

LEADERSHIP STYLES AND JOB SATISFACTION AMONG NURSES

By

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ABSTRAK

Tujuan penelitian ini adalah untuk menguji hubungan antara gaya kepimpinan pengurus jururawat dan kepuasan kerja jururawat berdaftar di rumah sakit tatacara di Jitra, Kedah. Senarai 126 kakitangan jururawat berdaftar memenuhi kriteria inklusi untuk kajian ini diperolehi daripada pejabat pentadbiran Jitra. Penyelidik menggunakan kajian bancian di mana data dikumpul pada setiap ahli penduduk kerana seluruh penduduk di organisasi cukup kecil. Dalam hal itu, Kajiselidik Kepimpinan Multifaktor digunakan untuk mengukur gaya kepimpinan pengurus jururawat seperti yang dirasakan oleh jururawat kakitangan. Selain itu, Kajiselidik Bekerja Indeks Kualiti digunakan untuk mengukur kepuasan kerja jururawat kakitangan berdaftar. Sebuah hubungan yang signifikan ditemui antara kepuasan kerja dan ($p = .535$ $r = 0,000$) transformasi dan ($p = .454$ $r = 0,000$) gaya kepimpinan transaksional. Penyelidikan ini selanjutnya akan digunakan untuk mengetahui apakah ciri-ciri gaya kepimpinan dan kepuasan kerja pekerja berkaitan satu sama lain. Keputusan kajian menunjukkan bahawa ada hubungan yang signifikan antara pertimbangan individu ($r = 0,389$, $p = 0,000$), motivasi inspirasional ($r = 0,452$, $p = 0,000$), pengaruh (perilaku) ideal ($r = 0,459$, $p = 0,000$) mempengaruhi ideal, (disebabkan) ($r = 0,469$, $p = 0,000$), anugerah kontingen ($r = 0,472$, $p = 0,000$) dan pengurusan dengan pengecualian (aktif) ($r = 0,449$, $p = 0,000$) dan kepuasan kerja. Padahal, ada hubungan yang kuat antara stimulasi intelektual ($r = 0,503$, $p = 0,000$) dan kepuasan kerja. Namun, tidak ada hubungan antara pengurusan dengan pengecualian (pasif) ($r = 0,121$, $p = .210$) dan kepuasan kerja. Selain itu, regresi berganda

yang digunakan untuk kajian tentang gaya kepimpinan yang lebih berpengaruh dalam memprediksi kepuasan kerja. Peneliti menemukan gaya kepimpinan transformasi tampaknya lebih sedikit lebih berpengaruh daripada gaya kepimpinan transaksional ($\beta = 0,393$ berbanding dengan $\beta = 0,104$). Berdasarkan penemuan kajian, teori dan implikasi praktikal dibahas. Keterbatasan dan cadangan untuk kajian akan datang juga diserlahkan.

ABSTRACT

The purpose of this study was to examine the relationship between leadership styles of nurse managers and job satisfaction of registered nurses in hospital setting in Jitra, Kedah. A list of 126 registered staff nurses meeting the inclusion criteria for the study was obtained from administration office of Jitra. Researcher employed census study where the data were gathered on every member of the population because of the entire population at organization is sufficiently small. The Multifactor Leadership Questionnaire was used to measure leadership styles of nurse managers as perceived by staff nurses. The Work Quality Index was used to measure job satisfaction of registered staff nurses. A significant relationship was found between job satisfaction and transformational ($r=.535$, $p=0.000$) and transactional ($r=.454$, $p=0.000$) leadership styles. The study further used to identify whether the characteristics of leadership styles and employee job satisfaction are related to each other. The study revealed that there are significant relationship between individual consideration ($r =0.389$, $p=0.000$), inspirational motivation ($r =0.452$, $p=0.000$), idealized influence (behavior) ($r =0.459$, $p=0.000$), idealized influence (attributed) ($r =0.469$, $p=0.000$), contingent reward ($r =0.472$, $p=0.000$) and management by exception (active) ($r =0.449$, $p=0.000$) and job satisfaction. Whereas, there is a strong relationship between intellectual stimulation ($r =0.503$, $p=0.000$) and job satisfaction. However, there is no correlation between management by exception (passive) ($r =0.121$, $p=.210$) and job satisfaction. In addition, multiple regressions were employed to study on which leadership styles is more influential in predicting job satisfaction. Researcher found transformational leadership

styles seems to be more slightly more influential than transactional leadership styles ($\beta = .393$ as compared to $\beta = .104$). Based on the research findings, theoretical and practical implications are discussed. Limitations and suggestions for future research are also highlighted.

CHAPTER 1

INTRODUCTION

1.1 Introduction

Today, nurses' tasks have become much more challenging and demanding. The emergence of new disease like the latest influenza (H1N1) Pandemic and the re-emergence of old disease like tuberculosis have also taken their tolls not only on the medical profession but also on the nurses.

With the increasing sophistication of modern technology, pervasiveness of the internet and the constantly changing healthcare environment are the factors that affecting nursing practice today. Hospitals face the problems on how to strategize to achieve their goals while staying fiscally afloat in the competitive environment of healthcare challenges (Ramey, 2002).

Besides that, the widespread nursing shortage and nurses high turnover has become a global issues which are of increasing importance to both the developed and developing countries (Lu, While & Barriball, 2005). The current nursing shortage is driven by a decrease in the population of health care workers, a decrease in the number of individuals entering the health care field, an aging workforce population, unsatisfying work environments, a decrease in job satisfaction, and complex leadership styles (Hassmiller &Cozine, 2006).The shortage of nursing staff within the hospital arena makes minimum standards of health care delivery difficult.

