

Original Article

The Effect of Leadership Behaviours of Nurse Managers on Nurses' Work Motivation

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Abstract

Background: In order to help employees in the workplace work efficiently and effectively within the team, nurse managers should have leadership behaviours that will increase the motivation of nurses.

Aim: The aim of this study was to investigate the effect of leadership behaviours of nurse managers on work motivation of nurses.

Method: This descriptive study was conducted with 153 nurses in total working in surgical (n=82) and internal (n=71) units of a training and research hospital in Istanbul between January and February 2019. The data of the study was collected with Individual Information Form, Leadership Behaviour Scale and Nurses' Work Motivation Scale. For data analysis, descriptive statistics, Independent Sample T-test, One Way Analysis of Variance, Mann Whitney U test, Kruskal Wallis test and Spearman's correlation test were used.

Results: The mean age of the nurses participating in the study was found as 26.68±4.54. It was determined that 53.6% of the nurses have voluntarily chosen their profession, 86.3% liked their job and 96.7% were affected by the leadership behaviours of the nurse managers. For the qualities a nurse manager should obtain, 98% of the nurses stated that they should value the thoughts of the employees in the team and 96.7% of the nurses claimed that they should direct the team and should treat everyone equally. It was found that the mean scores of leadership behaviour (4.15±0.47) and work motivation (66.06±6.14) perceived by the nurses participating in the study from the nurse managers were high. There is a moderate, significant and positive relationship between managers' leadership behaviour and nurses' work motivation ($r=0,504$, $p<0,001$).

Conclusion: According to the results of this study, leadership behaviours and work motivation levels of nurse managers are quite high. A positive increasing in managers' leadership behaviours increases the work motivation of the nurses.

Key Words: nurses, leadership, motivation, nurse administrators

Introduction

In health institutions, health professionals are needed to meet the demand for health services effectively and to reach the specified targets. The effectiveness of patient-centred health care institutions depends on the health care team providing the health care service. Health professionals have a significant impact on the quality of health care. As a part of a team of health professionals, the nurse plays an important role in nursing services aimed at providing quality health care (Hakmal et al., 2012;

Cetinkaya & Sanioglu, 2016; Celik & Karaca, 2017).

For nurses providing quality and standardized care, nurse managers are needed. Nurse managers are expected to comply with legal requirements, provide good nursing care, provide evidence-based practices, supervise work activities of employees, support, advise and motivate professional development (Ardahan & Konal, 2017). In addition to having skills like being creative, visionary, honest, learning and managing, it is also important that the manager at

the head of the team develops himself / herself continuously (Serinkan & Ipekci, 2005; Yilmaz & Kantek, 2016).

It is expected that nurses, who play an important role in every step of health care, will have leadership characteristics. Leadership is a multifaceted process that motivates and mobilizes individuals to achieve specific goals (Lorber et al., 2016). The Leader, however, is the person who influences the group and makes the change in the group's behaviours. To achieve the goal of planned nursing care on sick or healthy individuals, leading nurses are needed. Encouraging employees, increasing job satisfaction and motivation, improving corporate loyalty, creating an information sharing environment and being open to communication are among the qualities leading nurses are required to possess (Serinkan & Ipekci, 2005; Yilmaz & Kantek, 2016; Dahshan et al., 2017).

Although the manager and the leader are always considered as a whole, there are some differences between management and leadership (Polat & Arabacı, 2015). While the manager is task-oriented, the leader encourages inspiring people and institutions for innovation (Korkmaz, 2012).

The motivation of nurses who have the widest discipline in health care is very important for providing quality service and achieving the intended organizational success (Dahshan et al., 2017; Celik & Karaca, 2017). Motivation is a set of processes that stimulate the subject, initiate, induce, and influence the behaviour in order for the individual to perform his or her task. Positively motivated individuals increase organizational efficiency and effectiveness. Employees' both financial and moral motivation will enable them to achieve organizational goals in a shorter period of time with higher quality and less cost (Kundak et al., 2015; Cetinkaya & Sanioglu, 2016; Albagawi et al., 2017; Santas et al., 2018). As it determines nurses' work behaviours and performances, work motivation is of great importance in providing quality nursing care (Toode, 2015).

Factors affecting the motivation of nurses are considered in five categories. These are workplace characteristics, working conditions, individual traits, individual priorities and psychological factors (Toode et al., 2011; Baljoon et al., 2018). Participation of nurses in the decisions made within the organization, cooperation among team members, making

individual decisions when necessary, being considered by the manager, and the fairness of the manager to everyone are the main factors affecting the motivation of the nurse (Toode et al., 2011; Hakmal et al., 2012; Bas et al., 2017).

