrees in advance to carry out whatever decision the group makes. The only limits placed on the group are those given to the leader by his superiors. (Serrgiovanni, 1984, p32-54).

Concern for task: Here leaders emphasize the achievement of concrete objectives. They look for high levels of productivity, and ways to organize people and activities in order to meet those objectives . (Black & Mouton, 1978).

Concern for people: In this style, leaders look upon their followers as people - their needs, interests, problems, development and so on. They are not simply units of production or means to an end (Black & Mouton, 1978).

Figure (I) Conceptual framework



Summary:

This chapter covered review of literature, theoretical background and conceptual framework of the study. The literature review included definition of leadership and management and leadership, theories and models of leadership and leadership related studies.

Chapter (4)

Methodology

This chapter shows the study methodology which includes, study design, study population, sample universe and study place, eligibility criteria and data collection. Reliability and validity of the collected data of the used tool. In addition, the method of data analysis, study limitation and ethical issues are included.

Study design:

This comparative study is quantitative and qualitative cross-sectional (snap -shot). This design is chosen because it saves time and used for evaluative studies and useful for descriptive, correlational, interpretative and evaluative purposes (Burns and Grove, 1997). The researcher will investigate and describe leadership styles in field situation in approximately short time.

Study sample and setting:

All male and female nurse managers (first level of management, middle level and top management) from MOH, UNRWA and NGO's in Gaza-Strip in both primary and secondary health care were selected. They constitute 353 male and female nurse managers shown in annex 12.

The sample includes general top nursing managers, hospital managers and their deputies, supervisors, head nurses of departments in hospitals, heads of clinics and heads of departments in the clinics. For the purpose of this study, questionnaires were distributed at working areas (hospitals, centers, clinics and offices).

Eligibility:

Inclusion criteria:

The eligible subjects in this study are all female and male nurse managers at top, middle and first managerial levels who are working in Governmental, NGO's and UNRWA in both PHC and SHC.

Expected response rate:

The total population was 353. The pilot study took 10% nearly of the original population namely 35 manager, those were excluded so the sample is considered 318. The response rate of respondents was (300) subject from the total number of population (318) with response rate 94.3%.

Ethical Consideration and Procedures:

- An official letter of approval to conduct the study was obtained from Helsinki Committee which is the only ethical research committee in Gaza (Annex, 7).
- An official approval letter was obtained from MOH to conduct the study in the governmental health settings (Annex, 8).

- An official approval letter was obtained from the Director of Health Services in UNRWA to conduct the study in the UNRWA health clinics (Annex, 9).
- An official approval letter was obtained from the Director of Arab Ahli hospital to conduct the study in that hospital.
- Every participant was provided with an explanatory cover letter attached to the questionnaire (Annex, 4).

This cover letter contains the purpose of the study, confidentiality of information and instruction how to deal with the questionnaire.

In addition, a statement to ensure voluntary participation in the study was included.

- A formal approval letter to use the leadership style handouts from the Publisher WSJ "*Wall street Journal*" (Annex, 10).
- NGO's permissions (annex, 11) to distribute the questionnaire in their settings.
- Anonymity and confidentiality was maintained at all times.

Description of the Questionnaire:

A self-administered questionnaire was designed (Annex, 5). The questionnaire has been modified after piloting to be clearer as will explain in the next section. The questionnaire contained two translated international scales. The questionnaire was structured and each item had a serial number.

The questionnaire was translated from English to Arabic and back translated by three language specialists to ensure credibility (Annex, 6). In order to facilitate understanding of the questions and to insure credibility of the answers, an explanatory form was attached. The questionnaire consists of 3 parts: the first part included nineteen questions 1-19 that cover the needed information related to personal demographic, social, basic and continuous education, place and years of education, work, and other job aspects. Second part was to determine the leadership style "Leadership style Handout". An international scale was published by "*Wall Street Journal*" This part included six groups of statements, each group have five items.

The subjects have to choose one of the five in each group statements. The third part specified the personal management style "Managerial Grid". It was nearly similar to the second that has also six group statements and each group has five items. The researcher modified and used the international scales of "Managerial Grid"(Black and Mouton, 1985) and "Leadership Styles Handouts" adapted from materials used by Leadership Resources, Inc. and the American Management Association).

The questionnaire is self-administered and has many advantages. Among which, saving time, can be filled at home, office or work place, more anonymous and confidential.

Moreover, standardizing administration of the questionnaire can minimize social bias and can control and minimize missing information.

Pilot Study:

The pilot study was conducted before starting the actual data collection process. It was considered as a pre-test of the study to serve many purposes. It was conducted to predict time consumed to fill the questionnaire by respondent, validity and suitability of questionnaire as well as any area that requires modifications.

Thirty five female and male nurse managers from different health institutions (Governmental, UNRWA, NGO's) with variant managerial position (first, second and top level of management) from both PHC and SHC were chosen (10% of total sample size). All of them received a clear explanation about the study purpose after meeting them in their work areas (hospitals, clinics or offices) each as his work nature permits. Modification of the questionnaire was done by the researcher after a meeting with them, in a way to discuss, understand their comments, opinions and suggestions. The nurse managers who participated in the pilot study were not included in the study sample.

Data Collection:

The questionnaires were collected mainly by the researcher and with some cooperation of key persons in the institutions such as matrons and head nurses.

Brief explanations were given about the purpose, objectives and how to collect the questionnaires with respect to confidentiality and anonymity of the subjects. Questionnaires were collected and the author reviewed the questionnaires to ensure completion of all information needed.

Data Entry and Analysis

The questionnaires were coded and entered by the research herself with some help of a statistician using the computer software Statistical Package for Social Sciences (SPSS) version 11.5 program, year 2003. Data cleaning was done by checking out a random number of the questions and through frequency tables for all variables then means, and SD's (Standard Deviations) were computed for continuous numeric variables. Reliability and validity of the instrument were tested. According to the guidance of the advisor and the statistician, t-test, One-Way ANOVA, chi-square and Pearson correlation were used to examine the potential relationships between the variables.

Validity:

Content Validity:

Content validity is defined as "the extent to which a test reflects the variables it seeks to measure" (Holm and Liwelly, 1986).

Before piloting the content, validity was conducted to ensure, relevancy, clarity and comprehensiveness of the questionnaire. Content validity is a subjective estimate of measurements rather than being a statistical analysis.

Content validity requires judgment matter that the items reflect the defined variable (Holm & Liwelly, 1986,). The researcher sent the questionnaire to 8 experts with a covering letter and explanation sheet that explained study purpose, objectives and other related information. The eight experts were from variant fields. They included nurse educators, researchers, managers, and English and Arabic language experts. The experts were requested to estimate the relevancy, clarity, comprehensiveness of the questionnaire and the appropriateness of each item. Some modifications and changes were made

Reliability:

Reliability is "the consistency or stability of measurement" (Holm and Liwelly, 1986). Measuring variables by a tool must be reliable that reflects the stability and consistency of the tool (Mark, 1998). In this study statistical test for internal consistency Cronbachs Alpha coefficient was used. The reliability coefficient for the instrument was 0.879.

Summary:

This chapter provided information about study methodology, design, sample, eligibility criteria, pilot study and data collection.

In addition the method of data analysis, ethical consideration, validity and reliability are explained.

Chapter (5)

Results of the study

The chapter indicates the statistical results and analysis of the collected data. It includes the demographical characteristics of the participants. In addition, statistical tests to explore the relationship between variables are presented. The response rate in this study was 94.3%.

Study population characteristics:

Gender:

Table (1) shows that the majority of the study population is male 71.3%, while female subjects represent 28.7 % of total respondents.

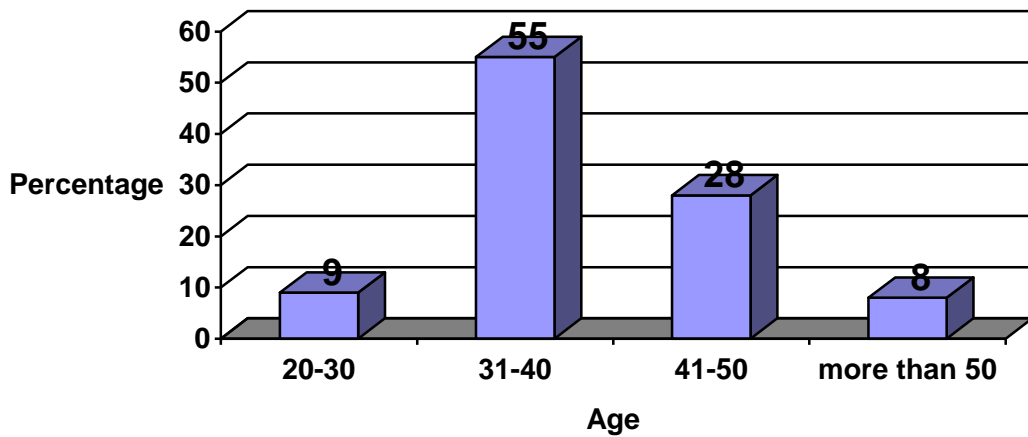
Table 1: Distribution of participants by gender.

Gender	N	%
Male	214	71.3
Female	86	28.7
Total	300	100

Age:

Figure 1 shows that the majority of subjects (55.3%) belong to age group 31-40 years, 27.7% belong to age group 41-50 years, while age group 20-30 and age group more than 50 form 8.7% and 8.3% respectively.

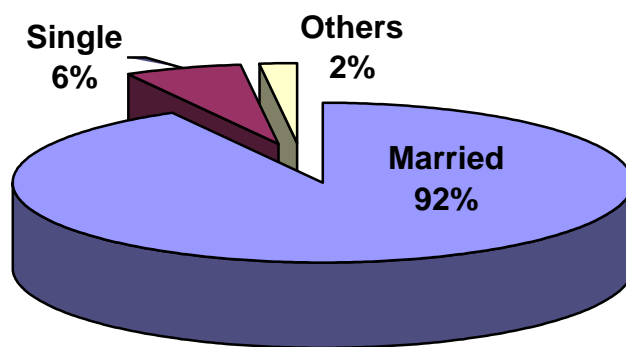
Figure 1: Distribution of subjects by age



Marital status:

Most of subjects were married (92%), while 6% were single. In addition 0.3% was widowed and 1.7% indicated other status as shown in figure 2.

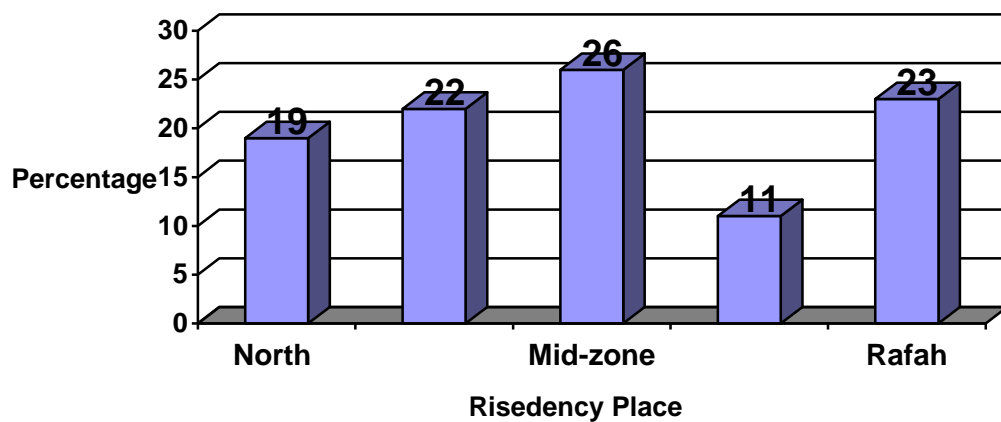
Figure 2: Distribution of subjects by marital status



Residency place:

Figure 3 indicated that twenty six percent of the subjects were from Mid-Zone while 22.7% were from Rafah. 21.7% of the participants were from Gaza, and then 19% and 10.7% were from north and from Khanyounis respectively.

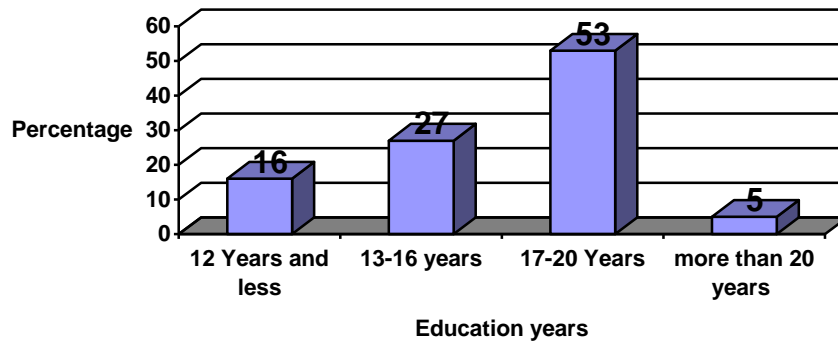
Figure 3: Distribution of subjects by residency place



Education years:

Figure 4 showed that 52.7% had 17-20 years of education, while 27% had 13-16 years. 15.7% had 12 years and less and 4.7% had more than 20 years of education

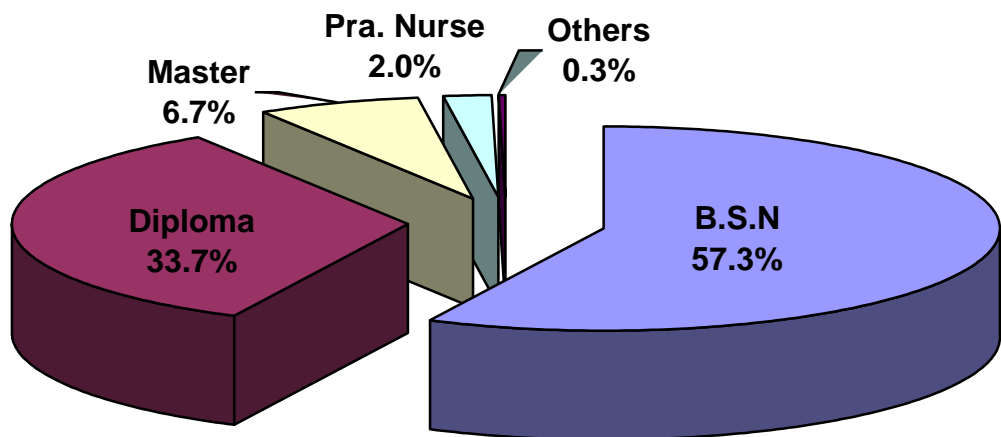
Figure 4: Distribution of subjects by years of education



Level of education:

The majority of the subjects (57.3%) were holding Bachelor of Nursing (B.S.N) and 33.7% got Diploma (3years). However, Master degree holders represented 6.7%, practical nursing degree were 2% and finally other degrees were 0.3% as appears in figure 5.

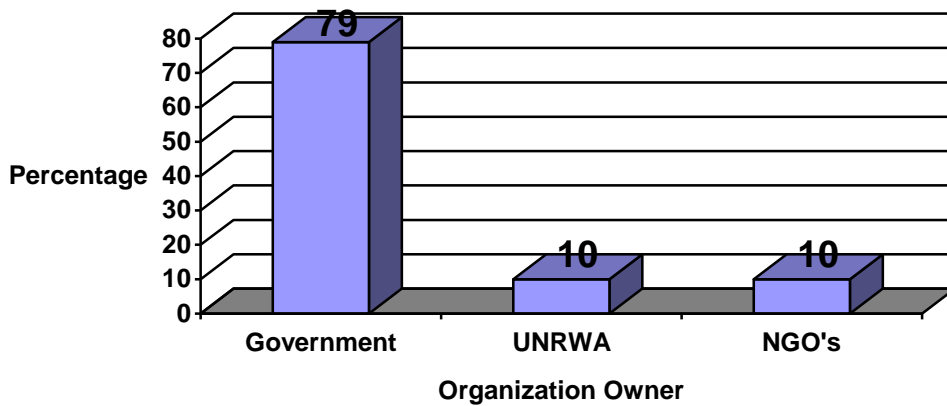
Figure 5: Distribution of subjects by educational level



Organization's owner:

Most of the subjects were from government (79.4 %), UNRWA and NGO's represents the same percentage (10.3%) as shown in figure 6.

Figure 6: Distribution of subjects by organization's owner



Organization's type:

Table (2) shows that the majority of subjects (73.3%) work in hospitals while 26.7% of them were working in clinics.

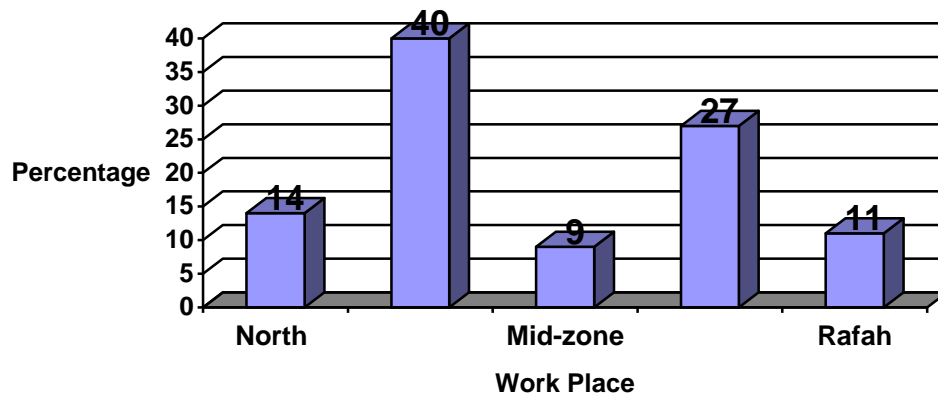
Table 2: Distribution of participants by organization's type.

Organization type	N	%
Hospital	220	73.3
Clinic	80	26.7
Total	300	100

Place of Work:

Most of respondents worked in Gaza City (39.7%), 27% in Khanyounis then North were 13.7%; Rafah 10.7% and finally Mid-Zone were 9% as indicated in figure 7.

