

LEADERSHIP SKILLS OF NURSES IN THE FIELD OF HEALTH: THE EXAMPLE OF TRNC HOSPITALS

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ABSTRACT

The purpose of this study is to examine the leadership skills of nurses in the health field. The population of the study consisted of nurses working in the Turkish Republic of Northern Cyprus (TRNC) Nicosia Burhan Nalbantoğlu State Hospital, Famagusta State Hospital, Near East University Hospital and Kyrenia Dr. White Flower Hospital; the samples consisted of 280 nurses. The data were collected through Google Forms using a personal information form and the Leadership Orientation Scale. The Leadership Orientation Scale was developed by Bolman and Deal (1990), and its Turkish adaptation and validity and reliability were conducted by Dereli (2003). The results of the analysis show that the leadership orientations of the participant nurses did not deviate from the overall mean of the scale in general. However, when the sub-dimensions of the scale are examined, it is observed that higher scores are obtained in the symbolic leadership dimension, but lower scores are obtained in the structural leadership dimension. According to the gender variable, it was observed that female nurses scored higher than male nurses in structural leadership, symbolic leadership and the total scale, but male nurses scored higher than female nurses in the people resource leadership dimension. These results show that there are significant differences between leadership dimensions and gender. According to the marital status variable, it was determined that different marital status groups had different scores in structural, human resource, political and symbolic leadership dimensions. For example, while participants between the ages of 22-30 scored higher in structural leadership, those between the ages of 41-50 scored higher in human resource and political leadership dimensions. According to the marital status variable, it was observed that single nurses scored higher than married nurses in human resource and political leadership dimensions. This indicates that single nurses have stronger leadership characteristics or tendencies in these two leadership dimensions. According to the professional seniority variable, it was found that nurses in different professional seniority ranges received different scores in different leadership dimensions. For example, nurses in the 1-5 year range scored higher in structural leadership, while those in the 6-10 year range scored higher in human resource leadership.

Keywords: Leader, Leadership, Nurse.

Introduction

Problem Status

A nurse is a professional healthcare worker who undertakes patient care and treatment in healthcare services. Nurses can work in many healthcare institutions such as hospitals, clinics, health centers, and home health care services. The primary duties of nurses include meeting the medical needs of patients, administering medications, performing medical procedures, maintaining patient records, and providing health information and support to patients and their families. Nurses can also work in areas such as providing health education, managing health programs, and participating in health research. Nursing is a versatile profession that provides a wide range of services, including patient care, coordination of health services, education of patients and their families, improvement of health services and protection of health. Nurses are an important part of medical teams and play a critical role in the healthy recovery and treatment of patients (Arabacı, 2012).

Nurses' perception of leadership is important in the field of healthcare. A leader is a person who is responsible for directing a group or community towards a specific goal or objectives. Leadership refers to a set of skills and responsibilities that include directing, guiding, motivation, decision-making and influencing abilities. Leaders can be found in different sectors and fields (Salamah, Alzubi ve Yinal, 2023). By sharing their vision, leaders guide followers or group members in achieving goals. A good leader can motivate people, ensure cooperation, and solve problems with determination. Leadership includes the ability to use various leadership styles and methods to realize the leader's vision and contribute to the development of group members (Koçak and Özüdoğru, 2012).

Leadership skills of nurses are very important in the field of health. Leadership includes decision making, motivating, communication, problem solving and other leadership skills. Leadership plays an important role in business, politics, society, education and many other fields. A good leader encourages teamwork, motivates

people, makes strategic decisions and provides guidance for sustainable success. Leadership styles may vary and leaders may take different approaches. Some leaders take a participatory approach, while others may be more authoritarian. Leadership can have a huge impact on both the individual and societal levels. A leader can help group members maximize their potential and achieve common goals (Negussie and Demissie, 2013).

