RESEARCHARTICLE

HEAD NURSES LEADERSHIP STYLE AND THEIR LOCUS OF CONTROL

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ABSTRACT

Leadership has a vital place in the field of management. The key to concise conceptualization of effective leadership remains elusive. Yet, the effectiveness of leadership lies in the manners with which leaders see and act on their own and their followers' values and motivation. Also, the genius of leadership refers to the extant by which a person believes that his or her actions can influence out comes. Another factor equally important is the concept of locus of control. **Aim,** the study aimed to determine the head nurse's leadership style and their locus of control. **Research design**, Descriptive research design was used (two test survey designs in the Main Tanta University Hospital was used to measure on the style of leadership and the locus of control of the leaders). **Tool**. Two tools were used. The leadership style questionnaire and the Rotters locus of control scale were administered. **Result** .The results showed that an moderate internal locus of control were associated with democratic leadership style as well as coaching and direction style. It also showed that an external locus of control was associated with a laissez – faire leadership style. **Recommendation**, it was recommended that the head nurses must be knowledgeable about different types of leadership styles and the levels of locus of control. Development of highly effective leader through leadership training program.

INTRODUCTION

As organizations are moving towards flattening their structures, eliminating many middle management levels and positions, the need for more flexible leadership styles, in organizations at all levels, become evident (Alyson, 2003). However to specify conditions under which certain leader trails were effective, several of these studies reported that the most effective leadership style depends on the characteristics of the workers, leaders, tasks and organization leader's behavior experiences and personality characteristics which may interact importantly with subordinators abilities, personalities, motivations and tasks which further interact with the organizational and environmental characteristics such as statue systems, power relations and environmental stability (Strumpfer, 1995; Davenport, 2010; Robbins, 2000). Changes in industry and the work force over two decades have resulted in the need for managers to become leaders that more transformational in their behaviors and attitudes, in order for them to remain effective (Manske, 1999). Bass (Mehmet *et al.,* 2012) define a leader as that leader who encourage and empowers, through developing them into high involvement members and teams, focused on quality, service, output and production. Truman (Howell and Avolio, 1993) defines the leader as a person who has the ability to make people do the work those others dose not wan or enjoy

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doing. (Taylor, 2007) emphasized that leadership or management is a conditional rather than deterministic situation in that a person can be leader as long as there are others to lead. Leader behavior is related to attitudes in the relationships with the group that they manage or are followed by. There are varieties of leadership attitudes that leader can use in order to influence their subordinates. These attitudes generally can be listed as autocratic, democratic and laissez-faire (BurnsandLeone,1997). According to Burns and Leone (Metcalfeand Metcalf, 2000), the transformational leaders focused towards amplifying the morals, motivation, inspiring followers and improve their employees and hence transformational leadership should be obeyed at all levels within organization in order to improve productivity (Rothmann, 2002). In addition, there are different types of leadership styles: directing, coaching, facilitating and delegating autocratic, democratic, laissez-faire. Directing through providing detailed instructions and giving specific goals and objectives. Coaching through, representative management position in a convincing manager, sell staff in their own ability to do the job. Facilitating through, make staff feel free to ask questions and discuss important concerns and hold frequent team of staff meeting and delegating through, expecting staff to find and correct their own errors and delegate broad responsibilities and expect them to handle the details (Warren, 2014). A good leader uses all different styles, depending on what forces areinvolved between the followers, the leader and the situation (Mehmet *et al.*, 2012).

Using an authoritarian style on a new employee who is just learning the job. The leader is a competent and a good coach. The employee is motivated to learn a new skill. The situation is a new environment for the employee. Using a participative style with a team of workers who know their jobs. The leader knows the problem, but does not have all the information. The Employees know their jobs and want to become part of the team. Using a delegate style with a worker who knows more about than leader .Leader cannot do everything and the employee needs to take ownership of her job. In addition, this allows leader to be more productive (Bass, 1999). Leader often complains of the lack of control they led (Howell and Avolio, 1993). Let leaders implement and find the technique to change them and take control and shape their organizations to better suit their even changing work environment. Within their framework leadership style is an important aspect of the leadership process because the style exhibited lends predictability to the behavior of the leader.

Leadership style refers to the manner and approach of providing direction, implementing plans and motivating people. As seen by the employees, it includes the total pattern of explicit and implicit actions performed by their leader (Burnsand Leone, 1997). The concept of locus of control essentially refers to the extant by which a person believes that his or her action can influence outcomes. (Rotter, 1966) defines locus of control as a generalized expectancy of perceived internal or external control or the degree to which an individual perceive events as being contingent upon his or her own behavior or own relatively permanent characteristics, which are assumed to be more or less stable under varying conditions. Individuals who believe that they can influence outcomes through their own abilities, efforts, skills and characteristics are designated as of internal orientation (internals). Those who perceive that outcomes are contingent upon external forces such as luck, chance, fate and other drivers that are out of their control tend to have an external locus of control (Azize and Abdullah, 2013).People are then classified along a spectrum of very internal to very external. It is important to note that locus of control is not about a specific reinforcement, but instead is a problem solving (i.e. cognitive process), generalized expectancy that addresses the issue of whether behaviors are perceived to be directly related to the attainment of needs, no matter what the goal reinforcements.