The responsibilities of the nurse managers include ensuring the motivation of the employees. It is stated that the nurses who are motivated with being valued by the manager and gaining respectability, being provided vocational education and training opportunities are more successful in their profession (Ayyash & Aljesh, 2011; Akbolat & Isik, 2012; Bas et al., 2017).

The individual success of nurses increases along with the confidence gained by building competence and self-improvement (Ayyash & Aljesh, 2011).

Managers are expected to have leadership behaviours to inspire employees to work efficiently and effectively within the team (Ayyash & Aljesh, 2011).

When the studies are examined; although there are several studies examining the effect of managers on the motivation of health professionals in the study team (Karakaya & Ay, 2007; Kidak & Aksaraylı, 2009; Yıldız et al., 2009; Infal & Bodur, 2011; Hakmal et al., 2012; Kantek et al., 2012). 2013; Dagne et al., 2015; Daneshkohan et al., 2015; Kundak et al., 2015; Celik & Karaca, 2017), no studies evaluating the effect of managers' leadership behaviours on nurses' motivation were found. In line with these results, in order to increase the motivation of nurses it was aimed to shed light on the development of strategies to improve the leadership behaviours of nurse managers.

Aim of the Study

This study was conducted to investigate the effect of leadership behaviours of nurse managers on nurses' work motivation.

Research Questions

For this purpose, the answers of the following questions were sought:

- How are leadership behaviours of nurse managers perceived by other nurses?
- What are the work motivation levels of nurses?
- Is there a relationship between leadership behaviours of nurse managers and work motivation of nurses?

Methods

Design, Sample and Setting: This descriptive study was carried out between January and February 2019 in the surgical and internal units of a training and research hospital in Istanbul, Turkey. The population of the study was consisted of 224 nurses working in the surgical and internal units of a training and research hospital in Istanbul between January and February 2019. In the study, it was aimed to reach the whole universe. The sample of the study included 153 nurses working in surgical (n = 82) and internal (n = 71) units, accepted participating in the study and completed the data collection form. The inclusion criteria were; being 18 years of age or older, agreeing to participate in the study and completing the questionnaire. A total of 71 people who refused to participate in the study, did not complete the questionnaire, and who were on leave (annual / maternity / casual, etc.) at the time of the study were excluded.

Data Collection: After informing the participants about the aim of the study, the data were obtained through face to face interview method. Interviews took about 15-20 min. The data of the study was collected by the researcher with a questionnaire consisting of three parts: Individual Information Form, Leadership Behaviour Scale and Nurses' Work Motivation Scale.

Individual Information Form: The Individual Information Form created by the researchers is consisted of 15 questions including the socio-demographic characteristics of the participants (age, gender, marital status, educational status, etc.) and their descriptive characteristics related to the profession (work motivation, voluntarily choosing the profession and liking the profession, etc.).

Leadership Behaviour Scale (LBS): The scale developed by Ekvall and Arvonen (1991) was adapted to Turkish by Tengilimoglu (2005) and validity and reliability studies were conducted. The expressions in the scale were prepared to determine leadership behaviour characteristics. The 5-point Likert scale includes three sub-dimensions and 36 items. Sub-dimensions are; Employee Oriented Leadership (Questions 1, 2, 4, 7, 10, 13, 16, 19, 22, 25, 28, 31, 32 and 34), Task-Oriented Leadership (Questions 3, 6, 9, 12, 15, 18, 21, 24, 27, 30, 33 and 36) and Change Oriented Leadership (Questions 5, 8, 11, 14, 17, 20, 23, 26, 29 and 35). The item score of the

scale is "1" Strongly disagree, "2" Disagree, "3" Undecided, "4" Agree, "5" Strongly agree. There are no negative items in the scale. The perception of leadership behaviour decreases as the scale item score approaches 1, and it increases as it approaches 5. Mean score method is used in the evaluation of the scale. The Cronbach Alpha value of the scale was 0.96. Cronbach Alpha values of the sub-dimensions were 0.97 in Employee Oriented Leadership, 0.95 in Task Oriented Leadership and 0.94 in Change Oriented Leadership. In this study, Cronbach alpha value of Leadership Behaviour Scale was found to be 0.97. Employee-Oriented Leadership sub-dimension was determined as 0.93, while Task-Oriented Leadership sub-dimension was 0.93 and Change-Oriented Leadership sub-dimension was 0.92.

