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## A STUDY TO ASSESS THE LEADERSHIP QUALITIES AND SKILLS OF NURSES WORKING AT SELECTED HOSPITAL, COIMBATORE

P. Kavitha\*<sup>1</sup> and Niru Kumari<sup>2</sup>

<sup>1</sup>\*SNS College of Nursing, Coimbatore, Tamilnadu, India.

<sup>2</sup>Shri Vinobhave College of Nursing, Silvassa, India.

### ABSTRACT

The present study is to assess the leadership qualities and skills of nurses working at selected hospital, Coimbatore. The Qualitative descriptive design was adopted for this study. The total sample of 20 nurses working in private tertiary Hospital was selected by the Non probability convenient sampling technique. The data collection was done by self administered questionnaire to assess the nurses leadership skills and qualities. The distribution of respondents according to leadership qualities and skills. The Mean of the leadership quality was 65.7. Out of 20, 14(70%) had average and above average leadership qualities and 6(30%) had below average quality of leadership. The mean of leadership skill was 32.7. Out of 20, 17(85%) had average and above average leadership skills and 3(15%) had below average leadership skills. The Leadership qualities are necessary for a nurse working in hospital, this skills help the nurses to provide the nursing care to the patient in effective manner and it's needed to supervise the subordinates.

### KEYWORDS

Leadership, Qualities and Skills.

### Author for Correspondence:

Kavitha P,  
SNS College of Nursing, Coimbatore,  
Tamilnadu, India.

**Email:** [kkavi\\_th@yahoo.com](mailto:kkavi_th@yahoo.com)

### INTRODUCTION

#### 'Leaders are made not born'

Leadership is the art of getting others to want to do something you are convinced. The origin of the word 'lead' is a word meaning 'to go'. Leaders typically are the ones who 'go first'. They have a vision and influence others by their actions and their comments. This ability is the essence of leadership (Basavanthappa, 2000)<sup>1</sup>.

Leadership is doing the right things. It is the personal traits necessary to establish vision and goals for an

organization and the ability to execute those (Bennis, 1976)<sup>2</sup>.

The leader is born not made, this is the old perspective, it is inherited traits. Leaders are made; this perspective postulates that circumstances create leaders. According to this theory the factors within a given situation become the dominant features in determine leadership. It is difficult to predict who will rise to leadership in any given situation (Bower, 2002)<sup>3</sup>.

Leadership becomes a matter of individual being in the right place at the right time. The environment changes everyday according to leader has to act. Leadership is totally attributed to neither genetics nor the environment; it is multifacet (Anderson, 1997)<sup>4</sup>.

Leadership can be develop by using this qualities like knowing self, looking forward, seeing the big picture, building self directed work teams, taking risk, recognizing the right time for action, seeing changes as an opportunity, communicating effectively, mentoring others, keeping informed (Agarwal, 1995)<sup>5</sup>.

An effective leader is a catalyst who facilitates effective interaction among manpower, material and time. A skillful leader is a synergist who coordinates the efforts of multiple workers with divers skill (Shirey, 2007)<sup>6</sup>.

Nurse mangers are internal stakeholders who play essential roles in managing change, cultural integration retention and direction of staff attitude towards changing health care structures.

### **NEED FOR THE STUDY**

All managers are to influence others. A nurse managers leads subsidiary employees by clarifying the path forward agency goals and rewarding employees efforts to reach those goals (Basavanthappa, 2002).

Clinical leaders can be seen as expert in their field and because they are approachable and are effective communicators, are empowered to act as a role model, motivating others by matching their values and belief about nursing and care to their practice (Stanley, 2006)<sup>7</sup>.

Nurse Manager demonstrating transformational leadership are more likely that transactional leaders to have committed staff nurse followers. Committed followers exert extra effort thus improving unit performance and enhancing the organizations competitive advantages (Guire, 2006).

There is evidence in the recent literature that nurses are not generally supporting to each other and because of this nurse manager are not adequately supported to manage their expanding administrative and managerial responsibilities (Paliadelis, 2007)<sup>8</sup>.