In addition, nursing staff in most medical institutions or private organizations in all corners of the world are probably the most undervalued staff members despite the fact that many of nurses even take on the responsibilities of the medical supervisors or the doctor in command and this makes them a very important part of the medical system (Alam, & Mohammad, 2009).

With all these issues could lead to the lack of job satisfaction among nurses in the hospital setting. Nursing dissatisfaction is at an all time high (Dahlen, 2002). Nurses' lack of satisfaction has led to increased turnover rates and a shortage of nursing staff within hospital. Understanding factors that influence job satisfaction is keys to enhancing morale within the profession and creating a secure future to support the demands of the aging population.

A leader's behavior or leadership style may influence the subordinates' level of job satisfaction. Past research on leadership has found that management style is a major factor in staff nurse satisfaction (Lu, While & Barriball, 2005). Nurse Managers are in an outstanding position to influence job satisfaction of nurses (Barnett, Namasivayam & Narudin, 2010). The position of nurse managers towards staff nurses in the hospital setting has significant effects on productivity, efficiency and reflects positively and negatively on patient outcomes. Staff nurses need positive relationship with their nurse managers in order to function effectively in the demanding environment of hospitals. Nurse Managers must create hospital environment that support and motivate staff nurses. In order to move forward and survive in the health care, staff nurses and management

must establish positive mutually beneficial relationship that favor increased efficiency, productivity and job satisfaction (Adadevoh, 2003).

Thus, by studying effective leadership styles of nurse managers and implementing styles conducive to productivity, efficiency and job satisfaction, enhancement of the nursing profession can occur as well as enhanced patient care quality within the hospital system (Al-Hussami, 2008). Therefore, this research examines the perceived leadership styles of nurse managers as it relates to job satisfaction among staff nurses in hospitals setting.

Chapter one presents the problem statement, purpose of this study, research objectives, research questions, significance of the study and operational definitions.

1.2 Problem Statement

Located in South East Asia, Malaysia is a rapidly developing country with the population of 28.25 million (Department of Statistics Malaysia, 2010). The demand for nurses has increased due to 'ageing populations, increased consumer activism and rapid evolution of medical technologies as well as population growth and the associated burden of disease. In Malaysia, nurses represent the largest workforce in the health care sector. They are the main providers of health care, particularly in rural and remote areas (Barnett, Namasivayam & Narudin, 2010).

The shortage of nurses has always been the major symptom of high turnover in the health care industry (Global Health Workforce Alliance, 2008). According to the

Malaysian Association of Nurses, until 2008, there were no initiatives taken by the Government of Malaysia to increase the incentive of nurses in Malaysia. In the medical profession, nursing staff are the one who have variety of jobs to perform and need to juggle with many jobs at many places in the hospital or in medical centers and still are underpaid or undervalued. However the Budget 2009 recently tabled by the Prime Minister Dato' Seri Abdullah Ahmad Badawi has paid some extra attention to the nursing profession with an allocation of RM70 million of expenditure when the government realizes the importance of nursing profession to the country. The RM70 million budget is expected to bring some significant development in the health industry, as well as produce more quality and competent local nurses. Lack of enthusiasm among the Malaysians in the nursing profession has also been a cause for concern. With the new allocation, the public interest towards the industry and profession is hoped to elevate. The government is also hoping many of those graduating as qualified nurses will opt to stay with the public sector, instead of jumping into the private sector, which are often times promises more lucrative deals (The Star, 2010).

Besides that, the Malaysian Nursing Association President, Matron Hjh Ramziah Hj Ahmad said there was now a shortage of 20000 specialized nurses and the situation become more acute with at least 1000 nurses either learning the profession or going on retirement each year. The shortage has been influenced by conditions on both the supply and demand sides of the labour market equation (Barnett, Namasivayam & Narudin, 2010).

Table 1.1: Total Number of Nurses and Population to nurse ratio in Malaysia (1999-2006)

Year	Total No. of Nurses	Nurse: Population
1999	23236	1:977
2000	31129	1:747
2001	33295	1:721
2002	35280	1:695
2003	36784	1:681
2004	40220	1:636
2005	44120	1:592
2006	47642	1:559

Source: Ministry of Health Malaysia, 2008

Table 1 show that there was an increase in the number of nurses from 23236 in 1999 to 47642 in 2006 with a subsequent improvement in the nurse to population ratio from 1:977 to 1:559. It has been estimated that a total of 174000 nurses will be required by the year 2020 to reach targeted nurse population ratio.

The ratio of nurses to the population as of last year is 1: 340. The ratio will be 1:200 by 2015 with the increase in the number of nursing graduates. Deputy Health Minister Datuk Rosnah Rashid Shirlin said, the number of nurses was set to increase as efforts were being carried out to address the shortage. She added that the grades for the salary service scheme of assistant nurses in U11 and U14 levels had also been upgraded,

more promotion opportunities would be given to nurses through the support their respective department heads and will also get incentive payments of RM100 while competent nurses will be allowed to continue their service on a contract basis after retirement (The Star, 2010)

Besides that, a reduced supply of nurses' especially new graduates has been attributed to a variety of factors including a reduced number of student nurses within the system. This may be associated with a lack of funding for places, low demand from school graduates who may regard nursing as a less attractive career choice, attrition or poor course progression, as well as the closure or rationalization of schools of nursing (Barnett, Namasivayam & Narudin, 2010). In many countries, there is also a net loss through migration (Kingma, 2007). On top of that, the Nursing and Midwifery Board of Malaysia reports that around 500 nurses leave the country annually to work in foreign hospitals. According to the Ministry of Health at the present is accepting foreign nurses from the following seven countries to accommodate the shortage. Qualified nurses from these seven countries, India, Pakistan, Bangladesh, Indonesia, Philippine, Myanmar and Albania are allowed to work in Malaysia.