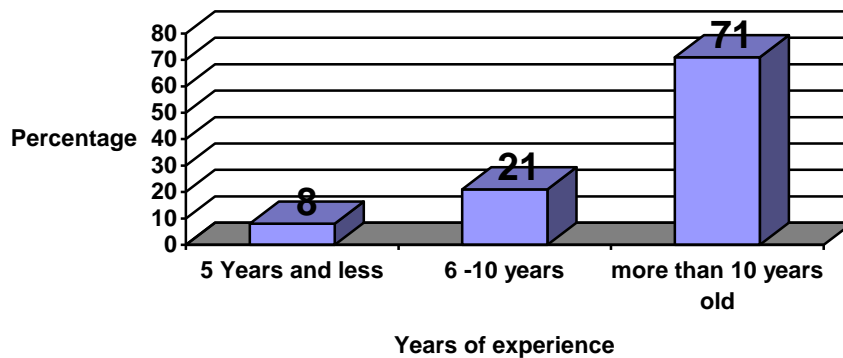
Figure 7: Distribution of subjects by work place



Years of experience:

The majority of subjects (71.3%) had 10 and more years of experience and 21% had from 6 to 10 years. Only 7.7% had five years and less as shown in figure 8.

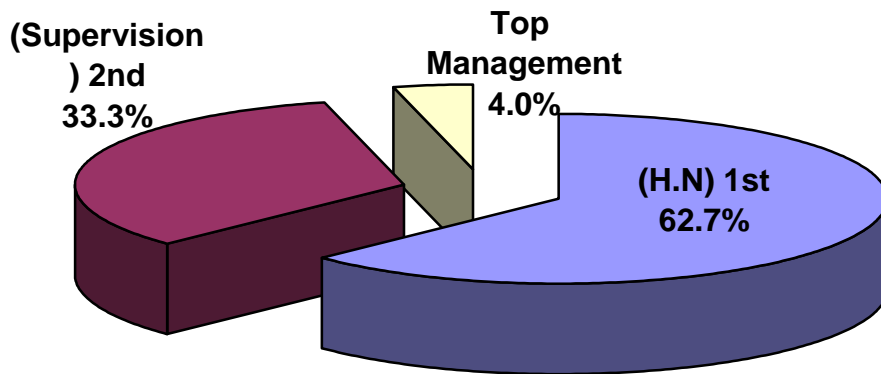
Figure 8: Distribution of subjects by years of experience



Managerial level:

Figure nine shows that the majority of respondents were Head Nurses (H.N) (62.7%) and 33.3% of them were supervisors while 4.0% were from top management level.

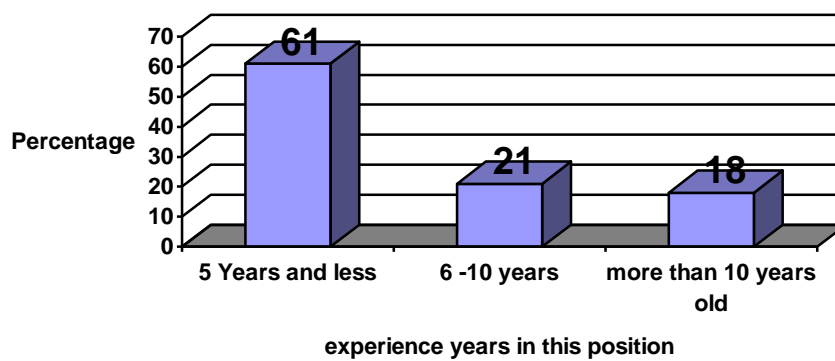
Figure 9: Distribution of subjects by level of management



Years of experience in the current managerial position:

As shown in figure10 sixty one percent of the subjects had five and less years of experience in current position while 21% of the participants had from 6-10 years of experience and 18% of the respondents worked in current position more than ten years.

Figure 10: Distribution of subjects by years of experience in current position



Working in another organization:

Most of respondents (74.3%) didn't work in another organization; while 25.7% worked in other organization before their current place of work as shown in table (3).

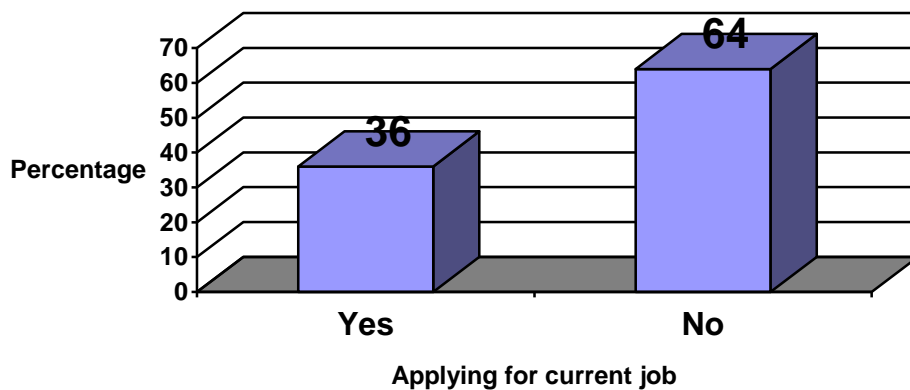
Table 3: Distribution of participants as working in another organization in past.

work in other organization	N	%
No	77	25.7
Yes	223	74.3
Total	300	100

Applying for the current job:

The majority of subjects (64%) didn't apply for their current job while 36% applied for the job as shown in figure 11.

Figure 11: Distribution of subjects by applying for the current job



Training in management:

Table four shows that nearly half of the subjects have received training in management while the other 50.7% didn't receive managerial training.

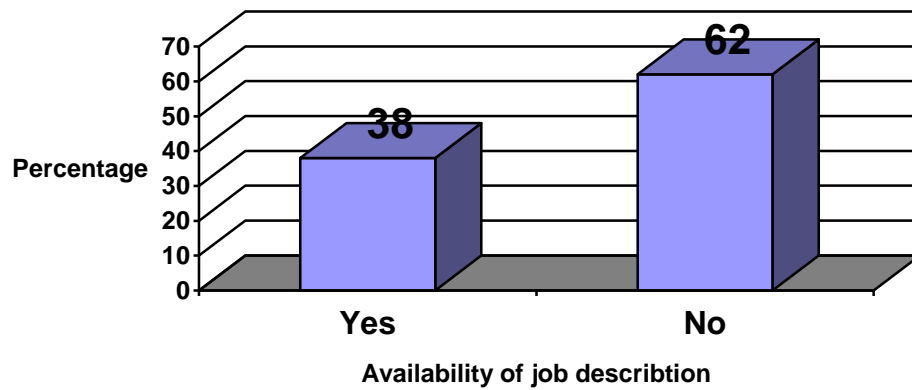
Table 4: Distribution of participants as they trained in management or not.

Having training in management	N	%
No	152	50.7
Yes	148	49.3
Total	300	100

Availability of job description:

Figure12 showed that 61.7% of the subjects had job description while 38.3% didn't have job description.

Figure 12: Distribution of subjects by availability of job description



Attending continuous education programs in the last three years:

In table 5, 50.7% of participants enrolled in continuous education in the last three years while 49.3% didn't.

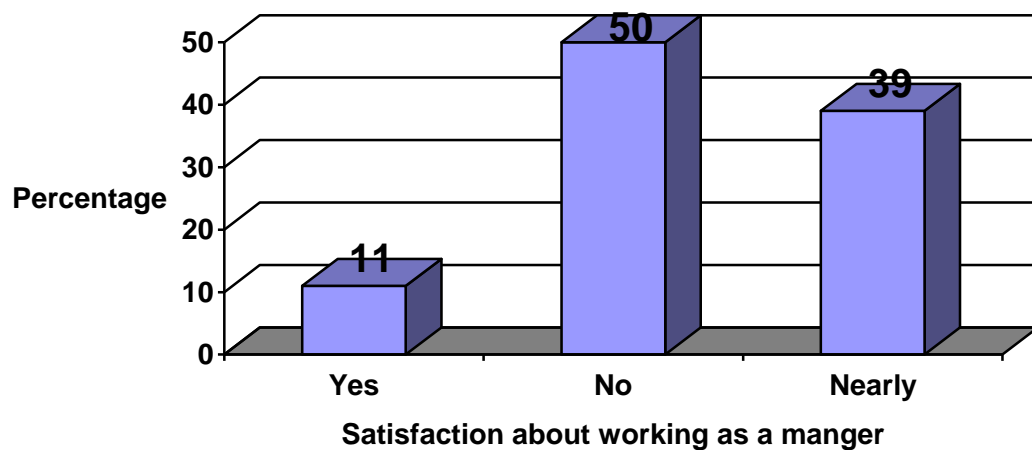
Table 5: Distribution of participants according to enrollment in continuous education programs in the last three years.

Attending continuous education	N	%
No	152	50.7
Yes	148	49.3
Total	300	100

Manager's satisfaction:

Figure 13 shows that 50% of the participants were not satisfied with their work as managers while 38.7% of them were nearly satisfied and just 11.3% were not satisfied with being managers.

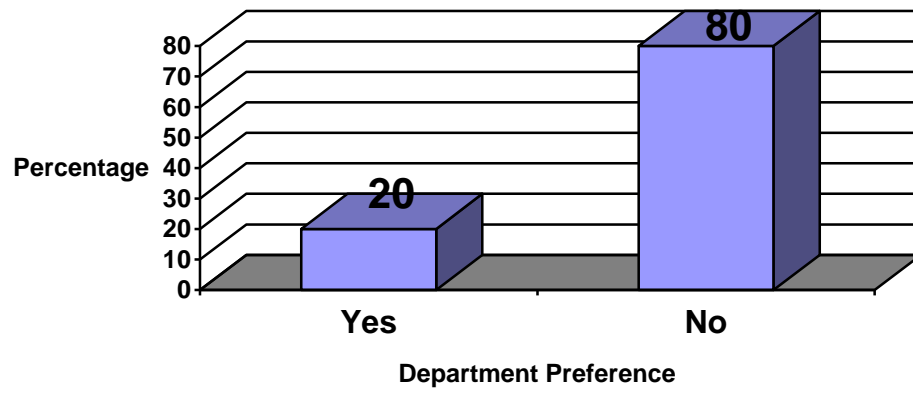
Figure 13: Distribution of subjects by satisfaction with working as a manager.



Department preference:

Figure14 shows that 79.7% worked in non preferable departments while 20.3% of the participants worked in departments they prefer.

Figure 14: Distribution of subjects by department preference



Leadership style:

Relation between gender and leadership style:

There was no statistical relationship between gender and leadership styles, Chi square=1.26, at p-value= 0.867 as it is showed table (6, b). The dominant leadership style was participative for both males and females in order 47.9 % , 46.3% while authoritative leadership style was the minor, 4.7% from males and 7.3% from females as in table (6, a) .

Table 6, a: Distribution of leadership style according to gender

Leadership style	Gender			
	males		females	
	N	%	N	%
Authoritative	10	4.7	6	7.3
Political	44	20.9	19	23.2
Evaluative	24	11.4	9	11
Participative	101	47.9	38	46.3
Laissez-faire	32	15.3	10	12.2
Total	221	100	82	100

Table 6, b: Chi-Square test values, that comparing leadership style with gender

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.267	4	0.867
Likelihood Ratio	1.236	4	0.872
Linear-by-Linear Association	1.018	1	0.313
N of Valid Cases	293		

Relation between age and leadership style:

There was no statistical relationship between age and leadership style for both males and females. For males, Chi square = 7.057, at p-value = 0.854 while for females Chi square = 7.274, at p-value = 0.839 as is shown in tables (7, b), (8, b) respectively. Participative leadership style was dominant for the age group "more than 50" for both males and females in order 61.5%, 66.7% respectively. However, for the age group 31-40, participative style was dominant (49.2%) for males while it was for females 50% in age group 20-30. Authoritative style was the less dominant in both groups as shown in tables (7, a), (8, a).

Table 7, a: distribution of male leadership style according to age

Male Leadership style	Age					Total
		20 - 30	31 - 40	41 - 50	more than 50	
Authoritative	N	1	5	4	0	10
	%	7.10	4.10	6.50	0.00	4.70
Political	N	4	22	16	2	44
	%	28.60	18.00	25.80	15.40	20.90
Evaluative	N	1	17	6	0	24
	%	7.10	13.90	9.70	0.00	11.40
Participative	N	6	60	27	8	101
	%	42.90	49.20	43.50	61.50	47.90
Laissez-faire	N	2	18	9	3	32
	%	14.30	14.80	14.50	23.10	15.20
Total	N	14	122	62	13	211
	%	100.00	100.00	100.00	100.00	100.00

Table 7, b: Chi-Square test values, comparing males leadership style with age.

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.057	12	0.854
Likelihood Ratio	8.931	12	0.709
Linear-by-Linear Association	0.242	1	0.623
N of Valid Cases	211		

Table 8, a: Distribution of females leadership style according to age.

Female	Age					Total
Leadership style		20 - 30	31 - 40	41 - 50	more than 50	
Authoritative	N	1	3	1	1	6
	%	8.30	7.50	5.60	8.30	7.30
Political	N	2	12	5	0	19
	%	16.70	30.00	27.80	0.00	23.20
Evaluative	N	1	5	1	2	9
	%	8.30	12.50	5.60	16.70	11.00
Participative	N	6	15	9	8	38
	%	50.00	37.50	50.00	66.70	46.30
Laissez-faire	N	2	5	2	1	10
	%	16.70	12.50	11.10	8.30	12.20
Total	N	12	40	18	12	82
	%	100.00	100.00	100.00	100.00	100.00

Table 8, b: Chi-Square test, comparing female leadership style with age.

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.274	12	0.839
Likelihood Ratio	9.981	12	0.618
Linear-by-Linear Association	0.404	1	0.525
No of Valid Cases	82		

Relation between marital status and leadership style:

There was no statistical relationship between marital status and leadership style for both males and females. For males Chi square = 4.035, at p-value = 0.401 and for females, Chi square = 8.055, at p-value = 0.428 as shown in tables (9, b), (10, b). Participative leadership style was the dominant for both females and males regardless of their marital status. It was 60 %, and 47.6% for single and married males respectively and 58.3%, and 45.3% for single and married females respectively as shown in tables (9, a), (10, a).

Table 9, a: Distribution of male leadership style according to marital status.

Male	Marital status			Total
Leadership style		single	married	
Authoritative	N	1	9	10
	%	20.00	4.40	4.70
Political	N	1	43	44
	%	20.00	20.90	20.90
Evaluative	N	0	24	24
	%	0.00	11.70	11.40
Participative	N	3	98	101
	%	60.00	47.60	47.90
Laissez-faire	N	0	32	32
	%	0.00	15.50	15.20
Total	N	5	206	211
	%	100.00	100.00	100.00

Table 9, b: Chi-Square test values, comparing male leadership style with marital status

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.035	4	0.401
Likelihood Ratio	4.249	4	0.373
Linear-by-Linear Association	0.931	1	0.335
N of Valid Cases	211		

Table 10, a: Distribution of female leadership style according to marital status.

Female Leadership style		Marital status			Total
		single	married	others	
Authoritative	N	1	5	0	6
	%	8.30	7.80	0.00	7.30
Political	N	2	15	2	19
	%	16.70	23.40	33.30	23.20
Evaluative	N	2	5	2	9
	%	16.70	7.80	33.30	11.00
Participative	N	7	29	2	38
	%	58.30	45.30	33.40	46.30
Laissez-faire	N	0	10	0	10
	%	0.00	15.60	0.00	12.20
Total	N	12	64	6	82
	%	100.00	100.00	100.00	100.00

Table 10, b: Chi-Square test values, comparing female leadership style with marital status

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.055	8	0.428
Likelihood Ratio	9.669	8	0.289
Linear-by-Linear Association	0.273	1	0.601
N of Valid Cases	82		

Relationship of male leadership style with their place of residence:

There was no statistical relationship in male leadership style and their place of residence. Chi square = 10.88, at p-value = 0.816. Table (11, b) all males in all areas of Gaza strip had participative leadership style as follows, 52.4% in Khanyounis. 50% in Gaza and Mid-Zon., while 45.3% in Rafah as shown in table (11, a).

Table 11, a: Distribution of male with leadership style according to residency place.

Gender	Males									
Residency place	North		Gaza		Mid-Zone		Khanyounis		Rafah	
Leadership style	N	%	N	%	N	%	N	%	N	%
Authoritative	3	7.7	3	6.5	2	3.8	1	4.8	1	1.9
Political	9	23.1	5	10.9	9	17.3	7	33.3	14	26.4
Evaluative	4	10.3	6	13	6	11.5	1	4.8	7	13.2
Participative	17	43.6	23	50	26	50	11	52.4	24	45.3
Laissez-faire	6	15.4	9	19.6	9	17.3	1	4.8	7	13.2
Total	39	100	46	100	52	100	21	100	53	100

Table 11, b: Chi-Square test values, comparing male leadership style with residency place

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.887	16	0.816
Likelihood Ratio	11.922	16	0.749
Linear-by-Linear Association	0.239	1	0.625
N of Valid Cases	211		

Relationship of female and leadership style with their place of residence:

There was a statistical relationship at level 0.05, Chi square=30.72, p-value= 0.015. As table (12, b) shows that Political leadership style was the highest in Khanyounis 54.5% and 38.5% in Rafah while participative leadership style was the 73.9%, , 42.1% and 37.9%, 36.4% , 23.1% in Mid-Zone, Gaza, North Khanyounis and Rafah respectively as shown in table (12,a).

Table 12, a: Distribution of female leadership style according to their residency place

Gender	Females									
	North		Gaza		Mid-Zone		Khanyounis		Rafah	
Residency place	N	%	N	%	N	%	N	%	N	%
Authoritative	1	6.3	4	21.4	0	0	1	9.1	0	0
Political	3	18.8	1	5.3	4	17.4	6	54.5	5	38.5
Evaluative	3	18.8	3	15.8	1	4.3	0	0	2	15.4
Participative	6	37.5	8	42.1	17	73.9	4	36.4	3	23.1
Laissez-faire	3	18.8	3	15.8	1	4.3	0	0	3	23.1
Total	16	100	19	100	23	100	11	100	13	100

Table 12, b: Chi-Square test values comparing female leadership style and their place of residence

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	30.72	16	0.015
Likelihood Ratio	33.850	16	.0060
Linear-by-Linear Association	.5430	1	0.461
N of Valid Cases	82		

Relationship between years of education and leadership style:

There was no statistical relationship between years of education and leadership style for both males and females. In tables (13, b), (14, b)

for males, chi square= 16.174, p-value = 0.183 and for females, Chi square= 5.790, p-value = 0.67. Participative leadership style was the most dominant style in all groups for both males and females.