Nurse supervisors require considerable competence in order to help supervisees to reflect on their clinical work and to interpret the needs of the patient (Arvidsson, 2005)<sup>9</sup>. The relationship of leader with staff nurse improves the job satisfaction. Management style and job satisfaction were significantly correlated (Lucus, 1991)<sup>10</sup>.

Skill and knowledge of nurse leader will influence the clinical practice and to improve the quality of the service provided to their patient (Alleyne, 2007)<sup>11</sup>. Effective management can improve nurse productivity and the quality of the care that nurses provide (Dehghan, 2006)<sup>12</sup>.

Nurse supervisor support the staff nurse as an essential component of a productive healthy work environment, the following role which is identified were approachable cares, motivates, development of self confidence, give genuine feedback, promote group cohesion and team work and resolve conflicts constructively (Kramer, 2007)<sup>13</sup>.

Researcher also felt during her clinical experience that the nurse should have leadership quality and skills to motivate the subordinates.

### **Statement of problem**

A study to assess the leadership qualities and skills of nurses working at selected hospital, Coimbatore.

### **Objectives of the study**

*The objectives of the study were to*

Assess the leadership qualities and skills among the nurses.

Association between selected demographic variables and leadership qualities and skills.

## **Operational definition**

### **Leadership Quality**

Leadership is the process of empowering beliefs and teaching others to tap their full capabilities by shifting the beliefs that have been limiting them.

### **Leadership Skill**

Ability to do something well. It include the personal relationship skill and task accomplishment skills.

### **Nurse**

The nurses use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems and to achieve the best possible quality of life, whatever their disease or disability, until death.

### **Assumptions**

Leaders can improve the work quality. They will possess some qualities to lead the group in a way that so they will achieve the desire goal.

## **REVIEW OF LITERATURE**

Highly extensive review of literature relevant to the research topic was done to collect maximum information for laying foundation of the study.

### **Review of literature was categorized under two headings**

Arvidsson (2000)<sup>9</sup> stated in a qualitative approach of critical incident analysis among 25 nurses and found that nurse's supervisors should be aware of their own short coming and resources.

Literature related to leadership qualities.

Literature related to leadership skills.

### **Literature related to leadership qualities**

Berggren (2006)<sup>14</sup> examined the role of the supervisors is very important because of her ability to influence the atmosphere with in the clinical nursing supervision group. The researcher found that there is significance of nurse supervisor's ethical decision making style and awareness of their responsibility for creating a relationship with the supervisee.

Begat (2003)<sup>15</sup> examined in a descriptive correlation study that supervisor's perceptions of moral dilemmas were related to decision making and actions impacting on quality of care resulting from their supervisor style.

Severinsson (1996)<sup>16</sup> stated in his study in which he used hermeneutic approach in order characterize nurse supervisor style. He interpreted that the supervisors action in clinical supervision may affect their ability to understand their actions.

Paliadelis (2007)<sup>8</sup> examined in her study that manager did not feel support by the organization but gained support from with in their own ranks. The results shows that the nurses are generally not supportive of each others because of these nurse manager are not adequately supported to manage their expanding administrative and managerial responsibilities.

Serverinsson (1996)<sup>16</sup> examined in a study that the nurse supervisors assist in increasing the supervisees self esteem and autonomy by expressing a positive attitude to motivation for theoretical and practical knowledge and developing the supervisee's human attitudes.

Upenieks (2002)<sup>17</sup> observe about the factors that constitute successful leadership in todays health care environment and what are the principal components of an organization that supports the role of the nurses leader. 16 nurses were interviewed for their perception of leadership traits that are effective in the inpatient hospital setting and types of organizational infrastructure that create conditions for job effectiveness.

Edgar (2004)<sup>18</sup> found in a study that emotional intelligence is a primal dimension of nursing leadership. Emotional intelligence refers to the ability to monitor and discriminate among emotions and to use the information to guide though and action.

Garrett (1991)<sup>19</sup> stated that the relationship among leader with staff nurse improve the job satisfaction among the staff. (Lucas 1991)<sup>10</sup> examined the style and job satisfaction was significantly correlated.