In the field of healthcare, nurses' leadership skills are necessary to provide effective patient care as well as to improve the quality of healthcare services. Nurses must develop leadership skills to gain patient trust, work as a team, deal with emergencies, solve problems, and continue their professional development. Therefore, leadership skills are of great importance in the careers of nurses and the successful delivery of health services (Ardahan and Konal, 2017).

The perception that nurses' leadership capacities are insufficient has led to nurses not being provided with opportunities in management and education positions for many years. As healthcare systems become increasingly complex, the need for harmony and collaboration among healthcare professionals increases. It is important that staff can collaborate and coordinate activities. The way to establish this cooperation effectively is for nurses to have leadership and management skills and to use these skills effectively (Öztürk et al., 2012). The reasons why nurses cannot exhibit leadership behaviors include factors such as the fact that healthcare institutions often have a hierarchical structure, physicians are generally seen as team leaders, concern about loss of job security, role ambiguity, role confusion and lack of trust (Serinkan and İpekçi, 2015). Leadership in nursing is defined as "using the power and tendency to achieve a common goal and vision by influencing the patient, family and society." Developing leadership and management skills in nursing requires nurses to organize so that they can participate in health policies and take an active part in decision-making mechanisms (Duygulu and Kublay, 2008).

When the studies are examined, it is seen that management policies and manager behaviors affect nurses' job satisfaction and service quality. Leadership and management behaviors bring a new perspective to healthcare environments and positive environments can be created for nurses and patients. In addition, employees' commitment to the organization, satisfaction levels and motivation increase. Health transformation programs, legal regulations, developments in medicine and technology, difficulties in covering health care expenses, increasing population, lack of nurses, mobbing and burnout problems reveal the need for nurses with leadership skills and the necessity for nurses to develop their leadership skills (Öztürk et al., 2012).

Purpose and Importance of the Research

The aim of this study is to examine the leadership skills of nurses in the field of health. This study addresses a critical issue that should be emphasized in the leadership skills of nurses in the healthcare sector. Nurses play a vital role in caring for patients, coordinating healthcare services, and ensuring patient satisfaction. Therefore, developing and emphasizing nurses' leadership abilities is important to improve the quality of healthcare. Additionally, this study offers a local perspective by examining the leadership skills of nurses specifically in TRNC hospitals. Local perspectives can help identify leadership gaps and develop unique strategies to improve regional health services. In conclusion, the results of this study have the potential to highlight nurses' leadership skills and provide valuable suggestions to make healthcare services more effective. Nurses' leadership skills can shape the future success of the healthcare system and contribute to better care for patients.

Hypotheses

In this research, answers were sought to the following questions:

1. H₁: There is a difference between nurses' leadership orientation sub-dimensions according to their gender variable.
H₀: There is no difference between nurses' leadership orientation sub-dimensions according to gender variable.
2. H₁: There is a difference between nurses' leadership orientation sub-dimensions according to their age variable.
H₀: There is no difference between nurses' leadership orientation sub-dimensions according to their age variable.
3. H₁: There is a difference between the leadership orientation sub-dimensions of nurses according to their marital status variable.
H₀: There is no difference between nurses' leadership orientation sub-dimensions according to their marital status variable.
4. H₁: There is a difference between nurses' leadership orientation sub-dimensions according to their professional seniority variable.

H₀: There is no difference between nurses' leadership orientation sub-dimensions according to their professional seniority variable.

Assumptions

It is assumed that research participants give their answers to the survey questions sincerely.

Limitations

Research;

- With the resources used in the research,
- With the survey questions used in the research,
- It is limited to nurses working in TRNC.

Definitions

Nurse: A professional healthcare worker who undertakes patient care and treatment in healthcare services (Arabacı, 2012).

Leader: A term defined as the manager or head of a group or organization. (Koçak and Özüdoğru, 2012).

Leadership: It means that a person or a group of people directs, guides and influences others. (Negussie and Demissie, 2013).