For males, the percentages were 53.8%, 52.1%, 38.5% and 35.8% for those who had 12 and less years of education, for those who had 17-20 years and for those who had 13-16 years and for those more than 20 years respectively. While for females the percentages were 57.1%, 42.9 %, 42.3% for those who had 12 and less years of education, for those who had 17-20 years and for those who had 13-16 years respectively as shown in tables (13,a), (14,a).

Table 13, a: Distribution of male leadership style according to years of education

Male		Education years				Total
Leadership style		12 years and less	13 - 16 years	17-20 years	more than 20 years	
Authoritative	N	2	5	3	0	10
	%	7.70	9.60	2.50	0.00	4.70
Political	N	6	12	21	5	44
	%	23.10	23.10	17.60	35.70	20.90
Evaluative	N	4	4	15	1	24
	%	15.40	7.70	12.60	7.10	11.40
Participative	N	14	20	62	5	101
	%	53.80	38.50	52.10	35.80	47.90
Laissez-faire	N	0	11	18	3	32
	%	0.00	21.20	15.10	21.40	15.20
Total	N	26	52	119	14	211
	%	100.00	100.00	100.00	100.00	100.00

Table 13, b: Chi-Square test values, comparing male leadership style with education years

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	16.174	12	0.183
Likelihood Ratio	20.105	12	0.065
Linear-by-Linear Association	2.679	1	0.102
N of Valid Cases	211		

Table 14, a: Distribution of female leadership style according to years of education.

Female			Education years			Total	
			12 years and less	13 - 16 years	17-20 years		
Leadership style	Authoritative	N	2	2	2	6	
		%	9.50	7.70	5.70	7.30	
	Political	N	4	6	9	19	
		%	19.00	23.10	25.70	23.20	
	Evaluative	N	0	5	4	9	
		%	0.00	19.20	11.40	11.00	
	Participative	N	12	11	15	38	
		%	57.10	42.30	42.90	46.30	
	Laissez-faire	N	3	2	5	10	
		%	14.30	7.70	14.30	12.20	
	Total		N	21	26	35	82
			%	100.00	100.00	100.00	100.00

Table 14, b: Chi-Square test values, comparing females leadership style with years of education

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.79	8	0.671
Likelihood Ratio	7.824	8	0.451
Linear-by-Linear Association	0.092	1	0.762
N of Valid Cases	82		

Relationship between academic level and male manager leadership style:

There was no statistical relationship between the academic level and male manager leadership style. Chi square = 11.568, p-value = 0.481. In table (15, b) the dominant leadership style was participative leadership.

They were 60%, 51.9%, 40%.7, and 36.8% for practical nursing B.S.N, diploma and Master degree holders respectively as shown in table (15, a).

Table 15, a: Distribution of male leadership style according to level of education.

Males								
Leadership style	Diploma		B.S.N		Master		Practical nursing	
	N	%	N	%	N	%	N	%
Authoritative	5	9.3	5	3.8	0	0	0	0
Political	13	24.1	24	18	7	36.8	0	0
Evaluative	8	14.8	13	9.8	2	10.5	1	20
Participative	22	40.7	69	51.9	7	36.9	3	60
Laissez-faire	6	11.1	22	16.5	3	15.8	1	20
Total	54	100	133	100	19	100	5	100

Table 15, b: Chi-Square test values, comparing male leadership style with level of education

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.568	12	0.481
Likelihood Ratio	12.834	12	0.381
Linear-by-Linear Association	2.413	1	0.12
N of Valid Cases	211		

Relationship between the academic level with female manager leadership style:

There was no statistical relationship between academic level and female managers leadership style. The Chi square= 4.89 at p-value= 0.982, as shown in table (16, b).

In table (16,a), the most dominant leadership style for diploma and BSN holders were participative leadership 51.1% and 37.1% respectively.

Table 16, a: Distribution of female leadership style according to level of education

Females								
Leadership style	Diploma		B.S.N		Master		Practical nursing	
	N	%	N	%	N	%	N	%
Authoritative	3	6.7	3	8.6	0	0	0	0
Political	9	20	10	28.6	0	0	0	0
Evaluative	5	11.1	4	11.4	0	0	0	0
Participative	23	51.1	13	37.1	1	100	1	100
Laissez-faire	5	11.1	5	14.3	0	0	0	0
Total	45	100	35	100	1	100	1	100

Table 16, b: Chi-Square test values, comparing male leadership style with level of education

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.089	12	0.982
Likelihood Ratio	4.86	12	0.962
Linear-by-Linear Association	0.062	1	0.803
N of Valid Cases	82		

Relationship between employer and leadership style:

There was no statistical relationship between organization's owner and leadership styles, for males, Chi square=6.316 at p-value=0.612 while for females Chi square=9.723 at p-value=0.285, as shown in table (17, b, c). In table (17, a), 47.6% of males who worked in government institutions demonstrated participative leadership style.

In UNRWA, 33.3% of the male managers demonstrated Political leadership style and an additional 33.3% demonstrated Laissez-faire leadership style, while, 61.1% of those who worked in NGO's demonstrated participative leadership style.

For females, 65.2% of UNRWA and 58.3% of NGO and 34% of governments managers demonstrated participative leadership style.

Table 17, a: Distribution of leadership style according to organization owner

Leadership style	Males						Females					
	Government		UNRWA		NGO's		Government		UNRWA		NGO's	
	N	%	N	%	N	%	N	%	N	%	N	%
Authoritative	9	4.8	0	0	1	5.6	5	10.6	0	0	1	8.3
Political	41	21.9	2	33.3	1	5.6	13	27.7	5	21.7	1	8.3
Evaluative	21	11.2	1	16.7	2	11.1	6	12.8	1	4.3	2	16.7
Participative	89	47.6	1	16.7	11	61.1	16	34	15	65.2	7	58.3
Laissez-faire	27	14.4	2	33.3	3	16.7	7	14.9	2	8.7	1	8.3
Total	187	100	6	100	18	100	47	100	23	100	12	100

Table 17, b: Chi-Square test values, comparing males leadership style with organization work owner

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.316	8	0.612
Likelihood Ratio	7.375	8	0.497
Linear-by-Linear Association	1.353	1	0.245
N of Valid Cases	211		

Table 17, c: Chi-Square test values, comparing females leadership style with organization owner

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.723	8	0.285
Likelihood Ratio	11.843	8	0.158
Linear-by-Linear Association	1.816	1	0.178
N of Valid Cases	82		

Relationship between organization type and leadership styles:

There was no statistical relationship between organization type and leadership styles, for males Chi square = 3.667, at p-value = 0.453, while for females, Chi square = 5.635, at p-value = 0.228 as shown in table (18, b, c). In table (18, a), 50.6% of males who worked in hospitals and 38.3% of males who worked in clinics demonstrated participative leadership. 38.5% of females who worked in hospitals and 60% females who worked in clinics females demonstrated participative leadership style.

Table 18, a: Distribution of leadership style according to organization type

Leadership style	Males				Females			
	Hospital		Clinic		Hospital		Clinic	
	N	%	N	%	N	%	N	%
Authoritative	8	4.9	2	4.3	5	9.6	1	3.3
Political	30	18.3	14	29.8	12	23.1	7	23.3
Evaluative	19	11.6	5	10.6	8	15.4	1	3.3
Participative	83	50.6	18	38.3	20	38.5	18	60
Laissez-faire	24	14.6	8	17	7	13.5	3	10
Total	164	100	47	100	52	100	30	100

Table 18, b: Chi-Square test values, comparing male leadership style with organization type

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.667	4	0.453
Likelihood Ratio	3.536	4	0.472
Linear-by-Linear Association	0.917	1	0.338
N of Valid Cases	211		

Table 18, c: Chi-Square test values, comparing female leadership style with organization type

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.635	4	0.228
Likelihood Ratio	6.216	4	0.184
Linear-by-Linear Association	0.996	1	0.318
N of Valid Cases	82		

Relation between work place and leadership style:

There was no statistical relationship between work place and leadership style for both males and females. For males, Chi square= 14.059, at p-value = 0.594.

For females, Chi square=24.848, at p-value = 0.073 as shown in tables (19, b), (20, b). In tables (19, a), (19, b) the main leadership style of males was participative in all areas as follows: Mid-Zone 68.8%, Rafah 57.1%, North 48.3%, Khanyounis 44.8% then Gaza 43.3%.

For females participative were the highest in Mid-Zone (88.9%), in Gaza (50%) and in North (36.4).

However, Political leadership style was the highest in Rafah (60%). 36.5 % in Khanyounis demonstrated political leadership style in addition to another 36.4 % demonstrated participative leadership style. as shown in

Table 19, a: Distribution of male leadership style according to work place.

Males		Work place					Total
Leadership style		North	Gaza	Mid-Zone	Khanyounis	Rafah	
Authoritative	N	3	4	0	2	1	10
	%	10.3	4.6	0.0	3.4	4.8	4.7
Political	N	4	18	2	17	3	44
	%	13.8	20.7	12.5	29.3	14.3	20.9
Evaluative	N	4	10	0	8	2	24
	%	13.8	11.5	0.0	13.8	9.5	11.4
Participative	N	14	38	11	26	12	101
	%	48.3	43.7	68.8	44.8	57.1	47.9
Laissez-faire	N	4	17	3	5	3	32
	%	13.8	19.5	18.8	8.6	14.3	15.2
Total	N	29	87	16	58	21	211
	%	100.0	100.0	100.0	100.0	100.0	100.0

Table 19, b: Chi-Square test values, comparing males leadership style with work place

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.059	16	0.594
Likelihood Ratio	16.178	16	0.441
Linear-by-Linear Association	0.132	1	0.717
N of Valid Cases	211		

Table 20, a: Distribution of female leadership style according to work place.

Leadership style	Work place						Total
	Females						
		North	Gaza	Mid-Zone	Khanyounis	Rafah	
Authoritative	N	1	4	0	1	0	6
	%	9.1	13.3	0.0	4.5	0.0	7.3
Political	N	2	2	1	8	6	19
	%	18.20	6.70	11.10	36.50	60.00	23.20
Evaluative	N	2	5	0	2	0	9
	%	18.2	16.7	0.0	9.1	0.0	11.0
Participative	N	4	15	8	8	3	38
	%	36.4	50.0	88.9	36.4	30.0	46.3
Laissez-faire	N	2	4	0	3	1	10
	%	18.2	13.3	0.0	13.5	10.0	12.2
Total	N	11	30	9	22	10	82
	%	100.0	100.0	100.0	100.0	100.0	100.0

Table 20, b: Chi-Square test values, comparing female leadership style with work place

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	24.848	16	0.073
Likelihood Ratio	27.788	16	0.034
Linear-by-Linear Association	1.323	1	0.25
N of Valid Cases	82		

Relationship between leadership style and years of experience:

There was no statistical relationship between years of experience and leadership style. For males, Chi square = 4.425 ,at p-value = 0.817 and for females, Chi square = 7.158 at P-value = 0.520, as shown in tables (21, b, c).

In tables (21, a), participative leadership style were dominant for managers who experienced more than 20 years (51.1%) and for those who had 10 to 20 years of experience (49.1%) and for managers who had less than 10 years experience (42.9%).

For females 44.8%, of group who had less than 10 years of experience demonstrated participative leadership style, while, 41.9% of managers who had experience from 10-20 years, and 45.5% from those female managers who had experience more than 20 years demonstrated participative leadership style.

Table 21, a: Distribution of leadership style according to years of experience.

Leadership style	Males						Females					
	Less than 10		10-20		More than 20		Less than 10		10-20		More than 20	
	N	%	N	%	N	%	N	%	N	%	N	%
Authoritative	3	5.4	5	4.6	2	4.3	2	6.9	2	6.5	2	9.1
Political	12	21.4	20	18.5	12	25.5	6	20.7	11	35.5	2	9.1
Evaluative	7	12.5	15	13.9	2	4.3	3	10.3	2	6.5	4	18.2
Participative	24	42.9	53	49.1	24	51.1	13	44.8	13	41.9	12	45.5
Laissez-faire	10	17.9	15	13.9	7	14.9	5	17.2	3	9.7	2	9.1
Total	56	100	108	100	47	100	29	100	31	100	22	100

Table 21, b: Chi-Square test values, comparing male leadership style with years of experience

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.425	8	0.817
Likelihood Ratio	4.042	8	0.853
Linear-by-Linear Association	0.29	1	0.59
N of Valid Cases	82		

Table 21, c: Chi-Square test values, comparing female with leadership style with years of experience

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.158	8	0.52
Likelihood Ratio	9.94	8	0.269
Linear-by-Linear Association	0.129	1	0.719
N of Valid Cases	211		

Relationship between managerial level and leadership styles:

There was no statistical relationship between managerial level and leadership style for both males and females. For males, Chi square= 4.470, at p-value = 0.812 and for females, Chi square= 4.006, at p-value = 0.857 as shown in tables (22, b), (23, b).

Participative leadership style was the dominant this time that was 50.0% at middle level of management and also at first level was 48.3% while top management appeared as political leadership style in males and females the same ratio 33.4%. Also for females participative still dominant at first and second level of management as ordered 46.9%, 46.7% as shown in tables (22,a), (23, a).

Table 22, a: Distribution of male leadership style according to management level.

Leadership style	Males				Total
	Level of management				
		1ST (H.N)	2ND (supervision)	Top management	
Authoritative	%	4.2	4.8	11.1	4.7
	N	23	18	3	44
Political	%	19.5	21.4	33.4	20.9
	N	16	7	1	24
Evaluative	%	13.6	8.3	11.1	11.4
	N	57	42	2	101
Participative	%	48.3	50.0	22.2	47.9
	N	17	13	2	32
Laissez-faire	%	14.4	15.5	22.2	15.2
	N	118	84	9	211
Total	%	100.0	100.0	100.0	100.0

Table 22, b: Chi-Square test values, comparing male leadership style with management level

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.470	8	0.812
Likelihood Ratio	4.470	8	0.812
Linear-by-Linear Association	.261	1	0.609
N of Valid Cases	211		

Table 23, a: Distribution of female leadership style according to management level.

Leadership style		Females			Total
		1st (H.N)	2nd (supervision)	Top management	
Authoritative	N	5	1	0	6
	%	7.8	6.7	0.0	7.3
Political	N	16	2	1	19
	%	25.0	13.3	33.4	23.2
Evaluative	N	6	3	0	9
	%	9.4	20.0	0.0	11.0
Participative	N	30	7	1	38
	%	46.9	46.7	33.3	46.3
Laissez-faire	N	7	2	1	10
	%	10.9	13.3	33.3	12.2
Total	N	64	15	3	82
	%	100.0	100.0	100.0	100.0

Table 23, b: Chi-Square values, comparing females leadership style with management level

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.006	8	0.857
Likelihood Ratio	4.096	8	0.848
Linear-by-Linear Association	0.558	1	0.455
N of Valid Cases	82		

Relationship between years of work in the current position and leadership styles:

There was no statistical relationship between years of work in the current position and leadership style for males. However, there were differences for females. For males, Chi square= 8.258, at p-value = 0. 409 and for females, Chi square= 17.258, at p-value = .027 as shown in tables (24, b, c). Participative leadership style also was dominant regardless of years of work in the current position for both females and males.

For males, it was 62.1% for those who had more than 20 years of work in the current position, and 47.2% for those who had less than 10 and 39.5% for those who 10-20 years, while, for females, it was 58.3% for those who had 10-20 years of work in the current position, it was 41.7% for those who had less than 10 years and 40.9% for those who had more than 20 years as shown in table (24, a).

Table 24, a: Distribution of leadership style according to years of work in the current position.

Leadership style	Males						Females					
	Less than 10		10-20		More than 20		Less than 10		10-20		More than 20	
	N	%	N	%	N	%	N	%	N	%	N	%
Authoritative	6	4.2	3	7.9	1	3.4	3	8.3	3	12.5	0	0
Political	32	22.2	7	18.4	5	17.2	7	19.4	4	16.7	8	36.4
Evaluative	15	10.4	8	21.1	1	3.4	5	13.9	2	8.3	2	9.1
Participative	68	47.2	15	39.5	18	62.1	15	41.7	14	58.3	9	40.9
Laissez-faire	23	16	5	13.2	4	13.8	6	16.7	1	4.2	3	13.6
Total	144	100	38	100	29	100	36	100	24	100	22	100

Table 24, b: Chi-Square values, comparing male leadership style with years of work in current position

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.258	8	0.409
Likelihood Ratio	8.065	8	0.427
Linear-by-Linear Association	0.118	1	0.731
N of Valid Cases	211		

Table 24, c: Chi-Square values, comparing female leadership style with years of work in current position

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.284	8	0.027
Likelihood Ratio	19.718	8	0.011
Linear-by-Linear Association	2.216	1	0.137
N of Valid Cases	92		

Relation between working in another organization in past and leadership style:

In tables (25, b), (26, b) there was no statistical relationship between working in other organization in past and leadership style for both females and females. For males, Chi square= 1.574, at p-value = 0.813 and Chi square= 4.597, at p-value = 0.331 for females. In tables (25, a), (25, b), Participative leadership style was the dominant for both males and females regardless of weather they worked in another organization or not. It was 49.0% for males who didn't work and 47.5% for males who worked while it was 50.0% for females who didn't work and 44.8% for who worked.

Table 25, a: Distribution of male leadership style according to their working in other organization

Males		Working in other organization		Total
		No	Yes	
Leadership style		No	Yes	Total
Authoritative	N	2	8	10
	%	3.9	5.0	4.7
Political	N	8	36	44
	%	15.7	22.5	20.9
Evaluative	N	7	17	24
	%	13.7	10.6	11.4
Participative	N	25	76	101
	%	49.0	47.5	47.90
Laissez-faire	N	9	23	32
	%	17.6	14.4	15.2
Total	N	51	160	211
	%	100.0	100.0	100.0

Table 25, b: Chi-Square values, comparing male with leadership style with working in other organization

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.574	4	0.813
Likelihood Ratio	1.612	4	0.807
Linear-by-Linear Association	0.89	1	0.345
N of Valid Cases	211		

Table 26, a: Distribution of female leadership style according to their working in another organization

Females		working in other organization		Total
		No	Yes	
Authoritative	N	1	5	6
	%	4.20	8.6	7.3
Political	N	4	15	19
	%	16.7	25.9	23.2
Evaluative	N	5	4	9
	%	20.8	6.9	11.0
Participative	N	12	26	38
	%	50.0	44.8	46.3
Laissez-faire	N	2	8	10
	%	8.3	13.8	12.2
Total	N	24	58	82
	%	100.0	100.0	100.0

Table 26, b: Chi-Square values, comparing female with leadership style with working in other organization

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.597	4	0.331
Likelihood Ratio	4.409	4	0.353
Linear-by-Linear Association	0.187	1	0.665
N of Valid Cases	82		

Relation between applying for this job and leadership style:

In tables (27, b), (28, b), there was no statistical relationship between applying for this job and leadership style. Chi square= 3.432, at p-value = 0.488 for males while there were statistical differences between applying for this job and leadership style for females. Chi square= 9.957, at p-value =0.041.

