# The role of the nursing coordinator and the leadership style in the Italian healthcare organizations

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**Abstract.** *Background and aim:* The leadership of the Nursing Coordinator is essential to ensure quality care and to empower the nursing staff. To identify the leadership style used by the coordinator as nurses and the support staff perceive the leadership behaviors of the coordinator. *Methods:* Data were collected through an online questionnaire including the Empowering Leadership Questionnaire. *Results:* Positive associations were recorded between participants' satisfaction levels and high standards of job performance (p<0.001), being a good example for the whole group (p=0.004) and to encourage sharing ideas and suggestions (p=0.003), hearing ideas and suggestions (p=0.013), giving the opportunity to express their opinions (p=0.046); in the "Coaching" dimension, according to attitudes to help the group to become aware (p<0.001), among all group members (p=0.044); by focusing on their goals (p<0.001); in the "Informing" dimension according to levels and attitudes to explain decisions (p<0.017) and rules and expectations (p=0.046); in the "Showing Concern/Interacting with the Team" dimension according to attitude in personal problems (p<0.028); to discuss concerns (p=0.033); to show interest (p<0.040) and to chat with members (p=0.003). Negative association was registered between the ability to make decisions based solely on the coordinator's ideas (p=0.010), ability to pay attention to the group's efforts (p<0.015). *Conclusions:* The role of the Nursing Coordinator within the work setting is very fundamental. The latter must be able to guarantee, through good leadership, a serene work environment so that professionals can provide optimal care to patients and safeguard their profession. (www.actabiomedica.it)

**Key words:** care, leadership, organization, quality, work

## Introduction

Every day, healthcare organizations are in continuous and profound transformations associated with new regulations and human resources management, thanks to new technologies, especially after the pandemic period (1). All these causes require a high capacity to implement changes in order to improve performance to deliver quality of care to patients (2). In this sense, a key role is played by the nursing coordinator, who should

find new solutions and therefore, adopt proactive and innovative behaviors, which represent a challenge for all organizations (3).

In the recent literature, there are many contributions that underline how today nursing coordinators and managers can have a decisive impact on the healthcare organization and, specifically, the ability to motivate and encourage staff can lead to higher satisfaction and higher performance (4,5).

A 2021 review of nurse leadership styles and job satisfaction found that, regardless of the working environment, style adopted and sample, there is an important correlation between leadership styles and job satisfaction (5). Different leadership styles (such as transitional, resonance, authentic, multi-factor and service leadership) can exert both a positive and a negative influence on nurses' job satisfaction. (6,7). Other investigated studies show that resonant and authentic leadership could improve job satisfaction by increasing the development of nurses' empowerment (8,9).

From the study conducted by Bobbio et al. (10) on the phenomenon related to the Nursing Coordinator, it emerged that the practice of an empowering leadership style of the Nursing Coordinator can favor the growth of the nurse's commitment to the organization and consequently improve the work experience and the general satisfaction of the collaborators. Overall, the study highlights the application potential of empowering leadership and the psychosocial dynamics that characterize a complex environment such as the healthcare organization, where it is essential to seek greater well-being for employees and managerial staff so that there can be greater well-being for patients as well. Despite this, it emerged that Nursing Coordinators are not particularly distinguished by the implementation of an empowering leadership style.

Empowerment is a very complex issue in nursing practice and, above all, coordinators should use an empowerment style to promote commitment and effectiveness in their work and on new graduates and more experienced nurses (11,12). A study conducted in Finland identified how different relationships between the work activities of nurse coordinators, patient satisfaction, and the number of nurses per caring can influence both the job satisfaction of nurses but also generate therapeutic errors (13).

Other elements such as poor leadership, low nursing responsibility, insecure working environment and inadequate staffing negatively influence staff satisfaction (14,15).

In contrast, meaningful interprofessional communication, easy accessibility to the coordinator and positive feedback to staff members promote positive job satisfaction among professionals i (16-19).

Also in the study by Zaghini et al. (20) an association was found between leadership style and interpersonal tension with incorrect and counterproductive behaviour in patient care and consequent dissatisfaction. While the literature on the relationship between leadership styles and job satisfaction is fairly well represented, there are few studies that relate leadership styles, job satisfaction and the personal life of the nurse (21).

