INFLUENCE OF SUPPORTIVE LEADERSHIP ON INEXPERIENCED NURSE LEADERS' WORK PERFORMANCE IN CENTRAL WEST QUALITY SATELLITE ZONE HOSPITALS IN MALAWI: A MIXED METHODS STUDY

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DECLARATION

I hereby affirm that this dissertation is entirely my own creation. It has never been submitted for a degree at Pan Africa Christian or any other university.

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Our approval as university research supervisors has been granted for this dissertation to be duly submitted for examination.

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TABLE OF CONTENTS

DEDICATION

To my husband Samuel and our children, Chisomo, Faith, and Nohakhedla; I appreciate your support and inspiration.

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I praise God almighty for the grace to pursue the Ph.D. study at the Pan African Christian University. I appreciate my research supervisors, Dr. Wilson Osito Odiyo and Professor Caren Akomo Ouma for their guidance throughout the entire research process. I salute the POLD 2018 cohort for the moral, academic, and spiritual support that gave me the strength to keep going when the going got tough.

ABSTRACT

Nurses with inadequate clinical experience are increasingly assuming leadership roles as first-line managers due to the shortage of registered nurses in hospitals in Malawi. It is presumed that with support from senior nurses, inexperienced nurses can lead successfully. Research affirms the positive impact of Supportive Leadership (SL) on work performance. The objective of this research was to explore the influence of Supportive Leadership on Inexperienced Nurse Leaders' (INLs) work performance in Central West Quality Satellite Zone (CWQSZ) hospitals in Malawi. Mentoring, relationship building, team working and work environment were key constructs in SL. The study was underpinned by the path-goal leadership and the novice-to-expert nursing theories. The investigation used a convergent mixed methods design. The quantitative strand had a total population of 53 INLs and 42 Senior Nursing Officers (SNOs) all of whom were used as respondents in the study. Data was collected through survey questionnaires and analysed using descriptive and inferential statistics, employing the Statistical Package for the Social Sciences, Version 27.0. Homogenous purposive sampling was used to select 10 SNOs and 10 INLs for the qualitative strand. Data was collected through in-depth interviews and was analysed using Collaizi's thematic method. Ethical approval for the study was granted by the Pan Africa Christian University Ethics Committee in Kenya and the National Commission for Science and Technology in Malawi. The results revealed that mentoring empowered INLs to lead, though it was executed inconsistently. Nurse leaders acknowledged the presence of social and work relationships in the wards. The relationships eased work, and the INLs felt supported. The wards had collaborative teams that enhanced the achievement of clinical goals. The work environment was conducive in some wards but not in others. The main challenges were a shortage of nurses, and material and financial resources. Statistical findings revealed the significant influence of mentoring (β=0.922, $P < 0.001$); relationship building (β=1.426, $P < 0.001$; team working (β=0.599, $P < 0.001$); and work environment (β=1.182, $P < 0.001$) on INLs' work performance. Overall, Supportive Leadership had a significant influence on work performance ($P < 0.001$, R^2 0.829). The findings will assist senior nurse practitioners, educators, and policymakers in understanding how best to support INLs taking on positions of leadership. The study suggests the development of an SL framework and mentorship tool for use by SNOs to promote INLs' work performance in CWQSZ hospitals in Malawi. The Ministry of Health should address the resource shortage hindering the successful implementation of SL. The study's findings contribute to the limited knowledge about SL in nursing practice. Further research could be conducted on the impact of other leadership styles on INLs' work performance. The research could also be conducted on a large scale in all five quality satellite zones of Malawi and at different levels of nursing leadership.

LIST OF TABLES

LIST OF FIGURES

ABBREVIATIONS AND ACRONYMS

CWQSZ	Central West Quality Satellite Zone
EBP	Evidence-Based Practice
ICN	International Council of Nurses
IDI	In-depth Interviews
INL	Inexperienced Nurse Leader
KCH	Kamuzu Central Hospital
MOH	Ministry of Health
NCST	National Commission for Science and Technology
NHS	National Health Service
NMCM	Nurses and Midwives Council of Malawi
NTs	Nurse Technicians
RNs	Registered Nurses
SL	Supportive Leadership
SNO	Senior Nursing Officer
SPSS	Statistical Package for the Social Sciences
STEPPS	Strategies and Tools to Enhance Performance and Patient Safety
WHO	World Health Organization

DEFINITION OF TERMS

Influence: It about affecting an outcome or motivating behaviour change or action without using force or coercion (Kouzes & Posner, 2017). This study focuses on the influence of Senior Nursing Officers' Supportive Leadership on Inexperienced Nurse Leaders' work performance.

Supportive Leadership: A type of leadership in which a leader cares for the welfare of followers and creates a positive work environment that enhances the fulfilment of desired goals (Zaiton & Ouakouak, 2018). In this study, Supportive Leadership is the support that senior nurse leaders and other senior healthcare professional leaders provide to inexperienced nurse leaders, which affects their work performance.

Senior Nursing Officers (SNOs): Are skilled and experienced Registered Nurses (Potter et al., 2020). In Malawi's hospitals, SNOs are mostly middle managers in the nursing leadership hierarchy which comprises nursing officers, senior nursing officers, and chief nursing officers. In this study, SNOs are immediate supervisors, mentors, and coaches for nursing officers who serve as ward or unit in-charges or managers.

Inexperienced Nurse Leaders (INLs): Qualified and licensed registered nurses with few years of clinical experience, inadequate clinical knowledge, attitudes, and skills and require the supervision of senior nurse leaders (Sullivan, 2018). In this study, the term INLs refers to qualified and licensed registered nurses, nursing officers, with less than five years of clinical experience and serving as first-line managers.

First-line manager: A leader or supervisor who functions at the level of operations and works directly with employees in an organization (Keisu et al., 2018). The individual ensures that work is done successfully to accomplish organizational goals. In this research, a first-line manager is an inexperienced nurse leader who is a ward or unit-in-

charge or manager at a health facility. The nurse leader cares for the well-being of nurses working on the ground and ensures optimum service to patients and clients.

Leadership: The capability to influence others in a group or an organization to act or perform towards the fulfilment of desired goals (Northouse, 2019). In this research, leadership is the nurse leader's capacity to influence, support, and guide other nurses and healthcare providers in a ward/unit in the provision of healthcare to patients and clients to achieve desired clinical goals.

Leadership practices: Strategies or actions that leaders employ to help their followers perform towards the fulfilment of desired goals (Armstrong, 2023). In this research, leadership practices are strategies used by senior nurses to enhance the performance of INLs to achieve the optimum in clinical practice.

Performance: The completion of a given task through the application of skills, knowledge, and abilities (Atatsi et al., 2019). In this study, performance is the completion of assigned leadership tasks, duties, or obligations by SNOs and INLs. It is shown through personal qualities, ability to work others, managing and directing services, and setting direction.

Nursing clinical leadership: The actions taken by a registered nurse to guide, assist, and support patients, clients, and other healthcare team members in the delivery and receiving of healthcare (Stanley & Stanley, 2018). In this study, nursing clinical leadership is the obligation of senior nurse leaders and INLs.

Mentoring: An affiliation and a learning process between an expert in a field (mentor) and a less knowledgeable or inexperienced person (mentee) (Alexander et al., 2021). In this research, mentoring is a construct in Supportive Leadership. Senior nurse leaders and other senior healthcare professionals are the mentors for INLs who are the mentees.

Team working: A leader's influence practice that enhances job performance and productivity (Armstrong, 2023). In this study, team working is a construct of Supportive Leadership. It is a leadership influence practice of Senior Nursing Officers.

Relationship building: The process of creating a social connection between two or more people (Chak, 2018). In this study, relationship building is a construct of Supportive Leadership. It is the anticipated leadership practice for supportive senior nurse leaders.

Positive work environment: A place of work that enhances employees' professional or career growth, development, safety, and achievement of goals (Hafeez et al., 2019). In this study, it is a construct of Supportive Leadership. Supportive senior nurse leaders are anticipated to initiate the creation and promotion of positive clinical work environments.

CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

Introduction

The chapter presents an overview of the research study that investigated the influence of Supportive Leadership (SL) on inexperienced nurse leaders' (INLs) work performance in the Central West Quality Satellite Zone (CWQSZ) hospitals in Malawi. The study's background, problem statement, objectives, and significance are discussed in this section. Also, the study's assumptions, scope, limitations, and delimitations are presented along with a summary of the chapter.

Background of the Study

Leadership is crucial in all organizations. Leadership is the skill of inspiring and directing workers or followers toward a common goal (Northouse, 2019; Kjellström et al., 2020). Guidance from leadership fosters an organization's development and advancement. In clinical practice, leadership is the key determinant for patient satisfaction and outcomes and the welfare and retention of healthcare workers (Sullivan, 2018; Guibert-Lacasa & Vázquez-Calatayud, 2022). The value of leadership is affirmed through the diverse studies being conducted and the leadership theories that are available in an attempt to identify strategies for effective leadership, qualities, and traits of successful leaders. One theory that describes leadership styles that can be applied in a range of situations is the path-goal leadership theory (Dare, & Saleem, 2022). The theory comprises four types of approaches to leadership that can be used in organizations namely, supportive, participative, achievement-oriented, and directive.

The study explored on how senior nurse leaders' SL influenced INLs' work performance in the CWQSZ hospitals in Malawi.

Supportive Leadership

Supportive Leadership is a style of leadership that encourages the accomplishment of established goals (Olowoselu et al., 2019). The supportive leader sets clear directions, provides support, and removes barriers to achieve the goals. Besides, the leader seeks to improve the well-being of their subordinates and creates a positive workplace that helps to achieve objectives. (Zaiton & Ouakouak, 2018; Lin & Ling, 2021).

The delivery of nursing care demands strong leadership support. Nursing is a profession that is dynamic and fulfilling, however; nursing practice is not only demanding but can also be stressful (Porter et al., 2020; Babapour, 2022; Iwanowicz-Palus, et al., 2022). Nurses provide care for patients who are suffering or near death from minor to severe illnesses, as well as to bereaved family members. As a result, nurses often work in demanding and sometimes physically, psychologically, and even mentally taxing environments. Therefore, nurse leaders have to provide a significant amount of support to nurses to enable them to perform effectively and provide excellent outcomes for patients. Thus, to attain optimal results in clinical practice, nurse leaders need to implement a supportive leadership strategy (Grossman, 2021; Alsadaan et al., 2023). Research supports the effectiveness of SL in demanding and stressful professions like nursing (Mwaisaka et al., 2019; Klebe, et al., 2022). Supportive Leadership is also considered a partnership for learning and development between a leader and their followers (Northouse, 2019; Ng, 2022). Productive

partnership demands collaboration, shared goals, and a commitment to making an impact.

Research studies have been carried out on the benefits and implications of SL (Yu, 2017; Chih et al., 2018; Yelamanchili, 2019; Lin & Ling, 2021). However, research analysing the concept of SL in depth is not common (Dayanti et al. 2022). Using a review of the literature, Dayanti et al. conducted research to understand SL and identify its causes and consequences. The results identified acute stressors, leader workload, and innovative culture as SL's antecedents.

Threatening things or circumstances that make a person feel inadequate to handle a scenario or surroundings with the resources at hand are referred to as acute stressors (Dayanti et al. 2022). Globally, the delivery of healthcare is facing an acute shortage of nurses (WHO, 2020). Hence, there are constant acute stressors in nursing practice, which makes SL a necessity. The workload of a leader is another aspect of working conditions that impact SL (Stein et al., 2020; Dayanti et al. 2022). Overwhelmed by work demands leaves little time for leaders to engage with their followers who also require leadership assistance to accomplish goals. On the contrary, innovative culture promotes SL (Yu, 2017; Dayanti et al., 2022). The culture encourages the growth of individual intelligence that enhances the creation of new ideas. However, nurses work in demanding clinical environments hence they require supportive leadership to engage in intellectual development.

The literature review by Dantani et al. (2022) also identified the consequences of SL. The outcomes included: group cohesion, supportive climate, social cohesion, job and care satisfaction, job performance, and many others. The researchers summarized the SL outcomes into three categories regarding a person's behavior, attitude, and

performance. In addition, the consequences had an impact on working teams and the organization at large. This study investigated the SL consequence or outcome of the work performance of INLs in the CWQSZ hospitals in Malawi. The study investigated the SL constructs (sub-variables) of mentoring, relationship-building, team working, and the creation of a positive work environment (Lin & Ling, 2021, Dayanti et al. 2022; Armstrong, 2023). It explored how the constructs influenced the INLs' work performance. Research affirms the significance and relevance of mentoring, relationship-building, team working, and the creation of a positive work environment in nursing leadership in clinical practice (Hoover et al., 2020; Niinihuhta & Häggman-Laitila, 2022; Baek et al., 2023; Boudreau & Rhéaume, 2024).

Mentoring

Mentoring occurs when an experienced or skilled person (mentor) guides and supports an inexperienced or less skilled individual (mentee) (Alexander et al., 2021). The mentee taps skills, knowledge, experience, and attitudes from the mentor. Mentoring enables a mentee to realize their full potential and improves career performance, personal and professional development, and growth (Onyemaechin & Ikpeazu, 2019). Additionally, mentoring enables the mentor to sharpen their leadership skills. Thus, mentoring is considered a cooperative and reciprocal relationship that is beneficial to both the mentor and the mentee. In nursing leadership, mentoring promotes growth, meaningful knowledge, skills and attitude exchanges, and progression of the nursing profession (Sullivan, 2018; Cummings et al., 2021). The next generation of nurse leaders is greatly influenced by committed mentors who are leading and managing wards and units in a healthcare environment that is demanding and can be stressful. In this study, it was assumed that INLs who were taking on leadership roles as first-line managers because of the shortage of nurses in the CWQSZ hospitals in

Malawi were mentored by senior nurse leaders. Therefore, the specific objective of the study was to explore the influence of mentoring on INLs' work performance.

Relationships Building

A relationship is a social connection between two or more people and it can either be positive or negative (Chak, 2018). In SL, a leader is anticipated to create and maintain positive relationships with followers (Olowoselu et al., 2019; Lin & Ling, 2021). The leader cares for the well-being of the followers, provides support, and sets direction for the accomplishment of goals. Additionally, positive relationships in a workplace boost morale, productivity, and job performance (Paakkanen, et al., 2021). Thus, any absence or breakdown in the relationship between a leader and their followers goes against the fundamental tenets of SL. Nursing is a caring and compassionate profession, as such, relationships are crucial to nursing practice (Lee et al., 2019). To be able to offer comprehensive and high-quality care nurses must get along well with both their patients and one another. Besides, a nurse leader who employs a supportive leadership strategy is anticipated to promote the development and maintenance of relationships in clinical practice. Therefore, the research explored on how relationships affected the INLs' work performance in the CWQSZ hospitals in Malawi.

Team Working

Supportive Leadership demands a leader to be directly involved in the job (Northouse, 2019; Lin & Ling, 2021). The leader does not only delegate but also works alongside followers which builds feasible support. The involvement of the leader in the job reinforces team work. Team working is a leader's influence practice that enhances job performance (Sanyal & Hisam, 2018; Schmutz, et al., 2019). Through teamwork, a leader shares with followers the vision and expectations of an organization, and together

they develop goals. The process accords the leader and the followers an opportunity to discuss new ways of fulfilling organizational goals. In clinical practice, nurses collaborate amongst themselves and with other healthcare professionals in inter-professional care teams (Anderson et al., 2021; Baek et al., 2023). It is expected of nurse leaders to take leadership and provide guidance in both nursing and multidisciplinary teams. As such, this investigation examined the influence of team working on INLs' work performance.

Work Environment

The creation and maintenance of a conducive work environment is another essential element of SL (Lin & Ling, 2021; Maassen et al., 2021). The ambiance promotes the well-being of employees and supports creativity and work progression with the least distractions. Additionally, stress gets reduced while work output increases. A clinical environment impacts both patients and healthcare workers (Nkrumah &Nkrumah, 2021). The environment is anticipated to promote healing for patients and the well-being of care providers. A positive clinical environment and a high-performing nursing team are complementary and they contribute to the delivery of comprehensive and quality patient care (Munro & Hope 2020; Cummings et al., 2021). As such, supportive senior nurse leaders are expected to foster a positive clinical environment. Therefore, the research investigated the influence of the clinical environment on INLs' work performance.

Performance

Performance is the completion of a given task, job, or obligation through the application of skills, abilities, and knowledge (Raysmith et al., 2019; Egwu, 2021). Performance is measured against set standards and has dimensions that entail the extent

of measure in terms of size, shape, quality, or quantity (Egwu, 2021). Quantity is the amount of work accomplished which is measured against set standards of performance while quality is the value of the work done. Thus, excellent performance is high in quality and quantity.

In leadership, performance entails the ability of a leader to guide followers toward the attainment of organizational goals (Northouse, 2019; Sertel et al., 2022). Effective leadership inspires and motivates followers to perform at their highest level. Nevertheless, motivation yields maximum results when combined with skill, experience, and resources (Peng, 2018; Chien et al., 2020). Therefore, leaders should guarantee that followers are equipped with the necessary expertise and resources needed to complete tasks or are trained to obtain them to perform their duties efficiently.

In nursing practice, performance is the fulfillment of required tasks in the provision of patient and client care (Berman et al., 2020; Potter et al., 2020). Nurses offer care to patients around the clock and their work performance has a big impact on clinical outcomes. Supportive Leadership demands nurse leaders to provide guidance and direction to the nurses working under their jurisdiction. The leaders ensure that the nurses have the necessary expertise and resources for high-quality performance and achievement of clinical goals (James & Bennett, 2020; Potter et al., 2020).

Nursing Leadership Performance

Nursing leadership performance is the traits and behaviors that nurse leaders exhibit to motivate and inspire nurses and other healthcare professionals in clinical practice (Major, 2019; Alsadaan et al., 2023). The nurse leaders also create a positive work environment by modeling positive behavior in addition to administrative responsibilities.

The literature explains categories of nursing leadership work performance. The classifications' key areas comprise the attributes of a nurse leader, the nursing leadership roles and responsibilities, and the nurse leader's work collaboration with other healthcare workers (Mrayyan et al., 2023; Cummings et al., 2021, Tian et al., 2021). The National Health Service (NHS) Leadership Academy (2024) expounded the clinical nursing leadership categories into five domains namely; personal qualities, collaboration with others, managing services, improving services, and setting direction. In alignment with the domains, the academy created a self-leadership assessment instrument for nurse leaders. It is a validated instrument that is elaborative and outlines the essential skills and attributes of an effective nurse leader. The NHS Leadership Academy tool was used in this research to explore the influence of Senior Nursing Officers' (SNOs) Supportive Leadership on Inexperienced Nurse Leaders' work performance in the CWQSZ hospitals in Malawi.

Inexperienced Nurse Leaders

Nursing is a practicing profession. Nurses acquire knowledge, skills, experience, and attitudes through classroom instruction and clinical practice (Potter et al., 2020; Sumpter et al., 2022). According to the novice-to-expert nursing theory, a nurse is anticipated to work for a minimum of five years in a ward or unit to acquire adequate experience to become an expert (Quinn, 2020). The theory considers a registered nurse who is in the early phases of their nursing career as inexperienced. Thus, a professional nurse who can take on a leadership position as a first-line manager in the early stages of their nursing career (less than five years) is regarded as an inexperienced nurse leader. The nurse has limited clinical and leadership experience and still requires supervision, coaching, and mentoring from senior nurses and other senior healthcare professionals (Major, 2019; Quinn; 2020). Thus, successful nursing

leadership demands a level of work experience because a nurse leader is expected to be a collaborator, mentor, change agent, and innovator (Labrague, 2020; Brunt & Bogdan, 2023). The leader fosters a positive work environment that enhances the mental, physical, and social well-being of patients, nurses, and other healthcare workers. Furthermore, the nurse leader is expected to cultivate and preserve positive working relationships with other healthcare professionals (Sullivan, 2018; Cummings et al., 2021). Besides, the nurse is anticipated to take the lead in a multidisciplinary team.

Nursing leadership experiences in hospitals in Malawi are different and quite difficult. Inexperienced nurses are assuming leadership roles as first-line managers because of a shortage of professional nurses. It is presumed that with SL from senior nurses, the INLs can manage wards and units successfully. Therefore, the research aimed to explore the influence of SL on INLs' work performance in the CWQSZ hospitals in Malawi.

Clinical Nursing Leadership in Malawi

Malawi trains two cadres of nurses that is, registered nurses and nurse technicians (Nurses and Midwives Council of Malawi [NMCM], 2021). The nurse technicians are the backbone of nursing services and they are trained in large numbers. Registered nurses are the professionals and leaders in nursing practice. However, because of the cost burden of professional nursing training, not many are trained.

According to the NMCM (2021), Malawi has over 12,000 nurses against a population of more than 19 million. Over 75% of the nurses are nurse technicians. The nurse/population ratio for Malawi is at 0.4 per 1000 which is below the 2.5 minimum recommended for low-income countries by the WHO (2021). The ratio signifies a critical shortage of nurses which has detrimental effects on the delivery of nursing care.

Besides, the small percentage of registered nurses is also a drawback to the quality of nursing leadership in clinical practice because inexperienced nurses (registered nurses) are assuming leadership positions as first-line managers. According to the Ministry of Health (2023), the existing shortage of nurses may prevail for some years before the country reaches the desired number. Nevertheless, it is assumed that with SL from SNOs and other senior healthcare professionals, the INLs can lead successfully and achieve the optimum in clinical practice. However, there is no scientific evidence that SNOs' Supportive leadership does influence the INLs' work performance. Otherwise, patients' outcomes as well as the welfare and retention of nurses and other healthcare professionals are negatively impacted by inefficient clinical nursing leadership (Sullivan, 20218; Cummings et al., 2021). Therefore this study was conducted to generate scientific evidence on the influence of SL on INLs' work performance in the CWQSZ hospitals in Malawi.

Supportive Leadership and Work Performance

In investigations conducted on the influence of SL on followers or employees in organizations, Supportive Leadership has been found to influence performance, satisfaction, productivity, morale, creativity, commitment, health, and behaviour of followers (Elsaied, 2019; Grossman, 2021; Batool et al., 2018; Mwaisaka, et al., 2019; Martinussen & Davidsen, 2021). Globally, there has been explicit research on the influence of SL on job performance, however, the results have been mixed. Some studies have revealed a positive influence of SL on work performance (Elsaied, 2019; Thuku et al., 2018; Mutune et al., 2019; Hauff et al., 2020) while others have shown no effect or no conclusive results (Boddaert, 2017; Diuno, 2018; Alkhateri et al., 2018; Rana et al., 2019). The investigations have also shown a negative correlation between SL and job pressure, stress, and burnout. (Davidson, 2018; Alkhateri et al., 2018).

Notably, most investigations about the influence of SL on performance have been conducted in banks, industries, manufacturing companies, and retail shops and not in the healthcare industry. Equally notable is the fact that almost all investigations conducted about SL employed a quantitative methodology. Very few studies used qualitative or mixed methods designs.

Research studies have been conducted in Europe about SL and its influence on work performance, with most of the investigations being done on a large scale and having mixed results. Using information from the European Working Conditions Survey, Hauff et al. (2020) conducted a study in Germany, Australia, and Switzerland to clarify the current understanding of the relationship between high-performance work practices (HPWPs) and employees' well-being and the role of SL. The study's findings revealed that HPWPs and job satisfaction had a strong relationship when SL was greater. However, contrary to the study's assumption, SL reduced the effect of HPWPs. Nevertheless, it is necessary to conduct longitudinal studies to establish the reverse and reciprocal effects between SL, HPWPs, and various forms of employee well-being.

Boddaert (2017) researched to examine if followers' trust had a bearing on the impact of SL on organizational commitment and work performance. Data for the study were collected from teams selected from 11 different companies in the Netherlands and Belgium. A survey questionnaire was used to gather data from 72 pairs of supervisors and followers, and regression analysis was used to analyse the results. The investigation did not reveal any significant impact of SL on employee performance or organizational commitment. However, further data analysis revealed a significant correlation between organizational support and supervisor trust. Followers, who trusted their leaders' perceived organizational support, testified that an employee's commitment to

an organization is positively influenced by perceived supervisory support (Akram et al., 2018; Dursun, 2017).

Tremblay et al., (2019) conducted a study to establish the model that linked directive and SL on group-level helping behaviour, collective affective commitments, and group-level perceived organizational support in an international retailer shop in Canada. Their findings affirmed that SL was linked to group-level helping behaviour and collective affective commitment. Therefore, managers for retail shops are encouraged to employ SL to initiate a positive work environment that enhances commitment and yields performance. Research conducted in Germany also revealed an association between SL behaviour, presenteeism, absenteeism, and associated costs (Schmid et al., 2016). It was observed that SL was associated with less absenteeism, presenteeism, and lower estimated costs. Thus, SL behaviour can contribute to employee productivity and performance and save costs.

Some investigations have shown the negative influence of the workload of a leader on the level of SL. Stein et al. (2020), for example, conducted a study at day-care facilities in Germany to determine the association between leaders' workload and the degree of followers' exhaustion. The sample for the research comprised daycare centre leaders and their followers. The findings affirmed that leaders' workload constrained the enactment of SL. Therefore, to promote the SL approach in an organization, leaders' functions and obligations should be duly considered

In aged care facilities in Sweden, Kazemi and Elfstrand (2021) examined the relationships between SL practices, job satisfaction, organizational climate, and care quality. The researchers acknowledged that the business of elderly care services had grown greatly in the past years in Sweden. Nevertheless, the satisfaction of the care

rendered remained crucial. According to the study's results, SL and care satisfaction were positively correlated. The relationship was mediated by job satisfaction and organizational climate albeit partially. Thus, organizational leaders in elderly care facilities in Sweden are encouraged to promote positive work environments while caring for the well-being of the workers to enhance service satisfaction.

Leadership is necessary for an efficient and integrated healthcare system that benefits patients and healthcare professionals (Sfantou et al., 2017). Additionally, effective leadership is essential to the efficiency, contentment, and retention of nurses in clinical practice (Duru & Hammoud, 2022; Pressley & Garside, 2023). However, different leadership approaches produce different health outcomes in clinical practice. Research conducted by Martinussen and Davidsen (2021) in various hospitals in Norway revealed that healthcare leaders who employ professional SL behaviours create clinical environments that are positive, innovative, and engaging. In contrast, hospitals that use leadership approaches from the business industry which are economically operated have detrimental effects on the clinical working environment. As such, hospital leaders are therefore encouraged to use SL behaviours to promote conducive clinical working environments and creativity.

Supportive Leadership is a major factor in work satisfaction for millennial nurses according to research conducted in America (Auerbach, et al., 2017; O'Hara et al., 2019). Millennials account for 30% of the nurses, however, due to the demands of nursing practice millennial nurses are bound to experience stress, burnout, and high turnover. Therefore, employing the SL approach can help to retain millennial nurses in clinical practice. The study found that SL explained 63% of the variation in millennial nurses' job satisfaction. Schust (2016) agrees that SL is the preferred approach for

leaders in the 21st century. Millennials acknowledge supportive leaders who work with them, listen to their suggestions and recommendations, and provide supervision, guidance, and the necessary resources to accomplish goals.

The influence of SL on performance has been researched more in Asia than in other continents in the world. Asia has a majority of the leading countries in manufacturing and industry outputs (World Atlas, 2021). Most of the investigations have affirmed the positive influence of SL. Lor and Hassan (2017) examined the impact of different leadership styles (participative, transformational, supporting, and transactional) on the performance of Malaysian jewellery makers. Their findings revealed that SL and transformational leadership behaviours significantly and positively influenced employee performance. Guided by these results, managers in the jewellery industry are encouraged to employ transformational and SL behaviours to promote employee performance. A similar research was conducted in Pakistan by Aslam et al. (2018) to examine the moderating influence of SL on the impact of workplace injustice on employee performance. Studies have affirmed the positive influence of SL on the performance of workers however, it was not known if performance could be affected by workplace injustice. The results of the study showed a positive correlation between employee performance and injustice. Employees performed highly when leaders provided the necessary support thereby creating an impression that, regardless of the level of perceived injustice, SL is essential in the overall performance of workers in an organisation.

Another study was carried out in the sewerage industry in Malaysia to establish the positive impact of SL on compliance and safety behaviours, and occupational stress among employees (Bahkia et al., 2020). The sewerage industry in Malaysia encounters work stress and burden which leads to failure to comply with safety measures. The

study's findings showed that SL had a positive influence on safety behaviours and a negative impact on job stress. However, it was observed that SL is not used to the maximum in the sewerage sector in Malaysia just like in other developing countries.

Supportive Leadership also plays a mediating role between professional skill development and innovative culture in the Information Technology (IT) industry (Yu, 2017). Based on an investigation conducted by Yu in Taiwan and results from other similar studies, SL has a positive effect on the IT industry. However, Yu argues that these results can be contested because most of the studies were performed using the Asian population, hence the need for future research to utilize populations from other continents to substantiate the influence of SL in the IT sector globally.

Samuel et al., (2018) researched the influence of SL on nursing clinical decision-making. The sample comprised intensive care unit nurses from Sheikh Zayed hospital in Lahore. The study's results showed a positive correlation between SL and decision-making for nurses working in critical care units at a tertiary hospital in Lahore. Nurse leaders are, therefore, encouraged to employ SL to enhance the decision-making skills of nurses. Rubbab et al. (2021) also investigated how SL affected the wellness of nurses during the COVID-19 pandemic in hospitals in Pakistan. Research on how workers' well-being was impacted by leadership during the COVID-19 epidemic in Asian nations is limited. Additionally, the pandemic depleted healthcare resources as well as the physical, emotional, and social well-being of healthcare professionals around the world (Zhao et al., 2020). Hence, frontline nurses require great support from nurse leaders to provide quality care to patients while protecting themselves from the pandemic and preventing burnout. Rubbab et al.'s (2021) study revealed that SL assisted healthcare professionals in developing psychological capital (optimism, hope, self-efficacy, and resilience) to deal with the difficulties of the COVID-19 pandemic.

Nurse leaders and leaders of other healthcare professions are inspired to use SL to lessen anxieties and tensions associated with the pandemic among healthcare workers. Besides, in times of crisis, SL provides an opportunity for improvement in patients' care (Zhao et al., 2020).

Supportive Leadership studies conducted in Africa are characterised by mixed results just like research conducted in Europe. Rana et al. (2019) researched to determine the impact of supportive and participatory path-goal methods of leadership as well as the moderating effect of job structure on the performance of employees in Kenyan coffee trading companies. Their findings revealed that SL did not predict employee performance significantly compared to participative leadership. In addition, the association between worker performance and path-goal leadership styles was moderated by task structure. Consequently, supervisors from coffee trading companies in Kenya are encouraged to utilize participative leadership to achieve maximum employee performance.

Similarly, Ngabonzima et al. (2020) investigated path-goal leadership styles used in Rwandan hospitals and their influence on nurses. The findings showed that directive leadership had a significant relationship with nurses' intention to remain, work satisfaction, and provision of service seconded by participative leadership. Supportive Leadership had the least influence on the dependent variables. Nevertheless, modern clinical environments demand diverse effective leadership approaches (Sullivan, 2018; Cummings et al., 2021). A leadership style that may be appropriate and effective in one setting or situation may not be applicable in another. Maxwell (2018) concurs that the question of what defines an effective leadership style is unresolved. Different leadership approaches can be applied in clinical practice depending on their effectiveness and the situation at hand. Nevertheless, it is certain that leadership

approach influences patients' experiences and outcomes and nurses' retention, performance, and job satisfaction in clinical practice (Sullivan, 2018; Cumming et al., 2023).

Mwaisaka et al. (2019) also researched how the SL style affected workers' job satisfaction in Kenyan commercial banks. The study's results showed that SL positively affected employees' job satisfaction. Similarly, Oketch and Komunda (2021) conducted research to determine how SL affected the staff's motivation at private universities in Uganda. The results showed that the SL style was not used to the maximum in the universities. Nevertheless, the staff felt that the leaders were friendly and approachable. Statistical analysis revealed that SL had a positive effect on staff's motivation to work. The staff reported for work daily but they lacked leadership support when they encountered difficult assignments. Management for private universities in Uganda is, therefore, encouraged to execute SL to promote the aspirations of staff.

Another study carried out in Kenya examined the impact of SL practices on head teachers' work satisfaction (Mutune et al., 2019). The results demonstrated that SL practices significantly impacted head teachers' work satisfaction. Thus, to increase work satisfaction, head teachers are recommended to foster positive and caring workplaces through SL.

Famakin and Abisuga (2016) conducted a study in Nigeria on the impact of path-goal leadership styles on staff commitment to building projects. The results affirmed that SL styles influenced employees' affective commitment. Supportive Leadership and achievement-oriented leadership, however, both had an impact on a continuous commitment. Furthermore, none of the leadership strategies for path-goal affected the employees' normative commitment. Thus, managers of construction

projects in Nigeria are advised to opt for leadership approaches that promote employee commitment. The managers should create supportive work environments that enhance employee commitment.

Supportive Leadership is mostly portrayed as the behaviour of supervisors or leaders toward their subordinates or followers. However, leaders at all levels can also benefit from SL. Research conducted by Mutonyi et al. (2021) affirmed the effectiveness of SL on senior managers' innovative behaviour in the manufacturing companies of Kenya. The study's findings provide essential information that can enhance the performance of senior managers in the manufacturing industry of Kenya. Chief Executives Officers in the manufacturing sector in Kenya are, thus encouraged to introduce SL training for senior managers.

This far, the discussion has presented findings of studies conducted on the influence of SL style in various organizations including banks, companies, factories, retail shops, and manufacturing industries across the globe. Additional studies on the impact of the SL approach on general healthcare delivery have also been discussed. However, the literature reveals that the influence of SL on nursing has received little research. Nevertheless, SL can positively influence nursing practice which is demanding and can be stressful (Khamisa, et al., 2017; Sullivan, 2018; Cummings et al., 2021). Besides being taxing, nursing as a profession is facing a critical shortage of personnel (World Health Organization [WHO], (2020). More than 6 million nurses are currently needed worldwide. The existing shortage of nurses magnifies the need for SL in nursing practice to be able to achieve positive patient outcomes, retain nurses, and prevent burnout.

Stressful clinical working environments, demanding nursing practice, and shortage of nurses characterise the prevailing situation in hospitals in Malawi (Ministry of Health [MOH] (2023). Hence, nurse leaders should provide SL to encourage nurses working in Malawian hospitals to perform at their highest level and avoid burnout in clinical practice. However, the efficacy of nursing leadership in Malawi's hospitals is compromised. Inexperienced nurses are assuming leadership positions as first-line managers (ward and unit in-charges) because of a shortage of professional nurses. This is problematic because INLs possess inadequate clinical experience, knowledge, and skills to lead effectively. The INLs still require support and supervision from Senior Nurse Leaders. They have not reached the expert stage according to the theory of skills acquisition "from novice to expert" (Quinn, 2020). The expert stage is a level at which a professionally trained nurse reaches after working in a clinical placement for not less than five years. The years of work allow the nurse to obtain the essential skills, knowledge, attitudes, and experience to function effectively in clinical practice. The expert nurse can intuitively analyse situations and make concrete decisions using in-depth clinical knowledge and experience. This calibre of a nurse is ideally the rightful person to become a first-line manager, in clinical practice. The welfare of nurses and other healthcare workers, as well as patients' outcomes, are negatively impacted if clinical nursing leadership is ineffective (Sullivan, 2018; Cummings et al., 2021). It is assumed that SNOs provide supportive leadership to the INLs in hospitals in Malawi to help them perform effectively. Therefore, the purpose of this study was to explore the influence of Senior Nursing Officers' supportive leadership on INLs' work performance in the CWQSZ hospitals in Malawi.

Statement of the Problem

Inexperienced professional nurses with inadequate clinical experience, knowledge, skills, and attitudes are increasingly assuming leadership positions as first-line managers because of the shortage of registered nurses in hospitals in Malawi (MOH, 2023). However, nursing practice is demanding and can be stressful hence, requires experienced leaders (Sullivan, 2018; Cummings et al., 2021). Years of work experience enable a nurse to acquire essential skills, knowledge, and attitudes to function effectively as ward a manager. It has always been presumed that with SL from SNOs and other senior healthcare professionals, INLs can lead effectively in hospitals in Malawi. However, no study has ever been done to support the assumption. Successful nursing leadership improves patients' outcomes, fosters a positive work ambiance, and promotes healthcare delivery (Cummings et al., 2021, Harrington, 2021). Conversely, ineffective leadership can have a negative impact on patients as well as healthcare workers.

Globally, diverse studies have been conducted on the influence of SL on work performance in industries, companies, retail shops, and banks; however, the results have been mixed. Some investigations have revealed the positive influence of SL (Thuku et al., 2018; Mutune et al., 2019; Elsaied, 2019; Hauff et al., 2020), while others have shown less or no effect on work performance (Boddaert, 2017; Diuno, 2018; Alkhateri et al., 2018; Rana et al., 2019). Some studies have also been undertaken to explore how SL style influences the delivery of healthcare. Likewise, some of the studies have shown a significant influence of SL (Auerbach et al., 2017; O'Hara et al., 2019; Martinussen & Davidsen, 2021; Grossman, 2021), while others have shown less or no effect on work performance in clinical practice (Ngabonzima et al., 2020; Diuno, 2018; Cummings et al., 2018). In addition, most of the studies that have been conducted in

the healthcare industry about the influence of SL on work performance have not been specific to nursing practice. Furthermore, almost all the studies that have been done on the influence of SL on work performance in the business or healthcare industries employed a quantitative research design. There is a lack of variation in research approaches that could help to substantiate scientific findings on the subject matter. It is against this backdrop that this study explored the influence of SL on INLs' work performance in CWQSZ hospitals in Malawi using a mixed-methods convergent design. The design enabled an in-depth understanding of the influence of SL on INLs' work performance through the validation of concurrently obtained quantitative and qualitative data (Creswell & Clark, 2018). Besides, it was anticipated that the findings from the study would produce fundamental information that would be utilized in the development of a nursing leadership training or supportive framework that could be used in clinical practice.

Purpose of the Study

The study aimed to explore the influence of Supportive Leadership on Inexperienced Nurse Leaders' work performance in the CWQSZ hospitals in Malawi.

Specific Research Objectives

1. To examine the influence of mentoring on Inexperienced Nurse Leaders' work performance in the CWQSZ hospitals in Malawi.
2. To measure the influence of relationship building on Inexperienced Nurse Leaders' work performance in the CWQSZ hospitals in Malawi.
3. To examine the influence of team working on Inexperienced Nurse Leaders' work performance in the CWQSZ hospitals in Malawi.

4. To measure the influence of work environment on Inexperienced Nurse Leaders' work performance in the CWQSZ hospitals in Malawi.
5. To understand the influence of Supportive Leadership on Inexperienced Nurse Leaders' work performance in the CWQSZ hospitals in Malawi.

Study Hypotheses

The investigation was guided by the following hypotheses:

1. H01: Mentoring has no significant influence on INLs' work performance in the CWQSZ hospitals in Malawi.
2. H02: Relationship building has no significant influence on INLs' work performance in the CWQSZ hospitals in Malawi.
3. H03: Team working has no significant influence on INLs' work performance in the CWQSZ hospitals in Malawi.
4. H04: Work environment has no significant influence on INLs' work performance in the CWQSZ hospitals in Malawi.
5. H05: Supportive Leadership has no significant influence on INLs' work performance in the CWQSZ hospitals in Malawi.

Assumptions of the Study

The study was guided by some assumptions, which are assertions considered to be true by the researcher but without proof or scientific evidence (Polit & Beck, 2019). Firstly, it presumed that SNOs and other senior healthcare professionals provided SL to INLs in the CWQSZ hospitals in Malawi. The researcher also assumed that INLs were knowledgeable about SL, therefore, they could give an unbiased and information-based opinion concerning the kind of SL that was rendered to them. The researcher further presumed that SL influenced the work performance of INLs in the CWQSZ

hospitals in Malawi. Consequently, using the chosen methodology the researcher anticipated the study to generate evidence that could support the assertions. In addition, the researcher presumed that the selected data collection and analysis methods were appropriate for the study and would yield the intended results. Last but not least, the researcher anticipated that SNOs and INLs would willingly participate in the study by answering and returning the survey questionnaire and by responding to interviews as necessary. Furthermore, the mixed-use of qualitative and quantitative methodologies was expected to provide a deeper understanding of the effect of SL on INLs' work performance that could not be generated using one approach.

Justification of the Study

Leadership is essential and it plays a major role in organizational success or failure (Northouse, 2019; Sonmez & Adiguzel, 2020)). Leaders are visionaries who inspire and encourage followers to contribute to the achievement of organizational objectives. In demanding and stressful careers like nursing, leadership is the key determinant of patient satisfaction and outcomes and of the welfare and retention of nurses and other healthcare workers (Sfantou et al., 2017, Sullivan, 2018; Cummings et al., 2021). The literature explains various leadership styles that can be used in nursing practice in different contexts and situations. In this study, the focus was on Supportive Leadership.

Inexperienced nurses with inadequate clinical experience are serving as ward managers because of the shortage of professional nurses in hospitals in Malawi. These Inexperienced Nurse Leaders are presumed to lead with Supportive Leadership from senior nurses. A supportive leader (nurse leader) creates a positive workplace that promotes the achievement of goals and seeks to improve the welfare of workers (Zaiton

& Ouakouak, 2018; Lin & Ling, 2021). However, successful nursing leadership demands years of work experience that enables a nurse to obtain the necessary knowledge, skills, and attitudes for leadership (Quinn, 2020). On the other hand, ineffective clinical nursing leadership can have a negative impact on patient outcomes as well as the welfare of nurses and other healthcare workers (Sullivan 2018; Cumming et al., 2021). Low morale and high rates of burnout among nurses and other care workers have been triggered by poor leadership in clinical practice (Salvage & White, 2020; Cummings et al., 2021, Alsadaan et al., 2023). In addition, ineffective leadership hinders creativity and causes unnecessary pressure on the working environment. As such, the ascension of inexperienced nurses to leadership positions in hospitals in Malawi is an anomaly. Therefore, this research aimed to explore the effectiveness of the SNOs' Supportive Leadership on inexperienced nurse leaders' work performance, as one way of addressing the anomaly.

Globally, studies have been conducted on the influence of Supportive Leadership on work performance but have produced mixed results. In addition, almost all of the studies employed quantitative research design. Besides, the majority of the investigations that have been done in the healthcare industry did not specifically focus on nursing. Therefore, this research aimed to explore the influence of Supportive Leadership on inexperienced nurse leaders' work performance in the CWQSZ hospitals in Malawi using a convergent mixed methods design.

Significance of the Study

The results of the investigation are expected to benefit various groups of people. Inexperienced Nurse Leaders in the CWQSZ hospitals in Malawi would benefit directly from the study's findings. The INLs are serving as ward managers but they have

inadequate clinical experience, knowledge, and skills to lead effectively. Therefore, any changes to clinical nursing leadership support strategy guided by the study results would impact their work performance.

An investigation on the influence of Senior Nursing Officers' SL on INLs' work performance had never been conducted in Malawi. As such, the opinions of the INLs could provide foundational information for the development of a supportive leadership framework for use in hospitals in Malawi. Guided by the findings, a leadership training program could also be developed to support the INLs.

It has long been assumed that SNOs give Supportive Leadership to INLs. The study was therefore anticipated to shed light on the type of SL that SNOs provided to INLs. This would help to identify areas for improvement or change as well as the leadership support's shortfalls. Besides, the results would provide feedback to the SNOs concerning how the INLs perceived their leadership support.

Furthermore, the study findings would influence policymakers by highlighting the extent of nursing leadership challenges in the hospitals in Malawi. As stipulated by the Ministry of Health (2023), the existing shortage of nurses may prevail for some years before the country reaches the WHO-recommended nurse/patient ratio. Therefore, the findings of the study could be utilized to develop clinical leadership policies that were feasible.

The study results could have a significant influence on patients, nurses, and other healthcare workers. Literature affirms that leadership is the key determinant of patient satisfaction and outcomes and the welfare and retention of nurses and other healthcare workers in clinical practice (Sfantou et al., 2017, Sullivan, 2018; Cummings et al., 2021). The investigation also sought to promote effective clinical nursing

leadership in hospitals in Malawi that would have a positive influence on patients, nurses, and other healthcare providers.

Limited research has been done regarding the influence of SL in nursing. (Samuel et al., 2018; O'Hara et al., 2019). Therefore, the research findings have added to the limited knowledge that exists regarding SL in nursing. The results have also significantly highlighted areas for further research to enrich scientific nursing knowledge about the influence of SL.

Scope of the Study

The purpose of the study was to investigate how SL influenced INLs' work performance in the CWQSZ hospitals in Malawi. The investigation was conducted in all district hospitals, one central hospital, and three private hospitals in the zone. The path-goal leadership theory and novice-to-expert nursing theory underpinned the study. The investigation used a convergent mixed-method approach. The anticipated sample for the quantitative strand was 51 SNOs and 53 INLs, using the total population sample. In contrast, the sample for the qualitative strand was 10 SNOs and 10 INLs which was selected using purposive sampling. Quantitative data were collected through survey questionnaires and qualitative data through in-depth interviews. The SPSS version 27.0 and Collaizi's thematic method were used to analyse the quantitative and qualitative data respectively. The anticipated period for the study was from January 2021 to December 2023.

Study Limitations and Delimitations

Limitations are methodological issues that can negatively impact a scientific investigation and its application (Polit & Beck, 2020). In this study, the prospective

participants were INLs and SNOs. The participants responded to a survey questionnaire and submitted and participated in in-depth interviews (IDIs). The responses from INLs and SNOs were based on reflections of their personal experiences and could potentially be biased. Response bias produces false findings which lead to wrong conclusions and recommendations (Gray et al., 2021). It can be a waste of resources hence, costly. However, the use of mixed methods research provided a check and balance on the information collected through the gathering of both qualitative and quantitative data.

Data collection through survey questionnaires is characterised by a non-response error challenge (Gray et al., 2021). Some INLs and SNOs could have not answered the survey questionnaire used to collect quantitative data thereby reducing the sample size and the amount of information collected hence, producing false results. As such, INLs and SNOs taking part in the study were given adequate time, at least two weeks to answer and submit the questionnaire. Those who did not submit the survey questionnaire after two weeks were followed up using the available means to establish the reasons for the failure. The researcher employed empathy to encourage and motivate the non-responders to answer and submit the survey questionnaire (Gray et al., 2021).