Participative leadership style was the highest for both males and females regardless of whether managers applied for this job or not. It was 47.5% for males who applied and 84.0 for males who didn't apply while it was 50.0% for females who applied and 42.5 for females who didn't apply as shown in tables (27, a), (28, a).

Table 27, a: Distribution of male leadership style according to their application for this job.

Males Leadership style		Applying for this job		Total
		yes	no	
Authoritative	N	2	8	10
	%	3.3	5.3	4.7
Political	N	15	29	44
	%	24.6	19.3	20.9
Evaluative	N	9	15	24
	%	14.8	10.0	11.4
Participative	N	29	72	101
	%	47.5	48.0	47.9
Laissez-faire	N	6	26	32
	%	9.8	17.3	15.2
Total	N	61	150	211
	%	100.0	100.0	100.0

Table 27, b: Chi-Square values, comparing male leadership style with their application for this job

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.432	4	0.488
Likelihood Ratio	3.544	4	0.471
Linear-by-Linear Association	0.948	1	0.33
N of Valid Cases	211		

Table 28, a: Distribution of female leadership style according to their application for this job.

Females Leadership style		Applying for this job		Total
		Yes	No	
Authoritative	N	0	6	6
	%	0.0	15.0	7.3
Political	N	13	6	19
	%	31.0	15.0	23.2
Evaluative	N	3	6	9
	%	7.1	15.0	11.0
Participative	N	21	17	38
	%	50.0	42.5	46.3
Laissez-faire	N	5	5	10
	%	11.9	12.5	12.2
Total	N	42	40	82
	%	100.0	100.0	100.0

Table 28, b: Chi-Square values, comparing female leadership style with their application for this job

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.957	4	0.041
Likelihood Ratio	12.351	4	0.015
Linear-by-Linear Association	0.613	1	0.433
N of Valid Cases	82		

Relationship between having managerial training and leadership styles:

There was no statistical relationship between leadership styles and receiving training management.

For males Chi square = 1.884, at p-value = 0.757 while for females, Chi square = 3.498, at p-value = 0.47 as shown in tables (29, b, c). In table (29,a), 45% of males who had training in management compared to 51% of those who did not follow participative leadership style. In females 51.4% of whom had training in management compared to 42.2% followed participative leadership style.

Table 29, a: Distribution of leadership styles according to managerial training

Leadership style	Males				Females			
	No		Yes		No		Yes	
	N	%	N	%	N	%	N	%
Authoritative	4	3.9	6	5.5	2	4.4	4	10.8
Political	22	21.6	22	20.2	13	28.9	6	16.2
Evaluative	9	8.8	15	13.8	6	13.3	3	8.1
Participative	52	51	49	45	19	42.2	19	51.4
Laissez-faire	15	14.7	17	15.6	5	11.1	5	13.5
Total	102	100	109	100	45	100	37	100

Table 29, b: Chi-Square values, comparing male leadership style with managerial training

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.884	4	0.757
Likelihood Ratio	1.901	4	0.754
Linear-by-Linear Association	0.152	1	0.697
N of Valid Cases	211		

Table 29, c: Chi-Square values, comparing female leadership style with managerial training

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.498	4	0.478
Likelihood Ratio	3.558	4	0.469
Linear-by-Linear Association	0.282	1	0.595
N of Valid Cases	82		

Relation between leadership style and the availability of job description:

In table (30, b), (31, b) there was statistical relationship between availability of job description and leadership style for males, Chi square= 11.726, at p-value = 0.020. However for females there was no statistical relationship, Chi square= 2.386, at p-value =0.665. In tables, (30, a), (31, a) participative leadership style was the dominant among the managers who have job description or not regardless of gender.

Table 30, a: Distribution of male leadership style according to availability of job description.

Males			Having job description or not		Total
			No	Yes	
Leadership style	Authoritative	N	5	5	10
		%	5.50	4.20	4.70
	Political	N	27	17	44
		%	29.70	14.20	20.90
	Evaluative	N	6	18	24
		%	6.60	15.00	11.40
	Participative	N	37	64	101
		%	40.70	53.30	47.90
	Laissez-faire	N	16	16	32
		%	17.60	13.30	15.20
Total		N	91	120	211
		%	100.00%	100.00	100.00

Table 30, b: Chi-Square values, comparing male leadership style with availability of job description

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.726	4	0.02
Likelihood Ratio	11.88	4	0.018
Linear-by-Linear Association	2.049	1	0.152
N of Valid Cases	211		

Table 31, a: Distribution of female leadership style according to availability of job description.

Leadership style		Having job description or not		Total
		No	Yes	
Authoritative	N	1	5	6
	%	5.0	8.1	7.3
Political	N	4	15	19
	%	20.0	24.2	23.2
Evaluative	N	4	5	9
	%	20.00	8.10	11.00
Participative	N	9	29	38
	%	45.00	46.80	46.30
Laissez-faire	N	2	8	10
	%	10.00	12.90	12.20
Total	N	20	62	82
	%	100.00	100.00	100.00

Table 31, b: Chi-Square values, comparing female leadership style with availability of job description

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.386	4	0.665
Likelihood Ratio	2.168	4	0.705
Linear-by-Linear Association	0.008	1	0.928
N of Valid Cases	82		

Relationship between leadership style and continuous education:

There was no statistical relationship between leadership style and continuous education for males, Chi square = 5.989, at p-value = 0.478 while for females there were significant differences, Chi square = 10.6, at p-value = 0.03, as shown in tables (32, b c) and (32, a).

Table 32, a: Distribution of leadership style according to enrollment in continuous education.

Leadership style	Males				Females			
	No		Yes		No		yes	
	N	%	N	%	N	%	N	%
Authoritative	4	3.8	6	5.6	1	2.3	5	12.8
Political	21	20.2	23	21.5	7	16.3	12	30.8
Evaluative	7	6.7	17	15.9	4	9.3	5	12.8
Participative	53	51	48	44.9	26	60.5	12	30.9
Laissez-faire	19	18.3	13	12.1	5	11.6	5	12.8
Total	104	100	107	100	43	100	39	100

Table 32, b: Chi-Square values, comparing male leadership style with enrollment in continuous education

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.989	4	0.200
Likelihood Ratio	6.127	4	0.190
Linear-by-Linear Association	2.246	1	0.134
N of Valid Cases	211		

Table 32, c: Chi-Square values, comparing female leadership style with enrollment in continuous education

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.638	4	0.031
Likelihood Ratio	11.043	4	0.026
Linear-by-Linear Association	6.649	1	.010
N of Valid Cases	85		

Relationship between leadership style and job satisfaction:

There was no statistical relationship between job satisfaction of respondents and leadership style for males and females, Chi square = 11.726, at p-value = 0.14. Chi square = 2.386, at p-value = 0.89 respectively as shown in tables (33, b, and 33, c).

Table 33, a: Distribution of participant's leadership style according to their job satisfaction

Leadership style	Males				Females			
	No		Yes		No		Yes	
	N	%	N	%	N	%	N	%
Authoritative	5	5.5	5	4.2	1	5	5	8.1
Political	27	29.7	17	14.2	4	20	15	24.2
Evaluative	6	6.6	18	15	4	20	5	8.1
Participative	37	40.7	64	53.3	9	45	29	46.8
Laissez-faire	16	17.6	16	13.3	2	10	8	12.9
Total	91	100	120	100	20	100	62	100

Table 33, b: Chi-Square values, comparing male leadership style with job satisfaction

	Value	DF	Asymp. Sig.(2-sided)
Pearson Chi-Square	11.726	8	0.141
Likelihood Ratio	12.409	8	0.134
Linear-by-Linear Association	0.571	1	0.45
N of Valid Cases	211		

Table 33, c: Chi-Square values, comparing female leadership style with job satisfaction

	Value	DF	Asymp. Sig.(2-sided)
Pearson Chi-Square	2.386	8	0.892
Likelihood Ratio	5.251	8	0.73
Linear-by-Linear Association	0.222	1	0.637
N of Valid Cases	82		

Relationship between department preference and leadership style:

In table (34, b), (35, b) there was no statistical relationship between department preference and leadership style. Chi square= 1.004, at p-value = 0.909 for males and Chi square= 7.265, at p-value =0.123 for female. In tables (34, a) (35, a), participative leadership style was dominant in males and females regardless of department preference.

Table 34, a: Distribution of male leadership style according to department preference.

Males		Department preference		Total
Leadership style		No	Yes	
Authoritative	N	3	7	10
	%	6.50	4.20	4.70
Political	N	9	35	44
	%	19.6	21.2	20.9
Evaluative	N	4	20	24
	%	8.7	12.1	11.4
Participative	N	22	79	101
	%	47.8	47.9	47.9
Laissez-faire	N	8	24	32
	%	17.4	14.5	15.2
Total	N	46	165	211
	%	100.0	100.0	100.0

Table 34, b: Chi-Square values, comparing male leadership style with department preference

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.004	4	0.909
Likelihood Ratio	0.993	4	0.911
Linear-by-Linear Association	0.021	1	0.884
N of Valid Cases	211		

Table 35, a: Distribution of female leadership style according to department preference.

Females		Department preference		Total
		No	Yes	
Leadership style		No	Yes	Total
Authoritative	N	0	6	6
	%	0.0	8.6	7.3
Political	N	6	13	19
	%	40.0	18.6	23.2
Evaluative	N	1	8	9
	%	8.3	11.4	11.0
Participative	N	5	33	38
	%	51.7	47.1	46.3
Laissez-faire	N	0	10	10
	%	0.0	14.3	12.2
Total	N	12	70	82
	%	100.0	100.0	100.0

Table 35, b: Chi-Square values, comparing female leadership style with department preference

	Value	DF	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.265	4	0.123
Likelihood Ratio	8.704	4	0.069
Linear-by-Linear Association	1.729	1	0.189
N of Valid Cases	82		

Managerial Grid:

There were statistically significant differences between mean of concern for people and work.

Results showed that managers are concerned about people, $t = 15.32$ at level 0.01 and the mean of concern for work was 4.967 with SD 1.51 while the mean of concern for people was 6.413 and SD 1.23 as shown in table (36).

Table 36: Concern of Gaza Strip nurses managers toward work and people

Management style	N	Mean	SD	t	Sig.
Concern for work	300	4.967	1.51	15.32	0.01
Concern for people	300	6.413	1.23		

Gender:

In table (37), there were no statistically significant differences between male and female regarding concern for work, (t was 0.329 at level 0.742) and also there were no significant differences between male and female regarding concern for people (t was 0.028 at level 0.977)

Table 37: T- test comparing management style with gender

Management style	Gender	N	mean	SD	t	p-value
Concern for work	Male	214	4.9857	1.4577	0.329	0.742
	Female	86	4.9217	1.6674		
Concern for people	Male	214	6.4118	1.2519	0.028	0.977
	Female	86	6.4163	1.1668		

Age:

There were no relationship between age with concern for work, Pearson correlation factor test was 0.024 at level 0.0675 while there was inverse relationship at level 0.048 between age and level of concern for

people, Pearson Correlation was -0.411 that means concern of work decrease when age increase.

Marital status:

One-way ANOVA was used to measure statistical differences between concern for work and people with marital status. Results showed no statistical significant differences between means. $F = 1.849$ at level 0.138 for concern of work while it was 0.107 at level 0.956 for concern for people as shown in table (38).

Table 38: One-way ANOVA comparing management style with marital status.

Management style	Marital status	Sum of Squares	DF	Mean Square	F	Sig.
Concern for work	Between Groups	12.679	3	4.226	1.849	0.138
	Within Groups	676.517	296	2.286		
	Total	689.195	299			
Concern for people	Between Groups	0.488	3	0.163	0.107	0.956
	Within Groups	449.056	296	1.517		
	Total	449.544	299			

Residency place:

In table (39), there were no statistical significant differences between mean of concern for work, $F= 1.17$ at level 0.324. There were also, no statistical significant differences between mean of concern for people related to residency area, $F= 0.342$ at level 0.849.

Table 39: One-way ANOVA comparing residency place with management style.

Management style	Residency place	Sum of Squares	DF	Mean Square	F	Sig.
Concern for work	Between Groups	10.761	4	2.69	1.17	0.324
	Within Groups	678.434	295	2.3		
	Total	689.195	299			
Concern for people	Between Groups	2.076	4	0.519	0.342	0.849
	Within Groups	447.468	295	1.517		
	Total	449.544	299			

Education years:

Pearson correlation factor test was used and showed that there was no significant relationship between education years and concern for work, Pearson correlation was 0.036 at level 0.535, while there was a very weak relationship between education years and concern for people, Pearson correlation factor was 0.107 between education years and concern of people at level 0.064.

Level of education:

Results of One Way ANOVA showed no statistically significant differences between mean of concern for work and concern for people and educational level as it appears in table (40).

Table 40: One-way ANOVA comparing level of education with management style.

Management style	Level of education	Sum of Squares	DF	Mean Square	F	Sig.
Concern for work	Between Groups	15.28	6	2.547	1.107	0.358
	Within Groups	673.916	293	2.3		
	Total	689.195	299			
Concern for people	Between Groups	6.612	6	1.102	0.729	0.627
	Within Groups	442.932	293	1.512		
	Total	449.544	299			

Organization's owner:

In table (41), results of One Way ANOVA showed no statistically significant differences between organization's owner and concern for work, F was 1.905 at level 0.151 which indicates similarity of levels of concern for work regardless of organization's owner. Also there are no statistical significant differences between organization's owner and concern for people regardless of being the owner governments, UNRWA and NGO's, F was 2.45 at level 0.088.

Table 41: One-way ANOVA comparing organization's owner with management style.

Management style	Organization work owner	Sum of Squares	DF	Mean Square	F	Sig.
Concern for work	Between Groups	8.731	2	4.366	1.905	0.151
	Within Groups	680.464	297	2.291		
	Total	689.195	299			
Concern for people	Between Groups	7.296	2	3.648	2.45	0.088
	Within Groups	442.248	297	1.489		
	Total	449.544	299			

Organization type:

In table (42), there were statistically significant differences between concern for work for both hospitals and clinics, t was 2.162 at level 0.031 where differences sloped to hospitals while there were no statistically significant differences between concern for people for both hospitals and clinics, t was 1.038 at level 0.300.

Table 42: T-test comparing organization type with management style.

Management style	Organization type	N	mean	SD	t	p-value
Concern of work	Hospital	220	5.0809	1.47435	2.162	0.031
	Clinic	80	4.655	1.60108		
Concern of people	Hospital	220	6.3688	1.19894	1.038	0.3
	Clinic	80	6.535	1.2981		

Work place:

There were no statistically significant differences between concern for work and for people for all governorates as shown in table (43).

Table 43: One-way ANOVA comparing work place with management style.

Management style	work place	Sum of Squares	DF	Mean Square	F	Sig.
Concern for work	Between Groups	5.238	4	1.31	0.565	0.688
	Within Groups	683.957	295	2.318		
	Total	689.195	299			
Concern for people	Between Groups	2.555	4	0.639	0.421	0.793
	Within Groups	446.989	295	1.515		
	Total	449.544	299			

Years of experience:

There was no relationship between concern for work and years of experience, Pearson correlation was 0.024 at level 0.685, while there was positive correlation between years of experience and concern for people, Pearson Correlation was 0.415, at level 0.012.

Years of work:

There was no Correlation between concern for work and years of work., Pearson Correlation was 0.080 at level 0.300. There was also, no relationship between concern for people and years of work, Pearson Correlation was 0.038 at level 0.510.

Working in another organization:

In table (44), there were no statistically significant differences between concern of work among managers who worked in other organization and those who didn't work; t was 0.558 at level 0.577. There were also, no statistically significant differences between concern for people among managers who worked in another organization and those who didn't work. t was 0.142 at level 0.887.

Table 44: T-test comparing working in another organization with management style.

Management style	Working in another organization	N	mean	SD	t	p-value
Concern for work	Yes	77	4.884	1.6134	0.558	0.577
	No	223	4.9961	1.4866		
Concern for people	Yes	77	6.4303	1.0163	0.142	0.887
	No	223	6.4072	1.2928		

Application for the current job:

In table (45), there were no statistically significant differences between concern for work among those who applied for the job and who didn't apply, t was 1.009 at level 0.314 and there were also no statistically significant differences between concern for people among those who applied for the job and who didn't apply, t was 0.993 at level 0.322.

Table 45: T-test comparing applying for this job with management style.

Management style	Applying for this job	N	mean	SD	t	p-value
Concern of work	Yes	108	4.8494	1.5748	1.009	0.314
	No	192	5.0337	1.4855		
Concern of people	Yes	108	6.4395	1.2413	0.993	0.322
	No	192	6.3983	1.2206		

Having training in management:

There were no statistically significant differences between concern for work and having training in management, t was 1.851 at level 0.065 and there were no statistically significant differences between concern for people and having training in management, t was 0.239 at level 0.811 as shown in table (46).

Table 46: T-test comparing having training in management with management style.

Management style	Having training in management	N	mean	SD	t	p-value
Concern for work	Yes	152	4.8079	1.4571	1.851	0.065
	No	148	5.1311	1.5666		
Concern for people	Yes	152	6.4298	1.1498	0.239	0.811
	No	148	6.3959	1.3037		

Having job description:

There were no statistically significant differences between concern for work and having job description, t = 0.933 at level 0.322.

There were also no statistically significant differences between concern for people and having job description or not, $t = 0.836$ at level 0.404 as shown in table (47).

Table 47: T-test comparing having job description with management style.

