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A Study about the Relationship between Leadership Styles of Nurse Managers and Staff Nurses Job Satisfaction of Karnali Province



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ABSTRACT

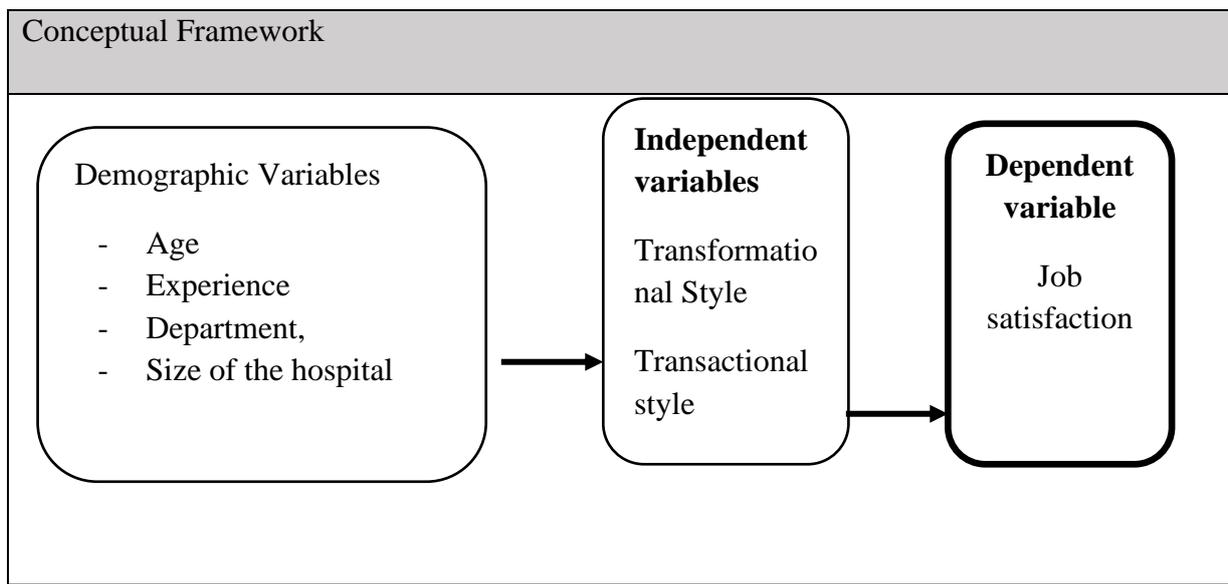
Nurses are the “backbone” of any human services framework and their work is varied and extremely complicated. When carrying out their jobs, nurses face different circumstances and patients, which are elements of the circumstances and patient-level workloads. In addition, a higher amount of nurse’s dissatisfaction prompts them to leave out from the nursing profession. This generally creates staff shortage among nurses. Due to enhanced extra time and job stress, increased burnout, longer patient holding up records, and lastly, as an outcome expanded displeasure among patients Leadership is the way toward impacting representatives to accomplish organizational goals and objectives. The results of the study indicated that 53.1 % of staff nurses belonged to 19-28 years of age group, 52.9% had 1-5 years of working experience. 69.9% of staff nurses work in 201-300 bedded federal hospitals. Out of 381 staff nurses 33.3% of nurse managers belong to transactional leaders and 61.2% belong to transformational leaders. There was significant positive correlation between total job satisfaction score and total leadership score ($r = 0.495$, $p = 0.000$). The leadership style is positive relationship with the job satisfaction of staff nurses ($r = 0.495$, $p = 0.000$).