Theoretical Framework

Leadership Concept

Leader, one group, team or organization directing, influencing and inspiration giver is a person. Leader, motivating and directing others And to goals to reach for guidance don't capable of has (Yinal ve Okur, 2022). Leadership roles, a organization top level from project managers of your team to its leader, social groups to their leaders And community to their leaders much various at levels And in contexts can be seen. Leaders, leadership your qualifications user vision owner, reliable, charismatic and effective persons it could be (Tülüce, 2022).

Leadership, leader behaviours and is the effect. Leadership, a your leader others on you effect by One group or organization orientation and motivation process expression it does. Leadership, a of the group to goals reach for necessary the one which coordination, cooperation, communication and management Contains. Good leadership to others guidance do n't team of its members your abilities development And strong One study environment create his skill requires (Tengilimoğlu , 2005).

Leaders effective communication skills with others clear, clear and effective one way communication to establish helper It is possible. Good communication, leaders set with its member's partnership to do and to motivate them makes it easier. Communication skills of people ideas, thoughts, feelings And information opposite aspect effective One way expression whether to understand providing important communication are their abilities. Both personal in relationships and business in your life effective communication to your skills owner to be successful communication to establish And positive interactions to support makes it easier. Good communication to your skills owner to be people emotional intelligence, social rapport And personal And professional success about effective to be helper happens (Özsalmanlı , 2005).

Leadership in Nursing

Of nurses leadership concept health _ in your services important has a role the one which... nurses, leadership features using hospital or in clinics effective one way their work expression it does. Nurses, health in the industry patients care, treatment and healing in their processes critical one role they play and this for this reason leadership to your skills owner being, patient care the quality And the results in auction big importance has. Of nurses leadership concept, just title or hierarchical with position annoyed not the same in time leadership qualities what they can show all in areas is valid. Nurses with patients And hospital with its staff effective communication building team his work encouragement don't , problems solving , taking initiative and decision don't give abilities like leadership skills They use (Yeşiltaş et al., 2013).

Nurses, patients care in their processes leadership shows. Patients' needs evaluate, treat your plans creates and apply, care the quality marks and patient safety provides. In patient care leadership, health in the industry worker nurses and other health professionals, patients care processes manage and leadership skills use is the process. This leadership type of patient's health of their situation evaluation, treatment of your plans creation, maintenance coordination and health services effective one way presenting processes contains. In patient care leadership, health of your staff well order patients and them with their family's effective one communication setup your ability requires. Leadership skills of patients requirements and your preferences understanding, empathy setup and emotional support providing like factors includes (Velioğlu And Homeland , 2002).

Nurses, multidisciplinary health of your team One Part of it aspect set leadership they do. Other health with its professionals coordination and partnership inside working, patients holistic and effective One way maintenance They provide. In nurses set leadership, health in your services important has a role the one which. Nurses, a health team in other health professionals and with its staff effective One way working in patient care leadership is to show. nurses , patients care processes management , coordination And set study about critical One role they undertake And This for this reason set leadership to your skills owner to be It is important . In nurses set leadership, following in shapes self shows : (Timmins and McCabe, 2003).

Related Research

Wong and Cummings (2007) examined the impact of nurses' leadership and leadership behaviors on patient outcomes. As a result of these studies, it was determined that positive leadership behaviors increased patients' satisfaction levels and reduced undesirable effects. In Tsai's (2011) study, the relationship between organizational culture, leadership behaviors and job satisfaction in nurses was examined. The research results showed that there was a relationship between organizational culture and leadership behaviors and emphasized that nurses' job satisfaction levels increased in work environments where organizational goals were determined and leadership behaviors were developed.

Negussie and Demissie (2013) examined the relationship between the leadership style of nurse managers and nurses' job satisfaction. They found that nurses preferred transformational leadership style more than transactional leadership and that there was a positive relationship between transformational leadership style and job satisfaction. Warshawsky and Havens. (2014) examined the job satisfaction of nurse managers and their tendency to leave the profession. They showed that nurse managers were satisfied with their career choices and had high levels of job satisfaction, but they stated that many nurses tended to leave their jobs for reasons such as burnout, career changes, promotion and retirement. Serinkan and İpekçi (2015), in their study on "leadership and leadership characteristics in manager nurses" , found that manager nurses adopted a democratic and participatory leadership style and that the most important qualities of leaders should be honesty, responsibility, cooperation, team understanding, and information sharing. They concluded that nurse managers have a transformational leadership approach rather than transactional leadership.