It should be also noted that in some particular situations or environment, individuals of an external orientation can (and do) exhibit internal behaviors, this occurs because they have learned from earlier situations that they have control of the reinforcement (Rothmann, 2002). According to (Rotte, 1966) generalized expectancies of internal or external control of reinforcement determine and predict people behavior. Other research conducted by (Dvais, 1982), suggested that internal users of external locus of control might be situation specifics, this also indicative of leadership style as described in situation and trait theories. For nurse managers to be effective leaders, they thus need to become cognizant of the nature, forms and uses of power to develop creative leadership practices that will help them promote organizational performance. So, in this study leadership preference are examined and are considered to be linked with their locus of control that will help in determining the leadership style that is most supportive of the need of the subordinates and that promotes organizational goals.

Aim of the study

This study aimed to is to determine the head nurse's leadership style and their locus of control.

Research questions

1 - Is there any relationship between the head nurse's leadership style and their locus of control?
2 – What is the nature of this relationship?

MATERIALS

Design: Descriptive research design was used.

Setting: The study was conducted at the Main University Tanta Hospital.

Subject: The study subject was included all available head nurses (158) in different hospital department.

Tools of the study

To fulfill the purpose of the study two tools were used.

Tool 1: The tool consisted of two parts:

Part 1: subject characteristics of the subject as age, work experience and Jobs and qualification.

Part II: leadership style questionnaire

This tool was developed by (Newstormand Davis, 1993) and modified by the researcher after reviewing of the related literature. It measures the level of leadership styles: directing, coaching, facilitating, delegating, authoritarian, and democratic and laissez faire. It consists of 34 items, each item is completed using a 5 point likert scale ranging from 1 (strongly by disagree) to 5 (strongly agree). A sample item representing, (directing leader behavior) is given staff specific goals and objectives. (Coaching leader) is to try to motivate with monetary and non-monetary rewards. (Facilitating leader behavior) is to listen to staff problems and concerns without criticizing or judging. (Delegating leader behavior) is to expect staff to find and correct their own errors. Authoritarian leader behavior is employees need to be supervised closely. Democratic leader behavior is employees want to be a part of the decision making process. Laissez – faire leader behavior is as a role, leaders should allow subordinates to appraise their own work.

Scoring System: The types of leadership style preference test will be determined as follows:

1 – Low preference > 60 %
2 – Moderate preference > 60 – 70 %
3 – High preference < 75 %

Tool 2: **(Rotter, 1996) locus of control scale 22 item scale**

In this tool the participants were asked to select one of two statements within each question that most represents their view. The measure is scored by assigning a value of 1 to the (external) responses in each pair and a 2 to the (internal) response. Total score for each respondent is arrived at by averaging the overall score.

Scoring system (interpretation): Score comment

22 – 25   internal locus of control (strong)
26 – 33   internal locus of control (moderate)
34 – 44   external locus of control.

METHODS

1 An official permission clarifying the purpose of the study was obtained from the executive directors of the hospital to conduct the study and collect the necessary data.
2 The Tools was developed by researcher based on extensive review of relevant and recent literature and tested for content validity by 5 nurses who were experts in the related field. The study was developed in Arabic language presented to jury of five experts in nursing field to check content validity and clarity of the tool.
3 Ethical consideration: legal consent of head nurses was obtained to participate in the study; also head nurse was informed about the privacy of the information, nature of the study.
4 The suitable statistical test was used for testing questionnaires reliability.
5 Pilot study was carried out on 10 nurses from the previously mentioned setting who were excluded from the study subjects to test the clarity of the study tool.

Statistical Analysis

The statistical analysis of data done by using excel program and SPSS program statistical package for social science version 10.