According to the President of Malaysian Medical Association (MMA), Dr.Quek, there has been widespread concern among doctors and many hospitals that, due to the many nursing colleges producing so many nurses of late, the standards are not good as before. In fact, some are of such poor quality that they cannot cope with actual hospital duties, he says, citing an example of cases in which 29 out of 30 newly qualified nurses could not cope with their duties when placed in a probationary scheme at hospital. The

recent announcement by Ministry of health that there are total of 106 nurses training institutions in this country. The decision by the government to freeze fresh applications to set up nursing colleges appears that the Health Ministry's main aim is to achieve the recommended World Health Organization nurse to population ratio of 1:200. Well that may be the ultimate goal but it should be carried out in a well planned and gradual manner. In its preoccupation with fulfilling some statistical requirements, it appears to have forgotten to ensure the basic standards in nursing care. The Ministry of Higher Education recently said that it would stop issuing licenses for new institutions to conduct nursing courses at the diploma level effective 1 July 2010. The intention is to force the existing educational institutions to improve the quality of education programmes and offer more degree courses.

Another problem is that, in any industrial setting, employees work plays an important role for organizational achievement. Therefore, it is highly important for management to recognize employees work and provide them with an opportunity to grow and to look after their wellbeing (Alam & Mohammad, 2009). Job satisfaction involves the workers adaptation to the organization including the meaning of the work to the employees and the way in which the organization adapts to the employees needs.

Overall job satisfaction is the most important reason nurses to stay in particular job. Numerous studies indicated that leadership style as a critical influence on employee satisfaction in health care organization. When employees experience job dissatisfaction, it encourages nurses to find employment elsewhere, often outside the field of nursing

(Barnett, Namasivayam & Narudin, 2010). The negative behavior of nurse who experience job dissatisfaction can affect quality of care, employees overall sense of being and reduce the reputation, productivity and efficiently of a health care organization. Thus job dissatisfaction has both and long term effects on the image of nursing professions (Kingma, 2007). Based on past researchers, there are many factors that lead to intention leave among nurses. Shortage could lead to work overload, burnout and dissatisfaction of nurses and compromised standards of patient care. Many factors contribute to job dissatisfaction and whether a nurse will choose to stay. These factors include staffing and scheduling, group cohesion, work intensity, lack of recognition and support, workforce compensation, work culture, and stress (Brewer, Zayas, Kahn, & Sienkiewicz, 2006; Force, 2005 & Larkin, 2007).

Therefore, this study is intent to explore the importance of job satisfaction perceived by the staff nurses in hospital setting and what style of leadership style could lead to high satisfaction level among nurses. This exploratory study draws upon staff nurses to identify variable such as leadership style which may influence their job satisfaction at work.

1.3 Purpose of the Study

The purpose of this study was to examine the relationship between leadership styles of nurse managers and job satisfaction of staff nurses' in hospital setting located in Jitra, Kedah. For the purpose of this study, Jitra General Hospital in Kedah was chosen. The independent variables were transformational and transactional leadership styles of nurse managers that working in hospital environment whereas job satisfactions among

staff nurses were dependent variable. By studying effective leadership styles, this allow nurse managers to take advantage of “satisfiers” and thereby reduce unnecessary loss of valued employees leave their job and enhanced patient care quality within the hospital system.

1.4 Research Objectives

There are several research objectives that this study attempts to achieve which are:

- i) To examine the level of job satisfaction among staff nurses
- ii) To determine the leadership styles influencing job satisfaction among staff nurses

1.5 Research Questions

Some of the research questions this study attempts to answer or at least shed some light on include the following:

- i) What is the level of job satisfaction among staff nurses?
- ii) What leadership styles contribute to high level of job satisfaction?

1.6 Significance of the Study

Research is the best way to find solutions for nursing problems and set standards for nursing practices. The relationship between nurse managers leadership style and staff nurse job satisfaction in hospital has been widely studied in Foreign countries especially in Appalachian state, United States (Ramey, 2002); Orange Country, California (Dahlen, 2002); Bronx, New York (Adadevoh, 2003); Isfahan, Iran (Rad & Yarmohammadian,

2006); Stockholm, Sweden (Sellgren, Ekvall & Tomson, 2007); Magnet status Hospital, United States (Davis, 2007); HMO, Southern California (Rowan, 2008); United States (Wood, 2008) and Miami (Al-Hussami, 2008). However, there has been no such study performed in Malaysia especially in non-profit hospital. This study will examine the relationship between leadership styles of nurse managers and job satisfaction of registered staff nurse in Jitra General Hospital located in Kedah and will relay information specific to registered nurse in the hospital setting. Also, this study will be the first of its kind to provide information regarding perceived leadership styles of nurse managers and job satisfaction of registered nurses on state wide level in Kedah. Besides that, according to Ababneh (2009), there have been never studies perform on dominant leadership styles that are transformational and transactional leadership styles to identify which leadership styles have an major impact on staff nurses job satisfaction. This study was performed to close the gaps that have been identified from past research.

Replication of this type of study will allow for future comparisons of leadership styles of nurse managers and job satisfaction of registered staff nurse in hospital setting. For nursing administrators, the results of this study have numerous implications for management practice. Administrators can utilize the data from this study to educate nurse managers on effective leadership styles and how these styles affect job satisfaction of staff nurse. By implementing preferred leadership style, nurse job satisfaction will increase, creating lower turnover rates in hospitals and an overall decrease in ringgits spent for hiring and orienting new employees. The hospital will also benefit from the

satisfaction of registered staff nurses as seen by an increase in productivity, efficiency and retention.

