

## ORIGINAL ARTICLE

## Nurses's Perception of Leadership Qualities of Ward Incharge at A Tertiary Care Hospital in Nepal: A Descriptive Cross-Sectional Study

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## ABSTRACT

**Introduction:** Leadership in hospital settings is central to maintaining a supportive work environment and ensuring quality patient care. Ward in-charges hold key responsibilities in guiding nursing teams, facilitating communication, and promoting coordinated practice. Despite this, limited evidence is available on how nurses in Nepal perceive the leadership qualities of their immediate supervisors. This study was undertaken to explore nurses' perception of ward in-charge leadership and to determine whether such perceptions vary across selected background characteristics.

**Method:** A hospital-based descriptive cross-sectional design was conducted among 102 nurses working at Kanti Children's Hospital. Participants were selected using a non-probability convenience sampling technique based on their availability during the data collection period. Data were collected using a structured, self-administered questionnaire consisting of 22 items related to leadership attributes. The internal consistency of the tool was high (Cronbach's  $\alpha = 0.936$ ). Data analysis included descriptive statistics and chi-square tests to examine associations. Perception scores were categorized into three levels: negative, fair, and positive.

**Result:** A majority of nurses (57.8%) reported a positive view of leadership qualities, while 40.2% expressed a fair level of perception and a small proportion (2.0%) indicated negative views. Most respondents were within the age range of 21-30 years (51.0%) and had completed bachelor-level education (72.5%). Statistical testing did not show significant relationships between perception levels and variables such as age ( $p = 0.202$ ), educational status ( $p = 0.262$ ), work experience ( $p = 0.640$ ), or ward type ( $p = 0.708$ ), indicating that leadership perception was similar across these

**Conclusion:** The study found that nurses' perception of ward in-charge leadership was generally positive. No significant association was observed between leadership perception and selected socio-demographic variables, indicating that perception is more likely influenced by workplace interaction and leadership practices rather than individual characteristics.

**Key words:** Leadership perception; Nurses; Ward in-charge

## INTRODUCTION

Leadership plays a crucial role in healthcare systems, influencing quality of care, staff performance, and overall organizational functioning. In nursing practice, leadership extends beyond administrative responsibilities to include guiding clinical teams, facilitating communication, and ensuring coordinated care delivery. Ward in-charges, as frontline supervisors, are closely involved in daily clinical activities and can influence nurses' job satisfaction, teamwork, and patient outcomes (1,2).

Nurses represent the largest segment of the healthcare workforce and are directly engaged in patient care, making their perception of leadership particularly important. Evidence suggests that supportive and participatory leadership is associated with improved job satisfaction, reduced burnout, better retention, and enhanced patient safety outcomes (3,6-8). Leadership approaches that promote open communication, inclusion, and staff support contribute to a more positive and functional work environment (2,7). The effectiveness of leadership is also shaped by the context in which it is practiced. In countries such as Nepal, healthcare systems often face challenges including high patient load, limited resources, and workforce shortages. Under such conditions, ward in-charges are required to manage both clinical and managerial responsibilities, increasing the complexity of their roles. Effective leadership therefore becomes essential for maintaining service quality and staff engagement (7,8).

Although international research on nursing leadership is growing, context-specific evidence from Nepal remains limited. Much of the existing literature emphasizes leadership styles and outcomes, with less focus on how nurses perceive leadership in their routine work environment. Such perception is important because it reflects how leadership behaviors are experienced and may influence motivation, performance, and workplace relationships (3,6). In addition, factors such as age, education, and work experience may affect leadership perception, although findings remain inconsistent across studies (2,7). Understanding these aspects is important for developing context-appropriate leadership strategies. Therefore, this study aimed to assess nurses' perception of leadership qualities of ward in-charges and to examine its relationship with selected socio-demographic variables.

## METHODS

A descriptive cross-sectional study was conducted to assess nurses' perception of leadership qualities of ward in-charges at Kanti Children's Hospital, a tertiary-level pediatric hospital located in Kathmandu, Nepal. The hospital provides specialized child health services through various units, including medical, surgical, emergency, and critical care departments. The study population consisted of registered nurses working in different clinical units of the hospital. Nurses who were directly involved in patient care and had experience working under ward in-charges were included in the study, while those on leave or assigned to non-clinical

roles during the data collection period were excluded. A total of 102 nurses were included using a non-probability convenience sampling technique based on their availability and willingness to participate.

Data were collected using a structured self-administered questionnaire developed through review of relevant literature. The questionnaire consisted of two parts: socio-demographic characteristics (age, education, work experience, and working unit) and a 22-item leadership perception scale. Each item was measured using a Likert scale. Content validity of the tool was established through expert review, and necessary modifications were made based on feedback. The reliability of the leadership perception scale was assessed using Cronbach’s alpha, which showed excellent internal consistency ( $\alpha = 0.936$ ). Perception scores were converted into percentages and categorized as negative (<50%), fair (50% to <75%), and positive ( $\geq 75\%$ ).