Sayın (2008) in his study aimed to reveal the effects of the leadership styles that nurses perceive in nurse managers on their commitment to the organization. It was concluded that the transformational leadership style average of manager nurses is higher than other leadership styles and that one of the important factors in increasing organizational commitment is the transformational leadership style. In his study, Soylyuer (2010) examined the effects of the leadership behaviors of nurse managers on the motivation of nurses and stated that there is a relationship between the leadership behaviors of nurse managers and the motivation and satisfaction levels of employees, and as the leadership behaviors of nurse manager's increase, the motivation (satisfaction) levels of employees also increase.

Method

Research Method

This research is a screening research conducted on a participant group consisting of nurses working in TRNC. Research is a study of participants' opinions, interests, skills, abilities, attitudes, etc. on a topic. It uses a survey research model that aims to examine features such as. This model is called screening, which is given to studies conducted with larger samples and explaining the basic features of the research. During the data collection process, data is obtained from the participants through a survey. The research was conducted using quantitative research methods (Karasar , 2008)

Population and Sample

The population of the research is Turkish Republic of Northern Cyprus (TRNC) Nicosia Burhan Nalbantoğlu State Hospital, Famagusta State Hospital, Near East University Hospital and Kyrenia Dr. It consists of 900 nurses working at Akçiçek Hospital. The sample of this study was determined using the purposeful sampling method. Purposive sampling method is a sampling method in which the researcher selects a sample in line with a specific purpose. This method aims to select informative, representative and important participants who are suitable for the purpose of the research (Kılbaş and Cevahir, 2023). In this context, 280 nurses were included in the sample of the research.

Data Collection Tools

In the study, data was collected via Google Forms between 06.08.2023 and 01.09.2023. 50 of the 350 scale forms distributed were not returned;In 20 of them, deficiencies were detected that would affect the work. Therefore, 280 forms were included in the study.

In the study, data were collected through a personal information form and the Leadership Orientation Scale.

Gender, age, marital status and professional seniority were asked in the personal information form.

The leadership orientation scale is a 5-point Likert type scale developed by Bolman and Deal (1990), adapted into Turkish and its validity and reliability was done by Dereli (2003). It is structured as “1 is never, 5 is always”. It consists of 32 questions and 4 sub-dimensions (Dereli, 2003). Each of the “Structural Leadership”, “Human Sourced Leadership”, “Political Leadership” and “Symbolic Leadership” sub-dimensions consists of 8 statements. The reliability coefficient (Cronbach Alpha) in the study was 0.790 for "Structural Leadership"; 0.810 for “Human Based Leadership”; It was calculated as 0.780 for "Political Leadership" and 0.760 for "Symbolic Leadership". Reliability coefficient for the Leadership Orientation Scale (cronbach alpha) is 0.830 (Dereli, 2003). The results of the reliability analysis conducted in this study are given in Table 1.

Table 1. Reliability analysis of the scale

	Cronbach's Alpha	Article
Leadership Orientation Scale	0.827	32

As a result of the analysis, the Leadership Orientation Scale Cronbach's Alpha value was found to be 0.827 and was found to be reliable within the study.

Analysis of Data

SPSS 28 program was used to analyze the data collected in the study and was examined at the reliability level. T-Test, ANOVA and ANOVA Tukey tests were used to examine whether the scale scores differ according to socio-demographic characteristics.

Findings

Demographic features

Demographic variables of nurses are given in Table 2.