Nurses' Work Motivation Scale (NWMS): Developed by Engin and Cam (2009), the validity and reliability study of "Work Motivation Assessment Scale of Nurses Working in Psychiatry Clinic" was conducted by the same researchers as "Nurses' Work Motivation Scale" for the general nurse population. According to the nurses' responses to the scale items, "I disagree" gets 1 point, "I partially agree" gets 2 points, and "I agree" gets 3 points. The scale consists of 25 items and its total score ranges between 25 and 75. High scores obtained from the scale indicate that the motivation is high. The Cronbach alpha coefficient of the Nurses' Work Motivation Scale is 0.85. In this study, it was found as 0.80.

Statistical Analysis: The data obtained from the study were analysed using SPSS (Statistical Package for Social Sciences) 25.0 program. The suitability of the data for normal distribution was evaluated by Kolmogorov-Smirnov test. Number, percentage, mean, standard deviation, median, minimum and maximum values were used for statistical evaluation of descriptive data. Independent sample t test was used to compare the difference between two groups matching the normal distribution, while one-way analysis of variance was used for three and more groups. Mann Whitney U test was used to compare the difference between two groups that did not fit the normal distribution, while the difference between three and more groups was compared with the Kruskal Wallis test. The direction and strength of the relationship between two variables were analysed by Spearman's correlation test. Significance level was accepted as $p < 0.05$.

Ethical Considerations: In order to conduct the study, approval was obtained from Hamidiye Non-Invasive Investigation Ethics Committee of University of Health Science (Meeting Date: 30.11.2018, Decision No: 18/74) and relevant institution. Participation of the nurses was based on volunteering and written and verbal consent was obtained.

Results

The mean age of the nurses participating in the study was found as 26.68 ± 4.54 . The distribution of the individual characteristics of the participants is presented in Table 1. It was stated that 86.3% of the participants were women, 77.1% were single, 69.9% were Bachelor's Degree, 32.0% were working in surgical services,

88.2% were working in shifts, 56.9% spent 1 to 5 years in the same unit and 59.5% had 1-5 years of experience in nursing profession. It was determined that 53.6% of the participants in the study chose their profession willingly, 67.7% of them voluntarily chose the unit they work for, 80.4% did not want to change their position, 86.3% liked their job and 96.7% was affected by the leadership behaviours of the nurse managers.

It was found that 45.8% of the participants evaluated the leadership of a top manager as democratical. For the qualities a nurse manager should obtain, 98% of the nurses stated that they should value the thoughts of the employees in the team (Table 1).

Table 1. Distribution of Individual Characteristics of Participants (n=153)

Characteristics	n	%
Age (year) Mean \pm SD* (26,68 \pm 4,54)		
Gender		
Female	132	86.3
Male	21	13.7
Marital Status		
Married	35	22.9
Single	118	77.1
Educational Status		
High school	17	11.1
Undergraduate	107	69.9
Graduate	29	19.0
Clinic		
Internal	46	30.1
Surgical	49	32.0
Intensive Care	25	16.3
Operating Room	19	12.4
Emergency	14	9.2
Working Style		
Always Daytime	16	10.5
Always at Night	2	1.3
In Shift	135	88.2
Working Period (Current Unit)		
Less than 1 year	55	35.9
1-5 years	87	56.9
6-10 years	8	5.2
11-15 years	1	0.7
More than 15 years	2	1.3
Working Period in Nursing Profession		
Less than 1 year	29	19.0

1-5 years	91	59.5
6-10 years	21	13.7
11-15 years	4	2.6
More than 15 years	8	5.2
Leadership Characteristics of a Top Manager		
Autocratic	5	3.3
Benevolent	33	21.6
Participative	45	29.4
Democratic	70	45.8
Qualities Necessary in an Nurse managers**		
Should guide the team	148	96.7
Must fulfil every request of the employees in the team	11	7.2
Should be equal to everyone in the team	148	96.7
Should value the thoughts of employees in the team	150	98.0
Should appreciate employees in the team for their good work	133	86.9
Must be perfectionist	39	25.5
Should accept existing problems	100	65.4
Should deal with existing problems	144	94.1

*Standart Deviation, ** Multiple options selected.

