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# Descriptive Analysis on Leadership and Management Practices in Mental Health Hospital

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## Abstract

This study examined leadership and management practices in mental health hospitals as perceived by nurses at the National Center for Mental Health. Anchored on Great Man Theory, Trait Theory, Behavioral Theory, and Contingency Theory, the study focused on collaborative, distributive, transformative, and shared leadership practices, and their relevance to quality patient care. A quantitative descriptive-correlational design was used, with 20 nurses selected through simple random sampling. Data were gathered using a validated self-made questionnaire rating scale and analyzed using weighted mean, general weighted mean, and Likert scale interpretation. Findings showed that nurses strongly agreed that collaborative leadership and distributive leadership were practiced, both with a general weighted mean of 4.6, while transformative leadership and shared leadership were also strongly evident, both with a general weighted mean of 4.7. The major barriers identified were limited financial resources, emotional and physical demands on mental health professionals, lack of specialized leadership training, staff turnover, and limited support mechanisms. The study concluded that effective leadership and management practices influence staff morale, professional development, job satisfaction, patient outcomes, and hospital performance. It recommended strengthening leadership training, participative decision-making, emotional intelligence, ethical leadership, evidence-based management, burnout prevention, staff support, and adequate resource allocation. The study supports SDG 3, SDG 8, SDG 16, and SDG 17 by promoting quality mental health care, decent work conditions, strong institutional governance, and coordinated efforts in mental health service improvement. Its sustainability impact lies in strengthening institutional, workforce, public health, and governance sustainability in mental health hospital operations.

**Keywords:** Collaborative Leadership, Distributive Leadership, Healthcare Management, Leadership Practices, Mental Health Hospital, National Center For Mental Health, Nurses, Patient Care, Shared Leadership, Transformative Leadership

## 1. Introduction

This study examines leadership and management practices in mental health hospitals as perceived by nurses at the National Center for Mental Health. Mental health hospitals operate within complex healthcare systems that require effective leadership, clear management structures, ethical decision-making, staff support, and patient-centered service delivery. The study focuses on collaborative, distributive, transformative, and shared leadership practices, including the barriers that affect effective leadership and management and the strategies that may address these challenges.

Healthcare organizations are complex systems composed of professional groups, departments, and specialists that require effective leadership and management to improve service quality and organizational performance. In mental health hospitals, leadership and management practices are essential because they guide decision-making, staff coordination, patient safety, quality of care, and organizational culture. Participative leadership improves employee morale and engagement (Shanafelt et al., 2020), while emotional intelligence enables leaders to manage their own emotions and influence the emotions of others (Montague et al., 2022). Leaders in mental health settings must possess specific skills and attributes because of the unique challenges of mental health care (Stanley & Manthorpe, 2021). Transformational leadership is particularly relevant because it inspires staff, promotes professional development, and strengthens job satisfaction among healthcare workers. Evidence-based management policies are also necessary to address patient safety, staff well-being, quality care, and integrated service delivery (Raney et al., 2020). Continuous professional development enhances service delivery and patient care (Harvey & Strasser, 2021), while effective communication supports policy implementation and stakeholder engagement (Bowers et al., 2021).

The literature consistently shows that leadership and management practices influence staff performance, organizational climate, patient safety, and quality of care in mental health hospitals. Ethical leadership promotes an ethical climate, transparency, accountability, patient care, and staff satisfaction (Brown and Treviño, 2020; Bedi et al., 2021). Adaptive leadership is essential in responding to the dynamic nature of mental health care by encouraging continuous learning and

responsiveness to patient and staff needs (Heifetz et al., 2021). Leaders who prioritize staff well-being, reduce burnout, and promote work-life balance improve job satisfaction and retention (Maslach and Leiter, 2021). Effective change leadership also minimizes disruption during organizational transformation through communication, stakeholder engagement, and resistance management (Armenakis et al., 2020). Earlier evidence also indicates that violence in mental hospital wards may be associated with unclear staff roles, irregular staff meetings, and weak leadership or management approaches (Katz and Kirkland, 1990), emphasizing the need for structured leadership and clear management policies.
Foreign literature further emphasizes that effective healthcare leadership improves compliance, team awareness, and patient outcomes (Restivo et al 2022). Leadership is linked with vision, trust, and effective action (Kumar & Khiljee, 2015), while transformational leadership is associated with improved nurse well-being, job satisfaction, patient outcomes, and healthier work environments (Boamah et al., 2018; West et al., 2015). In mental health teams, effective leadership strengthens teamwork, reduces interpersonal conflict, and promotes cooperation (Jankelová & Joniaková, 2021). Leadership style also affects staff well-being, with transformational leadership reducing burnout and laissez-faire leadership contributing to stress and dissatisfaction (Corrigan et al., 2002). Leadership development is therefore viewed as a preventive strategy against workforce stress (Day et al., 2014). Structured mentorship improves communication, decision-making, time management, and confidence among nurse leaders (Huybrecht et al., 2011), while experienced leaders emphasize strategic vision, motivation, resilience, and the ability to manage organizational challenges (Edmonstone, 2018). Management practices also shape psychiatric hospital environments. Staffing levels, skill mix, role clarity, and supervision affect ward climate, conflict, containment, and patient-staff relations (Bowers et al., 2011; Johnson et al., 2012). Quality improvement leadership requires systems thinking, communication, trust-building, resource alignment, and change management (Dixon-Woods et al., 2014; Vollmann et al., 2019). The integration of tele-mental health introduces additional leadership demands, since digital interventions require workflow integration, staff training, and access to technology (Hubley et al., 2016).