The aim of the study is to make a further contribution to the literature on the relationship between leadership styles and job satisfaction, in Italy, also focusing on the influence of these variables on nurses' personal lives.

## Patients and methods

### Study design

Observational and cross-sectional study with operational timing from May 2022 to May 2023.

### Enrollment

All nurses and social-medical workers employed in public and private hospitals, healthcare residential structures from all over Italy who decided to participate in the study by signing the informed consent, through a snowball sampling, were invited to participate.

### The questionnaire

The questionnaire was created using the Google Forms platform and disseminated online via social networks, such as Instagram, on groups such as "Infermiere Informato", and "Rianurse", Facebook pages such as "Infermieri Attivi" and Whatsapp through a link to which each professional could join. The questionnaire included of three main sections.

Specifically, the first section collected of healthcare workers:

- Sex: female, male, or not answered;
- Age: until 30 years, 31-40 years, 41-50 years, 51-60 years, over 61 years;
- work experience: until 10 years, 11-20 years, 21-30 years and over 31 years;
- job profile: if the participants was a registered nurse or an auxiliary healthcare worker;
- marital status: unmarried, married or divorced/separated.

The second part of the questionnaire contained a total of 10 items referring to the participant's perception on the coordinator influence in his/her working motivation and satisfaction, by focusing on the positive and negative influence of the nursing coordinator, also on professional motivation, on stress, anxiety conditions perceived, on satisfaction level compared to the participant's work-life balance, the numbers of working hours and the satisfaction levels concerning on the scheduling way. This second questionnaire was developed by the research team, based on references and own expertise and was not validated. For each question, the participant should only answered as yes or not.

The third section of the questionnaire investigated the main leadership styles were identified as part of the empowering one thanks to the Italian version of the Empowering Leadership Questionnaire (ELQ) (10). The questionnaire consisted of a total of 38 items, expressed through a Likert scale ranging from "1", as: "never", to "5", as: "always". All the 38 items were divided into five sub sections of the empowering leadership, namely:

- sub dimension no.1: "Leading by example" (item no.1, 6, 11, 16, 21);
- sub dimension no.2: "Participative Decision-Making" (item no.2, 7, 12, 17, 22, 26);
- sub dimension no.3: "Coaching" (item no.3, 8, 13, 18, 23, 27, 29, 31, 34, 35, 38);
- sub dimension no.4: "Informing" (item no.4, 9, 14, 24, 28);
- sub dimension no.5: "Showing Concern/Interacting with the Team" (item no.5, 10, 15, 20, 25, 30, 32, 33, 36, 37).

*Data analysis*

All data were collected into an Excel spreadsheet and processed thanks to the SPSS, version 20 program. Demographic characteristics and items referring to the participant's perception on the coordinator influence in his/her working motivation and satisfaction were presented as categorical variables and processed as frequencies and percentages. By considering the ELQ, each sub dimensions were assessed according to current satisfaction on participants' work and linear regressions were performed to investigate how individual satisfaction perception depended on the nursing manager empowerment perception. All $p < 0.05$ values were considered as statistically significant.

*Ethical consideration*

At the beginning of the questionnaire, it was highlighted that participation was voluntary and that the participant could decline participation in the protocol whenever they wished. Those interested in participating were given an informed consent form, which reminded them of the voluntary nature of participation, as well as the confidentiality and anonymous nature of the information.

**Results**

A total of 369 healthcare workers were enrolled in this study. Among them, 72.9% were females and 25.5% were males and 1.6% preferred to not declare their sex identity. 87% of participants were registered nurses and 13% were auxiliary healthcare workers. Most of participants were young, as 48% aged less 30 years and 63.4% worked less than 10 years (Table 1).

As regards the 10 specific items referring to the participant's perception on the coordinator influence in the participant's working motivation and satisfaction levels, Table 2 showed all the answers given.

The data obtained show, among other things, that stress and anxiety is also present outside the work context (Item 6), that professionals are not satisfied overall with their work (Item 7) and that they have difficulty balancing work and private life (Item 8).

By considering the ELQ, each sub dimensions were assessed according to current satisfaction on participants' work (Table 3).