Qualitative data is interpretative and as such, a researcher can introduce personal bias in an investigation (Gray et al., 2021). To mitigate personal bias, study participants were asked to validate research results by contrasting the descriptive findings with their own experiences. In addition, IDIs were dependent on the questioning techniques of an interviewer and hence prone to bias (Coleman, 2019). Besides, IDIs were time-consuming because they involved asking questions and expecting answers. Therefore, the investigator used question guides to provide some direction and focus during the interviews which also helped with time management. The investigator also practiced and sharpened questioning techniques during data collection tool testing.

Delimitations entail the boundaries of a study (Polit & Beck, 2020). Malawi has five quality assurance satellite zones which are southeast, southwest, north, central-east, and central-west (MOH, 2023). The proposed study was conducted in the CWQSZ which has a central hospital and four district hospitals. The central hospital serves as a referral centre for nine district hospitals in the central region of Malawi. The hospital also receives patients from another central hospital in the North Quality Satellite Zone. Thus, the central hospital in the central-west zone is big and potentially provides significant information on the SL rendered by SNOs and its influence on INLs' work performance that could be similar to other central hospitals (3) in Malawi. Furthermore, the CWQSZ has four district hospitals (MOH, 2023). One of the hospitals happened to be one of the busiest in southern Africa (Tidziwe Post, 2020) while the other three are standard district hospitals in the country. The four district hospitals could provide data on the SL rendered by SNOs and its influence on the performance of INLs that could reflect what was happening in other district hospitals in Malawi. Nevertheless, future research could focus on all districts and central hospitals in the five quality satellite zones for comprehensive results concerning the influence of SL on INLs' work performance in hospitals in Malawi.

The proposed research design for the study, the mixed methods research subscribes to a pragmatic philosophy (Creswell & Clark, 2018; Creswell & Creswell, 2017; Gray et al., 2021). However, there are other available research philosophies which include positivism, transformative, and interpretivism (Gray et al., 2021). Pragmatism uses subjective and objective knowledge and employs multiple data collection methods (Creswell& Clark, 2018). Though delimiting, the selected research philosophy and design enabled the integration of data collection methods. The anticipated result would bring a great understanding of the influence of SL on INLs'

work performance in the CWQSZ hospitals of Malawi that could not be obtained using a single research approach and method.

Chapter Summary

This chapter introduced the study and it has presented the background information, problem statement, purpose, objectives, questions, hypotheses assumptions, rationale, scope, significance, delimitations, and study limits. The study endeavoured to investigate how SNOs' SL influenced INLs' work performance in the CWQSZ hospitals in Malawi. Nurses with inadequate clinical experience are assuming leadership positions as first-line managers because of the shortage of RNs. It has long been assumed that with support from SNOs and other senior healthcare professionals, the INLs could lead successfully. Studies conducted elsewhere about SL's influence on performance in companies, industries, banks, retail shops, and healthcare facilities are, however, characterised by mixed findings. While some have shown a significant influence of SL on performance, others have revealed none. In light of these mixed results and the fact that no such study had been undertaken in Malawi, the present research explored the influence of SNOs' SL on INLs' work performance in the CWQSZ hospitals of Malawi.

CHAPTER 2

LITERATURE REVIEW

Introduction

The chapter presents the conceptual, empirical, and theoretical literature on the independent variable of SL and the dependent variable of performance. The study's theoretical alignments, conceptual framework, and identified gaps are also discussed. The chapter concludes with a summary.

Conceptual Literature Review

The section analyses the independent variable of SL and the dependent variable of performance concerning nursing leadership in clinical practice. It discusses the key elements associated with the concepts.

Supportive Leadership

Supportive Leadership is a style of leadership where a leader shows care for their followers' welfare and promotes a work environment that facilitates the achievement of goals (Zaiton & Ouakouak, 2018; Yelamanchili, 2019). Being supportive is one of the essential attributes of an effective leader (Kim et al., 2021). Additionally, SL is becoming a preferred leadership approach in the 21st century (Schust, 2016, O'Hara et al., 2019). Millennials acknowledge a supportive leader who works with them, listens to their suggestions, and provides supervision, guidance, and the necessary resources to accomplish tasks and achieve organizational goals. Supportive Leadership is also a developmental and learning partnership between a leader and followers (Dayanti et al., 2022). As the followers are being led and given guidance and direction, they gain knowledge, skills, experience, and attitudes.

Supportive Leadership is an essential approach used in nursing leadership in clinical practice (Sullivan, 2018; Grossman et al., 2021). The clinical working environment is demanding and can be stressful hence, nurses and other healthcare professionals require a great deal of support from their leaders to prevent burnout (Sánchez et al., 2019; Xu et al., 2019). Nursing leadership focuses on patient and client outcomes, service provision, and the welfare of nurses and other healthcare team members (Sullivan, 2018; Cummings et al., 2021). Additionally, nursing leadership is crucial in clinical practice because nurses make up the largest profession and they are the foundation of the healthcare delivery system. Therefore, a nurse leader who oversees nurses and other healthcare professionals is anticipated to have adequate experience and possess the necessary skills, attitudes, and knowledge. The attributes enable the nurse leader to provide SL to the nurses and other healthcare workers and to lead a multidisciplinary team.

The literature outlines SL elements which include building cohesive teams, demonstrating concern for followers, empowering followers, fostering relationships and a positive work environment, inspiring others, coaching, mentoring, effective communication, and others (Stein et al.,2020; Lin & Ling, 2021; Dantani et al., 2022; Armstrong, 2023). This research explored the SL elements of mentoring, relationship-building, team working, and the creation of a positive which have great relevance in nursing leadership in clinical practice (Hoover et al., 2020; Niinihuhta & Häggman-Laitila, 2022; Baek et al., 2023; Boudreau & Rhéaume, 2024). The study examined the influence of these SL contracts on the INLs' work performance in the CWQSZ hospitals in Malawi.

Mentoring

Mentoring is a relationship and learning process whereby an experienced person (the mentor) works with a less-experienced or less-skilled individual (Alexander et al., 2021; Blake-Beard et al., 2021). The mentee learns and develops from the knowledge, skills, and experiences shared by the mentor. Mentoring also provides an opportunity for growth for the mentor by sharpening their leadership skills. Additionally, mentoring can be formal (official) or informal (Peretomode & Ikoya, 2019; Mcilongo & Strydom, 2021). Official mentoring is planned and it involves pairing a mentor and mentee for professional or career growth. The complete potential of a mentee can be realized through mentoring, which also improves work performance (Onyemaechi & Ikpeazu, 2019; Blake-Beard et al., 2021). In contrast, informal mentoring tends to occur spontaneously and is mostly psychological.

Mentoring is a tool for capacity development for employees who are vital assets in any organization (Oladimeji & Sowemimo, 2020; Mcilongo & Strydom, 2021). It is a method of teaching that has been used for centuries to transfer knowledge and skills from mentors to mentees in organizations. Several studies have been conducted to determine the impact of mentoring on employees' or followers' work performance (Montgomery, 2017; Ivey & Dupré, 2022). The studies emphasize the need for strong relationships, clear communication, and mutual growth throughout the mentoring process. In addition, investing in mentoring fosters growth at the professional and personal levels.

In the Gwalior region of India, Mittal and Upamannyu (2017) investigated the effects of mentorship on organizational performance and commitment. The sample for the study was 150 employees from diverse educational institutions. Data were collected through a questionnaire, and SPSS was used to analyse them. The findings revealed

that mentoring had a negative impact on organizational commitment. Mentees were not bonded to their mentors emotionally and they did not have trust in the confidentiality of the relationship with mentors. On the other hand, mentors felt mentoring increased their workload which led to unsuccessful mentor-mentee relationships. The detrimental effects of a leader's workload, strained relationships, and lack of trust in mentoring are also backed by other studies (Perry & Parikh, 2018; Stein et al., 2020; Dayanti et al., 2022; Sarabipour et al., 2022). Nevertheless, the research revealed that mentoring had a positive impact on organizational performance. The study shows that there are factors that can make the mentor-mentee relationship less beneficial in supportive leadership. As such, developing and sustaining relationships is a leader's influence in supportive leadership (Quinn, 2020; Stein et al., 2020). Nevertheless, to substantiate the Gwalior region's study findings, further research needs to be done on a large scale.

Mentoring is also a tool used in succession planning (Al Suwaidi et al., 2020; Ard & Beasley, 2022). Succession planning is essential for the future maintenance of operations, growth, and performance in an organisation. For instance, it is expected that many CEOs in Nigeria's service industry will retire and it is essential to mentoring upcoming leaders. Therefore, Oladimeji and Sowemimo (2020) surveyed to determine the impact of mentoring on work performance in Nigeria's service industry. The sample (250) for the study was staff from guest services and data collection was done using a questionnaire. The results showed that mentoring had a big impact on workers' performance. In addition, regression analysis revealed that combining mentoring functions (counselling and modelling) produced greater variation. Hence, the investigators recommended formal mentoring of upcoming leaders in the service sector in Nigeria and a combination of mentoring functions for maximum results. In supportive leadership, it is expected of a leader to serve as a coach as well as a role

model for the mentees (Zaiton & Ouakouak, 2018; Yelamanchili, 2019). Other studies conducted by Izlem (2017); Mittal and Upamannyu (2017), and Nkomo et al., (2018) affirm the positive influence of mentoring on the performance of employees. However, an effective succession plan using mentoring demands time, consideration, and a concerted effort from an entire organization (Leuzinger & Rowe, 2017; Fuentes, 2020). Nevertheless, mentoring contributes to the development of a strong pipeline of future leaders and guarantees sustained success (Ritchie, 2020; Ard & Beasley, 2022).

Studies verify that professional growth, work satisfaction, employee retention, and performance are significantly impacted by mentoring (Muzaffar et al., 2016; Oladimeji & Sowemimo, 2020). Besides, mentoring benefits both the mentor and the mentee, and the organization at large (Alexander et al., 2021; Ivey & Dupré, 2022). However, many organizations do not have planned mentoring programs (Muzaffar et al., 2016; Blake-Beard et al., 2021). Mentoring is, therefore, usually conducted informally and is not effective at times. Nevertheless, some disciplines like education and healthcare have maximized the benefits of mentoring. Hu et al., (2021) researched the role of mentoring and education in the behaviour of an entrepreneur. Data were collected using a questionnaire from 300 farmers in a Chinese suburb. The findings revealed that training and education in entrepreneurial behaviour were mediated by entrepreneurial self-efficacy. Mentorship did not play any role in entrepreneurial self-efficacy. Nevertheless, the influence of mentoring on an entrepreneur's behaviour could be determined through further studies. Otherwise, studies have shown that mentoring is a tool that can be used to maximize potential in businesses, commercial industries, and organizations (Ivey & Dupré, 2022; Poppiti, 2022). Through mentoring in business organizations, one can have access to the expertise and insights of a more seasoned professional individual in their field or business. Therefore, mentoring is an essential

element of supportive leadership because it gives inexperienced leaders access to the knowledge, skills, and attitudes of more seasoned leaders,

Formal and informal mentoring are both significant in nursing practice. (Lin et al., 2018; Hoover et al., 2020; Ephraim, 2021). Both student and qualified nurses continually learn and develop with the help of both assigned and non-assigned mentors. Besides, mentoring is expected to be an integral part of a clinical succession plan (Cummings et al., 2021; Gularte-Rinaldo et al., 2023). In addition, students are future nurse leaders and for them to fully understand and successfully implement leadership knowledge, abilities, and behaviors, they require to be mentored (Jafaru et al., 201; Ephraim, 2021). Therefore, healthcare institutions need to have established mentoring training programs that target students, qualified nurses, and other healthcare professionals.

Minguiez et al. (2023) conducted a review of the literature to analyse existing mentorship programs and models for nurses working in clinical settings. Eleven publications that satisfied the review's criteria were examined. The findings showed that there were numerous nurse mentoring programs with various features. Nevertheless, the goal of the mentoring programs was to support newly trained or experienced nurses in adjusting to new service locations or positions. Despite the disparity, patients, nurses, and organizational outcomes improved as a result of the mentoring programs. The programs also increased practice and retention, enhanced nursing performance, and fostered a positive, supportive work environment. The programs supported the transition from an inexperienced graduate nurse to an experienced nurse, or a different service area or position. The importance of formal mentoring on clinical outcomes and nurses' job performance is also supported by other studies (Vatale, 2018; Hoover et al., 2020; Rosser et al., 2023). Therefore,

mentoring is a crucial component of supportive leadership, which aims to advance the well-being of followers or subordinates and promotes the accomplishment of goals in an organization.

The global shortage of nurses makes the development of nurse leaders critical (WHO, 2020). Rosser et al. (2023) assessed a year-long mentoring program that linked nurses from various parts of the world in accordance with the global agenda on nursing leadership. The program's objective was to strengthen nurses' capacity for global leadership. The program was evaluated using the logical model of evaluation. The results showed that mentoring was beneficial for both mentors and mentees. Both of them gained confidence, competence, and skills in leadership. It is undeniable that mentoring is a learning and teaching endeavor that is advantageous to everyone involved (Vitale, 2018; Hoover et al., 2022). Additionally, the program gave the nurses a chance to comprehend nursing leadership from a global viewpoint. The program also demonstrated how mentoring may help nurse leaders develop their workforce capacity to lead and influence policy locally, nationally, and worldwide. Global mentoring programs, which begin early and at the individual level, can cultivate leadership skills to support nurses in finding their voice, reinforcing their competence and confidence as leaders, and ultimately creating the future generation of effective nurse leaders. Hence, as part of a succession strategy, senior nurse leaders can mentor future nurse leaders by providing supporting leadership.

Research affirms the general shortage of nurses worldwide as well as the difficulty in keeping them in clinical practice, which is demanding and often stressful (Vitale, 2018, WHO, 2020, Cummings et al., 2021). These are global challenges for nursing leadership and it is an enormous responsibility. Therefore, mentoring newly hired or inexperienced nurses is a critical obligation of senior nurse leaders and

experienced nurses. This is the best way for nurses to advance to more leadership positions throughout their careers. Hence, senior nurse leaders must practice supportive leadership to mentor the nurses.

As a relationship and learning process, mentoring can encounter challenges (Suseno et al., 2020; Maan, 2021). People may have different or incompatible interests, goals, feelings, and principles that can generate conflict between them. Nevertheless, constructive conflict can transform an organization by providing an opportunity for better analysis and deeper thinking on a situation which promotes quality decision-making. On the other hand, toxic or destructive mentoring relationships can have detrimental effects that hinder the achievement of organizational goals (Suseno et al., 2020). In clinical practice, toxic mentoring relationships can have a negative influence on patient outcomes and the welfare of healthcare workers (Farghaly & Abou, 2023; Labrague, 2024). Therefore, to mitigate mentoring challenges, organizations are encouraged to strategically provide training for both mentors and mentees. Both parties should be enlightened regarding the potential benefits and challenges of mentoring and their responsibilities in it. Nevertheless, mentoring is a crucial element of supportive leadership, which seeks to improve followers' or subordinates' well-being and encourages the achievement of goals within an organization. Additionally, mentoring is essential in the practice of nursing. Inexperienced nurses acquire knowledge, skills and attitudes from senior nurses which enhance work performance.

Relationship Building

A relationship is a social connection between two or more people (Chak, 2018; Kenneth & McDonald, 2018). An individual makes a deliberate effort to build a relationship and the individuals in the relationship accept each other and inspire one another to grow to maximum potential. In SL, a leader strives to build relationships

with and among the followers which, in turn, creates a positive work environment that enhances productivity and performance (Zaiton & Ouakouak, 2018; Lin & Ling, 2021).

Building relationships in a workplace or an organization can be a challenging task because, in normal circumstances, people do not choose workmates or fellow followers (Daft, 2017; David et al; 2023). Besides, building relationships demands social skills. Social skills are attitudes and behaviours that enable a person to communicate and work together with others. According to a concept analysis done by Jurevičienė et al. (2018), social skills can be divided into interaction, communication, participation, emotional, and social-cognitive. Interaction, communication, and participation skills enable a person to effectively talk, mingle, and do things with other people. Emotional skills allow a person to be aware of personal feelings and those of others. The individual utilizes emotional information to guide personal and other people's thinking and behaviour. Social cognitive skills are mental processes that enable a person to detect, analyse and interpret people's behaviours. Effective supportive leadership employs social skills that enhance relationship-building with and among followers (Zaiton & Ouakouak, 2018; Lin & Ling, 2021).

Building relationships is a conscious decision and process and demands time, effort, and energy (Braganza, 2016; Kenneth & McDonald, 2018). Once established, the relationship needs to be nurtured to avoid breaking down. It is the responsibility of leadership to ensure that the work environment fosters the growth and sustainability of relationships. In addition, effective relationships are characterised by trust, honesty, respect, and ongoing formal and informal communication (Chak, 2018; De Netto et al., 2021). These elements are the glue that cements relationships. Thus, supportive leaders are expected, to be honest, respectful, and trustworthy as role models for followers (Northouse, 2019; Lin & Ling, 2021). The leaders must walk the talk to support the

work relationships. Strong work relationships bring change, transformation, and the achievement of desired organizational goals (Trans et al, 2018; Sutherland et al., 2022). Supportive leadership is motivated to see both organizational and individual growth and transformation.

Relationships among workers in an organization also impact on team performance (Grossman et al., 2022; Eav et al., 2023). Li et al. (2020) surveyed 307 team supervisors and 2317 employees working in technological organizations in China to ascertain the effect of organizational relationships on performance. Data were gathered using a questionnaire, and clustered regression was used to analyse it. The findings affirmed the positive impact of employee relationships on performance as well as creativity, attitudes, and behaviour. The results also revealed the mediating role of team cohesion on team performance. The researchers encourage supervisors in technological organizations to promote team cohesion for maximum outcomes. Team cohesion facilitates communication, cooperation, and the development of a psychologically secure atmosphere among team members. In clinical practice, cohesive healthcare teams promote a positive work environment and improve patient outcomes (Rosengatern, 2019; Buljac-Samardzic, et al., 2020). Cohesive teams flourish in supportive leadership because the leader fosters a culture of cooperation, trust, and shared values.

Furthermore, relationships at work have an impact on employees' performance and well-being (Mutonyi et al., 2020; Grossman et al., 2022; Mariam et al., 2022). The workplace relationship gives an employee a sense of belonging. The desire to belong is a basic human need and boosts morale. Besides, a happy worker is mostly dedicated and performs better than a disgruntled employee. Tran et al. (2018) surveyed to examine the effects of relationships on employee performance and behaviours at selected

hospitals in Vietnam. The sample comprised 303 nurses who answered a questionnaire. Data were analysed through exploratory and confirmatory analyses. The results showed that commitment, working manners, decreased job stress, and improved views of social impact were all significantly influenced by high-quality relationships. The results also demonstrated that the performance of the nurses was highly influenced by the working relationships between followers and nurse leaders. Furthermore, social impact moderated the association between interactions and job stress at the workplace. The researcher encourages nurse leaders in Vietnamese hospitals to continue building work relations with their followers to enhance clinical outcomes. According to Northouse (2019), leadership is a relational connection in which followers and leaders collaborate to accomplish shared goals. Other investigations done by Peyton et al. (2019), Che et al. (2021), and Wilson and Cunliffe (2022), support the significance of the relationship between leaders and followers in fostering employees' motivation and productivity as well as their sense of belonging. Additionally, the best outcomes for patients and staff are guaranteed in clinical practice through the working relationships between supportive nurse leaders and other nurses and care professionals (Sullivan, 2018; Hult et al., 2023).

Nursing is a nurturing and compassionate profession that focuses on the healthcare needs of persons, families, and communities (Dalvandi et al., 2019; Berman et al., 2020). Nurses develop therapeutic nurse/patient or client relationships to be able to give comprehensive personalized care. The therapeutic relationship enables patients and clients to entrust nurses with their secrets and confidential information for care. Nurses use various ways and means to create therapeutic relationships with clients and patients (Molina-Mula, & Gallo-Estrada, 2020; Porter et al., 2020). Self-awareness, the ability to appraise oneself and identify one's strengths and weaknesses, is one of the

tools utilized by nurses. Knowing oneself makes a person confident and creative and allows the individual to make professionally sound decisions. Self-awareness is a continuous process and it demands deliberate effort (Eurich, 2018; Rasheed et al., 2019). It enables nurses to conduct self-evaluation and identify their clinical competencies to build a therapeutic caring environment.

Developing therapeutic relationships in clinical practice is challenging just like in other organizations (Berman et al., 2020; Molina-Mula, & Gallo-Estrada, 2020). The context in which a nurse/patient or client relationship develops is unique because the parties involved do not have equal powers. The relationship is, therefore, restricted to the nurse's professional function and the patient's or client's healthcare needs to protect the party with less power. Hence, supportive nursing leadership ensures ethical professional conduct among nurses and other healthcare workers (Sullivan, 2018; El-Gazar & Zoromba, 2021). Additionally, to provide comprehensive and high-quality care, nurses need to have healthy relationships with one another and other healthcare professionals. Therefore, relationship enhance work performance.

Team Working

More work is done when people join their efforts to accomplish a task. Organizations flourish when followers or employees work together effectively and efficiently to accomplish goals (Mitashree, 2018; Johnson, 2021). Team working is a leader's influence practice that enhances job performance and productivity (Johnson, 2021; Armstrong, 2023). The leader ensures that group members have a common purpose and the necessary skills and resources to accomplish tasks towards the fulfilment of goals. Besides, successful working teams share knowledge, experiences, interests, and skills and manage conflict constructively. In clinical practice, professionals always work in teams. The provision of comprehensive patient and client

care demands inter-professional collaboration and the inclusion of family members and significant others (Morley & Cashwell, 2017; Schmutz et al., 2019).

Team working contributes tremendously towards organizational growth and development (Kozlowski, 2018; Johnson 2021; Armstrong, 2023). Studies affirm the notable influence of teamwork across numerous businesses, industries, and disciplines. Agarwal and Adjirackor (2016) researched how teamwork affected productivity in schools in the Metropolitan Assembly of Accra, Ghana. The sample comprised staff members from Kwashieman Anglican School (N=242) and data were obtained through a questionnaire and analysed using SPSS. The findings revealed a high correlation between teamwork and employee performance. Furthermore, teamwork combined with team trust, recognition, and rewards contributed 70.5% towards organizational productivity. The researchers recommend the adoption of a team working approach to enhance productivity in Anglican Schools. Research conducted by Johnson (2021), Kozlowski (2018), and Geue (2018) also confirms that encouraging teamwork among workers can boost performance and engagement. Additionally, the studies revealed that leadership is the bond that keeps teams together. Hence, supportive leadership ensures the promotion of teamwork, which improves performance in an organization (Zaiton & Ouakouak, 2018; Lin & Ling, 2021).

The impact of teamwork on performance at the University of Dhofar was also studied by Sanyal and Hisam (2018). One hundred faculty members participated in the study. Data were gathered through a questionnaire, and ANOVA and correlation were used to analyse it. The findings of the investigation revealed that teamwork, team trust, leadership, and performance appraisal had a strong relationship with performance. However, teamwork emerged as the most significant variable with a high impact on performance followed by team trust, leadership, and finally, performance appraisal. The

researchers argue that the promotion of teamwork with effective leadership and team trust among faculty members can yield academic excellence in institutions of higher learning. Serrat (2017) and Kozlowski (2018) also attest to the significant influence of teamwork on organizational performance and success. Important nuances exist among the various aspects of contemporary teams that call for more studies and practical application (Johnson, 2021; Grossman et al., 2022). Nonetheless, effective leadership that provides guidance and direction is still necessary for teams to perform successfully.

Successful teamwork demands trust (Breuer et al., 2020; Wu & Cormican, 2021; Armstrong, 2023). It is not possible to have fruitful working relationships in the absence of trust. It is the responsibility of team leaders to build trust and create work environments that promote teamwork. Besides, team trust is anticipated to be at the individual, unit, and organizational levels. Intra-team and inter-team trust have a significant influence on organizational outcomes (Kassa & Teklead, 2018; Gara & Porte, 2020). According to a study conducted by Kassa and Teklead (2018) at a major bank in Ethiopia, intra-team trust influenced job satisfaction and engagement of employees as individuals and as teams. Inter-trust had a positive impact on performance at the individual and unit levels. The results also showed that team processes were important mediators of the impact of internal team trust on organizational outcomes in addition to trust. If there is no trust, a team functions as a collection of individuals working together and mostly achieves unsatisfactory results (Morrissette & Kisamore, 2020; Johnson, 2021). Besides, trust extends beyond activities for team-building. Leadership is anticipated to be genuine, open, and consistent in their behaviors, as well as communicate openly and honestly to promote trust. Leaders who employ a supportive leadership style foster trust among their teams to accomplish collective goals (Zaiton & Ouakouak, 2018; Lin & Ling, 2021).

Morrissette and Kisamore (2020) investigated the effect of trust on team performance through a meta-analysis. Fifty-five independent studies that met the criteria for the literature search were analysed. The results confirmed that intra-team trust had a positive impact on team performance. Further statistical analysis showed that the size and type of the team moderated the relationship between team trust and performance. Literature also reveals other factors that affect team working such as task interdependence and skill differentiation (Wong & Van Gils, 2022; Johnson, 2021). Because of this, team researchers are urged to explore further other factors that impact on team working and the magnitude of their influence. Nevertheless, supportive leadership places a strong emphasis on teamwork by assembling a group of skilled people who can complete a given task. Additionally, supportive leadership is more than just assigning work; the leader continuously helps team members until tasks are effectively completed (Lin & Ling, 2021; Armstrong; 2023).

Analysing the literature, it is evident that team working is an effective way of leading and managing people in modern organizations (Armstrong, 2016; Daft, 2017). The literature outlines the methodology for the development of teams that can work together effectively. For example, Nikitenko et al., (2017) developed a model that explains the processes for building a productive team. In 1965, Bruce Tuckman also created a model that outlines the stages (forming, storming, norming, and performing) to be followed to formulate a strong team that can work effectively and efficiently (Zhen, 2017). A revised Tuchman's model is still utilized in modern organizations (Jones, 2019). Nevertheless, research evidence reveals that it is not methodology or intellect that makes teams work effectively (Pollack & Matous, 2019). Rather, teams require role balancing to complement efforts, skills, and diversity to enhance viewpoints for quality decision-making and team success.

In 1981, Belbin developed nine research-based team roles, namely the plant, the shaper, the resource investigator, the specialist, the coordinator, the team worker, the finisher/completer, the implementer, and the evaluator/monitor) that explain how people strongly demonstrate their behavioural traits in a team (Bednár& Ljudvigová, 2020). The plant is a creator and generates ideas while the investigator is very enthusiastic at the initiation of a project and is good at networking and soliciting resources. The coordinator has the qualities of a team leader while the team worker is someone who can adapt to diverse situations and identifies work that needs to be done. The monitor/evaluator is someone with a logical eye and judges accurately the options and decisions that are made by the team. The specialist brings expertise to the team while the shaper is enthusiastic and provides the drive to keep the team moving. The implementer is someone who plans a workable strategy and carries it out effectively while the completer/finisher is useful for the finalization of a project. The person can scrutinize the finished work for errors to ensure it is of the highest standards. Belbin argues that the balance of behaviour traits in a team brings success. Thus, effective teams always consist of a mixture of roles to guarantee a comprehensive strategy for accomplishing organizational goals (Johnson, 2021). Nonetheless, assembling a team of skilled workers who are capable of finishing a task is an essential responsibility of leadership.

Team working is essential in the delivery of healthcare (Rosen et al., 2018; Schmutz, 2019; Anderson et al., 2021). To provide patients and clients with comprehensive and high-quality care, healthcare professionals collaborate in a multidisciplinary team. Nevertheless, multidisciplinary team working has benefits and challenges (Anderson et al., 2021; Zajac et al., 2021). Ineffective team working approaches and conflict can cause disintegration in the delivery of patient and client

care. Also, lack of or unstable leadership, misunderstanding of responsibilities, and resistance to change are challenges of multidisciplinary teamwork. Zajac et al. (2021) argue that efficient and effective communication can promote and uphold the continuation of care in a multidisciplinary team. Communication enhances mutual respect, professional bonds, trust, and collaboration and helps to resolve conflict among inter-professional teams. Besides, ethical professional conduct and confidentiality are essential as the multidisciplinary team shares patients' and clients' information (Folkman et al., 2019; Berman et al., 2020). Above all, multidisciplinary healthcare teams require supportive leadership, good communication, and defined duties.

Furthermore, the literature explains measures that can be employed to enhance teamwork in clinical practice. The strategies include the provision of training to team members to ensure they understand group dynamics and acquire essential skills for effective team working (Buljac-Samardzic et al., 2020; Johnson; 2021). For instance, the Agency for Healthcare Research and Quality established the Team STEPPS (Strategies and Tools to Enhance Performance and Patient Safety) initiative in the USA (American Hospital Association, 2021). The program aims to help team members acquire critical abilities in management, interpersonal skills, situation monitoring, and teamwork. Care pathways also enhance teamwork (Smith, 2017; Trimarchi et al., 2021). They explain decisions that can be made for patients with specific disease conditions in particular situations. The pathways reduce indifferences and promote patients' outcomes in the provision of healthcare by a multidisciplinary team. Nevertheless, the efficiency of a team is enhanced by the supportive leadership of senior leaders from the healthcare professions that make up a multidisciplinary care team (Mianda & Voice, 2017; Restivo et al., 2022). Besides, healthcare professionals work

together in a multidisciplinary team to deliver optimal care to patients and clients in clinical practice.

Creation of a Positive Workplace Environment

A positive work environment is a place of work that enhances employees' professional or career growth, development, safety, and achievement of goals (Geue, 2018; Hafeez et al., 2019). The environment makes employees joyful and motivated and, in turn, they work hard and yield great results. The development of a positive work environment is a leadership responsibility (Shirley, 2017; Vidman & Strömberg, 2020; Armstrong, 2023). In supportive leadership, leaders initiate and promote positive work environments for their followers (Zaiton &Ouakouak, 2018; Lin & Ling, 2021). Thus, supportive nurse leaders foster positive working environments that maximize performance in clinical settings.

The business environment in modern organizations is competitive and the retention of skilled employees remains an issue. One factor that affects an employee's decision to stay in an organisation is the work environment (Naz et al., 2020; Xuecheng et al., 2022; Zhenjing et al., 2022). When the work environment is positive, most workers feel content. Pavlovic (2018) conducted a meta-analysis to establish the key elements that constitute the work environment. According to the analysis, organizational culture and organizational climate are key issues in a work environment. Organizational culture is the way things are done or the way of life in an institution (Powell et al., 2021: Daft, 2022). It is the brand of an organization and the reality on the ground. Leadership has the responsibility to institute and support a positive culture for maximum organizational outcomes (Pavlovic, 2018; Tadesse Bogale, & Debela, 2024). Organizational climate is the perception or value judgment of employees or

followers of the work environment (Daft, 2022; Powell et al., 2021). The perception differs from one employee to another. Nevertheless, the organizational climate influences employees' motivation, productivity, and behaviour. As such, to enhance clinical outcomes, supportive nurse leaders create and promote positive clinical work environments (Haskins & Roets, 2022; Guibert-Lacasa & Vázquez-Calatayud, 2022).

Positive work environments are also associated with work relationships (Tran et al., 2018; Hafeez et al., 2019). As social beings, people yearn for friendship and social interaction. As a result, positive work relationships create conducive work environments. Additionally, positive workplaces are of benefit to employers, employees, investors, and customers. Nevertheless, the creation of a positive work environment requires a change in organizational culture, climate, practices, and systems (Bendak et al., 2020; Kim et al., 2022). Thus, supportive leaders encourage change that leads to transformation and fosters innovation and creativity (Hughes et al., 2018; Ford et al., 2021). Besides, the workplace can significantly influence how a person feels about their job which impacts their level of commitment and morale.

The work environment impacts organizational performance, productivity, commitment, and behaviour (Hanaysha, 2016; Pavlovic, 2018). Muchtar (2017) researched how motivation and the workplace environment affect employee performance. The study participants were 52 employees working at the University of Ronggolawe Tuban in Indonesia. Data were collected using a questionnaire, and multiple linear regression was used to analyse it. The results showed that employee performance was influenced by both motivation and work environment but the work environment emerged as the most significant independent variable. The researcher urges the leadership of the university to make sure that the workplace is conducive to attaining the goals of the institution. The findings of the study are useful, however,

further research at a large scale can be conducted to substantiate the results and for a wide population application. Additionally, a positive work environment enhances employee engagement (Yadav & Gangwar, 2018; Peyton & Zigarmi, 2024). The environment has peers and leaders who are supportive and they celebrate successes together while learning from their failures. Besides, engaged employees build organizations by being creative, innovative, and motivated to work. Similarly, the level of work engagement among nurses is significantly influenced by supportive nursing leadership (Slåtten et al., 2022; Kim et al., 2023).

The delivery of healthcare demands a workforce that is skilled, committed, and compassionate about work (Fukada, 2018; Cometto et al., 2022). The workforce carries out activities collectively, is engaged, and it performs at the best level. Nurses work collaboratively in teams and shifts to ensure care is provided around the clock (Rosa et al., 2019; Porter et al., 2020; Schot et al., 2020). However, most nurses are dissatisfied with their work environment. Among the reasons for dissatisfaction are increased workload, lack of resources, and poor leadership. The Press Ganey study (2018) revealed diverse reasons for the intention to remain in a job between experienced and newly licensed nurses. The key drivers for new nurses included support and recognition from nurse leaders. Thus, while fostering conducive work environments, supportive nurse leaders use clinical strategies to motivate both experienced and newly licensed nurses to decide to stay. Furthermore, the clinical environment affects healthcare professionals as well as patients (Nkrumah &Nkrumah, 2021; Rowe & Knox, 2023; Boudreau & Rhéaume, 2024). The environment is anticipated to promote healing for patients and the well-being of care providers. In a study done by Nkrumah and Nkrumah (2021) in selected hospitals in Ghana, the work environment significantly affected employees' behaviour toward patient-centred care. Other factors impacting employees'

behaviour towards individualized care were support from leaders and co-workers and communication. The researchers argue that hospital managers can promote patient-centred care in their health facilities by ensuring conducive work environments. Additionally, a positive clinical environment and a high-performing nursing team are complementary and they contribute to the delivery of quality patient and client care (Munro & Hope, 2020; Boudreau & Rhéaume, 2024). Supportive nurse leaders must establish clinical environments that support the provision of comprehensive and high-quality nursing care.

Similarly, Roviralta-Vilella et al. (2019) investigated how the clinical setting affected the therapeutic relationship involving patients and nurses in mental health care facilities in Catalonia, Spain. Nurses (198) drawn from 18 mental health units took part in the investigation. A questionnaire was administered to gather data, which was then analysed using linear regression. The findings affirmed that the nurse-patient therapeutic relationship was enhanced when the practice environment was favourable. The nurses' level of education and experience also played a moderating role. The researchers urge institutional leaders for mental health facilities to promote positive work environments for the betterment of patients' care. The study confirms that fostering a positive work atmosphere is a supportive leadership practice.

Oducado (2018), Nordquist et al. (2019), and Maassen et al. (2021) explain strategies that can be used to ensure a positive clinical environment. A health facility, for example, should have innovative policies that seek to recruit and retain healthcare workers. Retention of nurses is critical in clinical practice with the current shortage being experienced globally (WHO, 2020). An organization should also have clear strategies for career or professional growth and development. The desire to grow professionally is an educational need for the majority of employees. Additionally, the

clinical environment is a place full of occupational hazards where healthcare workers can easily get blood or airborne diseases or injure themselves in the course of work (Mehrdad, 2020; Amre et al., 2021). As such, healthcare workers must be provided with the necessary protective wear to ensure their safety. Furthermore, because accidents may still happen, organizations must have satisfactory employee compensation policies. The availability of required equipment and supplies for the provision of care also makes a practice area conducive to work. Globe Health Workforce Alliance (2021) contends that positive clinical work environments are the most significant factor in enhancing favorable clinical outcomes. Nevertheless, building and maintaining a positive work environment is a major responsibility of leadership and demands commitment from leaders. Thus, supportive leadership cultivates a conducive work environment that optimizes performance in clinical settings.

Performance

Performance is the completion of a given task or an obligation through the application of skills, abilities, and knowledge (Raysmith et al., 2019; Egwu, 2021). Performance is measured against set standards and it has three key concepts, namely efficacy, efficiency, and economies (Canadian Audit and Accountability Foundation [CAAF], 2021). An organization is successful when its performance is effective, efficient, and economical. Efficiency is the ability to function in the best manner for maximum production (Sickles & Zelnyuk, 2019). An efficient organization maximizes the available materials, time, effort, energy, and money to avoid waste. Similarly, being effective is the capacity to produce desired outcomes. An effective organization achieves planned goals. Economies in performance entail the ability to provide the

means and the necessary resources to perform an activity at the minimum cost (CAAF, 2021).

Furthermore, performance has dimensions that entail the extent of measure in terms of size, shape, quality, or quantity (Egwu, 2021). Quantity is the amount of work accomplished which is measured against set standards of performance while quality is the value of the work done. Excellent performance is high in quality and quantity. In addition, performance goes beyond what we do; it also includes the reasons behind the act (Aguinis, 2018). Passion and purpose are essential drivers of performance even in the long term. Passion motivates leaders and followers, and a purpose that is driven by passion enhances performance.

In leadership, performance entails the ability to guide followers toward the attainment of organizational goals (Sertel et al., 2022; Northouse, 2019). Effective leadership inspires and motivates followers to perform at their highest level. Nevertheless, motivation yields maximum results when combined with skill (Peng, 2018; Chien et al., 2020). Leaders have a responsibility to ensure followers have the necessary skills to carry out tasks or are trained to acquire them to be able to perform their duties.

Nursing Leadership Performance

In nursing practice, work performance is the fulfillment of required tasks in the provision of patient and client care (Sagherian et al., 2018; Berman et al., 2020). Nurses offer care around the clock, and their work performance has a big impact on patients' outcomes. Supportive nurse leaders provide guidance and direction and ensure the availability of resources to achieve the optimum in clinical practice (James & Bennett, 2020; Potter et al., 2020). Nevertheless, a shortage of personnel, inadequate resources,

and poor working conditions can have detrimental effects on the nurses' performance. Hence, nursing leadership should ensure that hospital wards or units have adequate resources. Additionally, nurse leaders serve as mentors, supervisors, and coaches for other nurses in the application of theory into practice. The nurse leaders also provide emotional support to prevent burnout among nurses and other healthcare professionals (Soukup, 2018; De Oliveira et al., 2019). Burnout is a common phenomenon in healthcare delivery because the clinical working environment can be stressful and demanding. Furthermore, healthcare delivery is carried out by a multidisciplinary team (Berman, et al., 2020; Cummings et al., 2021). Strong working relationships with supportive leadership are crucial for the team to deliver the best possible care. Primarily, a nurse leader serves as the intermediary between other healthcare professionals and nurses on the team. Thus, to successfully represent patient interests and other nurses' welfare at the multidisciplinary level, the nurse leader must have a high level of professional maturity and experience. Thus, years of clinical work experience, expertise, and adequate educational preparation are necessary for effective nursing leadership in clinical practice.

The literature explains the work performance domains or categories for nursing leadership. The classification describes the qualities of a nurse leader, the roles and responsibilities of the nurse, and the nurse's collaboration with other healthcare providers (Mrayyan et al., 2023; Cummings et al., 2021, Tian et al., 2021). The National Health Service (NHS) Leadership Academy (2024) expounded the clinical nursing leadership classification into five domains namely; personal qualities, collaboration with others, managing services, improving services, and setting direction. In alignment with the domains, the academy created a self-leadership assessment instrument for nurse leaders. The instrument is elaborative and outlines the essential skills and

attributes of a nurse leader. Other supportive nursing leadership tools that have been found in the literature were created by Li et al. (2021) and McGilton (Casper, 2019). Nevertheless, this study used the NHS Leadership Academy instrument because of its succinctness. The instrument was used to investigate how SL provided by SNOs influenced the INLs' work performance in the CWQSZ hospitals in Malawi.

Personal Qualities Domain

A nurse leader relies on personal values, capabilities, and strengths to demonstrate personal qualities (NHS, Leadership Academy 2024). The nurse inhibits self-awareness, acts with integrity, and engages in continuous professional learning. An effective nurse leader has a strong sense of self, which enables the individual to see their strengths and weaknesses while also recognizing the effect they have on others (Rasheed et al., 2019; Younas et al., 2020). There is sufficient literature on the concept of self-awareness in nursing, as well as theory-based measures for its enhancement (Rasheed et al., 2019). Nevertheless, there is little evidence to support its value and development. Prezekos's (2018) study found that nurses employed self-awareness to a small degree and the application was improved by years of clinical work experience. In modern healthcare organizations, self-awareness is a critical trait for nurse leaders (Rasheed et al., 2021). It enables the nurses to fully utilize their abilities and dedicate themselves to the shared goal and vision of an organization.

Integrity is a fundamental concept that comprises morality, honesty, and behavioral consistency (Markey et al., 2022; Palanski, 2023). Integrity makes a nurse leader to be loyal to oneself and other people even in the face of difficulties or temptations. According to research by Sastrawan et al. (2019), integrity is one of the core principles in nursing. It is a core value on the path of moral authority for nurse leaders who provide support to staff and are essential in guaranteeing safe and ethically

sound patient care. On the other hand, the study found interwoven aspects that created threats to integrity which were; oneself, patients, collaboration, work culture, nature of job, and organization. Nevertheless, an investigation conducted by Erikson and Davie (2017) revealed that professional behaviour fostered and promoted integrity among nurses. Additionally, integrity enables nurse leaders to set an example for the behaviours they desire from their staff members and it helps to build trust (Markey et al., 2022; Palanski, 2023).

Effective nursing leadership also demands lifelong learning hence, nurse leaders engage in continuous professional development (Cummings et al., 2021; Mlambo et al., 2021). It is the foundation for both personal and professional growth. According to a meta-synthesis conducted by Mlambo et al. (2021), nurses place a high value on ongoing professional development and consider it to be essential to both professionalism and lifetime learning. As a result, it is important to make continuing professional development more accessible, feasible, and relevant. It is expected that healthcare organizations can offer sufficient funding and provide access to ongoing professional development. Besides, policymakers should create and put into effect policies, rules, and laws that encourage nurse leaders and other healthcare professionals to pursue lifelong learning (Jackson & Manley, 2022; Magwenya et al., 2023).

Working with Others Domain

A nurse leader collaborates with other nurses and healthcare professionals through networking, relationship building, and inter-professional teams (NHS, Leadership Academy, 2024). Networking is a relationship-building process of exchanging ideas and information amongst individuals who share a profession or other interests (Goolsby & Knestrick, 2017). The process promotes the delivery of comprehensive and quality patient and client care. Literature affirms that collaborative

work conditions promote productivity and efficiency (Schot et al., 2022; Scott & Manning, 2024). In addition, there is a genuine risk of burnout in the demanding profession of nursing (Sullivan, 2018. Porter et al., 2020). Empirical studies validate that seeking assistance from a professional network can provide nurse leaders and other nurses with practical approaches to managing certain scenarios as well as general stress (Chesak et al., 2019; Babapour et al., 2022).

The care for patients is provided by a team of healthcare professionals, including nurses, doctors, pharmacists, dieticians, dentists, and others. Nurses are valuable healthcare team members and they help to coordinate care, facilitate communication, and act as patient advocates (Schot et al., 2022; Scott & Manning, 2024). In addition, nurse leaders serve as the liaison between patients and the other members of the healthcare team. They have to guarantee that the healthcare delivery operates efficiently. Nurse leaders are therefore expected to possess the abilities, qualities, and experience needed to lead multidisciplinary teams. According to research by Cummings et al. (2021), targeted nursing leadership development can ensure that nurses are prepared to manage and lead in clinical practice.

Managing Services Domain

A nurse leader is anticipated to stay focused on the success of a ward or unit in which the individual is working to be able to manage services (NHS, Leadership Academy 2024). Planning and management of personnel, performance, and resources are the key areas of managing services. The nurse leader takes an active role in the development and implementation of clinical plans. Planning offers a practical road map for accomplishing clinical objectives (Huebner & Flessa, 2022).

Patient outcomes and the general provision of healthcare are directly impacted by efficient resource management (Anesi & Kerlin, 2021; Xu et al., 2021). A nurse leader is therefore mindful of the resources available and ensures they are used effectively to achieve the optimum. However, unbalanced workloads, improper nurse-patient ratios, and a lack of physical resources negatively impact clinical outcomes. Consequently, the direct result of resource limitations has been rationing, missed care, and unfinished nursing care (Rivaz et al., 2017; Scott et al., 2019). It is expected of an effective nurse leader to employ resource management for optimal patient care even with scarce resources.

Furthermore, the nurse leader employs performance management for monitoring and evaluating the work of nurses and other healthcare providers. The primary objective of performance management is to establish a work environment that enables healthcare workers to deliver high-quality care while conforming to clinical goals (Madlabana et al., 2020; Brigstock et al., 2023). It offers a controlled environment for nurses and their leaders to define areas of strength and for improvement. Nurses' motivation is critical to their professional growth, work satisfaction, and patient care. According to a study by Zoromba et al. (2021), nurses' opinions of human resource procedures' impact on hospitals' performance excellence acted as a moderator in obtaining excellence. In a similar study, performance management in nursing was essential for guaranteeing high-quality care delivery and professional advancement (Madlabana et al., 2020).

Improving Services Domain

A nurse leader improves services by providing high-quality care and making a significant impact on the health of patients and clients (NHS, Leadership Academy 2024). The key focus areas include patient safety, innovation, transformation, and

critical evaluation. The nurse leader guarantees that patients' risks related to service development are evaluated, managed, and taken into account economically. Literature reveals that clinical environments that support patient safety are led and managed by effective nurse leaders (Haskins & Roets, 2022; Lee et al., 2023). To decrease adverse occurrences, the leaders concentrate on clinical results, accountability, and responsibility. According to a literature study conducted by Lee et al. (2023), excellent clinical outcomes were correlated with effective leadership of nurse unit managers. In addition, nurses' error reporting, patient satisfaction, and care quality were increased, and there were fewer patient adverse events in the units.