The problems under this study would contribute to the body of nursing knowledge and the recommendations might be useful to decrease job dissatisfaction among nurses. Patients, nurses, society and health care organizations will potentially benefit from the knowledge derived from this study. In summary, nursing dissatisfaction is at an all time high. Nurses' lack of satisfaction has led to increased turnover rates and a shortage of nursing staff within hospitals. Understanding factors that influence job satisfaction is a key to enhancing morale within the profession and creating a secure future to support the demands of the aging population. By examining the relationship of perceived leadership styles of the nurse managers and job satisfaction of registered staff nurses, the nursing profession can begin to establish positive, mutually beneficial relationships leading to efficiency, productivity and job satisfaction for all nurses.

Besides that, this research should prove not only to be useful in understanding the relationship between nurse managers' leadership behaviors and nurses' job satisfaction in Kedah non-profit hospital but also could provide information that can be used to develop leadership training at the study site. Ultimately, the results of this study can be used as a building block to assist in developing and researching strategies to attract and also to retain nurses in a variety of settings.

1.7 Definitions of Key Terms

1.7.1 Job Satisfaction

a) Colquitt, Lepine, & Wesson, (2009) defines as a pleasurable emotional state resulting from the appraisal of one's job or job experience. In other words, it represents how you feel about your job and what you think about your job (p. 102). Staff nurse job satisfaction is a dependent variable and was measured using the Work Quality Index (WQI).

1.7.2 Leadership Styles

a) The process of influencing others in an organizational culture and the distinctive or characteristics manner in which one performs (Marquis & Huston,2003)

1.7.3 Transformational Leaders

a) Leaders who practice a type of leadership that involves individual consideration, intellectual stimulation and willingness to embrace change. Transformational leaders are also identified as change agents who have the ability to transform the attitudes, behaviors, and values of others by displaying favorable, influential, and supportive interactions that bring about organizational change (Davis, 2007).

b) According to Colquitt, Lepine & Wesson, 2009, this leadership style viewed as a more motivational approach to leadership than other managerial approaches. Transformational leaders heighten followers' awareness of the importance of certain outcomes while increasing their confidence that those outcomes can be achieved.

c) Transformational leadership, an independent variable, includes the following dimensions:

1. Attributed Charisma- The leader possesses tremendous energy, a high level of self-confidence, assertiveness, a strong conviction in their ideals and belief system, a strong need for power and the ability to make their followers feel more confident (Bass, 1997).
2. Idealized influence- The leader behaves in ways that earn the admiration, trust and respect of followers to want to identify with and emulate the leader (Colquitt, Lepine & Wesson, 2009).
3. Inspirational Motivation- The leader behaves in a ways that foster an enthusiasm for and commitment to a shared vision of the future.
4. Individual Consideration- The leader behaves in a ways that help followers achieve their potential through coaching, development and mentoring (Colquitt, Lepine & Wesson, 2009).
5. Intellectual Stimulation- The leader behaves in a ways that challenge followers to be innovative and creative by questioning assumptions and reframing old situations in new ways (Colquitt, Lepine & Wesson, 2009).

d) Transformational leadership was measured using the Multifactor Leadership Questionnaire (MLQ).

1.7.4 Transactional Leadership

- a) Leaders who base their transactions on an exchange of rewards and benefits to employees for the completion of transactions and goals being met (Upenieks, 2003).
- b) Colquitt, Lepine & Wesson defined as a pattern of behavior where the leader rewards or disciplines the follower based on performance (2009, p 495)
- c) Transactional leadership, an independent variable, includes the following dimensions:
 1. Contingent Reward represents a more active and effective brand of transactional leadership in which the leader attains follower agreement on what needs to be done using promised or actual rewards in exchange for adequate performance (Colquitt, Lepine & Wesson, 2009)
 2. Active Management by Exception- The leader arranges to monitor mistakes and error actively and takes corrective action when required (Colquitt, Lepine & Wesson, 2009)
 3. Passive Management by Exception- The leader waits around for mistakes and errors, then takes corrective action as necessary (Colquitt, Lepine & Wesson, 2009).
 4. Transactional leadership was measured using the Multifactor Leadership Questionnaire (MLQ).

1.8 Organization of the Remainder Study

The remaining sections of this research study have been divided into four additional chapters. Chapter 2 addresses a review of the literature, which included prior research on leadership styles and job satisfaction. Chapter 3 addresses the methodology and assessment tool used within this study.

Chapter 4 analyzed the data collected form the participating staff nurse. Within this chapter, the results of the MLQ and WQI have been discussed. Also, chapter 4 has provided an analysis of the leadership styles of hospital nurse managers towards staff nurses' job satisfaction in government hospital setting.

Chapter 5 has summarized the findings of this thesis. This chapter has reintroduced the study's purpose and illustrated any correlating findings. Finally, recommendations for future research have been offered.

CHAPTER 2

REVIEW OF LITERATURE

2. 1 Introduction

This chapter is organized as follows; firstly, it will conceptualize the term of job satisfaction and present some theories relevant to job satisfaction. Next it will review about leadership and some theories relevant in exploring leadership. Finally, an account of empirical evidence relating leadership and job satisfaction among nurses will be elucidated. Then, hypotheses were developed. This chapter concludes with a summary.

2.2 Job Satisfaction

Job satisfaction is a topic of wide interest to both people who work in organizations and people who study them. It is a most frequently studied variable in organizational behavior research, and also a central variable in both research and theory of organizational phenomena ranging from job design to supervision (Al-Hussaini, Zaghloul & Al-Bassam, 2008). Job satisfaction is a complex construct from many attitudes and perceptions of various elements of work (Lu, While & Barriball, 2005). An abundance of literature exists on the subject of job satisfaction among workers (Dahlen, 2002).