As regards the first sub dimension, as "Leading by Example", positive associations were recorded between the current participants' satisfaction levels and the participants' actions and high standards of job performance for all the professional group (β=0.283; p<0.001) and also the attitude to be a good example for the whole group (β=0.166; p=0.004).

In the "Participative Decision-Making" sub dimension, positive associations were reported between the current participants' satisfaction levels and the attitudes to: encourage in the group to share ideas and suggestions (β=0.166; p=0.003), hear ideas and suggestions from group members (β=0.150; p=0.013), give all group members the opportunity to express their opinions (β=0.114; p=0.046). On the other hand, negative association was registered between the current participants' satisfaction levels and ability to make decisions based solely on the coordinator's ideas (β=-0.145; p=0.010).

In the "Coaching" sub dimension, positive associations were reported between the current participants' satisfaction levels and the attitudes to: help the group to become aware of areas where more training could be needed (β=0.171; p<0.001); to help all group members (β=0.112; p=0.044);

To help the group focus on their goals (β=0.290; p<0.001). While, negative association was registered between the current participants' satisfaction levels and ability to pay attention to the group's efforts (β=-0.137; p<0.015).

**Table 1.** Demographic characteristics (n=369).

| Demographic characteristics | n(%) |
|---|---|
| **Sex** Female Male Not answered | 269(72.9%) 94(25.5%) 6(1.6%) |
| **Age** Until 30 years 31-40 years 41-50 years 51-60 years Over 61 years | 177(48%) 79(21.4%) 57(15.4%) 52(14.1%) 4(1.1%) |
| **Work Experience** Until 10 years 11-20 years 21-30 years Over 31 years | 234(63.4%) 67(18.2%) 45(12.2%) 23(6.2%) |
| **Job profile** Registered Nurse Healthcare worker | 321(87%) 48(13%) |
| **Marital status** Unmarried Married Divorced | 32(8.7%) 93(25.2%) 244(66.1%) |

**Table 2.** Satisfaction levels among participants (n=369).

| Item proposed | Answers | |
|---|---|---|
| | yes n(%) | no n(%) |
| **Item no.1:** In the last year, has your coordinator positively influenced your job satisfaction? | 177(48%) | 192(52%) |
| **Item no.2:** In the last year, has your coordinator negatively influenced your job satisfaction? | 185(50.1%) | 184(49.9%) |
| **Item no.3:** In the last year, has your coordinator positively influenced your professional motivation? | 183(49.6%) | 186(50.4%) |
| **Item no.4:** In the last year, has your coordinator negatively influenced your professional motivation? | 202(54.7%) | 167(45.3%) |
| **Item no.5:** In the last year, have you experienced situations of stress, anxiety due to psychological pressure perpetrated by your coordinator within the work setting? | 199(53.9%) | 170(46.1%) |
| **Item no.6:** In the last year, have you experienced situations of stress, anxiety due to psychological pressure perpetrated by your coordinator outside the work setting? | 262(71%) | 107(29%) |
| **Item no.7:** To date, are you satisfied with your current job? | 94(25.5%) | 275(47.5%) |
| **Item no.8:** To date, how satisfied are you with your work-life balance? | 127(34.4%) | 242(65.6%) |
| **Item no.9:** To date, how satisfied are you with the number of working hours? | 113(30.6%) | 256(69.4%) |
| **Item no.10:** To date, how satisfied are you with your scheduling typology (daytime, night, shifts, etc.)? | 113(30.6%) | 256(69.4%) |

Table 3. How satisfaction perception was influenced by nursing coordinator leadership?