RESULTS

Table (1) Distribution of the head nurses according to their socio- demographic characteristics. The table reveals that the highest percentage of head nurse age (82.9%) ranged from 3o-40years, while the lowest percentage of their age was less than 30 year. As regards to their years of experience. The table shows that the years of experience of head nurses ranged from 10-20year and   20 resembled the same percentage (48.7%). Regarding qualification distribution, it was found that the majority of head nurses (97.4%) have bachelor degree and only (1.3%) of them have Diploma degree and Master degree consequences. Figure (1) distribution of the head nurse according to their opinions of authorization style preferred. The figure shows that, the high percentage of head nurse (98.7%) had low preference of authorization style. Figure (2) Distribution of the head nurse according to their opinions of democratic style preferred. The figure shows that above sixty percent of head nurse (64.6%) had moderate preference of
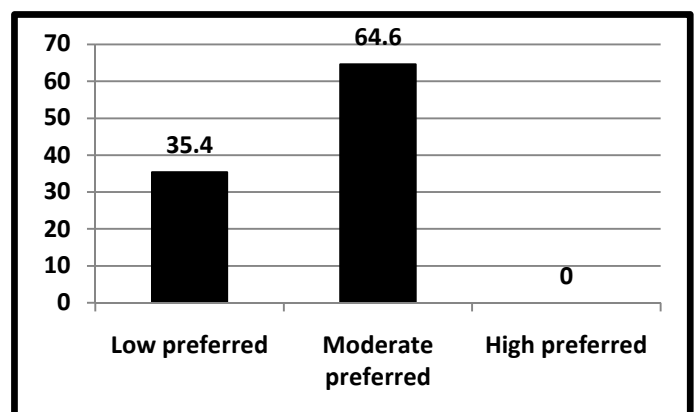
democratic style, while (35.4%) of them had low preference of democratic style. Figure (3) Distribution of head nurse according to their opinions of laisser fair style preferred. The figure shows that the high percentage of head nurse (98.1%) had low preference of laisser fair style while few of them had moderate preferred laisser fair style (1.9%).

Table 1.Distribution of the head nurses according to their socio-demographic characteristics

Socio-demographic characteristics.	Studied nursing(n=158)	
	No	%
Age (years)		
>30	4	2.5
30- 40	131	82.9
<40	23	14.6
Range	**27-55**	
Mean±SD	**40.24±4.72**	
Qualification		
Diploma	2	1.3
Bachelor degree	15	97.4
Master degree	2	1.3
Job		
Supervisor	158	100
Years of experience (years)		
>10	4	2.5
10-20	77	48.7
<20	77	48.7
Range	**5-30**	
Mean±SD	**16.44±4.18**	
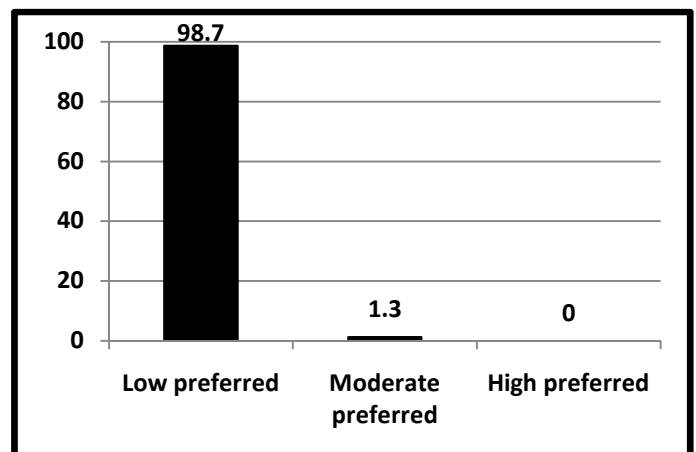
Fig. 1. Distribution of the head nurse according to their opinions of authorization style preferred.(n=158)

Fig. 2. Distribution of the head nurse according to their opinions of democratic style preferred.(n=158)
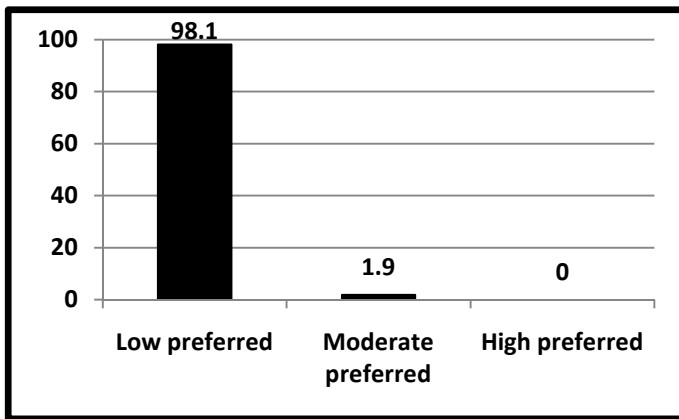
Fig. 3. Distribution of the head nurse according to their opinions of laisser _faire style preferred.(n=158)
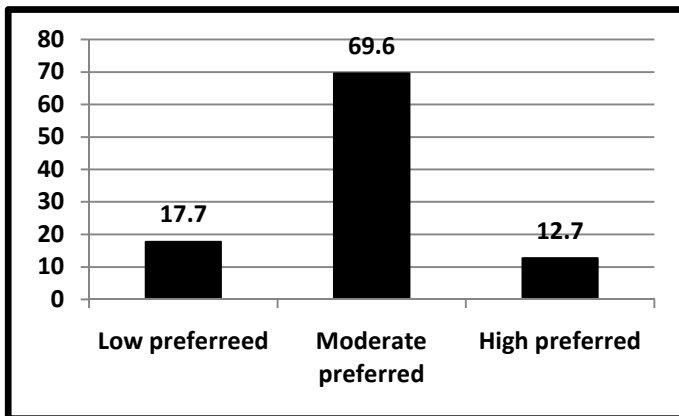