Data collection was conducted after obtaining permission from hospital administration. Written informed consent was obtained from all participants. The questionnaires were distributed and collected on the same day. Data were coded and analyzed using SPSS version 26. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used. Chi-square test was applied to assess the association between leadership perception and selected variables. A p-value of less than 0.05 was considered statistically significant.

Ethical approval was obtained from the Institutional Review Committee of Kanti Children’s Hospital (IRC No. 379). Confidentiality and anonymity were maintained throughout the study.

## RESULTS

**Table 1: Demographic Characteristics of the Participants (n = 102)**

Characteristic	Category	Number	Percent
Age (years)	Below 20 years	3	2.9
	21-30 years	52	51.0
	31-40 years	37	36.3
	41-50 years	8	7.8
	Above 51 years	2	2.0
Gender	Female	102	100
	PCL Nursing	23	22.6
Education	BN/BSc Nursing	74	72.5
	MN/MSc Nursing	4	3.9
	Above Master’s	1	1.0
	6 months - <1 year	7	6.9
Years of Experience	1-5 years	36	35.3
	6-10 years	26	25.5
	$\geq 11$ years	33	32.3
Current Department	Critical Wards	35	34.3
	General Wards	36	35.3
	Emergency & Observation	26	25.5
	Special Units	5	4.9

**Note** Critical Care Units= NICU, PICU, SICU, NIMCU, PIMCU. General Wards= Medical, Surgical, Oncology, Psychiatry. Emergency & Observation= Emergency, Observation. Special Units= OT, Burn, Cabin

The age distribution shows that the largest group of participants belonged to the 21-30 year category, followed by those aged 31-40 years, indicating that the sample was largely composed of early- to mid-career nurses. Representation of older age groups was limited. All participants were female, which reflects the existing gender pattern in similar nursing contexts. With regard to education, most respondents held a bachelor-level qualification, while only a small proportion had postgraduate training. This suggests that the workforce was primarily composed of undergraduate-prepared nurses.

Experience levels were distributed across categories, with a noticeable presence of both relatively less experienced and highly experienced nurses. This variation indicates a mix of professional exposure within the sample. Participants were drawn from multiple departments, with higher representation from emergency, medical, observation, and intensive care units. Smaller numbers were observed in highly specialized areas such as burn and operating theatre units. The overall distribution reflects a range of clinical settings, providing a broad perspective on leadership experiences.

**Table 2: Level of Leadership Perception Among Participants (n = 102)**

Level of Perception	Frequency	Percent
Negative	2	2.0
Fair	41	40.2
Positive	59	57.8
Academic Achievement & Depression	-0.13	0.008

Note. The total score was converted into percentage and categorized as follows: <50% = Negative; 50% to <75% = Fair;  $\geq 75\%$  = Positive.

The distribution of perception scores shows that more than half of the participants (57.8%) expressed a positive view of leadership qualities. A considerable proportion (40.2%) fell within the fair category, while only a small number (2.0%) reflected negative perceptions. This pattern indicates that unfavorable views were uncommon, although a notable segment of participants remained within a moderate range of perception.

**Table 3: Association Between Selected Socio-demographic Variables and Level of Leadership Perception Among Nurses (n = 102)**

Group	Negative/Fair n (%)	Positive n (%)	p-value
<b>Age</b>			
Up to 30 years	20 (36.4)	35 (63.6)	0.202
More than 30 years	23 (48.9)	24 (51.1)	
<b>Education</b>			
PCL Nursing	12 (52.2)	11 (47.8)	0.262
Bachelor & above	31 (39.2)	48 (60.8)	
<b>Experience</b>			
Up to 5 years	17 (39.5)	26 (60.5)	0.640
6 years and above	26 (44.1)	33 (55.9)	
<b>Ward Type</b>			
General/Medical	21 (40.4)	31 (59.6)	0.708
Critical Care	22 (44.0)	28 (56.0)	

Table shows that the relationship between leadership perception and selected variables was examined using the chi-square test. No statistically significant associations were

observed across all variables, as all p-values exceeded the 0.05 threshold. Although slight differences were noted—for example, a somewhat higher proportion of positive perception among younger participants and those with higher education—these variations were not statistically meaningful. Perception levels appeared relatively consistent across categories of age, education, professional experience, and ward type. The calculated Cramér's V values ranged from 0.037 to 0.126, indicating weak levels of association. This suggests that the observed relationships lack practical significance. Overall, the findings indicate that leadership perception was not meaningfully influenced by the selected demographic or professional characteristics in this sample.