INTRODUCTION:

Nursing normally means to assist the individual, sick, or well in the performance of those activities contributing to health or recovery (or peaceful death) that he/she would perform unaided if he had the necessary strength, will or knowledge in such a way as to help him gain independence as rapidly as possible.[1]When managers use transformational leadership behaviors, employees are more likely to support their co-workers and team members and represent the organization positively in the community. Transformational leaders are believed to be at the final stage of the leadership development process. These leaders organize their world based on personal values and motivate followers by integrating these values into the group (Bass, 1985). Data from six organizations (large and small, service and manufacturing) indicated that when managers use transformational leadership behaviors, employees set (and achieve) goals that are more important to them, personally.[2] Florence Nightingale, the founder of modern nursing defines nursing is the care that puts a person in the best possible condition for nature to restore or preserve health, to prevent or to care for disease or injury. [3] Nurses feel the effect of organizational changes. Pressures to provide quality care while cost reduction measures are frequently implemented cause high levels of stress for nurses in the workplace. The shortage of quality nursing staff within the hospital arena makes minimum standards of health care delivery difficult. These combined factors contribute to the lack of satisfaction nurses experience with their jobs in the hospital setting. Grossman and Valiga (2000) stated “Such worlds desperately call for new leaders” who inspire others with the vision of what can be accomplished. In order to move forward and survive in the healthcare chaos, staff nurses and management must establish positive, mutually beneficial relationships that favor increased efficiency, productivity, and job satisfaction.[4]

The history of nursing goes back to Vedic Yuga when Ayur Veda, the earliest Indian medicine with the development of hospitals, doctors and nurses was found around 5000 B.C.Modern nursing took it shape after Crimean war of 1854 when Florence Nightingale drew public attention on an enormous scale to the problems of nursing's role in transforming the recruitment, training and practice of the new profession. In Nepal, Even the establishment of Bir Hospital, the first hospital in the country, in 1890, nursing service was practically non-existent. Medicines and dressing were done by doctors or compounders. Things have changed when Prekshya Rajya Laxmi Devi Shah herself took the nurse training and encouraged the people to establish the nursing sector in the country during 1973-1976. Now, Nursing Association of Nepal (NAN), a professional association of nurses holds activities regularly

for the welfare and professional development of nurses in Nepal. This along with several studies emphasized the impact of nursing leadership practice on job satisfaction of the staff nurses. Medley and LaRochelle (1995) investigated the relationship of head nurses' leadership style and staff nurses' job satisfaction and concluded with the positive correlation between the transformational leadership style (TF) of nurse leaders and the job satisfaction of staff nurses ($r=.40, p<.001$), while a very weak relationship of transactional leadership (TA) was found in the study. Transformational leadership is viewed as an interactive relationship based on trust, that impacts positively on the leader and employees, hence it prevents turnover and promotes retention which is economically important for hospital organizations (Medley and Larochelle, 1995). TA leadership accounted for 10 percent of the total variance in job satisfaction while TF leadership accounted for 30 percent of the total job satisfaction. However only TF leadership styles were positively related to empowerment ($r=.26, p<.05$) and empowerment were positively correlated to job satisfaction ($r=.41, p<.05$). (Morrison et al., 1997). There was a positive, moderate correlation between TF leadership style and job satisfaction of registered staff nurses ($r=.38, p=.001$), indicating nurse leaders with TF leadership style had satisfied registered staff nurses. There was an inverse, weak relationship between TA leadership style and job satisfaction ($r=-0.25, p=.03$), indicating that nurse leaders with TA leadership style had less satisfied registered staff nurses. In Nepal, Even after the establishment of Bir Hospital, the first hospital in the country, in 1890, nursing service was practically non-existent. Medicines and dressing were done by doctors or compounders. Things changed when Prekshya Rajya Laxmi Devi Shah herself took the nurse training and encouraged the people to establish the nursing sector in the country from 1973-1976.[5]