Globally, mental health systems require leadership that promotes safe, ethical, compassionate, and recovery-oriented care. Historically, the treatment of individuals with mental illness has evolved from exploitative practices to more rights-based and patient-centered care, underscoring the importance of ethical frontline care (U.S. National Library of Medicine, 2013). In the Philippines, mental health service delivery continues to face challenges related to access, stigma, limited resources, and governance. In 2021, the Philippines was selected as part of the WHO's Director General's Special Initiative for Mental Health, which aimed to develop sustainable governance and accountability structures, improve access to quality services, and strengthen mental health research and information systems. Boherom, Caelian, and Valencia, 2022 emphasized the role of local governance in implementing mental health policies and addressing limited resources and stigma. The MentalHealthPH discussion on Filipino leadership in school mental health programs also highlighted the need for culturally and socially contextualized leadership. The World Health Organization Special Initiative for Mental Health report noted that COVID-19 intensified gaps in mental health infrastructure, workforce, and service delivery. Local evidence further shows that mental health facilities are concentrated in urban areas, resulting in unequal access for rural communities. Tuason (2012) emphasized the socio-political influences on counseling and mental health services in the Philippines, while Martinez 2020 identified stigma and cultural beliefs as major barriers to help-seeking behavior. A 2020 report by the World Health Organization (WHO) also emphasized the treatment gap in the Philippines and the need for stronger strategic planning and resource allocation.

This study is anchored on Great Man Theory by Thomas Carlyle, Trait Theory by Gordon Allport, Behavioral Theory by John Watson, and Contingency Theory by Fred Fiedler. Great Man Theory views leadership as rooted in innate qualities such as charisma, intelligence, and wisdom, although contemporary leadership research recognizes that leadership can be developed through experience, training, and adaptability. Trait Theory emphasizes personal characteristics such as adaptability, ambition, and assertiveness. Behavioral Theory shifts attention from inherent traits to observable leadership actions and behaviors. Contingency Theory argues that effective leadership depends on the situation, followers' needs, and organizational context. The conceptual basis of the study follows a cause-and-effect approach in which leadership dimensions influence quality patient care. Collaborative leadership emphasizes teamwork, shared decision-making, and communication; distributive leadership promotes shared responsibility, accountability, and empowerment; transformational leadership encourages vision, innovation, professional growth, and continuous improvement; and ethical leadership promotes integrity, transparency, fairness, and trust. Quality patient care is understood as effective, safe, patient-centered, timely, and equitable service delivery.

Although foreign and local studies have examined leadership, management, mental health service delivery, workforce well-being, and patient outcomes, the reviewed studies differ from the present study in focus, content, and setting. Existing literature highlights transformational, participative, compassionate, adaptive, servant, strategic, and health-promoting leadership in various healthcare and mental health contexts (Pische et. Al, 2023; Gibbs et al., 2022; Tranfield et al., 2021; Winkler et al., 2021; McKenna and Gilmartin, 2021; Smith et al., 2020; Johnson and Williams, 2022; Chen et al., 2023; Lee et al., 2020; Martinez and Lopez, 2021). Other international studies confirm the importance of transformational, supportive, authentic, person-centered, and relational leadership in reducing burnout, improving job satisfaction,

strengthening teamwork, enhancing patient safety, and improving patient outcomes (Aarons et al., 2014; Salyers et al., 2015; Blegen et al., 2012; Koen et al., 2011; McCormack and McCance, 2017; Cleary et al., 2011; Laschinger et al., 2012; Kanste et al., 2007; Morsiani, Bagnasco, and Sasso, 2017; Wong and Cummings, 2020). However, there remains a need to examine leadership and management practices specifically as perceived by nurses at the National Center for Mental Health. This study addresses that gap by focusing on nurses' direct experiences with leadership practices, management barriers, and possible strategies that may guide administrators in improving mental health hospital operations.