Alleyne (2007)<sup>11</sup> stated that the district nurses demonstrated how they were making sense of patterns from the past, planning of the future and facilitating the clinical nursing leadership processes today to improve quality patient services tomorrow.

Pereira (2005)<sup>20</sup> examined in her study that for the nurse leader there are number of solutions and the associates strengths and weakness, and barriers. So

nurse must use appropriate behavior and effective communication, which contribute to stronger team development and ultimately result in better, safer patient care.

Gantz (2002) stated that leaders should create a climate in which people of diverse cultures are invited into full participation for the achievement of goals of an organization. Sieloff (2004)<sup>21</sup> stated that the nurse supervisor assess the group power and use it for the achievement of the goals of an organization.

Stanley (2006)<sup>7</sup> suggest that the clinical nurse can be experts in their field because they are approachable and are effective communicators and are empowered to act as a role model, motivating others by matching their values and beliefs about nursing and care to their practice.

Upeniaks (2003)<sup>22</sup> done study in magnet and nonmagnetic hospital nurses in 16 hospital and found that the leadership traits and organizational structures were supportive in successful leadership.

Williams (2003) examined in a exploratory study the nurse managers require fairness, trust recognition, supervisory encouragements, organizational climate and reward for their effort.

#### **Literature related to leadership skills**

Murray (2004)<sup>23</sup> examined that nurse managers working in a public sector health organization and found that factors of management structure and management styles in conjunction with the nurse unit managers perception, communication skills had an impact on nurse managers ability to exhibit innovative behavior.

Gifford (2007)<sup>24</sup> stated that leadership behaviors of nurse managers and administration have been identified as important to support research use and evidence based practice. Willer (2007)<sup>25</sup> examined in her study that evidence based leadership and management activities can promote the information and communication technologic among the student nurse.

Alleyne (2007)<sup>11</sup> O stated that the nurse leaders knowledge and skill will influence the clinical practice and to improve the quality of the service provided to their patients. Dehghan (2006)<sup>12</sup> stated that effective management can improve nurse's

productivity and the quality of care that nurse provide.

Arvidsson (2005)<sup>9</sup> found that the nurse supervisors require considerable competence in order to help supervisees to reflect on their clinical work and to interpret the needs of the patients.

Grifford (2006)<sup>26</sup> stated that three leadership strategies to become success,

1. Facilitating staff to use the guidelines
2. Creating a positive milieu of best practice
3. Influencing organizations structure and process.

Williamson (2005) examined that nurse manager need to develop their coaching and facilitating skills and recognize there is no 'quick fix' for developing clinical leaders. Implication include the need to support learner in identifying and implementing changes arising from work-based learning activities.

Grossman (2007)<sup>27</sup> stated that critical care nurse needs to be more effective leaders and managers health care. Delivering qualitative and cost effective patient outcomes is the goal for all nurses. To achieve this goal nurse must practice and attain leadership skills.

Heynes (2005)<sup>28</sup> observed that charge nurses should seek out additional information to identify to solve the problems. Problems with leaders were lack of clarity around the roles and responsibilities, lack of training and the lack of principles pf effective communication.

#### **METHODOLOGY**

This chapter explains the methodology adopted by researcher to assess the leadership qualities among nurses. This chapter deal with research approach, research design, setting of study, population, criteria for sample selection, sample size, sampling technique, development and description of tool for data collection, content validity, reliability, pilot study, procedure for data collection and statistical analysis.

#### **Research Approach**

The research approach was descriptive in nature. The investigator seeks to assess the leadership qualities and skill of nurses.

### **Research Design**

The research design for this study was descriptive research design.

### **Setting of the Study**

Setting of this study was private tertiary hospital. This hospital is 500 bedded hospital with multi speciality departments. It is 10Km from the city. There are 300 nurses, 35 in charges working in this hospital.

### **Population of Study**

The population of the study includes Nurses working in private tertiary Hospital.

### **Criteria for sample selection**

#### **Inclusion Criteria**

Nurses working in private tertiary Hospital > 3 years experience.

Registered nurses.

Nurses available at the time of data collection.