Fig. 4.Distribution of head nurse according to their opinions of directing leadership style.(n=158)

Figure (4) Distribution of head nurse according to their opinions of directing leadership style. The figure shows that the high percentage of head nurse (69.6%) had moderate preference of directing style, and (17.7%) of them had low preference of directing style. On the other hand (12.7. %) of head nurse had high preference of the directing leadership style. Figure (5) Distribution of head nurse according to their opinions of delegating leadership style. The figure shows that above fifty percent of head nurse (5o.6%) had moderate preference of delegating leadership style while (39.2%) of them had low preferred. Figure (6) Distribution of head nurse according to their opinions of coaching leadership style preferred. The Figure 6 shows that the highest percentages of head nurse (66.5%) had moderate preference of coaching leadership style. While only (17.1%) of them had low preference of this style. On the other hand the lowest percentages of them (16.4%) had high preference of coaching leadership style. Figure (7) Distribution of head nurse regarding their opinions of facilitating leadership style preferred. The figure shows that above fifty percent of head nurse (53.8%) had moderate preference of facilitating leadership style and (38.6%) of them that low preferred of facilitating style. While, the lowest percentages of them (7.6%) were high preferred this style. Figure (8) Distribution of head nurses according to their score of locus of control levels. The figure shows that the highest percentage of head nurses

(60.1%) have internal moderate locus of control, while few of them (13%) have internal strong locus of control. On the other hand above thirty percent (38.6%) of them have external locus of control. Table (2) show total distribution of the head nurses according to their leadership styles. The table reveals that of most the head nurses have low preference of both authorization and laisser faire leadership styles that resembled (98.7% and98,1%) respectively.
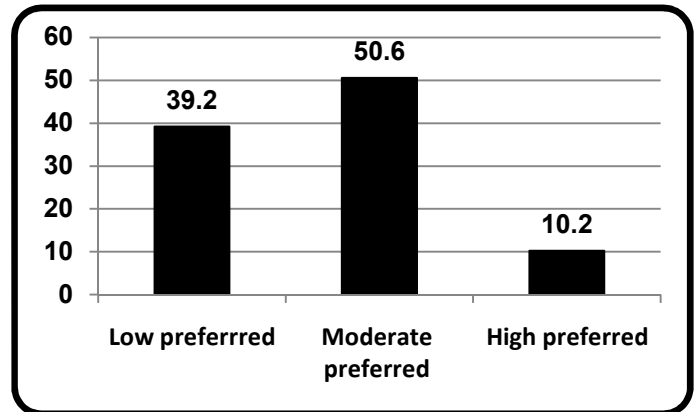

Fig. 5. Distribution of head nurse according to their opinions of delegating leadership style (n=158)
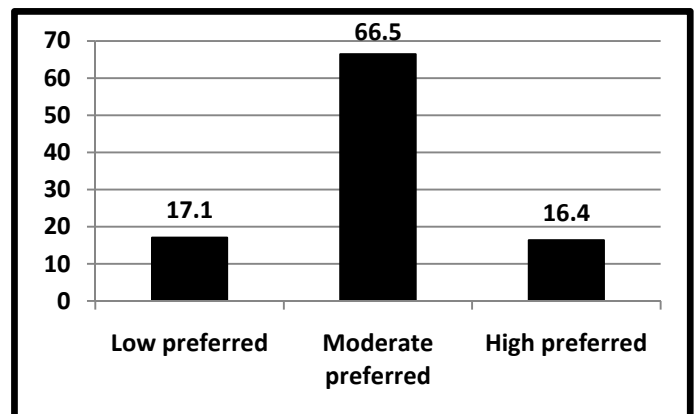