An effective nurse leader also fosters a work environment that promotes innovation. Innovations in healthcare enhance patient outcomes by offering new and better treatment options, facilitating patient access to care, and improving coordination (Arora et al., 2021; Flessa & Huebner, 2021). Nurse leaders are anticipated to encourage and value divergent thinking that can promote creativity and enable innovation (Sensmeier, 2019; Sensmeier, 2021). However, while transitioning to a culture that supports exploration and innovation, nurse leaders must maintain a strong program of safety and quality oversight to ensure that innovative ideas are well-tested before being implemented in the clinical setting. Additionally, nurses need to move beyond traditional methods of changing practices, to more active methods of optimizing the uptake of innovations in practice (Rylee & Cvanagh, 2023; Younas, 2023).

Furthermore, successful nurse leader actively participates in the process of change that transforms the way that care is provided (Sensmeier, 2021; Kodama & Fukahori, 2017). Nurse leaders also play a significant role in promoting meaningful change within healthcare institutions. However, nurse leaders face several difficulties

while implementing change. For example, staff may object to new procedures, advancements in technology, or changes in the organization. A study by Kodama and Fukahori (2017) on how Japanese nurse managers drove change in their wards revealed a variety of essential elements that contributed to transformation, including having empathy for staff nurses, being proactive, honouring one's values and external norms, and having both micro and macro viewpoints. It is therefore expected of nurse leaders to have or possess these attributes to promote innovation and change.

Setting Direction Domain

A nurse leader sets direction by contributing to organizational strategy and aspirations and performs in a way that is compatible with organizational values (NHS, Leadership Academy 2024). The leader ensures that nurses and other healthcare workers have defined goals and guidelines to follow in a ward or unit. Workers dedicate their attention and efforts toward accomplishing goals when a leader establishes a clear direction (Deng et al., 2023). The nurse leader recognizes the context for change by being aware of the circumstances that need to be taken into account to set direction effectively. The leader also looks for areas where services could be improved using knowledge and evidence. In addition, the leader takes accountability for decisions made and the outcome. Accountability from a leader encourages transparency, trust, and responsibility and gives subordinates the confidence to follow suit (Van der Hoek ET AL., 2018; Heimstädt & Dobusch, 2020). Besides, accountability guarantees high-quality service from healthcare providers (Peteet et al., 2023; Van Kerkvoorden, 2024). In addition, care professionals who are held responsible for their actions make efforts to uphold standards, avert mistakes, and enhance the way they work.

To sum up, it is assumed that INLs receive SL from SNOs. Hence, it is expected of the INLs to exhibit work performance through personal qualities, collaboration with other nurses and healthcare professionals, managing and improving services, and setting direction.

Empirical Literature Review

This section discusses studies that have been conducted on the influence of SL in diverse organizations and clinical practice. The influence of SL on work performance is the primary focus of the discussion.

Influence of Supportive Leadership on Work Performance

Leadership influences productivity and performance in an organization (Tewari et al., 2019; Al-Habib, 2020). The literature explains leadership approaches that are used in various situations and organizations that impact work performance. Supportive Leadership is one of the leadership styles used in nursing practice and can influence nurses' work performance (Rana et al., 2019; Shiraz et al., 2018). Several studies have been conducted regarding SL and its impact on followers' or employees' performance within organizations.

Lor and Hassan (2017) researched leadership styles to examine their influence on employee performance in Malaysia, among jewellery artisans. One hundred and fifteen employees participated in the study. Data were obtained through a survey questionnaire and analysed using SPSS. The study findings revealed that SL and transformational leadership behaviours influenced employee performance while servant, transactional, and participative leadership were not significant. Additional research on leadership styles confirms that transformative leadership and SL enhance

worker performance (Kour et al., 2016; Richards, 2020). Despite the small size of the research sample, the results of the Malaysian study are important. Large-scale studies can be done in the future to validate the findings and to expand the population for application. Consequently, the goal of this study was to explore how SL affected INLs' work performance in nursing practice.

A survey was conducted in Germany, Australia, and Switzerland utilizing data from the European Working Conditions Survey (Hauff et al., 2020). The goal of the study was to examine the relationship between SL, high-performance work practices (HPWPs), and employee well-being. The sample for the study was N= 3335. The results of the research revealed that HPWPs and job satisfaction had a strong relationship when SL was more. Nevertheless, SL reduced the effect of HPWPs contrary to the assumption of the study. The researchers recommended further investigations of reverse and reciprocal effects between SL, HPWPs, and various forms of employee well-being. Studies can also be conducted to examine other elements that influence the relationship between leadership and HPWP at the workplace both locally and internationally (Han et al., 2019). Additionally, the results indicate that there are variations in the impact of SL on work performance across different organizations.

Leaders can enhance their work performance by receiving SL training. Shirazi et al. (2016) conducted a randomized controlled trial on SL in Iran. A control and an intervention group of 110 head nurses from a university teaching hospital were randomly allocated. Supportive Leadership behaviour training was provided to the intervention group's nurse leaders. The SL performance of the head nurses was assessed by their subordinates (N=731) before and three months after the training. The post-intervention scores of the intervention group were noticeably higher compared to those of the control group ($P<0.0001$). The statistical findings revealed improved leadership performance for the nurse leaders who were trained. Nevertheless, the long-term effect of the training on the head nurses' leadership behaviour was not certain hence the need for a longitudinal study. The study was carried out at a single hospital, but it can be repeated across several healthcare facilities. Nonetheless, SL training can be used to enhance nursing leadership in clinical practice.

Rana et al. (2019) conducted research in Kenya on the impact of task structure and supportive and participatory path-goal methods of leadership on worker performance in companies that trade coffee. A questionnaire was used to gather information from the 139 employees that made up the study's sample. The findings revealed that SL did not influence employee performance while participative leadership was significant. The correlation between employee performance and path-goal leadership styles was moderated by task structure. In contrast, a study by Shin et al. (2016) confirmed that SL had a positive effect on employee performance in South Korea. The study measured the significance of the SL of team leaders on the work outcomes of employees. The sample for the research was drawn from 69 teams and N= 536 employees. The results confirmed the significance of SL on employees' task performance. Nevertheless, it may not be concluded that SL is superior to other

leadership styles. The strength of different approaches to leadership on employee performance can be evaluated through further research. The type of work, the calibre of employees/followers, and the work environment are mostly the key determinants of the appropriateness of a leadership style (Kjellström et al., 2020; Ford et al., 2021).

Supportive Leadership also influences the well-being and behaviour of followers or the workforce (Alkhateri et al., 2018; Wu, 2017). Well-being is associated with the happiness, safety, satisfaction, relationships, and physical health of the workforce in an organization (Hauff et al., 2020). Employee or follower behaviour focuses on issues of commitment, loyalty, cohesion, pro-activeness, and dedication (Elsaied, 2019; Wu, 2017). The literature confirms SL's positive impact on work satisfaction. Mutune et al. (2019) conducted research in Kenya to examine the effect of head teachers' SL practices on teachers' job satisfaction. The investigation employed the mixed methods approach. The sample comprised 248 teachers and 31 head teachers from catholic primary schools (74) in Nakuru and Nairobi Dioceses. The results of the research showed that SL had a positive impact on teachers' satisfaction with their jobs. A similar study on the impact of SL on teachers' satisfaction with their jobs was undertaken in Nakuru County and produced comparable results (Thuku et al., 2018). The sample for the study was comprised of 348 school teachers, and information was gathered using a questionnaire. The researchers encourage head teachers to utilize SL to promote the performance of teachers. However, the studies revealed a leadership training gap. Therefore, it is proposed that leadership training should be incorporated into the continuous professional development of all teachers. Leadership skills can be built through coaching, experience, education, or certification, and practice produces perfection (Andreu & Sweet, 2020; Kjellström et al., 2020).

Oketch and Komunda (2020) also investigated the influence of SL on the motivation of staff in private universities in Uganda. Participants (N=111) for the study were drawn from Kampala International University. A questionnaire was used to collect data and regression analysis was then employed to analyse it. The findings showed that university managers offered support to staff by being approachable and friendly. The managers, however, were not concerned with the welfare of the staff. Support from co-workers influenced staff to come to work daily. Kampala International University's management is, therefore, encouraged to use SL to promote the aspirations of staff and create a positive work environment. Other studies on leadership styles affirm that staff motivation can be influenced by the leadership approach (Musinguzi et al., 2018; Agada, 2021). Motivation and aspiration are leadership practices that can enhance employee performance (Salas-Vallina et al., 2020).

Alkhateri et al. (2018) also conducted a study on teachers in Ras-Al-Khaimah, United Arab Emirates, to examine the impact of effective organizational commitment (EOC), job satisfaction (JS), and perceived supervisor support (PSS) on employee turnover intention (ETI). A self-administered questionnaire was used to gather data from the study's sample of 494 teachers. The study's results confirmed that PSS influenced JS, while JS affected EOC and the EOC predicated ETI. The researchers strongly recommend the conduct of the study on a large scale because of the positive outcomes for generalization to a wide context. Similarly, a study by Mwaisaka et al. (2019) confirmed the importance of SL on workers' job satisfaction in Kenyan licensed commercial banks. Thus, supportive leaders who genuinely care about and connect with their subordinates are valuable to any organization because their behaviour results in increased performance and job satisfaction for workers.

Research also reveals the implication of SL on the physical health of employees or the workforce in an organization. Work pressure and workload are occupational hazards that can negatively affect one's health (Shin, et al., 2016; Hernandez et al., 2021). Supportive Leadership can reduce or alleviate work stresses (Zaiton &Ouakouak, 2018; Lundqvist et al., 2022). In the Caribbean, Davidson (2018) conducted research on the approaches employed by bank managers to reduce the occupational stress of employees. Five bank managers took part in the case study research. Leadership support emerged as one of the key elements that helped to alleviate work stress and enhance performance. The results showed that supportive and transformational leadership promoted leader/ follower work relations and engagement. Nevertheless, the drawback of the research is that it was conducted on a small scale. Large-scale follow-up studies can, thus be conducted to corroborate the study's findings. Nevertheless, SL is an ideal leadership approach in clinical practice where the work is demanding and can be stressful (Wu et al., 2021; Link et al., 2023).

Modern organizations are indeed operating in business environments that are complex and competitive (Boylan & Turner, 2017; Daft, 2022). Consequently, workplaces have become risk areas for the development of psychosomatic diseases and other illnesses. Research has a mandate to continuously examine various aspects of occupational stress and how they can be mitigated (Daft, 2022; Davison, 2018). Research conducted by Schmidt et al., (2018) in Germany supports that lack of SL has detrimental effects on the health of the workforce. The investigation used 884 participants from the MONICA/KORA study and analysed the data using regression analysis. The study also revealed the moderating effect of job strain between SL behaviour and self-reported health by the employees. Future studies can investigate other various work-related variables that can influence the health of employees.

Nevertheless, scientific evidence indicates that a healthy work environment benefits workers' physical, mental, and social well-being, which in turn influences their performance and levels of satisfaction (Donley, 2021; Lu et al., 2022). Additionally, the creation of a positive workplace is a leadership practice in SL (Lin & Ling, 2021; Maassen et al., 2021).

Supportive Leadership also plays a significant role when unpleasant emotions from previous project failures emerge (Patzelt et al., 2021). Supportive Leadership behaviours can mitigate the negative feelings of employees. Patzelt et al. conducted a study in Spain on how SL can enhance workers' productivity and job satisfaction by assisting workers in managing their negative emotions following a significant project's failure. An online survey questionnaire was used to gather data from manager-employee pairs (112) who participated in an unsuccessful entrepreneurial initiative. The results revealed that SL had a far greater impact when the time since the failure was brief as opposed to prolonged. In addition, SL explained how negative feelings from previous failed projects impacted employees' performance through job satisfaction. Project leaders are therefore encouraged to create and promote work environments that accept failure and provide psychosocial support to employees. The study's findings are important to 21st-century business projects. Failure may be inevitable considering how competitive and unstable the modern business climate is (Boylan & Turner, 2017; Daft, 2022). Conducting the research at a large scale can also be more valuable for conclusive results. Szatmari et al. (2020) add that in times of failure, leadership isn't about being an expert; rather, it's about helping subordinates navigate the unknown and lending a steady hand.

Supportive Leadership also promotes followers’ commitment towards the fulfilment of organizational goals (Northouse, 2019; Zaiton, & Ouakouak, 2018). In

response to a leader's concern for the followers' welfare, the followers usually devote themselves to the organization's work. An investigation conducted by Famakin and Abisuga (2016) in Nigeria affirms this leader/follower(s) symbiotic relationship. The researchers examined how employees' commitment to construction projects was affected by path-goal leadership styles. The study participants comprised 68 project managers from Lagos. A questionnaire was used to gather information, and the findings revealed that SL has a positive effect on employees' affective commitment. However, a continued commitment was influenced by achievement-oriented leadership and SL. The normative commitment of the workforce was not impacted by the path-goal leadership approaches. Nonetheless, research indicates that interventions that solely boost normative commitment without influencing the desire to remain (affective commitment) are usually ineffective. The findings of the study are significant and the study can be replicated at a large scale for a wider generalization and conclusive results on the influence of SL on workers' commitment.

A study conducted in Germany revealed an association between SL behaviour and presenteeism, absenteeism, and associated costs (Schmid et al., 2016). The investigation used secondary data from a German industrial sample (N=17060). The findings revealed that SL was correlated to less absenteeism, presenteeism, and lower estimated costs. The researchers concluded that SL behaviour indirectly contributed to employee commitment and productivity. Nevertheless, many factors can influence an employee's presenteeism, and being present does not always imply commitment or productivity (Dietz et al., 2020; Ruhle & Süß, 2020). Regardless of the situation, leaders are vital in influencing the conduct and welfare of their workforce. Furthermore, SL has a trickledown effect when it starts at top-level leadership (Lin & Ling, 2021). Lin and Ling conducted a study using a sample of supervisor-employee pairs (2009) from

the tourism and hospitality firms (35) in China. A survey questionnaire was used to collect the data. The findings affirmed the trickledown effect of top-level SL. The top-level SL enhanced the middle-level SL, quality of service, and group cohesion. Therefore, top-level leadership in China's hospitality and tourism industry is encouraged to use SL to foster middle-level leadership, service delivery, and worker solidarity that results in productivity and excellent performance. A leader who sets the tone for desired performance or behaviour has the power to improve the workplace and accomplish organizational goals (Clearly et al., 2020; Alsadaan et al., 2023).

A Canadian study by Lavoie-Tremblay et al. (2019) investigated the model that linked directive and SL to group-level helping behaviour, collective affective commitments, and group-level perceived organizational support. The analysis examined data from 115 business divisions of a global retailer, N=1715. The study established that SL was linked with group-level helping behaviour and collective affective commitment. The researchers argue that a positive work environment created by SL has a significant influence on commitment and performance. Other studies have also revealed the positive influence of SL on team cohesion. In India, Yelamanchili (2019) researched the influence of SL on team cohesion. Five hundred and forty-two sales personnel were drawn from seventy sales teams. Through the use of a questionnaire, data was gathered and SPSS was used for analysis. The findings revealed that SL had a positive impact on team cohesion. Research affirms that leaders who employ the SL style set the tone for team interactions, model the values of the organization, and create a culture that values collaboration and support (Lin & Ling, 2021; Maassen et al., 2021). By doing so, the leaders lay the groundwork for a cohesive team.

Furthermore, research shows the positive influence of SL and support from co-workers. Zaitouni and Ouakouak (2018) investigated whether leadership and co-workers' support had an impact on employee creativity. Participants for the study were employees (299) from different organizations (8) in Kuwait and the study's findings confirmed that leadership and co-worker support had a significant impact on employee creativity. In addition, creativity among employees improved work performance. Nevertheless, the researchers argue that mixed-methods design can be used for a comprehensive understanding of the relationship between SL, co-workers' support, and creativity. Supportive leadership also influences employees' morale (Sharanya & Radhika, 2016; Nur et al., 2021). A supportive leader fosters a positive workplace that alleviates job stress or pressure. A conducive work environment is a morale booster. A workforce with enhanced morale is mostly dedicated to work and it displays high-level performance (Daft, 2022; Zhenjing et al., 2022).

Cooke et al. (2019) also performed research on the impact of SL and co-workers' support on employees' ability to remain resilient under pressure or through difficult periods at work. A questionnaire was used to gather information from the study's sample of 2025 bank employees in China. The findings indicated that SL and support from fellow workers were positively related to employees' resilience. The analysis further revealed that when work pressure was high, a correlation between social support and resilience was also high. Management of Chinese banks is advised to employ SL and promote social support systems that can enhance the resilience of employees in times of work stress. Resilience has a significant impact on the intention to stay and it influences an employee's performance and productivity in an organization (Liu et al., 2021).

The section discussed studies conducted on the SL style in various organizations. Some research was done on a small scale, while others were conducted on a big scale. However, the majority of the studies' findings have shown that SL has significant effects on the performance of workers.

Influence of Supportive Leadership on Clinical Practice

The majority of the research on the influence of SL that has been presented was carried out in manufacturing businesses, retail stores, banks, and industries. Though not many, studies on the effect of SL in clinical practice have also been conducted.

Samuel et al. (2018) researched the influence of SL and nurses' clinical decision-making. Nurses encounter many bioethical dilemmas as they provide care to patients with diverse disease conditions and illnesses (Haahr et al., 2020; Potter et al., 2020). Thus, decision-making is vital in clinical practice. A questionnaire was used to gather data from the 116 nurses who worked in critical care units at a tertiary hospital in Lahore. The study's results showed a positive relationship between SL and decision-making for nurses. The researchers urge nurse leaders to employ SL to enhance the decision-making skills of nurses. Other investigations conducted by Thabet et al. (2017) and Ludin (2018) affirm the significant influence of SL in decision-making in clinical practice. Nursing leadership must support decision-making in clinical practice because it is an evolving endeavor that impacts patient outcomes.

A study on the impact of SL on nurses' well-being during the COVID-19 pandemic in Pakistan was conducted by Rubbab et al. in 2021. The COVID-19 pandemic has presented a challenge to nursing leadership, which is tasked with making sure that nurses, patients, clients, and other healthcare professionals are safe while working in clinical practice (Aquilia, 2020; Nashwan et al., 2023). Rubbab et al. (2021)

analysed the relationship between SL and the social, physical, and psychosocial well-being of employees and the role of psychosocial capital. Data were collected from 214 nurses through an online survey due to Covid-19 restrictions for physical contact and analysed using linear regression. The results of the study showed a correlation between SL and employees' social, physical, and emotional well-being. Besides, the relationship was mediated by psychosocial capital. Other studies have also affirmed the positive influence of supervisory supportive behaviour and employee well-being (Shirazi et al. 2016; Alkhateri et al., 2018). Therefore, nurse leaders and leaders of other healthcare professions are encouraged to employ SL to lessen anxieties and tensions associated with the COVID-19 pandemic and other challenging clinical situations (Rubbab et al., 2021). In addition, providing healthcare can be stressful and taxing, thus leadership support is essential for preventing burnout among healthcare workers.

Ngabonzima et al. (2020) researched five Rwandan hospitals to examine the influence of path-goal leadership approaches on service provision, intent to stay, and job satisfaction among nurses. The sample comprised 162 nurses from selected hospitals who responded to a questionnaire that generated data that was, in turn, analysed using regression analysis. The study's findings showed that directorial leadership, followed by SL, and, in turn, participative leadership, was substantially connected with nurses' desire to stay, work satisfaction, and service provision. Achievement-oriented leadership was the least among the approaches. Nevertheless, the findings show that all path-goal leadership behaviours are used in clinical practice despite their being different in the strength of influence. In view of this, nurse leaders should have adequate knowledge of leadership styles to be able to use them properly. Other studies affirm that task or achievement-oriented leadership is not very useful in clinical practice (Cummings et al., 2018). Clinical practice requires an administration

of care that is evidence-based and not mere fulfilment of tasks. Science-based knowledge, clinical expertise, and patient preferences are all used in evidence-based practice. The results of the path-goal leadership theory studies confirm that leadership is situational and that employing different approaches may be necessary depending on the problems, circumstances, and team dynamics.

Similarly, Diuno (2018) investigated the impact of the directive and SL approaches on the efficiency of staff at the Federal Medical Centre in Asaba, Nigeria. The sample comprised 115 workers selected using random sampling. Participants responded to a survey questionnaire, and regression analysis was used to analyse the results. The findings proved that a directive leadership style was a highly effective determinant of workers' performance. However, SL was found insignificant to the performance of workers. Nevertheless, the sample for the study was not large enough to make conclusive statements about the effects of leadership approaches on workers' performance. Besides, leaders who are aware of their style can transition between other styles with ease when circumstances change to provide better results for both their teams and their patients (Sonmez & Adiguzel, 2020; Hasan & Islam, 2022).

Martinussen and Davidsen (2021) examined the relationship between hospital doctors' work environments and leadership styles. According to the investigators, health system reforms around the world are demanding a re-evaluation of hospital management functions. The study used information from a survey conducted in 2016 of 3,000 hospital physicians in Norway. The data was analysed using factor analysis and multivariate regression. The results showed a strong correlation between leadership style and workplace climate. A professional SL style was correlated to a conducive work environment. The climate fostered creativity and employee engagement. On the contrary, an economic-operated leadership approach had a negative effect on the

organizational climate. Leadership in healthcare delivery facilities is, therefore, encouraged to employ the SL style to create conducive clinical environments. Such environments enhance positive clinical outcomes for both patients and healthcare professionals. The creation of a positive work environment is a leadership responsibility in SL (Zaiton & Ouakouak, 2018; Lin & Ling, 2021).

Batool et al. (2018) researched a private hospital in Lahore to establish the influence of SL on the retention of nurses. The study used a sample of N=112. A questionnaire was used to collect data and employed SPSS to analyse it. The findings showed that SL significantly impacted nurses' performance and reduced turnover. However, considering that a single hospital provided a sample for the study, the results may not apply to other hospitals. Nevertheless, studies done in other hospitals affirm the positive influence of SL on nurses' retention as well as job satisfaction and performance (; Shirazi et al., 2016; Abu-AlRub & Nasrallah, 2017; Labrague et al., 2020)

The studies on the effect of SL in clinical practice have been reviewed in this section. The majority of the investigations have revealed the significant effect of SL, even though a smaller number have found little to no impact on work performance. Nevertheless, successful supportive nurse leaders are aware of their style and can transition between other styles with ease when circumstances change to provide better results for both their clinical teams and the patients.

Theoretical Literature Review

The section presents the theoretical foundations of this research whose purpose was to explore the influence of Supportive Leadership on INLs' work performance. It

discusses the path-goal leadership theory, from vice to expert nursing theory and performance theories (social learning, reinforcement and equity).

Path-Goal Leadership Theory

Supportive leadership is a style of leadership in path-goal theory (Hirt, 2016). The Path-Goal leadership theory was created by Robert House in 197. According to the theory, effective leaders direct their followers on the path to follow to achieve personal and organizational goals. The leaders motivate followers and use rewards to enhance their motivation. However, leaders need to understand the behaviours of their followers to be able to motivate them. House and Mitchell added that the type of task and work environment (organizational culture, climate, systems, and processes) have an impact on the followers' path in the achievement of daily goals. Thus, in case of obstacles, the leader steps in to help the followers choose the correct path.

There are four categories of leadership behaviour (styles) in path-goal leadership theory, namely directive leadership, achievement-oriented leadership, participative leadership, and SL (Hart, 2016). In directive leadership, the leader is task-oriented; makes decisions, and followers or subordinates follow (Rabbani et al., 2017). Participative leadership, in contrast, is considered democratic leadership (Chan, 2019). Members of a group work together and collectively make decisions. In achievement-focused leadership, a leader establishes difficult goals but anticipates top performance from followers (Mwaisaka et al., 2019). The leader establishes high standards and has confidence in the capabilities of the followers. Unlike, the other types of leadership, SL is concerned with the well-being of followers in an organization (Hart, 2016). The leader is empathetic, and respects, and supports the followers as necessary. According to House and Mitchell, SL behaviour is useful in tasks that are psychologically and

physiologically challenging. Thus, the approach is appropriate in nursing practice, which is usually demanding and stressful (Khamisa et al., 2017).

The path-goal leadership theory is complex albeit pragmatic (Bans-Akutey, 2021). The theory concerns itself with how various leadership approaches interact with the behaviours of followers to enhance motivation. Leaders are expected to implement leadership approaches based on the needs of followers and the tasks to be accomplished. The path-goal theory of leadership instructs leaders on how to support followers in achieving goals.

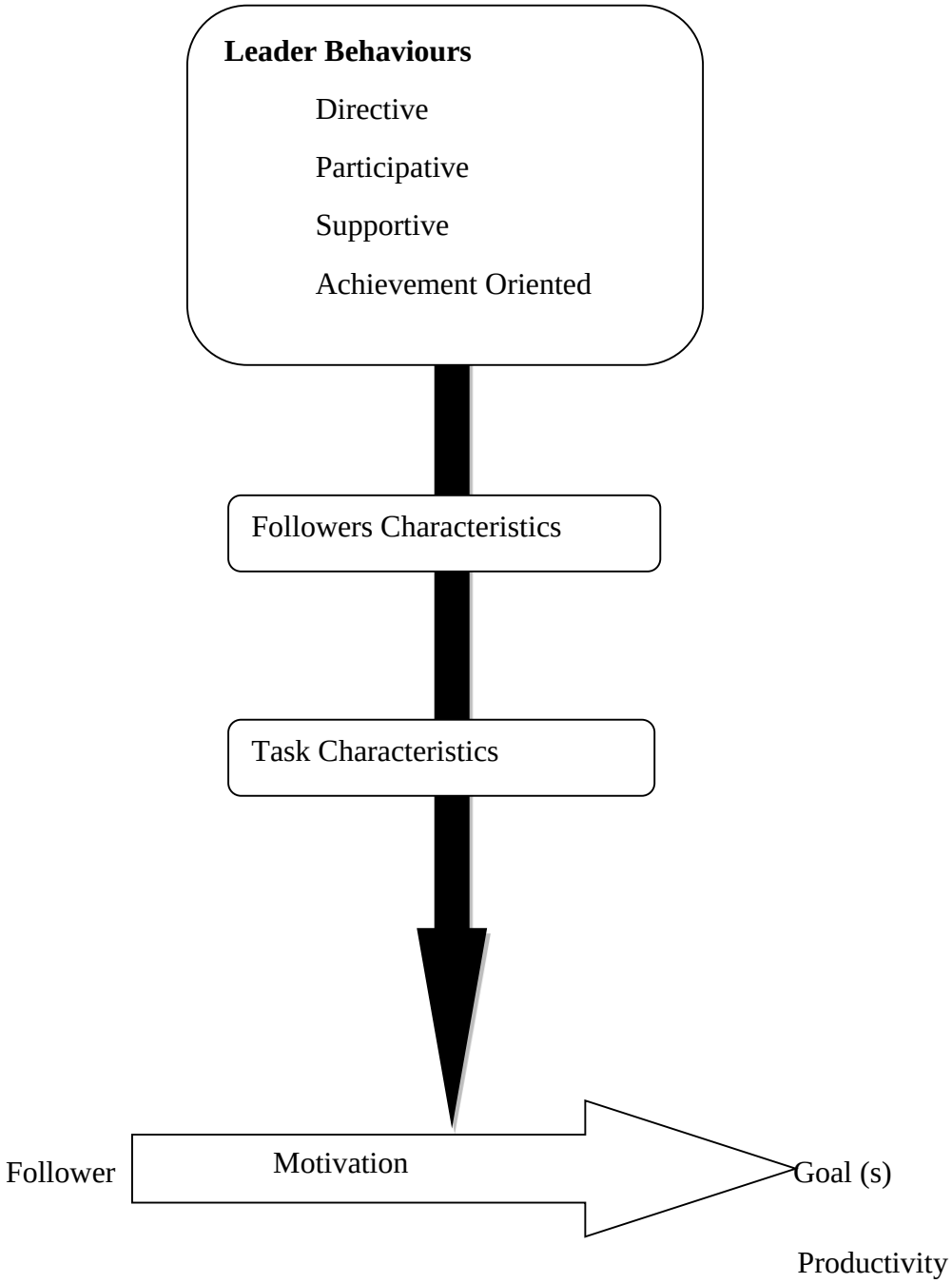
Northouse (2019) explains the strengths and flaws of the path-goal theory. The theory has a theoretical framework that explains how diverse leadership behaviours influence the satisfaction and performance of followers. Furthermore, the theory seeks to combine the principles of motivation and expectancy theory. A leader searches for strategies to motivate followers to perform their duties and responsibilities while making them understand the reward that accompanies a successful performance. However, the path-goal theory has been noted to have some weaknesses. Keya (2019), argues that the path-goal leadership theory is complex because it incorporates diverse aspects of leadership, and therefore, it is somehow confusing. Secondly, it is argued that the theory has not received maximum support from the scientific investigations conducted to affirm its validity (Northouse, 2019). Studies about it have tended to mostly focus on certain aspects of the theory at the expense of others. More studies, however, have been conducted on directive leadership and SL than on achievement-oriented and participative leadership. Against this backdrop, Keya (2019) argues that analysing the path-goal leadership theory based on its relevancy, strength, and limitations, shows that leadership approaches are effective and applicable depending on the organizational situation at hand.

Path-goal leadership is the main theory underpinning the study. The key elements of the theory are depicted in Figure 2.1. According to House and Mitchell, a leader employs either participative, supportive, achievement-oriented, or directive behaviour depending on the character of the followers, the task at hand, and the working environment to motivate the followers (Hart, 2016). The motivation given to followers enhances productivity and goal attainment.

The path-goal leadership theory has been applied in various disciplines and professions. Farhan (2018) argues that the path-goal leadership theory has the potential to improve organizational learning. Leaders have the responsibility of creating positive learning environments as they share knowledge, experiences, and skills with followers. The leaders motivate followers to learn by removing any organizational hindrances thereby enhancing a culture of learning. Olowoselu et al. (2019) conducted a study to assess the path-goal leadership theory's application in educational leadership and management and came up with similar results. The researchers wanted to establish the feasibility of using different leadership approaches, in different situations and times by

Figure 2.1

Path-goal Leadership Theory Key Components



Note. Path-goal leadership theory key components (Northouse, 2016, p117)

one leader. The results generated evidence supporting the effectiveness of path-goal leadership in education leadership and management.

The impact of path-goal leadership and information technology (IT) on knowledge creation at an academic institution was also studied by Saide et al. (2019). The sample of 160 participants comprised department heads, lecturers, and general workers. Through the use of a questionnaire, data was gathered and analysed using SPSS. The results of the investigation confirmed that IT and path-goal leadership are crucial components of knowledge management in an academic setting. The researchers recommended the use of IT and path-goal leadership to promote the sharing of knowledge at the university. Nevertheless, further research at a large scale can substantiate the study findings.

Saleem et al. (2021) conducted research in Pakistan that examined how the path-goal theory supports the career-oriented development of teachers. The United Nations' Sustainable Future 2030 emphasizes improved and sustainable teaching techniques. From private secondary schools, 2469 teachers were chosen as a sample. The teachers responded to a survey questionnaire and data was analysed through a t-test, factor analysis, and Pearson correlation. The results affirmed the positive influence of path-goal theory on teachers' career development. Furthermore, the results showed that directive leadership was the most persuasive and effective leadership style when performing challenging tasks. Nevertheless, achievement-oriented and SL behaviours enhanced the role of directive behaviour. Participative leadership behaviour was statistically significant but a challenge to be assessed in the selected schools. Following the study's results, the researchers acknowledge the importance of educating teachers on the path-goal theory and promoting its utilization that can enhance the teacher's

career development. Other studies affirm the positive influence of SL behaviour in the education sector (Mutune et al., 2019; Thuku et al., 2018).

Leadership is very crucial in nursing (Sullivan, 2018; Cummings et al., 2021). It impacts the clinical outcomes of patients and the well-being of nurses and other healthcare professionals. Nurse leaders utilize various leadership styles in diverse situations. Asamani et al., (2016) investigated nursing management leadership approaches and their impact on the nursing workforce in Eastern Ghana. The researchers used the path-goal leadership theory framework. The study participants were nurses (273) drawn from five hospitals within the region. Data were obtained through a survey questionnaire and analysed using SPSS. The findings affirmed that nurse leaders utilized various leadership approaches based on clinical situations at hand. Nevertheless, the nurse leaders mostly employed SL, leadership behaviour in path-goal leadership theory. A similar study conducted by Madyastuti (2016) affirmed that path-goal leadership behaviours enhance nurses' work satisfaction and performance. The investigation also established that using path-goal approaches to leadership based on follower traits increases job motivation and offers psychological comfort.

From Novice to Expert Nursing Theory

Patricia Benner developed the nursing theory, from Novice to Expert in the early 1980s (Quinn, 2020). The theory was founded on the Dreyfus model of skill acquisition, which was created by the Dreyfus brothers (Hurbert and Stuart, a philosopher and a mathematician, respectively) (Gerhardson, 2024). The novice-to-expert theory states that nurses acquire knowledge and develop skills, attitudes, and understanding of nursing through formal education and multitudes of clinical experiences (Quinn, 2020).

As such, improved performance for nurses is dependent on science (knowledge) and experience (practice) and it is a progressive long process.

To develop the theory, Benner conducted interviews with beginning and experienced nurses in significant nursing situations and identified the differences in their descriptions (Quinn, 2020). Also, Benner carried out interviews on critical incident techniques and participant observation of senior students, new graduates, and experienced nurses to establish the characteristics of performance at different professional developmental stages. Benner used the five stages of the model of skill acquisition to generate an understanding of how nurses acquire skills and reach their level of expertise.

Stage 1: Novice

Stage one is for beginners who have joined the nursing profession as students and do not have any nursing experience (Quinn, 2020). The students are taught nursing and the general rules to enable them to perform nursing tasks. Rules guide nursing behaviour, which is inflexible and limited since the students have no previous nursing experience. The adherence to rules and principles does not allow the student nurses to make intuitive judgments that are relevant in clinical situations. Hence, students' performance is mostly at a low level.

Stage 2: Advanced Beginner

A newly graduated and qualified nurse is considered an advanced beginner (Quinn, 2020). The individual has acceptable nursing competencies and experiences gained during training and clinical placements. Based on previous experience, the nurse can formulate principles that can guide clinical behaviour. The advanced beginner can provide marginally adequate nursing care. Nevertheless, the nurse requires sufficient

support through supervision, coaching, and mentorship from nurse leaders, senior nurses, and other senior healthcare professionals to perform effectively.

Stage 3: Competent

Ordinarily, a nurse reaches the competent stage after working for two to three years in the same ward or unit (Quinn, 2020). The nurse becomes familiar with the day-to-day clinical situations and can develop a nursing care plan to achieve high performance and organization. The nurse can identify priority areas and provide comprehensive quality nursing care. Benner argues that clinical coordination, planning, and decision-making of patient care at the ward level can be carried out by a nurse at the competent level. Nevertheless, the nurse does not have the flexibility and desired speed in comparison to a proficient nurse.

Stage 4: Proficient

A proficient nurse understands and perceives clinical nursing situations holistically (Quinn, 2020). In a given situation, the nurse is knowledgeable of the necessary actions to take and the anticipated outcomes. The holistic understanding improves the nurse's clinical judgment and decision-making abilities. The nurse can modify clinical plans as necessary based on the result. Furthermore, the nurse relies more on experiential knowledge than on theory.

Stage 5: Expert

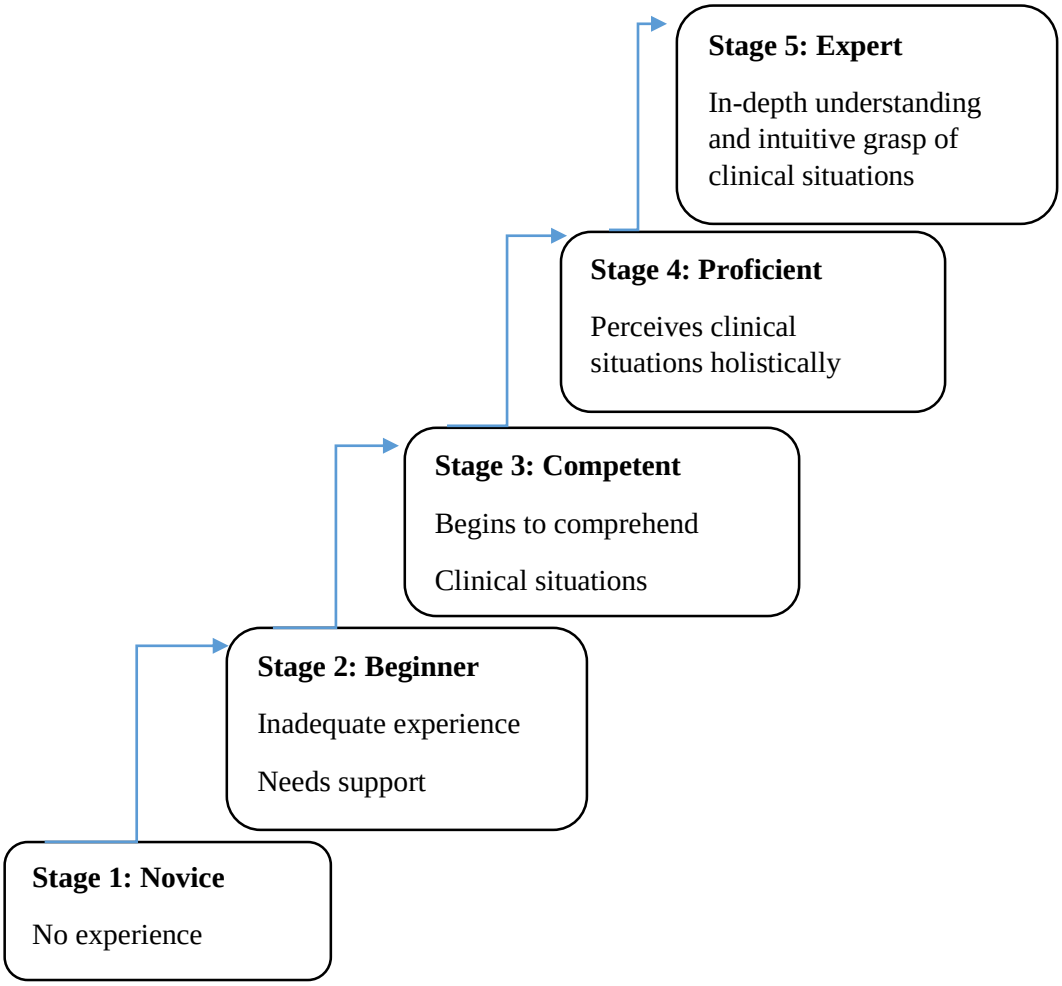
The expert nurse does not rely on rules, principles, or guidelines to connect clinical situations to determine action (Quinn, 2020). The nurse has a rich background of clinical experiences which provides a comprehensive understanding and instinctive

grasp of clinical situations. The performance of nurses is fluid, flexible, and greatly proficient. The reliance on experientially learned knowledge and skills is the main characteristic of an expert nurse.

The novice to expert theory is characterised by some strengths and weaknesses. On the positive side, the theory focuses on nursing behaviour based on the level of knowledge and experience (Quinn, 2020). It emphasizes the significance of clinical experience if a nurse is to reach the expert level. The theory also gives guidance on how a nurse can become experienced and competent to perform at the expert level. In addition, the novice-to-expert framework is frequently applied in nursing education, management, practice, and research (Allgood, 2018; Meleis, 2017; Oshvandi et al., 2016). However, the theory is weak because its development was founded on subjective qualitative research which minimises the generalizability of its findings (Allgood, 2018). Similarly, its five stages of skill acquisition are not clearly defined and there is a lack of empirical evidence for affirming their existence in clinical practice. Thus, there are no clear measurements for assigning nurses to the stages. The novice to expert theory can be best considered a philosophy because it does not completely fit the criteria for a theory. Meleis (2017) proposes criteria for assessing a theory comprised of consistency, clarity, complexity, simplicity, visual representation, usefulness, contagiousness, social significance, and values. Figure 2.2 displays a novice-to-expert theory schematic diagram.

Figure 2.2

Novice to Expert Theory Stages



Note. Schematic diagram of novice to expert theory stages. Adapted from "*Patricia Benner's Novice to Expert Nursing Theory"* by N207 group G 2017(*http://novicetoxpertnursingtheory.blogspot.com/*). Copyright 2017 by N207 group G.

Various research findings explain how the novice-to-expert theory is applied in nursing despite its weaknesses. Oshvandi et al. (2016) conducted a systematic review to examine how the theory was applied in nursing management, practice, research, and education. Nine hundred eighty-eight articles were identified; 31 articles were relevant but 11 were the most relevant for the study. The results revealed that the novice-to-

expert theory was relevant and applicable in nursing education, management, practice, and research. In practice, the theory could be utilized to monitor nurses' clinical growth and development. The theory could also be used to create a system of evaluation of nurses' performance and appropriate incentives based on expertise and experience.

Other nursing scholars concur that the novice to expert nursing theory is applicable in nursing education and practice (Maleis, 2017; Thomas & Kellgren, 2017). Thomas and Kellgren (2017) applied the theory to simulation educators. The use of simulation is gaining support and popularity in nursing education. However, the approach requires a theoretical foundation. Thomas and Kellgren argue that the novice-to-expert theory contributes a conceptual framework that can guide the development of simulation educators using the five stages of the theory. The framework for the novice to expert theory can also be used for leadership development (Ezdemir, 2019). Using the skill acquisition stages leadership competency can be acquired, measured, and supported through mentoring. Also, senior nurses can utilize the theory to mentor inexperienced nurses.

Performance Theories

Work performance refers to an employee's ability to carry out their assigned roles and responsibilities, and complete the required tasks (Atatsi et al., 2019; Armstrong, 2023). The literature explains performance theories of motivation which include reinforcement, social learning, and equity (Mullins & Christy, 2019; Mubarok, 2019).

Reinforcement Theory

The operant conditioning theories of B.F. Skinner is the source of the reinforcement theory (Hendijani et al., 2020). The theory states that while unreinforced

behavior often dies or is extinguished, reinforced behavior usually gets repeated. Because of this, a person's actions or behavior are mostly determined by the results of those actions. For example, a person is more likely to keep putting in additional hours at work if they are aware that doing so would increase their income. The intended results therefore enhance the person's performance. There are two types of reinforcement namely positive and negative (Scott, 2018; Papageorgi, 2021). A bonus may be offered to a hardworking worker to motivate performance. Similarly, a dedicated worker who travels a long way for work may be transferred to an institutional house nearer to the location of employment. Removing the element of distance may strengthen the individual's commitment and enhance performance. This is negative reinforcement.

Reinforcement theory uses outside forces rather than an individual's drives, emotions, or feelings to motivate behavior (Hendijani et al., 2020; Papageorgi, 2021). Social, token, material, and activity reinforcements are all possible. A thank-you note is a mark of appreciation, while a leader's smile for good work is a kind of social reinforcement. Gifts or cash can be used as tangible reinforcement, and tickets to a theater or a trip to the lake can be used as activity reinforcement. Nevertheless, to achieve the repeated desired behavior, the reinforcement must be appropriate and accepted by the recipient. This is one of the flaws of the reinforcement theory. At work, it can be easy to offer external variables like bonuses, promotions, or pay increases. However, because various people are motivated by different things, it can be difficult to choose the right kind of reinforcement. Furthermore, leaders may unethically control or influence individuals through the application of the reinforcement theory (Papageorgi, 2021; Leeder, 2022).

Various studies have been conducted to substantiate the impact of reinforcement theory on work performance. Employee feedback is a tool that is used in many

organizations to reinforce desired performance. Gnepp et al. (2020) carried out three investigations to determine why managerial feedback conversations frequently fall short of yielding the intended performance improvements. In each investigation, people who received conflicting or unfavorable feedback questioned the authenticity of the comments and the abilities of the leaders. Besides, recipients improved their self-enhancing and self-protective attributions, and there was more disagreement about prior performance after the feedback session than there was before. Leaders are, therefore, encouraged to direct the focus of feedback discussions not on past performance but on future actions. Additionally, for employees to learn, develop, and perform more effectively, they need feedback from their supervisors (Giamos et al., 2023; Johnson et al., 2023). Also, to increase feedback's effectiveness, organizational leaders are urged to make it a regular practice.

Similarly, during COVID-19 in Lahore, Pakistan, a study was done to look at perceived job satisfaction as a mediating variable that influences the link between performance appraisal and reinforcement on completing job tasks among medical healthcare professionals (Rana et al., 2022). A total of 550 medical personnel from both public and private hospitals were included in the sample, with 300 males and 250 females. The findings demonstrated that, among medical healthcare professionals, perceived job satisfaction acts as a mediator in the relationship between performance evaluation and reinforcement of job tasks. Thus, employee performance can be improved and boosted through performance appraisals, which may additionally open doors for career opportunities, promotions, and other rewards. Performance appraisals are also a technique for identifying and improving productivity on both a personal and professional level (Krijgsheld, et al., 2022; Barbieri, et al., 2023). Successful leaders

create an environment of excellence, establish the standard for performance, and offer coaching, mentoring, and feedback to employees or workers (Ritter et al., 2023).

Burnout is a well-known professional phenomenon that has a detrimental effect on both employees and patients in the healthcare industry. Green et al. (2023) conducted research at Cedars-Sinai Medical Center to investigate the potential benefits of positive reinforcement and fostering a supportive language among coworkers in terms of resiliency, psychological wellness, and hope. The mixed-methods study assessed how intensive care unit clinicians' well-being was impacted by positive feedback during the COVID-19 pandemic. For six weeks in June and July 2020, twenty-four healthcare workers volunteered to take part in the study and the majority were nurses (79%). Deliberate acts of kindness and positivity among the participants increased well-being and showed a trend toward a better resilience and teamwork climate. Other studies have also shown that positive reinforcement plays a critical role in fostering team cohesion and resilience during trying and stressful situations. Nevertheless, leaders' reinforcement has a bigger impact on how well workers perform (Hofmeyer et al., 2020; Presbitero & Aruta, 2024).