Nurses working as nurse supervisors.

#### **Exclusion Criteria**

Nurses who is on long leave.

Nurses who are having experience < 3 years.

#### **Sample size**

Sample size was 20 nurses working in private tertiary Hospital.

#### **Sampling technique**

The non probability convenient sampling technique will be adopted for this study.

#### **Description of tool**

In this study researcher are going to use Modified scale for the assessment of leadership qualities and skills. This scale was produced by New England Regional Leadership Programme.

The instrument consists of two sections

#### **Section I**

Demographic Performa. It includes age, education, sex, marital status, experience, income, and residence.

#### **Section II**

Assessment of leadership qualities and skills. It has two parts

**Part – A:** Assessment of leadership qualities. It consists of 15 self administering statements. The maximum score is 75 and minimum score is 15.

#### **Keys**

Not at all,

A little,

Moderately,

Mostly

Extremely

**Part –B:** Assessment of leadership skills, which consist Personal relationship skills and task accomplishment skill. This have maximum score 50 and minimum score will be 10.

#### **Keys**

Feel awkward when I do this

I have to learn this skill

Practicing skill frequently

Comfortable competent

Use this a lot.

#### **Pilot study**

The study was conducted to find whether the scale was capable of eliciting response from the patients, whether they had any difficulty in following the procedure of the instrument, the feasibility of the study and to estimate the time required for administering the tool.

#### **Testing of tool**

#### **Validity**

The tool was given to five experts in the field of nursing, management for content validity. All comments and suggestion given by the experts were duly considered and corrections were made.

#### **Reliability**

Split half method was used to measure the reliability of the tool. The reliability of the assessment qualities scale was  $r = .76$ .

#### **Procedure for data collection**

Prior permission was obtained from obtained from the Chairman, private tertiary Hospital by submitting application. The study was conducted for a period of one week. The investigator identified the respondents who fulfilled the inclusion criteria. The respondents were explained about the purpose of the study in a compassionate manner and informed consent was taken. The investigator took care to look into their convenience. Questionnaire given them to fill. It took 20 minutes.

#### **Statistical analysis**

Collected data was analyzed by descriptive and inferential statistics. Chi square was used to find the association between demographic variables and

leadership qualities. The detail of statistical analysis presented in chapter IV.

## **DATA ANALYSIS AND INTERPRETATION**

This chapter deals with the analysis of the data collected, which are tabulated and presented as follows:

### **Section I**

Description of demographic characteristics of respondents.

### **Section II**

Description of leadership qualities and skills of the respondents.

### **Section III**

Association of leadership qualities and skills with demographic variables.

#### **Section I: Demographic characteristics of respondents**

The above table shows that among the 20 respondents 13(65%) were in the age group between 25- 30 years. 4(20%) were in age group of 31- 35 years and remaining were in the age group of more than 35 years.

Regarding sex all respondents were female. And about the marital status 11(55%) were married and 9(45%) were unmarried.

Regarding professional education 18(90%) respondents were diploma nurses and 2(10%) were degree nurses.

Regarding designation 14(70%) respondents were senior staff nurses and 6(30%) were ward in charges. About the years of experience 9(45%) respondents were comes under 3-5years experience, 8(40%) comes under 6-8 years experience and remaining had more than 8 years experience.

Regarding income 25(75%) were getting 4000- 6000 Rs per month, 3(15%) were getting more than 6000 Rs per month and remaining were getting less than 3000 Rs per month.

#### **Section - II: Description of leadership qualities and skills of the respondents**

The above table shows that the distribution of respondents according to leadership qualities and skills. Mean of the leadership quality was 65.7. Out of 20, 14(70%) had average and above average

leadership qualities and 6(30%) had below average quality of leadership.

Further the table shows that the mean of leadership skill was 32.7. Out of 20, 17(85%) had average and above average leadership skills and 3(15%) had below average leadership skills.

#### **Section III: Association of leadership qualities and skills with demographic Variables**

The above table shows chi square value 0.05 is less than the table value it is not significant at (1) df. This means that there is no significant difference of leadership quality in various age group.