Fig. 6. Distribution of head nurse according to their opinions of coaching leadership style preferred (n=158)
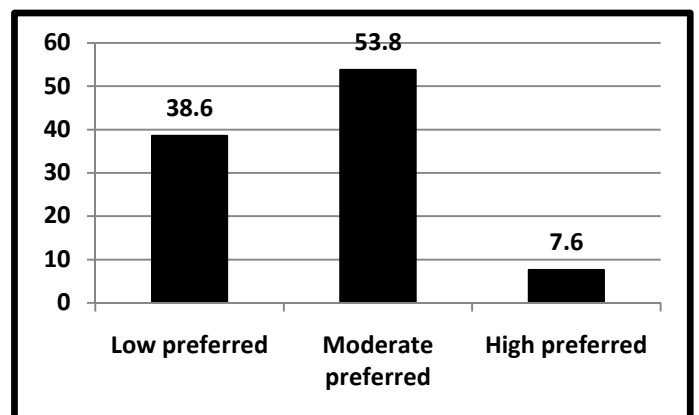

Fig. 7. Distribution of head nurse according to their opinions of Facilitating leadership style preferred (n=158)
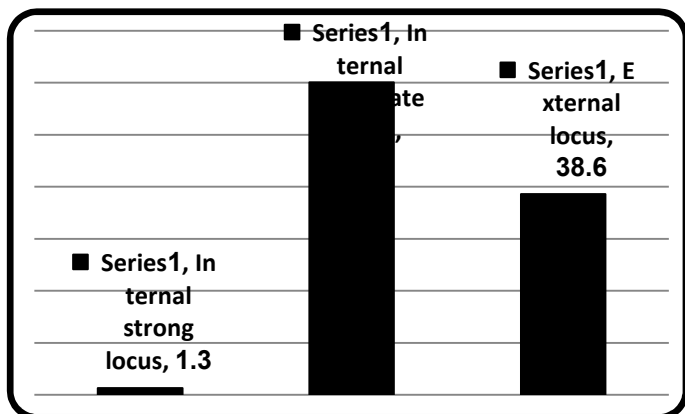
Fig. 8. Distribution of head nurses according to their score of locus of control levels. (n=158)

On the other hand the table reveals that the above two thirty percent of head nurses have moderate preferred directing, coaching and democratic styles (69.6%, 66.5% and 64.6%) respectively. Also Above fifty percent of head nurses had moderate preference of facilitating and delegating styles (53.8% and 50.6%) consequence. In addition, the table shows that there is a significance difference among different styles in which mean & SD are (18.83and 3.13). Table (3) shows distribution of the studied head nurses regarding their score levels of locus of control. The table reveals that the highest percentage of head nurses (6o.1%) have internal moderate locus of control, while (38.6%) of them have external locus of control. Also, the table reveals that only 2% of them have internal strong locus of control. In addition, the table reveals that there is a significance difference among the three levels of locus control with the total range 22-39 and Mean & SD (32 -84 + 2.62).

Table 2. Total distribution of the head nurses according to their leadership styles. (n=158)

Leadership styles	Studied nursing opinions						X^2	P
	Low preferred >60		Moderate preferred 60-75		High preferred <75			
Authorization style	156	98.7	2	1.3	0	0.0	148.16	0.000*
Range			11-36					
Mean±SD			19.86±3.49					
Democratic style	56	35.4	102	64.6	0	0.0	127.34	0.001*
Range			20-38					
Mean±SD			30.54±3.24					
Laisser style	155	98.1	3	1.9	0	0.0	106.55	0.001*
Range			7-32					
Mean±SD			17.55±5.26					
Directing style	28	17.7	110	69.6	20	12.7	122.7	0.001*
Range			7-24					
Mean±SD			19.81±2.81					
Delegating style	62	39.2	80	50.6	16	10.2	118.08	0.001*
Range			8-24					
Mean±SD			17.56±4.26					
Coaching style	27	17.1	105	66.5	26	16.5	168.39	0.001*
Range			7-24					
Mean±SD			19.55±3.19					
Facilitating style	61	38.6	85	53.8	12	7.6	110.29	0.001*
Range			8-24					
Mean±SD			18.83±3.13					

Table 3. Distribution of the studied head nurses according to their levels of locus of control (n=158)

Locus of control	No	%	X^2	P
Internal strong locus (22-25)	2	1.3		
Internal moderate locus (26-33)	95	60.1	134.40	0.000*
External locus (34-44)	61	38.6		
Range		22-39		
Mean±SD		32.84±2.62		

*Significant P >0.05

Table 4. Correlation between authorization style of head nurses and the three levels of locus control

Authorization style	Locus of control			Total
	Internal strong locus (22-25)	Internal moderate locus (26-33)	Eternal locus (34-44)	
Low preferred (>30)	2	95	59	156
Moderate preferred (30-38)	0	0	2	2
High preferred (<39)	0	0	0	0
Total	2	95	61	158
X^2		143.95		
P		0.001*		

*Significant P >0.05

Table (4) shows correlation between authorization style of head nurses and the three levels of locus control. The reveals that there is appositive correlation between authorization style of head nurses and locus of control. Table (5) shows the correlation between democratic style and the three levels of locus of control. The table shows that there is appositive correlation between democratic style preferred by head nurses and their locus of control. Table (6) shows the correlation between laisser fair style and their three levels of locus of control. The table shows that there is appositive significance correlation between laisser fair style and their locus of control. Table (7) shows the correlation between directing style and their three levels of locus of control. The table shows that there is appositive significance correlation between directing style preferred and their locus of control.