Social Learning Theory

Albert Bandura developed the concept of social learning theory in the 1970s (Rumjaun & 2020). According to Bandura, social interactions can teach us about behavior through imitation and observation. Observing penalties or rewards that accompany behavior (vicarious reinforcement) is another way that learning occurs. In addition, reinforcement may be ineffective if it does not satisfy the needs of the person receiving it. Therefore, if reinforcement meets a person's needs, it changes behavior or performance. Furthermore, Bandura states that the process of learning behavior incorporates cognitive functions including reasoning, judgment, recall, knowledge, and

problem-solving. The Bobo doll experiment carried out by Bandura in 1961 is credited for verifying the social learning theory (Galanaki & Malafantis, 2022). The experiment proved that imitation and observation can teach behavior. Nonetheless, the social learning theory places a lot of emphasis on the setting in which learning occurs (Graham & Arshad-Ayaz, 2016). It disregards responsibility for one's actions and doesn't take into account one's inner feelings or emotions. Furthermore, developmental milestones that occur independently of environmental influences are not taken into account by the social learning theory. It fails to acknowledge behavior that may manifest itself even in the absence of a positive role model.

The social learning theory has been applied in a variety of professional settings, including child development, education, entertainment, social work, and other diverse workplaces. For example, due to the COVID-19 pandemic, many employees switched from working in physical premises to virtual or remote settings (Yarberry & Sims, 2021). The lack of physical interaction with other people could hinder performance efforts which could limit the development of one's profession. Virtual mentoring was therefore crucial for offering emotional support, fostering conversation, assisting staff in finding a work-life balance, putting in place a reward system, and improving a general sense of well-being and belonging for workers in remote or virtual environments. A valuable idea to research remote and virtual workers was self-efficacy, which is a part of social learning theory. Self-efficacy is the conviction that one can act in a way that will enable one to accomplish certain goals (Lippke, 2020). High self-efficacy individuals see obstacles as chances for mastery, recover back from setbacks quickly, and blame insufficient effort for setbacks. Conversely, people with low self-efficacy view challenging jobs as personal risks and may be more stressed and depressed. Thus during the COVID-19 epidemic, workers became self-empowered and

relied on their cognitive ability to function in a remote or virtual setting to ensure successful career results. Whatever the case, it is the responsibility of leadership (human resource specialists, managers, supervisors, and other stakeholders) to make sure that employees or workers are supported, motivated, and constantly developing their abilities while working remotely (Yarberry & Sims, 2021).

Horsburgh and Ippolito (2018) used social learning theory to study how medical students learn through role modeling in clinical settings. A qualitative methodology was employed in the study, and interviews were conducted with five clinical teachers and six final-year medical students. Both axial and open coding were used to analyze the data. Although the medical students admitted that they learned from their role models, the process was complicated and unimpressive. Additionally, the students saw the potent effect of vicarious reinforcement. The investigators urged clinical educators to apply efficient and methodical role-modeling techniques to improve clinical practice learning for students. Studies confirm that social learning which includes formal and informal learning from colleagues, mentors, and role models is crucial in clinical practice (Mukhalalati et al., 2019; Nordquist et al.2022). It makes a major contribution to the competency and professional development of healthcare professionals.

To optimize learning settings, increase efficiency, and harmonize the educational system, health professions education has to acknowledge and comprehend the ideas behind the learning process (Mukhalalati et al., 2022). Learning theories are anticipated to inform health professions education programs' planning, execution, and assessment of interventions as well as learning curricula. However, the lack of concrete, in-context examples to support teachers in thinking through the theories' applicability to their classrooms is one reason theories are not routinely and consistently incorporated into instructional methods. To determine the applicability of social theories of learning

in health professions education, Mukhalalati et al. carried out a scoping review. The study comprised nine studies that satisfied the inclusion criteria. The review revealed the successful and efficient implementation of social theories of learning in several health professions educational programs. Nonetheless, a possible gap between social learning theories and instructional methods may be indicated by the small percentage of health professions education programs that utilize and report using theories. The researchers suggest that future studies should concentrate on monitoring implementation outcomes and examining the suitability and usefulness of alternative learning theories in health professions educational programs.

Social learning theory can be used in nursing practice at the individual, group, and community levels to help people learn new material and tasks, solve issues, break destructive behaviors, form positive connections, control their emotions, and cultivate healthy behaviour (Horsburgh & Ippolito, 2018). It also influences nursing research, education, and practice in a big way. Lipscomb (2017) adds that social theory gives nurses the skills they need to fight for equitable care, comprehend patients' demands, and navigate the complex world of healthcare. The complicated environment in which nurses operate is shaped by a multitude of social forces. These factors influence day-to-day encounters, choices, and relationships with coworkers and patients. Nevertheless, social learning theory demands nurse leaders to be models to emulate because the nurses under their supervision are continually observing and learning from their behaviours (Sullivan, 2018; Zhang, et al., 2022). Nurse leaders must exemplify the moral and professional conduct they wish to see among the staff of nurses.

Equity Theory

J.S. Adams, a workplace and behavioral psychologist, created the equity theory (Mullins & Christy, 2019; Polk, 2022). The theory states that to determine if rewards

are fair, employees compare their contributions and rewards with those of other employees performing similar tasks. Qualifications, effort, seniority, experience, and other factors are examples of employee inputs, and compensation, recognition, promotions, bonuses, and commendations are examples of rewards. Comparing the results might show what is fairly rewarding, and what is under or over-rewarded. To re-establish desired equality, an employee who feels under-appreciated may cut back on their efforts, request a raise in compensation, submit a resignation, or locate a replacement. Additionally, if the person believes there will be greater benefit, they can engage. According to Polk (2022), the equity theory offers insight into employee motivation and performance. The theory focuses on how workers feel about the treatment they receive at work. If an employee believes that a reward they have received is just and equal, it may serve as a motivation. Therefore, to achieve justice and equity that improves performance, organizational leaders need to be open and upfront about the inputs and associated rewards for diverse work performance (Armstrong, 2023).

The literature explains the equity theory's positive and negative aspects. The theory primarily advises leaders that success in an organization can be motivated by equity (Mullins & Christy, 2019). For the greatest possible organizational results, personnel must be treated fairly and equitably to encourage their motivation. However, the theory is vague about what steps an employee can take to address inequity (Ogolo et al., 2016). Furthermore, the theory concentrates on an individual's impression of equity while ignoring other motivating variables. Furthermore, fair comparison is impossible because the equity theory does not offer a standard measure for inputs and rewards (Mullins & Christy, 2019). Additionally, people typically don't acknowledge getting greater rewards than others.

According to Mullins and Christy (2019), equity theory is a theory of motivation that plays a crucial role in improving employees' performance to fulfill organizational goals. Employees who lack motivation may get depressed, burn out, or not be happy at work. Nevertheless, rewards in the form of monetary or non-monetary incentives, as well as equitable treatment, increase motivation.

Ogolo et al. (2016) surveyed to investigate the impact of equity theory on employees' job performance in Nigerian higher education institutions. Two hundred thirty-one workers with five years or more of work experience made up the sample. The use of SPSS version 22 was made for data analysis. The results showed that one of the main things that inspired university staff members was receiving just and equitable treatment. The researchers urged institutional management to give workers fair compensation so that job performance and retention could both be enhanced. Employee loyalty in an organization is also correlated with equity. According to research by Nguyen and Do (2020), staff efficacy and efficiency in Vietnamese financial organizations were significantly impacted by fairness. The results also demonstrated how fairness fostered confidence in the organizations, strong work relationships, and individual commitment. To encourage and maintain employee motivation, the researchers suggested improving equity in financial institutions.

Another significant consideration is equity in the delivery of healthcare. Health equity entails that all people must have an equal opportunity to achieve optimal health (McCollum et al., 2019; Hoyer, 2022). However, an individual cannot always reach their optimal health due to uncontrollable circumstances such as resource scarcity and discrimination. Nevertheless, the leadership in every government should guarantee that every citizen has access to healthcare (WHO, 2021).

In a particular Tanzanian district, Shayo et al. (2016) conducted a study to look at the use and accessibility of health services in both public and private organizations. The study's main concerns were trust, quality, and equity. A total of 1836 respondents made up the sample, and data were gathered through focus groups, interviews, and informal discussions. The results showed disparities in drug availability, patient/client satisfaction, therapeutic interactions between healthcare providers and patients, and accessibility. The majority of the population uses public hospitals for medical care; hence the researchers encouraged the government to guarantee drug availability in these facilities. It was also recommended that the government develop plans to reinforce the public-private alliance to stabilize healthcare costs and enhance affordability and accessibility.

The goal of enhancing health equity is multifaceted and cross-sectoral, requiring stakeholders in the healthcare system to be knowledgeable and actively engaged in bringing about change (Corbie et al., 2022). Nevertheless, leadership in the healthcare industry should champion the quest to identify, address, and correct unjust practices to promote equitable healthcare. Furthermore, the global disease burden continues to rise while equity is also becoming increasingly important (WHO, 2021). Besides, there is a scarcity of professionals in the healthcare sector, such as nurse practitioners and doctors. Therefore, it is crucial to keep medical experts in clinical practice. Equity may enhance the working contentment of qualified healthcare professionals and would be a successful staff retention strategy. The enforcement of equity in healthcare organizations is the responsibility of executive leadership and human resource officers (Doherty et al., 2022).

Equity is also the principle of justice, a fundamental ethical principle in clinical practice (Varkey, 2021). It is expected of healthcare professionals to uphold procedural

and distributive justice in their line of work (Emanuel et al., 2020). Consequently, patients would receive equitable and fair healthcare, and the caregivers would likewise be treated fairly. Thus, healthcare professionals' leadership has a responsibility to guarantee equality in clinical practice to foster motivation that results in job satisfaction, performance, and provision of high-quality care services (Abelsen et al., 2020; De Vries et al., 2023).

A summary of the theoretical foundations of the research is provided in Table 2.1. It contains the names of the authors of the theories, the development year, and the key theoretical concepts.

Table 2.1

Theories Underpinning the Study

Name of Theory	**Author(s)**	**Year of Development**	**Key Constructs**
Path-goal leadership theory	House, R.J. & Mitchell, T.R.	1971	• Directive leader behaviour: The Leader instructs followers what to do • Supportive leader behaviour: The leader cares for the welfare of followers • Participative leader behaviour: The leader engages followers in decision-making • Achievement-oriented leader behaviour: The leader sets challenging goals and anticipates followers to perform at a high level.
Novice to expert theory	Benner, P.	1982	• Novice: A person who does not have nursing experience • Advanced beginner: Newly qualified nurse and requires support and supervision • Competent: Nurse with 2-3 years of clinical experience and begins to comprehend clinical situations • Proficient: Nurse who perceives clinical situations holistically • Expert: Nurse with in-depth and rich clinical experience and can analyse clinical situations intuitively
Reinforcement theory	B.F. Skinner	1938	• Positive reinforcement: The process of using rewards to encourage or promote behavior or performance • Negative reinforcement: Elimination of an adverse situation or environment to motivate or promote a certain behavior or performance

Social learning theory	Albert Bandura	1977	• Observation: Seeing the reward or punishment of a behaviour as a process of learning • Cognitive processes: Reasoning, judgment, recall, knowledge, and problem-solving are incorporated in the process of learning • Reinforcement: Enhances behavior or performance if it satisfies an individual's needs.
Equity theory	J. S. Adams	1963	• Inputs: Contributions that are thought to qualify a person or an employee for rewards • Outputs: Benefits or rewards that a person or worker receive because of their input, such as salary, perks, recognition, and opportunity for professional advancement.

Research Gaps

Research gaps entail un-researched areas or areas with limited scientific information that require further investigations (Gray et al., 2021). Identification of research gaps and the conduct of research based on the gaps enhance scientific knowledge. Research gaps are of different types, namely empirical, theoretical, methodology, knowledge, evidence, population, and application (Miles, 2017). An evidence gap exists when research findings on studies conducted on an issue are contradictory while a knowledge gap refers to a lack of scientific information on a given subject. The methodological gap means the absence of variation in research approaches to substantiate scientific findings on a subject. A population gap occurs when the number of participants in an investigation is considered not large enough for conclusive results or an under-researched population. A theoretical gap refers to the absence of guiding theory in research while an empirical gap entails a lack of verification or evaluation of study findings. Last but not least, an application gap is created when actual practice on the ground is not in alignment with research findings.

An analysis of studies about SL and its influence on work performance reveals various gaps. Research has been conducted in various organizations across the globe regarding the influence of SL on work performance on other work-related variables which include job satisfaction, employee retention, health, commitment, team cohesion, creativity, and morale (Batool et al., 2018; Hauff et al., 2020; Lor & Hassan, 2017; Shirazi et al., 2016; Thuku et al., 2018; Zaitouni & Ouakouak, 2018). However, most of the studies have been conducted in Asia than in other continents, hence a population gap. This is the case because Asia is home to the majority of the leading countries in manufacturing and other industries (World Atlas, 2021). Worse still, most of SL studies

have been conducted in commercial businesses and industries, causing them to be underrepresented in healthcare organizations.

Worldwide, investigations on SL have tended to be conducted at both large-scale and small-scale levels. Studies conducted in single organizations have, however, mostly tended to be small (Davidson, 2018; Famakin & Abisuga,2016; Lor & Hassan, 2017; Rana et al., 2019) while intercontinental studies or those conducted in several organizations have usually been large (Hauff et al., 2020; Schmid et al., 2016; Tremblay et al., 2019). Furthermore, almost all investigations carried out on SL used the quantitative research design. Qualitative or mixed research studies that can bring an in-depth understanding (Gray et al., 2021) of SL from the perspective of leaders or followers are, thus scanty, entailing a huge methodological gap in the investigations conducted.

The investigations on the influence of SL have also produced mixed results worldwide characterised by an evidence gap. Some findings demonstrate the positive influence of SL on performance and other variables, namely job satisfaction, employee retention, health, commitment, team cohesion, creativity, and morale (Batool et al., 2018; Hauff et al., 2020; Lor &Hassan, 2017; Shirazi et al., 2016; Thuku et al., 2018; Zaitouni & Ouakouak, 2018) while others display no influence or significance (Rana et al., 2019; Ngabonzima et al., 2020; Diuno, 2018). Furthermore, some of the studies that have revealed the positive influence of SL (Batool et al., 2018; Davison, 2018; Famakin & Abisuga, 2016; Lor & Hassan 2017) are characterised by a population gap in that they were conducted on a small scale, therefore, the findings are inconclusive and un generalizable to a wider context.

In summary, the foregoing discussion has explored existing gaps in studies conducted about the influence of SL in organizations. Many of the studies were conducted in commercial industries and companies while few were conducted in healthcare organizations, hence a population gap. Similarly, almost all the studies conducted used the quantitative research approach thereby creating a methodological gap. Furthermore, the studies produced mixed results concerning the influence of SL, which entails an evidence gap. Against this backdrop, therefore, this research intended to explore the influence of SL on INLs' work performance in the CWQSZ hospitals in Malawi, using a convergent mixed-methods design. According to the literature that was reviewed, no similar research had been conducted in the country before, a situation that represented a knowledge gap as well as a contextual gap. Besides, it was not known whether SL rendered to INLs by SNOs was research-based, hence, an application gap. The findings of the study were anticipated to bring forth foundational knowledge for the creation of a supportive nursing leadership framework for inexperienced nurses who are assuming leadership positions as first-line managers in hospitals in Malawi because of a shortage of professional nurses. The literature-based research gaps for SL are summarized in Table 2.2.

Table 2.1

Summary of Research Gaps For Supportive Leadership

Author	**Title of Study**	**Summary of Major Findings**	**Research Gap**	**How Current Study Addresses the Gap**
Rubbab, U. E., Farid, T., Iqbal, S., Saeed, I., Irfan, S., & Akhtar, T. (2021).	Impact of supportive leadership during Covid-19 on nurses' well-being: The mediating role of psychological capital (Pakistan)	A positive relationship between SL and nurses' social, physical, and psychosocial well-being	• Influence of SL on nurses' performance • Methodological, empirical, and population gap	• Research the influence of SL on the performance of INLs • Using mixed methods research
Martinussen, P.E., Davidsen, T. (2021)	Professional-supportive versus economic-operational management: The relationship between leadership style and hospital physicians' organizational climate (Norway)	Professional SL was correlated to a conducive organizational climate	• Influence of professional SL in nursing management • Methodological and empirical gap	• Research the influence of SL on performance INLs • Using mixed methods research
Hauff, S., Felfe, J., & Klug, K. (2020)	High-performance work practices, employee well-being, and supportive leadership: Spill-over mechanisms and boundary conditions between HRM and leadership behaviour.	High-performance work practices (HPWPs) and job satisfaction had a strong relationship when SL was more. However, SL reduced the effect	• Effects between SL, HPWPs, and other forms of employee wellbeing	• Research the influence of SL on the performance of INLs • Using mixed methods research

	(Germany, Australia, Switzerland)	of HPWPs which was contrary to the researchers' assumption.	• Methodological and empirical gap	
Ngabonzima, A., Asingizwe, D., & Kouveliotis, K. (2020)	Influence of nurse and midwife managerial leadership styles on job satisfaction, intention to stay, and services provision in selected hospitals of Rwanda.	Directive leadership was significantly associated with nurses' intention to stay, job satisfaction, and service provision seconded by SL, then participative leadership. Achievement-oriented leadership was the least among the approaches.	• Influence of nurse/midwife managerial leadership styles in other countries • Methodological, empirical, and population gap	• Research the influence of SL on the performance of INLs in Malawi • Using mixed methods research
Cooke, F. L., Wang, J., &Bartram, T. (2019).	Can a supportive workplace impact employee resilience in a high-pressure performance environment? (China)	SL and support from co-workers were associated with the resilience of employees	• Influence of SL in stressing and demanding clinical environments • Methodological, empirical, and population gap	• Research the influence of SL on performance INLs • Using mixed methods research
Elsaied, M.M. (2019).	Supportive leadership, proactive personality, and employee voice behaviour: The mediating role of psychological safety. (Egypt)	Proactive personality and SL have a significant influence on voice behaviour	• Influence of SL and proactive behaviour on other work-related variables.	• Research the influence of SL on performance • Using mixed methods research

			• Methodological and empirical gap	
Mutune, S., Onyango, G., & Olembo, J. (2019).	Influence on head teachers' supportive leadership practices on teachers' job satisfaction in Nakuru and Nairobi catholic private primary schools. (Kenya)	SL practices had a significant and positive influence on the teachers' job satisfaction.	• The investigation was done in the education sector • Methodological, empirical, and population gap	• Research the influence of SL on performance in clinical practice • Using mixed methods research
Mwaisaka, D., K'Aol, G., & Ouma, C. (2019)	Influence of SL style on employee job satisfaction in commercial banks in Kenya.	SL had a positive relationship with employee job satisfaction.	• Influence of SL in other industries • Methodological and empirical gap	• Research the influence of SL in clinical practice • Using mixed methods research
Rana, R.., K'aol, G., & Kirubi, M. (2019)	Influence of supportive and participative path-goal leadership styles and the moderating role of task structure on employee performance (Kenya)	SL did not predict employee performance significantly compared to participative leadership. Task structure moderated the relationship between path-goal leadership styles and employee performance.	• Findings different from other similar studies • Methodological, population, empirical, and evidence gap	• Research the influence of SL on the performance of INLs in clinical practice in Malawi • Using mixed methods research

Lavoie-Tremblay, M., Gaudet, M.C., & Vandenberghe, C. (2019).	The role of group-level perceived organizational support and collective affective commitment in the relationship between leaders' directive and supportive behaviour and group-level helping behaviour (Canada)	SL was linked with group-level helping behaviour and collective affective commitment.	• SL link with other group work-related elements • Methodological and empirical gap	• Research SL link with work performance • Using mixed methods research
Yelamanchili, R. K, (2019)	Impact of supportive leadership on perceived sales team cohesion: Mediation of critical thinking and moderation of empowerment (India)	SL had a significant influence on team cohesion	• Influence of SL on other work-related variables and sectors • Methodological and empirical gap	• Research the influence of SL on the performance of INLs in clinical practice • Using mixed methods research
Alkhateri, A.S., Abuelhassan, A.E., Khalif, G.S., Nusari, M., &Ameen, A. (2018).	The impact of perceived supervisor support (PSS) on employee's turnover intention: The mediating role of job satisfaction (JS) and affective organizational commitment (AOC). (United Arab Emirates)	PSS significantly predicated JS, while JS significantly predicated AOC, and the AOC significantly predicated employ turnover intention	• Significance of PSS support on other employee well-being variables • Methodological, empirical, and population gap	• Influence of SL on employee performance in clinical practice • Using mixed methods research

Batool, T., Seharn, S., Qasim, A.P., Afzal, M., & Gilani, S. A. (2018).	The influence of supportive nursing leadership on retention of staff nurses in a private hospital in Lahore. (Pakistan)	SL had a positive impact on the retention of nurses.	• Influence of SL in other healthcare settings and other countries • Contextual and population gap	• Research the influence of SL in clinical practice in a Malawian context
Dino, E., (2018)	The impact of the directive and supportive leadership style on employee performance in Federal Medical Centre Asaba Nigeria	Directive leadership was a powerful predictor of employee performance	• Influence of SL on employee performance • Methodological, empirical, and population gap	• Influence of SL on INLs performance in clinical practice • Using mixed methods research
Samuel, H., Sehar, S., Afzar, M., & Syed, A. (2018).	Influence of supportive leadership on nursing clinical decision-making in critical care units at tertiary care hospital Lahore. (Pakistan)	Significant relationship between SL and decision-making for critical care unit nurses	• Influence of SL on other nursing activities • Methodological, evidence, knowledge, empirical, and population gap	• Research the influence of SL on the performance of INLs in clinical practice • Using mixed methods research
Schmidt, B., Herr, R., Jarczok, M., Baumert, J., Lukaschek, K.,	Lack of supportive leadership behaviour predicts suboptimal self-rated health independent of job strain after 10 years of follow-up: Findings	Lack of SL has detrimental effects on the health of the workforce.	• Effect of lack of SL on other employee work	• Research the influence of SL in clinical practice in Malawi

Emeny, R., & Ladwig, K. (2018).	from the population-based MONICA/KORA study. (Germany)		variables and in other sectors • Methodological and empirical gap	• Using mixed methods research
Thuku, W., Kalai, J., & Tanui, E. (2018)	Relationship between supportive leadership style and teachers' job satisfaction in Nakuru county, Kenya.	SL of head teachers had a significant influence on teachers' job satisfaction	• Influence of SL in other sectors • Methodological, empirical, and population gap	• Research the influence of SL in clinical practice • Using mixed methods research
Zaiton, M. & Ouakouak, M. (2018).	The impacts of leadership support and co-worker support on employee creative behaviour. (Kuwait)	Leadership and co-worker support influenced employee creativity.	• Influence of leadership support on employee performance • Methodological and empirical gap	• Research the influence of SL on performance in clinical practice • Using mixed methods research
Lor, W.,& Hassan, Z. (2017)	The influence of leadership on employee performance among jewellery artisans in Malaysia	SL and transformational leadership behaviours significantly and positively influenced employee performance	• Influence of SL style on performance in clinical practice	• Research the influence of SL style on the performance of INLs in clinical practice in Malawi

			• Methodological, empirical, and population gap	• Using mixed methods research
Famakin, I., & Abisuga, A. (2016)	Effect of path-goal leadership styles on the commitment of employees on construction projects. (Nigeria)	SL style influenced employees' affective commitment. Nevertheless, a continued commitment was influenced by both SL and achievement-oriented leadership.	• Influence SL style in other occupations • Methodological, empirical, and population gap	• Research the influence of SL style in nursing in clinical practice • Using mixed methods research
Schmid, J.A., Jarczok, M.N., Sonntag, D., Herr, R.M., Fischer, J.E., & Schmidt, B., (2016).	Associations between supportive leadership behaviour and the costs of absenteeism and presenteeism an epidemiological and economic approach. (Germany)	Supportive leadership was associated with less absenteeism, presenteeism, and lower estimated costs.	• Association of SL with other employee behaviours in other countries • Methodological, empirical, and population gap	• Research the association of SL with performance in clinical • Using mixed methods research
Shin, Y., Oh, W., Hanwah, S.H., & Lee, J.Y. (2016).	A multilevel study of supportive leadership and individual work outcomes: The mediating roles of team cooperation, job satisfaction, and team commitment. (South Korea)	Individual perceptions of SL positively related to subsequent task performance. The relationship was mediated by team commitment	• Relationship between SL and task performance in clinical practice • Methodological, empirical, and population gap	• Research the relationship between SL and performance in clinical practice • Using mixed methods research

Shirazi, M., Emami, A. H., Mirmoosavi, S. J., Alavinia, S. M., Zamanian, H., Fathollahbeigi, F., & Masiello, I. (2016).	The effects of intervention based on supportive leadership behaviour on Iranian nursing leadership performance. (Iran)	Improved leadership performance for head nurses who were trained in SL behaviours	• Long-term effects of SL and in-depth evaluation of SL • Methodological, empirical, and population gap	• Research the effects of SL on the performance of INLs • Using mixed methods

Conceptual Framework

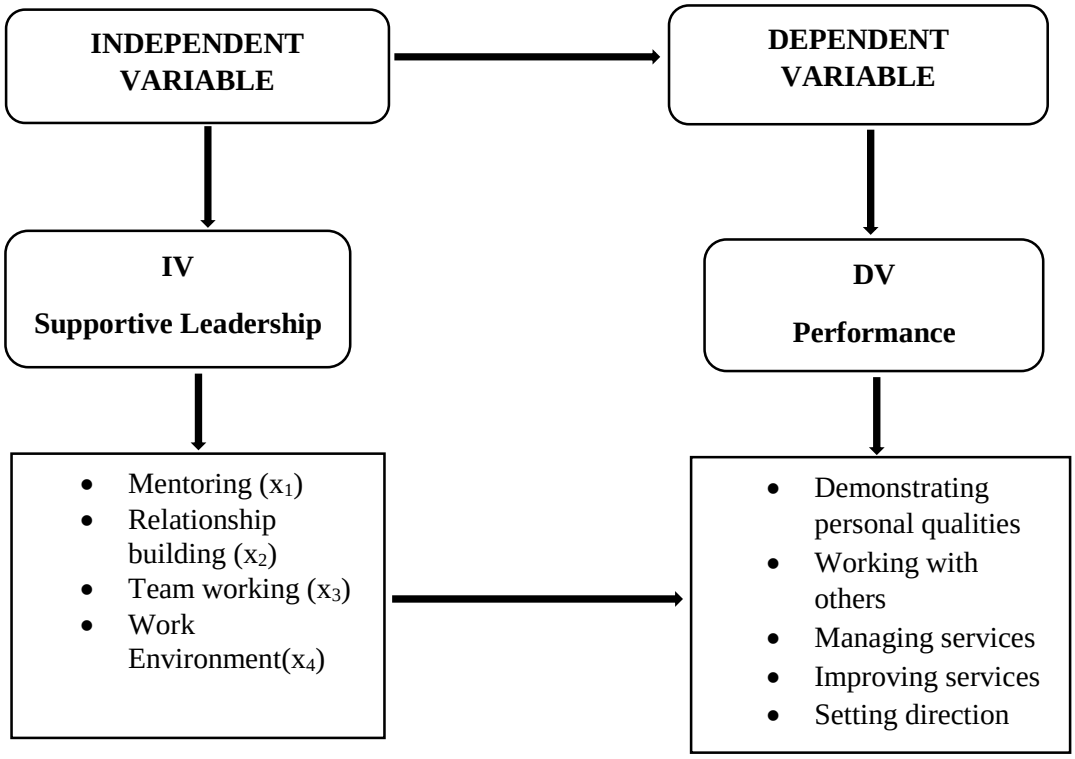
Figure 2.3 displays a conceptual model of the influence of SL on INLs' work performance. According to the model, SL is the independent variable. In clinical practice, SNOs provide SL to INLs. The INLs have inadequate clinical and leadership experience and require support from senior nurse leaders to enhance their work performance. The SNOs provide SL by providing mentoring, relationship building, team working, and fostering a positive workplace atmosphere.

The process of learning between a senior nurse with experience and the INL with little experience is known as mentoring (Alexander et al., 2021). The INL learn and develop in leadership from the knowledge, skills, attitudes, and experiences shared by the SNO. The application of the gained knowledge, skills, attitudes, and experience by the INLs leads to the development of leadership qualities, successful management, and improvement of services and delivery of quality healthcare.

Team working is a leader's influence practice that enhances job performance to accomplish goals (Rosengarten, 2019; Armstrong, 2023). A supportive SNO works alongside the INL to guide in clinical and leadership practices. In addition, more work is done when the senior and junior leaders join forces to accomplish clinical goals. Besides, the provision of comprehensive quality patient and client care demands team working (Berman et al., 2020).

Figure 2.3

Conceptual Model of Influence of Supportive Leadership on Inexperienced Nurse Leaders' Work Performance



Senior Nursing Officers build relationships with INLs as they work together as a team. It is SL's responsibility to create a workplace environment that is favourable to the blossoming and sustainability of relationships (Daft, 2022). Positive work relationships promote creativity, productivity, and work performance (Zaiton & Ouakouak, 2018). In addition, positive work relationships give workers a sense of belonging (Morrison & Cooper-Thomas, 2016). The desire to belong is a basic human need and it boosts morale. An employee with high morale is dedicated to working, performs effectively, and is satisfied (Armstrong, 2023). Thus, joyful INLs are committed to working, are satisfied, and provide leadership and care that meets the satisfaction of patients, clients, and nurses under their jurisdiction.

Supportive leaders create positive work environments to promote the welfare of their followers. (Armstrong, 2023). A positive work environment enhances employees' professional growth, development, safety, and achievement of goals (Hafeez et al. 2019). The clinical work environment is usually stressful and supportive senior nurse leaders are instrumental in the development of healthy clinical environments (Khamisa et al., 2017). Positive clinical environments enhance nurses' retention and satisfaction, fulfilment of clinical goals, and patient and client satisfaction (Dyess et al., 2016).

According to the conceptual model, the overall effects of SL on INLs, is shown through their leadership work performance. The performance comprises the INLs' personal qualities, the ability to work with others, managing and improving services and setting direction.

Chapter Summary

The chapter has discussed conceptual, empirical and theoretical literature for SL and performance. It has analysed empirical studies conducted on SL and its influence on work performance. The investigations are characterised by mixed and contradicting findings that signify an evidence gap. In addition, the majority of the studies were conducted in commercial and industrial settings rather than the healthcare sector. Thus, the influence of SL on performance in healthcare has been under-researched, thereby entailing a population gap. Furthermore, almost all the studies conducted on SL used a quantitative approach at the expense of qualitative and mixed-methods research. Thus, there is a methodological gap. Therefore, this research explored the influence of SL on INLs' work performance in the CWQSZ hospitals in Malawi, using a convergent mixed-methods approach in attempt to address existing

gaps. This was the first research on the effect of SL in nursing practice conducted in Malawi.

CHAPTER 3

RESEARCH METHODOLOGY

Introduction

This section discusses the research study's methodology. The study paradigm, design, population, sampling techniques, samples, types of data, data collection techniques, instrument pre-testing, validity and reliability, data analysis strategy, and ethical considerations are topics for discussion.

Research Philosophy

Research philosophy refers to assumptions and beliefs that underpin knowledge development in research (Saunders et al., 2019). Ontology i.e. nature of existence, epistemology i.e. origin and nature of knowledge, and axiology i.e. value or goodness, are the major assumptions that differentiate research philosophies. Saunders et al. (2019) explain that research paradigms are dimensions that enhance the distinction between research philosophies.

There exist several research paradigms, such as positivism, interpretivism, critical/transformative, pragmatism, and others (Creswell & Clark, 2018). Positivism is a paradigm grounded in the traditional methods of scientific inquiry. In positivism, experimentation, observation, and reason based on experience are the basis for understanding people's behaviour. Interpretivism believes that truth is subjective and is founded on lived experiences. In this way, the world is interpreted by individuals who are experiencing it. The critical/transformative paradigm focuses on economic and social issues that lead to conflict, social oppression, struggle, and power structures. The

paradigm seeks to change politics in an attempt to confront social oppression and promote social justice.

Pragmatism is a paradigm that focuses on the consequences of a research study (Creswell& Clark, 2018). According to pragmatism philosophy, the research issue under investigation and the questions being asked are more important than the methods. The paradigm seeks to identify "what works" and values both subjective and objective knowledge. Pragmatism utilizes multiple data collection methods to solicit the best answers to the research questions. Mixed methods methodology is associated with a pragmatic research paradigm (Creswell & Clark, 2018; Creswell & Creswell, 2017; Gray et al., 2021). The paradigm uses qualitative and quantitative data collection sources. Consequently, the paradigm embraces both multiple and singular reality, and the process of research combines both inductive and deductive thinking. This study applied the pragmatism paradigm to collect both subjective and objective data from both SNOs and INLs to explore the influence of SL on INLs' work performance. The paradigm's focus on finding what works and the use of qualitative and quantitative data collection methods allowed a thorough understanding of the influence of SL on INLs' work performance in the CWQSZ hospitals in Malawi.

Research Design

Research design is the processes, procedures, or steps utilized to collect, analyse, interpret, and report data for a study (Gray et al., 2021). The present study employed mixed methods research. According to Creswell and Clark (2018), the design employs both quantitative and qualitative procedures. The integration of the methodologies provided a great understanding of the effect of SNOs' SL on INLs' work performance in hospitals in Malawi which could not have been possible with just one

method. The quantitative data explained general trends as well as the relationships between the SL variables and work performance. On the other side, the researcher was able to gain an understanding of nurse leaders' perspectives regarding the effect of SL on INLs' work performance through the qualitative aspects of the design.

Mixed methods have three main designs, namely explanatory sequential, convergent, and exploratory sequential (Creswell & Clark 2018). In convergent design (concurrent or parallel), qualitative and quantitative data are collected concurrently. The results drawn from the analysis of the quantitative and qualitative data are either compared or combined. By correlating two sets of results, the approach aims to gain a thorough grasp of a study subject, matter, or problem. Besides, the comparison or combination entails how the findings converge or diverge.

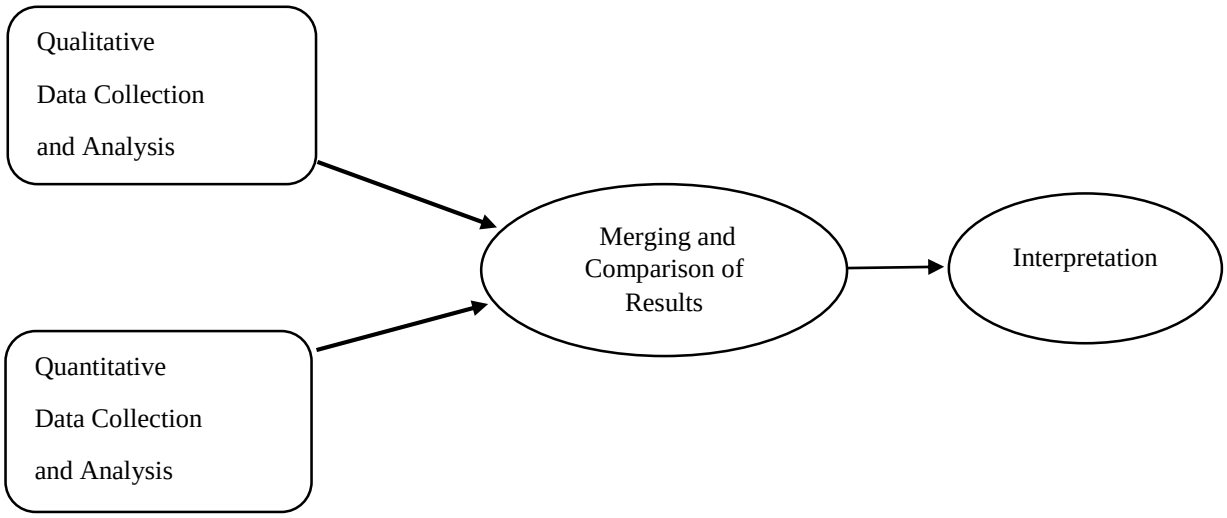
In an explanatory sequential design, research is conducted in two phases (Creswell & Creswell, 2017). The first phase collects and analyses quantitative data. The findings inform the type of participants to be selected for the second phase. The second phase collects and analyses qualitative data to expand on the results from the first phase. It is a follow-up on the quantitative results on areas requiring further explanation. The investigation and analysis of qualitative data is the first step in the exploratory sequential design (Creswell & Clark 2018). The findings are used to develop an instrument that is utilized in the quantitative phase. Besides, hypotheses for the quantitative phase can be developed from the qualitative content. In essence, the exploratory sequential design has three phases; the exploratory, the instrument development, and the instrument administration.

The convergent mixed methods design was employed in the present investigation. The objective of the investigation was not to create a research instrument

(exploratory sequential design). Besides, the investigation did not require an initial phase to inform the second phase (explanatory sequential design). The purpose of the study was to gain a thorough understanding of how SNOs' SL affected INLs' work performance in the hospitals in Malawi. Therefore, the concurrent data collection and analysis for the quantitative and qualitative data were made possible by the convergent design. Also, the validation of the concurrently obtained and analysed data brought a great understanding of the effect of SL on work performance. Besides, it highlighted how the research findings were diverse and convergent. A visual representation of convergent design is shown in Figure 3.1.

Figure 3.1

Convergent Design Graphic Presentation



Note: Convergent design graphic presentation (Creswell & Clark, 2018, p66)

Population

A study population comprises a segment of the target population (Gray et al., 2017). The target population for the study was SNOs and INLs (first-line managers) in the CWQSZ Hospitals in Malawi. According to professional nurses' staffing levels information collected from district nursing officers, the nursing director at the central hospital, and matrons from the three selected private hospitals there were 53 INLs; central hospital 10, district hospitals 28, and private hospitals 15 (Hospital Records CWQSZ, March 2022). In addition, the hospitals had 51 SNOs; central hospital 28, district hospitals 17, and private hospitals 6. As such, the population for the study comprised 51 SNOs and 53 INLs. Table 3.1 presents the study population for the SNOs and INLs in the central hospital, district hospitals, and three selected private hospitals in the CWQSZ hospitals of Malawi.

Table 3.1

Study Population for Senior Nursing Officers and Inexperienced Nurses

	Central Hospital	**District Hospitals**	**Private Hospitals**	**Total Number**
Number of Senior Nursing Officers	28	17	6	51
Number of Inexperienced Nurses leaders (first-line managers)	10	28	15	53
Total number of nurse leaders	38	45	21	104

Source: Hospital Records CWQSZ, 2022

Sampling Methods

Sampling is the selection of prospective participants of a study from a target population (Polit & Beck, 2018). The selection creates a study population from which data is collected. In this research, the total population was used for the quantitative strand of the convergent mixed method. A total population sample is infrequently used and it is relevant to situations where a research population is not large or shares uncommon characteristics (Polit & Beck, 2020). The study employed a total population sample because the number of Senior Nursing Officers and Inexperienced Nurses Leaders who were ward managers was not big. Additionally, the total population

sample reduced the likelihood of omitting important insights from excluded nurse leaders.

Purposive sampling was utilized to select samples (SNOs and INLs) from the population for qualitative interviews. Purposive sampling, a form of non-probability sampling, grants an investigator the freedom to choose persons who have direct experience with the subject under investigation (Gray et al., 2021). Homogenous purposive sampling was used since the nurse leaders had similar characteristics.

Sample Size

A sample is a subgroup (study population) of people, items, or objects that are drawn from a target population (Polit & Beck, 2020). In this study, the planned sample for the quantitative strand was the total population (51 SNOs and 53 INLs). The population was not large hence, studying the total population strengthened the collection of essential data (Gray et al., 2021). Nevertheless, the sample size for a quantitative research study could also be calculated using the total population (Polit & Beck, 2020). According to Polit and Beck, ten percent of the population could be considered a representative sample size and adequate for the generalization of study findings.

The qualitative sample was drawn from the sample for the quantitative strand. Participants for a convergent study can be drawn from the same sample for both qualitative and quantitative strands or can be different (Creswell & Clark, 2018). Nevertheless, if a study intends to compare and relate findings, it is recommended to draw participants from the same sample. The research intended to integrate the results. The anticipated sample sizes for the qualitative research for in-depth interviews were 10 SNOs and 10 INLs. The sample sizes were chosen based on homogeneity and

information power. Traditionally, data saturation is used to estimate the sample size for qualitative interviews (Vasileiou, et al., 2018). Saturation of data refers to the point at which no additional information emerges from the analysis of data. Nevertheless, issues of sample homogeneity and information power (the extent to which a sample can provide relevant information) are also key and critical (Malterud et al., 2021). In light of this, the number of participants for qualitative interviews may range from 1 to 30.

Types of Data

Data exists in two major types; quantitative and qualitative (Polit & Beck, 2020). The term quantitative data refers to information that can be measured objectively and given value numerically. In contrast, qualitative data is non-numerical information that can be categorized based on characteristics and properties. Qualitative data can also be observable and recordable (Bryman, 2021). Using mixed methods research, the investigation gathered qualitative as well as quantitative information. Besides, combining the data collection methods enabled the researcher to explore multiple facets of an SL and gain a deeper understanding which could not have been achievable using one approach (Creswell & Clark, 2018).

Data Collection Methods

In-depth interviews were used to gather qualitative information from SNOs and INLs. In-depth interviews are intensive participant interviews that seek to explore the participants' perspectives on a phenomenon under study (Showkat & Parveen, 2017). The data were collected using interview guides (appendices XVI & XVIII) that highlighted key areas that were explored with probes during the process. The interviews were conducted in conference rooms at different hospitals and at convenient places that

were alternatively chosen by the participants. The interviews' duration varied from forty-five minutes to one hour. COVID-19 preventive measures were observed as prescribed by the WHO (WHO, 2021). The interviews were tape-recorded and supplemented by field notes on pertinent observations.

Quantitative data were collected through self-reporting survey questionnaires (appendices XV & XVII). A survey questionnaire is a data collection instrument with questions whose purpose is to gather information from participants on a research topic (Creswell & Clark 2018). The instrument can measure the preferences, attitudes, feelings, and opinions of participants. The survey questionnaire was divided into sections A, B, and C. Section A collected relevant demographic data and the variables were age, gender, type of hospital, and department. Section B collected information about SL. Part one of Section B collected information about mentoring, part two, relationship building, part three, team working, and part four, work environment. The data were collected using validated clinical instruments developed by Yukawa et al., 2020 (mentoring); Biggs et al., 2016 (work relationships); Kalisch et al., 2010 (team working), and Connor et al., 2018 (the work environment). The four sections used a Likert scale, 14 items for mentoring, 9 items for work relations, 33 items for team working, and 18 items for the work environment. The SNOs and INLs responded by circling a number on a 5-point scale (team working and work environment) and a 7-point scale (mentoring and work relationships), from strongly disagree to strongly agree, and rarely to always.

Section C was a Likert scale of 40 items that collected data on leadership. It was a self-assessment tool for clinical leadership created by the National Health Service (NHS) Leadership Academy (2024). The tool had five assessment areas which were personal qualities, working with others, managing and improving services, and setting

direction. Responses to the assessment questions were a lot of the time, little of the time, some of the time, and none of the time. All the clinical data collection instruments that comprised the questionnaire were used with permission from the relevant persons and organizations (appendices X, XII, XIV, XVI & XVIII).

The data obtained from the study were kept in a securely locked cupboard known by the researcher only and were not shared with anybody to ensure privacy and confidentiality. The questionnaires, transcripts, and field notes were kept in an envelope and placed in the locked cupboard together with the audio recorder for safekeeping.

Instrument Pre-Testing

Pre-testing involves giving a data collection instrument to a small number of respondents who share characteristics with a research sample (Polit & Beck, 2020). The procedure assists in identifying issues with the tool's questions' clarity, tone, and organization. In this study, the validated survey questionnaires were pre-tested on SNOs and INLs from two selected district hospitals in the Central East Quality Satellite Zone of Malawi. The pre-test sample was composed of six SNOs and six INLs (3 SNOs and 3 INLs from each hospital). According to the literature, there is no single standardised method for calculating the sample size for pre-testing a tool (Nelson, 2018; Hilton, 2017). Nevertheless, studies tend to mostly use respondents ranging from 5 to 30. The questionnaires were administered as an interview to establish how well the selected SNOs and INLs understood the questions. The nurse leaders responded to the questions without any problems. Furthermore, when queried after each interview, the nurses affirmed that the questions were straightforward to comprehend. Therefore, the pre-testing confirmed that the questions on the instruments were concise and organized. The audio recorder for in-depth interviews was also tested for functionality. The

recording equipment had low volume hence, the interviews were taped using a smartphone which functioned perfectly.

Validity

Validity means the level at which a method measures a concept precisely in quantitative research (Gray et al., 2021). A survey questionnaire was employed in the investigation which comprised validated clinical assessment tools for mentoring, relationship building, team working, and a positive work environment, developed by Yukawa et al., 2020; Biggs et al., 2016; Lurie, et al., 2011; and Connor et al., 2018, respectively. Mentoring, relationship building, team working, and a positive work environment were the key elements of SL that were investigated (Lin & Ling, 2021, Dayanti et al. 2022; Armstrong, 2023). The inclusion of key components pertinent to the variable to be measured promoted content validity (Gray et al., 2021). The NHS Leadership Academy (2024) developed a clinical leadership self-assessment questionnaire that was used in the research to evaluate INLs' work performance. Additionally, content validity was achieved by making the questionnaire available to the research supervisors and two senior nurse researchers from Kamuzu University of Health Sciences in Malawi. They examined the content to ensure the items were measuring what was intended to be measured

Reliability

Reliability is defined as the correctness of an instrument to consistently yield the same results when utilized in the same situation repeatedly (Polit & Beck, 2018). Reliability entails accuracy, consistency, dependability, stability, and predictability. Cronbach alpha is mostly the recommended test for instruments that comprise Likert-

scale type of questions (Gray et al., 2021). The test was developed by Lee Cronbach (1951). The values of Cronbach's alpha, which assesses an instrument's internal consistency, range from 1 to 0. A score of 0.7 and above is an acceptable reliability score. According to validation studies conducted on the clinical assessment tools (mentoring, relationship building, team working, and work environment) that comprised the survey questionnaire, each instrument had a Cronbach alpha of more than 0.7 (Biggs et al., 2016; Connor et al., 2018; Lurie, et al., 2011; Yukawa et al., 2020). Therefore, the tools were reliable.

Trustworthiness

Trustworthiness refers to the level of confidence in the data, analysis, and methods utilized to guarantee a research study's quality (Pilot & Beck, 2020). The criteria that are used include credibility, dependability, transferability, and conformability in qualitative research.