The obtained chi square value 4.3 is less than the table value it is not significant at (2) df. This means that there is no significant difference of leadership quality and marital status.

The calculated chi square value 1.58 is less than the table value it is not significant at (1) df. This means that there is no significant difference of leadership quality and professional education.

The calculated chi square value 28.8 is more than the table value it is significant at (1) df. This means that there is significant difference of leadership quality by their designation.

The calculated chi square value 6.34 is more than the table value it is significant at (2) df. This means that there is significant difference of leadership quality and years of experience.

The obtained chi square value 6.01 is more than the table value it is significant at (2) df. This means that there is significant difference of leadership quality in various income group.

The above table shows chi square value 3.27 is less than the table value it is not significant at (1) df. This means that there is no significant difference of leadership skills in various age group.

The obtained chi square value 0.6 is less than the table value it is not significant at (2) df. This means that there is no significant difference of leadership skills and marital status.

The calculated chi square value 0.79 is less than the table value it is not significant at (1) df. This means that there is no significant difference of leadership skills and professional education.

The calculated chi square value 8.23 is more than the table value it is significant at (1) df. This means that

there is significant difference of leadership skills by their designation.

The calculated chi square value 6.66 is more than the table value it is significant at (2) df. This means that there is significant difference of leadership skills and years of experience.

The obtained chi square value 15.07 is more than the table value it is significant at (2) df. This means that there is significant difference of leadership skills in various income group.

## **DISCUSSION**

In this study the researcher has assessed the leadership qualities and skills among the nurses. Leadership possess qualities and skill like knowing self, looking forward, seeing the big picture, building self directed work teams, taking risk, recognizing the right time for action, seeing changes as an opportunity, communicating effectively. This quality is to improve the quality of care to the patient.

### **The first objective was to assess the leadership qualities and skills**

The study result shows that the distribution of respondents according to leadership qualities and skills. Mean of the leadership quality was 65.7. Out of 20, 14(70%) had average and above average leadership qualities and 6(30%) had below average quality of leadership.

Further the table shows that the mean of leadership skill was 32.7. Out of 20, 17(85%) had average and above average leadership skills and 3(15%) had below average leadership skills.

### **The second objective of the study was to associate the leadership qualities and skills with demographic variables**

The investigator found that there is no significant difference between leadership quality and age, marital status, and professional education. Further the researcher has analyzed that there is no significant relation between leadership quality and designation, experience and income.

The investigator found that there is no significant difference between leadership skills and age, marital status, and professional education. Further the researcher has analyzed that there is no significant

relation between leadership skills and designation, experience and income.

## **Summary**

The study was conducted to assess the leadership qualities and skills.

The following objectives were set for the study  
Assess the leadership qualities and skills among the nurses.

Association between selected demographic variables and leadership qualities and skills.

### **Finding of the study were as follows**

The mean score for leadership quality was 65.7.

The mean score for leadership skill was 32.7.

Out of 20, 16 (80%) had average and above average leadership qualities.

17 (85%) had had average and above average leadership skills.

There was association between leadership qualities and skill with designation, experiences and income.

**Section I: Demographic characteristics of respondents**

**Table No.1: Distribution of respondents by demographic variables**

S No	Demographic Variables	No of sample	Percentages %
<b>Age in years</b>			
1	25- 30	13	65
2	31- 35	4	20
3	above 30	3	15
<b>Sex</b>			
4	Female	-	-
5	Male	20	100
<b>Marital status</b>			
6	Married	11	55
7	Unmarried	9	45
8	Widower	-	-
<b>Professional education</b>			
9	Diploma	18	90
10	Degree	2	10
<b>Designation</b>			
11	Senior S/N	14	70
12	Ward in charge	6	10
<b>Experience in years</b>			
13	3-5	9	45
14	6-8	8	40
15	>8	3	15
<b>Income (Rs)</b>			
16	<3000	2	10
17	4000- 6000	15	75
18	>6000	3	15