Management style	Having job description	SD	mean	N	t	P-value
Concern for work	Yes	1.3467	5.0777	115	0.993	0.322
	No	1.6154	4.8987	185		
Concern for people	Yes	1.208	6.338	115	0.836	0.404
	No	1.2383	6.4598	185		

Attending continuous education programs in the last three years:

There were no statistically significant differences between concern for work and enrollment in continuous education in the last three years. There were also no statistically significant differences between concern for people and enrollment in continuous education in the last three years as shown in table (48).

Table 48: T-test comparing attending continuous education programs in the last three years with management style.

Management style	Attending continuous education programs	N	mean	SD	t	p-value
Concern for work	Yes	152	4.9184	1.4368	0.565	0.573
	No	148	5.0176	1.6009		
Concern for people	Yes	152	6.3026	1.1216	1.586	0.114
	No	148	6.5266	1.3192		

Manager Satisfaction:

There were no statistically significant differences between concern for work and satisfaction with working as manager or not, $t = 1.002$ at level 0.318 and there were also no statistically significant differences between concern for people and satisfaction with working as manager or not, $t = 0.017$ at level 0.986 as shown in table (49).

Table 49: T-test comparing satisfaction with working as a manager with management style.

Management style	Satisfaction with working as a manager	N	mean	SD	t	p-value
Concern for work	Yes	34	5.1882	1.7453	1.002	0.318
	No	150	4.8822	1.576		
Concern for people	Yes	34	6.3725	1.2323	0.017	0.986
	No	150	6.3684	1.2466		

Department preference:

In table (50) there were no statistically significant differences between concern for work and department preference, $t = 0.881$ at level 0.379 and there were no statistically significant differences between concern for people, t was 0.506 at level 0.613.

Table 50: T-test comparing department preference with management style.

Management style	Department preference	N	mean	SD	t	p-value
Concern for work	Yes	61	5.12	1.523	0.881	0.379
	No	239	4.928	1.518		
Concern for people	Yes	61	6.484	1.322	0.506	0.613
	No	239	6.395	1.203		

Person or group centered leadership style:

There were no statistically significant differences between concern for work and person (authoritative, political, and evaluative) or group (participative and Laissez-faire) centered leadership style.

There were also no significant differences between concern for people and person or group centered leadership style as shown in table (51)

Table 51: T-test comparing person or group centered leadership style with management style.

Management style	Leadership style	N	mean	SD	t	p-value
Concern for work	Person centered	79	5.1274	1.6057	1.111	0.267
	Group centered	214	4.904	1.4974		
Concern for people	Person centered	79	6.6447	1.1962	1.8	0.073

Summary:

In this chapter, the study results are presented. First , the demographical characteristics of the population are demonstrated, second, the results of the relations between leadership styles and the study variables were illustrated and last the results of the relations between managerial grid and the study variables are also demonstrated.

Chapter (6)

Discussion and Analysis

The aim of this study was to assess the Leadership style of Gaza nurse managers in different health institutions. This chapter includes interpretation of the study findings, which were introduced in chapter five in relation to previous conducted studies. A critical analysis of the study findings will be presented. At the beginning, it examines the relationship between respondents and organizational characteristics and leadership style, then management style of respondents were discussed

First: Demographic and organizational characteristics:

In this study, the ratio between males and females was 2.5:1, this reflects a big imbalance between the number of female and male nurse managers in Gaza. This reflects the cultural factors of Palestinian society especially in Gaza Strip in which males are preferred than females especially in case of promotion to managerial position. This is the same as Jouda (2003), and also consistent with Awad (2003) where the ratio between males and females was 2.7:1. This is inconsistent with AL Ma'aita and Momani (1999) where ratio between males and females was. 1:1.28. Regarding age, it worth to mentioning that about 64% of the respondents were below 40 years old. This age is considered the highly productive age. Most of the respondents were married and their percentage was 92%.

This is consistent with Awad (2003) who indicated that married nurses between among Gaza nurses were nearly 89%. This reflects the Palestinian culture especially in Gaza strip of reassuring the idea of marriage as an equilibrium factor of life (Palestinian Information Centers, 2002). Regarding residency area, the study showed big gap between nurse managers who live in Mid-zone who constituted that percentage 26% of staff and nurse managers who live in Khanyounis city who constituted percentage 11%. This may reflect the cultural factors and differences between the two cities with respect to all areas. Khanyounis's culture seems to be still rather conservative regarding nursing profession as it not a proper profession especially for females. This is consistent with LeCompte (2003) who asserted that the Middle East culture didn't give the female a satisfactory image to be a nurse as others females in other jobs like females doctors for example.

However, it is expected that this view will improve in the next few years because of many factors that affect the people opinions here. The need for nurses in the Intifada for example caused nurses to be more valued and appreciated because most of them show boldness; bravery and serious care in dealing with great events like bombing that create victims and need for proper management.

Also, a new nursing college was established next to the European hospital in Khanyounis governorate, which is considered a professional body to nursing profession, can manifest its influence in modifying the Public opinion in favor of nursing. This may attract many of the students to study nursing.

Most of respondents got B.S.N; half of them continued their education in the last three years as the results revealed in this study. This reflects that nurses are aware of the importance of long life learning as a concept in nursing.

Moreover, in the last 5-years several master programs had been established in Al-Quds University- Gaza branch for example which become a current trend among nurses to continue their education. This is a very important aspect in nursing profession now because continuing education is considered a power for them in many fields. First, Palestinian people value education as a social investment and security that can't be occupied or stolen even by killing. Second, it gives chances for getting other jobs and positions even in the same organization or outside of the organization. Third, it empowers nurses in both health field and community and reinforces their internal power as educated valued members. Last, it improves the economic status that is important through many ways by improving and prompting sociocultural style and prestige.

Most of the respondents worked in governmental sectors more than 10 years. This reflects that the governmental sector is the largest secondary health service provider in Palestine (Palestinian Information Center, 2002).

Otherwise, most of respondents worked in hospitals that reflect the nature of Palestinian health care system, which is secondary care based. This may lead respondents to work in hospitals. The study results also showed male number dominance and this could be another factor for preferring to work in hospitals because hospital work seems to be more difficult and who will work there seems to be more expert and skillful. The majority of participants didn't apply for their current job, didn't work in preferable department, haven't job satisfaction with their positions and didn't have training in management and there were just 4% of respondents' work in top management.

This reflects that the selection and recruitment process is in a strong need for reprocessing and improving to be more effective. Results showed that nurse female managers weren't different from nurse male managers in leadership behaviors and those mean women's personality isn't an obstacle to work as a leader. This is consistent with Riger (1980), who mentioned that when women and men experience the same work and study circumstances, differences disappear between them.

However, this is inconsistent with Belk and Snell (1987) who said that women are less controllable and inconsistent with what was shown in Britain that the wanted characters are found with men personality more than women (Belk & Snell, 1987). It is also inconsistent with results of a study that said female growth; education in the community encourages a feminine character that is reverse characters with managers needed skills. This can be interpreted by two factors., first, most of studies searched the perception about female manager personality and wasn't an empirical personality to study the women characters themselves. This led to stereotyping about women generally and female manager particularly. The second factor is that most of the studies that measured attitudes and perceptions with regard to female manager indicated that women are copies among which there is no differences exist. This is inconsistent with the psychology of personality and psychology of individual differences that explain the differences between men and women. The understanding of these sciences can explain these study results and give us a new way to study woman efficiency in leadership and her role in new organization as Friedman mentioned (1998) and Stewart (1997).

The second part: Leadership styles:

This part of the discussion examines the relationship between the demographic factors and leadership style. Also, it links the result of this study with the results of other studies.

There are many other factors that could affect the respondents' leadership styles like political circumstances, economic status, social and cultural values, norms, beliefs and rules of the culture.

These issues may be affecting the responsibility of consistent or inconsistent relationship between demographic factors and leadership style. The findings reveal that there are no statistical differences in leadership styles among female and male nurse managers due to gender, age, and marital status. They also show that there are no significant differences in male leadership style due to residency place.

In addition, results reveals also that there were no significant differences with regard to the following variables., years of education, the academic level, work organization owner, organization type, work place, experience years, managerial level, , working in another organization among both male and female nurse managers. There were significant differences between females and the following variables: place of residence, continuing education in the last three years, and years of experience in the current position and the applying of the current job. However, there were significant differences between males and leadership style with job description

In this study, males who work in UNRWA settings demonstrated political and laissez-faire leadership styles (33.3% for both leadership styles).

In political leadership style (selling), the leader identifies a problem and proposes a tentative solution before finalizing it; however, he/she gets the reactions of those who will implement it.

The leader then explores the subordinates' frank reactions to his/her proposal, afterward he/she makes the final decision whereas in laissez-faire (joining), the leader participates in the discussion as “just another member”—and agrees in advance to carry out whatever decision the group makes. The only limits placed on the group are those given to the leader by his superiors. As indicated before in this study, males who worked in UNRWA settings demonstrated political and laissez-faire leadership styles (33.3% for each). This may reflect the cultural nature of UNRWA as “a role culture” that is based on structure, order, stability and control. So if the manager here reached such a managerial position he should have first identified with his organization's culture even in the smallest particulars. This is consistent with political leadership style, but with laissez-faire it means that male managers here are just performing the system through the subordinates and he is just a facilitator and his personality characters traits aren't needed to appear in his managerial behavior.

Regarding top management, political leadership styles was 33.4% among both females and males.

It is clear that top management is far away from middle and first management not just in place but also in behaviors and it performs political behavior without discussing or counseling subordinate. Strangely, they give orders from up to down even when loose control over their subordinates. In Khanyounis and Rafah city, female managers showed also political leadership style and this reflects the sociocultural factors in the south as well as there were significant differences' regarding residency place among females and leadership style.

Political leadership style was highest in Khanyounis with a percentage of 54.6% and 38.5% in Rafah. This could be interpreted by the nature of the culture in these two cities in the South of Gaza strip because women have fewer chances than males in many fields because of men's dominance.

Consequently, nurses females managers here tended to own Political leadership style which means Selling or marketing the decision without consulting the group and announcing the decision then persuade the group members to accept it. The leader points out how he/she has considered organization goals and the interest of group members and states how the members will benefit from carrying out the decision. This style is supported very much in the south culture for females if they want to have a managerial position; she should show loyalty and make propaganda to their system regardless of consulting or share subordinates.

Thus she can reach working in a managerial position. There were significant differences' between applying for this job among females and leadership style. This might reflect that when a female struggles in a male dominated community to achieve a managerial position, she must choose and apply it even in the midst of males. Typically, it is common for men to be chosen in managerial work because of their dominance in both number and stereotyping concept of preferring men in management more than women.

Also, there were significant differences in male leadership styles due to the availability of job description. This could reflect the men's mentality of their preferring to have a determined task so they can directly discuss and negotiate their roles, rights, duties and responsibilities especially in nursing and some of controversial issues like duplicated work between nurses and other health staff.

There were significant differences between leadership styles among females due job satisfaction. This may reflects that females seem to have some level of job satisfaction because their aim is to go to work, to seem less trouble maker through the cultural aspect because she is female, should be feminine, attractive, careful and kind not a source of problems even if she had to appear as an avoidant person.

Historically and related to multi directives factors, a nurse used to be known as angel of mercy, a burning candle to light for others and should keep smiling even in the midst feeling of pain.

After all stereotyping female character even by females themselves is due the above mentioned factors. This is consistent with (Tauton, 1997) who indicated females have the same abilities, skills of male for leadership positions and consistent with (Adler, 1987) who explained that males and females are similar in leadership characteristics. Also (Gardiner and Tiggemann, 1999) there were no overall differences between women and men's mental health however there was a difference in pattern leadership style.

It is worth mentioning here that the in Quran at (Alnaml, 28-38), God described Balqees the great queen of Saba in Yemen story with Profit Solyman and admired her as a leader when she told Solyman to give her time to decide after he invited her to his religion. Then she held a session to discuss the issue with her people and this was very civilized, feminist and healthy leadership behavior especially in ancient that time. She was the queen and she could make her decision alone. So, if Balqees, the female leader was admired by the Creator why do we need these stereotyping from these ancient cultural traditions?

Both were affected by many of political, social and economic factors, which resulted in this male dominated community and stereotyping women in housework and caring. These ideas seem to help the antihumanitarian ideology that puts more pressure on women and prison her energy in such house work while Islam, which is the newest, religion transferred women radically in many issues and reassured her role in both family and community.

Ayesha Om Almomeneen, for example, continued teaching for Moslem men and women people after the prophet Mohammed (PBUH) died. So, it is not of religion that catches women and quarantines their mind rather it is opportunistic, propagandized ideology that oppress and suppress the humanity through these ideas and make continuous conflict between women and men. Surprisingly, both men and women seem to be victims. So, stands are in serious need to liberate humanity in general and women in particular. Finally women and men have complementary relation and no one is better than the other because of their gender.

Gaza nurse managers' dominant Leadership style:

Findings showed that participative leadership style was dominant with most of the variables for both females and males. This is consistent with Tauton (1997) who found that female managers had the same abilities, and skills as males.

This is also, consistent with Truman (2001) who indicated that nurse managers must play a participative role in managing the change process and not remain adaptive, reactive and passive. In addition, Lourenco & Trevisan (2002) mentioned that nurses at the context of hospital organizations have a more directive behavior, with signs of changes to a more participant one.

The participative leadership style represents consulting, in which the leader gives the group members a chance to influence the decision from the beginning. Problems and relevant background information are presented, and then the members are asked for their ideas. In effect, the group is invited to increase the number of alternative actions to be considered. The leader then selects the solution he/she regards as most promising. This style ideologically suits nurses and may ensure the future of nurses and nursing in the health care sector.

The third part: The Managerial /leadership Grid:

Blake and Mouton (1964) elaborated a model, which tries to understand the different attitudes of managers toward the human resources and the other resources involved in the organization. It is called "Managerial Grid" or "Leadership Grid" which is widely recognized leadership styles.

This can help to determine managers' leadership style that is very important because a manager has to have the best skills and to be able to keep all the resources coordinated toward achieving the project's goal.

It uses two axes: "Concern for People" and "Concern for Task", which are two important dimensions used to examine management behavior and characteristics. The Managerial Grid offers a rationalized indication of health of the organization as well as the ability of the managers. It indicates that the most effective style of management is the style indicated by (9, 9). It is the objective of all management to approximate as close as possible to this style, so the managers who emphasized both high concern people well as well productivity are seem to be more successful (Chandan, 1997).

Dominant personal management style of Gaza nurse managers:

Generally, the results of this study showed that managers were concerned toward people more than being concern for work that may reflect the Palestinian culture, especially in current political situation where people value the social relationship that might sometimes be on the expense of the work needs. This is consistent with Mosser (2000) who indicated that nurses preferred their chairpersons to use the human resource frame. Results also showed there was an inverse significant relationship regarding age and concern of people this means that mangers' concern for people decreased as age increased.

This reflects that respondents' attitudes could be changed regarding their concern. This is a motivator for interested people to act on this point in the way of reassuring both concerns to get a more effective management style.

When staff age increases, it means they will have more experience and may be more oriented of the work nature and needs. After that, they seem to concentrate on task achievement and this could be interpreted by the idea that when age increases every one will have his /her own relationship and will group with others and this group is important to him/her. So he/she tends to draw the wanted goals from relationships and work.

The study revealed that there was a weak relationship between years of education and concern for people. This reflects that when staff has more education they tend to be more knowledgeable and more interactive with colleagues and understand the importance of human relationship especially during education period and if education has no positive effect on people it will not have negative effect on them.

This is consistent with Jouda (2003) who mentioned that there was positive relationship between years of education and personal management style and consistent with Awad (2003) who indicated highest level of perception with years of education. However, there was also a positive relationship between years of experience and concern of people.

This might reflect the cultural and professional factors that are similar for many of staff. They tend to concern for people. This is inconsistent with Jouda (2003) who indicated no significance relationship between years of experience and management style where as there was a significant relationship due to organization type and concern of work.

It means that type of organization even if it is hospital or clinic has an effect on managers in their concern for work and this reflects the previous issues that were discussed above about preferring hospitals more than clinics. This is consistent with Murray *et al* (1998) that leadership styles are more “task motivated” than “relationship motivated. Other variables had no relationship with managerial style (concern of work or concern of people). These findings may indicate that males and females in managerial positions have similarity in their style. In other wards, both concern of people and concern of work are needed properly and no one should be at the expense of the others.

Summary:

This chapter presented the findings of this study. The main findings can be summarized as follows:

The dominant leadership style was the participative leadership style for both females and males. In UNRWA 33.3% of male nurse managers demonstrated the political leadership style, and 33.3% of them demonstrated the laissez-faire leadership style.

In Khanyounis and Rafah city, female managers showed political leadership style. Chi-Square test showed no significant differences between male and female on most of variables. However, there were significant differences between males and females with the following variables: place of residence and availability of job description.

Finally, the results showed that there were statistically significant differences between mean concern for people and work. Gaza nurse managers showed generally concern for people more than work. However, there was an inverse relationship between age and concern for people. There was also positive relationship between years of experience and concern for people.

Moreover, there were significant differences between managers concern for work and organization type (hospitals and clinics).

Chapter (7)

Conclusions and Recommendations

In order to assess and appraise the Leadership style of Gaza nurse managers in health institutions in a cross sectional study was conducted to assess both leadership and management style of female and male nurse managers in all health settings of Gaza strip. It is worth to indicating that this study is the first study that has been conducted in Gaza Strip for this purpose.

The sample size was 300 participants; response rate was 94.3%. The majority of participants were males (71.3%), aged from 31-40, married (92%), live in Mid-Zone (26%) and B.Sc. holders (57.3%). Most of them were working in the governmental sector constituting (79.4%) and working in hospitals (73.3%). Most of the participants worked more than 10 years 71.3% and considered at first line of managers (H.N) (62.7%). 61% of them had more than five years of experience in the current position . Most of them worked previously in other places (74.3%) and the majority didn't choose the job (50.7%). Half of them weren't satisfied about the job and 79.7% work in non preferable department.

The first part: Leadership styles:

Chi-Square test showed no significant differences between male and female on most of variables. The findings reveal that there is no statistical relationship due to gender, age, marital status, among both female and male nurse managers.

However, there were significant differences between males and leadership style with job description.

Also, there were significant differences between females and the following variables: place of residence, continuing education in the last three years, and years of experience in the current position and the applying of the current job.