For the least a decade, the issues of nursing staff satisfaction, absenteeism and turnover have been at the forefront of the profession. Job satisfaction among nurses has long been recognized as a crucial indicator of nurses' performance, cost savings and

quality of patient care (Al-Hussaini, Zaghloul & Al-Bassam, 2008). Globally, major changes have taken place in all health care systems. These changes include shortened lengths of stay, increasing emphasis on cost effectiveness and an increase of patients with acute and chronic disease. These escalating changes in health care systems influence nurses' job satisfaction (Mrayyan, 2006). As nurses' job satisfaction decreases, the likelihood of leaving their employment settings increases. If nurses' job satisfaction continues to deteriorate, the present nursing shortage will worsen. Dissatisfaction with work can cause poor job performance, lower productivity and staff turnover (Al-Hussaini, Zaghloul & Al-Bassam, 2008).

Numerous researchers have attempted to answer the questions of what determines people's intentions to quit by investigating possible antecedents of employees' intentions to quit (Kalliath & Beck, 2001). Moore (2002) found that lacks of job satisfaction are among the factors that contribute to people's intention to quit their jobs.

2.2.1 Definition of Job Satisfaction

Satisfaction is a subjective judgment, made in accordance with one's value and expectations (Chang, 2003). Job satisfaction is generally defined as an employee's affective reactions to organizations. Yukl (2008) suggested that satisfaction is a common indicator of organizational leadership effectiveness. Alam & Mohammad (2010) defined job satisfaction as an attitude whereas Kalliath & Beck (2001) defined job satisfaction as psychological measure of a degree to which employees is satisfied and happy with the job. It is an extent to which one feels positively or negatively about the intrinsic and

extrinsic aspects of one's job. Intrinsic factors are those internally derived and include personal achievement, sense of accomplishment, and prestige. Extrinsic factors are those derived from factors in the practice environment and include pay and benefits, working conditions, and resources (Zaghoul, Al- Hussaini & Al-Bassam, 2008). There are various theories that attempt to explain why employees are satisfied or dissatisfied with their jobs and these theories are briefly explained further.

2.2.2 Theories of Job Satisfaction

The first includes what are termed “needs” theories, emphasizing internal causes of behavior. These theories have in common an understanding that each individual has a set of needs, and that the goal of each person is to satisfy these needs. The most commonly cited example of this arises from Abraham Maslow's work. The second category is usually termed expectancy theories; these place emphasis on individual perceptions and expectations in a particular situation (Chang, 2003).

Need Based Theories

The following four theories focus on needs: Maslow's needs hierarchy (1954), Herzberg (1959), Alderfer's Existence, Relatedness, Growth (ERG) theory (1969) and McClelland's needs theories (1961).

Maslow posited that an individual would stay at certain need level until and unless that need was satisfied. He identified five types of basic needs all humans have as physiological, security, affiliation, esteem and self-actualization (Chang, 2003). Maslow argues that, from a motivation point of view, each step in the hierarchy must be satisfied

before the next one can be achieved. Once a need was satisfied, it no longer motivated behavior. Finally, he believed that self actualization, or achieving one's potential, was the pinnacle of a human existence (Rowan, 2008).

Another pioneer of job related satisfaction research is Herzberg (1966), was influenced by Maslow's theory. He divided Maslow's hierarchy into a lower level (Physiological, safety and social) and a higher level (ego and self actualization) set of needs (Rowan, 2008). Herzberg's two factor theory is determined by intrinsic and extrinsic factors. In a study conducted way back in 1950, Frederick Herzberg interviewed a group of workers in order to measure their degrees of satisfaction and to find out what factors made them satisfied or dissatisfied on the job. Depending on those interviews, Herzberg developed his theory which argues that there are two factors that determine one's job satisfaction: motivator and hygiene factors. Motivation factors are factors that deal with fulfilling employees' needs and personal growth such as achievement, recognition, responsibility and advancement, while hygiene factors are factors related to aspects of the job such as supervision, salary, interpersonal relations and working conditions. Thus he believed that the best way to motivate employees is to add challenge and opportunities for achievement into their jobs (Rowan, 2008). He argued that, in defining the relationship between motivation and hygiene, once the hygiene facets have been achieved, the motivators will promote satisfaction and enhance performance (Ababneh, 2009). Some research suggests that leader and follower relationships are clearly perceived as a factor in a subordinate's job satisfaction (Tyer, 2003).

McGregor's (1960) theory, which proposed two different views of human beings, applies to the study of job satisfaction. McGregor assume that employees dislike work, are lazy, dislike responsibility and must be coerced to perform. This is considered the negative view, known as Theory X. He also assumes that employees like to work, are creative, seek responsibility and can exercise self direction. This is the positive view, known as Theory Y (Rowan, 2003). Motivational implications of accepting McGregor's analysis is that one can utilize Maslow's framework of needs to motivate employees (Robbins, 2003). Therefore, he came up with ideas such as participative decision making, responsible and challenging jobs and good group relations which would increase an employee's motivation.

Alderfer's ERG (Existence, Relatedness, Growth) theory posits that needs motivate people. The three categories of human needs that influence worker's behavior are existence, relatedness and growth. Existence needs include things such as hunger, thirst and sex. Relatedness needs includes some involvement with family, friends, co-workers and employers. Growth concerns those desires to be creative, productive and to complete meaningful tasks (Chang, 2003). Alderfer argues that hierarchy need is not included and although a need may be satisfied that need may continue to dominate.

McClelland, on the other hand, assumes that people have three learned needs (achievement, affiliation and power), which are rooted in and inherited from their social culture. Maslow's, Herzberg's, Alderfer's and McClelland's models all emphasize the same set of relationships. They focus on the individual, situational and social factors that motivate behavior (Sagini, 2001).

People can change between their expectations and perceptions to balance their outcome of work. In fact, unmet expectations and perceptions rather than those that are met motivate individuals to perform based on specific rewards and incentives (Chang, 2003).