Table 2. Distribution of the Mean Scores of Leadership Behaviour Scale and its Sub-Dimensions (n=153)

Leadership Behaviour Scale and its Sub-Dimensions	Mean	SD*
Leadership Behaviour Scale	4.15	0.47
Employee Oriented Leadership Sub-Dimension	4.22	0.50
Task Oriented Leadership Sub-Dimension	4.12	0.50
Change Oriented Leadership Sub-Dimension	4.08	0.52

*Standard Deviation

Table 3. Comparison of Individual Characteristics of Participants and Leadership Behaviour Scale and its Sub-Dimensions (n=153)

	Leadership Behaviour Scale Total Score	Employee Oriented Leadership Sub-Dimension Score	Task Oriented Leadership Sub-Dimension Score	Change Oriented Leadership Sub-Dimension Score
Characteristics	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Marital Status				
Married	4.30±0.50	4.32±0.55	4.30± 0.51	4.27±0.51
Single	4.11±0.46	4.19±0.49	4.07±0.49	4.03±0.51
Statistics	2.124*	1.356*	2.347*	2.453*
P value	0.035	0.177	0.020	0.015
Working Style				
Always Daytime	4.42±0.44	4.51±0.42	4.36±0.46	4.37±0.51
Always at Night	3.97±0.39	4.00±0.81	4.04±0.18	3.85±0.07
In shift	4.12±0.47	4.19±0.50	4.10±0.50	4.05±0.52
Statistics	3.107**	3.205**	2.110**	2.925**
P value	0.048	0.043	0.125	0.057

Voluntarily Choosing the Profession				
Yes	4.25±0.50	4.30±0.53	4.23±0.52	4.20±0.55
No	4.04±0.42	4.13±0.46	4.00±0.45	3.95±0.45
Statistics	2.805*	2.151*	2.870*	3.039*
P value	0.006	0.033	0.005	0.003
Request to Change the Place of Duty				
Yes	3.75±0.52	3.81±0.57	3.73±0.56	3.71±0.56
No	4.25±0.41	4.33±0.43	4.22±0.44	4.17±0.47
Statistics	-5.542*	-5.533*	-5.101*	-4.686*
P value	<0.001	<0.001	<0.001	<0.001
Liking the Profession				
Yes	4.21±0.46	4.30±0.45	4.18±0.50	4.14±0.51
No	3.75±0.42	3.77±0.56	3.77±0.39	3.70±0.43
Statistics	4.366*	4.775*	3.549*	3.764*
P value	<0.001	<0.001	0.001	0.001

* Independent Sample T test. ** One Way Analysis of Variance (ANOVA)

Table 4. Comparison of Individual Characteristics of the Participants and Nurses' Work Motivation Scale (n=153)

Characteristics	Med	Min-Max	Test Statistics	p
Marital Status				
Married	70.00	50-75	-2.673*	0.008
Single	66.00	44-75		
Educational Status				
High school	59.00	52-68	23.038**	<0.001
Undergraduate	68.00	44-75		
Graduate	69.00	50-75		
Years of Experience in Nursing Profession				
Less than 1 year	62.00	44-75	19.749**	0.001
1-5 years	68.00	47-75		
6-10 years	70.00	63-74		
11-15 years	70.00	59-73		
More than 15 years	70.00	50-75		
Voluntarily Choosing the Profession				
Yes	69.00	44-75	-2.880*	0.004
No	65.00	47-75		
Clinic				
Internal	66.00	44-75	22.884**	<0.001
Surgical	67.00	50-75		
Intensive Care	68.00	54-74		
Operating Room	71.00	69-74		
Emergency	60.50	47-72		
Voluntarily Choosing the Work Unit				

Yes	68.00	47-75	-2.305*	0.021
No	65.00	44-74		
Request to Change the Place of Duty				
Yes	65.00	44-73	-2.646*	0.008
No	68.00	47-75		
Liking the Profession				
Yes	68.00	47-75	-3.186*	0.001
No	63.00	44-75		

*Mann-Whitney U Test. ** Kruskal Wallis Test

Table 5. Study of the Relationship between Leadership Behaviour Scale and Sub-Dimension Scores and Nurses' Work Motivation Scale (n=153)

		Nurses' Work Motivation Scale
LBS Total Score	r	.504*
	p	< 0.001
Employee Oriented Leadership Sub-Dimension	r	.483*
	p	< 0.001
Task Oriented Leadership Sub-Dimension	r	.438*
	p	< 0.001
Change Oriented Leadership Sub-Dimension	r	.493*
	p	< 0.001

* Spearman correlation coefficient

When the distribution of the leadership behaviour levels of nurse managers perceived by the nurses participating in the study was examined in Table 2, the mean score of Leadership Behaviour Scale was found as 4.15 ± 0.47 , while the sub dimension mean scores of Employee Oriented Leadership, Task Oriented Leadership and Change Oriented Leadership were 4.22 ± 0.50 , 4.12 ± 0.50 and 4.08 ± 0.52 respectively.