Table (8) shows the correlation between delegating style preferred and their three levels of locus of control. The table reveals that there is appositive significance correlation between delegating style preferred and their locus of control. Table (9) shows the correlation between coaching style preferred and their three levels of locus of control. The table reveals that there is positive significance correlation between coaching style preferred and their locus of control. Table (10) shows the correlation between facilitating style preferred style and their three levels of locus of control .the table shows that there is appositive significance correlation between facilitating preferred style and their locus of control. Table (11) shows the correlation between experience years of head nurses and their locus of control. The table reveals that there is no significance correlation between years of experiences of head nurses and their locus of control.

Table 5. Correlation between democratic style and the three levels of locus of control

Democratic Style	Locus of control			Total
	Internal strong locus (22-25)	Internal moderate locus (26-33)	Eternal locus (34-44)	
Low preferred (>30)	0	33	23	56
Moderate preferred (30-38)	2	62	38	102
High preferred (<39)	0	0	0	0
Total	2	95	61	158
X²		35.82		
P		0.001*		

*Significant P >0.05

Table 6. Correlation between laisser fair style and the three levels of locus of control

Laisser Style	Locus of control			Total
	Internal strong locus (22-25)	Internal moderate locus (26-33)	Eternal locus (34-44)	
Low preferred (>30)	2	93	60	155
Moderate preferred (30-38)	0	2	1	3
High preferred (<39)	0	0	0	0
Total	2	95	61	158
X²		135.86		
P		0.002*		

*Significant P >0.05

Table 7. Correlation between directing style and the three levels of locus of control

Directing style	Locus of control			Total
	Internal strong locus (22-25)	Internal moderate locus (26-33)	Eternal locus (34-44)	
Low preferred (>18)	0	19	9	28
Moderate preferred (18-23)	2	59	49	110
High preferred (<24)	0	17	3	20
Total	2	95	61	158
X²		147.21		
P		0.000*		

*Significant P >0.05

Table 8. Correlation between delegating style preferred and the three levels of locus of control

Delegating Style	Locus of control			Total
	Internal strong locus (22-25)	Internal moderate locus (26-33)	Eternal locus (34-44)	
Low preferred (>18)	0	29	33	62
Moderate preferred (18-23)	2	53	25	80
High preferred (<24)	0	13	3	16
Total	2	95	61	158
X²		141.11		
P		0.001*		

*Significant P >0.05

Table 9. Correlation between coaching style preferred and the three levels of locus of control

Coaching Style	Locus of control			Total
	Internal strong locus (22-25)	Internal moderate locus (26-33)	Eternal locus (34-44)	
Low preferred (>18)	0	18	9	27
Moderate preferred (18-23)	1	60	44	105
High preferred (<24)	1	17	8	26
Total	2	95	61	158
X^2		145.11		
P		0.002*		

*Significant P >0.05

Table 10. Correlation between facilitating style preferred style and the three levels of locus of control

FacilitatingStyle	Locus of control			Total
	Internal strong locus (22-25)	Internal moderate locus(26-33)	Eternal locus (34-44)	
Low preferred (>18)	1	32	28	61
Moderate preferred (18-23)	1	53	31	85
High preferred (<24)	0	10	2	12
Total	2	95	61	158
X^2		145.15		
P		0.001*		

*Significant P >0.05

Table 11. Correlation between the experience years of head nurses and their locus of control

Experience of years	Locus of control			Total
	Internal strong locus (22-25)	Internal moderate locus (26-33)	Eternal locus (34-44)	
>10	0	4	0	4
10-20	1	40	36	77
<20	1	51	25	77
Total	2	95	61	158
X^2		6.063		
P		0.194		

*Significant P >0.05

DISCUSSION

A dynamic profession needs confident leaders at all levels as nursing gains influence in all aspects of health care provision .It is vital that practitioners develop leadership skills at an early stage in their careers (Adair, 2003). Leadership is a key skill for nurses at all levels while this may be stating the obvious for those position gives them direct managerial responsibility Most recently qualified practitioners need the confidence and skills to be able to offer leadership to student (Adair, 2002). In order to be effective in their roles, senior nurses need to adopt arrange of leadership characteristics and behaviors (Bondas, 2006). Effective leaders are required to use problem solving process Maintain group effectiveness and develop group identification, They should also be dynamic, passionate have motivational influence on other senior nurses apply to and trust of team members and lead the development of clinical practice. By demonstrating an effective leadership style (Covey, 1999). These nurses will be in a powerful position to influence the successful development of the staff (Kaluzny, 1983). They will be regarded as a source for inspiration and role models for future nurse leaders. According to the measured leadership styles, nurses employed at the study setting are evidently not preferred authoritarian nor laisser style in their perpetual patterns .An overall favor's directing style, coaching style and democratic style was generally displayed.