Expectancy Theory

Expectancy refers to the individual's belief or expectations that a certain behavior will produce a desired outcome. Individuals select behaviors that are based on their needs, desires and expectations regarding an outcome (Chang, 2003). The assumption is that individuals know what they want from work. They choose or select activities that they have decided will satisfy their needs (Sagini, 2001).

Vroom's model (1964) explains motivations as a function of an individual's preferences and expectations. Porter and Lawler (1968) developed a more comprehensive view of preferences and expectations (Sagini, 2001). Their motivation model is centered around the notion that people are motivated by expectations that are based both on previous experience and current perception of motivators. This perception is influenced by several variables, including personality, skills and cultural differences. This theory therefore explicitly includes the concept of satisfaction by suggesting that performance in the job is what causes satisfaction and those high levels of satisfaction cause better job performance (Chang, 2003).

2.3 Leadership

The subject of leadership has seized the attention and become interesting concern for many researchers in the field of management, psychology, sociology, anthropology and others in the last century. Such a concern is due to the important roles leaders play in facilitating organizational effectiveness and performance through their behaviors or styles they exhibit and competencies they possess (Ababneh, 2009). Leadership is a complex phenomenon that, despite receiving a great deal of attention in the literature, is still not well understood (Rowan, 2008). Many definitions of leadership are found in the literature (Antonakis, Cianciolo & Sternberg, 2004 & Northouse, 2004). The continued search for good leaders has resulted in the development of many leadership theories (Rad & Yarmohammadian, 2005). Organizational success in obtaining its goals and objectives depends on managers and their leadership styles. A leader must have the ability to grow an organization to the next level thorough proven leadership styles and techniques. A core principle found in leadership is the relationship between those who have the aspirations to lead and those who choose to follow (Carroll, 2005).

The literature offers numerous writing on the complex topic of leadership (Northouse, 2004). A mainstay of the leadership literature is the bureaucratic managerial model (Fletcher & Taplin, 2002; Kouzes & Posner, 2003). The visual imagery and agenda of bureaucratic leadership lends to be categorized as hierarchical, goal- centered and management oriented.

The widely discussed bureaucratic managerial model focuses on the leader's role in assuring higher productivity, greater efficiency and improved profits. This model tends

to promote task oriented transactional leaders who largely upon win/lose rewards (Fletcher & Taplin, 2002; Kouzes & Posner, 2003). Nevertheless, bureaucratic organizations also realize that their leaders must also empower followers to promote job satisfaction in order to continuously improve organizational effectiveness (Northouse, 2004).

The team centered pluralistic leadership model provides a multi cultural perspectives in addressing organizational issues (Kezar, 2001 & Northouse, 2004). Kezar (2001) found this model to be effective in collecting diverse opinions of an organization, when one particular issue need to be solved. Yet, researchers found utilizing this model to be time consuming and not effective in day to day operations (Northouse, 2004 & Kezar, 2001).

The leadership process requires a leader to apply the necessary knowledge to the vision (Kouzes & Posner, 2003 & Northouse, 2004). From an analytical perspective, Kouzes and Posner (2003) have broken down strong leadership into five necessary practices: a) challenge the process, b) inspire a shared vision, c) enable others to act, d) model the way and e) encourage the heart.

2.3.1 Definitions of leadership

The present study is conducted specifically to determine how leadership styles affect job satisfaction amongst staff nurses at non-profit hospital. So what is leadership? The concept of leadership is linked to ideas of how organizations function. There are as many different definitions of leadership as there are many researchers who attempted or

define the concept. Various definitions and conceptions of leadership have been reviewed briefly by Bass (1990), Robbins (1998), Wedderburn Tate (1999) and Sagini (2001). A leader is defined as an individual within a group or an organization who possesses the ability to influence others (Barker, Sullivan & Emery, 2006; Greenberg & Baron, 2003). Leadership integrates a reciprocal process between those who lead and those who choose to follow (Carroll, 2005). Jooste (2004) defines effective leadership as enabling ordinary people to produce extraordinary things in the face of challenge and change and to constantly turn in superior performance to the long term benefit of all concerned (P.217). In order to understand how leadership is conceptualized, it is necessary to look at the variety of leadership theories developed, as follows.

2.3.2 Transformational Leadership

Transformational leadership style, developed by Burns in 1978, describes the leader as being a visionary who shares his or her vision with subordinates of the desired direction of the organization. Transformational leaders instill pride within followers by valuing them and their contributions.

Transformational leaders are those who “by the force of their personal abilities are capable of having profound and extraordinary effects on followers” (Xenikou and Simosi, 2006). Transformational leaders can influence and motivate the behavior of employees in such a way that the resultant behavior has a positive impact on the organization (Given, 2008). Transformational leadership occurs when one or more persons engage with others

in such ways that leaders and followers raise one another to higher levels of motivation (Shahin and Wright, 2004).

Transformational leaders work to bring about human and economic transformation. Within the organization, they generate vision, mission, goals and culture that contribute to the ability of individuals, groups and the organization to practice its value and serve its purpose (Given, 2008). Transformational leaders' help subordinates discover who they are and what part they play in helping in the organization achieve its mission. By interacting with subordinates in this manner, transformational leaders help subordinates increase their level of commitment to the organization (Tucker and Russell, 2004). Transformational leaders are reliable leaders who generate commitment from followers which results in a sense of shared purpose.

Transformational leadership can play an important role in promoting an organization's mission (Davis, 2008). Transformational leaders, through their behaviors, transmit a sense of mission to followers (Tickle, Brownlee & Nailon, 2005). Transformational leaders delegate authority to followers that enhances followers' autonomy and teach and coach team members to problem solve and use their critical thinking skills. Transformational leaders are stimulated by their core beliefs and affect followers in a positive way that enhances positive organizational outcomes (Tickle, Brownlee & Nailon, 2005).