The comparison of the individual characteristics of the participants with the LBS and its sub-dimensions is given in Table 3. When LBS and sub dimension scores of the participants were examined according to the age variable, a statistically significant difference was found between age and the Change Oriented Leadership sub-dimension ($p < .05$). A statistically significant difference was found between the marital status of the participants and the Leadership Behaviour, Task-Oriented Leadership sub-dimension and Change-Oriented Leadership sub-dimension ($p < .05$). It was determined that the perception of leadership behaviour was significantly higher in

married nurses ($p < .05$). A statistically significant difference was found in the working style of the nurses participating in the study and in LBS and Employee Oriented Leadership sub-dimension ($p < .05$). It was established that the perception of leadership behaviour was significantly higher in nurses working daytime than the nurses working in shifts ($p < .05$). A statistically significant difference was found between the participants' voluntarily choosing their profession, the desire to change their place of duty, and the liking of doing their job, and LBS and its sub-dimensions ($p < .05$). It was determined that LBS and its sub dimension scores were significantly higher among nurses who voluntarily chose their profession, who did not want to change their position, and who loved doing their job ($p < .05$).

It was stated that the participants scored 66.06 ± 6.14 from Nurses' Work Motivation Scale. A statistically significant difference was found between the marital status of the nurses and the NWMS score ($p < .05$) (Table 4). It was clear that married nurses had significantly higher work

motivation ($p < .05$). A statistically significant difference was found between NWMS score and the educational status of the participants and the work unit ($p < .05$). It was found that the work motivation of the participants with an undergraduate and graduate degree was significantly higher than those with a high school diploma ($p < .05$). It was clear that nurses working in the operating room had significantly higher work motivation than nurses working in other units ($p < .05$). It was determined that the nurses working in the emergency department had the lowest NWMS score while the nurses working in the operating room had the highest ($p < .05$). Significant differences were found between nurses' voluntarily choosing their profession, working year in the profession, willingly choosing the unit they work for, the desire to change their place of duty and liking their job and NWMS scores ($p < .05$). It was determined that nurses with 6-10 years of experience in nursing profession had significantly higher job motivation than nurses with five years or less experience ($p < .05$). It was stated that the motivation of the nurses who chose their profession and the unit they work voluntarily, who did not want to change their position and who liked their job, had a higher motivation ($p < .05$).

Findings for examining the relationship between LBS and sub dimension scores of the nurses and NWMS are presented in Table 5. There was a moderate, significant and positive relationship between LBS and sub dimension scores and NWMS scores ($r = 0.504$, $r = 0.483$, $r = 0.438$, $r = 0.493$, $p < 0.001$, respectively).

Discussion

The leadership characteristics of the nurses representing the widest discipline play an important role in health services (Oliver, 2006). There are many leadership styles perceived by managers' employees (Huber, 2013). In this study, nurses stated that their top managers had democratic leadership style most. Nurses with a democratic leadership style trust their subordinates and enable their employees to participate in decision-making. This leadership style has an important role in providing information flow and motivation as well as power among individuals (Ardahan & Konal, 2017). In Serinkan and Ipekci's (2005) study with nurse managers, it is established that they mainly demonstrated a democratic leadership style

(Serinkan & Ipekci, 2005). In the study conducted by Vesterinen et al. (2013), however, it was found that nurse managers had mostly a visionary leadership style (Vesterinen et al., 2013). Accordingly it is clear that, nurses can show various leadership characteristics as well as democratic leadership style.

The role of management is important to achieve organizational goals. Managers should motivate employees, resolve conflicts, provide resources, build information network within the team, and disseminate information (Huder, 2013). In this study, the majority of nurses stated that nurse managers should have the characteristics of "valuing the thoughts of the employees in their team, directing their team and behaving equally". In the study of Duygulu and Kublay (2008), nurses working in services stated that good communication, knowledge and vision skills are necessary in a good manager (Duygulu & Kublay, 2008). As an important member of the health team, nurse managers must have positive leadership qualities such as being equal and fair, having effective communication, sufficient knowledge and skills to fulfil their responsibilities.