The findings also showed that participative leadership style was dominant with most of the variables for both females and males except for males working in UNRWA, (33.3% of them demonstrated political leadership style and also 33.3% demonstrated laissez-faire leadership style). In Khanyounis and Rafah city, female managers showed a political leadership style. In top management level, male and female managers demonstrated political leadership style (33.4%).

Second Part: Managerial Grid:

Generally, management style results showed that managers were concerned for people more than concern for work with most of variables.

However, there was an inverse significant relationship regarding age and concern for people and that means managers' concern for people decreased when age increased. There was a weak relationship between education years and concern for people.

However, there was also a positive relationship between years of experience and concern for people as well as there was significance relationship due to organization type and concern of work. Other variables had no relationship with managerial style (concern for work or concern for people).

Recommendations:

The study is a unique initiative to provide a picture about leadership behavior and style in Gaza Strip health care sector. The recommendations can be used in MOH, UNRWA and NGO's as parts of the Palestinian health care system.

Governmental, UNRWA, NGO's nursing managers at different levels need to be oriented that the success of the health management is a shared responsibility that depends on the ability of managers to manage organizational resources..

General Recommendations:

- Leadership and management courses and programs should concentrate on provide nurse managers with the skills necessary to perform leadership roles.

- Developing leadership and ensuring that the most appropriate nurse manager in the recruitment process is placed in the proper management position at the proper time with high consideration of equal chances for both females and males.

Specific Recommendations:

- Female social circumstances as apart as of her personality and appreciation of her multi roles that are so necessary in developing both nursing profession and society should be taken into consideration.
- Both females and males are needed as human resource power. They should works together in an organized way for the proper achievement and development of nursing profession and leadership.
- Nurse mangers and high-ranking officials in health institutions should strive to develop effective leadership skills and collaborative relationships with all administrative team members and nursing colleagues.
- Managers, who are in a position to define nurse manager roles, and mentor them, should give them a greater scope for personal achievement, and support them in leadership responsibilities that can play a major role in helping them to become more effective leaders.

- Opportunities for nursing managers that involve them in key decision making activities should be created besides suggesting ways to improve nurse managers' skills.
- Females should have more encouragement and chances to be promoted to managerial positions at all levels not just first level that helps in improving the nursing profession as a feminist, civilized, gender sensitive profession.
- Providing and acting on giving equal chances for all managers to continue their education especially in management. The study showed that half of managers didn't have training in management. Training should concentrate on issues like empowerment and professional development.
- Governmental sectors should have more considerations to PHC. This is the trend in the world and one of WHO last recommendation in the scope of preventive health care. This is more effective especially in the current political situation.
- The study recommends decentralization in management which is more in agreement for the politico geographical situation. This can rebalance the distribution of top management which is restricted in just 4% of nurse managers.

- A system for promotion and selection of nurse managers should be developed because “for instances” the majority of them didn't apply for their current jobs and don't prefer their department.
- Developing and updating nurse's job description by specialist because more than half of the participants didn't have job description.

Suggestions for future Research:

- Study Suggests researches to assess and measure factors that affect social and psychological adjustment of nursing.
- A further study is recommended to compare the effectiveness of leadership styles among nurses and other health staff members.

Summary:

This chapter incorporated interpretations of the study findings. It also integrated general and specific recommendations, in addition to suggestions for further research.

Chapter (8)

References

Adler, N.J. (1987), "Pacific Basin Manger: A Gaijin, Not Women". *Human Resource Management Journal*. 26,169-191.

Al Ma'aita, R. & Momani, M.(1999), "Assessment of Nurse's Continuing Education needs in Jordan". *The journal of continuing Education in nursing*. 30 (4)176-182.

Awad, Y. (2003). "Gaza Nurses Perceptions about Nursing Continuing Education- Palestine". *Unpublished thesis, Al- Quds University*.

Bakker, A.B. Killmer, C.H. Siegrist, J. & Schaufed, W.B. (2000)," Effort Reward Imbalance and Burnout among Female Nurses". *Journal of Advanced Nursing*. 31, 4,884-891.

Bass, B.M. (1985), "Leadership and performance beyond Expectations". *New York: Free Press*.

Bass, B. M. (1990), "Handbook of Leadership. Theory, Research & Managerial Applications". *New York: The Free Press*.

Bass, B.M. and Avolio, B.J. (1990), "Leadership, Psychology, and organizational behavior". *New York: Harper*

Bass, B.M. (1994) "Shatter the Glass Ceiling: Women May Make Better Managers". *Human Resource Management, Winter, Vol. 33, No. 4, PP 549-560*.

Bass, B.M.; Avolio, B.J.; Jung, D.I. "1999", "Re-examining the components of transformational and transactional Leadership using the Multifactor Leadership Questionnaire". *Journal of Occupational and Organizational Psychology*, 72:441-462.

Bass, B.M., Avolio, B.J, Jung, D.I, and Berson, Y. (2003), "Predicting Unit Performing Assessing Transformation and Transactional Leadership". *Journal of Applied Psychology*. 88, (2): 207-318.

- Bennis, W. (1989), "On Becoming a Leader". *London: Arrow*.
- Blake, R. R. and Mouton, J. S. (1964), "The Managerial Grid". *Houston: Gulf Publishing Company*
- Blake, R. R. and Mouton, J. S. (1978), "The New Managerial Grid". *Houston: Gulf Publishing Company*
- Black & Mouton. (1985), "The Managerial Grid III: the key to Leadership Excellence". *Houston: Gulf Publishing Company*
- Belk, S. & Snell, W. (1986), "Beliefs about Women: Component & Social". *Psychology Bulletin* 12,403-413.
- Belk, S. & Snell, W. (1987), "Gender differences in leadership". *IFE Psychological: An International Journal*, 5(1), 22-43.
- Bowels, B. (2000), "A comparative study of transformational leadership in nursing development units and conventional clinical settings". *Journal of nursing management*". Vol.7, (8), 10-12
- Burns, J.M. (1978)," Leadership". *New York: Harper and Row*
- Burns, S. and Grove, K. (1997), "The Practice of Nursing Research". *W.B Saunders, Mosby, USA*.
- Certo, P. (1997), "The absolutes of leadership". *San Francisco: Jossey-Bass Publishers*.
- Chandan, J.S. (1997), "Management Concepts and Strategies". *UBS Publishers Distributes LTD*.
- Cohen, J. (2000), "Management: An Integrated Framework". Boston: Little, Brown.
- Conger, J. A. (2000), "Overbevis dem". *Copenhagen: Egmont Wangel A/S*.
- Cook M.J. (1999), "Improving Care Requires Leadership in Leadership in Nursing". *Nurse Education Today Journal*. 19,306-312.

Corrigan, PW, Diwan, S. Campion, J. and Rashid F. (2002). "Transformational Leadership and the Mental Health Team". *Journal of Administration and Policy in Mental Health*. 30, (2), 97-108.

Covey, S. R. (1994), "The Seven Habits of Highly Effective People". *American Soc. Review*, 27, USA.

DailyQuote, (2000) . "The Subjectivity of Management". *Journal of Organizational Change*, 13:334-351.

Davidson, M. & Cooper, C.L. (1987), "Female Manager in Britain: A comparative Perspectives". *Human Resource Management Journal*. 26,217-242.

Deloughery, G. (1991)," Issue & Trends in Nursing". *Boston: Mosby*.

Dolan, L. (2003), "Management Style and Staff Nurse Satisfaction". *Journal of Critical Care Nursing*. 22, (2), p97.

Drazgin, R. &Auster, E.R. (1987), "Wage differences between men and Women: Performance Appraisal Rating Vs. Salary Allocation as the Locus of Bias". *Human Resource Management Journal*. 26,157-168.

Drucker, P (1992), "Management Issues": *McMillan Company*.

Drucker, P (2001), "Status of leadership": *McMillan Company*.

Du Plat- Jones. (1999), "Power & Presentation in Nursing". *A literature Review Nursing Standard Journal*. 13, 49, 39-42.

Egri, C. P.; Herman, S. (2000) "Leadership in the North American Environmental Sector: Values, Leadership Styles, and Contexts of Environmental Leaders and Their Organizations". *Academy of Management Journal*, 43:571-604.

Ekvall, G., Arvonen, J. (1991), "Change-centered Leadership: An Extension Of The Two-Dimensional Model.". *Scandinavian Journal of Management*, 7:17-26.

Ekvall, G.; Arvonen, J. (1994), "Leadership profiles, situation and effectiveness". *Creativity and Innovation Management*, 3:139-161.

Feuer, D. (1988), "How Women Manage Training". *Human Resource development Magazine*. 25, 23-31.

Fiedler's, F. (1967). "A theory of Leadership Effectiveness". *New York: McGraw- Hill*.

Fiedler's and Garcia. (1987), "Contingency Model ". *University Press: Oxford*.

Fiedler's. (1996), "Fiedler's contingency model". *University press: Harvard*.

Fiedler, F.E. (1997)," Research on Leadership selection and Training: On View of Future". *Administrative Science Quarterly Journal*. 14,214-221.

Forsyth. (1983), "Leadership & new science". *University Press: London* p27.

Friedman. (1998), "Why the Glass Ceiling? Across the board". *Journal of management*, 25, 92-38.

Gabris, G.T & Maclin, S.A. (1998), "The Leadership Enigma: toward a model of organizational optimism". *Journal of Management History*, 4:334-349.

Gardner, L. (1999). "The New World Manger". *Organizational Dynamics*, New York: Harper

Gardiner & Tiggemannle. (1999), "Transformations and transaction". *Nursing Leadership: London: Routledge*

Garland & Price. (1999). "How to Lead". *University Press: London*.

Griffiths, (1983), "Manual report of California Psychology Inventory". *Palo Alto: Consulting Psychologist Press Inc*.

Grimes. (1978), "Health Management". *Mc Graw-Hill: New York*.

"Health Research and Planning Directorate". (1997), *Annual Report, Palestine*.

"Health Research and Planning Directorate". (2000), *Annual Report, Palestine*.

Hemman. (2000) "Reforming the Practice of Nursing". *Journal of Advanced Nursing*. 19, 3-17.

Henkle, P. (1990), "So you want to know your style?". *Training and Development Journal*. 14, 11, 21-25.

Hersey & Blanchard. (1977) "Management of Situations". *San Francisco: Jossey-Bass Publishers*.

Hollander. (1978), "Leadership characteristics and Change". *Newchurc Ltd: London, p32*.

Holm & Liwelly. (1986), "Nursing Research for Nursing Practice". *Philadelphia: W.P. Saundars Company*.

Hunt, J. (1995), "Transformational Leadership". *Organizational Behavior Journal*. 7, 5, 12-15.

Jacobsen, J. (1998), "The Economics of Gender". *Oxford: Blackwell*.

Jouda, M. (2003), "Shifa Hospital Staff Perceptions and Attitudes about THE Utilized Management Style". *Un published Master Thesis, Al- Quds University*.

Joan, C. and Parker B. (1991), "Conceptual Formulation of professional Nursing Practice". *Toronto: Mosby*.

Kark, R., Shamir, B., and Chen, G. (2003), "The Two Faces of Transformational Leadership Empowerment and Dependency". *Journal of Applied Psychology*. 88, (2), 246-255.

Kats & Khan. (1998), "Improving management in a context of Leadership". *University Press: London p44*.

Kotter, J.P. (1999), "On What Leaders Really Do". *President and Fellows of Harvard College*.

Kremer, J. & Karen, T. (1998), "Gender & Psychology". *Oxford: University Press p76*.

Landsberg, L.(1997), "Management: Third Edition". *Chicago: Dreyden Press.*

LeCompte, (2003). "Strategic Organizational Diagnosis And Design-developing Theory for Application". *Boston: Kluwer Academic Publishers.*

Leithwood, (1992). "Contemporary Management". *New York: McGraw-Hill.*

Lewis, L. and Souflee, A. (1991). " Leadership in organizations". pp. 276-292 in R.C. Stewart, ed., *Handbook of Organization Studies Sage Publications.*

Lindholm, Kat and Laura. (2002) "The relation between Leadership style and Empowerment". *Advances in Nursing Science, 2, 27-34.*

Lisa, S. (2000), "International Context of Leadership" *Harper & Row: New York.*

Lockwood, S. (2003), "Preceptor leadership style and Nursing Practicum". *Journal of Professional Nursing. 19 (1), 32-37.*

Lourenco, MR. and Trevisan MA. (2002), "Situational leadership: analysis of the style of nurses' leaders". *Acta Paulista de Eufermagem 15 (1), 48-52.*

Lumby, J. (1996), "Stressors in the Life of the Contemporary Nurse". *International Journal of Nursing Practice. 2, 45-49.*

Mark, (1998), "leadership versus management in a sociological context". *London: Thousand Oak.*

McConnell, C.R. (1999), "Balancing Inside and outside: Preparing for Tomorrow while Fulfill today's Responsibilities". *The Health Care Manager. 18, 2, 73-82.*

Meleis, A. (1997), "Theoretical Nursing: Development & Progresses". *Philadelphia: Lippincott.*

Mintzberg H. (1973). "The Nature of Managerial Work". *Harper & Row, New York.*

Miller, R. & Wilford, R. (1998), "Women Ethnicity & Nationalism". *London: Routledge.*

Ministry of Health, (2002), "The Status of Health in Palestine": *Annual Report 2001*.

Ministry of Health, (2003), "The Status of Health in Palestine": *Annual Report 2002*.

Moore, J. & Belsey, C. (1989)," The Feminist Reader: Essay in Gender and Politics of Literary Criticism". *London: 90 Tottenham Court Road*.

Morgan, G. (1986), " Images of Organization". Newbury Park: Sage Publications.

Moser, C. (1993)," Gender Planning & Development". *London: Routledge*.

Mosser, NR. (2000), "A study of relationship between leadership styles of nursing chairperson and the organizational climate in baccalaureate nursing program". *West Virginia University. Ed.D, p115*.

Muldoon, O.T. and Kremer, A. (1995)," Career Aspiring, Job Satisfaction & Gender Identity in Female Student Nurses". *Journal of Advanced Nursing. 21,544-550*.

Murray, Linda, and Roberts, (1998). "The effect of workplace on Leadership style". *Journal of Nursing Administration*.

Nahavandi, (1997). "Leaders & the Leadership Process - Readings, Self-assessments & Applications". *McGraw-Hill Higher Education*.

Newman, K.P. (2001), "The Impact of Leadership and Empowerment on Nursing Organizational Structure". *Spalding University. Ed.D (P69)*.

O'Grady, T.P (1999)," The Leader as Mediator". *Aspen's Advisor for Nurse Excessive Journal. 14, 7, 3-5*.

"Palestinian Council Health". (1997), *The Nursing Human Resource in Palestine. Jerusalem: 20 Ekhwan Al.Safa Street*.

"Palestinian Information Centre". (2002) , "Palestine": *Annual Report 2002*.

Paterson. (1998), "Management and Organizational Behavior". J.B Lippincott Company.

"Palestinian centre of Bureau Statistics". (2002). *Palestinian National Authority: Annual report 2002*.

Palestinian management team, (1999) "Management Principles". *Palestine*, p25.

Perkel, L.k. (2002), "Nurse Executives' values and Leadership Behaviors: Conflict or Coexistence?" *Journal of Nursing Leadership*. 6, (4), 100-107.

Polit, F. and Hungler, P. (1997)," Essentials of Nursing Research: Methods, Appraisal and Utilization". *Lippincott*.

Reddin. (1970), "Standards of managerial theories". *London: Prentice Hall*.

Reynolds, J. Rogers, A. (2003), "Applied Management Continuing Professional Development: Leadership styles and situation". *Journal of Nursing management* 9, (10), 27-30.

Richard, N.A.S. (1996), "The Nursing Profession and Its Relation with Hospital Manger". *Journal of Nursing Management*.

Riger, S. & Galligan, P. (1980), " Women in Management: An Exploration of Competing Paradigms". *American Psychologists Journal*. 35,902-910.

Rizzo, A. & Mendez, C. (1988), " Making Things Happen in Organization: Does Gender Make a Difference? *Public Personal Management Journal*. 17, 9-20.

Rost, Joseph C. (1991), "Leadership For the Twenty-First Century". *Westport Connecticut, London: Praeger*.

Serrgiovanni, B. (1984), "Leadership styles Handouts". *Pacific Grove: California*.

Shaffer, D.R. (1974), "Success Orientation and Sex-Role Congruence as Determinants of Attractiveness of Competent Women". *Journal of Personality*. 42,586-600.

Shieh, H., Mills, M.E., AND Waltz, C.F. (2001) "Academic Leadership Predictors for Nursing Faculty Job Satisfaction in Taiwan". *Journal of Nursing Education*. 40, (5), 203-209.

Singhapattanpong, S. (2002), "Nurse Shortage Hurts UCLA Medical Center". *UCLA Daily Bruin*, p10.

Stewart, D. (1997), "On some Psychometer Properties". *Group Behavior*, 17, 83-93.

Stordeur, S. Christian, V. and William, D. (2000), "Leadership styles Across Hierarchical levels in Nursing Departments". *Journal of Nursing Research* 49 (1), 37-43.

Taylor, F.W. (1911), "The Principles of Scientific Management". *New York: Harper*.

Tauton, R.L. Boyle, D.K. Woods, C.Q. Hansen, H.E & Bott, M.J. (1997), "Manger Leadership and Retention of Hospital Staff Nurses". *Western Journal of Nursing Research*. 19, 2,205-226.

The wholly Quran. (1990), "Alnaml". Almadeena Almonawara, P 378-380.

Trevisan, T. (1993) " Focus on Future: Management Issues". *Nursing Management*, 4, 20-21.

Truman, P. (2001). "A question of Style?". *Journal of Nursing Management* vol7, (8), 10-120.

United Nations Special Co- Ordinator Office. (2003), "*Directory of Non Governmental Organization in the Gaza Strip*": Annual Report 2002.

United Nations Special Co- Ordinator Office. (2002), "*Directory of Non Governmental Organization in the Gaza Strip*": Annual Report 2001.

Wheatley, M. (1994), "Leadership and the new science". *San Francisco: Berrett-Koeler*.

Williams, S. (2000), "Improving the Health of the Workforce-Report on the Partnership on Health of NHS". *The Nuffield, Trust London.p13*.