This study aligns primarily with SDG 3 – Good Health and Well-Being because it focuses on improving mental health hospital leadership, patient care, staff well-being, safety, and service quality. It also supports SDG 8 – Decent Work and Economic Growth by addressing burnout, job satisfaction, staff morale, role clarity, and supportive work environments for nurses and healthcare personnel. The study is also connected to SDG 16 – Peace, Justice, and Strong Institutions because it emphasizes ethical leadership, transparency, accountability, evidence-based management, and stronger governance in mental health institutions. It may also support SDG 17 – Partnerships for the Goals because the literature highlights coordinated efforts, local governance, programs, and partnerships in strengthening mental health systems.

The study contributes to public health sustainability by focusing on leadership and management practices that can improve mental health service delivery, patient safety, and quality of care. It supports institutional sustainability by providing administrators with evidence-based insights for improving hospital operations, workflows, resource allocation, staff retention, and leadership effectiveness. It also contributes to workforce sustainability by addressing staff well-being, burnout reduction, professional development, clearer roles, and supportive management practices. In terms of policy and governance sustainability, the study provides data-driven guidance for improving mental health hospital policies, accountability, and compliance with healthcare standards. Its multidisciplinary value lies in connecting healthcare administration, nursing practice, mental health service delivery, organizational behavior, public policy, and sustainable institutional governance.

## 2. Material and methods

### 2.1 Research Design

The study used a quantitative research design with a descriptive-correlational method. This design was appropriate because it described the profile and perceptions of nurses without manipulating the respondents or the study environment. It also examined the relationship among leadership and management-related variables using responses gathered through a self-made survey questionnaire.

### 2.2 Locale of the Study

The study was conducted at the National Center for Mental Health, a Department of Health institution that provides preventive, promotive, curative, and rehabilitative mental health services. The institution is categorized as a Special Research Training Center and Hospital and serves as one of the country's major facilities for mental health care.

### 2.3 Respondents of the Study

The respondents were 20 nurses employed at the National Center for Mental Health. They were selected because they are directly involved in patient care and regularly interact with leadership and management policies, making them suitable sources of information on the effectiveness, challenges, and improvement needs of current hospital practices.

### 2.4 Sample and Sampling Procedure

The respondents were 20 nurses employed at the National Center for Mental Health. They were selected because they are directly involved in patient care and regularly interact with leadership and management policies, making them suitable sources of information on the effectiveness, challenges, and improvement needs of current hospital practices.

### 2.5 Research Instrument

The primary research instrument was a questionnaire rating scale validated by two sets of jurors composed of senior nurses. According to Creswell (2018), a questionnaire survey consists of a series of either closed-ended or open-ended questions. The instrument was used to gather data on the relationship between the study's independent and dependent variables and was structured using a 5-point Likert scale ranging from "strongly disagree" to "strongly agree." Comments and suggestions from the validation process were incorporated into the final questionnaire.

### 2.6 Data Gathering Procedure

The research instrument was first submitted to the adviser for review, correction, and validation. Before conducting the survey, the researcher secured permission through a formal letter request signed by the Dean of the graduate school. After approval was obtained, the researcher personally distributed and retrieved the questionnaires from the respondents. Although minor delays occurred due to the respondents' schedules, all questionnaires were completed and retrieved.

### 2.7 Data Analysis Techniques

The gathered data were tallied, analyzed, and interpreted using weighted mean, general weighted mean, and Likert scale interpretation. The weighted mean was used to determine the average response for each statement, while the general weighted mean was used to summarize the overall rating for each area. The Likert scale interpretation classified the responses from strongly disagree to strongly agree based on the computed mean ranges.

## 3. Results and Discussion

### 3.1 Profile of the Respondents

#### 3.1.1 Age of the Respondents

The results showed that 50% of the respondents were aged 31–35, 35% were aged 25–30, and 15% were aged 36–40. This indicates that most respondents belonged to the 31–35 age bracket, suggesting that many of the nurses had sufficient exposure to the institution's leadership and management practices. This age distribution suggests that the respondents were in a position to provide relevant observations regarding hospital management because they had direct work experience within the institution. Their responses therefore reflect practical exposure to leadership systems, administrative practices, and workplace conditions in the mental health hospital setting.