Credibility

Credibility relates to a study's veracity, precision, and reliability in its findings (Polit & Beck, 2020). In this study, credibility was achieved through methodological triangulation. Using mixed methods research, data was collected from SNOs and INLs through questionnaires and in-depth interviews. Thus, underlying biases that could result from using a single method were rectified. Furthermore, the utilization of different methods to examine and understand complex behaviors of nurse leaders offered a more comprehensive and unbiased understanding of the study results.

Dependability

Dependability is the degree to which the results would hold up to replication in the field by different investigators (Polit & Beck, 2020). Thus, the initial data set, the

description of the data collection, and the analysis processes were stored for examination by an outside reviewer. Besides, an audit trail was developed with extensive descriptions to enable a reviewer to follow the researcher's trail and validate the study's conclusions

Transferability

Transferability is the degree to which research results can be applied to different contexts. According to Pilot and Beck (2020), one method that can be used in qualitative research to guarantee transferability is extensive description. In the present research, the study's context, participant characteristics, and the procedure followed during data collection were all richly and thoroughly described to enable readers to assess whether the findings might be applied to other situations.

Confirmability

Confirmability guarantees that the results of the research are supported by the data and that other reviewers can verify them. (Polit & Beck, 2020). The process ensures that participants' replies rather than any potential bias or the researcher's interests, were the basis for the findings of the research. Hence, an audit trail that detailed each stage of the data analysis done to support the judgments made was supplied to establish confirmability.

Qualitative Data Analysis Plan

Thematic analysis was employed to evaluate qualitative data. The thematic analysis was considered the appropriate analysis method for qualitative data (Bradshaw et al., 2017). The method allowed the researcher to analyse interview transcripts to identify ideas, topics, and themes occurring repeatedly. In this study, data were

analysed using Colaizzi's thematic method which had seven steps (Wirihana et al., 2018).

Step 1: Transcription of interviews

The researcher listened and re-listen to audiotaped interview data collected from SNOs and INLs and were transcribed. To ensure that the transcribing was done correctly, the process required patience and attention to detail. The developed interview transcripts were also read and re-read to get an understanding of the participants' experiences.

Step 2: Extraction of Significant Statements

From the interview transcripts, significant statements were drawn that were relevant to supportive leadership, the phenomenon under investigation. This activity was carried out for each interview transcript.

Step 3: Formulation of Meanings

Furthermore, meanings were constructed from and for each of the significant statements. The process demanded reflexivity and correct interpretation to ensure that constructed meanings accurately presented participants' meanings.

Step 4: Grouping of Formulated Meanings to Cluster of Themes

The constructed meanings were further grouped into a cluster of themes and themes. The researcher confirmed that there was an agreement between the generated meanings and the themes.

Step 5: Exhaustive Description

The step involved writing an analytical description of the ideas and feelings of participants for each of the identified themes. The process required revisiting meanings, clusters of themes, and themes formulated in the previous steps.

Step 6:

From the exhaustive description, a fundamental structure of the phenomenon under study was drawn. It involved the identification of essential elements that provided a precise meaning of SL and its influence on the performance of INLs

Step 7:

The last step was the validation of the research findings. The investigator inquired about the accuracy of the exhaustive description from the participants through email. The scrutiny of results by research supervisors who are experienced researchers also added value to the validation of the interpretation of study findings.

Quantitative Data Analysis Plan

The quantitative data was analysed using the SPSS version 27.0 computer application. The application is a comprehensive and adaptable data management and statistical analysis tool (Fields, 2017). Data modification and decipherment were made possible and statistics for both inference and descriptive analysis were used. Descriptive statistics enabled the researcher to show, describe, and summarize data meaningfully (Heumann et al., 2016). Percentages and frequencies for categorical variables and standard deviation, mean, mode, median, minimum, and maximum for continuous variables were computed. Inferential statistics were used to draw conclusions about the population based on the sample (Gray et al., 2021). Regression analysis was used to

determine the influence of SL on INLs' work performance. The equation for the regression was: Y = mx1 + mx2 + mx3 + mx4 + B

where,

Y = the dependent variable of regression

M = slope of the regression

X1 = first independent variable

X2 = second independent variable

X3 = third independent variable

X4 = fourth independent variable

B = constant

Analysis of variance (ANOVA) and regression of coefficients revealed the level of significance between the independent and dependent variables. The study's statistical analyses were all done at a 5% level of significance. Five percent significance is a traditionally accepted level of statistical analyses (Selvamuthu & Das, 2018).

Operationalization of Study Variables

The operationalization of study variables is a process of defining variables into factors that are measurable (Andrade, 2021). Quantitative research demands a precise definition of variables to ensure that relevant study concepts are measured using appropriate methods (Gray et al., 2021). Table 3.2 displays the operationalization of variables for the present study. The table displays the main concepts which are SL (independent variable) and performance (dependent variable), the sub-variables,

indicators, operationalization, measure, and question number on the data collection tool.

Table 3.2

Operationalization of Study Variables

	Type of Variable	Sub-Variables	Indicators	Operationalization	Measure	Question Number
Supportive Leadership	Independent	Mentoring	Teaching Guiding Directing	A nurse leader's ability to guide, teach, coach and direct an inexperienced nurse	14 items; 7 point Likert scale (Yukawa et al., 2020)	Section B Part1 Q1 - 14
		Relationship building	Connections Networking Harmony	A nurse leader's practice to promote work and social connections and networking among nurses and healthcare professionals	9 items, 7 Likert scale point (Biggs et al., 2016)	Section B Part 2 Q1-9
		Team working	Teamwork Group support Team cohesion	The extent to which nurse leaders reinforce group collaboration among nurses and other healthcare professionals to achieve clinical goals	33 items; 5 point Likert scale (Kalisch et al., 2010)	Section B Part 3 Q1-33
		Positive work environment	Inspirational workplace Conducive workplace	The degree to which a nurse leader creates an inspirational and conducive clinical work environment	18 items; 5 point Likert scale (Connor et al., 2018	Section B Part 4 Q 1- 18
Performance	Dependent	Demonstrating personal qualities	Self-awareness Integrity Lifelong learning	A nurse leader's ability to inhibit self-awareness, act with integrity, and engage in continuous professional learning.	8 items, 4 point Likert scale (NHS, Leadership Academy 2024)	Section C, Q1-8

		Working with others	Collaboration Networking	A nurse leader's ability to collaborate and network with nurses and other healthcare professionals	8 items, 4 point Likert scale (NHS, Leadership Academy 2024)	Section C, Q9-16
		Managing services	Planning Implementing	Nurse leader's ability to plan and manage resources	8 items, 4 point Likert scale (NHS, Leadership Academy 2024)	Section C, Q17-24
		Improving services	Innovation Transformation	Nurse leader 's ability to promote provision of quality patient care through innovation and transformation	8 items, 4 point Likert scale (NHS, Leadership Academy 2024)	Section C, Q24 -32
		Setting direction	Leading Direct	A nurse leader's ability to lead and to direct others nurses and care professionals and to contribute to organizational strategy and aspirations	8 items, 4 point Likert scale (NHS, Leadership Academy 2024)	Section C, Q 32- 40

Ethical Considerations

Ethical consideration ensures that study participants are protected from any physical, emotional, or mental harm and that their dignity, respect, and privacy are preserved at all costs (Gray et al., 2021).

Ethical Approval

The Pan Africa Christian University Ethics Committee and the Malawi National Commission for Science and Technology (NCST) provided ethical approval for the research (appendices XIX & XX respectively).

Authorisation

Authorization to carry out the research at the hospitals that were selected in the CWQSZ was granted by the hospital director for the central hospital, district health officers, and hospital administrators in the private hospitals. A letter requesting the authorization was sent to the relevant officer and every hospital. (Appendix IV).

Recruitment

Following the approval and authorization of the study, the researcher visited wards/units at one hospital at a time and talked to SNOs and INLs during morning reports. The nurses were provided with details about the background and objective of the study, the methodology, and their anticipated role if they would volunteer to participate.

Informed Consent

Those willing to take part in the research were given an informed consent form (appendix I) to sign and information sheets (appendices II & III) explaining the study and contact details. They were also given a survey questionnaire (appendices XV & XVII).

Confidentiality

A pseudonym was used on the survey questionnaire to maintain the anonymity and privacy of a participant. The participants had the right to pull out of the investigation if they wished to.

Potential Benefits

The study was intended to benefit several stakeholders, including INLs, SNOs, patients, policymakers, and the general public. The findings of the research provided information to the stakeholders regarding how SL influenced INLs' work performance. It highlighted SL strategies that could be used to enhance performance and promote clinical outcomes.

Potential Risks

It was anticipated that the study would not result in any physical harm. Nevertheless, it was planned that counseling would be provided as needed to any person who would exhibit emotional stress.

Chapter Summary

The chapter has discussed the methodology of the research study. The discussion focussed on the study paradigm, design, population, sampling methods, data collection and analysis, measures for reliability, validity, and ethical considerations. The research utilised the pragmatism paradigm and the mixed-methods design. The population for the study was composed of SNOs and INLs working in the CWQSZ hospitals in Malawi. The investigation collected both qualitative and quantitative data using survey questionnaires and in-depth interviews. The quantitative strand of the study used a total population sample. Participants for the qualitative interviews were selected using homogenous purposive sampling. The quantitative data was analysed using the SPSS version 27.0 computer application, while the qualitative data was subjected to theme analysis. Ethical clearance for the investigation was granted by the Pan Africa Christian University Ethics Committee and Malawi's National Commission of Science and Technology.

CHAPTER 4

RESULTS AND DISCUSSION

Introduction

The chapter presents the research findings, analysis, interpretation, and discussion regarding the influence of SL on INLs' work performance in the CWQSZ hospitals in Malawi. The study's findings were derived from convergent mixed methods, including survey questionnaires and in-depth interviews. The qualitative and quantitative findings were concurrently analysed, then merged, compared and interpreted.

Response Rate

Response rate refers to the extent to which completed responses are successfully obtained from a research sample (Polit & Beck, 2020). The collection of data through survey questionnaires has a non-response error challenge. The non-response rate has an impact on the reliability and validity of study findings. In this study, all the INLs (53) answered the survey questionnaire giving a 100% response rate. Forty-two SNOs (82 %) responded to the survey questionnaire. A response rate of >80% is recommended for small samples (Gray et al., 2021) hence, the sample was sufficient. The proposed sample for the in-depth interviews was ten SNOs and ten INLs. All of them were interviewed.

Demographic Data of Research Participants

The demographic data collected from research participants included age, gender, type of hospital, and department. The demography of the SNOs also included years of work experience.

The Age of Senior Nursing Officers and Inexperienced Nurse Leaders

Table 4.1 outlines the ages of SNOs and INLs. Over 45% (19) of the SNOs were in the age range of 35 to 44 years while 77.4% (41) of the INL were between 25 to 34 years of age. Only three INLs (5.7%) were less than 25 years old while 9 (21.4%) SNOs were above 45 years. The youngest SNOs, 33.3% (14) were in the age range of 25 to 34 years while the oldest INLs, 17% (9) were between 35 to 44 years.

Table: 4.1

Ages of Senior Nursing Officers and Inexperienced Nurse Leaders

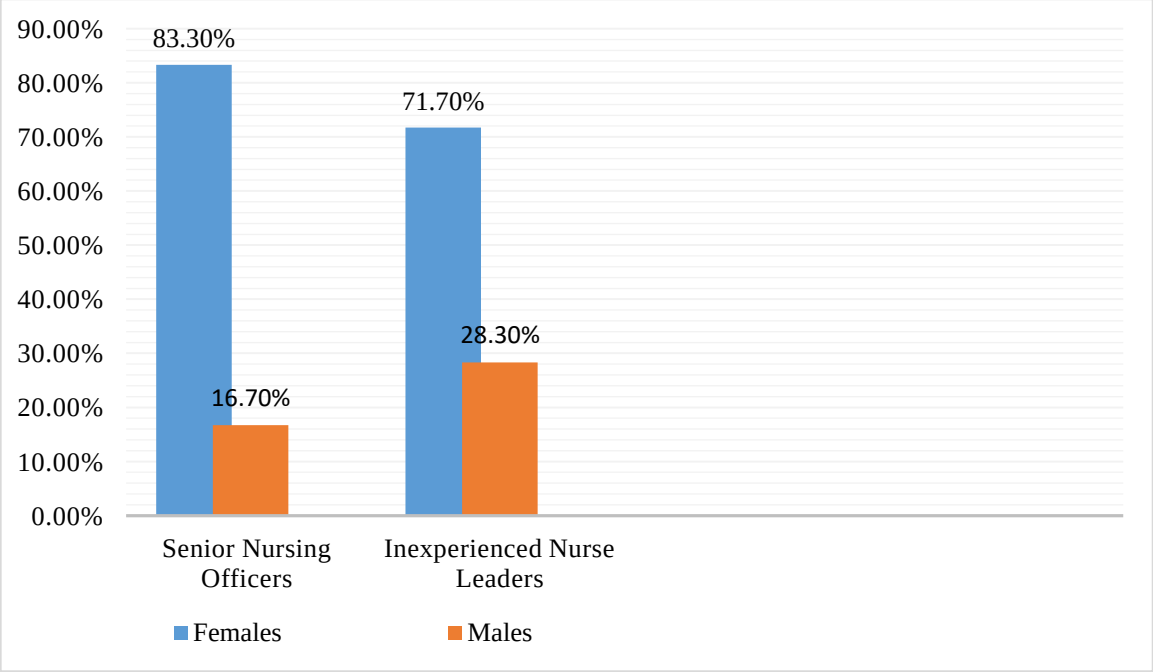
Data Characteristics		**Frequency**	**Percentage (%)**
SNOs	25 to 34 years	14	33.3
	35 to 44 years	19	45.2
	45 years and above	9	21.4
Total		**42**	**100**
INLs	<25 years	3	5.7
	25 to 34 years	41	77.3
	35 to 44 years	9	17.0
Total		**53**	**100**

The Gender of Senior Nursing Officers and Inexperienced Nurse Leaders

The findings revealed that there were 15 (28.3%) male INLs and 38 (71.7%) female INLs and that there were 7 (16.7%) male SNOs and 35 (83.3%) female SNOs. Figure 4.1 depicts the gender of SNOs and INLs.

Figure 4.1

Gender of Senior Nursing Officers and Inexperienced Nurse Leaders



Work Stations of Senior Nursing Officers and Inexperienced Nurse Leaders

The study selected SNOs and INLs working at the central, district, and private hospitals in the CWQSZ in Malawi. Table 4.2 displays the departments where the nurse leaders worked in the various hospitals. The key departments were medical, surgical, paediatric, and obstetric.

Table 4.2

Work Stations of Senior Nursing Officers and Inexperienced Nurse Leaders

Work Location		Frequency	Percentage (%)
SNOs	Medical	10	23.8
	Surgical	9	21.4
	Paediatric	8	19.0
	Gynaecology	3	7.1
	Obstetric	9	21.4
	Specialized	3	7.1
Total		**42**	**100**
INLs	Medical	13	24.5
	Surgical	13	24.5
	Paediatric	9	17.0
	Gynaecology	1	1.9
	Obstetric	15	28.3
	Specialized	2	3.8
Total		**53**	**100**

Senior Nursing Officers' Years of Work Experience

In this study, all INLs had work experience of less than 5 years while SNOs had different years of work experience. Pie chart 1 displays the years of work experience for SNOs. Thirty-three (78.6%) SNOs had work experience of 10 years and above while 9 (21.4%) had work experience of 5 to 9 years.

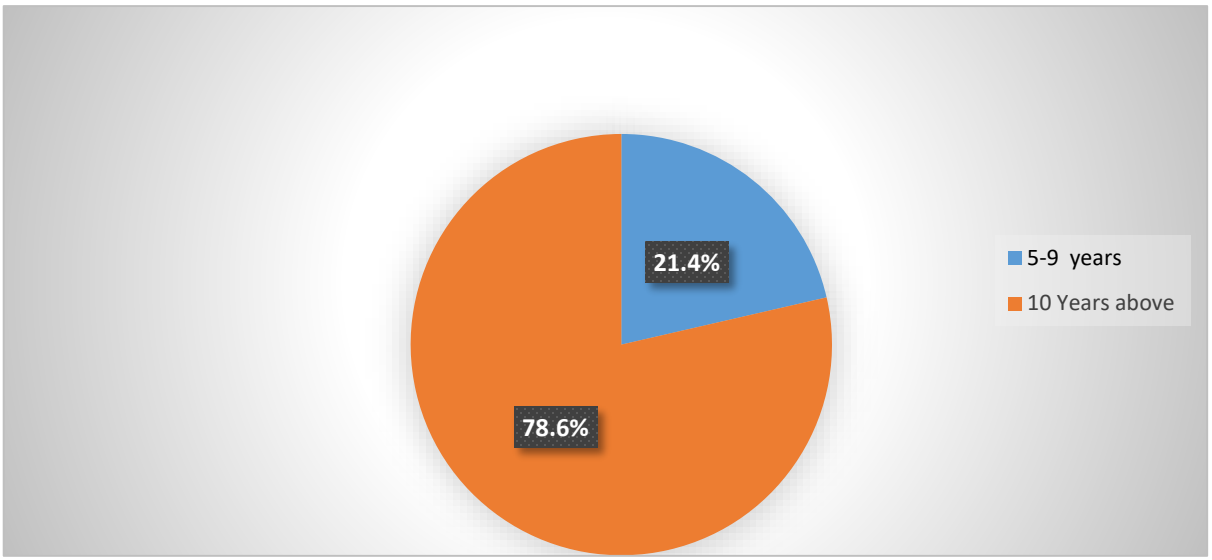


Figure 4.2

Work Experiences of Senior Nursing Officers

Supportive Leadership in Clinical Practice

The key constructs of SL were mentoring, relationship building, team working, and a positive work environment. The influence of mentoring, relationship building, team working, and a positive work environment on INLs' work performance was researched both qualitatively and quantitatively. Four main themes were developed from qualitative analysis, namely leadership induction and mentoring processes; work and social relationships; team working symbiotic connections, and variations of the clinical work environment. The research results are presented using the key themes.

Leadership Induction and Mentoring Processes

Qualitative data explored how SNOs mentored INLs and the influence of mentoring on INLs' work performance. Mentoring is a tool for capacity development for workers and it impacts work performance (Oladimeji & Sowemimo, 2020). The SNOs narrated how they

oriented INLs to leadership tools (policies, protocols, procedure manuals, rules, and regulations), roles, responsibilities, and the work environment. Senior Nursing Officer (03) said, *"If I receive an inexperienced nurse leader in my ward, first of all, I have a meeting with the nurse. I orient the nurse to the ward and leadership responsibilities of a ward in-charge."* The roles and responsibilities of a ward in-charge included the development of a duty roster, task allocation, provision and supervision of the delivery of nursing care, ordering and management of resources, conflict management, and others. Senior Nursing Officer (01) stated:

> *I mentor inexperienced nurse leaders through orientation. I orient them through the tools that we use like duty rotas, task allocation, and manuals that we have. I also go around with them in my department showing them places and what happens in the ward daily.*

The INLs were oriented to leadership roles and responsibilities to be able to manage other nurses, support staff, and resources and coordinate the delivery of nursing care. Sullivan (2018) and González-García et al. (2021) agree that a nurse leader is given the ability, responsibility, and authority to organize, plan, coordinate, and lead the work that must be done to achieve clinical objectives. After the orientation to leadership tools and the physical environment, some SNOs worked with the INLs to mentor them. The period of mentoring varied from one senior nurse to another. Some worked with INLs for a week while others worked with them until they were confident enough to manage a ward/unit. Senior Nursing Officer (03) narrated:

> *For the first month or so the inexperienced nurse leader follows me around to observe what I do and follow the best practices. I work with an inexperienced nurse leader every day. At times I delegate tasks to see how the nurse performs.*

A mentor desires to transfer skills, knowledge, and attitudes and observe a mentee being able to perform duties with minimum supervision (Alexander et al., 2021). A scoping review done by Hoover et al. (2020) on "Mentoring the Working Nurse" revealed that most of the papers did not mention the contact frequency and mentoring duration. Besides, the realistic duration of mentoring is dependent on the learner's response (Suliman et al., 2018). Some SNOs allowed the INLs to manage the wards/units using the leadership tools shared with them without working with them. The SNOs advised the INLs to consult if they had any challenges in the leadership and management of the wards/units. Most of these SNOs utilized spot-checking and administrative supervision to assess the performance of the INLs. They employed the principle of management by walking around (Durrah et al., 2020) to determine what was happening in the wards/units. Senior Nursing Officer (05) reported:

> *Usually, we just orient them, and let them work on their own. We normally come in and sit down with them if we observe that there is a problem. We just check them and do not necessarily work with them.*

Other SNOs had the desire to mentor INLs. However, administrative roles hindered them from fulfilling their mentoring aspirations in totality. Senior Nursing Officer (04) commented, *"A Senior Nursing Officer may not have adequate time for mentorship because of administrative duties. It may take a long time for the senior nurse to mentor a INLs comprehensively"*. Other SNOs failed to accomplish the mentoring role because of a shortage of nurses. A senior nurse

could purposefully go to a ward to mentor someone but end up providing care just like any other nurse on duty because of a shortage. Senior Nursing Officer (06) lamented, *"...because of shortage you leave the leadership roles and responsibilities and start assisting with the actual care. It's hard to leave a mother to deliver a baby on her own"*. According to research, mentors' lack of time, workload, lack of support, and stress are impediments to mentoring in clinical practice (Bittner, 2019; Wissemann et al., 2022; Ntho et al., 2020).

The SNOs explained other strategies considered to be part of mentoring. They conducted nurse leaders' meetings where issues of ward/unit leadership and management and channels of communication were discussed. Senior Nursing Officer (03) explained:

> *We conduct weekly ward in-charge meetings and we discuss things that are supposed to be done in the wards. The inexperienced nurse leaders are also informed of the correct channels of communication. Any issue a nurse in-charge has failed to solve should be reported to the senior nursing officer who reports to the district nursing officer and then to the hospital director if necessary.*

The SNOs also conducted performance appraisals to identify gaps and focus areas for further mentoring. Besides, the SNOs acted as role models for the INLs. Role modeling is a key component in mentoring. The INLs are anticipated to look up to senior nurses and be able to determine and imitate the appropriate behaviour of a nurse leader (Sullivan, 2018, Dirks, 2021). The SNOs also used delegation during the mentoring of the INLs. Delegation is a tool used by mentors to empower mentees (Hale & Phillips, 2019; Dirks, 2021). Senior Nursing Officer (06) explained:

I do performance appraisals to check if what was imparted during orientation is being practiced. I also supervise the nurses daily. If I observe something or identify a gap, I call the person and we discuss one on one. I act as a role model for the nurse to see and imitate. At times I delegate some tasks so that the nurse can gain confidence in the leadership.

The SNOs acknowledged the positive influence of mentoring on the performance of INLs. Mentoring enabled the INLs to gain leadership knowledge, skills, and attitudes. Mentoring is a traditional teaching method that has been used to transfer knowledge and skills from mentors to mentees for many centuries (Bittner, 2019; Oladimeji & Sowemimo, 2020). Through mentoring, INLs gained confidence and were empowered to take up leadership roles and responsibilities. Senior Nursing Officer (06) explained:

Mentoring empowers nurse in-charges to manage wards. It helps the nurses to be good leaders and managers. The nurses learn how to handle other nurses under their leadership, patients, and support staff.

Senior Nursing Officer (010) added, *"Those that I have mentored I see them being confident to take up roles given to them. They have confidence in doing things delegated to them even outside the ward".*

Inexperienced Nurse Leaders agreed with what SNOs explained about mentoring and its influence on performance. They also lamented that not all SNOs were mentoring the INLs in the wards/units. The INLs acknowledged being oriented to leadership tools, roles, and responsibilities. An inexperienced Nurse Leader (08) said, *"The SNO did a briefing on*

leadership roles and responsibilities and how to handle issues and situations in the ward."

Inexperienced Nurse Leader (03) added:

> *The SNO shared information on how to handle and resolve issues in the ward. For example, conflicts must be resolved at the ward level. Matters can only be taken to senior leadership if the nurse in-charge has failed to solve them."*

As explained, some SNOs oriented the INLs and worked with them while others shared information about leadership without working with them. Nevertheless, the INLs were advised to consult if they had any problems with the leadership and management of the wards/units. An Inexperienced Nurse Leader (09) said:

> *Most of the time what they do is supportive supervision. As for mentoring, I don't remember being mentored. They just come into the ward and supervise the way I am doing things and correct me where necessary*.

Inexperienced Nurse Leader (04) lamented:

> *Mostly it's not about mentorship but rather supervision and monitoring and sometimes guiding you where you have failed. For me, I feel I don't receive the kind of support I wish to receive from the seniors because mostly they are not on the ground. They are there as unit matrons to check if you don't have resources, or if there is a shortage. Sometimes they don't even help if you have a shortage in the ward. Sometimes you have to see what you can do on your own.*

Inexperienced Nurse Leader (06) stated, *"When they see a gap they mentor us so that we can learn and change."* Despite the differences in the responses given by INLs about mentoring, they appreciated the positive impact of the information or skills shared by SNOs. The INLs gained either theoretical knowledge or practical skills on how to lead and manage the wards/units. They knew who to consult if they needed support. An inexperienced Nurse Leader (08) narrated that *"Briefing on leadership is good because you know where to start and where you are going. If you are stuck, you know you have support".* An inexperienced Nurse Leader (01) added, *"The mentorship has impacted me positively. She is a hard-working nurse and I have been mentored and encouraged to be that way. I have been mentored to do things on time."* Furthermore, INL (02) said, *"When they see some gaps during supervision, they approach us and tell us where we are failing or doing wrong for us to change"*.

The findings revealed that SNOs were either mentoring, orientating, or briefing INLs about clinical nursing leadership. However, mentoring is an extremely effective method for attracting and retaining young nurse leaders (Bittner, 2019; Wissemann et al., 2022). Mentoring creates supportive conditions for young nurse leaders to grow and thrive. Furthermore, the findings revealed that none of the hospitals had guidelines or a procedure manual explaining how the mentoring, orientation, or briefing was to be conducted. Each SNO did what they, as an individual, felt was the right way of doing it. Senior Nursing Officer (010) narrated:

> *I wish the hospital had a system of mentorship. I came from another hospital and I did not know much about leadership. There is a tendency where you are just thrown into leadership.*

Senior Nursing Officer (05) said, *"We do not have a written guide or protocol for mentorship. For me, I do it based on the job description and what is expected of the ward in-charges to do."* Nevertheless, mentoring is productive when there are clear ground rules or guidelines (Sarabipour et al., 2022; Ssemata et al., 2017). The protocols help to minimize frustration and misunderstandings and give the mentoring arrangement the best possibility of success.

Furthermore, the findings revealed that certain SNOs were dedicated to the mentoring of INLs while others were not or were doing it partially. Hence, the performance of INLs in the wards/units was also different. Senior Nursing Officer (08) narrated, *"We hear junior nurses from other wards lamenting that they wish their ward was managed like ours. Our ward is well coordinated and people work in harmony"*. Poor clinical leadership can have a detrimental effect on patients' outcomes and hinder the achievement of clinical goals (O'Hara et al., 2019; Uwisanze et al., 2021). In addition, the findings revealed that some SNOs were not mentored appropriately when they were INLs. As a result, some were determined to ensure INLs were mentored because they appreciated its importance while others were maintaining the status quo. Senior Nursing Officer (07) explained, *"Some of us have never attended an induction course on leadership since we started work. So some things we are learning on the job. When we are not sure at times we consult"*. It can be difficult for an SNO to teach INLs what the individual was not taught when the person was a junior nurse leader. Besides, some SNOs were not mentored even in their current leadership position. Senior Nursing Officer (010) narrated, *"When I was promoted to SNO, I expected to be mentored but nothing happened. I am just learning things on my own."* Apart from mentoring, some of the SNOs

lamented the lack of leadership support from the chief or district nursing officers who were their immediate supervisors. Senior Nursing Officer (07) explained:

> *As a senior nurse leader, you may have rules that you want to implement in your ward, then you try to implement them but then you lack the support of top senior management. You can decide that in my ward I don't want people to do this and that. So you warn a nurse in your ward who is doing the wrong things but the nurse continues with the bad behaviour. You decide to take the issue to the next level but nothing happens. So you get frustrated as a ward in-charge.*

Senior Nursing Officer (05) added:

> *I am a senior but I have a chief nursing officer above me and I need her support. There are some things that if you do not get support from the top you can't do them on your own. But at times the support is not there.*

Leadership support is essential at all levels for the fulfillment of organizational goals (Northouse, 2019; Dayanti et al., 2022). Nurses working at the bedside needed support from the INLs who were ward in-charges. The INLs needed support from the SNOs while the SNOs needed support from the chiefs or district nursing officers. Ineffective leadership support can hamper employees' engagement and morale in an organization (Sullivan, 2018; Aufegger et al., 2020). It can result into poor clinical outcomes.

Mentoring Descriptive Statistics

The mentoring element of SL was examined using a validated clinical tool developed by Yukawa et al., (2020). Permission to use the tool was granted by the researchers (Appendix X). The tool explored the measure of mentoring that SNOs provided to INLs. It was a Likert scale of 14 items on a 7-point scale (strongly disagree, disagree, slightly disagree, neutral, slightly agree, agree, and strongly agree). Table 4.3 displays the means and standard deviations of the perception of INLs on mentoring provided by SNOs. The majority of the INLs slightly agreed to receive mentoring from SNOs. The result concurred with the comments that were made by most of the INLs during interviews. Question 3, *demonstrates professional expertise* had the highest mean of 6.02±1.19 followed by question 1, about the accessibility of the SNOs, 5.92±1.21. A clinical mentor is expected to have the expertise to teach and serve as a role model for an inexperienced individual (Kung et al., 2023). The statistical result on the accessibility of SNOs concurred with information that was collected from the senior leaders. The SNOs' doors were open and INLs were encouraged to consult in case of any challenges in the leadership and management of the wards/units. Being accessible is a vital characteristic that every leader should strive to exemplify (Mianda & Voce, 2018; Diggele et al., 2020). Question numbers 12 and 13, *provides thoughtful advice on my scholarly work* and *is supportive of work-life balance* had the lowest means, 4.62±1.46 and 4.94±1.55 respectively. The results demonstrated that SNOs neither supported nor engaged themselves in the career progression and personal life demands of the INLs. However, SL demands a leader to mind and care for the well-being of followers (Zaiton & Ouakouak, 2018). The overall mean and standard deviation was 5.44±1.04, which affirmed a level of agreement to mentoring.

Table 4.3

Means and Standard Deviations of Inexperienced Nurse Leaders on Mentoring

n = 53

	Mean	Std. Deviation
1. Is accessible	5.92	1.21
2. Is an active listener	5.81	1.24
3. Demonstrates Professional expertise	6.02	1.19
4. Encourages INLs to establish an independent Career	5.47	1.40
5. Provide useful critique for INLs' work	5.53	1.32
6. Motivate INLs to improve their work	5.70	1.38
7. Is helpful in providing direction and guidance on professional issues	5.91	.97
8. Acknowledges INLs' contributions appropriately	5.53	1.25
9. Takes sincere interest in the INLs' career	5.09	1.42
10. Helps INLs create clear goals	5.00	1.47
11. Facilitate building of a professional network	5.06	1.52
12. Provide thoughtful advice on my scholarly work	4.62	1.46
13. Is supportive of work-life balance	4.94	1.55
14. Overall, I am satisfied with my senior nurse leader	5.60	1.43
Overall	5.44	1.04

The study also examined SNOs' perceptions of their mentoring. Table 4.4 displays the means and standard deviations of the SNOs' perception of mentoring. The SNOs mostly agreed that they provided mentoring, with the overall mean and standard deviation being 6.06±0.60. Question 1, on the SNOs' accessibility, had the highest mean (6.45±0.67) followed by question 2, *I am an active listener* (6.43±0.59). Question 3, *I demonstrate professional expertise* had the third highest mean (6.40). These findings resonated with those of the INLs. Question numbers 14 and 12, *overall, I am satisfied as nurse a leader* and *I provide thoughtful advice on INLs' scholarly work* registered the lowest mean scores, 5.12±1.84 and 5.64±1.23. During interviews, several SNOs expressed some dissatisfaction with their work as senior nurses. The

SNOs narrated a lack of support, underpayment, and limited career progression as part of the challenges encountered in clinical practice. Poor work relations, underpayment, limited career progress, and lack of appreciation and support are factors that can cause employee dissatisfaction (Pandey & Asthana, 2017; Inayah & Khan, 2021).

Table 4.4

Means and Standard Deviations of Senior Nursing Officers on Mentoring

	Mean	Std. Deviation
1. I am accessible	6.45	.67
2. I am an active listener	6.43	.59
3. I demonstrate professional expertise	6.40	.67
4. I encourage INLs to establish an independent Career	6.12	1.17
5. I provide useful critique for INLs' work	6.07	.95
6. I motivate INLs to improve their work	6.36	.79
7. I am helpful in providing direction and guidance on professional issues	6.36	.73
8. I acknowledge INLs' contributions appropriately	6.29	.67
9. I take a sincere interest in the INLs' career	5.90	1.21
10. I help INLs create clear goals	5.93	.87
11. I facilitate building of a professional network	5.83	1.21
12. I provide thoughtful advice on INLs' scholarly work	5.64	1.23
13. I am supportive of work-life balance	5.93	.95
14. I am satisfied as a senior nurse leader	5.12	1.84
Overall	6.06	0.60

Work and Social Relationships

Senior Nursing Officers explained the work and social relationships existing among nurses, and with other healthcare professionals, and support staff. Work relationships were built through meetings and open communication. Senior Nursing Officer (08) narrated, *"We conduct meetings once a month to remind each other of what we are expected to do"*. Senior Nursing Officer (03) added, *"I deliberately make every effort to associate and chat with my nurses to create a friendly atmosphere. My presence can bring harmony among the nurses"*. Relationship building is a deliberate effort that a person makes to develop social connections (Feo et al., 2017; Chak, 2018). Besides, a leader who values personal connections with staff members has a greater impact on employees' happiness than pay and perks. Relationships enhance therapeutic connections that exist in clinical practice among healthcare professionals (Vatn & Dahl, 2022; Wright, 2021). Communication, trust, and respectful interactions are essential elements that glue the relationships in clinical practice. The findings showed that some wards were so big that nurses had to work in teams and different shifts. These nurses hardly met however, technology offered a solution for such types of wards/units to develop work and social relationships. Senior Nursing Officer (07) narrated:

> *We have a WhatsApp group for the ward where we communicate issues about the care of our patients and can give quick feedback. At times we also conduct continuous professional development sessions to build our team and work relationships.*

The SNOs also talked about existing social welfare groups that promoted social relationships. The welfare groups were either at the ward level, departmental level, or hospital level. These welfare groups had functional committees and members contributed money. The members

supported each other with money during various functions such as weddings, funerals, birthdays, and others. Besides, the social welfare groups had WhatsApp forums, and social issues were communicated through these channels. The SNOs acknowledged the importance of social relations in the workplace. Senior Nursing Officer (09) narrated, *"We spend more of our time at work than home. So we need a conducive social environment even for us to provide better services to our patients".* Human relations at the workplace enhance morale, creativity, good health, and performance (Tran et al., 2018, Marshall, 2021*).* Furthermore, a person's sense of connectedness to others promotes work motivation in a much more tangible way.

The SNOs narrated the positive impact of relationships on the performance of INLs. The INLs felt welcomed in the wards/units where staff had positive work and social relationships. Such environments enhanced learning and better performance for the junior leaders. Senior Nursing Officer (03) said, *"In times of staffing challenges people are willing to help. For example, if someone is sick, because of good relationships others come and work"*. Furthermore, the SNOs said good relationships promoted team working and the achievement of clinical goals. Senior Nursing Officer (07) commented, *"If there is a good relationship you work together as a unit. It brings oneness, and as such you can achieve the goals of the unit".* Senior Nursing Officer (010) agreed:

> *If you know the people you are working with it's easy to communicate with them. For example, it's difficult to supervise someone whom you have never interacted with. It's difficult to tell them to do something or that they did not do something well. You don't have that connection (SNO, 010).*

Positive social and work relationships promote the well-being of workers and guard against the negative impacts of stress at the workplace (Vatn & Dahl, 2022; Wright, 2021). This is

essential for nurse leaders who work in clinical environments that are most stressful (Potter et al., 2020).

Despite the positive impact of work relationships, some SNOs expressed that the relationship between SNOs and INLs should be developed with caution. According to the SNOs, harsh or too-friendly work relationships could have a negative impact on work or patient care. Senior Nursing Officer (03) narrated, *"I believe if you become too familiar or friendly with your subordinates it may undermine your leadership. It may be difficult to correct them when someone does something wrong"*. Other SNOs were of the view that building a relationship is personal and cannot be forced on someone. *"I have tried as a leader to build relationships with other nurses but you can sense some reservations"* (SNO, 010). Senior Nursing Officer (04) added, *"Some people have a negative attitude even when you try to connect with them."* Most of the problems in workplace relations originate from miscommunication and misunderstanding (McKeown & Ayoko, 2020; Maassen et al., 2021). These challenges can be resolved if workers can practice empathy and open-mindedness. Besides, nurse leaders are anticipated to strive to build relationships with other nurses and healthcare professionals to create positive work environments that can promote the achievement of clinical goals (Sullivan, 2018; Maassen et al., 2021).

Inexperienced Nurse Leaders concurred that SNOs were striving to build relationships in the wards/units through meetings, open communication channels, and subordinate involvement in decision-making. Inexperienced Nurse Leader (03) explained:

> *She calls for a meeting when we have issues so that we discuss them as a team. I remember two weeks ago we had a meeting about team working. If we see a friend*

doing something wrong, we are encouraged to correct one another politely so that we maintain good relationships. In the long run, we can be able to achieve our goals.

An inexperienced Nurse Leader (09) said, *"We have clear channels of communication. People are aware of how to communicate when they have issues"*. In addition, INL (06) stated:

Our senior matron is open. If you have an issue she is approachable. She encourages us to report if we have any issues. We also have meetings every week where we discuss issues that we have in the ward.

Furthermore, the INLs also acknowledged the significance of relationships in their performance. Positive relationships enabled them to lead effectively, receive support from other nurses, provide quality patient care, and achieve clinical goals. Inexperienced Nurse Leader (03) said:

When a relationship is good leadership is so easy. When a relationship is not good leading the people in the ward becomes difficult. For example, when you have a gap you can easily approach someone to come if the relationship is good. But if you know someone can help but you do not have a relationship it can be difficult. So the relationship is important and it is the hub of team working.

An inexperienced Nurse Leader (07) added, *"It pushes you to do better when you have the right work relationships with everyone"*. Inexperienced Nurse Leader (09) also explained:

A good relationship is important for leadership. When there is a bad relationship among the team that you supervise it's tough for the in-charge to perform her duty. Some may feel you are favouring someone just because they are not on good terms with

the other person. People understand each other when there is a good relationship in a team.

Besides the positive impact of workplace relationships on performance, another INL gave a caution on the extent to which it could be done. As expressed by some SNOs, a nurse leader was not supposed to be too friendly or harsh to juniors to avoid compromise in the execution of leadership. The INL (01) said:

If you are a nurse in charge and you relate with people, people can find it easy to come to you. Of course, you are not supposed to be very flexible but approachable because if you are very flexible people will take it as a weakness in you."

Dionísio et al. (2022) argue that flexible leaders easily welcome change and are open to new ideas. Otherwise, a rigid leadership approach originates from the old school. Flexibility is an attribute of an effective leader in the 21st century (Rejouis & Boyce, 2018; O'Hara et al., 2019). Besides, leadership is anticipated to be employed based on the situation at hand and the nature of the work environment. Therefore, nurse leaders should know leadership styles that can be used in diverse circumstances and work environments (Sullivan, 2018; Cummings et al., 2021).

Relationship Building Descriptive Statistics

The relationship-building element of SL was examined using a validated clinical assessment tool to determine its influence on the performance of INLs. The tool was developed by Biggs et al. (2016) and was used with permission (Appendix XVI). The tool used a Likert scale of 9 items on a 7-point scale (strongly disagree, disagree, slightly disagree, neutral, slightly agree, agree, and strongly agree). Table 4.5 outlines the means and standard deviations of the perception of INLs on relationship building. Question 8, *positive work relationships are*

encouraged in the hospital had the highest mean score of 5.79±1.42. The INLs narrated how leadership was made easy because of existing work relationships. For example, if there was a shortage of staff at a given shift, nurses were much more willing to assist and support. In the long run, clinical goals were accomplished. Question 4, *I am valued by my senior nurse leaders* had the second highest mean score of 5.75±1.08. Valuing workers promotes a positive work culture in which employees are fulfilled, loyal, engaged, and motivated to perform at their very best (Rogers, 2018; Northouse, 2019). Question numbers 6 and 3, *I find it hard to work with SNOs* and *I find it hard to work with at least one group of health care workers* had the lowest mean of 2.36±1.50 and 2.91±1.74 respectively. Misunderstanding and miscommunication are the main causes of relationship conflict in clinical practice (Tosanloo et al., 2019; Čartolovni et al., 2021). Nevertheless, conflict is natural and unavoidable in any organization. Conflict can help with problem-solving, clarifying difficulties, increasing participant involvement and commitment, and ultimately leading to a better conclusion or outcome if managed positively. The overall mean was 4.66±1.31, which meant that the INLs were mostly neutral about relationship building in clinical practice.

Table 4.5

Means and Standard Deviations of Inexperienced Nurse Leaders on Relationship Building

*(*n = 53)

	Mean	Std. Deviation
1. Some healthcare team members are hard to work with	5.32	1.90
2. There are certain healthcare team members that I come into conflict with	4.08	2.05
3. I find it hard to work with at least one group of healthcare workers	2.91	1.74
4. I am valued by my senior nurse leaders	5.75	1.07
5. The senior nurse leaders respect me	5.57	1.28
6. I find it hard to work with senior nurse leaders	2.36	1.50
7. A culture of harmonious working relationships is encouraged in this hospital	5.32	1.50
8. Positive working relationships are encouraged in this hospital	5.79	1.42
9. The hospital favours certain groups or individuals over others	4.40	1.94
Overall	4.66	1.31

Table 4.6 displays the means and standard deviations of SNOs' perception of relationship building. Question 1, *some healthcare team members are hard to work with* had the highest mean of 6.90±11.19. The perceptions concurred with those of INLs. Question 5, *INLs respects me* had the second highest mean score of 5.50±1.28. Thus, while the INLs were valued by the SNOs, the SNOs were respected by the INLs. Respect for organization leaders and value for workers enhances employee engagement and the ability to share new ideas without fear (Rogers, 2018; Northouse, 2019). It increases morale, productivity, and achievement of organizational goals. Question numbers 6 and 3, *I find it hard to work with INLs* and *I find it hard to work with at least one group of health care workers* had the lowest mean of 1.90±2.02 and 3.10±1.28 respectively. Being hard to work with certain individuals is

an element that was also perceived by INLs. The overall mean was 4.66±1.31. Thus, statistically, the perceptions of INLs and SNOs on relationship building were almost the same.

Table 4.6

*Means and Standard Deviations of Senior Nursing Officers on Relationship Building (*n = 42)

	Mean	Std. Deviation
1. Some healthcare team members are hard to work with	6.90	11.19
2. There are certain healthcare team members that I come into conflict with	4.14	1.92
3. I find it hard to work with at least one group of healthcare workers	3.10	2.02
4. I am valued by my inexperienced nurse leaders	5.10	1.78
5. Inexperienced nurse leaders respect me	5.50	1.60
6. I find it hard to work with Inexperienced Nurse Leaders	1.90	1.28
7. A culture of harmonious working relationships is encouraged in this hospital	5.64	1.58
8. Positive working relationships are encouraged in this hospital	5.90	1.34
9. The hospital favours certain groups or individuals over others	3.74	2.12
Overall	4.66	1.31

Team Working Symbiotic Connections

The study explored how SNOs promoted team working and how it influenced the performance of INLs in the wards/units. The findings revealed a symbiotic relationship between team working and relationship building. Where relationship building was promoted, the result was team working and vice versa. Senior Nursing Officer (07) narrated, *"If there is good relationship you work together as a unit. So good relationships bring oneness."* Open communication and respect are essential characteristics of healthy relationships and are helpful in team working (Sanyal& Hisam, 2018; Tosanloo et al., 2019). Team working accords a leader and followers an opportunity to discuss new ways of fulfilling organizational goals (Sanyal & Hisam, 2018; Northouse, 2019). The SNOs explained diverse means used to promote

teamwork in the wards/units. The goals of the wards/units were shared with nurses and other healthcare workers to ensure that they all worked towards the fulfillment of the goals.

The delivery of quality and comprehensive care to patients and clients is achieved by a multidisciplinary team (Zajac, et al., 2021, Potter et al., 2020). So, healthcare workers conduct multi-disciplinary meetings where they remind each other of the goals of the wards/units and their professional responsibilities. Senior Nursing Officer (08) explained, *"We do have frequent meetings so that we remind each other about our goals"*. In addition, the tradition of working in shifts and the development of duty rosters and task allocations have made nurses and other healthcare professionals work in teams. Communication and good work relations are the key elements that promote and uphold the continuation of the delivery of care in teams (Souza et al., 2016; Hartwig et al., 2020; Zajac, et al., 2021). Besides face-to-face interaction, SNOs talked about official and social WhatsApp groups through which they communicated work and social-related issues. Senior Nursing Officer (07) agreed, *"There should be good communication systems, frequent meetings, and openness. We should also promote social gatherings in that way we can promote team spirit".*

The SNOs acknowledged the significance of team working in the performance of INLs. Most of the positive outcomes of team working were similar to those of work and social relationships. The positives were the enhancement of delivery of health care to patients and clients, the opportunity to learn and receive support from others, relationship building, and the promotion of confidence. Senior Nursing Officer (06) commented:

> *Teams are effective for leadership. They help us to know the strengths of our young nurse leaders and how they are performing. In our ward, we do have a working team*

at a given time. Other teams will be off duty or coming to the next shift. So the arrangement makes leadership supervision easier.

The INLs affirmed that SNOs promoted team working through shared goals, meetings, and team engagement. They also agreed that working as a team improved patient care and leadership performance. An Inexperienced Nurses Leader (010) said:

When coming to work you are mentally prepared because you know the people you are going to be working with. You know their likes and dislikes. Because it is a team, members know each other well and know what to do when they are on duty. So it makes you come to work excited.