Also, above fifty percent of head nurses moderate preferred facilitating and delegating styles. The study also indicated that preferences of leadership styles different significantly among them. This result attributed that the most head nurses not like the mangers who make decisions pertaining to what the purpose of the group activity is; how the group activity is to be structured and who is to be assigned to what specific tasks The total interacting relationship and the work setting have been decided by the manager. In addition above, the role of the subordinate is to carryout orders without having any opportunity to alter the decision made.

This style is thought to lead to employee dissatisfaction and ultimately to low productivity. (Majeed *et al*., 2010) study culture change with different leadership styles enhance the organizational performance, support the present study result and found that autocratic leadership style lead to subordinate dissatisfaction, low morale and low productivity. Moreover, Management literature indicates however, that supervisors who uses authoritarian style are work centered rather than employee centered. Persons subjected to this style will generally be high quantity producers but only for the short run. They will tend to be tense, resentful and become dependent leaders (Dvir *et al*., 2002). This result was opposed to other studies, whose found that neither the nurse mangers nor their staff nurses have perceived the highly autocratic style as preferred pattern (Feinberg *et al*., 2005; Ghobadian and

Gallear, 1996; Guardia, 2007). Also, Majeed *et al* mentioned that the dominant confusion values in Hong Kong have great effects on the organization being more obedient, loyal and respectful towards their leader (Johnson and Klee, 2007). (Bass and Avolio,1999) suggests that the laisser faire leadership Style which is the most 'ineffective "form of leadership and suggests an absence of the leader. This suggestion support with the finding of the present study which revealed that the head nurses not preferred this style that leave subordinates alone without any supervisor or direction. The subordinates basically have complete freedom in making decision with minimum participation by the manager. The result of the present study revealed that the head nurses had moderate preference of democratic style which employee decentralized style which is moderately participative pattern in which the manager permits sufficient participation by the subordinates when attempting to solve problems common to the group to make decisions within those restrictions.

Supervisors who use this approach are employee centered rather than work centered. Subordinate trust and freedom that the superior provide to in them through the use of this style. Through this style, they can achieve and sustain a high quality and quantity of output for extended periods. Although this style is identified as the style very much in use today, it necessitate that the worker should be educated enough for the use of democratic style and should have carefully prepared their subordinates to share decision making, authority to faster mutual responsibility and interdependence among the team members. These results supported by (Nasser *et al*., 1989) that found this style was identified as a favorable style among nurses and Buccalauretory prepared nurses. Also, in both U.S.A and Australia (Howell. Neufield and Avolio, 2005), equality and participation are more common. This creates better decision making, control devolution of authority and decentralization. According to (Mills, 2005), American leaders tend to use the five different leadership styles: directive, participative empowering, coaching and charismatic.

Who stated that these different styles, tendency to improve relationships between leaders and their subordinates, also, the transmission of power from father to son. Findings of the present study have revealed that above two-thirty of head nurses had moderate preference of coaching style that Leader provide detailed instructions, give staff specific goals And objectives, check frequently with staff to keep them on track. Leader coaching to sell staff in their own ability to do the job, try to, motivate with monetary and non-monetary rewards and praise staff for their work in order to improve Productivity (Somers and Birnbaum,1998). (Johannes, 2004) mentioned that, the leader who acting as a facilitator role to involve staff in making the decisions which affect their work, make staff feel free to ask question and discuss important concerns, help staff locate and support their own developmental activities and listen to staff problems and concerns without criticizing or fudging them. The finding of the present study revealed that above fifty percent of head nurses favorer the delegating leadership style, this result can be attributed to that, it necessitate that the subordinate should be knowledgbably and skillful enough for delegate broad responsibilities and expect them to handle the details and expect staff to find and correct

their errors. This result is supported by (Bass *et al*., 2003), they stated that it is simply do not go far enough in building the trust and developing the motivation to achieve the potential requirement of one's workforce. Followers gives us clues about their locus of control in terms of their leadership choices while societies consisting of these individuals can differ about their development levels and cultures. Low levels of power distance can be associated with internal locus of control and high levels of power distance can be associated with external locus of control. This is because people with an external locus of control need external motivation in order to take action whereas people with an internal locus of control take action, with intrinsic motivation. People with an external locus of control are afraid to take risk. As such, they do not accept responsibility and they think these outcomes with other people or events, not themselves (Bandera, 1997). In exploring the relationship between locus of control and leadership styles, this study focuses on leadership as one of the criteria variables of interest. As mentioned, it is perceived that internals display greater leadership than externals because they perceive themselves to have greater control of themselves and the work environment.