#### 3.1.2 Gender of the Respondents

The respondents were equally distributed by gender, with 50% male and 50% female nurses. This balanced representation indicates that the study gathered perspectives from both male and female nurses in assessing leadership and management practices. The equal gender distribution strengthens the descriptive value of the findings because it avoids dominance of one gender group in the responses. This provides a more balanced view of how nurses experience leadership, workplace management, and institutional support.

### 3.2 Leadership and Management Practices

#### 3.2.1 Collaborative Leadership

The results showed that nurses strongly agreed that collaborative leadership was practiced in the hospital, with a general weighted mean of 4.6. The highest-rated indicators were engaging team members in setting hospital goals and priorities, sharing leadership responsibilities across roles, and building strong internal and external networks, each with a weighted mean of 4.8. Other highly rated practices included promoting shared successes and failures, using collaborative approaches to solve problems, and practicing active, empathetic listening. However, establishing structures for staff participation in policymaking and striving for consensus in decision-making received lower but still positive ratings of 4.3. These findings indicate that the hospital demonstrates inclusive and participatory management practices, particularly in goal-setting, networking, and shared leadership. This supports the idea that participative leadership improves employee morale and engagement (Shanafelt et al., 2020). The result also aligns with the view that effective leadership in mental health teams strengthens cooperation and reduces interpersonal conflict (Jankelová & Joniaková, 2021). However, the lower scores on policymaking participation and consensus-building suggest that formal mechanisms for broader staff involvement may still require improvement.

#### 3.2.2 Distributive Leadership

The findings showed that nurses strongly agreed that distributive leadership was evident, with a general weighted mean of 4.6. The highest-rated indicators were encouraging flexibility in roles, delegating tasks and responsibilities effectively, and forming cross-functional teams, each with a weighted mean of 4.8. Involving multiple stakeholders in goal-setting and ensuring equitable distribution of resources both received a weighted mean of 4.7. Investing in leadership training and implementing feedback loops were also strongly agreed upon, while distributing decision-making authority, empowering teams, and promoting mutual accountability and trust received 4.3. These findings suggest that leadership responsibilities are shared across roles and that the hospital values adaptability, delegation, and teamwork. This reflects the importance of management structures that support staff participation and role clarity. The results are consistent with Bowers et al. (2011), who emphasized that staffing, role expectations, and management practices influence workplace climate and conflict in psychiatric wards. The relatively lower scores on decision-making authority and team ownership indicate that while distributive leadership is present, deeper empowerment across organizational levels could still be strengthened.

#### 3.2.3 Transformative Leadership

The results indicated strong agreement on transformative leadership, with a general weighted mean of 4.7. The highest-rated practices were supporting new technologies and treatment methods, prioritizing patient needs and outcomes, fostering teamwork and interdisciplinary cooperation, and demonstrating integrity and transparency, each with a weighted mean of 4.8. Encouraging staff initiative, investing in education and professional development, using data and evidence in decision-making, and prioritizing staff well-being each received a weighted mean of 4.7. Cultivating resilience to change received 4.6, while developing and communicating a clear hospital vision received the lowest score of 4.3. The findings indicate

that the hospital's transformative leadership practices are strongly associated with innovation, patient-centered care, ethical conduct, teamwork, and staff development. This supports the literature stating that transformational leadership improves nurse well-being, job satisfaction, patient outcomes, and professional growth (Boamah et al., 2018; West et al., 2015). The emphasis on education, evidence-based decision-making, and staff well-being also aligns with the need for professional development and evidence-based management in mental health settings (Harvey & Strasser, 2021; Raney et al., 2020). However, the lower rating on communicating a clear vision suggests a need for stronger strategic direction and organizational communication.

#### 3.2.4 Shared Leadership

The findings showed that nurses strongly agreed that shared leadership was practiced, with a general weighted mean of 4.7. The highest-rated indicators were maintaining transparent and open communication channels and fostering mutual support among team members, both with a weighted mean of 4.7. Developing goals collaboratively, co-creating a common vision, promoting cross-training, and holding the team accountable each received 4.6. Sharing leadership roles and empowering team members to lead projects received 4.5, while involving multiple team members in key decision-making and engaging diverse members in planning both received 4.4. These results suggest that shared leadership is visible through communication, mutual support, collaborative goal setting, and team accountability. This aligns with literature emphasizing that leadership in healthcare is strongly connected to teamwork, trust, and organizational culture (Boamah et al., 2018; West et al., 2015). The findings also support the view that leadership should strengthen cooperation in multidisciplinary mental health teams (Jankelová & Joniaková, 2021). However, the relatively lower ratings on wider decision-making and planning participation suggest that shared leadership may still be improved by expanding involvement among diverse staff members.