Inexperienced Nurses Leader (03) added:

The working teams have leaders. So, some minor issues are handled at the team level during the working period in the absence of a nurse in-charge. The team leader acts as an in-charge, especially during the night. So, teams support in-charges in terms of management.

Much work is done when people work together as a team. In clinical practice, patients/clients receive comprehensive care from a multi-disciplinary team (Anderson et al., 2021; Potter et al., 2017). Working in a team, however, has its challenges. These challenges can be magnified in a multi-disciplinary team. Inexperienced Nurses Leader (01) lamented:

I can say working in a team sometimes affects me negatively. Because sometimes, there can be an issue between the doctors and anaesthetists and someone may still come to me because I am in charge. But I am not responsible for the departments of the

anaesthetists or the doctors. So, I also just refer the issue to the seniors of the respective departments.

Efficient and effective communication can promote and uphold the continuation of care in a multidisciplinary team (Hartwig et al., 2020; Zajac, et al., 2021). Communication enhances mutual respect, professional bonds, trust, and collaboration and helps to resolve conflict among inter-professional teams.

Team Working Descriptive Statistics

The team-working element of SL was measured using a validated clinical assessment tool to determine its influence on the performance of INLs. The tool was created by Kalisch et al. (2010) and was used with permission (Appendix XII). It was a Likert scale of 33 items on a 5-point scale rarely [1], 25% of the time [2], 50% of the time [3], 75% of the time [4], and always [5]. The tool had five categories namely; Trust (items 1 to 7), Team Orientation (items 8 to 16), Backup (items 17 to 22), Shared Mental Model (items 23 to 29), and Team Leadership (items 30 to 33). Figure 4.3 displays the means and standard deviations of the five subcategories of teamwork for INLs. The findings revealed that team leadership had the highest mean score of 4.23±0.55. Thus, INLs were able to oversee, distribute, and balance the nurses' workload while providing formal support (Kalisch et al., 2010). Data from in-depth interviews confirmed that INLs led the wards/units, distributed tasks, and were hands-on in support of the nurses who were providing bedside nursing. The second highest subcategory was backup with a mean of 4.16±0.55. This means that when team members noticed that someone was busy or overburdened with work, they gladly assisted and helped one another (Kalisch et al., 2010). The subcategory of the shared mental model had the very lowest mean score of 1.48±0.57. The category required each team member to be aware of their job and duties to produce high-quality

work (Kalisch et al., 2010). The second lowest subcategory was trust with a mean score of 3.69±0.79. Trust could be jeopardized because of the level of conflict and the difficulty of working with certain healthcare members that existed in the wards/units. Nevertheless, the overall mean was 4.01±0.53. Thus, team working attributes were demonstrated 75% of the time according to the perception of INLs.

Figure: 4.3

Overall Means and Standard Deviations of INLs on Team Working

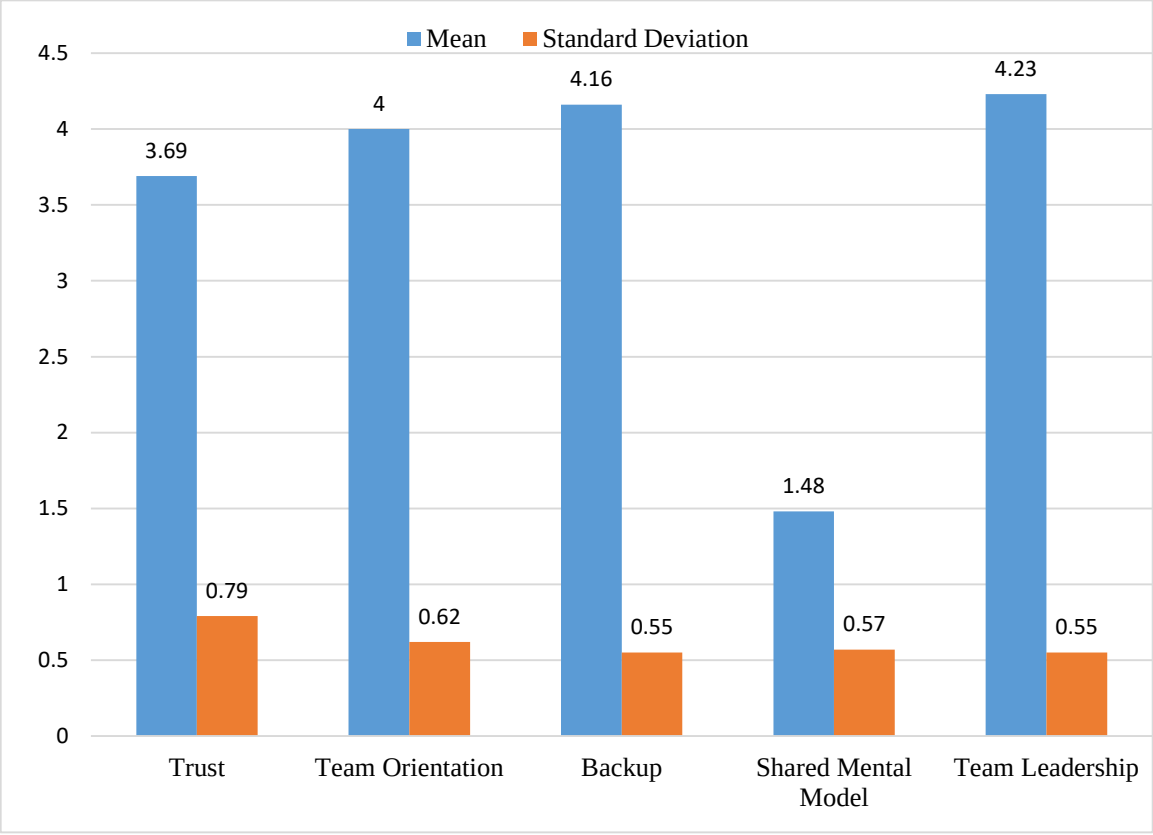
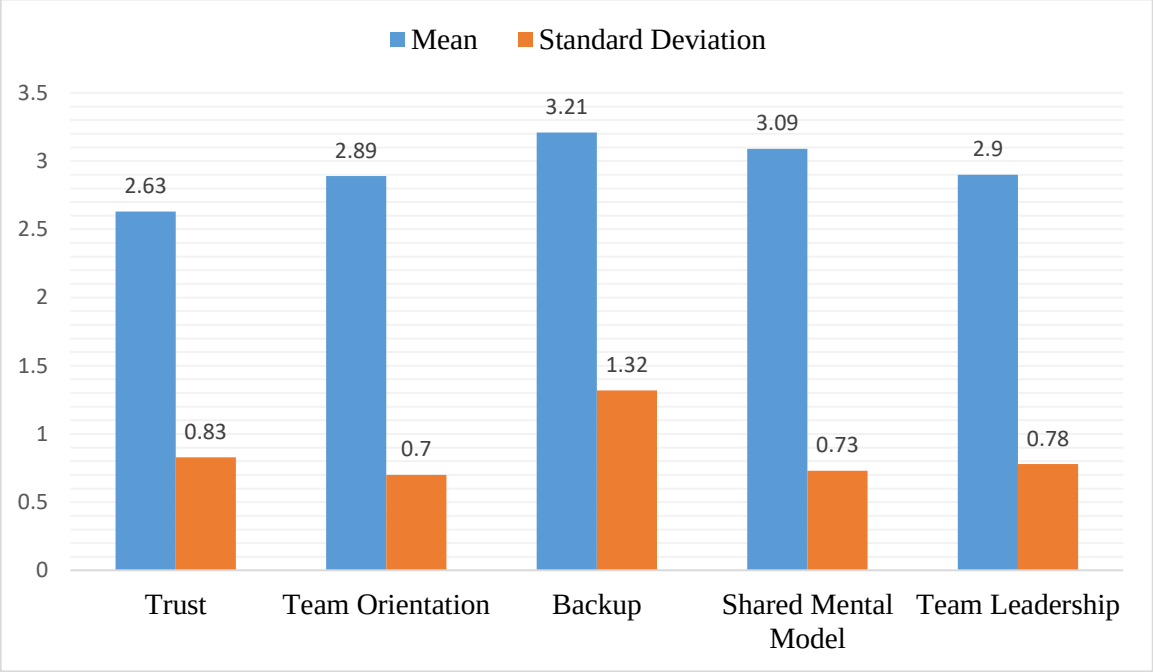


Figure 4.4 displays the means and standard deviations of SNOs' perception of the team working. The overall mean score was 2.94± 0.73. Thus, SNOs mostly agreed to less than 50% of the items of the team working. The means per category were trust 2.53±0.83, team

orientation 2.89±0.70, backup 3.21±1.32, shared mental model 3.09±0.73.83 and team leadership 2.90±0.78.

Figure: 4.4

Overall Means and Standard Deviations of SNOs on Team Working



Variations of the Clinical Work Environment

The study explored a positive work environment and its impact on the performance of INLs. The work environment can motivate or demotivate employees and has a direct positive or negative impact on organizational outcomes (Hafeez et al., 2019; Sullivan et al., 2018). The SNOs expressed the positives and the negatives of the clinical environment. Some explained clean work environments with good work and social relationships. Senior Nursing Officer (07) narrated:

In comparison to other wards, our working environment is very clean. You look forward to coming to work, you know the environment is just ok, and the relationships are good. Cleanliness and availability of resources are just okay. It pushes you to do your level best to maintain the department.

Senior Nursing Officer (03) added:

The working environment is pleasant. It creates a favourable environment for the delivery of patient care. The nurse leader can also work properly. Nurses are willing to work and assist where possible which makes the work of a leader easier. The leader feels comfortable working in such an environment.

Another SNO (07) commented:

The work environment is good because everyone knows what they are supposed to do. All in all, we are bound by the rules of the unit. We have rules on what to do in the evenings and weekends and the working days. The rules bind us.

While some SNOs narrated positives about their clinical environments (wards/units), others said negatives about them. The SNOs, for example, lamented about the shortage of staff which according to (WHO, 2020) is a global phenomenon. Senior Nursing Officer (08) narrated, *"Our working environment is a challenge despite working hard. It is a long-standing problem and it is a shortage of nurses"*. In addition, the findings revealed that some of the wards/units were hectic because of the nature of care provided e.g. the labour ward. As such, the problem of staff shortage impacted greatly the nurses and the care provided. The nurses were burnt out. Burnout has a negative impact on nurses' personal lives, the patients they care for, and the

organizations for which they work (Davison, 2018, Potter et al., 2020). Senior Nursing Officer (06) lamented:

> *In my ward, we have challenges in terms of human resources. As a nurse leader, I am supposed to be overall in charge of seeing how people are providing care, coaching them, mentoring them, and also doing some leadership activities like performance appraisals, infection prevention supervision, and development of protocols. But, because of shortage I leave the leadership roles and start assisting with the actual care. You can't mentor someone without working with them but at the end of the day, you do a lot of bedside care and forfeit the leadership roles.*

Senior Nursing Officer (010) added, *"We have a very busy ward whether during the day or night. Mostly nurses are up and down assisting patients in one way or another"*. The increase in disease burden and the number of patients were also making the wards/units hectic in workplaces. Malawi was experiencing a cholera outbreak at the time of the study, and none of the hospitals were spared (UNICEF, 2023). Each facility had a cholera camp which meant healthcare workers were split to work both in the wards/units and at the camps. Senior Nursing Officer (010) narrated further, *"The ward is also congested with patients and aeration is a problem. The ward was designed for few patients"*. Senior Nursing Officer (01) also said, *"We have high numbers of patients and it contributes to a lot of work."*

Inadequate material resources were the other challenge being experienced in most of the hospitals. Senior Nursing Officer (06) lamented:

> *The unavailability of resources frustrates us. As I am talking now there is no hydrazine in the ward and yet we are having a lot of cases with eclampsia and severe eclampsia.*

But when you go to the ward as a Senior Nursing Officer people expect you to have all the answers. So, it is frustrating. Right now, I want to print protocols but there is no stationary. So, you're not even sure whether you should use your own money.

Senior Nursing Officer (08) added:

Sometimes we have no syringes, no gloves and it's really hard to work. The nurses can just inform you that we do not have this and that and we are not going to work. So you sweat going around other wards looking for resources to be used in the department.

Research reveals that the provision of quality and comprehensive healthcare services is seriously threatened by shortages of financial, material, and human resources in Low-Middle Income Countries (LMICs) like Malawi (Fanelli et al., 2020; Phelan et al., 2022). However, there is not a single perfect healthcare system design, and there are no simple adjustments that ensure superior outcomes. The problems explained by nurse leaders, therefore, may require long-term solutions and a multi-sectorial approach. Nevertheless, LMICs are anticipated to have the political will and type of governance that strive to enhance healthcare staffing levels, availability of material resources, and adequate health facilities for better healthcare delivery systems (Phelan et al., 2022).

Some of the issues frustrating nurse leaders in clinical practice were related to policy and personal. The SNOs talked about failure to be promoted, to have a salary increase, to go to school for further education, or other incentives. Senior Nursing Officer (05) explained:

I know experienced nursing officers who are supposed to be promoted by now but they are still at the lower level after serving for more than 10 years. So, they are frustrated and they don't put up all their energy when they are on duty.

Senior Nursing Officer (01) added, *"Adequate salary is a motivating factor as well as an opportunity to attend workshops where you receive some allowances".* The findings further revealed that sometimes the needs and interests of the nurses were not in alignment with those of the hospital management. As such conflicts arose between the workers and the employers. Senior Nursing Officer (04) said:

> *Professional needs like opportunities for further education are available. But all of us cannot go at once. Some may be denied the opportunity when they want to go to school. So the work environment may seem not to be good.*

Research affirms that external factors such as an increase in salary, promotion, the opportunity for career progression, or bonuses can motivate employees to work hard in an organization (Scott, 2018, Vlaev et al., 2019). Employees can reduce work input or tender resignation if they are demotivated or frustrated at the workplace.

Senior Nursing Officers further narrated the significance of the work environment and its impact on the performance of INLs. A positive work environment allows INLs to lead effectively, be comfortable, handle situations, receive support, achieve goals, plan for tomorrow, and learn. Senior Nursing Officer (03) explained:

> *A good working environment provides a conducive place for patient care. The nurse leader can work properly and nurses are willing to assist where possible which makes the work of a leader easier. The leader feels comfortable working in such an environment.*

Senior Nursing Officer (07) agreed, *"In a good work environment, inexperienced nurse leaders can easily solve problems. They can handle situations and they can plan for tomorrow"*. Other

SNOs acknowledged the challenges faced by the INLs because of a shortage of human, material, and financial resources. However, with positive team working, social and work relationships the challenges could be concurred. Senior Nursing Officer (08) explained:

> *Most young nurse leaders accept the situation and the problems at hand because they know what has been done and what has failed in an attempt to solve the problems. So mostly we put our heads together and agree on how we use the available resources. By the end of the day, we manage to work and achieve our goals*.

Senior Nursing Officer (010) added, *"Because our work relationship is good we can provide care though with limited resources. We understand each other, and if there is any complaint we solve it amicably"*.

Senior Nursing Officers working in the wards/units that were considered none conducive also explained the effect of the workplaces on the performance of INLs. In such environments, the INLs fail to learn and lead effectively. Besides, INLs worked under frustration which led them to experience burnout. Senior Nursing Officer (05) stated, *"I think there is nothing that they can learn as a leader. I don't think they can be able to handle a ward the way it is supposed to be*". Senior Nursing Officer (010) also lamented:

> *The inexperienced nurse leaders are negatively affected. Just from the general outlook of the ward people can tell it is a very busy ward. Even when new nurses are joining the department, they receive negative information. They come with the fear of what will I see and how will I manage. So, when they join they are already discouraged and they need a lot of motivation. So, we try our best to motivate them but it may not be satisfying. Maybe we could offer frequent rotations as a breather for the nurses.*

The INLs also lamented much about the shortage of personnel, materials, and financial resources. The researcher visited a ward that had a critical shortage of nurses, on a certain day during data collection. The ward had two nurses on duty instead of five. Inexperienced Nurse Leader (02) narrated, *"It's hard, like today there are two of us, at times you find yourself alone."* Sadly, the SNO did not come to the ward to give a hand in such a situation. The INL (02) further said:

> *The senior nurse may just come and ask why is this one not on duty. She does not give a hand and she does not call the people who have failed to come. In other units, maybe they help. Most of the time the senior nurse for our unit is not around and no one comes to check on us.*

An inexperienced Nurse Leader (09) concurred on the lack of support from SNOs and said, *"There is no full support from senior nurses. When something goes wrong they just come and shout without sitting down with you to discuss what happened and assist you where necessary".* Other INLs also expressed their concerns about material resources and finances. An inexperienced Nurse Leader (04) said:

> *It's challenging because at times you do things that you are not supposed to do. For example, with the ban on the use of chlorine on instruments, we are supposed to use cidex. But at times we have none. So we are told to use an antiseptic solution which is used to clean wounds. It's very unfair because of infection.*

Another INL (07) added:

> *It's tough and mostly frustrating. You have a team that knows what to do but it can't do it because of resources. Sometimes it's not because resources are not there but the*

seniors can tell you we are keeping these for emergencies. And when they are about to expire they call you to come and get them.

Furthermore, INL (01) lamented:

The real challenge at our hospital is finances. It's difficult to implement change because you are always told we don't have money for that. It demotivates your morale. You are excited to do something and you try and order something and it's not available.

Despite the challenges being encountered by the INLs in their work environments, the observation made during data collection meant that most of the nurses were proud to be leaders. Inexperienced Nurse Leader (02) said openly, *"It's because of the patients that I still come to work in such a challenging environment"*. This concurs with the traditional belief that nursing is a calling (Kozier et al., 2016; Potter et al., 2018). As such, patients are a priority for the nurses regardless of the clinical environment. The nurses get satisfaction and a feeling of fulfillment when a patient recovers from sickness after being given the necessary quality nursing care (Khamisa et al., 2017; Potter et al., 2020).

Inexperienced Nurse Leaders agreed with comments made by some SNOs on the positive effects of the work environment on their performance. An inexperienced Nurse Leader (08) stated, *"Our work environment is conducive because we can do our daily routines comfortably and we have the resources to provide the necessary care to our patient."* An inexperienced Nurse Leader (05) said, *"The working environment is good because we have adequate staff and the necessary resources. It's easy for a leader because you don't talk much. People just take resources and provide care"*. Another INL (06) added, *"We work as a team and the people are flexible and supportive. It makes work easier for me as a leader"*.

An analysing of the comments made by the SNOs and INLs evidently shows that the clinical working environment can be tough and frustrating. Collaborative nursing teams with good work and social relationships can be hindered from achieving clinical goals because of inadequate financial, material, and human resources.

Positive Work Environment Descriptive Statistics

The positive work environment element of SL was examined using a validated clinical assessment tool to ascertain its influence on the performance of INLs. The tool was created by Connor et al. (2018) and was used with permission (Appendix XIV). The tool used a Likert scale of 18 items on a 5-point scale (strongly disagree, disagree, neutral, agree, and strongly agree). Table 4.7 outlines the means and standard deviations of the perception of INLs about a positive work environment. Question 9, *staff members speak up and let people know when they've done a good job* had the highest mean score of 4.11±4.17. Workers get motivated when organizational leaders and other employees are made aware of a job well done (Northouse, 2019). Words of appreciation that are made for a good job boost morale and can enhance performance. Question 16, *staff are careful to consider the patient's and family's perspectives whenever they are making important decisions* had the second highest mean score of 3.96±0.78. Patient and family involvement in decision-making helps to reinforce the fundamental ethical principle of autonomy in the delivery of health (Varkey, 2021; Tartaglia, 2019). Question numbers 17 and 4, *there are motivating opportunities for personal growth, development, and advancement* and *the formal reward and recognition systems work to make nurses and other staff feel valued* had the lowest mean scores of 2.83±1.17 and 2.85±1.01 respectively. The nurse leaders lamented about how some nurses had worked for more than 10 years but without promotion. Others narrated how they were denied an opportunity for further

studies. Unhappy employees can be found in any organization. However, if an employee is not happy at the workplace, the individual can become demotivated to work which impacts the individual's performance (Russell, 2021; Rony et al., 2023). Besides, a disgruntled employee cannot provide quality services and this can have adverse effects on patients' outcomes in clinical practice. The overall mean was 3.63±0.56. The results meant that most of the INLs were neutral. They did not disclose the nature of their work environment.

Table: 4.7

Means and Standard Deviations of Inexperienced Nurse Leaders on Positive Work Environment (n=53)

	Mean	Std. Deviation
1. Staff maintain frequent communication to prevent each other from being surprised or caught off guard by decisions	3.74	.90
2. Involve nurses and other staff to an appropriate degree when making important decisions	3.89	.87
3. Make sure there is enough staff to maintain patient safety	3.91	1.01
4. The formal reward and recognition systems work to make nurses and other staff feel valued	2.85	1.1
5. Most nurses and other staff here have a positive relationship with their leaders	3.55	.91
6. Staff makes sure their actions match their words they "walk their talk."	3.34	.85
7. Staff are consistent in their use of data-driven, logical decision-making processes to make sure their decisions are of the highest quality	3.64	.86
8. Senior nurse leaders and doctors make sure there is the right mix of nurses, clinical officers, and other staff to ensure optimal outcomes.	3.68	.98
9. Staff members speak up and let people know when they've done a good job.	4.11	4.17
10. Nurses and other staff feel able to influence the policies, procedures, and bureaucracy around them.	3.30	1.05
11. The right departments, professions, and groups are involved in important decisions	3.81	.90
12. Staff to spend their time on the priorities and requirements of the patient and family care	3.60	.95
13. Nurse leaders demonstrate an understanding of the requirements and dynamics at the point of care	3.85	.86
14. Staff have zero tolerance for disrespect and abuse.	3.83	1.11
15. It is not one-way communication or order-giving. Instead, they seek input and use it to shape decisions	3.77	.97
16. Staff are careful to consider the patient's and family's perspectives whenever they are making important decisions	3.96	.78
17. There are motivating opportunities for personal growth, development, and advancement	2.83	1.17
18. Senior nurse leaders and ward in-charges are given the access and authority required to play a role in making key decisions	3.68	.85
Overall	3.63	0.56

Table 4.8 displays SNOs' means and standard deviations of their perceptions of the work environment. Question 3, *senior nurse leaders and doctors working with nurses, clinical officers, and other staff to make sure there was enough staff to maintain patient safety* had the highest mean score of 5.52±7.859. Potter et al. (2017) concur that the provision of comprehensive and quality patient care demands a multidisciplinary team approach. Question 13, *nurse leaders demonstrate understanding of the requirements and dynamics at the point of care and use this knowledge to work for a healthy work environment* had the second highest mean score of 3.95±0.825. The nurse leaders explained how they struggled to ensure adequate staffing for quality care amidst a shortage of nurses. Others narrated how they went about in other wards/units looking for resources to be used in their departments. Question 10, *nurses and other staff feel able to influence policies, procedures, and bureaucracy around them* had the lowest mean score of 3.10±0.983. Employees are considered the engine that runs any organization (Daft, 2017; Ndikumana et al., 2020). Therefore, their non-involvement in decisions, procedures, and policymaking can have negative effects on organizational outcomes. Question 17, *there are motivating opportunities for personal growth, development, and advancement* had the second lowest mean score of 3.141±1.08. This concurred with the opinions of INLs. The overall mean was 3.65±0.82 which demonstrated that most of the SNOs were neutral on positive work environments just like the INLs.

Table: 4.8

Means and Deviations of Senior Nursing Officers' Perception of the Work Environment (n=42)

	Mean	Std. Deviation
1. Staff maintain frequent communication to prevent each other from being surprised or caught off guard by decisions	3.83	1.124
2. Senior nurse leaders, doctors, ward in-charges, and clinical officers involve nurses and other staff to an appropriate degree when making important decisions	3.83	.961
3. Senior nurse leaders and doctors work with nurses, clinical officers, and other staff to make sure there is enough staff to maintain patient safety	5.52	7.859
4. The formal reward and recognition systems work to make nurses and other staff feel valued	3.31	1.093
5. Most nurses and other staff here have a positive relationship with their leaders	3.33	1.028
6. Senior nurse leaders, doctors, ward in-charges clinical officers, nurses, and other staff make sure their actions match their words they "walk their talk."	3.17	1.057
7. Staff are consistent in their use of data-driven, logical decision-making processes to make sure their decisions are of the highest quality	3.29	1.154
8. Senior nurse leaders and doctors make sure there is the right mix of nurses, clinical officers, and other staff to ensure optimal outcomes.	3.69	1.115
9. Senior nurse leaders, doctors, ward in-charges, clinical officers, nurses, and other staff members speak up and let people know when they've done a good job.	3.57	1.085
10. Nurses and other staff feel able to influence the policies, procedures, and bureaucracy around them.	3.10	.983
11. The right departments, professions, and groups are involved in important decisions	3.55	1.064
12. Support services are provided at a level that allows nurses and other staff to spend their time on the priorities and requirements of the patient and family care	3.64	.958
13. Nurse leaders demonstrate an understanding of the requirements and dynamics at the point of care and use this knowledge to work in a healthy work environment	3.95	.825
14. Staff have zero tolerance for disrespect and abuse. If they see or hear someone being disrespectful, they hold them accountable regardless of the person's role o	3.69	1.000
15. It is not one-way communication or order-giving. Instead, they seek input and use it to shape decisions	3.50	1.174
16. Staff are careful to consider the patient's and family's perspectives whenever they are making important decisions	3.93	.867
17. There are motivating opportunities for personal growth, development, and advancement	3.14	1.138
18. Senior nurse leaders and ward in-charges are given the access and authority required to play a role in making key decisions	3.60	1.083
Overall	3.65	0.82

Table 4.9 displays a sample of coding, emerging patterns and themes from the qualitative data. The analysis revealed four main themes: leadership induction and mentoring processes; work and social relationships; team working symbiotic connections, and variations of the clinical work environment.

Table 4.9

Sample Coding for Emerging Patterns and Themes in Qualitative Data

Qualitative Data Excerpts	Emerging Patterns	Theme
"There are many ways on how I mentor ILNs. I work together with them and I tell them what needs to be done and what is lacking," (SNO 04)	Information sharing and mentoring	Leadership Induction and mentoring processes
"I first of all give them an overview of our unit, what we do, what is it about the medical department, what are they going to be doing on daily basis, what are the policies and the procedures to follow when doing activities,"(SNO 08)	Orientation and information sharing	
"First of all I work with the nursing officer. I orient her to the ward physically and show her where resources are kept. Then I work with her as a SNO for her to observe the best practice to follow,"(SNO 03)	Orientation modelling, mentoring	
"First of all orient you and then work with you,"(INL06)	Orientation and mentoring	
"She just explained our responsibilities and said we can consult her if we have any challenges," (INL 03)	Leadership orientation	
"Mostly it's not about mentorship but rather supervision and monitoring you and sometimes guiding you where you have failed," (INL 04)	Supervision and monitoring	
"I deliberately make every effort to associate and chat with my nurses to create a friendly atmosphere. My presence can bring harmony among the nurses," (SNO 03).	Social interaction	Social and work relationships
"We have a WhatsApp group for the ward where we communicate issues about the care of our patients and can give quick feedback," (SNO 07)	Collaboration and interaction	
"We spend more of our time at work than home. So we need a conducive social environment even for us to provide better services to our," (SNO 09)	Social environment	
"Our senior matron is open. If you have an issue she is approachable. She encourages us to report if we have any issues." (INL 06).	Communication and openness	
"A good relationship is important for leadership. When there is a bad relationship among the team that you supervise it's tough for the in-charge to perform her duty," (INL 09.	Relationship and team working	
"We support each other's during social events such as wedding, funerals, birthdays and others through contributions," (INL 05).	Social support	
"If there is good relationship you work together as a unit. So good relationships bring oneness,"(SNO 07)	Relationship and collaboration	Team working symbiotic connections
"We should also promote social gatherings in that way we can promote team spirit," (SNO 08)	Socialization and team spirit	
"We do have frequent meetings so that we remind each other about our goals,"(SNO 04)	Communication and goals	
"When coming to work you are mentally prepared because you know the people you are going to be working with. You know their likes and dislikes,"(INL 10)	Relations and team spirit	

"Sometimes, there can be an issue between the doctors and anesthetists and someone may still come to me because I am in charge," (INL 01).	Team dynamics	
"We take care of one another socially through the welfare team. We care for each other as a family," (INL 05)	Team work and social support	
"In comparison to other wards, our working environment is very clean. You look forward to coming to work, you know the environment is just ok, and the relationships are good," (SNO 02).	Conducive environment Positive work relations	Variations of the clinical work environment
"The working environment is pleasant. It creates a favourable environment for the delivery of patient care," (SNO 03).	Pleasant environment and quality patient care	
"The unavailability of resources frustrates us. As I am talking now there is no hydrazine in the ward…," (SNO 06)	Lack of resources and frustration	
"Our working environment is a challenge despite working hard. It is a long-standing problem and it is a shortage of nurses," (SNO 08)	Shortage of staff Hard working	
"It's tough and mostly frustrating. You have a team that knows what to do but it can't do it because of resources," (INL 07).	Lack of resources Frustration	
"It's difficult to implement change because you are always told we don't have money for that," (INL 01)	Financial challenges Failure to effect change	
"The working environment is good because we have adequate staff and the necessary resources. It's easy for a leader because you don't talk much. People just take resources and provide care," (INL 05)	Conducive environment Adequate resources Simple leadership	

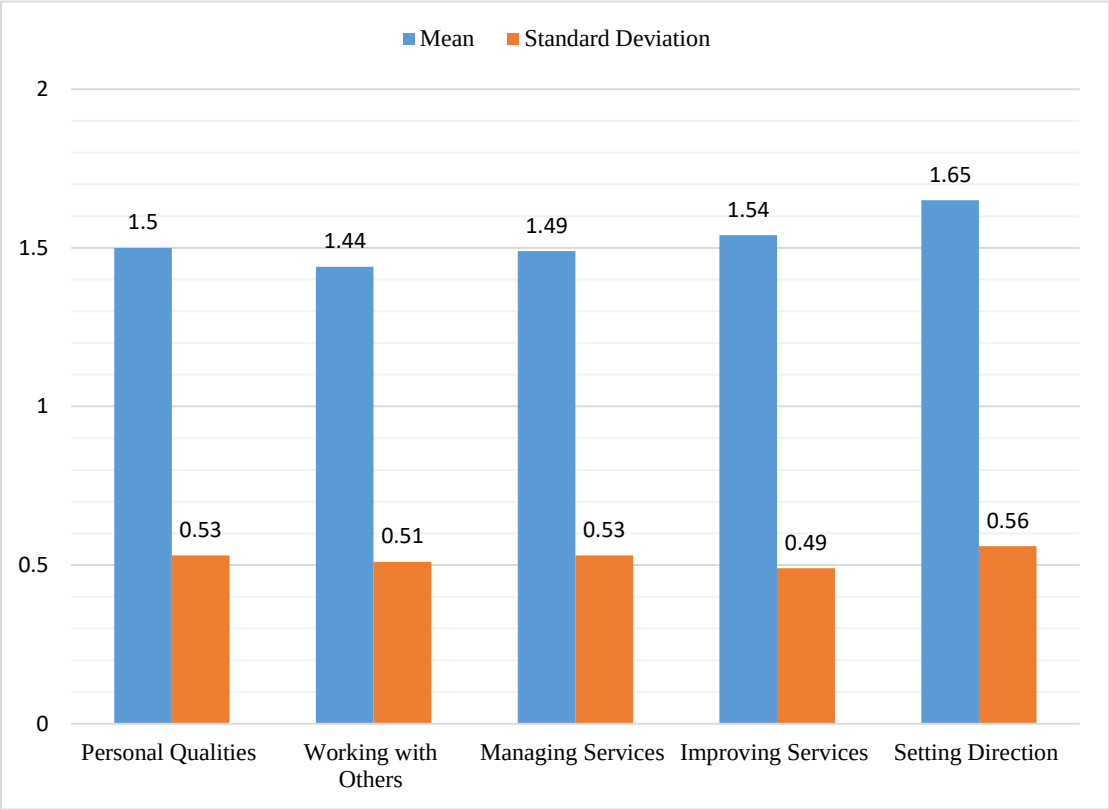
Performance Descriptive Statistics

The work performance of INLs was measured using a clinical leadership assessment tool developed by the National Health Service (NHS) Leadership Academy (2024). The tool was used with permission from the academy (Appendix XVIII). It had five assessment areas which included demonstrating personal qualities (items 1 to 8), working with others (items 9 to 16), managing services (items 17 to 24), improving services (25 to 32), and setting direction (items 33 to 40). The tool used a Likert scale of 40 items on a 4-point scale in ascending order; a lot of the time [1], some of the time [2], little of the time [3], and none of the time [4]. Forty signified a perfect score for leadership performance while 160 demonstrated zero performance. Figure 4.5 outlines the overall means and standard deviations of subcategories of leadership performance of INLs. The subcategory of working with others had the lowest mean score of 1.44±0.53. This entailed that INLs were mostly able to develop networks with other healthcare professionals and workers, patients, and their families to enhance the delivery of healthcare (NHS Leadership Academy, 2024). The subcategory of managing services had the second lowest mean score, 1.49±0.53. Thus, INLs participated in planning for the achievement of service goals (NHS, Leadership Academy 2024). The INLs contributed their expertise to the planning processes and evaluated the risks and benefits of options. The subcategory of setting direction had the highest mean, namely 1.65±0.56. It required INLs to make decisions and evaluate the impact on clinical outcomes (NHS, Leadership Academy, 2024). However, the ability was the least among the INLs. The subcategory of improving services had the second highest mean of 1.54±0.49. The ability demanded INLs to demonstrate leadership by guaranteeing patient safety through analysing and controlling the risk to patients (NHS,

Leadership Academy, 2024). The overall mean was 1.53 ±0.52, which signified that INLs demonstrated clinical leadership attributes a lot of the time.

Figure: 4.5

Overall Means and Standard Deviations of INLs on Leadership Performance

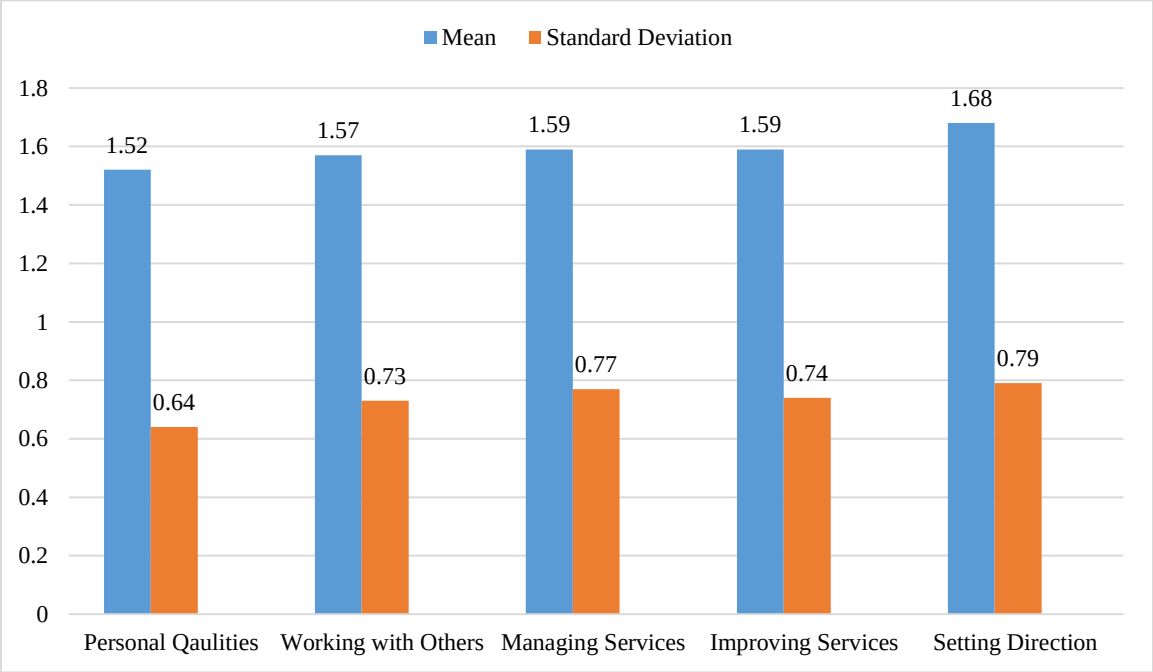


The study also measured the performance of SNOs using the clinical leadership assessment tool created by the NHS (2012). Figure 4.6 outlines the overall means and standard deviations of subcategories of the leadership of SNOs. The subcategory of demonstrating personal qualities had the lowest mean score of 1.52±064. The SNOs were able to uphold morals and principles on both a professional and personal level and kept in mind the organization's values (NHS, 2012). The subcategory of working with others had the second lowest mean of 1.57±0.73. The SNOs were mostly able to develop networks with other

healthcare professionals and workers, patients, and their families to enhance the delivery of healthcare (NHS, Leadership Academy, 2012) just like the INLs. The Subcategory of setting direction had the highest mean; 1.68±0.79. The Senior Nursing Officers had the least ability to ensure patient safety by analysing and controlling the risk to patients (NHS, Leadership Academy, 2024). The results were also similar to those of INLs. The overall mean for leadership performance of SNOs was 1.59±0.74. Thus, SNOs demonstrated the attributes of clinical nursing leadership performance a lot of the time.

Figure 4.6

Overall Means and Standard Deviations of SNOs' Leadership Performance



Studies have been conducted that support the role of leadership in the delivery of healthcare. Leadership is the essential element for a well-organized and integrated healthcare care delivery that benefits both the patients as well as healthcare providers (Sfantou et al., 2017; Xu, 2017, Sullivan, 2018). Research affirms that the absence of effective clinical leadership is a major hindrance to improving the quality of care and health services and reaching clinical goals (Castillo et al., 2021, Xu, 2017). In clinical practice, leadership performance entails the ability to execute leadership through the application of skills, attitudes, and knowledge in alignment with set standards (McCarthy et al., 2019).

A nurse leader's principal duty is to bring nurses together as a team, to supervise and assure safe care delivery, enforce evidence-based practices, oversee patients' care, and make sure that all members of the nursing staff work to achieve optimum clinical results (Sullivan, 2017; McCarthy et al., 2019). Nurse leaders are anticipated to possess the necessary theoretical and experiential knowledge, skills, and attitudes to perform successfully (Castillo et al., 2021; McCarthy et al., 2019). Research reveals that poor nursing leadership performance has a negative impact on patients and other clinical staff members (Labrague, 2021; Abdelaliem & Zeid, 2023). It can cause an increase in staff absenteeism and turnover, and a reduction in job satisfaction, critical thinking, decision-making, and problem-solving. Besides, ineffective nurse leaders lack self-awareness hence, cannot moderate their emotional responses and mostly fail to address the needs of others (Younas, et al., 2020; Labrague, 2021). The statistical scores in this study revealed acceptable levels of leadership performance for both SNOs and INLs, with an overall mean of 1.53 ±0.52 and 1.59 ±0.74, respectively.

Diagnostic Tests

Diagnostic tests were performed to detect any assumptions that were violated for linear regression analysis. Three tests were conducted: normality, muticollinearity and heteroscedasticity.

Normality Test

A normality test was performed to determine whether the sample data was obtained from a population with a normal distribution within a certain tolerance. The normality test is a crucial step that guided the selection of the statistical methods for data analysis (Kumar et al., 2018). Statistical techniques such as regression or t-tests are based on the assumption that data is distributed normally. Figures 4.7 to 4.11 are quantile-quantile (Q-Q) plots that graphically present the outcomes of the normality test for SL and performance variables. In all the figures, the QQ plot's points approximately follow a straight line, suggesting that the data set had a normal distribution. Therefore, the assumption was satisfied.

Figure 4.7

Mentoring Quantile-Quantile Plot

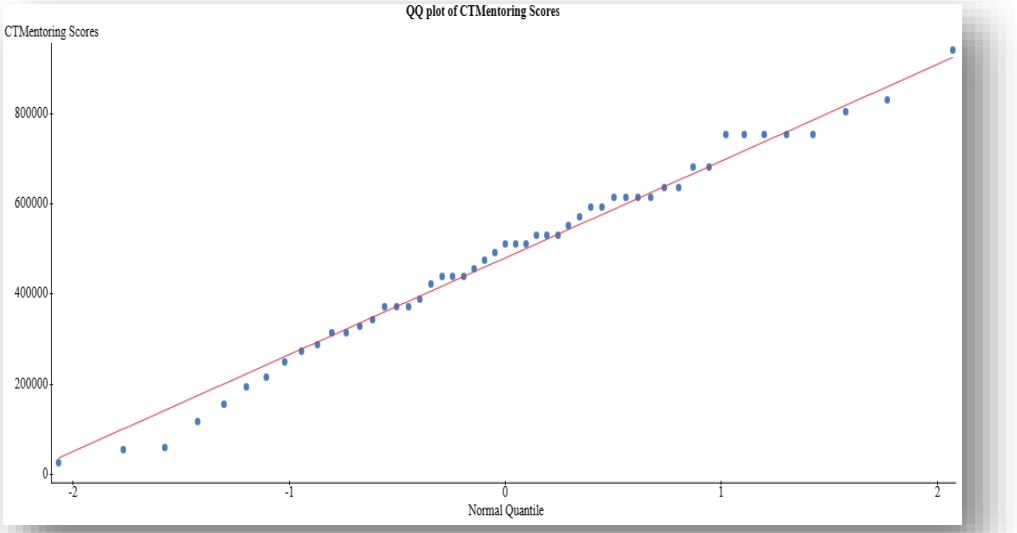


Figure 4.8

Relationship Quantile-Quantile Plot

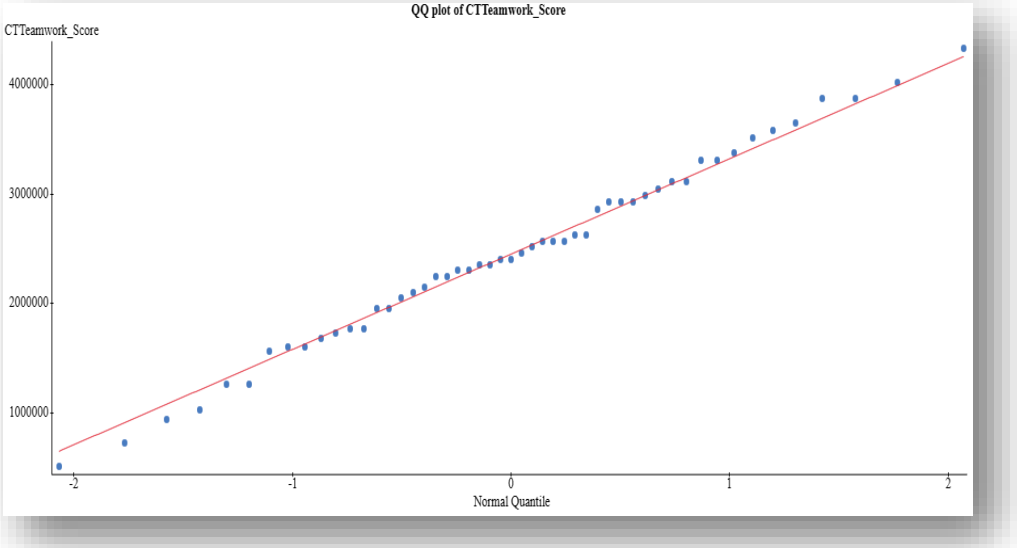


Figure 4.9

Team Working Quantile-Quantile Plot

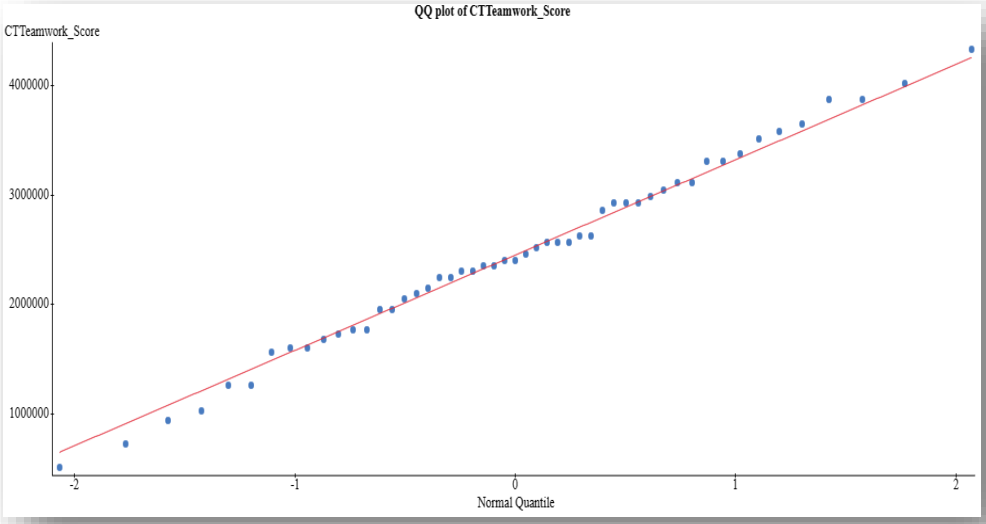


Figure 4.10

Work Environment Quantile-Quantile Plot

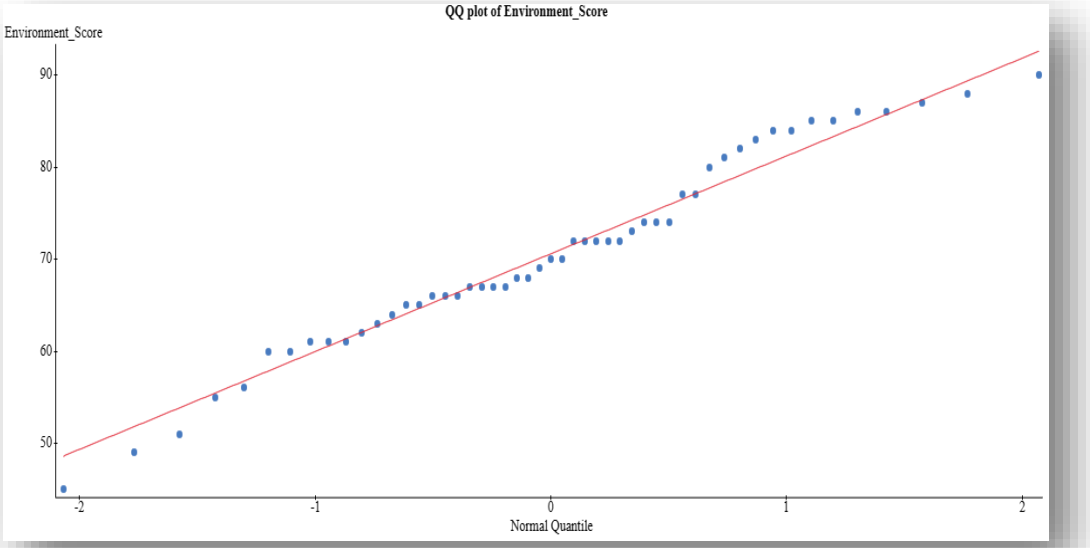
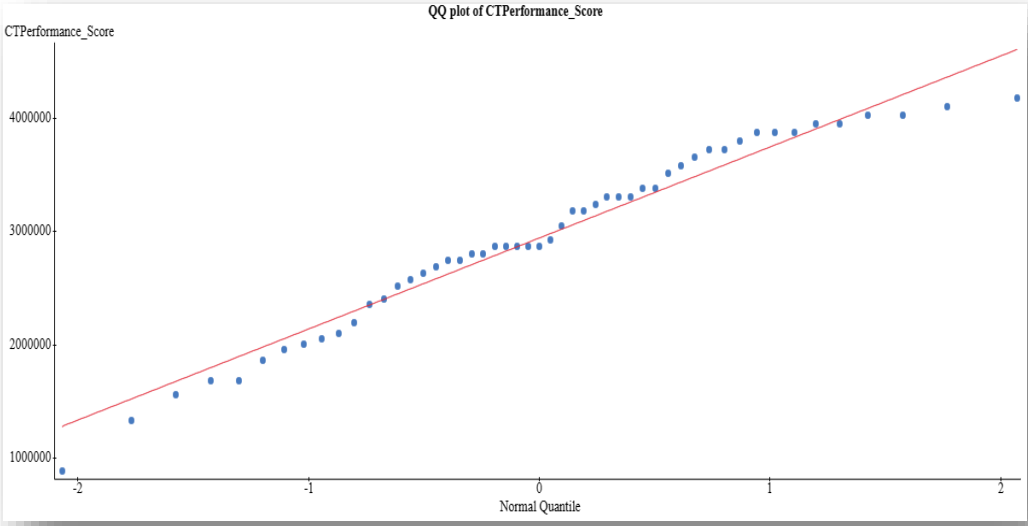


Figure 4.11

Performance Quantile-Quantile Plot



Test for Multicollinearity

A multicollinearity test was performed to determine the presence of any substantial inter-correlations between SL variables (mentoring, relationship building, team working, and positive work environment). Multicollinearity diminishes an independent variable's statistical significance (Fabian et al., 2018). If a predictor variable has a Variable Inflation Factor (VIF) of 1, it means that there is no association between it and any other predictor variables in a model. A VIF score between 1 and 5 indicates weak to moderate correlation between a particular predictor variable and other predictor variables in the model, however it does not demand any action. If the VIF exceeds five, it indicates potentially severe multicollinearity between a particular predictor variable and other predictor variables in the model. As such, the regression output's coefficient estimates and p-values may not be reliable. Table 4.10 outlines the results of the test for multicollinearity which reveals that there was a weak correlation

between the independent sub-variables of SL (mentoring, relationship building, team working, and positive work environment). Therefore, the regression output's coefficient estimates and p-values were reliable.