Table 2. Demographic Information

		N	%
Gender	Woman	152	54.3
	Male	128	45.7
Age	22-30 years old	32	11.4
	31-40 years old	117	41.8
	41-50 years old	102	36.4
	51 and over	29	10.4
marital status	Married	95	33.9
	Single	185	66.1
professional seniority	1-5 Years	75	26.8
	6-10 Years	145	51.8
	11-15 Years	27	9.6
	more than 15 years	33	11.8
	Total	280	100.0

When Table 2 is examined, 54.3% of the participants are women; It is seen that 45.7% of them are male. Considering the age distribution of the participants, 41.8% are 31-40 years old; 36.4% are 41-50 years old; It is seen that 11.4% are between the ages of 22-30 and 10.4% are between the ages of 51 and over. 66.1% of the participants are single; It is seen that 33.9% of them are married. In terms of professional seniority, 51.8% of the participants have 6-10 years; 26.8% have 1-5 years; It is seen that 11.8% of them are more than 15 years old and 9.6% are between 11-15 years.

Descriptive Analysis of the Leadership Orientation Scale

In Table 3 Descriptive analysis results of the leadership orientation scale are included.

Table 3. Descriptive Analysis of the Leadership Orientation Scale and its Sub-Dimensions

	Min.	Max.	\bar{X}	Ss.
structural leadership	32.00	35.00	33.83	0.790
human-based leadership	33.00	37.00	35.00	0.935
political leadership	33.00	39.00	35.76	1,436
symbolic leadership	34.00	40.00	37.54	0.922
Scale total	137.00	150.00	142.15	3,036

The mean (\bar{X}) of the total score of the leadership orientation scale of the participating nurses is 142.15 and the standard deviation (Ss.) is 3.036. This shows that the leadership orientations of the participants did not deviate from the overall mean of the scale. When we look at the sub-dimensions of the scale, the sub-dimension with the highest score is Symbolic leadership. The mean score (\bar{X}) of this sub-dimension is 37.54 and the standard deviation (Ss) is 0.922. This shows that participants' leadership orientations are more focused on the symbolic leadership dimension. In addition, one of the sub-dimensions of the scale, the structural leadership sub-dimension, received the lowest score. The mean score (\bar{X}) of this sub-dimension is 33.83 and the standard deviation (Ss.) is 0.790. This shows that the leadership orientations of the participants are lower in the structural leadership dimension.

Descriptive Analyzes Between Gender Variable and Leadership Orientation Scale

The results of the analysis conducted to test the hypothesis "H₁ : There is a difference between the leadership orientation sub-dimensions of nurses according to the gender variable" are given in Table 4.

Table 4. Comparison of Leadership Orientation Scale and Its Sub-Dimensions According to Gender Variable (T-Test)

		N	\bar{X}	ss	f	p.
structural leadership	Woman	152	33.92	0.719	7,591	0.006
	Male	128	33.72	0.857		
human-based leadership	Woman	152	34.98	1,060	24,117	0.000
	Male	128	35.03	0.762		
political leadership	Woman	152	35.87	1,443	0.007	0.934
	Male	128	35.64	1,423		
symbolic leadership	Woman	152	37.57	1,088	14,280	0.000
	Male	128	37.50	0.675		
Scale total	Woman	152	142.36	3,486	23,476	0.000
	Male	128	141.90	2,385		

p < 0.05

As a result of the analysis, it was determined that structural, anthropogenic, symbolic and total scale scores differed with the gender variable (p < 0.05). Accordingly, the scores of female nurses in structural leadership, symbolic leadership and the total scale are higher than those of men; In the human-based leadership dimension, male nurses' scores were higher than female nurses. These results show that there are significant differences between leadership dimensions and gender. The fact that female nurses receive higher scores in the structural leadership and symbolic leadership dimensions indicates that they have stronger leadership tendencies in these dimensions. In the human-based leadership dimension, male nurses' higher scores suggest that this dimension may be more prominent or that male nurses' leadership skills in this area are stronger. As a result, it is determined that there are differences between gender and leadership dimensions.

4.4. Descriptive Analyzes Between Age Variable and Leadership Orientation Scale

The results of the analysis conducted in the study to test the hypothesis "H₂ : There is a difference between the leadership orientation sub-dimensions of nurses according to their age variable" are given in Table 5.