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. Through motivation, a

“transformational” process occurs and followers become inspired and willing to achieve organizational goals and objectives. Being proactive and innovative in thinking are transformational leadership characteristics which are imparted to followers during the transforming process. The goals and values of followers are shaped and altered, as well, so that a collective purpose that benefits societies, organizations, or groups can be achieved (Davis, 2008).

According to Colquitt, Lepine & Wesson (2009), the outcome of transformational leadership is enhanced productivity and increased job satisfaction within organizations. Transformational leadership is viewed as a more motivational approach to leadership than other managerial approaches.

There are five identified characteristics of transformational leaders. Transformational leaders have a charismatic personality, are confident in their interactions and respond in a way that leads subordinates to respect and admire them (Harland, Harrison, Jones & Palmon, 2005).

The characteristic identified as idealized influence by transformational leaders can be observed when leaders are seen as a role model sharing their vision with subordinates in a positive way such that it influences the subordinates to model the same behavior (Tickle, Brownlee & Nailon, 2005) . Idealized influence also involves the transmission of a sense of higher purpose by the leader that extends beyond the goals of the individual to that of the organization (Harland, Harrison, Jones & Palmon, 2005). The transformational leader helps subordinates by increasing their awareness of organizational goals and by helping the subordinates achieve goals.

Inspirational motivation is the behavior of the transformational leader that transmits enthusiasm, optimism, and the ability to have one's vision of the future accepted and shared among the subordinates (Harland, Harrison, Jones & Palmon, 2005). Inspirational motivation also communicates a clear, attainable picture of the organization's future and inspires the subordinates to try harder and develop themselves beyond the norm (Tickle, Brownlee & Nailon, 2005). (Harland, Harrison, Jones & Palmon, 2005) noted that inspirational motivation is the behavior that provides meaning and challenge to the work of the subordinates.

Intellectual stimulation is used by the transformational leader to encourage subordinates to view problem solving in different ways. The transformational leader encourages subordinates to be creative and innovative in trying new approaches, knowing they will not be criticized publicly (Harland, Harrison, Jones & Palmon, 2005; Tickle, Brownlee & Nailon, 2005).

Idealized consideration allows the transformational leader to develop employees by treating them as individuals (Harland, Harrison, Jones & Palmon, 2005). The leader develops the subordinates through mentoring, teaching, and being a facilitator, a confidante, and a counselor. The transformational leader also responds to the needs of the subordinate and treats each individual as an important contributor to the workplace (Tickle, Brownlee & Nailon, 2005). The Transformational attributes will be measured using the Multifactor Leadership Questionnaire.

2.3.3 Transactional Leadership

By contrast, transactional leadership is based on the notion that the relationship between leaders and followers is a form of transaction with the assumption that people are basically instrumental and calculative (Xenikou and Simosi, 2006). Transactional leadership is a process where the leader rewards or disciplines the follower based on performance (Colquitt, Lepine & Wesson, 2009). Transactional leadership involves motivating followers by fulfilling their needs in exchange for performance that meets expectation. The transactional leaders operate within the existing environment, preferring to avoid risks and focus on efficiency and predictability rather than change and innovation (Given, 2008). Transactional leadership occurs when one person takes the initiative in making contact with others for the purpose of an exchanged of value things (Shahin and Wright, 2004).

Transactional leaders, in the early stages of development, organize their world based on personal goals and agendas. The transactional leader attempts to get personal needs met without consideration for the needs of the followers. As leaders develop, they become aware of the interests of others and organize their world based on mutual obligations. Interactions take place by “exchanging” needs. The leader gets the job completed or the goal achieved, and the followers get promotions, money, or other benefits.

Transactional leaders are more concerned than transformational leaders with the day-to-day operations of the organization (Kleinman, 2004). The transactional leader

accomplishes organizational goals and motivates employees through rewards in exchanges for their services (Kleinman, 2004). Transactional leaders are also identified as adapters who work toward the fulfillment of contractual obligations with their followers (Sternberg, 2005). Transactional leaders provide contingent rewards by specifying roles and task requirements and rewarding desired performance, or they may monitor the meeting of standards and intervene when the standards are not met (Sternberg, 2005). The Transactional Leadership attributes will be measured using the Multifactor Leadership Questionnaire.

2.3.4 Theories of Leadership

Leadership researchers have formulated a number of theories to explain how a leader's behavior is related to his or her effectiveness. Two generalizations can be made about such theories. First, they focus on what the leader does and how he or she behaves in trying to influence his or her followers. Second, they posit that leaders perform two primary functions- accomplishing tasks and satisfying the needs of group members (Rowan, 2008). There are many theories of leadership, each contributing some insights into the nature of the phenomenon (Zagorsek, Jaklic & Stough, 2004). Callahan, Whitener & Sandlin, 2007 identify three broad conceptual perspectives that generally trace the chronological development of leadership theories: Leader focused theories, Situational theories and Social dynamic theories.

Leader-focused theories or approaches are those that attempt to describe leadership through the characteristics and behaviors of the leaders themselves. Early

conceptions of leadership focus on these behaviors and characteristics and include trait approaches, leader skills, leadership style, and power (Callahan, Whitener & Sandlin, 2007).

Trait approaches to leadership represent the earliest attempts to understand why some people emerged as leaders and others did not (Collin & Holton, 2004). The skills approach to leadership is also leader-focused, but rather than using stable traits to identify leaders, this approach focuses on developable behaviors and skills that serve as hallmarks of effective leaders. Leader skills are an important and growing approach to understanding part of what makes leaders successful.