Leader is the person who is responsible for supporting the work performance of one or more people in the organization (Lorber et al., 2016). Leadership styles guide the way how nurses should be led (Huber, 2013). Therefore, the behaviours of the leader is of great importance (Polat & Arabacı, 2015). In this study, employee oriented leadership behaviour is higher than others. Employee oriented leadership focuses on work and its accomplishment (Yilmaz & Kantek, 2016). This leadership style is shown by leaders who inspire others, have a vision to raise employee beliefs, attitudes and motivation, and create a high-performance workforce (Lewis & Cunningham, 2016). In a study, it was determined that the majority of the 25-34 age group nurses had people oriented leadership behaviour while the majority of the 35-44 age group had task-oriented leadership behaviour. (Velioglu & Vatan, 2012). In the study of Gür and Baykal (2016), it was also stated that nurse supervisors exhibited moderate level of task-oriented leadership behaviour (Gür & Baykal, 2016). In other studies, it was found that nurse managers showed transformational leadership behaviour (Kleinman, 2004; Öztürk et al., 2012; Negussie & Demissie, 2013). It is concluded that nurse managers often have transformational

leadership behaviours and employee-oriented perspective.

Motivation is a set of processes that affect and guide behaviours and support internal satisfaction to achieve specific goals (Moody & Pesut, 2006; Negussie, 2012). High motivation of health professionals working in health institutions affects the improvement in their efficiency and productivity (Dunbar, 2003). In this study, it was determined that nurses had a high motivation level. In a study conducted with nurses, it was established that nurses were moderately motivated (Mrayyan, 2005). Highly motivated employees have a more professional performance (Kantek et al., 2013). Lack of motivation can lead to both poor service quality and low patient satisfaction as well as an increase in care costs (Yıldız et al., 2009).

Stress in working environment affects the professional performance of individuals negatively (İstar, 2012). In specialized units such as emergency, operating room and intensive care, stress and workload are higher compared to other units (Yüksel Kaçan et al., 2016). In this study, it was determined that nurses working in the operating room had the highest motivation level while the nurses working in the emergency department had the lowest. In a study conducted with nurses working in surgical clinic, general motivation levels of nurses were found to be high (Karabulut & Cetinkaya, 2011). Considering the working conditions of nurses in clinics, it is thought that the presence of stress and workload affect the motivation level.

Embracing the work done, showing effort and liking the job are related to the level of motivation of the individual (İnfal & Bodur, 2011; Hakmal et al., 2012). It was found that the motivation level of the participants who liked their job was higher than those who did not like. According to the results of the study, it was clear that liking the job had a significant effect on employee motivation (Hakmal ve ark., 2012). In a study conducted, it was found that health personnel liked their job and had intrinsic motivation at work (Orhaner & Mutlu, 2018). It is concluded that nurses who like working in the clinic, enjoy their environment and accordingly, their motivation levels are high.

Nurses use management and leadership skills to perform quality nursing care (Huber, 2013). Motivational tools are needed to motivate employees to act in line with organizational

objectives. When determining the motivation tools, managers should pay attention to the qualifications and needs of the employees and determine the motivation tools accordingly (İnfal & Bodur, 2011). In this study, it is concluded that nurses' work motivation levels increase along with the leadership behaviours of nurse managers. Similarly, in the study conducted by Koçak and Özüdoğru (2012), a strong relationship between leadership and motivation was found. When the motivation levels of the nurses were examined through studies, it was found that the average motivation score of the employer-employee relationship was high (Karabulut & Cetinkaya, 2011; Tan et al., 2015). In the studies examining the situations that affect the motivation of nurses, it was clear that good relationships with managers and being considered and valued by the managers had a significant effect on motivation levels (Karakaya & Ay, 2007; İnfal & Bodur, 2011; Hakmal et al., 2012). In this respect, it is concluded that the role of leadership behaviours of nurse managers in employee motivation is profound.

Limitations of the Study: As this study is limited to the sample group in which the study is conducted, the results of the study cannot be generalized to all nurses

Conclusions and Recommendations: According to the results of this study, nurse managers rather have the characteristics of employee oriented leadership behaviour and leadership behaviours affect nurses' work motivation. As the leadership behaviours of nurse managers increase positively, the motivation levels of nurses' increase. As a result, it is recommended that nurse managers should develop themselves and actively participate in trainings aimed at developing leadership behaviours in order to positively affect the motivation levels of the nurses with whom they work together by exhibiting leadership behaviours.

Acknowledgments: The authors wish to thank all participants for engaging in this study. This study did not receive any financial support.

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