## DISCUSSION

The present study explored nurses' perception of leadership qualities of ward in-charges within a tertiary pediatric hospital setting. The findings indicate that leadership was generally viewed in a favorable light, with more than half of the participants reporting positive perceptions and only a minimal proportion expressing negative views. This pattern is consistent with previous evidence suggesting that supportive and participatory leadership contributes to positive staff experiences. For example, systematic reviews have demonstrated that relational leadership approaches, particularly transformational leadership, are associated with improved nurse satisfaction and healthier work environments<sup>1</sup>. Similarly, effective leadership has been linked with better patient outcomes and enhanced care quality<sup>2</sup>.

At the same time, the proportion of participants reporting a fair level of perception remains notable. This suggests that leadership practices, although acceptable, may not be experienced as consistently strong. A similar pattern has been observed in studies where overall positive perceptions coexist with moderate levels of satisfaction, reflecting variability in leadership practices across units<sup>3</sup>. In contrast, studies conducted in highly resourced healthcare systems often report a higher proportion of strongly positive perceptions<sup>4</sup>. The relatively higher proportion of fair perceptions in the present study may therefore reflect contextual challenges such as workload, staffing constraints, and resource limitations, which are common in low- and middle-income settings<sup>5</sup>.

The demographic profile of participants was largely composed of younger nurses with undergraduate-level education. However, no statistically significant association was found between age and leadership perception. While some studies suggest that younger nurses may report more favorable perceptions and experienced nurses may adopt more critical views, such differences were not observed here (1). This may indicate that leadership practices are experienced in a relatively uniform manner across age groups within the study setting.

Similarly, educational level did not show a significant relationship with leadership perception. This finding contrasts with studies reporting that higher educational attainment may lead to more critical evaluation of leadership (6). However, it aligns with evidence indicating that leadership perception is influenced more by leadership behavior and workplace environment than by formal education alone

<sup>3</sup>. This suggests that, in the present context, experiential factors may outweigh academic differences.

The study also found no significant association between years of experience and leadership perception. Previous research has reported that experienced nurses may express lower satisfaction due to higher expectations<sup>1,7</sup>. However, the current findings indicate that experience may not play a decisive role in shaping perception. The weak effect sizes further support the limited practical influence of experience on leadership perception. This observation is consistent with studies emphasizing the role of organizational culture and leadership behavior over individual characteristics<sup>8</sup>.

In addition, no meaningful difference was observed between nurses working in general and critical care settings. This finding contrasts with studies suggesting that high-intensity environments may influence leadership perception due to increased stress and workload<sup>7</sup>. However, the absence of variation in this study may reflect a relatively consistent leadership approach across departments, possibly shaped by shared institutional practices.

Taken together, the findings suggest that leadership perception is not strongly determined by demographic or professional characteristics. Instead, it appears to be shaped by relational and organizational factors. Contemporary leadership literature supports this view, highlighting that communication, support, and leader-staff interaction are central to how leadership is perceived in clinical settings<sup>2,8</sup>.

From a practical perspective, the findings indicate that while leadership perception is generally positive, there is room for further improvement. Strengthening leadership practices particularly in areas such as communication, staff involvement, and supportive supervision may help shift perceptions from fair to consistently positive. Addressing broader system-level challenges, including workload and staffing issues, may further enhance leadership effectiveness.

Overall, this study contributes context-specific evidence from Nepal, where research on nursing leadership remains limited. The findings support existing international literature while also highlighting the importance of contextual factors in shaping leadership experiences. Leadership, therefore, should be understood not only as an individual competency but as a relational and context-dependent process within healthcare organizations.

## CONCLUSION

The study found that more than half of nurses had a positive perception of leadership qualities, while a considerable proportion reported a fair level of perception and only a few had negative perception. No statistically significant association was found between leadership perception and selected socio-demographic or professional variables. The findings suggest that leadership perception may be influenced by workplace environment and interactions.

## RECOMMENDATIONS

Based on the study findings, leadership development programs focusing on communication, supportive

supervision, and team management should be strengthened to improve nurses' perception of leadership. Since a considerable proportion of nurses reported only a fair level of perception, hospital management should promote supportive and participatory leadership practices to enhance workplace environment and staff satisfaction. As no statistically significant association was found with socio-demographic variables, interventions should focus more on organizational and workplace factors rather than individual characteristics. Strengthening institutional support, including adequate staffing and resources, is also recommended to facilitate effective leadership practices. Considering the use of a single-center design and convenience sampling, future studies with larger and multi-center samples are recommended to improve generalizability. Further qualitative or mixed-methods research is also suggested to explore nurses' experiences in depth.

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## AUTHOR CONTRIBUTIONS

The principal author was responsible for the overall design of the study, development of the research proposal, acquisition of ethical approval, data analysis, and preparation of the manuscript. The first co-author contributed to the interpretation of findings and assisted in developing and refining the discussion section. The second co-author supported the data collection process and was involved in data entry and data management. All authors critically reviewed the manuscript and approved the final version prior to submission.

## CONFLICT OF INTEREST

The authors declare no competing interests.

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