### 3.3 Barriers to Effective Leadership and Management

The results showed that nurses strongly agreed that several barriers affect leadership and management in the mental health hospital, with a general weighted mean of 4.8. The highest-rated barriers were limited financial resources, intense emotional and physical demands on mental health professionals, and lack of specialized leadership training, each with a weighted mean of 4.9. Frequent staff turnover and lack of support mechanisms, such as supervision or mental health resources for staff, both received a weighted mean of 4.8. These findings indicate that the barriers are systemic and directly affect workforce stability, leadership effectiveness, and quality of care. Limited resources restrict staffing, training, and facility improvement, while emotional and physical demands contribute to exhaustion and reduced engagement. These findings are consistent with Maslach and Leiter (2021), who emphasized that staff well-being and burnout reduction are essential to job satisfaction and retention. The need for leadership training also aligns with Huybrecht et al. (2011), who highlighted the value of structured leadership development in improving communication, decision-making, and confidence among nurse leaders.

### 3.4 Strategies to Overcome Leadership and Management Barriers

The results showed strong agreement on the strategies needed to overcome leadership and management barriers, with a general weighted mean of 4.9. The highest-rated strategy was advocating for increased funding and efficient resource management to support staffing, training, and technological advancement, with a weighted mean of 5.0. Other highly rated strategies included burnout prevention programs, targeted leadership training, regular staff training and lifelong learning, each with a weighted mean of 4.9. Developing retention strategies, including competitive compensation, career advancement, and a supportive work environment, received 4.8. These findings suggest that effective improvement requires a combined approach involving financial support, workforce care, leadership development, continuous training, and retention planning. The emphasis on burnout prevention and staff support is consistent with Maslach and Leiter (2021), while the need for training and leadership development aligns with Huybrecht et al. (2011). The findings also support the importance of adaptive and evidence-based leadership, particularly in complex mental health settings where leaders must manage change, guide staff, and improve service delivery (Heifetz et al., 2021; Armenakis et al. 2020; Raney et al., 2020).

### 3.5 Summary of Key Findings

Overall, the results show that nurses perceived collaborative, distributive, transformative, and shared leadership practices as strongly evident in the National Center for Mental Health. The strongest areas included teamwork, communication, delegation, innovation, patient-centered care, transparency, professional development, and shared responsibility. At the same time, the study identified areas for improvement, particularly broader staff participation in policymaking, deeper decision-making empowerment, clearer communication of institutional vision, and wider involvement in planning. These findings confirm that leadership and management practices play a major role in shaping staff morale, professional development, job satisfaction, organizational performance, and patient care. The results are consistent with studies showing that effective leadership improves workforce engagement, reduces burnout, strengthens teamwork, and supports quality mental health service delivery (Boamah et al., 2018; West et al., 2015; Corrigan et al., 2002; Day et al., 2014; Bowers et al., 2011; Johnson et al., 2012).

## 4. Conclusion & Recommendations

The study concluded that nurses at the National Center for Mental Health have varied profiles and that collaborative, distributive, transformative, and shared leadership practices are evident in hospital management. The findings also showed that effective leadership and management influence staff morale, professional development, job satisfaction, patient outcomes, and overall hospital performance, while major barriers include resistance to change, limited resources, lack of support, staff burnout, turnover, and insufficient specialized leadership training. The study further concluded that participative, emotionally intelligent, transformational, evidence-based, ethical, and adaptive leadership practices are important in strengthening trust, accountability, staff well-being, and quality mental health care.

The study recommends strengthening continuous professional development, leadership training, participative decision-making, emotional intelligence training, clear communication, ethical leadership, evidence-based management, and adaptive leadership strategies. It also recommends ensuring adequate resources and support, implementing burnout reduction measures, promoting work-life balance, establishing clear staff roles, conducting regular meetings, and maintaining strong leadership to improve staff engagement, reduce workplace challenges, and enhance the quality of mental health hospital services.

The study was limited to 20 nurses from the National Center for Mental Health, composed of 10 male and 10 female respondents, and focused only on leadership and management practices along collaborative, distributive, transformative, and shared leadership, including barriers and strategies for improvement. The study was also conducted within limited financial resources and a limited time frame; therefore, its findings are confined to the perceptions of the selected nurses in the specified institution.

## Compliance with ethical standards

The study adhered to institutional ethical standards, with necessary approval and permission secured before data gathering. Participation was voluntary, and informed consent was obtained from the respondents. Confidentiality of information was maintained, and all data were used solely for research purposes. The authors declare no conflict of interest, acknowledge all contributions to the study, and affirm that copyright ownership and authorship responsibilities were properly observed.

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