| Dimension Items | β | T | C.I. 95% | | p-value |
|---|---|---|---|---|---|
| | | | Min. | Max. | |
| **Leading By Example** | | | | | |
| Item no.1 | 0.283 | 4.598 | 0.142 | 0.353 | >0.001* |
| Item no.6 | 0.038 | 0.641 | -0.070 | 0.138 | 0.522 |
| Item no.11 | -0.085 | -1.741 | -0.159 | 0.010 | 0.083 |
| Item no.16 | 0.166 | 2.931 | 0.049 | 0.247 | 0.004* |
| Item no.21 | 0.075 | 1.196 | -0.042 | 0.173 | 0.233 |
| **Participative Decision-Making** | | | | | |
| Item no.2 | | | | | |
| Item no.7 | 0.166 | 2.963 | 0.049 | 0.242 | 0.003* |
| Item no.12 | 0.150 | 2.496 | 0.029 | 0.244 | 0.013* |
| Item no.17 | 0.058 | 0.945 | -0.055 | 0.157 | 0.345 |
| Item no.22 | 0.114 | 2.004 | 0.002 | 0.197 | 0.046* |
| Item no.26 | 0.014 | 0.215 | -0.098 | 0.122 | 0.830 |
| | -0.145 | -2.602 | -0.221 | -0.031 | 0.010* |
| **Coaching** | | | | | |
| Item no.3 | 0.171 | 3.227 | 0.058 | 0.240 | 0.001* |
| Item no.8 | 0.038 | 0.588 | -0.079 | 0.145 | 0.557 |
| Item no.13 | 0.055 | 0.861 | -0.063 | 0.162 | 0.390 |
| Item no.18 | 0.032 | 0.476 | -0.086 | 0.141 | 0.634 |
| Item no.23 | 0.112 | 2.024 | 0.003 | 0.195 | 0.044* |
| Item no.27 | 0.030 | 0.523 | -0.076 | 0.130 | 0.601 |
| Item no.29 | -0.137 | -2.432 | -0.218 | -0.023 | 0.015* |
| Item no.31 | 0.018 | 0.286 | -0.092 | 0.123 | 0.775 |
| Item no.34 | 0.061 | 0.758 | -0.085 | 0.192 | 0.449 |
| Item no.35 | 0.290 | 3.778 | 0.123 | 0.391 | >0.001* |
| Item no.38 | -0.023 | -0.411 | -0.123 | 0.080 | 0.681 |
| **Informing** | | | | | |
| Item no.4 | 0.155 | 2.401 | 0.024 | 0.246 | 0.017* |
| Item no.9 | 0.053 | 0.929 | -0.058 | 0.163 | 0.354 |
| Item no.14 | 0.063 | 0.954 | -0.059 | 0.169 | 0.341 |
| Item no.19 | 0.110 | 1.792 | -0.010 | 0.209 | 0.074 |
| Item no.24 | 0.114 | 2.000 | 0.002 | 0.198 | 0.046* |
| Item no.28 | 0.120 | 1.926 | -0.002 | 0.215 | 0.055 |
| **Showing Concern/ Interacting with the Team** | | | | | |
| Item no.5 | 0.150 | 2.209 | 0.014 | 0.248 | 0.028* |
| Item no.10 | -0.046 | -0.730 | -0.148 | 0.068 | 0.466 |
| Item no.15 | -0.018 | -0.285 | -0.128 | 0.96 | 0.776 |
| Item no.20 | 0.156 | 2.141 | 0.011 | 0.265 | 0.033* |
| Item no.25 | 0.119 | 2.061 | 0.005 | 0.202 | 0.040* |
| Item no.30 | 0.033 | 0.454 | -0.097 | 0.156 | 0.650 |
| Item no.32 | -0.090 | -1.300 | -0.198 | 0.040 | 0.195 |
| Item no.33 | 0.092 | 1.377 | -0.035 | 0.196 | 0.169 |
| Item no.36 | 0.006 | 0.105 | -0.099 | 0.111 | 0.916 |
| Item no.37 | 0.204 | 2.967 | 0.060 | 0.297 | 0.003* |

*p<0.05 is statistical significant.

In the "Informing" sub dimension, positive associations were reported between the current participants' satisfaction levels and the attitude to: explain the decisions made by the belonging company (β=0.155; p<0.017); explain to the group what the rules and expectations are at work (β=0.114; p=0.046).

In the "Showing Concern/Interacting with the Team" sub dimension, positive associations were reported between the current participants' satisfaction levels and the attitude to: be interested in the personal problems of the group members (β=0.150; p<0.028); take the time to calmly discuss the issues of individual group members (β=0.156; p=0.033); show interest in group members' successes (β=0.119; p<0.040); fond the time to chat with group members (β=0.204; p=0.003).