Wilson. (1999), "Courage to Change". *Nursing Times*, 95, (21), 34-35

White M. (1981), "A critical Review of female Performance Training and Organizational Initiatives Designs to Aid Women in the Work. Role". *Environmental Personnel Psychology Journal*. 34,227-248.

Yukl, G.A. (1981), "Leadership In Organizations". *New York: Prentice Hall*.

Yukl, G.A. (1989). "Managerial Leadership: A Review of Theory and Research". *Journal of Management*, 15:251-289.

Annexes

(Annex, 1)

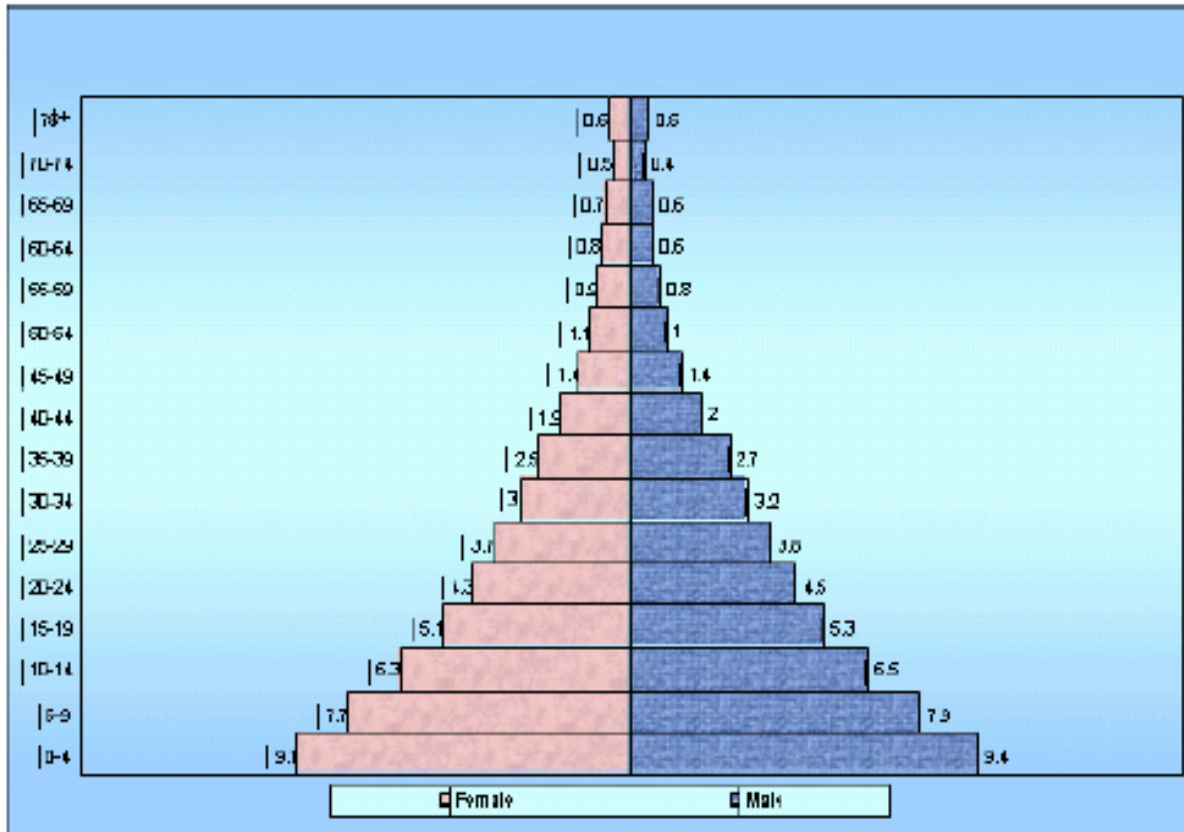


(Annex, 2)



(Annex, 3)

Distribution of Population by age group and sex, Palestine, 2002



Source (MOH, 2002)

استبانة

حول أساليب القيادة المتبعة لدى مدراء التمريض بالمؤسسات الصحية

الرقم المتسلسل:.....

الرقم المبرمج:.....

التاريخ:.....

زميلتي/ زميلي العزيز(ة):

- يسعدني جداً مشاركتكم الفاعلة في هذا البحث الذي هو جزء من رسالة ماجستير إدارة التمريض في كلية المهن الصحية-جامعة القدس.
- الغرض من هذه الدراسة التعرف على أساليب القيادة لدى مدراء ومديرات التمريض بقطاع غزة. وذلك على صعيد رؤساء الأقسام والمشرفين و الإدارة العليا من التمريض في كل المؤسسات الصحية.
- هذه الإستبانة قد تعكس أساليب القيادة لديكم و سنستخدم إجاباتكم لأغراض بحثية فقط.
- السرية التامة مكفولة، ولا حاجة لذكر اسمك.
- يرجى الإجابة على الأسئلة كافة وفق ما تشعر(ين) به حيث لا توجد إجابات صحيحة وأخرى خاطئة.
- الإجابة في هذه الإستبانة قد تستغرق من 30-35 دقيقة.
- رغم أنني أرحب بمشاركتك إلا أنه من حقك عدم المشاركة إذا أردت.
- سيتم وضع صندوق بمكتب التمريض لديكم لجمع الإستبانات خلال أسبوع من تاريخ توزيعها.

(Annex, 5)

استبانة

الجزء الأول:- معطيات شخصية

1. الجنس:

* ذكر * أنثى

2. العمر:.....

3. الحالة الاجتماعية:

* أعزب * متزوج * مطلق * أرمل * أخرى:.....

4. المنطقة السكنية:

* محافظة الشمال * محافظة غزة * المحافظة الوسطى * محافظة خان يونس * محافظة رفح

5. سنوات الدراسة:.....

6. آخر شهادة أكاديمية حصلت عليها:

* دبلوم (3 سنوات) * دبلوم و دورات أخرى * بكالوريوس

* بكالوريوس ودورات أخرى * درجة الماجستير * تمرير عملي

* شيء آخر (خصص).....

7. ملكية المؤسسة التي تعمل بها حالياً:

* حكومة * وكالة * مؤسسة أهلية غير حكومية

8. نوع المؤسسة:

* مستشفى، قسم:..... * عيادة * شيء آخر (خصص).....

9. المنطقة التي تعمل بها:

* محافظة الشمال * محافظة غزة * المحافظة الوسطى * محافظة خان يونس * محافظة رفح

10. سنوات الخبرة:.....

11. الوظيفة الحالية (موقعك):.....

12. عدد سنوات العمل بموقعك الحالي:.....

13. هل عملت بمكان آخر:

- لا - نعم (حدد المكان):.....

14- تقدمت لهذه الوظيفة أم تم اختيارك - حدد:.....

15. هل تلقيت تدريباً بالإدارة: -لا -نعم، متى:.....، ماذا:.....

16. هل يوجد لديك وصف وظيفي -لا -نعم

17. هل التحقت بتعليم مستمر آخر ثلاث سنوات: -لا -نعم

18- هل أنت راض عن عملك كمدير

-لا -نعم -إلى حد ما

19. هل تم تعيينك في القسم الذي تريده:

-لا -نعم

الجزء الثاني: - تحديد أسلوبك القيادي

إرشادات:

توجد سلسلة من البنود لكل فئة من الفئات الست التالية.

اقرأ وفكر في كل بند ثم أشر إلى أفضل ما يناسبك (بند واحد فقط).

الهيمنة:

(c) أنتمي إلى عدة مجموعات ولكن فقط أحضر خصيصا عندما يثير اهتمامي شيء ما.

(d) أحب العمل في اللجان ولكن لا أحب تولي قيادتها.

(a) أفقد الاهتمام في المجموعات حين ينحون (يميلون) إلى الأسلوب الروتيني القديم ولا ينصتون إلى اقتراحاتي.

(b) أهتم وأسعى إلى - وأحصل على-القيادة في كثير من أنشطة مجموعتي.

(e) يتم اختياري في الغالب كقائد دون سعي لذلك.

الذوق واللباقة:-

(a) كثيرا ما يسيء الناس فهم تعليقاتي.

(c) يعرف عني معالجاتي للمواقف الصعبة دونما إظهار كبير.

(d) نادراً ما يستاء الناس عندما يجب علي تصحيح أو نقد ما يفعلون.

(e) أعنى بدراسة كيف أعامل الناس بلباقة.

(b) قبل محاولتي جعل الآخرين يقبلون بوجهة نظري أحاول أولاً التعرف على مشاعرهم حتى

أستطيع تكييف آرائي لتناسب معهم.

الاتصال:

- (e) أفترض دائما أن الناس الآخرين سيكونون ودود ون ويقومون بأخذ المبادرة عند مقابلتهم في الطريق.
- (d) يعرض الناس علي مشاكلهم تلك التي لا يرغبون حتى في مناقشتها مع عائلاتهم.
- (b) أحاول دائما إعطاء الشخص الآخر بعضا من الحوافز أو الأسباب لعمل ما أريد.
- (c) حين يتوقف الحوار في حفلة بها غرباء، أحاول ملء الفراغ بإيجاد موضوعان عامة تثير اهتمام الجميع.
- (a) لدي بعض الأفكار المعينة حول الفشل والمشكلات لدى الشباب والتي لا أتردد في طرحها.

الرشد:-

- (a) أريد ما أريد حينما أريد بغض النظر عن العواقب التي تحدث لي وللآخرين.
- (d) أتقبل النقد البناء بصدر رحب.
- (b) أومن أن أخبر الآخرين الحقيقة إذا كان ذلك لمصلحتهم.
- (c) أعتمد على ما أومن به، بعد العناية وأخذ بعين الاعتبار الإيجابيات و السلبيات حتى و إن كان غير شعبي و غير جماهيري.
- (e) أخذ بعين الاعتبار وجهات نظر الآخرين كما هي .

التوجهات:-

- (a) أشعر بالضيق عندما لا يفعل الناس ما أرغب به وأحيانا أصبح منفعلا.
- (b) أحاول أن أظهر الموقف تجاه الشخص الذي أحب أن يبادلني إياه.
- (e) أومن أنه يجب علي بذل كل جهد لتقبل التغيير وأحاول المحافظة على التغيير مع الوقت
- (d) أستمتع بصبر للناس الذين أختلف معهم.
- (c) أتردد حين يستلزم قرارا، وأحيانا أنتظر طويلا والظروف تحتم وتفرض علي قرارا ما.

التعاون :-

- (d) حين يسيء الناس الفهم، أحاول التدخل لأساهم في حل سوء الفهم.
- (c) عند التعامل مع الزملاء والمعاونين، أحاول وضع نفسي مكانهم وأتصرف تجاههم بالطريقة التي أحب أن يعاملوني بها.
- (e) أرغب في تقبل المساعدة من الآخرين إذا لم تتعارض مع أعمالهم.
- (a) عندما أحتاج معلومات من الآخرين، أشعر أن لدي الحق بالمطالبة بها لأنها هامة لإكمال عملي.
- (b) إذا ما قال لي مديري " قل هكذا، أريد هذا في الحال. . "، أغير كلا من الرسالة و نبرة الصوت ، " سوف يقدر المدير هذا بالسرعة الممكنة " .

الجزء الثالث:- تحديد أسلوبك الإداري الخاص

التعليمات:

- الخطوة الأولى: أملأ الإستبانة الخاصة بالأسلوب الإداري في الأسفل على النحو الآتي :-
- أنظر إلى كل مجموعة من المجموعات الست التالية وضع دائرة حول الفقرة التي تعتقد أنها الأكثر تعبيراً عنك أو عن صفاتك:

القرارات:-

1. أؤمن عالياً المحافظة على علاقات جيدة مع الآخرين.
2. أؤمن عالياً اتخاذ القرارات التي تبقى وتستمر.
3. أؤمن عالياً اتخاذ قرارات صائبة وإبداعية تؤدي إلى التفاهم والقبول.
4. أقبل قرارات الآخرين.
5. أبحث عن قرارات عملية وإن لم تكن متكاملة.

القناعات:-

6. انسجم مع آراء ومواقف وأفكار الآخرين (و،أو) اتجنب التحيز .
7. استمع إلى الأفكار وأبحث عن الآراء والمواقف المخالفة لما أعتقده.
8. أتمسك بأفكاري وآرائي ومواقفي ولو كانت على حساب الآخرين.
9. أفضل أن أقبل آراء ومواقف وأفكار الآخرين على أن أفرض أفكاري.
10. عندما تكون الأفكار والمواقف والآراء مخالفة لما يبدو لي، أبدأ بأنصاف الحلول.

الصراع:-

11. عندما ينشأ الصراع أحاول أن أكون عادلاً وحازماً في الحصول على حل منصف.
12. عندما ينشأ الصراع أحاول إيقافه أو كسب مكائتي.
13. أحاول أن أتجنب خلق صراع ولكن عندما ينشأ صراع أحاول أن أطفئ المشاعر وأن أوفق بين الناس.
14. عندما ينشأ صراع أحاول تحديد أسبابه للوصول إلى حلها.
15. عندما ينشأ صراع أحاول أن أبقى حيادياً أو بعيداً.

العاطفة (الإنفعال):-

16. عندما لا تسير الأمور على ما يرام أدافع أو أقاوم أو أعود بحجج مماثلة.
17. عندما أكون حيادياً فإنني نادراً ما أتورط في المشاكل.
18. عندما أكون متوتراً أشعر بالارتباك وعدم القدرة على إيجاد وسيلة للابتعاد عن ضغط أكبر.
19. يكون رد فعلي دائماً هادئاً وودياً وذلك بسبب ما يمكن أن يحدث لي من توتر نتيجة للإزعاج.
20. عندما أثار أسيطر على نفسي على الرغم من أنني أبدو غير صبور.

روح الفكاهاة:-

21. روح الفكاهاة لدي تلائم الموقف وتعطي وجهة نظر، وأبقى على روح الفكاهاة حتى تحت الضغط.
22. روح الفكاهاة لدي تهدف إلى إبقاء علاقات حميمة أو عندما يكون هناك توتر فإن ذلك يبعد الاهتمام عن الجانب الجدي.
23. لا نستعدي روح الفكاهاة لدي أي اهتمام لدى الآخرين.
24. روح الفكاهاة لدي تزعج الآخرين بشدة.
25. روح الفكاهاة لدي مقبولة للآخرين وهي ذات مكانة.

الجهد:-

26. نادراً ما أقود الآخرين ولكن أقدم يد العون لهم.
27. أبذل جهداً قوياً ويشاركني الآخرون.
28. أحافظ على تقدم موثوق وجيد.
29. أبذل جهداً لإبقاء الأمور على ما يرام.
30. أقود نفسي والآخرين.

Questionnaire

First part: Personal Information:

1-Gender: -----

2-Age: 1- Female 2- Male

3-Marital Status

1- Single 2- Married 3- Divorced 4- Widow 5-

Others.....

4- Residency place

1-North 2-Gaza 3-Middle 4-Khanyounis 5-Rafah

5-Education Years: -----

6- Level of education (in nursing)

1- Diploma (3 years) 2- Diploma and other courses 3- Bachelor

degree

4- Bachelor degree and other courses 5- Master's degree 6-

Practical nurse

7- Others, (specify) -----

7- Organization work owner

1- Governmental 2- UNRWA 3- NGO's

8- Type of the organization:

1-Hospital 2- Clinic 3- Other (specify) -----

9-Place of work:

1-North 2-Gaza 3-Middle 4-Khanyounis 5-Rafah

10-Years of experience: -----

11-Current position (now):-----

12- Years of experience in this position: -----

13-Did you work in another organization: Yes....., No.....

14- Did you applied for this job: yes, No.....

15- Did you have training in management: yes.....,

No.....

16- Do you have job description: Yes, No.....

17-Have you enrolled in continuous education last three years:

Yes....., No.....

18-Are you Satisfy about your work as manager y: yes.....,

nearly No.....

19-Do you work in your preferable department. Yes.....,

No.....

Second part:

Determine your leadership style:

Instructions

For each of the six categories on the instrument, there are a series of statements. Consider each statement and mark the one that best describe you.

Dominance:

I belong to several groups but only attend when something especially interests me. (c)

I like to work on committees but don't like to take the chairmanship. (d)

I lose interest in groups when they go along in the same old rut and don't listen to my suggestions (a)

I consciously seek, and obtain, leadership in many of my groups' activities (b)

I am often selected as leader of groups without seeking it. (e)

Tact:

People frequently misunderstand my comments. (a)

My acquaintances tell me that I am noted for handling many difficult situations without arousing ill will. (c)

People seldom resent it when I must correct what they are doing or must criticize them (d)

I consciously study how to handle people tactfully (e)

Before I try to get others to accept my point of view, I first try to find how they feel so I can adapt my ideas to theirs. (b)

Communication:

I always assume that other people will be friendly and take the initiative in meeting them halfway. (e)

People tell me they come to me with problems they would not even discuss with their own families. (d)

I always try to give the other person some incentive or some reason for doing what I want done. (b)

When a conversation lags at a party of strangers, I try to fill in the break by trying to find a topic of general interest. (c)

I have some definite ideas about the failings and problems of youth and don't hesitate to express them. (a)

Maturity

I want what I want when I want it, regardless of consequences to myself or others. (a)

I have been told that I can take well-meant, constructive criticism graciously. (d)

I believe in telling others the truth if it is for their own good. (b)

I take a stand on issues in which I believe, after looking into the pro's and con's, even if it is unpopular. (c)

I consider others views as it is. (e)

Attitudes

I get annoyed when people don't do things my way. Sometimes, my temper gets the best of me. (a)

I try to show the attitude toward the other person that I want him/her to show toward me. (b)

I believe I should make every effort to accept change and try to keep changing with the times. (e)

I patiently listen to people with whom I disagree. (d)

I vacillate when it comes to making a decision; sometimes I wait so long, circumstances force a decision upon me. (c)

Cooperation

When people have a misunderstanding, I try to intervene and help them resolve it. (d)

In dealing with coworkers, I try to put myself in their shoes and act toward them the way I'd like them to act toward me. (c)

I am willing to accept the help of others, provided it does not interfere with their work. (e)

When I need information from others, I feel I have a right to demand it because it is important to completing my work. (a)

If my director says to me, "Tell So-and-So I want this right away," I change both the message and voice tone to, "The director would appreciate this as soon as possible." (b)

Third part:

Identifying your personal managerial style:

Instructions:

Fill in the management style below as follows:

Consider each of the six groups of statements and select from them the one which best describe. Circle in each group the number which typifies you most nearly.