Table 5. Comparison of Leadership Orientation Scale and its Sub-Dimensions According to Age Variable (ANOVA- ANOVA Tukey Test)

		N	\bar{X}	ss	f	p.	Difference
structural leadership	22-30 years old	32	34,31	0.470	6,062	0.001	22-30 years>31-40 years; 41-50 years old
	31- 40 years old	117	33.88	0.800			
	41- 50 years old	102	33.66	0.812			
	51 and over	29	33.72	0.751			
human-based leadership	22-30 years old	32	34.56	1,293	4,472	0.004	41-50 years > 22-30 years
	31- 40 years old	117	34.94	0.833			
	41- 50 years old	102	35.21	0.929			
	51 and over	29	35.03	0.680			
political leadership	22-30 years old	32	35.87	1,680	3,426	0.018	41-50 years old > 31-40 years old
	31- 40 years old	117	35.46	1,386			
	41- 50 years old	102	36.06	1,387			
	51 and over	29	35.82	1,338			
symbolic leadership	22-30 years old	32	37.25	0.983	13,652	0.000	31-40 years old > 22-30 years old 51 and over > 22-30 years; 41-50 years old
	31- 40 years old	117	37.86	0.860			
	41- 50 years old	102	37,18	0.792			
	51 and over	29	37.86	0.990			
Scale total	22-30 years old	32	142.00	4,016	0.118	0.949	No difference
	31- 40 years old	117	142.14	2,838			
	41- 50 years old	102	142.13	2,981			
	51 and over	29	142.44	2,910			

p <0.05

As a result of the analysis, it was determined that there was a significant difference between all sub-dimensions and the age variable, except for the total score of the scale (p<0.05). According to this;

- In the structural leadership dimension, the participants between the ages of 22-30 are 31-40 years old and 41-50 years old;
- the human-based leadership dimension, participants between the ages of 41-50 are 22-30 years old;
- the political leadership dimension, participants between the ages of 41-50 are between the ages of 31-40;
- the symbolic leadership dimension, it was determined that the participants between the ages of 31-40 were higher than the participants between the ages of 22-30 and those aged 51 and over, compared to the participants between the ages of 22-30 and 41-50.

As a result, participants between the ages of 22-30 have stronger leadership qualities in the structural leadership dimension; Participants between the ages of 41-50 have stronger leadership tendencies in both human and political leadership dimensions; It was observed that participants between the ages of 31-40 were stronger in the symbolic leadership dimension or represented this dimension more effectively. In this case, differences in leadership dimensions have been detected between age groups, and it can be said that these differences indicate that certain age groups have certain leadership characteristics or tendencies.

4.5. Descriptive Analyzes Between Marital Status Variable and Leadership Orientation Scale

The results of the analysis conducted to test the hypothesis "H₃ : There is a difference between the leadership orientation sub-dimensions of nurses according to the marital status variable" are given in Table 6.

Table 6. Comparison of the Leadership Orientation Scale and its sub-dimensions according to marital status variable (T-Test)

		N	\bar{X}	ss	f	p.
structural leadership	Married	95	33.88	0.769	0.009	0.926
	Single	185	33.81	0.802		
human-based leadership	Married	95	34.80	1,116	10,449	0.001
	Single	185	35,11	0.809		
political leadership	Married	95	35.15	1,178	4,390	0.037
	Single	185	36.08	1,459		
symbolic leadership	Married	95	37.27	0.777	0.905	0.342
	Single	185	37.68	0.960		
Scale total	Married	95	141.11	2,913	0.408	0.523
	Single	185	142.69	2,966		

p < 0.05

As a result of the analysis, it was determined that there was a significant difference between human-based and political leadership and marital status (p < 0.05). Accordingly, it was observed that single nurses received higher scores than married nurses in both human resources and political leadership dimensions. In other words, according to the results of the analysis, single nurses appear to have stronger leadership characteristics or tendencies in the human-based leadership and political leadership dimensions. This suggests that marital status has an impact on leadership abilities and that single nurses take a more prominent leadership role in these two leadership dimensions.