Table 4.10

Test for Multicollinearity

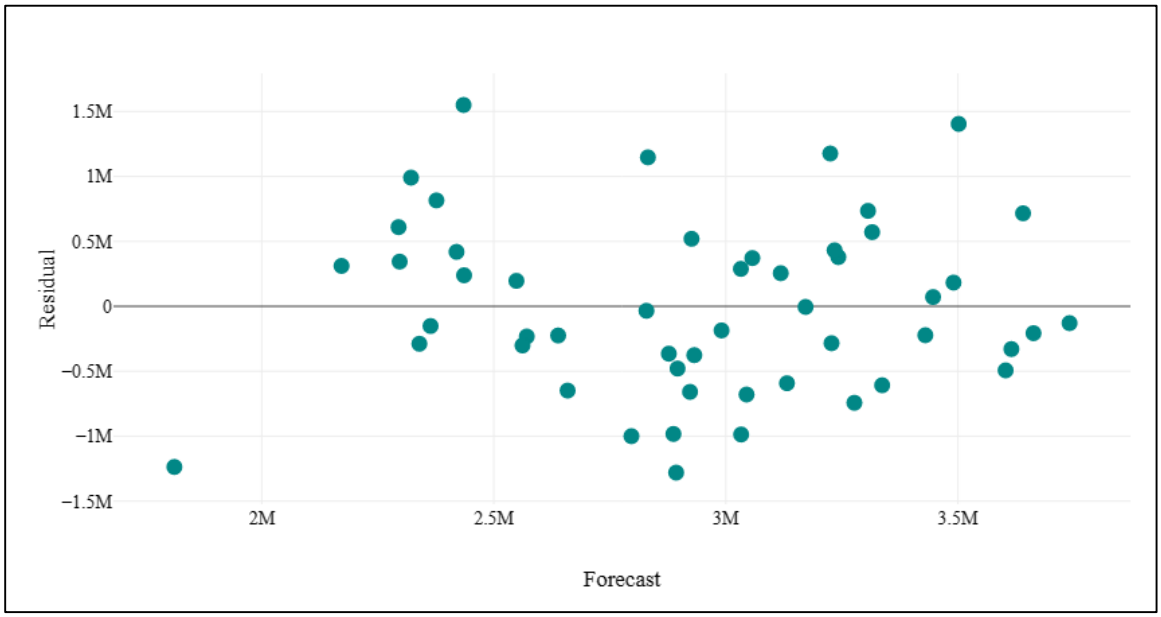
Variable	VIF
Mentoring score	**1.3**
Relationship building score	**1.11**
Team working score	**1.56**
Work environment score	**1.61**

Test for Heteroscedasticity

The assumption behind ordinary least squares regression is that all residuals come from a homoscedastic population with a constant variance (Astivia & Zumbo, 2019). The residuals should have a constant variance in order to meet the regression assumptions and yield reliable findings. On the other side, heteroscedasticity arises when the variance of the residuals is uneven across a range of measured values. The existence of heteroscedasticity in a population employed in regression can produce erroneous analysis results. Figure 4.12 reveals that the residuals were spread evenly across the SL variables signifying homoscedasticity. Therefore the assumption was satisfied.

Figure 4.12

Test for Heteroscedasticity



Test of Hypotheses

The objective of the research was to investigate the influence of SL on INLs' work performance in the CWQSZ hospitals in Malawi. Five hypotheses were developed and the tested based on the goal of the study.

H01: Mentoring has no significant influence on INLs' work performance in the CWQSZ hospitals in Malawi

In order to assess the influence of mentoring on INLs' work performance, linear regression was run on the mentoring scores against performance scores. In this analysis the independent variable was mentoring whereas the dependent variable was performance. Table 4.11 shows the model fitness summary for influence of mentoring on INLs' work performance. From the table, the adjusted R square is 66.6% demonstrating that mentoring explains 66.6% of variations in performance.

Table 4.11

Model Fitness for Influence of Mentoring on Inexperienced Nurse Leaders' Work Performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.820[a]	0.672	0.666	11.493

To assess if the constructed model is accurate at explaining performance based on mentoring, analysis of variance results were produced (Table 4.12). Based on the results, the model was statistically significant. This is evidenced by the F statistic of 104.484 and the reported p value of less than 0.001 which was smaller than the significance level of 0.05. This means that mentorship is a good predictor of performance of INLs.

Table 4.12

Analysis of Variance (ANOVA) for Influence of Mentorship on Inexperienced Nurse Leaders' Work Performance.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13801.944	1	13801.944	104.484	.000[b]
	Residual	6736.886	51	132.096		
	Total	20538.830	52			

Table 4.13 is the regression coefficients table for mentoring on performance. The table shows that the independent variable, mentoring had a strong positive influence on INLs work performance with ($\beta = 0.922,\ P < 0.001$). Based on the results, a unit increase in mentoring score results into 0.922 increase in nurses' performance. Thus, the more mentoring is practiced

by SNOs the better the work performance of INLs. The statistical results provide sufficient evidence to reject the null hypothesis therefore, mentoring has influence on INLs' work performance in the CWQSZ hospitals in Malawi.

Table 4.13

Regression Coefficients for Mentoring on Performance

Model		Beta (β)	t	Sig.
1	(Constant)	22.905	5.652	.000
	Mentoring score	0.922	10.222	.000

The statistical findings support the positive impact of mentoring on INLs' work performance and it is consistent with the qualitative analysis's results. The impact of mentoring on the work performance of INLs was acknowledged by nurse leaders. To make sure that INLs could lead in hospital wards and units, other senior nurses worked with them for some weeks. The INLs were given confidence and a solid foundation for clinical nursing leadership by the SNOs' shared knowledge and skills, orientation to leadership role and responsibilities, delegation and performance appraisals.

Other studies also confirm the positive impact of mentoring on work performance (Muzaffar et al., 2016; Olaolorunpo, 2019; Oladimeji & Sowemimo, 2020; Alexander et al., 2021; Uwisanze et al., 2021). Minguiez et al. (2023) reviewed the literature to investigate existing mentoring programs and models for nurses working in clinical settings. Eleven publications that met the review's requirements were evaluated. The results demonstrated a wide range of features available in nurse mentoring programs. Nevertheless, the programs produced improvements in patient, nurse, and organizational outcomes. The programs

also enhances nursing performance, promoted a positive, supportive work atmosphere, and increased practice and retention. The programs assisted in the change from a new graduate nurse with little experience to an experienced nurse, or from one service area or position to another. Additional studies supports the significance of formal mentoring on clinical outcomes and nurses' work performance (Vatale, 2018; Hoover et al., 2020; Rosser et al., 2020).

Similarly, Rosser et al. (2023), evaluated a global agenda on nursing leadership, a mentoring program that lasted a year and connected nurses from different regions. The program's goal was to increase nurses' ability to lead globally. The logical model of assessment was employed to assess the program. The findings demonstrated the advantages of mentoring for both mentees and mentors. They both acquired competence, self-assurance, and leadership abilities. Mentoring is undeniably a teaching and learning process that benefits both parties (Vitale, 2018; Hoover et al., 2022).

In contrast, research conducted by Mittal and Upamannyu (2017) revealed a negative influence of mentoring on workers' commitment. Mentees did not have emotional bonding with mentors. As a result, the mentees did not trust the confidentiality of the mentor/mentee relationship. The mentors, however, felt that mentoring increased their work load. In this research, the qualitative results revealed that SNOs and INLs had positive social and work relationships. The relationships could potentially strengthen the mentoring bond between the SNOs and INLs. However, the shortage of staff and workload prevented SNOs from providing mentorship regularly. The SNOs were mostly tied up either with administrative work or hands-on work because of a shortage of nurses. Nevertheless, the existing relationships could be utilized to strengthen the mentorship bond between SNOs and INLs to produce the optimum in nursing practice.

Inexperienced Nurse Leaders encounter difficulties in their new responsibilities in clinical practice (Sullivan, 2018; Makkonen et al., 2022). Hence, having competent nursing mentors' gives novice nurse leaders the tools they need to face clinical challenges while also fostering confidence and resilience. However, many organizations do not have planned mentoring programs as such, mentoring is mostly conducted informally (Muzaffar et al., 2016). Besides, not knowing how to mentor someone in the absence of a guiding tool can be a challenge to effective mentoring (Uwisanze et al., 2021). The qualitative results revealed that mentoring was administered either fully, partially, or inconsistently by SNOs. Besides, there was no formal mentoring tool in any of the participating hospitals. However, the overall results showed that mentoring has a significant effect on INLs' work performance. The more mentoring is practiced by SNOs the better the work performance of INLs.

H02: Relationship building has no significant influence on INLs work performance in the CWQSZ hospitals in Malawi

In order to assess the influence of relationship on INLs' work performance linear regression was run on the relationship scores against performance scores. In this analysis the independent variable was relationship whereas the dependent variable was performance. Table 4.14 shows the model fitness summary for the influence of relationship on INLs' work performance. From the table, the adjusted R square is 45.4% thereby implying that relationship explains 45.4% of variations in nurses' performance.

Table 4.14

Model Fitness for the Influence of Relationship on Inexperienced Nurse Leaders' Work Performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.681a	.464	.454	14.68748

To assess the suitability of the constructed model at explaining performance based on relationship, analysis of variance results were produced (Table 4.15). The results demonstrate that the model was statistically significant. This is evidenced by the F statistic of 44.210 and the reported p value of less than 0.001 which was smaller than the significance level of 0.05. This means that relationship is a good predictor of performance of INLs.

Table 4.15.

Analysis of Variance (ANOVA) for Influence of relationship on Inexperience Nurse Leaders' Work performance.

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	9537.004	1	9537.004	44.210	.000[b]
	Residual	11001.826	51	215.722		
	Total	20538.830	52			

Table 4.16 is the regression coefficients table for relationship building on performance The independent variable, relationship had a significant influence on INLs' work performance with ($\beta = 1.426, P < 0.001$). Based on the results, a unit increase in relationship score results into 1.426 increase in nurses' performance. Thus the strong the relationship between SNOs and the INLs, the better the performance of the novice nurse leaders. The statistical results

provide sufficient evidence to reject the null hypothesis, therefore relationship building has influence on INLs' work performance in the CWQSZ hospitals in Malawi.

Table 4.16

Regression Coefficients for Relationship on Performance

Model		Beta (β)	t	Sig.
1	(Constant)	6.814	.811	.421
	Relationship score	1.426	6.649	.000

The statistical results regarding the positive influence of relationships on INLs' work performance concur with the findings from the qualitative analysis. Both SNOs and INLs acknowledged the presence of work and social relationships in the wards/units. The relationships promoted work connections among nurses and other healthcare professionals.

Research attests that employee relationships influence performance that brings change, transformation, and the achievement of desired organizational goals (Yao et al., 2022; Li et al., 2020; Tran et al., 2018; Tran et al., 2018; Daft, 2017). Work relationships can also have an impact on employee well-being (Zaiton & Ouakouak, 2018; Tran et al., 2018). The relationship gives an employee a sense of belonging and the desire to belong is a basic human need that boosts morale.

Li et al. (2020) conducted a survey among team managers and workers in Chinese technology companies to determine how organizational relationships impact performance. The results confirmed that employee relationships had a good effect on creativity, attitudes, and behavior in addition to performance. The findings also demonstrated how team cohesion

moderated team performance. Likewise, Tran et al. (2018) conducted a survey to examine how relationships affected staff behavior and performance at different Vietnamese hospitals. The findings demonstrated that positive relationships had a significant impact on a variety of factors, including dedication, positive work habits, reduced workplace stress, and enhanced perceptions of social impact. The findings also showed that the working relationships between nurse leaders and followers had a significant impact on the nurses' performance. Other studies by Wilson and Cunliffe (2022), Peyton et al. (2019), and Che et al. (2021) corroborate the importance of the leader-follower dynamic in promoting workers' motivation, production, and sense of belonging. Furthermore, collaborative relationships between supportive nurse leaders and other nurses and care providers ensure optimal outcomes for patients and staff in clinical practice.

Additionally, in clinical practice, providing quality and comprehensive care to clients and patients demands a multi-disciplinary approach (Potter et al., 2020; Taberna et al., 2020). As such, positive inter-professional work relationships are crucial in the delivery of healthcare. Unhealthy working relationships among healthcare workers can be detrimental to patients' outcomes and can hinder the achievement of clinical goals. Misunderstanding and miscommunication are the main causes of relationship conflict in clinical practice (Tosanloo et al., 2019; Čartolovni et al., 2021). Senior Nursing Officers and INLs expressed some challenges in working together and with other healthcare team members and certain groups of people. Besides, there was a level of conflict among the healthcare members. The conflict could destroy the social relationships if not resolved through communication and discussion.

Hanafin et al. (2022) observed that relationships affect a person's health, well-being, and capacity to interact with friends and family, participate in society, and fully enjoy life. The

comments made by SNOs and INLs support this observation. The nurse leaders reported about social welfare groups that existed in the wards and units because of social relationships. Nurses were able to support one another during funerals, weddings, birthdays, and other activities. The welfare groups provided emotional support which promoted a sense of belonging. Overall, the findings have proven the significant impact of relationships on INLs' work performance.

H03: Team working has no significant influence on INLs' work performance in the CWQSZ hospitals in Malawi

In order to assess the influence of team working on INLs' work performance, linear regression was run on the team working scores against performance scores. In this analysis the independent variable was team working whereas the dependent variable was performance. Table 4.17 shows the model fitness summary for influence of team working on INLs' work performance. From the table, the adjusted R square is 45.4% demonstrating team working explains 45.4% of variations in performance.

Table 4.17

Model Fitness for the Influence of Team Working on Inexperienced Nurse Leaders' Work Performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.682[a]	.465	.454	14.68099

To assess if the constructed model is accurate at explaining performance based on team working, analysis of variance results were produced (Table 4.18). Based on the results, the model was statistically significant. This is evidenced by the F statistic of 44.294 and the

reported p value of less than 0.001 which is smaller than the significance level of 0.05.This means that team working is a good predictor of performance for INLs.

Table 4.18

Analysis of Variance (ANOVA) for Influence of Team Working on Inexperienced Nurse Leaders' Work Performance.

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	9546.718	1	9546.718	44.294	.000[b]
	Residual	10992.112	51	215.532		
	Total	20538.830	52			

Table 4.19 is the regression coefficients table for team working on performance. The independent variable, team working had a significant influence on INLs' work performance with ($\beta = 0.599,\ P < 0.001$). Based on the results, a unit increase in environment score results into 0.599 increase in nurses' performance. Thus with more team working, the better the performance of INLs. The statistical results provided sufficient evidence to reject the null hypothesis therefore, team working has a significant influence on INLs' work performance in the CWQSZ hospitals in Malawi.

Table 4.19

Regression coefficients for team building on performance

Model		B	T	Sig.
1	(Constant)	-7.477	-.713	.479
	TeamScore	.599	6.655	.000

The statistical analysis results on the influence of team working on INLs' work performance concur with the findings from the qualitative analysis. Nurse leaders explained diverse ways used to promote team working in the wards/units. Healthcare professionals shared clinical goals, respected each other, and supported effective communication among themselves. The healthcare workers also operated in teams and shifts.

Other research findings affirm that team working influences performance (Rosen et al., 2018; Kassa & Teklead, 2018; Schmutz et al., 2019; Buljac-Samardzic et al., 2020). Agarwal and Adjirackor (2016) investigated the relationship between teamwork and performance in the Metropolitan Assembly of Accra, Ghana's schools. The results showed that employee performance and teamwork are highly correlated. Sanyal and Hisam (2018) also examined the effect of teamwork on performance at the University of Dhofar. The results of the study showed a strong relationship between teamwork, trust, and performance. Serrat (2017) and Kozlowski (2018) also attest to the significant influence of teamwork on organizational performance and success.

Research by Schmutz et al. (2019) and Buljac-Samardzic et al. (2020) demonstrated that successful multidisciplinary teams assist hospitals in enhancing patient outcomes and satisfaction, lowering medical errors, accelerating treatment, cutting costs and inefficiencies, and enhancing staff morale, output, and job satisfaction. However, successful team working demands trust (Armstrong, 2023; Wu & Cormican, 2021). Team leaders are anticipated to build trust and create work environments that promote team working. According to a study by Kassa and Teklead (2018) at a major Ethiopian bank, employee engagement and job satisfaction were impacted by intra-team trust. Interpersonal trust improved both individual and group performance. The findings also demonstrated that, in addition to trust, team

processes played a significant mediating role in the relationship between internal team trust and organizational outcomes. Without trust, a team is just a group of people working together, and they usually produce unsatisfactorly outcomes.

Morrissette and Kisamore (2020) also conducted a meta-analysis to examine the impact of trust on team performance. The outcomes demonstrated that trust within the team improved team dynamics. Additional statistical research revealed that the association between team trust and performance was moderated by the team's size and composition. Other studies further reveal that task interdependence and skill difference are other elements that influence teamwork (Wong & Van Gils, 2022; Johnson, 2021).

In this study, the statistical results for the subcategory trust of leadership for INLs were not among the best. The nurse leaders reported some level of workplace conflict and failure to work with certain individuals. These factors could reduce the amount of trust among the healthcare team members thereby jeopardizing the quality of team working. Nevertheless, overall, the quantitative and qualitative results have proven the positive effect of team working on INLs' work performance in the CWQSZ hospitals in Malawi.

H04: Work environment has no significant influence on INLs' work performance in the CWQSZ hospitals in Malawi.

To assess the influence of environment on performance, linear regression was run on the environment scores against performance scores. In this analysis, the independent variable was environment whereas the dependent variable was performance. Table 4.20 shows the model fitness summary for the influence of environment on INLs' work performance. From the table, the adjusted R square is 71.3% thereby indicating that environment explains 71.3% of variations in INLs' performance.

Table 4.20

Model Fitness for the Influence of Environment on Inexperienced Nurse Leaders Work Performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.847[a]	.718	.713	10.65608

To determine the suitability of the constructed model at explaining performance based on environment, analysis of variance results were produced (Table 4.21). The results indicate that the model was statistically significant. This is evidenced by the F statistic of 129.876 and the reported p value of less than 0.001 which was smaller than the significance level of 0.05. This means that environment is a good predictor of performance for INLs.

Table 4.21

Analysis of Variance (ANOVA) for the Influence of Environment on Inexperienced Nurse Leaders' Work performance.

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	14747.680	1	14747.680	129.876	.000[b]
	Residual	5791.150	51	113.552		
	Total	20538.830	52			

Table 4.22 is the regression coefficients table for environment on performance. The independent variable, environment had a significant influence on INLs' work performance with ($\beta = 1.182,\ P < 0.001$). Based on the results, a unit increase in environment score results into 1.182 increase in nurses' performance. Thus the conducive the clinical environment, the

better the performance of INLs. The statistical results provided sufficient evidence to reject the null hypothesis therefore, environment had a significant influence on the performance of INLs.

Table 4.22

Regression coefficients for environment on performance

Model		Beta (β)	t	Sig.
1	(Constant)	1.123	.206	.838
	EnvirScore	1.182	11.396	.000

While the statistical findings revealed the positive influence of work environment on INLs' work performance, the qualitative analysis produced mixed results. Few nurse leaders acknowledged that they had positive work environments while the majority lamented about the non-conduciveness of their workplaces. The main challenges were a lack of resources, overwhelming number of patients, and demanding work.

Research affirms that a positive work environment can have a significant influence on work performance (Zaiton & Ouakouak, 2018; Pavlovic, 2018; Hafeez et al., 2019; Alemu, 2022; Zhenjing et al., 2022). Additionally, a positive work environment enhances employees' professional or career growth, development, safety, and achievement of goals. Zhenjing et al. (2022) investigated how the work environment affected academic staff members' task performance, with employee commitment and achievement-striving capacity acting as mediating factors. The results showed that an encouraging workplace enhanced performance among employees. In a comparable way, a supportive work atmosphere greatly raised employees' levels of dedication and ability to pursue goals. Muchtar (2017) also studied

the effects of workplace motivation and environment on worker performance. The findings demonstrated that while both motivation and work environment had an impact on employee performance, the work environment stood out as the most important independent variable. As such, effective supportive leaders promote the creation of a positive work environment to enhance performance (Armstrong, 2023; Hughes et al., 2018, Northouse, 2019).

Inadequate resources, poor infrastructure, lack of recognition, and work stress are some of the factors that can make the work environment non-conducive and negatively affect performance (Zhenjing et al., 2022; Alemu, 2022; Elbanna et al., 2020; Majumder et al., 2020). To ensure that healthcare is given around-the-clock in clinical practice, nurses work in teams and shifts (Rosa et al., 2019; Porter et al., 2020; Schot et al., 2020). The majority of nurses, however, are not satisfied with their workplace. Lack of resources, inadequate leadership, and an increase in workload are some of the causes of dissatisfaction. Experienced and newly qualified nurses have different motivations for wanting to stay in their current jobs. According to a 2018 Press Ganey survey, support and acknowledgment from nurse leaders were important motivators for new nurses. Consequently, supportive nurse leaders employ clinical techniques to encourage both experienced and recently qualified nurses to choose to remain in their roles while creating favorable work conditions. Similarly, Nkrumah and Nkrumah (2021) found that staff' attitudes toward patient-centered care were greatly impacted by their work environment in a study conducted in selected Ghanaian hospitals. Support from managers and coworkers, as well as communication, also had an impact on employees' performance.

Furthermore, Roviralta-Vilella et al. (2019) investigated how patients' and nurses' therapeutic relationships were impacted by the clinical setting in mental health facilities located in Catalonia, Spain. The results confirmed that a positive practice environment

improved the therapeutic relationship between the nurse and the patient. The education and experience levels of the nurses also had a moderating effect. The Globe Health Workforce Alliance (2021), agrees that the most important element in improving favorable clinical outcomes is having a positive clinical work environment.

The comments made by SNOs and INLs revealed that the clinical working environment was mostly tough and frustrating. Three issues: inadequate resources (human, material, and financial), failure to get promoted, and being denied opportunity for further studies had detrimental effects on the performance of some INLs.

H05: Supportive Leadership has no significant effect on INLs' work performance in the Central West Quality Satellite Zone hospitals in Malawi

The ultimate objective of the research was to measure the influence of SL on INLs' work performance in the Central West Quality Satellite Zone Hospitals of Malawi. Table 4.23 displays the multiple linear regression analysis that was performed to examine the influence of the variable SL scores (mentoring, relationship building, team working, and positive work environment) on the variable performance scores. Adjusted R square was 82.9% symbolizing that 82.9% of the variation in performance was being explained by the variable SL scores.

Table 4.23

Model Fitness for the Influence of Supportive Leadership Variables on Inexperienced Nurse Leaders' Work Performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.917[a]	.842	.829	8.22932

In general, the overall model was statistically significant ($F_{4,48} = 63.821,\ P < 0.001$) (Table 4.24).

Table 4.24

Analysis of Variance (ANOVA) for the Influence of Supportive Leadership Variables on Inexperienced Nurse Leaders' Work Performance.

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	17288.190	4	4322.047	63.821	.000[b]
	Residual	3250.641	48	67.722		
	Total	20538.830	52			

A four independent multiple linear regression was performed to investigate relationship between mentorship, relationship, team working, work environment and performance (Table 4.25). The results show that there was a significant relationship between mentorship and performance $(P < 0.001)$, relationship and performance $(P = 0.02)$, team working and performance $(P = 0.002)$, environment and performance $(P = 0.003)$

For Mentorship, there was 0.387 increase in performance for every increase in score of mentorship. A unit increase in relationship resulted into 0.380 increase in performance. For every unit increase in team working score, there was 0.210 increase in performance. A unit increase in environment resulted into 0.448 increase in performance

Table 4.25

Coefficients for Multiple Linear Regression for Supportive Leadership on performance

Model		Beta (β)	t	Sig.
1	(Constant)	-16.241	-2.429	.019
	Mentoring score	.387	3.782	.000
	Relationship score	.380	2.367	.022
	Team score	.210	3.294	.002
	Envir score	.448	3.100	.003

Based on the results, a regression model has been formulated as shown below:

SL= -16.241+0.387*Mentoring+0.380*Relationship++0.210*Teamwork+ 0.448*Environment

The statistical results of the influence of SL on INLs work performance concur with the findings of other investigations. Supportive Leadership influences the performance of workers or followers in an organization (Mutune et al., 2019; Elsaied, 2019; Martinussen & Davidsen, 2021; Grossman, 2021; Lor & Hassan, 2017; Samuel et al., 2018; Batool et al., 2018; Mwaisaka, et al., 2019). A study conducted by Martinussen & Davidsen (2021) revealed correlation between SL and work engagement and the climate. Healthcare workers were committed to work even in demanding clinical environments because of the support received from leaders. Similarly, research conducted by Batool et al. (2018) showed that SL enhanced nurses' productivity and retention amidst work pressure. Besides, the support from nurse leaders brought job satisfaction which resulted in the delivery of high-quality healthcare. Furthermore, SL can promote clinical decision-making (Samuel et al., 2018; Grossman, 2021). Nurses have the authority to make decisions about patient care based on the best available evidence. However, when making decisions, nurses may encounter obstacles or dilemmas

(Majers & Warshawsky, 2020; Porter et al., 2020). Support from leadership is, therefore, essential in such circumstances. Research conducted by Samuel et al. (2018) revealed a positive correlation between SL and nurses' decision-making. The nurses' ability to make prudent clinical decisions is a crucial element that influences the standard of care.

Some investigations that have examined the effectiveness of leadership approaches in clinical practice reveal that SL is less efficient than other leadership styles (Ngabonzima et al. 2020; Diuno, 2018; Cummings et al., 2018). Besides, the work environment in clinical practice is dynamic thereby causing leadership to be mostly situational (Sullivan, 2018; Porter et al., 2020). For instance, an authoritative leadership approach is ideal during an emergency where clear direction is required to save lives. Consequently, nurse leaders are anticipated to have adequate knowledge of leadership styles to be able to use them appropriately.

Ngabonzima et al. (2020) conducted research to determine the impact of path-goal approaches to leadership on service provision, retention, and job satisfaction among nurses According to the study's findings, directive leadership was significantly connected with nurses' intention to stay. The results revealed that directive leadership was significantly associated with nurses' intention to stay, job satisfaction, and service provision seconded by SL and, in turn, participative leadership. Achievement-oriented leadership was the least among the approaches. Other studies have also revealed that task or achievement-oriented leadership is not very helpful in clinical practice (Cummings et al., 2018). The provision of care that is supported by the best available evidence is crucial as opposed to the mere fulfilment of tasks in clinical practice. Diuno (2018) also investigated the impact of directive and SL styles on the performance of medical centre staff. According to the results, a directive leadership style was an excellent determinant of worker productivity. Nevertheless, based on the overall research

findings and results from other studies, SNOs are encouraged to provide SL (mentoring, relationship building, team working, and a positive work environment) to enhance the INLs' work performance. Supportive Leadership can foster the delivery of comprehensive and excellent care to patients in the CWQSZ hospitals in Malawi. Additionally, the results contribute to the limited research on SL in nursing practice. This is a knowledge gap that was identified during literature review.

Table 4.26 displays a summary of integrated quantitative and qualitative findings. The mixed method objective was to understand the effect of Supportive Leadership on Inexperienced Nurse Leaders' work performance in the Central West Quality Satellite Zone Hospitals in Malawi and the extent to which the qualitative and quantitative results converged. Overall, both qualitatively and quantitatively findings indicated the significant value of SL on INLs' work performance in the CWQSZ hospitals in Malawi. Nevertheless, there were some few challenges that were explained by SNOs and INLs required attention.

Table 4.26

Integrated Presentation of Quantitative and Qualitative Results and Mixed Method Meta-inferences

Key Area	Quantitative results	Qualitative Results	Mixed Methods Meta-inferences
Effect of mentoring on INLs' work performance	Mentoring had influence on INLs' work performance (β=0.922, $P < 0.001$)	"Those that I have mentored I see them being confident to take up roles…"(SNO, 10) "I do performance appraisals to check if what was imparted during orientation is being practiced", (SNO, 06) "When they see a gap they mentor us so that we can learn and change", (INL, 06) "Mostly it's not about mentoring but rather supervision and monitoring…"(INL, 01)	Statistical results proved the significant impact of mentoring on INLs' work performance in alignment with the qualitative analysis findings. Mentoring has positive impact on INLs'work performance
Impact of relationship building on INLs' work performance	Relationship building had significant influence on INLs' work performance (β=1.426, $P < 0.001$	"I deliberately make every effort to associate and chat with my nurses to create a friendly atmosphere", (SNO, 03). "We spend more of our time at work than home. So we need a conducive social environment", (SNO, 09). "She calls for a meeting when we have issues so that we discuss them as a team", (INL, 03). "Our senior matron is open. If you have an issue she is approachable", (INL, 06).	Statistical results regarding the positive influence of relationships on INLs' work performance concur with the findings from the qualitative analysis. Relationships have significant effect on INLs' work performance
Impact of team working on INLs' work performance	Team working had significant influence on INLs' work performance (β=0.599, $P < 0.001$)	"If there is good relationship you work together as a team", (SNO, 07). "Teams are effective for leadership. They help us to know the strengths of our young nurse leaders and how they are performing", (SNO, 06). "Because you are a team, members know each other well and know what to do when they are on duty. So it makes you come to work excited", (INL, 010). "When coming to work you are mentally prepared because you know the people you are going to be working with", (INL01).	The statistical analysis results on the influence of team working on INLs' work performance concur with the findings from the qualitative analysis. Team working has positive impact on INLs' work performance
Effect of work environment on INLs' work performance	Work environment had significant influence on the performance INLs (β=1.182, $P < 0.001$)	"The work environment is good because everyone knows what they are supposed to do", (SNO, 07). "In comparison to other wards, our working environment is very clean. You look forward to coming to work…", (SNO, 03) "Our working environment is a challenge despite working hard. It is a long-standing problem and it is a shortage of nurses", (SNO, 08)	Statistical findings revealed the positive influence of work environment on INLs' work performance while qualitative analysis produced mixed results. Overall, the results affirmed that a conducive work environment positively impact on INLs' work performance

		“It’s tough and mostly frustrating. You have a team that knows what to do but it can’t do it because of resources” (INL, 07). “It’s difficult to implement change because you are always told we don’t have money for that”, (INL, 01).	

CHAPTER 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The research explored the influence of Supportive Leadership on INLs' work performance in the Central West Quality Satellite Zone hospitals in Malawi. This chapter summarizes the study's findings, draws its conclusions, makes recommendations to nursing educators, practitioners, and policymakers, and makes suggestions for future research.

Summary of Findings

The study explored the influence of SL (mentoring, relationship building, team working, and work environment) on INLs' work performance in the CWQSZ hospitals in Malawi. The summary is guided by the objectives of the research which were:

1. To examine the influence of mentoring on Inexperienced Nurse Leaders' work performance in hospitals in Malawi.
2. To measure the influence of relationship building on Inexperienced Nurse Leaders' work performance in hospitals in Malawi.
3. To examine the influence of team working on Inexperienced Nurse Leaders' work performance in hospitals in Malawi.
4. To measure the influence of work environment on Inexperienced Nurse Leaders' work performance in hospitals in Malawi.
5. To understand the influence of Supportive Leadership on Inexperienced Nurse Leaders' work performance in hospitals in Malawi.

The findings revealed that SNOs provided mentoring to INLs, however, the mentoring was done inconsistently. Some senior nurses were fully committed to mentoring the INLs while others did it partially. In addition, none of the hospitals had a mentoring tool that could guide and standardise the mentoring process. So the mentoring was conducted based on personal knowledge and identified gaps or job descriptions of the INLs. Statistical findings revealed the significant influence of mentoring $(\beta = 0.922,\ P < 0.001)$ on INLs' work performance in the CWQSZ hospitals in Malawi.

Most of the SNOs and INLs acknowledged the existence of work and social relationships in the wards/units. Work relationships eased the INLs' jobs and they felt supported. The work relationships also strengthened the collaboration that existed between nurses and other healthcare workers. The nurses and other healthcare members in wards and units also supported each other financially or materially during social events. Statistical findings revealed the significant influence of relationship building ($\beta = 1.426,\ P < 0.001$) on INLs' work performance in the CWQSZ hospitals in Malawi. 5

The nurse leaders acknowledged the presence of collaborative healthcare teams that enhanced the achievement of clinical goals. The findings revealed a symbiotic relationship between team working and relationship building. Where relationship building was promoted the result was team working and vice versa. Statistical findings revealed the significant influence of team working $(\beta = 0.599,\ P < 0.001)$ on INLs' work performance in the CWQSZ hospitals in Malawi.

Senior Nursing Officers and INLs reported that some wards/units were conducive to work while others were not. Key challenges were a shortage of nurses and financial and

material resources. Some workplace issues frustrating nurse leaders were related to policy while others were personal. Statistical findings revealed the significant influence of the work environment $(\beta = 1.182,\ P < 0.001)$ on INLs' work performance in the CWQSZ hospitals in Malawi.

The study aimed to understand how SL affected the work performance of INLs in the CWQSZ hospitals. Nurse leaders reported the importance of mentoring, relationship building, team working, and work environment on INLs' work performance. Statistical findings also affirmed the significant effect of SL on INLs' work performance, the adjusted R square was 0.829 symbolizing that 82.9% of the variation in performance was being explained by the four SL variables.

Conclusions

Overall, the mixed results of the study affirmed the importance and significance of SL (mentoring, relationship building, team working, and work environment) on INLs' work performance in the CWQSZ hospitals in Malawi. Therefore, SNOs in the CWQSZ hospitals should provide SL consistently and continually to promote and maintain the work performance of INLs.

There were reports of some conflicts among healthcare professionals. As such, nurse leaders are encouraged to acquire the necessary knowledge and skills for conflict management. Unresolved conflicts among healthcare team members may have detrimental effects on clinical outcomes.

Some clinical work environments hampered the provision of SL and INLs' work performance because of a shortage of resources (human, material, and financial). Top-level nursing leadership should advocate for adequate resources from hospital management.

Recommendations

The results of the study, both qualitatively and quantitatively, revealed the importance and significance of SL on INLs' work performance. However, some areas, issues, and challenges need to be addressed to promote SL in nursing practice. Recommendations are therefore made for nurse leaders in clinical practice, nursing education, and policy decision-making.

None of the hospitals that took part in the study had a mentoring tool. Hence, there is a need to develop a clinical nursing leadership mentoring tool for consistency and standardization of the process. The regulatory body, the Nurses and Midwives Council of Malawi (NMCM) could spearhead the development of the tool. Furthermore, the NMCM could include Continuous Professional Development (CPD) points for mentoring, in clinical practice, to reinforce its implementation. Similarly, clinical nurse leaders could create clinical policies concerning mentoring to ensure that INLs are supported by SNOs. Furthermore, the nurse leaders could formulate a monitoring and evaluation tool for mentoring to assess its progress in nursing practice.

Nurse leaders reported the presence of some conflicts among nurses and with other members of the healthcare team. In light of this, nurse leaders could be trained in conflict management. The training could equip the nurses with the necessary knowledge and skills to resolve conflicts in clinical practice.

The shortage of professional nurses is making the clinical workplace challenging and frustrating for the implementation of SL. The nursing directorate at the Ministry of Health should lobby for the training and recruitment of more nurses in Malawi. Additionally, the directorate should advocate for promotion and opportunities for further studies for the nurses at the ministry. These are policy issues that are frustrating nurses in clinical practice. Opportunities for professional development and enhancement could increase the nurses' motivation and consequently enhance work performance

Furthermore, SL could be taught precisely and intentionally in nursing and midwifery colleges in Malawi. Student nurses could also be allowed to practice SL during clinical placements as future nurse leaders.

Suggestions for Future Research

The study has limitations that necessitate the need for further research. The research's main focus was on how SL influenced INLs' work performance in the CWQSZ hospitals in Malawi. The influence of other leadership styles on INLs' work performance could also be explored. The research could evaluate the level of influence of different leadership approaches that can be applied successfully in nursing practice.

This study was conducted in the CWQSZ hospitals in Malawi. However, the country has five quality satellite zones: Southeast, Southwest, North, Central-East, and Central-West. Therefore, further research could be conducted at a large scale in all the zones about the influence of SL on INLs' work performance. The research could help to substantiate the findings at the country level.

The study combined central and district hospitals to investigate the influence of SL on INLs' work performance. Nevertheless, the level of nursing leadership in these hospitals can be different. District hospitals provide healthcare to people within the districts while central hospitals are referral healthcare institutions. They receive patients who require specialized care from the districts. Therefore, future research could explore the influence of SL on INLs' work performance with a separate focus on central hospitals, district hospitals, or even community hospitals. The research findings could provide specific information on the nursing leadership support that INLs working at various levels of health service delivery require.

Similarly, the present research focused on the influence of SL on the first line of nursing leadership. However supportive leadership is needed at all levels of nursing practice that is front-line nurses, first-line managers, and middle and top level nursing leadership. As such, future research could explore the influence of SL at different levels of nursing practice and leadership. The results could indicate the kind of leadership support that is required at a given level of operation in nursing.

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Appendix I: Consent Form

Study Title: Influence of Supportive Leadership on the Performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone Hospitals of Malawi

Participant's Agreement

I have been adequately informed about the proposed research study and I understand what it is all about. I had opportunity to ask questions, and I am satisfied with the answers given. I am well informed that my participation in the study is voluntary and I have the freedom to refuse involvement, and the refusal shall not affect my work in any way. I am volunteering to participate in this study.

Participant name ----------

Signature of Participant----------

Date----------

Name of witness----------

Signature of Witness----------

Date----------

Appendix II: Information Sheet for In-depth Interviews

Study Title: Influence of Supportive Leadership on the Performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone Hospitals of Malawi

Introduction

I am a student pursuing Ph.D studies at the Pan-Africa Christian University, and I am conducting a study titled "Influence of Supportive Leadership on the Performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone Hospitals of Malawi". The study aims to explore how Supportive Leadership affects inexperienced nurses' leadership performance in clinical practice. The study's results are anticipated to provide foundational information for the creation of a leadership support/training framework for young professional nurses that can be used in clinical practice.

Participation in the study

You have the right to or not to participate in the study and you are free to withdraw from it if you decide to do so. Your refusal to take part will not affect you or your job in any way. If you are willing to take part, you will be required to sign a consent form. Together with the researcher, you will agree on the convenient day and time when data can be collected from you using in-depth interviews in the conference room of the hospital or any other venue of your choice. The data will be used for the study only, and your participation will be anonymous.

Study participation risks and benefits

The study does not have any perceived physical risks. Nevertheless, in case of emotional stress, counselling will be provided as necessary. You will not directly benefit from taking part in the study, however, it is anticipated that the findings of the study can assist nursing leadership in how to support young professional nurse leaders.

Contact Details

For further information about the investigation contact the researcher or the Pan Africa Christian University as follows:

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Appendix III: Information Sheet for Survey

Study Title: Influence of Supportive Leadership on the Performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone Hospitals of Malawi

Introduction

I am a student studying pursuing a Ph.D. at Pan-Africa Christian University, and I am conducting a study titled "Influence of Supportive Leadership on the Performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone Hospitals of Malawi". The aim of the investigation is to explore how supportive leadership affects the performance of Inexperienced Nurse Leaders in clinical practice. The study results are anticipated to provide foundational information for the creation of a leadership support/training framework for young professional nurses that can be used in clinical practice.

Participation in the study

You have the right to or not participate in the study and you are free to withdraw from it if you decide to do so. Your refusal to take part in the research will not affect you or your job in any way. If you are willing to take part, you will be given a consent form to sign, and a questionnaire for the study. You are requested to answer the questionnaire within two weeks after which the researcher will come to collect it. The collected data will be used for the study only, and your participation will be anonymous.

Risks and benefits of participating in the study

The study does not have any perceived physical risks. Nevertheless, in case of emotional stress counselling will be provided as necessary. You will not directly benefit from

participating in the study however, it is anticipated that the findings of the study can assist nursing leadership in how to support young professional nurse leaders

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Appendix IV: Inexperienced Nurse Leaders Survey Questionnaire

Purpose

The questionnaire will collect information concerning the influence of Supportive Leadership (SL) on the performance of Inexperienced Nurse Leaders (INLs) in the Central West Quality Satellite Zone (CWQSZ) hospitals of Malawi. The instrument will measure the extent to which senior nurse leaders provide mentoring, promote team working, relationship building, and a positive work environment to hence the performance of the INLs. The tool will also collect data concerning self-leadership assessment by the INLs.

Instructions

Beloved participant, you are asked to answer all questions in the questionnaire. You are reminded not to write your name anywhere on the questionnaire. Your responses will be kept securely and confidentially and will be utilized for research purposes only. In section A, indicate the appropriate response with a tick (√). In sections B and C, circle the number that indicates the correct response that measures the level of SL and your leadership performance.

Section A: Demographic Data

Pseudonym:

Variable	Categories	Tick √
Age	Less than 25 years	
	26 to 35 years	
	36 to 45 years	
Gender	Male	
	Female	
Type of hospital where you are working	Central	
	District	
	Private	
Department	Medical	
	Surgical	
	Pediatric	
	Gynecology	
	Obstetric	
	Specialized	

Section B: Supportive Leadership Assessment

Part 1: Mentoring Assessment

Mentoring is a Supportive Leadership practice. The mentoring assessment seeks to collect information on the measure of mentoring that senior nurse leaders provide and its influence on the performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone hospital of Malawi. Carefully, read each mentoring statement and circle the number that represents the correct response.

Key	1 = Strongly disagree	2 = Disagree	3 = Slightly disagree	4 = Neutral	5 = Slightly agree	6 = Agree	7 = Strongly agree

Mentoring	**Rating**						
The senior nurse leader: 1. Is accessible	1	2	3	4	5	6	7
2. Is an active listener	1	2	3	4	5	6	7
3. Demonstrates professional expertise	1	2	3	4	5	6	7
4. Encourages me to establish an independent career	1	2	3	4	5	6	7
5. Provides useful critique for my work	1	2	3	4	5	6	7
6. Motivates me to improve my work	1	2	3	4	5	6	7
7. Is helpful in providing direction and guidance on professional issues	1	2	3	4	5	6	7
8. Acknowledges my contributions appropriately	1	2	3	4	5	6	7
9. Takes sincere interest in my career	1	2	3	4	5	6	7
10. Helps me create clear goals	1	2	3	4	5	6	7
11. Facilitates building my professional network	1	2	3	4	5	6	7
12. Provides thoughtful advice on my scholarly	1	2	3	4	5	6	7
13. Is supportive of work-life balance	1	2	3	4	5	6	7
14. Overall, I am satisfied with my senior nurse leader	1	2	3	4	5	6	7

Part 2: Work Relationships Assessment

Building work relationships is a Supportive Leadership practice. The work relationship assessment seeks to measure the existing work relationships and their influence on the performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone hospital of Malawi. Read carefully each statement and circle the number that represents the correct response about work relationships in clinical practice

Key	1 = Strongly disagree	2 = Disagree	3 = Slightly disagree	4 = Neutral	5 = Slightly agree	6 = Agree	7 = Strongly agree

Work Relationships	**Rating**						
1. Some healthcare team members are hard to work with	1	2	3	4	5	6	7
2. There are certain healthcare team members that I come into conflict with	1	2	3	4	5	6	7
3. I find it hard to work with at least one group of health care workers	1	2	3	4	5	6	7
4. I am valued by my Senior nurse leaders	1	2	3	4	5	6	7
5. My Senior nurse leaders respects me	1	2	3	4	5	6	7
6. I find it hard to work with Senior nurse leaders	1	2	3	4	5	6	7
7. A culture of harmonious working relationships is encouraged in this hospital	1	2	3	4	5	6	7
8. Positive working relationships are encouraged in this hospital	1	2	3	4	5	6	7
9. The hospital favours certain groups or individuals over others	1	2	3	4	5	6	7

Part 3: Team Working Assessment

Promoting team working is a Supportive Leadership practice. The team working assessment seeks to examine the prevailing team working spirit and its influence on the

performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone hospital of Malawi. Read carefully each statement about team working and circle the number that represents the correct response.