This result supported by (Robbinand Burn, 2000), who stated that the external control are less orientated toward personal goals but rather that internal and will exert greater efforts towards acquiring personal goals because they are more likely to believe that their efforts will be successful. In certain work context that internals will exhibit more task-orientated, goal-orientated and coping behavior, and as a result demonstrate greater leadership demonstration (Paglis and green, 2002). Furthermore, the findings of present study revealed that there is a significant correlation between leadership style preferred and their locus of control. Also, it indicated that most head nurses have internal moderate locus of control are low preferred authorial style and moderate preferred democratic style. This result can be attributed that the internal control believe that success results from hard work, that failure is an individual responsibility and actively participate employee in the decision- making process. This coincides with democratic leadership qualities (Johnson and Kalee, 2007). According to judge individuals with an internal locus of control will probably feel that they can manage situation in the work context because these situations are seen as being within their personal control.

(Spector,1982) found that high levels of perceived control were associated with high levels of job satisfaction, commitment and involvement and low levels of stress, absenteeism and turnover. The research of (Yanand Hunt, 2005), supported this result whose established a positive correlation between internal locus of control and achievement motivation. Regarding the research topic, it may then be assumed that different leadership styles as democratic, directing, coaching, delegating and facilitating styles may be linked to internals or individuals who are already in a managerial capacity, having moderate internal locus of control. Also, there types of leadership style more effective in their leadership behavior and goal accomplishment. It seems clear that the locus of control construct plays a major role in leadership preferences and behavior. Leadership should be studied from two points of view the style of leader and

behavior of the follower. As followers externals tend to be more satisfied with directive approaches to supervision. Internals will be more appropriate for participative styles. The same trends are found in the leadership styles used by internals and externals themselves. As supervisors, internals seem to be participative as opposed to externals that tend to be more directives. Organizational demands often require leaders to adopt a certain style of leadership. Therefore, it can be concluded that the there is a positive relationship between an internal locus of control and different leadership styles as coaching ,directing ,facilitating , democratic and delegating style. Rationally, this can be explained by indicating that a leader with an internal locus of control will tend to be more action-orientated and will tend to take specific actions in order to make her organization more effective. Furthermore, increase internal control helps the leader to be idealized influence, inspirational motivation and intellectual stimulation. If she cares about her employees, such leader will also tend towards developing them and giving attention to them. This is a part of the characteristics of transformational leadership (Julian and Rotter, 1966).

Conclusions and Recommendations

The general aim of this research was to investigate head nurse leader ship style and their locus of control in Tanta Main University Hospital. The following conclusions are arrived at this research the effective of leadership lies in the manner with which leaders see and act on their own and their follower's values and motivation. Also, the effective leadership refers to the extent by which a person believes that her action can influence outcomes. Research has shown that, there are different styles of leadership and that each type of style has different influence on the motivation of workers. Most of head nurses are preferred democratic coaching, directing, facilitating and delegating style while all of them not preferred laisses fairs style. Another factor equally important as leadership styles is the concept of locus of control. Research has also shown that people perceive differently, that which controls their destiny. An internal locus of control seems to be the most productive cognitive attribution for a leader to possess. An external locus of control was correlated with lower productivity in both leader and subordinates. Different leadership style as coaching, directing, facilitating are a positive correlation with their internal locus of control. Laisses fair leadership is positively related to an external locus of control.

Recommendations

1- The head nurses must be knowledgably about different types of leadership styles and levels of locus of control.
2- Awareness of the role of the leader and the effect of leadership styles on organizational success.
3- Renewed managerial interest in leadership training as a potential contribution of leaders to organizational success.
4- The researchers recommended that the four phase's program be implemented towards the attraction and development of highly effective leader through the following stage:

- Selection phase: the organization needs to ensure that it has the right type of leader available by selecting those who already display the characteristics with someone with an internal locus of control as well as characteristics of a transformational leader.
- Training phase: having assessed the leaders level of functioning she should undergo a leadership training program, addressing aspects of locus of control and leadership style. Training could be given in order to stimulate an internal locus of control and autonomy
- Experience phase: following the conceptualization stage, facilitation groups should be used to enhance leaders and managers transformational leadership skills, their autonomous functioning and an internal locus of control.
- Coaching phase: once they are trained in the transformational leadership approach, coaching, counselling and mentoring could be given to the leader on an individual basis.

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