Descriptive Analyzes Between Professional Tenure Variable and Leadership Orientation Scale

In the research, "H₄ : There is a difference between nurses' leadership orientation sub-dimensions according to their professional seniority variable. The results of the analysis conducted to test the hypothesis "There is a difference" are given in Table 7.

Table 7. Comparison of Leadership Orientation Scale and its Sub-Dimensions According to Professional Tenure Variable (ANOVA Test)

		n	\bar{X}	ss	f	p.	Difference
structural leadership	1-5 Years	75	34.22	0.605	13,896	0.000	1-5 years > 6-10 years; 11-15 years More than 15 years > 6-10 years
	6-10 Years	145	33.60	0.810			
	11-15 Years	27	33.62	0.791			
	more than 15 years	33	34,12	0.649			
human-based leadership	1-5 Years	75	34,40	0.944	27,548	0.000	6-10 years > 1-5 years; more than 15 years; 11-15 years > 1-5 years; more than 15 years
	6-10 Years	145	35,35	0.721			
	11-15 Years	27	35,40	0.747			

	more than 15 years	33	34.54	1,002			
	1-5 Years	75	34.93	1,553			
political leadership	6-10 Years	145	36.19	1,094	16,576	0.000	6-10 years > 1-5 years; more than 15 years 11-15 years > 1-5 years
	11-15 Years	27	36.22	1,120			
	more than 15 years	33	35.42	1,803			
	1-5 Years	75	37.22	1,169			
symbolic leadership	6-10 Years	145	37.69	0,544	4,782	0.003	6-10 years > 1-5 years
	11-15 Years	27	37.70	0,465			
	more than 15 years	33	37.48	1,543			
	1-5 Years	75	140.78	3,684			
Scale total	6-10 Years	145	142.84	2,049	9,412	0.000	6-10 years > 1-5 years; 11-15 years > 1-5 years
	11-15 Years	27	142.96	2,009			
	more than 15 years	33	141.57	4,401			
	1-5 Years	75	140.78	3,684			

p <0.05

As a result of the analysis, there was a difference between the leadership orientation sub-dimension and the total dimension of the scale according to the professional seniority variable of the nurses. It was observed that there was a difference (p <0.05). According to this;

- In the structural leadership dimension, nurses with professional seniority between 1-5 years are more likely than those with 6-10 years and 11-15 years; Nurses with more than 15 years of professional seniority are also between 6-10 years;
- the human-based leadership dimension, nurses with professional seniority between 6-10 years are among those with 1-5 years to more than 15 years; Nurses with professional seniority between 11-15 years are also between 1-5 years and more than 15 years;
- the political leadership dimension, nurses with professional seniority between 6-10 years are among those with 1-5 years to more than 15 years; Nurses with professional seniority in the range of 11-15 years are in the range of 1-5 years;
- the symbolic leadership dimension, nurses with 6-10 years of professional seniority are among those with 1-5 years of seniority;
- In total, nurses with 6-10 years of professional seniority are compared with those with 1-5 years of seniority; It was determined that nurses with professional seniority in the range of 11-15 years were higher than those with professional seniority in the range of 1-5 years.

As a result, nurses' leadership orientations may differ according to professional seniority. This suggests that nurses may develop leadership skills or have different leadership styles later in their careers.

Conclusion And Recommendations

The results of the study examining the leadership skills of nurses in the field of health are summarized below:

The analysis results showed that female nurses had higher structural leadership, symbolic leadership and scale total scores than their male colleagues. However, it was determined that male nurses scored higher than female nurses in the human-based leadership dimension. The relationship between gender and leadership styles is complex and multifaceted. These results may be the result of a combination of factors such as gender roles, work environment, education, self-esteem and self-confidence. These results show that leadership development programs need to be made more effective by taking gender differences into account.