Decisions

1. I place high value on making decisions that stick.
2. I place high value on getting sound creative I place high value on maintaining good relations.
3. Decisions that result in understanding and agreement.
4. I accept decisions of others.
5. I search for workable, even though not perfect, decisions.

Convictions

6. I go along with opinions, attitudes and ideas of others or avoid taking sides.
7. I listen for and seek out ideas ,opinions and attitudes different from my own.

I have clear convictions but respond to sound ideas by changing my mind.

8. I stand up my ideas, opinions, and attitudes even though it sometimes results in stepping on others' toes.
9. I prefer to accept opinions, attitudes and ideas of others rather than to push my own.
10. When ideas ,opinions or attitudes different from my own appear, I initiate middle ground positions.

Conflict

11. When conflict arises, I try to be fair but firm to get an equitable solution.
12. When conflict arises, I try to cut it off or to win my position.
13. I try to avoid generating conflict, but if it does appear I try to soothe feelings and to keep people together.
14. When conflict arises, I try to identify reasons for it and to resolve underlying causes.
15. When conflict arises I try to remain neutral or stay out of it.

Emotion (Temper)

16. When things are not going right, I defend, resist or come back with counter-arguments.
17. By remaining neutral, I rarely get stirred up.
18. Under tension I feel unsure which way to turn or shift to avoid further pressure.

19. Because of the disturbance tension can produce, I react in a warm and friendly way.

20. When aroused, I contain myself though my impatience is visible.

Humor

21. My humor fits the situation and gives perspective; I retain a sense of humor even under pressure.

22. My humor aims at maintaining friendly relations, or when strains do arise it shifts attention away from the serious side.

23. My humor is seen by others as rather pointless.

24. My humor is hard hitting.

25. My humor sells myself or a position.

Effort

26. I rarely lead but extend help.

27. I exert vigorous effort and others join in.

28. I seek to maintain a good steady pace.

29. I exert enough effort to get by.

30. I drive myself and others.

(Annex, 7)

بسم الله الرحمن الرحيم

Palestinian National Authority
Ministry of Health
Helsinki Committee



السلطة الوطنية الفلسطينية
وزارة الصحة
لجنة هلسنكي

Date: 13/1/2003

التاريخ:

Mrs/ Gada El Nagar

السيدة: غادة النجار

I would like to inform you that the committee has discussed your application about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح
دراسيتكم حول:-

" Gaza Nurses Managers'- Managerial
Leadership Styles: Focus on Gender
ISSue"

أساليب القيادة المتبعة لدى مدراء التمريض
بالمؤسسات الصحية في قطاع غزة"

At its meeting on January 2003
and decided the Following:-

و ذلك في جلستها المنعقدة لشهر يناير 2003

To approve the above mention research
study.

و قد قررت ما يلي:-

الموافقة على البحث المذكور بعاليه.

Signature

توقيع

Member

Member

Coordinator

Conditions:-

4. Valid for 2 years from the date of approval to start.
5. It is necessary to notify the committee in any change in the admitted study protocol.
6. The committee appreciate receiving one copy of your final research when it is completed.

ghsre@palnet.com (5314) فاكس 972-7-2878166

Gaza El-Nasser Medical Complex. - Telefax 972-7-2878166 - P.O.Box (5314) E. Mail ghsre@palnet.com

حفظه الله

معالي وزير الصحة

الموضوع / تطبيق استبيان - خاص برسالة ماجستير - في وزارة الصحة

أمل التكرم من سيادتكم بالسماح لي بتطبيق الاستبيان الخاص برسالة الماجستير في برنامج ماجستير إدارة التمريض بكلية المهن الصحية - جامعة القدس تحت عنوان:

"الأنماط القيادية لدى مدراء التمريض في المؤسسات الصحية في قطاع غزة"

كذلك أمل تعليماتكم للأخوة في الإدارة العامة للمستشفيات و الرعاية الأولية لتسهيل مهمة تطبيق الاستبيان.

ولكم وافر الشكر و التقدير

الباحثة

غادة النجار

13-8-2003

الأخ د. كمال الشرافي
الأخ د. كمال الشرافي
مع الجوائز
عبدالله

صورة للأخ/عبدالله
صورة للأخ/عبدالله

للعلم، ومن اللازم بما يسمح
به النظام ولا يسبب ضرراً
أو تأخيراً في العمل.

13/8/2003

اللائحة من مركز الكريف في
شهادتها

مجلس أبو دلال
مدير إدارة التمريض المستشفيات
وزارة الصحة

13/8/03

وزارة الصحة
مكتب الوزير
الرقم
2003/8/13

صادر
في تاريخ

الإشارة المذكورة
الإشارة المذكورة
لستور

(Annex, 9)

٥ يناير ٢٠٠٣

٢٠٤/م ج

الى : السادة مدراء عيادات الوكالة بغزة
من : مدير البرامج الصحية بالوكالة - غزة
الموضوع : تسييل مهمة الطالبة غادة النجار

الرجاء التعاون مع الطالبة غادة النجار و مساعدتها في الحصول على المعلومات المطلوبة في دراستها.

مع الشكر،،



د. أيوب العالم

(Annex 10)

From: "permission@dowjones.com" <permission@dowjones.com>
To: "'ghada21212@yahoo.com'" ghada21212@yahoo.com
Subject: RE: request, important (KMM3013080V2605L0KM)
[T2004050402ER]
Date: Monday, 10 May 2003 01:31:19 -0700 (PDT)

Ghada, Thank you for your message, concerning articles from The Wall Street Journal. You can use the interested article.

Date: Tuesday, 04 May 2003 01:31:19 -0700 (PDT)
From: "ghada el.najjar" <ghada21212@yahoo.com>
Subject: request, important
To: permission@dowjones.com

Original Message Follows:

Hello dear Madam, Sir

I am a student in Nursing Master Program. I am going to finish my program and defend my thesis that is about leadership and management style between nurses' managers. I saw the "Leadership Styles Handouts" that was publish by Wall Street Journal and was adapted from materials used by Leadership Resources, Inc. and the American Management Association as the article noted in the link

<<http://p2001.health.org/CTW10/handoutS.htm>>

<http://p2001.health.org/CTW10/handoutS.htm>

I was interested in the handout to use it as apart of my questionnaire, so please if you don't mind to give me a permission to use it. Thank you

very much for your cooperation.

Regards,

Ghada

(Annex, 11)

الأخت الموقرة سهيلا ترزى

مدير المستشفى الأهلي
حفظها الله

الموضوع / تطبيق استبيان - خاص برسالة ماجستير

أمل التكرم من سيادتكم بالسماح لي بتطبيق الاستبيان الخاص برسالة الماجستير في برنامج ماجستير إدارة التمريض بكلية المهن الصحية - جامعة القدس تحت عنوان:

"الأنماط القيادية لدى مدراء التمريض في المؤسسات الصحية في قطاع غزة"

كذلك أمل تعليماتكم للمعنيين في مشفاكم الموقر لتسهيل مهمة تطبيق الاستبيان.

ولكم وافر الشكر و التقدير

الباحثة

غادة النجار

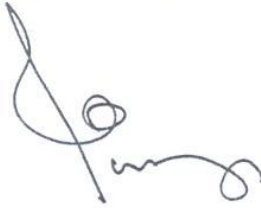
د. الأخت الموقرة سهيلا ترزى

د. الأخت الموقرة سهيلا ترزى

د. الأخت الموقرة سهيلا ترزى

د. الأخت الموقرة سهيلا ترزى

للمساعدة ان أمكن ريثما



(Annex, 12)

Table I: Gaza nurses managers' distribution in PHC and SHC in 2002

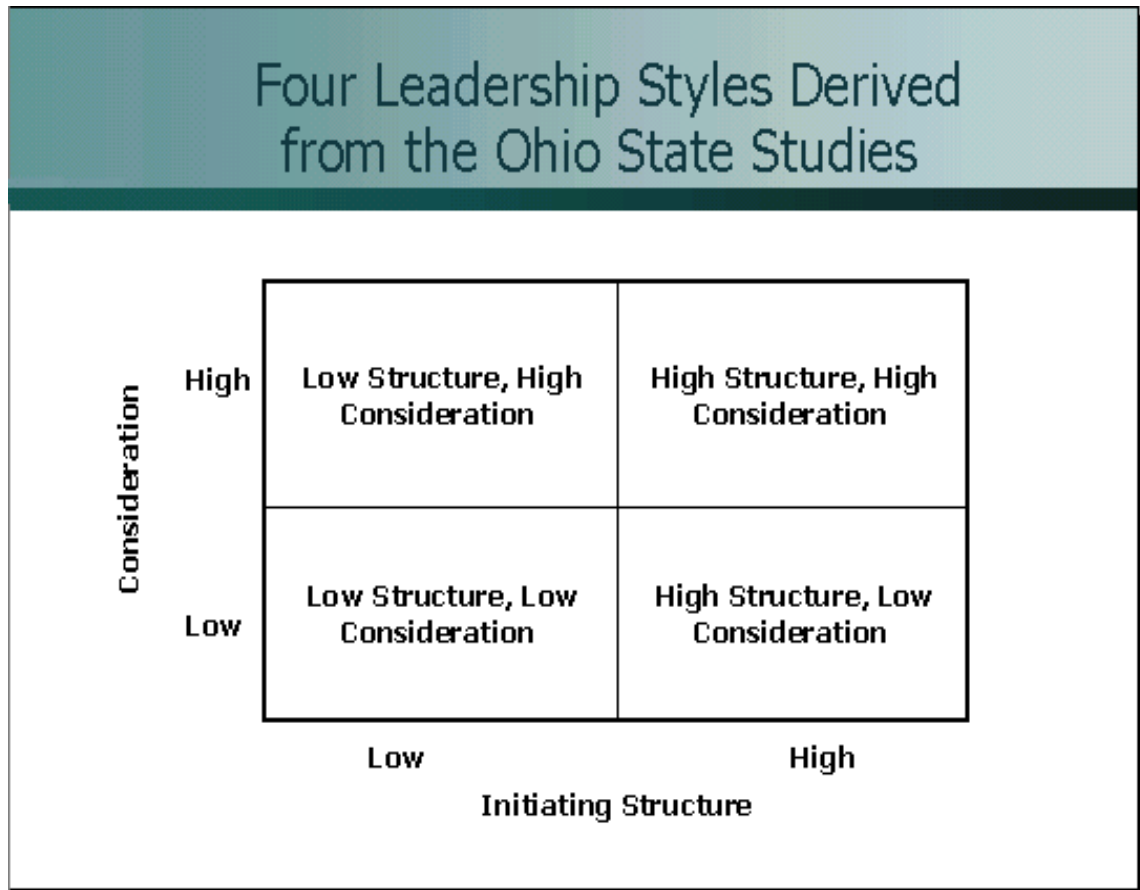
Health Sector		PHC	SHC	Total
Governments	MOH	57	195	252
	MMS	05	10	15
UNRWA		42	00	42
NGO's		00	44	44
Total		104	249	353

Table II: Gaza nurses managers' distribution in NGO's Hospitals in 2002

Hospital	No of nurses mangers
Al-Amal	09
Al-Quds	11
Al-Awda	05
El-Wafa	06
Ahli Arab	08
Patients Friends	05
Total	44

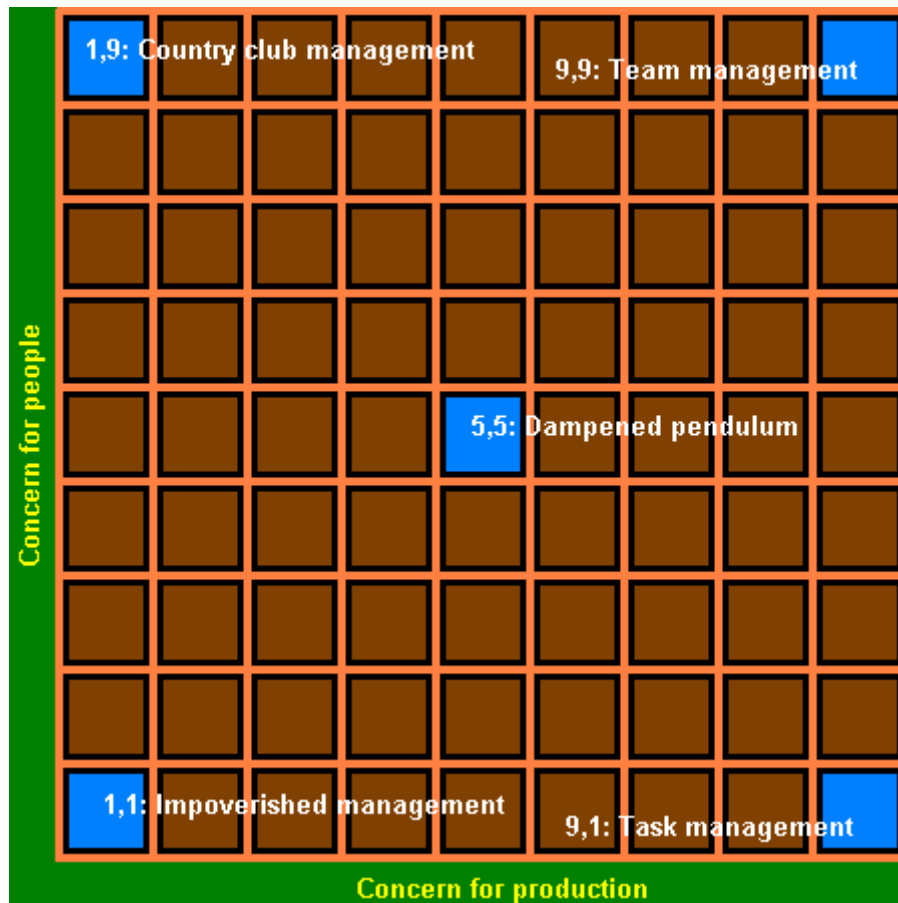
Source: (unpublished data collected by the researcher through intensive visit to different institutes, 2002)

(Annex, 13)



Ohio State Studies, (1990)

(Annex, 14)



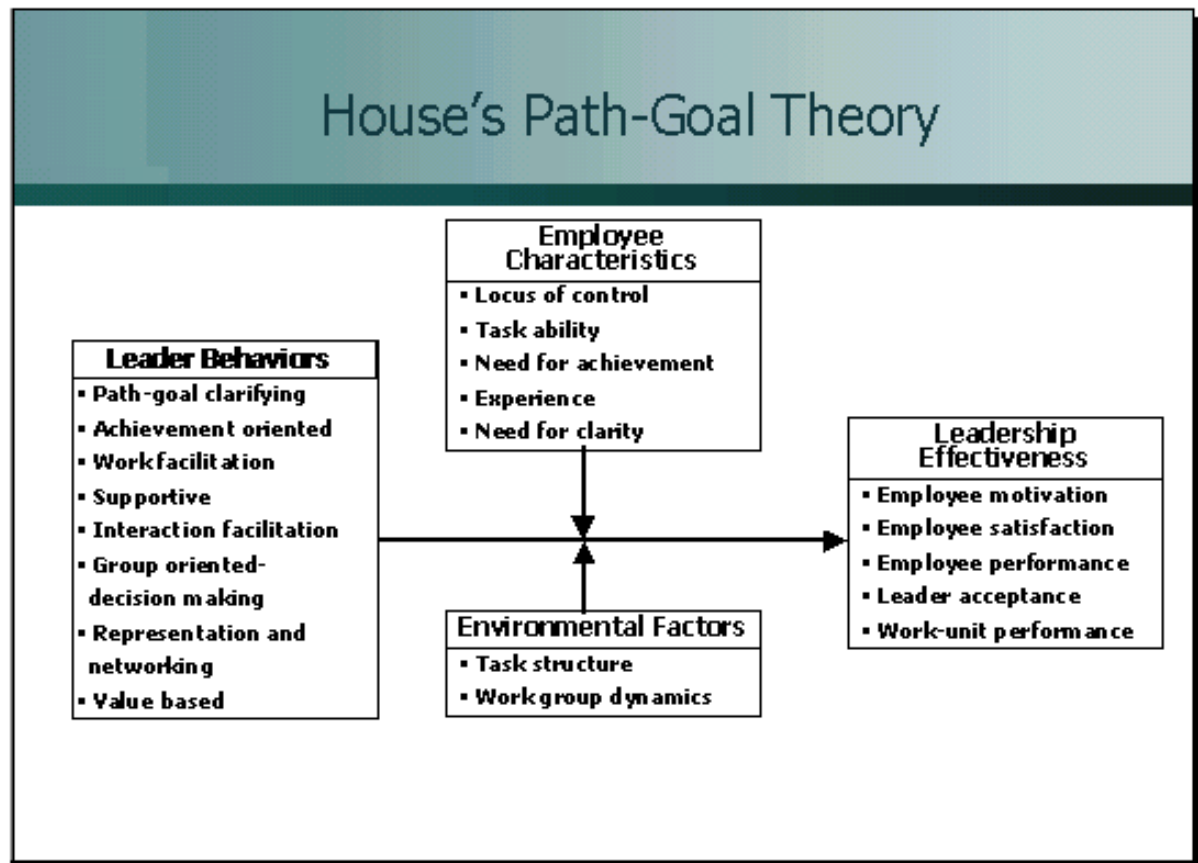
Source: (Black & Mouton, 1985)

(Annex, 15)

: Situational Theory of Leadership Fiedler's Contingency Model									
Situational Control	High Control Situations			Moderate Control Situations			Low Control Situations		
Leader-member relations	Good	Good	Good	Good	Poor	Poor	Poor	Poor	
Task Structure	High	High	Low	Low	High	High	Low	Low	
Position Power	Strong	Weak	Strong	Weak	Strong	Weak	Strong	Weak	
Situation	I	II	III	IV	V	VI	VII	VIII	
Optimal Leadership Styles	Task-motivated Leadership			Relationship-Motivated Leadership			Task-Motivated Leadership		

Source: (Fiedler's contingency model, 1984)

(Annex, 16)



Source: (Mark, 1998)

(Annex, 17)

+ Supportive Behaviour	SUPPORTING (S3)	COACHING (S2)
	DELEGATING (S4)	DIRECTING (S1)
	-	+

Directive Behaviour

Source: (Blanchard & Hersey, 1989)