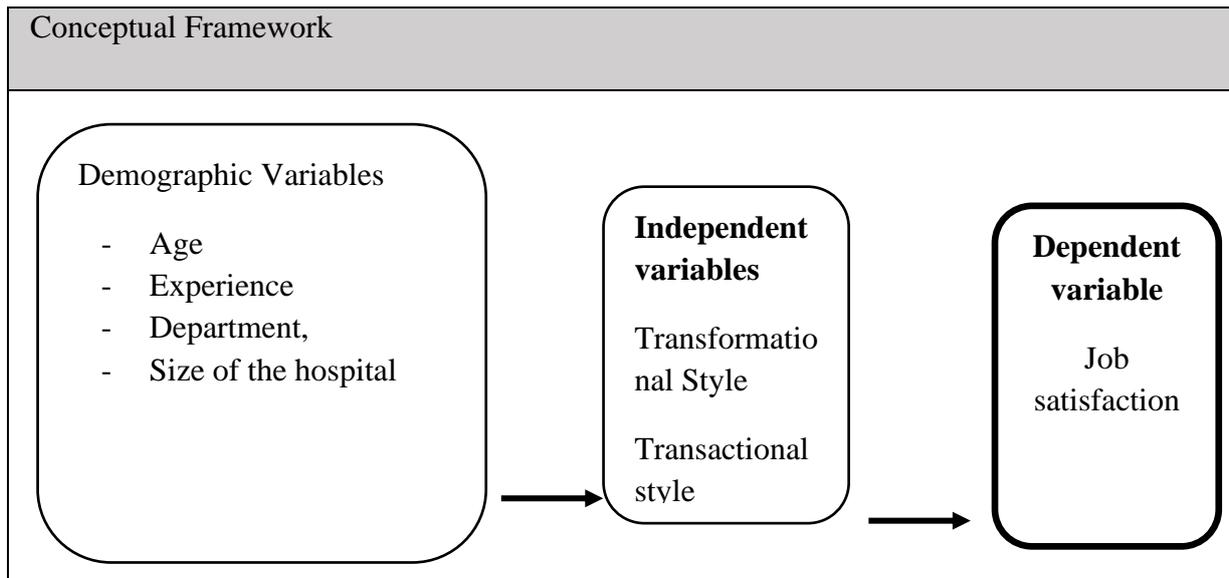


Figure 1: Conceptual Framework

MATERIALS AND METHOD:

Data collection was done after approval of KAHS Institutional Review Committee. A self-administered questionnaire was prepared on the basis of research objective, literature review and consultation with research advisor. Verbal and written informed consent was taken from each participant by using an informed consent form. The data was collected by the researcher and by data enumerator in different areas. A self-administered questionnaire was used to collect data on a study about the relationship between the leadership styles of nurse managers and staff nurses' job satisfaction in Karnali province.

The instruments were covered in two parts according to variables:

PART I: - Questions related to the socio-demographic characteristics of staff nurses such as age, place of work, work experience, department, and size of the hospital.

PART II: A standard questionnaire of work quality index (WQI) and multifactor leadership questionnaire (MLQ) will be administered.

The Work Quality Index will be used to measure the dependent variable of job satisfaction of staff nurses which contains six subscales i.e. (a) Professional Work Environment, (b) autonomy, (C) work worth, (d) professional relationships, (e) role enactment (f) benefits. Using a 7-point Likert scale (1=very dissatisfied, 2=dissatisfied, 3=somewhat dissatisfied,

4=neutral, 5=somewhat satisfied, 6=satisfied, and 7=very satisfied), the subjects responded to six subscales on 38 job-correlated questions. [6]

The second instrument will be the Multifactor Leadership Questionnaire which will be used to distinguish between perceived leadership styles of TF and TA among nurse managers in a hospital setting. The TF subscales measured in this study included (a) Idealized Influence (attributed), (b) Idealized Influence (Behaviour), (c) Inspirational Motivation, (d) Intellectual Stimulation, and; (e) Individual Consideration.[7] The TA subscales measured in this study included (a) Contingent Reward, (b) Management-by-Exception (passive), (c) Management-by-Exception (active), and (d) laissez-faire. The MLQ consisted of 45 questions using a Likert scale from 0 to 4 (0=not at all, 1=once in a while, 2=sometimes, 3=fairly often, and 4=frequently, if not always).[8]

Data Management and Analysis:

After completion of data collection, data was checked for completeness and accuracy. The data was edited, coded, entered, and classified into Excel. And using statistical package for social science (SPSS version 20) was used for data entry, data transformation and data analysis. The data was analyzed and calculated according to the nature of variables in terms of descriptive statistics (frequency, percentage, mean and standard deviation).[9] The second part of the data analysis includes the test of the hypotheses set for this study. Principal Component Analysis will be used to examine the research question “Do staff nurses differentiate between TF and TA leadership styles?”[10] The second research question for this study is “Is there any relationship between perceived nurse manager’s leadership style and the satisfaction levels of staff nurses?” This relationship will be examined using the Pearson product-moment correlation coefficient.[11]

RESULT AND DISCUSSION:

There was no significant relationship between age ($r = 0.04$, $p = 0.39$), working experience ($r = 0.02$, $p = 0.60$), department ($r = 0.01$, $p = 0.82$) and size of hospital ($r = 0.06$, $p = 0.23$). The relationship between perceived leadership style of nurse managers and job satisfaction of level of staff nurses was measured using Pearson product-moment correlation coefficient. The total participants were 381. Based on analysis by using SPSS 20.0. The total multifactor leadership score ranged from 61 to 168, mean was 111.65 and the standard deviation was 13.92. Out of 381 staff nurses 33.3% of nurse managers belong to transactional leaders and

61.2% belong to transformational leaders. The total job satisfaction score ranged from 67 to 265, mean was 184.94 and standard deviation was 22.84. There was a significant positive moderate correlation between total job satisfaction score and total leadership score ($r = 0.495$, $p = 0.000$). This indicated that staff nurses were satisfied with their leadership style. Based on the correlation is significant at the 0.01 level. There was negative significant correlation between the total job satisfaction score and total TF score ($r = -0.46$, $p = 0.000$). There was a negative significant correlation between total job satisfaction score and total TA score ($r = -0.33$, $p = 0.000$).

These findings indicate that staff nurses were less satisfied with nursing leaders adopted TA leadership style. There was a positive correlation of total scores of TF with Work Worth and Professional relationships as WQI subscales ($r = 0.424$, $p = 0.000$ and $r = 0.318$, $p = 0.000$) respectively. This simply indicates that nurse leaders who developed the work worth and professional relationship had more satisfied staff nurses. This further indicated staff nurses' perception that TF leadership may change the variables affecting their level of job satisfaction.

This study found that out of 381 staff nurses, 44.6% of staff nurses had 6-10 years of working experience which is consistent with the findings of the study conducted by N. Sofia in Pakistan that shows 55% staff nurses had 6-10 years of working experience. The findings of the study shows that least nursing managers adopted TA leadership style which is inconsistent with the findings of the study conducted by M. Fawaz in Saudi Arabia that shows most of the nurse managers adopted TA leadership style. The findings of the study shows that there was significant positive moderate correlation between total job satisfaction score and total leadership score ($r = 0.495$, $p = 0.000$) which is consistent with the findings of the study conducted by M. Ibharam in Jordan that shows A positive relationship was found between the overall score for transformational leadership and job satisfaction ($r = 0.374^{**}$).

CONCLUSION:

The present study showed that most of the nurse managers adopted transformational leadership styles. This leadership style is associated with the job satisfaction of staff nurses. The age, work experience, working department and size of the hospital have no influence on job satisfaction of staff nurses. Transformational leadership style positively influences the work worth and professional environment.

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Variables	Frequency	Percent
Completed age		
19-28	208	53.1
29-38	172	43.9
>39	1	0.3
Work experience		
1-5 years	206	52.9
6-10 years	175	44.6
Department		
Emergency	28	7.1
Maternity	62	15.8
Medical	67	17.1
ICU	58	14.8
Orthopedic	55	14.0
Pediatrics	59	15.1
NICU	21	5.4
Surgery	31	7.9
Size of hospital		
1-99 bedded	84	21.4
100- 200 bedded	23	5.9
201-300 bedded	274	69.9

Table 1 shows out of 382 staff nurses 53.1% belonged to 19-28 years of age group and 43.9% belonged to 29-38 years of age group, 52.9% had 1-5 years and 44.6% had 6-10 years of working experience. Likewise, 17.1% of staff nurses works at medical ward and 5.4% staff nurses works at NICU department. Similarly, 69.9% of staff nurses work in 201-300 bedded federal hospitals.