## Conclusion

The study was conducted on a sample of nurses and healthcare professionals with the main objective of evaluating to what extent the Leadership of the Nursing Coordinator influences the satisfaction, motivation and life of the professional.

Literature studies show that leadership affects the balance of the working climate and whose imbalance is strongly related to work and personal burnout with consequences on patient safety and on personal or family work plans (27).

From the analysis of participants' satisfaction levels, we can highlight the presence of a type of toxic leader, in which the coordination not only affects their own working environment but also the outside, with a dissatisfaction with the life-balancework, current working status (21), shift time and number of working hours, conditions also found in other studies (22-24). Often, in fact, the shortage of personnel leads to an excess of work imposed by leaders to achieve the desired goals (25-26).

By analogy with other studies, the data collected on dissatisfaction with work-life balance are also related to a rather young sample under the age of 30 (28). The study also found a correlation between the perception of authentic leadership behaviors and the perception of newly graduated nurses with respect

to empowerment, with a negative correlation to staff shortages and working life, and both of these factors associated with increased burnout, as well as work dissatisfaction affecting direct patient care (29,30).

From the analysis of the ELQ in its dimensions, it was possible to ascertain a significant association between the satisfaction and the sub-dimension "participatory decision making"in which positive associations from participants were reported regarding the encouragement to share and listen to ideas and suggestions in the group, with a negative association regarding the ability to make decisions based exclusively on the ideas of the coordinator, in analogy to what is present in other studies (31, 32).

Within the "Coaching" sub-dimension, positive associations were found with regard to reflection on training and objectives, while a negative association was found regarding the ability to pay attention to the efforts of the group. Health workers who receive positive feedback on their activities, both individually and collectively, are encouraged to take personal initiatives and laugh at solutions to the problems they face, which leads them to feel more and more involved in their activities, data in line with other studies (33,34).

In addition, the results obtained can also be explained by the impact that Covid-19 has caused in the professional; it has been highlighted that, in case of crisis, the lack of clear leadership and regulatory protocols leads to an increase in psychological discomfort of staff (35). In fact, several studies have highlighted how the pandemic and leadership interventions have changed the basic care of patients (36-39) and transformed the workplace by adopting command and control leadership to manage the uncertainty of the situation during the early stages of the pandemic (40).

This phenomenon contrasts with the literature and style of transformational leadership (41), which implies charisma, capacity for inspiration and intellectual stimulus, which lead the subordinate to self-determination and to such abilities, which has been found to be correlated with better quality of life and job satisfaction (42-47), and better patient care (48).

The organization of the work of nurses affects the physical and emotional load of the operator and operational and organizational stress can contribute to the mental health problems of the nursing population. Nursing leadership should promote changes and solutions to support the mental health of front-line nurses, focusing on the implementation of strategies focused on variables that are simultaneously related to work organisation and nursing workload, in order to double the benefits and improve work results by ensuring high quality care (49). This is compounded by the turnover, the working environment and the working condition that further undermine the emotional state of the health care professional, bringing him into a strong state of stress, especially accentuated by the pandemic period just ended, with all the psychological and physical repercussions of the workers, with repercussions also on family life (50-52).

In general, from the results obtained, we can deduce how crucial is the role of the Nursing Coordinator within the work approach.

However, we should take into consideration some limitations associated with the results of this study, for example, a probable reluctance on the part of the participants, despite their anonymity, not to state what they really think for fear of possible repercussions or even from possible selection bias, as the results of the study cannot be generalized to the entire category of social and health workers. In addition, again from the data obtained from the present study, there is evidence that the Nursing Coordinator, over the past year, has not been able to positively influence the motivation and satisfaction of the professional. There is also a limitation of method, because a part of the questionnaire used is not validated.

**Ethic Committee:** At the beginning of the questionnaire, it was highlighted that participation was voluntary and that the participant could decline participation in the protocol whenever they wished. Those interested in participating were given an informed consent form, which reminded them of the voluntary nature of participation, as well as the confidentiality and anonymous nature of the information.

**Conflict of Interest:** Authors declare none commercial associations (e.g. consultancies, stock ownership, equity interest, patent/licensing arrangement etc.) that might pose a conflict of interest in connection with the submitted article.

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