Key	Rarely = 0	25% of the time = 1	50% of the time = 2	75% of the time = 3	Always = 4

Team Working	**Rating**				
1. All team members understand what their responsibilities are throughout the shift.	0	1	2	3	4
2. The nurses who serve as charge nurses or team leaders monitor the progress of the staff members throughout the shift.	0	1	2	3	4
3. Team members frequently know when another team member needs assistance before that person asks for it.	0	1	2	3	4
4. Team members communicate clearly what their expectations are of others.	0	1	2	3	4
5. Mistakes and annoying behavior of teammates are not ignored but are discussed with the team member.	0	1	2	3	4
6. When changes in the workload occur during the shift (admissions, discharges, patients' problems, etc.), a plan is made to deal with these changes.	0	1	2	3	4
7. Team members know that other members of their team follow through on their commitment.	0	1	2	3	4
8. The nurses who serve as charge nurses or team leaders balance the workload within the team.	0	1	2	3	4
9. Our team believes that to do a quality job, all of the members need to work together.	0	1	2	3	4

10. The shift change reports contain the information needed to care for the patients.	0	1	2	3	4
11. Team members usually return from breaks on time.	0	1	2	3	4
12. Team members respect one another.	0	1	2	3	4
13. When a team member points out to another team member an area for improvement, the response is never defensive.	0	1	2	3	4
14. Team members are aware of the strengths and weaknesses of other team members they work with most often.	0	1	2	3	4
15. If the staff on one shift is unable to complete their work, the staff on the on-coming shift do not complain about it.	0	1	2	3	4
16. Staff members with strong personalities do not dominate the decisions of the team.	0	1	2	3	4
17. Most team members tend to deal with conflict rather than avoid it.	0	1	2	3	4
18. Nurse technicians and registered nurses work well together as a team.	0	1	2	3	4
19. The nurses who serve as charge nurses or team leaders are available and willing to assist team members throughout the shift.	0	1	2	3	4
20. Team members notice when a member is falling behind in their work.	0	1	2	3	4
21. When the workload becomes extremely heavy, team members pitch in and work together to get the work done.	0	1	2	3	4
22. Feedback from team members is often helpful rather than judgmental.	0	1	2	3	4

23. Our team readily engages in changes in order to make improvements and new methods of practice.	0	1	2	3	4
24. Team members share information with each other	0	1	2	3	4
25. Team members clarify with one another what was said to be sure that what was heard is the same as the intended message.	0	1	2	3	4
26. Team members work together to achieve the total work of the team.	0	1	2	3	4
27. The nurses who serve as charge nurses or team leaders give clear and relevant directions as to what needs to be done and how to do it.	0	1	2	3	4
28. Within our team, members are able to keep an eye out for each other without falling behind in our own individual work.	0	1	2	3	4
29. Team members understand the role and responsibilities of each other.	0	1	2	3	4
30. Team members willingly respond to patients other than their own when other team members are busy or overloaded.	0	1	2	3	4
31. Team members value, seek and give each other constructive feedback.	0	1	2	3	4
32. When someone does not report to work or someone is pulled to another unit, we reallocate responsibilities fairly among the remaining team members.	0	1	2	3	4
33. Team members trust each other.	0	1	2	3	4

Part 4: Work Environment Assessment

The creation of a positive work environment is a Supportive Leadership practice. The work environment assessment seeks to examine the conduciveness of the clinical work environment and its influence on the performance of the Inexperienced Nurse Leaders in the

Central West Quality Satellite Zone hospital of Malawi. Carefully read each statement about the work environment and circle the number that represents the correct response.

Key	1 = Strongly disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly agree

Work Environment	**Rating**				
1. Senior nurse leaders, doctors, ward in-charges clinical officers, nurses, and other staff maintain frequent communication to prevent each other from being surprised or caught off guard by decisions	1	2	3	4	5
2. Senior nurse leaders, doctors, ward in-charges and clinical officers involve nurses and other staff to an appropriate degree when making important decisions.	1	2	3	4	5
3. Senior nurse leaders and doctors work with nurses, clinical officers and other staff to make sure there is enough staff to maintain patient safety.	1	2	3	4	5
4. The formal reward and recognition systems work to make nurses and other staff feels valued	1	2	3	4	5
5. Most nurses and other staff here have a positive relationship with their nurse leaders	1	2	3	4	5
6. Senior nurse leaders, doctors, ward in-charges clinical officers, nurses and other staff makes sure their actions match their words they "walk their talk."	1	2	3	4	5
7. Senior nurse leaders, doctors, ward in-charges, clinical officers, nurses, and other staff are consistent in their use of data-driven, logical decision-making processes to make sure their decisions are of the highest quality.	1	2	3	4	5
8. Senior nurse leaders and doctors make sure there is the right mix of nurses, clinical officers, and other staff to ensure optimal outcomes.	1	2	3	4	5
9. Senior nurse leaders, doctors, ward in-charges, clinical officers, nurses, and other staff members speak up and let people know when they've done a good job.	1	2	3	4	5

10. Nurses and other staff feel able to influence the policies, procedures, and bureaucracy around them.	1	2	3	4	5
11. The right departments, professions, and groups are involved in important decisions.	1	2	3	4	5
12. Support services are provided at a level that allows nurses and other staff to spend their time on the priorities and requirements of the patient and family care.	1	2	3	4	5
13. Nurse leaders demonstrate an understanding of the requirements and dynamics at the point of care and use this knowledge to work for a healthy work environment.	1	2	3	4	5
14. Senior nurse leaders, doctors, ward in-charges, clinical officers, nurses, and other staff have zero tolerance for disrespect and abuse. If they see or hear someone being disrespectful, they hold them accountable regardless of the person's role or position.	1	2	3	4	5
15. When senior nurse leaders, doctors, ward in-charges, and clinical officers speak with nurses and other staff, it is not one-way communication or order giving. Instead, they seek input and use it to shape decisions.	1	2	3	4	5
16. Senior nurse leaders, doctors, ward in-charges clinical officers, nurses, and other staff are careful to consider the patient's and family's perspectives whenever they are making important decisions.	1	2	3	4	5
17. There are motivating opportunities for personal growth, development, and advancement	1	2	3	4	5
18. Senior nurse leaders and ward in-charges are given the access and authority required to play a role in making key decisions	1	2	3	4	5

Section C: Self-Leadership Assessment

Supportive Leadership rendered by senior nurse leaders can promote the leadership performance of Inexperienced Nurse Leaders. The self-leadership assessment seeks to examine

the performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone hospital of Malawi. Read carefully each statement and circle the number that represents your leadership performance.

Key	1 = A lot of the time	2 = Some of the time	3 = Very little of the time	4 = None of the time

Demonstrating Personal Qualities	**Rating**			
1. I reflect on how my own values and principles influence my behaviour and impact on others	1	2	3	4
2. I seek feedback from others on my strengths and limitations and modify my behaviour accordingly	1	2	3	4
3. I remain calm and focused under pressure	1	2	3	4
4. I plan my workload and deliver on my commitments to consistently high standards demonstrating flexibility to service requirements	1	2	3	4
5. I actively seek opportunities to learn and develop	1	2	3	4
6. I apply my learning to practical work	1	2	3	4
7. I act in an open, honest, and inclusive manner - respecting other people's culture, beliefs, and abilities	1	2	3	4
8. I speak out when I see that ethics or values are being compromised	1	2	3	4
Working with Others				
9. I identify opportunities where working collaboratively with others will bring added value to patient care	1	2	3	4
10. I share information and resources across networks	1	2	3	4
11. I communicate clearly and effectively with others	1	2	3	4
12. I listen to and take into account the needs and feelings of others	1	2	3	4

13. I actively seek contributions and views from others	1	2	3	4
14. I am comfortable managing conflicts of interest or differences of opinion	1	2	3	4
15. I put myself forward to lead teams, whilst always ensuring I involve the right people at the right time	1	2	3	4
16. I acknowledge and appreciate the efforts of others within the team and respect the team's decision	1	2	3	4
Managing Services				
17. I use feedback from patients, service users, and colleagues when developing plans	1	2	3	4
18. I assess the available options in terms of benefits and risks	1	2	3	4
19. I deliver safe and effective services within the allocated resource	1	2	3	4
20. I take action when resources are not being used efficiently and effectively	1	2	3	4
21. I support team members in developing their roles and responsibilities	1	2	3	4
22. I provide others with clear purpose and direction	1	2	3	4
23. I analyze information from a range of sources about performance	1	2	3	4
24. I take action to improve performance	1	2	3	4
Improving Services				
25. I take action when I notice shortfalls in patient safety	1	2	3	4
26. I review practice to improve patient safety and minimize risk	1	2	3	4
27. I use feedback from patients, carers and service users to contribute to improvements in service delivery	1	2	3	4
28. I work with others to constructively evaluate our service	1	2	3	4

29. I put forward ideas to improve the quality of services	1	2	3	4
30. I encourage debate about new ideas with a wide range of people	1	2	3	4
31. I articulate the need for change and its impact on people and service	1	2	3	4
32. I focus myself and motivate others to ensure change happens	1	2	3	4
Setting Direction				
33. I identify the drivers of change (e.g. political, social, technical, economic, organizational, professional environment)	1	2	3	4
34. I anticipate future challenges that will create the need for change and communicate these to others	1	2	3	4
35. I use data and information to suggest improvements to services	1	2	3	4
36. I influence others to use knowledge and evidence to achieve best practice	1	2	3	4
37. I consult with key people and groups when making decisions taking into account the values and priorities of the service	1	2	3	4
38. I actively engage in formal and informal decision-making processes about the future of services	1	2	3	4
39. I take responsibility for embedding new approaches into working practices	1	2	3	4
40. I evaluate the impact of changes on patients and service delivery	1	2	3	4

Appendix V: In-depth Interview Questions Guide for Inexperienced Nurse Leaders

1. What type of mentoring do you receive from senior nurse leaders?
2. How does the mentoring received from the senior nurse leaders influence your leadership performance?
3. How do senior nurse leaders promote relationship building in the ward/unit?
4. How does the relationship building enterprise influence your leadership performance?
5. How do senior nurse leaders support team working in the ward/unit?
6. How does team working affect your leadership performance?
7. How can you describe the working environment in the ward or unit?
8. How does the work environment influence your leadership performance?

Appendix VI: Senior Nursing Officers' Survey Questionnaire

Purpose

The questionnaire will collect information on the influence of Supportive Leadership (SL) on the performance of Inexperienced Nurse Leaders (INLs) in the Central West Quality Satellite Zone (CWQSZ) hospitals of Malawi. The instrument will measure the extent to which senior nurse leaders provide mentoring, promote team working, relationship building, and a positive work environment to hence performance of the INLs. The tool will also collect data concerning self-leadership assessment by senior nurse leaders.

Instructions

Beloved participant, you are asked to answer all questions in this questionnaire. You are reminded not to write your name anywhere on the questionnaire. Your responses will be kept securely and confidentially and will be utilized for research purposes only. In section A, indicate the appropriate response with a tick (√). In sections B and C, circle the number that indicates the correct response that measures the level of SL and your leadership performance.

Section A: Demographic Data

Variable	Categories	Tick √
Age	Less than 25 years	
	25 to 34 years	
	35 to 44 years	
	45 years and above	
Gender	Male	
	Female	
Type of hospital where you are working	Central	
	District	
	Private	
Department	Medical	
	Surgical	
	Pediatric	
	Gynecology	
	Obstetric	
	Specialized	
Number of years of work experience	Less than five years	
	5 to 9 years	
	10 years and above	

Section B: Supportive Leadership Assessment

Part 1: Mentoring Assessment

Mentoring is a Supportive Leadership practice. The mentoring assessment seeks to collect information on the measure of mentoring that senior nurse leaders provide and its influence on the performance of Inexperienced Nurse Leaders in the Central West Quality

Satellite Zone hospital of Malawi. Read carefully, each mentoring statement and circle the number that represents the correct response.

Key	1 = Strongly disagree	2 = Disagree	3 = Slightly disagree	4 = Neutral	5 = Slightly agree	6 = Agree	7 = Strongly agree

Mentoring	**Rating**						
1. I am accessible	1	2	3	4	5	6	7
2. I am an active listener	1	2	3	4	5	6	7
3. I demonstrate professional expertise	1	2	3	4	5	6	7
4. I encourages INLs to establish an independent career	1	2	3	4	5	6	7
5. I provide useful critique for the INLs work	1	2	3	4	5	6	7
6. I motivate INLs to improve their work	1	2	3	4	5	6	7
7. I am helpful in providing direction and guidance on professional issues	1	2	3	4	5		7
8. I acknowledge INLs contributions appropriately	1	2	3	4	5	6	7
9. I take sincere interest in the INLs career	1	2	3	4	5	6	7
10. I help INLs create clear goals	1	2	3	4	5	6	7
11. I facilitate building of professional network	1	2	3	4	5	6	7
12. I provides thoughtful advice on INLs scholarly work	1	2	3	4	5	6	7
13. I am supportive of work-life balance	1	2	3	4	5	6	7
14. I am satisfied as a senior nurse leader	1	2	3	4	5	6	7

Part 2: Work Relationships Assessment

Building work relationships is a Supportive Leadership practice. The work relationship assessment seeks to measure the existing work relationships and their influence on the performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone hospital of Malawi. Read carefully each statement and circle the number that represents the correct response about work relationships in clinical practice

Key	1 = Strongly disagree	2 = Disagree	3 = Slightly disagree	4 = Neutral	5 = Slightly agree	6 = Agree	7 = Strongly agree

Work Relationships	**Rating**						
1. Some healthcare team members are hard to work with	1	2	3	4	5	6	7
2. There are certain healthcare team members that I come into conflict with	1	2	3	4	5	6	7
3. I find it hard to work with at least one group of health care workers	1	2	3	4	5	6	7
4. I am valued by my inexperienced nurse leaders	1	2	3	4	5	6	7
5. Inexperienced nurse leaders respect me	1	2	3	4	5	6	7
6. I find it hard to work with Inexperienced Nurse Leaders	1	2	3	4	5	6	7
7. A culture of harmonious working relationships is encouraged in this hospital	1	2	3	4	5	6	7
8. Positive working relationships are encouraged in this hospital	1	2	3	4	5	6	7
9. The hospital favours certain groups or individuals over others	1	2	3	4	5	6	7

Part 3: Team Working Assessment

Promoting team working is a Supportive Leadership practice. The team working assessment seeks to examine the prevailing team working spirit and its influence on the performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone hospital of Malawi. Read carefully each statement about team working and circle the number that represents the correct response.

Key	Rarely = 0	25% of the time = 1	50% of the time = 2	75% of the time = 3	Always = 4

Team Working	**Rating**				
1. All team members understand what their responsibilities are throughout the shift.	0	1	2	3	4
2. The nurses who serve as charge nurses or team leaders monitor the progress of the staff members throughout the shift.	0	1	2	3	4
3. Team members frequently know when another team member needs assistance before that person asks for it.	0	1	2	3	4
4. Team members communicate clearly what their expectations are of others.	0	1	2	3	4
5. Mistakes and annoying behavior of teammates are not ignored but are discussed with the team member.	0	1	2	3	4
6. When changes in the workload occur during the shift (admissions, discharges, patients' problems, etc.), a plan is made to deal with these changes.	0	1	2	3	4
7. Team members know that other members of their team follow through on their commitment.	0	1	2	3	4

8. The nurses who serve as charge nurses or team leaders balance the workload within the team.	0	1	2	3	4
9. Our team believes that to do a quality job, all of the members need to work together.	0	1	2	3	4
10. The shift change reports contain the information needed to care for the patients.	0	1	2	3	4
11. Team members usually return from breaks on time.	0	1	2	3	4
12. Team members respect one another.	0	1	2	3	4
13. When a team member points out to another team member an area for improvement, the response is never defensive.	0	1	2	3	4
14. Team members are aware of the strengths and weaknesses of other team members they work with most often.	0	1	2	3	4
15. If the staff on one shift is unable to complete their work, the staff on the on-coming shift do not complain about it.	0	1	2	3	4
16. Staff members with strong personalities do not dominate the decisions of the team.	0	1	2	3	4
17. Most team members tend to deal with conflict rather than avoid it.	0	1	2	3	4
18. Nurse technicians and registered nurses work well together as a team.	0	1	2	3	4
19. The nurses who serve as charge nurses or team leaders are available and willing to assist team members throughout the shift.	0	1	2	3	4
20. Team members notice when a member is falling behind in their work.	0	1	2	3	4

21. When the workload becomes extremely heavy, team members pitch in and work together to get the work done.	0	1	2	3	4
22. Feedback from team members is often helpful rather than judgmental.	0	1	2	3	4
23. Our team readily engages in changes in order to make improvements and new methods of practice.	0	1	2	3	4
24. Team members share information with each other.	0	1	2	3	4
25. Team members clarify with one another what was said to be sure that what was heard is the same as the intended message.	0	1	2	3	4
26. Team members work together to achieve the total work of the team.	0	1	2	3	4
27. The nurses who serve as charge nurses or team leaders give clear and relevant directions as to what needs to be done and how to do it.	0	1	2	3	4
28. Within our team, members are able to keep an eye out for each other without falling behind in our own individual work.	0	1	2	3	4
29. Team members understand the role and responsibilities of each other.	0	1	2	3	4
30. Team members willingly respond to patients other than their own when other team members are busy or overloaded.	0	1	2	3	4
31. Team members value, seek and give each other constructive feedback.	0	1	2	3	4
32. When someone does not report to work or someone is pulled to another unit, we reallocate responsibilities fairly among the remaining team members.	0	1	2	3	4

33. Team members trust each other.	0	1	2	3	4

Part 4: Work Environment Assessment

The creation of a positive work environment is a Supportive Leadership practice. The work environment assessment seeks to examine the conduciveness of the clinical work environment and its influence on the performance of the Inexperienced Nurse Leaders in the Central West Quality Satellite Zone hospital of Malawi. Read carefully each statement about the work environment and circle the number that represents the correct response.

Key	1 = Strongly disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly agree

Work Environment	**Rating**				
1. Senior nurse leaders, doctors, ward in-charges clinical officers, nurses, and other staff maintain frequent communication to prevent each other from being surprised or caught off guard by decisions	1	2	3	4	5
2. Senior nurse leaders, doctors, ward in-charges and clinical officers involve nurses and other staff to an appropriate degree when making important decisions.	1	2	3	4	5
3. Senior nurse leaders and doctors work with nurses, clinical officers and other staff to make sure there is enough staff to maintain patient safety.	1	2	3	4	5
4. The formal reward and recognition systems work to make nurses and other staff feels valued.	1	2	3	4	5

5. Most nurses and other staff here have a positive relationship with their nurse leaders	1	2	3	4	5
6. Senior nurse leaders, doctors, ward in-charges clinical officers, nurses and other staff makes sure their actions match their words they "walk their talk."	1	2	3	4	5
7. Senior nurse leaders, doctors, ward in-charges, clinical officers, nurses, and other staff are consistent in their use of data-driven, logical decision-making processes to make sure their decisions are of the highest quality.	1	2	3	4	5
8. Senior nurse leaders and doctors make sure there is the right mix of nurses, clinical officers, and other staff to ensure optimal outcomes.	1	2	3	4	5
9. Senior nurse leaders, doctors, ward in-charges, clinical officers, nurses, and other staff members speak up and let people know when they've done a good job.	1	2	3	4	5
10. Nurses and other staff feel able to influence the policies, procedures, and bureaucracy around them.	1	2	3	4	5
11. The right departments, professions, and groups are involved in important decisions.	1	2	3	4	5
12. Support services are provided at a level that allows nurses and other staff to spend their time on the priorities and requirements of the patient and family care.	1	2	3	4	5
13. Nurse leaders demonstrate an understanding of the requirements and dynamics at the point of care and use this knowledge to work for a healthy work environment.	1	2	3	4	5
14. Senior nurse leaders, doctors, ward in-charges, clinical officers, nurses, and other staff have zero tolerance for disrespect and abuse. If they see or hear someone being disrespectful, they hold them accountable regardless of the person's role or position.	1	2	3	4	5
15. When senior nurse leaders, doctors, ward in-charges, and clinical officers speak with nurses	1	2	3	4	5

and other staff, it is not one-way communication or order giving. Instead, they seek input and use it to shape decisions.					
16. Senior nurse leaders, doctors, ward in-charges clinical officers, nurses, and other staff are careful to consider the patient's and family's perspectives whenever they are making important decisions.	1	2	3	4	5
17. There are motivating opportunities for personal growth, development, and advancement	1	2	3	4	5
18. Senior nurse leaders and ward in-charges are given the access and authority required to play a role in making key decisions	1	2	3	4	5

Section C: Self-Leadership Assessment

Supportive Leadership rendered by senior nurse leaders can promote the leadership performance of Inexperienced Nurse Leaders. The self-leadership assessment seeks to examine the performance of senior nurse leaders in the Central West Quality Satellite Zone hospital of Malawi. Read carefully each statement and circle the number that represents your leadership performance.

Key	1 = A lot of the time	2 = Some of the time	3 = Very little of the time	4 = None of the time

Demonstrating Personal Qualities	**Rating**			
1. I reflect on how my own values and principles influence my behaviour and impact on others	1	2	3	4
2. I seek feedback from others on my strengths and limitations and modify my behaviour accordingly	1	2	3	4

3. I remain calm and focused under pressure	1	2	3	4
4. I plan my workload and deliver on my commitments to consistently high standards demonstrating flexibility to service requirements	1	2	3	4
5. I actively seek opportunities to learn and develop	1	2	3	4
6. I apply my learning to practical work	1	2	3	4
7. I act in an open, honest, and inclusive manner - respecting other people's culture, beliefs, and abilities	1	2	3	4
8. I speak out when I see that ethics or values are being compromised	1	2	3	4
Working with Others				
9. I identify opportunities where working collaboratively with others will bring added value to patient care	1	2	3	4
10. I share information and resources across networks	1	2	3	4
11. I communicate clearly and effectively with others	1	2	3	4
12. I listen to and take into account the needs and feelings of others	1	2	3	4
13. I actively seek contributions and views from others	1	2	3	4
14. I am comfortable managing conflicts of interest or differences of opinion	1	2	3	4
15. I put myself forward to lead teams, whilst always ensuring I involve the right people at the right time	1	2	3	4
16. I acknowledge and appreciate the efforts of others within the team and respect the team's decision	1	2	3	4

Managing Services				
17. I use feedback from patients, service users, and colleagues when developing plans	1	2	3	4
18. I assess the available options in terms of benefits and risks	1	2	3	4
19. I deliver safe and effective services within the allocated resource	1	2	3	4
20. I take action when resources are not being used efficiently and effectively	1	2	3	4
21. I support team members in developing their roles and responsibilities	1	2	3	4
22. I provide others with clear purpose and direction	1	2	3	4
23. I analyze information from a range of sources about performance	1	2	3	4
24. I take action to improve performance	1	2	3	4
Improving Services				
25. I take action when I notice shortfalls in patient safety	1	2	3	4
26. I review practice to improve patient safety and minimize risk	1	2	3	4
27. I use feedback from patients, carers and service users to contribute to improvements in service delivery	1	2	3	4
28. I work with others to constructively evaluate our service	1	2	3	4
29. I put forward ideas to improve the quality of services	1	2	3	4

30. I encourage debate about new ideas with a wide range of people	1	2	3	4
31. I articulate the need for change and its impact on people and service	1	2	3	4
32. I focus myself and motivate others to ensure change happens	1	2	3	4
Setting Direction				
33. I identify the drivers of change (e.g. political, social, technical, economic, organizational, professional environment)	1	2	3	4
34. I anticipate future challenges that will create the need for change and communicate these to others	1	2	3	4
35. I use data and information to suggest improvements to services	1	2	3	4
36. I influence others to use knowledge and evidence to achieve best practice	1	2	3	4
37. I consult with key people and groups when making decisions taking into account the values and priorities of the service	1	2	3	4
38. I actively engage in formal and informal decision-making processes about the future of services	1	2	3	4
39. I take responsibility for embedding new approaches into working practices	1	2	3	4
40. I evaluate the impact of changes on patients and service delivery	1	2	3	4

Appendix VII: In-depth Interview Questions Guide for Senior Nurse Leaders

1. How do you mentor inexperienced nurse leaders?
2. How does the mentoring you provided to inexperienced nurse leaders influence their leadership performance?
3. How do you promote relationship building in the ward/unit?
4. How do your relationship building efforts influence the performance of inexperienced nurse leaders?
5. How do you promote team working in a ward/unit?
6. How does your team working enterprise influence performance of inexperienced nurse leaders?
7. How can you describe the working environment in your ward/unit?
8. How does the work environment influence the performance of inexperienced nurse leaders?

Appendix VIII: Letters of Permission of Entry from Hospitals

Ref. No. KCH/RESEARCH
TELEPHONE NO.: (265) 753 555
TELE FAX NO.: (265) 756 380

PLEASE ADDRESS ALL COMMUNICATIONS TO: THE HOSPITAL DIRECTOR
E-MAIL: Kch@sdnp.org.mw

Ref : COMREC /2022

MINISTRY OF HEALTH
KAMUZU CENTRAL HOSPITAL
P. O. Box 149
LILONGWE
MALAWI

27TH OCTOBER 2022

The Chairperson,
Kamuzu University of Health Sciences Research Committee,
Private Bag 360,
Chichiri,
Blantyre 3.

Dear Sir/Madam,

RE: LETTER OF SUPPORT FOR A STUDY TITLED(INFLUENCE OF SUPPORTIVE LEADERSHIP ON THE PERFOMANCE OF INEXPERIENCED NURSE LEADERS IN THE CENTRAL WEST QUALITY SATELLITE ZONE HOSPITALS OF MALAWI"

I write to support the above the researcher's interest to do the above named study at Kamuzu Central Hospital.
We will await the outcome of the study.
Thanking you in advance for the support you are going to give.
Yours sincerely,

Dr Jonathan Ngoma
Hospital Director

Nkhoma CCAP Hospital

Ref.18/11/2022

18/11/ 2022

To : **Mrs Annie Namathanga**

Dear Madam,

RE: RE: INSTITUTIONAL PERMISSION TO CONDUCT A STUDY

On behalf of Nkhoma Mission Hospital, I would like to grant you permission for a study entitled **"Influence of Supportive Leadership on the Performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone Hospitals of Malawi"** at Nkhoma Mission Hospital.

Furthermore, I would like to request you to share the findings of this study with Nkhoma Mission Hospital for records and implementation.

Wishing you all the best in your studies.

Paul Mekani,

Principal Nursing Officer & Chairperson for Research Committee

NKHOMA CCAP HOSPITAL
18 NOV 2022
P.O. BOX 48, NKHOMA

Nkhoma Mission Hospital,
P.O. Box 48, Nkhoma, Lilongwe.
Cell: +265 888 674 233/ +265 999346 952/ +265 998 951 484 Voip: 301
Email:paulmekani@yahoo.com, favourmekani@gmail.com

"serving with Love and Care"

LIKUNI MISSION HOSPITAL

[redacted]

28th November, 2022

Dear Sir,

Re: SUPPORT LETTER FOR RESEARCH BY ANNIE NAMATHANGA

The hospital received a request from the above mentioned individual to conduct research at this hospital.

As a hospital, we see no problem to allow her to do a research at Likuni Mission Hospital as long as she gets approval from relevent authorities to conduct such a research in Malawi.

Your sincerely,

Likuni Mission Hospital
29 NOV 2022
P.O. Box [redacted]
Likuni, [redacted]
Malawi
Phone: +265 [redacted] 179

Dr. J. Chiundra
MBBS, MMED(Surgery)

+265 999793606

Correspondences to be addressed to the Principal Hospital Administrator

All correspondence address to DHO

Phone: +265 01242310/906

E-mail: mchinjidho@sndp.org

Mchinji District Hospital,
Box 36,
Mchinji.

25th November 2022

Annie, Namathanga
Kamuzu University of Health Sciences
Private Bag 360
Blantyre

Dear Annie,

LETTER OF SUPPORT TO CONDUCT RESEARCH, "INFLUENCE OF SUPPORTIVE LEADERSHIP ON THE PERFORMANCE OF INEXPERIENCED NURSE LEADERSIN THE CENTRAL WEST QUALITY SATELITE ZONE HOSPITALS OF MALAWI"

I have the pleasure to inform you that Mchinji District Health Research Coordinating Committee has agreed that you conduct research **"Influence Of Supportive Leadership On The Performance Of Inexperienced Nurse Leaders in The Central West Quality Satellite Zone Hospitals Of Malawi"** in Mchinji District.

The hospital management and staff of Mchinji District Hospital will support the study as it has benefits for the district. The staff will ensure availability of the information for you to use in for the study and give you any other support that we can to ensure the success of the study.

Looking forward to getting feedback from you after the findings.

Yours faithfully

The Director Of Health and Social Services
Mchinji District Hospital
25 NOV 2022
P.O Box 36 Mchinji

Dr. Juliana Kanyengambeta.

DIRECTOR OF HEALTH AND SOCIAL SERVICES

TELEGRAM:

TELEPHONE: 01223437

COMMUNICATIONS TO BE ADDRESSED TO:
THE DISTRICT HEALTH OFFICER

In reply please quote NO DC/MALAWI

DEDZA DISTRICT HOSPITAL,

P.O. BOX 136,

DEDZA,

MALAWI.

30th November, 2022.

Att: Annie Namathanga

Kamuzu University of Health Sciences

Private Bag 360

Blantyre

Dear Madam,

RE: AUTHORITY TO CONDUCT A SURVEY AT DEDZA DISTRICT HOSPITAL.

I write to confirm the full support of Dedza District Hospital to Annie Mathanga to conduct a study on the proposed research project that was submitted to Dedza District Hospital research committee. This decision has been made after going through the research proposal titled "**Influence of Supportive Leadership on the Performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone Hospitals of Malawi**".

You are therefore requested to adhere to all research ethical considerations and share the research findings with Dedza district research team before disseminating to the general public.

Yours faithfully,

MINISTRY OF HEALTH
DEDZA DISTRICT HOSPITAL
30 NOV 2022
DISTRICT MEDICAL OFFICER
P. O. BOX 136 DEDZA

Dr Elita Chiwoko

Telephone: + 265 01 235 200
Facsimile: + 265 01 235 459

All Communications should be addressed to:
THE DIRECTOR OF HEALTH AND SOCIAL SERVICES

In reply please quote No. NDH/PF/
MINISTRY OF HEALTH
NTCHEU DISTRICT HOSPITAL
PRIVATE BAG 5,
NTCHEU

DATE: 7th December, 2022

TO The Chairman,
Pan African Christian University Ethics Committee
Kenya

RE: INFLUENCE OF SUPPORTIVE LEADERSHIP ON THE PERFORMNCE OF INEXPERIENCED NURSE LEADERS IN THE CENTRAL WEST QUALITY ZONE HOSPITALS IN MALAWI

This letter serves to offer support for the above mentioned study by Annie Namathanga for ethical clearance.

Having gone through the presentation, the study is important as it will help in identifying gaps and possible solutions on how inexperienced leaders can be supported to improve their leadership skills.

It is our sincere hope that as a District, we will be furnished with the findings of this study.

Yours Faithfully,

Annie Makaika

Chairperson of the NDH- REC

MINISTRY OF HEALTH
NTCHEU DISTRICT HOSPITAL
07 DEC 2022
P.O. BOX 5, NTCHEU

Director of Health and Social Services

Ref. No.:
Telephone No.: 265 726 466/464
Telefax No.: 265 727817
Telex No.:
E-Mail: lilongwedho@malawi.net

COMMUNICATIONS TO BE ADDRESSED TO:

In reply please quote NO DZH/MALAWI.
Lilongwe District Health Office
P.O. Box 1274
Lilongwe
Malawi

8th December, 2022

The In-charge: Bwaila Hospital

Dear Sir/Madam

PERMISSION LETTER TO CONDUCT ACADEMIC RESEARCH STUDY AT LILONGWE DISTRICT

The bearer of this letter is **Annie Namathanga** – PhD. Student at Pan Africa Christianity University has been granted a permission to conduct academic research study at Lilongwe District Health Office facilities on:-

"Influence of supportive Leadership on the Performance of Inexperienced Nurse Leaders"

Any assistance rendered would be appreciated.

LILONGWE DISTRICT HEALTH OFFICE
08 DEC 2022
DISTRICT MEDICAL OFFICER
P.O. BOX 1274, LILONGWE

Duncan Banda
For: DIRECTOR OF HEALTH AND SOCIAL SERVICES

Appendix IX: Permission Letter for Monitoring Assessment Tool

Dear Professor Michi Yukawa,

I am seeking authorization to use your mentor evaluation tool that was published in PLoS ONE, 15(6), e0234345https://doi.org/10.1371/journal.pone.0234345for my academic research

My name is Annie Namathanga. I am a registered nurse/midwife by profession, and I come from Malawi. I am a Ph.D. student at Pan Africa Christian University in Kenya. My research seeks to explore the influence of Supportive Leadership on the performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone Hospitals of Malawi.

I also seek authorization to change the term "mentor" to "senior nurse leader". The senior nurse leader is the mentor for an experienced nurse in a leadership position (first-line manager) according to the clinical nursing leadership structure in hospitals of Malawi. The study findings will be shared as necessary.

Your supportive response will be very much appreciated.

Yours sincerely,

Annie Namathanga (Mrs)

Appendix X: Acceptance Letter for Mentoring Tool

Yukawa, Michi <Michi.Yukawa@ucsf.edu> Tue, Aug 9, 2022 at 8:12 PM

To: "Namathanga, Annie Mlasaanthu (POLD/10216/0/17)"
<annie.namathanga@students.pacuniversity.ac.ke>

Hi Annie

Happy to have you use our Mentor Evaluation Tool. We ask that if you publish your work that you will site our work. Best of luck with your research.

Michi

Michi Yukawa MD, MPH

Professor of Medicine

Pronouns: she/her/hers

University of California San Francisco/ Division of Geriatrics

490 Illinois Street, Floor 8, UCSF BOX 1265, San Francisco, CA 94143

San Francisco Campus for Jewish Living

Medical Director, Short Stay Rehabilitation Unit

302 Silver Avenue, San Francisco

(415) 406-1417

Michi.Yukawa@ucsf.edu

Appendix XI: Permission Letter for Team Work Assessment Tool

Dear Professor Kalisch,

I am seeking authorization to use the Nursing Teamwork Survey (NTS) short version that was published in BMC Nursing 20**,** 84, 1-10. https://doi.org/10.1186/s12912-021-00609z*for* my academic research.

My name is Annie Namathanga. I am a registered nurse/midwife by profession, and I come from Malawi. I am a Ph.D. student at Pan Africa Christian University in Kenya. My research seeks to explore the influence of senior nurses' Supportive leadership on the performance of inexperienced nurse leaders in the Central West Quality Satellite Zone Hospitals of Malawi.

I also seek authorization to change the phrase "my team" in numbers 9 and 23 to our team. The phrase "nursing assistants and nurses" in number 18 will be replaced by nurse technicians and registered nurses in alignment with the existing nursing cadres in Malawi.

The study findings will be shared as necessary and your supportive response will be very much appreciated.

Yours sincerely,

Annie Namathanga (Mrs)

Appendix XII: Acceptance Letter for Team Work Assessment Tool

from:	**Beatrice Kalisch** <bkalisch@umich.edu>
to:	"Namathanga, Annie Mlasaanthu (POLD/10216/0/17)" <annie.namathanga@students.pacuniversity.ac.ke>
date:	Aug 17, 2022, 12:17 AM
subject:	Re: Permission to Use the Nursing Teamwork Survey Instrument
mailed-by:	umich.edu
signed-by:	umich.edu
security:	Standard encryption (TLS) Learn more
:	Important according to Google magic.

You have my e to use the NTS. Let me know your results. Bea

Sent from my iPhone

> On Aug 9, 2022, at 9:36 PM, Beatrice Kalisch <bkalisch@umich.edu> wrote:
>

Appendix XIII: Permission Letter for Healthy Work Environment Assessment Tool

Dear Professor Jean Anne Connor,

I am seeking permission to use your healthy work environment assessment tool that was published in the American Journal of Critical Care, 27(5), 363–371. https://doi.org/10.4037/ajcc2018179 for my academic research.

My name is Annie Namathanga. I am a registered nurse/midwife by profession, and I come from Malawi. I am a Ph.D. student at Pan Africa Christian University in Kenya. My research seeks to explore the influence of Supportive Leadership on the performance of Inexperienced Nurse Leaders in the central west quality satellite zone hospitals of Malawi.

I also seek authorization to change some terms to suit the existing cadres of healthcare workers in hospitals in Malawi:

- Administrator will be changed to senior nurse leader
- Manager will be changed to ward in-charge
- Physician will be changed to doctor
- Will add clinical officers

The study findings will be shared as necessary and your supportive response will be very much appreciated.

Yours sincerely,

Annie Namathanga (Mrs

Appendix XIV: Acceptance Letter for HWE Assessment Tool

AMERICAN ASSOCIATION of CRITICAL-CARE NURSES

August17, 2022

AnnieNamathanga
KamuzuUniversityofHealthSciences Private
Blantyre MALAWI

DearAnnieNamathanga:

Thankyouforyourreuserequest.WeherebygrantpermissionforyourreuseoftheAACN copyrighted content below, free of charge, subject to the following conditions:

1. Content will be used by the requester, a registered nurse midwife and lecturer at the Kamuzu University of Health Sciences in Malawi, in academic research for the PhD program at Pan Africa Christian University in Kenya (Organizational Leadership) for use withinexperiencednurseleadersintheCentralWestQualityZonehospitalsofMalawi.
2. Suitable acknowledgment to the original source must be made, preferably as follows: American Association of Critical-Care Nurses. *Healthy Work Environment Assessment Tool.* Aliso Viejo, CA: American Association of Critical-Care Nurses. ©AACN. All rights reserved. Used and modified with permission.
3. Permission is granted for the following use case: Healthy Work Environment Assessment Tool (HWEAT), individual/academic, print/electronic, worldwide, original language, up to 499 viewers, minor editing (administrator > senior nurse leader, manager > ward in-charge, physician > doctor), current edition and up to 5 years (until Aug 17, 2027).

ModificationstothetoolbeyondthoseinitemNo.3requirewrittenpreapprovalbyAACN.

ThankyouforyourinterestintheAmericanAssociationofCritical-CareNurses. Sincerely,

Michael Muscat
AACN Publishing Manager

Appendix XV: Permission Letter for Work Relations Assessment Tool

Dear Professor David Michael Biggs,

I am seeking permission to use your worker relations assessment tool that was published in the Leadership and Organizational Development Journal, 37(1), 2-12. https://doi.org/10.1108/LODJ-08-2012-0098for my academic research.

My name is Annie Namathanga. I am a registered nurse/midwife by profession, and I come from Malawi. I am a Ph.D. student at Pan Africa Christian University in Kenya. My research seeks to explore the influence of Supportive Leadership on the performance of Inexperienced Nurse Leaders in the central west quality satellite zone hospitals of Malawi.

I also seek authorization to change some terms to enhance the clarity of the tool for the intended research participants:

- Co-workers will be changed to healthcare team
- Supervisor will be changed to senior nurse leader
- Organization will be changed to hospital.

The study findings will be shared as necessary and your supportive response will be very much appreciated.

Yours sincerely,

Annie Namathanga (Mrs)

Appendix XVI: Acceptance Letter for Work Relations Assessment Tool

Permission to use the Work Relations Assessment Tool
Report

Annie Mlasaanthu Namathanga

1 day ago

Professor Biggs,

Please find attached a letter seeking authorization to use the Work Relations Assessment Tool for academic research.

I am a PhD student at Pan Africa Christian University in Kenya.

Yours faithfully,

Annie Namathanga

Professor David Michael Biggs.docx

Biggs to you

15 hours ago

Dear Annie, Feel free to use the 9 scale item. All 9 items are in the original paper and load onto 3 scales (with 3 items each). Do let me know what you find in your study. Best wishes, David

Appendix XVII: Permission Letter for Self-Assessment Leadership Tool

The Director of Leadership

NHS Leadership Academy

Re: Permission to Use the Clinical Leadership Self-Assessment Tool

I am seeking permission to use the Clinical Leadership self-assessment tool for my academic research.

My name is Annie Namathanga. I am a registered nurse/midwife, and I come from Malawi. I am a student pursuing a Ph.D. at Pan Africa Christian University in Kenya. I am studying organizational leadership. My research seeks to explore the influence of Supportive Leadership on the performance of Inexperienced Nurse Leaders in the central west quality satellite zone hospitals of Malawi.

Your supportive response will be very much appreciated.

Yours sincerely,

Annie Namathanga (Mrs

Appendix XVIII: Acceptance Letter for Self-Assessment Leadership Tool

Message ID	<CWXP265MB5156DDDD4A1A6CBE8A5F56F6BF709@CWXP265MB5156.GBRP265
Created at:	Tue, Aug 23, 2022 at 11:03 AM (Delivered after 3 seconds)
From:	LeadershipModelNLA <leadershipmodel@leadershipacademy.nhs.uk>
To:	"Namathanga, Annie Mlasaanthu (POLD/10216/0/17)" <annie.namathanga@students.pacu
Subject:	RE: Permission
SPF:	PASS with IP 40.107.11.129 Learn more
DKIM:	'PASS' with domain NHSEngland.onmicrosoft.com Learn more
DMARC:	'PASS' Learn more

Hi Annie

Yes, please go ahead! Fine to use provided it is properly referenced and signposted back to us.
Good luck with your PhD

Kind regards
Lucy

Appendix XIX: Ethical Approval PACU University

Ethics Clearance Certificate

Researcher: **Annie Namathanga (POLD/10216/0/17)**

Project Title: *Influence of Supportive Leadership on the Performance of Inexperienced Nurse Leaders in the Central West Quality Satellite Zone Hospitals of Malawi*

Observations and Remarks

- The research title is clear and suitable for the degree level being undertaken.
- Objectives, problem statement, and hypothesis are well aligned with the research tools
- The sampling procedure is fairly explicit.
- The recruitment of respondents is clear.
- The informed consent is clear and satisfactory
- Respondents are given an opportunity to withdraw if they so wish
- Quantitative and qualitative data analysis is clear
- Data storage, handling, and analysis are well described.
- Confidentiality while managing and handling data is clear
- Dissemination of findings is taken care of.
- Conventions of writing are appropriately considered.

Verdict: The researcher has demonstrated consciousness of knowledge and use of ethics in research. She can thus proceed to apply for requisite research licenses as required by law.

Reviewed by

Dr. Jane Kinuthia - Member of PAC IERC.
10/11/2022

Appendix XX: Ethical Approval NCST

NATIONAL COMMISSION FOR SCIENCE & TECHNOLOGY
Lingadzi House
Robert Mugabe Crescent
P/Bag B303
City Centre
Lilongwe
Tel: +265 1 771 550
+265 1 774 189
+265 1 774 869
Fax: +265 1772 431
Email:directorgeneral@ncst.mw
Website:http://www.ncst.mw

NATIONALCOMMITTEEONRESEARCHINTHESOCIALSCIENCES ANDHUMANITIES

Ref No: NCST/RTT/2/6

9th January2023

Mrs Annie

Namathanga,

KUHES,

Private Bag

360,

Blantyre.

Email:

anamathanga@kuhes.ac.mwDear

Mrs Namathanga,

RESEARCH ETHICS AND REGULATORY APPROVAL AND PERMIT FOR PROTOCOLNO.P.12/22/705: INFLUENCE OF SUPPORTIVE LEADERSHIPON THE PERFORMANCE OF INEXPERIENCED NURSE LEADERS IN THE CENTRAL WEST QUALITY SATELLITE ZONE HOSPITALS OF MALAWI

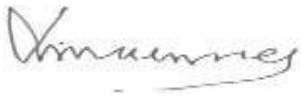
Having satisfied all the relevant ethical and regulatory requirements, I am pleased to inform you that the above referred research protocol has officially been approved. You are now permitted to proceed with its implementation. Should there be any amendments to the approved protocol in the course of implementing it, you shall be required to seek approval of such amendments before implementation of the same.

Thisapprovalisvalidforoneyearfromthedateofissuanceofthisapproval.Ifthestudygoesbeyondone year, an annual approval for continuation shall be required to be sought from the National

Committee on Research in the Social Sciences and Humanities (NCRSH) in a format that is available at the Secretariat. Once the study is finalised, you are required to furnish the Committee and the Commission with a final report of the study. The committee reserves the right to carry out compliance inspection of this approved protocol at any time as may be deemed by it. As such, you are expected to properly maintain all study documents including consent forms.

Wishing you a successful implementation of your study.

Yours Sincerely,



Yalonda. I. Mwanza

NCRSHADMINISTRATOR

HEALTH, SOCIAL SCIENCES AND HUMANITIES DIVISION

For: CHAIRPERSON OF NCRSH

Appendix XXI: Work Plan

Task	**Month**	**Period**
Concept and proposal development	January 2021 to April 2022	68 weeks
Defence and review	May to June 2022	8 weeks
Sample recruitment	July to August 2022	8 weeks
Data collection	September to October 2022	8 weeks
Data analysis	November to December 2022	8 weeks
Discussion of findings	January to February 2023	8 weeks
Final defence and review	March to June 2023	16 weeks
Total		124 Weeks