Differences were also observed between the age variable and leadership dimensions. For example, it was stated that different age groups received different scores in the dimensions of structural leadership, human-based leadership, political leadership and symbolic leadership. Different age groups may show differences in nurses'

professional experience levels. Older nurses generally have more experience. This may indicate that they may have developed managerial leadership traits, particularly structural leadership and political leadership. Younger nurses may have emphasized more emotional and symbolic leadership traits, such as human-based leadership or symbolic leadership.

There are differences between marital status and leadership dimensions. It was observed that single nurses scored higher than married nurses in the human resource and political leadership dimensions. These results may be the result of a complex interaction between marital status and leadership abilities. However, it should not be forgotten that these results are only the results of a study and each individual's leadership abilities, experiences and personal characteristics are different. Therefore, the relationship between marital status and leadership abilities may be based on individual differences rather than a general rule.

Significant differences were detected between leadership orientations according to the professional seniority variable. Nurses in different professional seniority ranges received different scores in different leadership dimensions. Professional seniority is an indicator of the experience a nurse has. Nurses who have worked longer may have more experience. This experience may have led to the development of different skills or traits in different leadership dimensions. For example, more experienced nurses may be better at structural leadership, while newer nurses may be stronger at symbolic leadership.

The findings obtained as a result of the analysis show that nurses' leadership orientations may differ depending on variables such as gender, age, marital status and professional seniority. In light of these findings, it is possible to offer the following suggestions:

- Educational Programs: More emphasis should be placed on leadership in nursing education programs and nurses should be provided with opportunities to develop their leadership skills. Leadership training should be organized especially for different age groups and professional experience levels.
- Leadership Awareness: Programs should be developed to increase leadership awareness among nurses. These programs should explain how leadership styles and skills are affected by different variables.
- Gender Inequality: Leadership differences based on gender should be taken into account. How gender inequality affects the perception of leadership and solutions to overcome gender-based leadership differences should be investigated.
- Marital Status and Leadership: Differences in leadership between married and single nurses should be examined. This may help us better understand how perceptions of leadership relate to marital status.
- Career Development: The relationship between professional seniority and leadership should be further investigated. Programs should be developed to guide nurses on how they can improve their leadership skills and adapt to different leadership styles in the later stages of their careers.

These suggestions can help nurses better understand their leadership potential and improve their leadership skills. In this way, the quality of patient care can be increased by training more effective and competent leaders in health services.

In future studies, the following suggestions can be taken into consideration in order to develop a greater understanding of nurses' leadership behaviors and increase knowledge in this field:

- Comprehensive Leadership Research: Research should be conducted to examine the factors affecting nurses' leadership behaviors in more detail. Large-scale studies, especially including variables such as different healthcare institutions, work environments and patient groups, can help us understand the diversity of leadership behaviors.
- Effects of Leadership Training: Studies should be conducted focusing on the long-term effects of leadership training given to nurses and how these trainings are reflected in leadership behaviors in practice. This can help evaluate the effectiveness of leadership training.
- Gender and Leadership: There is a need for studies that examine gender-based leadership differences in more depth. The effects of gender norms on leadership perception and behavior must be understood.
- Cultural Differences: Studies investigating the effects of cultural differences on leadership perception and behavior should be focused on. Data should be collected on how the understanding of leadership differs in different cultures.
- Self-Assessment Tools: Studies should be carried out to develop self-assessment tools that allow nurses to evaluate their leadership abilities and behaviors and to test the effectiveness of these tools.
- Leadership and Patient Outcomes: Studies examining the impact of nurse leadership on patient outcomes are important. Research evaluating the effects of nurse leadership on patient safety, satisfaction and quality of care can contribute to the improvement of healthcare services.

- Multicenter Studies: Multicenter studies can be conducted comparing leadership behaviors among nurses in health institutions in different geographies. This can help us understand regional or cultural differences in leadership practices.

Future studies can improve the quality of healthcare by better understanding nurses' leadership behaviors and influencing factors and help us better evaluate nurses' leadership potential.

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