**Section - II: Description of leadership qualities and skills of the respondents**

**Table No.2: Distribution of Respondents According to assessment of leadership N=20**

S.No	Characteristics	Mean	Assessment of Leadership			
			Average and above average	%	Below average	%
1	Leadership Qualities	65.7	14	70	6	30
2	Leadership Skills	32.7	17	85	3	15

**Section III: Association of leadership qualities and skills with demographic Variables**

**Table No.3: Association of leadership qualities with demographic variables**

S.No	Demographic Variable	Leadership Quality		df	x <sup>2</sup> value
		Average and more than average	Less than average		
<b>Age in years</b>					
1	25- 30	9	4	2	0.05
2	31-35	3	1		
3	>35	2	1		



<b>Marital Status</b>					
4	Married	6	5	2	4.3
5	Unmarried	8	1		
6	Widow	0	0		
<b>Professional Education</b>					
7	Diploma	12	6	1	1.58
8	Degree	2	0		
<b>Designation</b>					
9	Senior S/N	4	10	1	28.8
10	Ward Incharge	10	6		
<b>Experience (years)</b>					
11	3-5	4	5	2	6.34
12	6-8	7	1		
13	>8	3	0		
<b>Income (Rs)</b>					
14	<3000	0	2	2	6.01
15	4000-6000	11	4		
16	>6000	3	0		

**Table No.4: Association of leadership skills with demographic variables**

S.No	Demographic Variable	Leadership skills		df	x <sup>2</sup> value
		Average and more than average	Less than average		
<b>Age in years</b>					
1	25- 30	12	1	2	3.27
2	31-35	3	1		
3	>35	2	1		
<b>Marital Status</b>					
4	Married	9	2	2	0.6
5	Unmarried	8	1		
6	Widow	0	0		
<b>Professional Education</b>					
7	Diploma	16	2	1	0.79
8	Degree	1	1		
<b>Designation</b>					
9	Senior S/N	14	0	1	8.23
10	Ward incharge	3	3		
<b>Experience (years)</b>					
11	a. 3-5	6	3	2	6.66
12	b. 6-8	8	0		
13	c. >8	3	0		
<b>Income (Rs)</b>					
14	a. <3000	0	2	2	15.07
15	b. 4000-6000	15	0		
16	c.>6000	2	1		

## **CONCLUSION**

The conclusion of the study was drawn as follows: Leadership qualities are necessary for a nurse working in hospital, this skills help the nurses to provide the nursing care to the patient in effective manner and its needed to supervise the subordinates. Maximum nurse were had more than average leadership quality and skills. Some respondents who had below average for them there is need of further training and development program to improve their leadership quality and skill.

## **IMPLICATION**

Emerging research has assessed the leadership qualities and skills among nurses. Leadership quality of nurses will improve the care given to the patient.

## **NURSING PRACTICE**

To gain insight about the leadership quality.  
To gain adequate knowledge regarding quality and skill possess by the nurses as leaders.  
To provide training and development programme to improve the leadership qualities.

## **NURSING EDUCATION**

The nurse teacher can teach the leadership qualities and skills.  
Nurse teacher can observe the leadership quality among students.

## **NURSING ADMINISTRATION**

Training and development programme can provide to improve the leadership qualities and skills.  
Provide broad knowledge about role of leaders in nursing.

## **NURSING RESEARCH**

This study provide scope for further research to know the style of leadership  
Research can be done to understand the role of leaders in quality care.

## **LIMITATIONS OF STUDY**

The study has only listed the leadership qualities of nurses not executed any.

Training and development programme for the improvement of leadership qualities and skills.  
The study has not included the role of nurse leaders in providing quality care.

## **RECOMMENDATION**

A similar study can be conducted using large sample to generalize and validate the result.  
Study can be conducted to know the job satisfaction of leaders.  
Study can be conducted to compare the leadership quality among diploma and degree nurses.  
Study can be conducted to know the role of effective leadership on patient care.  
An interventional study can be conducted to know the effectiveness of leadership training and development programme.  
Study can be done to explore the leadership style of the nurses.  
Comparative study can be conducted between the nurses working in Selected and other hospital nurses.

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## **CONFLICT OF INTEREST**

We declare that we have no conflict of interest.

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