Leader style is another behaviorally oriented approach to understanding leadership that suggests leadership can be categorized into two types of behaviors: task and relationship behaviors (Heyi & Na Dan, 2007). This categorization emerged from three primary studies conducted in the mid-20th century at Ohio State University, the University of Michigan, and Harvard University (Collin & Holton, 2004). The final leader-focused theory reviewed here is power. Without some type of power, a leader cannot act. This approach suggests that there are five essential forms of power: reward, coercive, legitimate, referent, and expert (Heyi & Na Dan, 2007).

Recognizing that leadership was also influenced by situational factors, later researchers began to consider context as they formulated leadership theories such as contingency theory, situational leadership theory, and path-goal theory. These theories suggest that the situation itself serves to inform leader behaviors. Contingency theory

couples leader style, either task- or relationship-oriented, with levels of control in situations in order to determine leader effectiveness (Collin & Holton, 2004). Hersey and Blanchard's (1988) situational leadership model suggests that leader effectiveness and choice of applied style is conditioned upon the task maturity of followers .A good leader is able to identify when and with whom each style would be most effective(Turnbull & Edwards, 2005). Effective leadership takes place when leaders' ca correctly diagnoses the developmental level of their workers in a task situation and then demonstrates the leadership style that best suits the situation. When followers are unwilling and unable to accomplish a task, the leader should engage in a directing style. When followers are willing and unable, the leader would use a coaching style. When followers are unwilling yet able, the leader would enact a supporting style. Finally, when followers are willing and able, the leader should engage in a delegating style (Rhodes, Emery, Tian, Shurden, Tolbert, Oertel & Antonova, 2004).

Path-Goal Theory is concerned with the ways in which contexts influence the effectiveness of leadership. Because Path-Goal Theory is grounded in expectancy theory, meeting follower motivation needs serves as the catalyst for selecting an appropriate leadership style in a given context (Heyi & Na Dan, 2007). According to this theory, the leader should reward subordinates based on their performance. Path goal theory explains how leaders motivate workers to be productive and satisfied with their work. The theory's goal is to intensify worker performance and satisfaction by emphasizing worker motivation (Rowan, 2008).

The principles of path goal theory are derived from expectancy theory. Expectancy theory suggests that employees will be motivated if they find their work valuable and if they think their efforts will be rewarded. The leaders choose a style of leadership (Directive, supportive, participative or achievement oriented) that helps employees reach their goals by directing, guiding and coaching them (Rowan, 2008).

Social dynamics of interactions between leaders and followers play an important role in the enactment of leadership; this led to the development of theories such as transformational leadership, leader-member exchange, and team leadership. Leader-member exchange emphasizes the interactions between leaders and followers. Originally known as vertical-dyad linkage theory, this theory is most effective when it looks specifically at the relationships between leaders and followers (Turnbull & Edwards, 2005).

Finally, team leadership focuses specifically on dynamics of leadership within the context of groups .Like many of the other approaches to understanding leadership, the theory is closely connected to leader styles of task- or relationship-oriented behaviors. The team leadership model suggests that the leader's role is to determine when, and how, to intervene in the team's dynamics to improve team effectiveness (Collin & Holton, 2004).

2.3.5 Leadership in a Hospital Setting

Effective leadership is necessary in a complex organizational matrix such as a hospital setting (Griffith & White, 2002; Mrayyan, 2004 & Thyer, 2003). It is an ever

present challenge for hospital leadership to be effective and efficient in daily managerial process (Mrayyan, 2004). Popper (2004) found that there to be many leadership issues facing hospital leaders and many underlying concerns as to how leaders come to solving difficult issues. It is an ever present challenge for hospital leadership to be effective and efficient in daily managerial process (Griffith & White, 2002 & Mrayyan, 2004).

In the hospital setting, it is believed that nurse leadership style can influence job satisfaction either positively or negatively (Ramey, 2002). Nursing leadership is the process through which leaders influence the activities of individuals and groups to accomplish the goals of the institution at large. It is the responsibility of hospital leaders who understand of nursing leadership (Wood, 2008). With constant organizational changes, hospital leaders are challenged in managing the people side of their job duties (Mrayyan, 2004). Nurse leaders plan, direct, control, organize and evaluate all patient and human resource related activities, motivate their staff; employ performance management systems and solve poor employee performance problems (Mrayyan, 2004) secure procurement of equipment and supplies and ensure that staff meet competency validation requirements for safe use of equipment, supplies and administration of treatment regimes within a specific domain of patient care services (Dahlen, 2002).

Nurse leaders are a bridge between the expectations of the staff nurses and the medical institutions. From this fundamental position, they can help align the nurses' job expectations to the requirements of the medical institution and to pursue an increase in professionalism and the quality of nursing care (Chang, 2003).

A hospital clinical leader's role can range from CEO to hospital administrators (Wood, 2008). Employers look to recruit hospital clinical leaders who understand the overall structure of a hospital network and who can bring a well rounded understanding of nursing leadership. Often awkward times, negotiation and conflict management skills are definitive characteristics of successful hospital leaders (Cowin, 2002).

Leadership responsibilities in nursing are similar to those in other consumer related disciplines; however in the health care environment, the leader's role is broader in scope and depth (Dahlen, 2002). It is the responsibility of hospital leaders to ensure competency of many department and working collaboratively with other leaders in evaluating performance (Sengin, 2003). With constant organizational changes, hospital leaders are challenged in managing the people side of their job duties

The work environment in health care delivery settings is strongly influenced by nursing administration/management. The role of the administrative nurse such as nurse executive and nurse manager is emerging as a role concerned more with the cerebral and insightful aspects of management where environments encourage creativity in patient care (Dahlen, 2002).

Within the health care institution, the nurse executive has an administrative role, one that sees the bigger picture of the institution at large and who is involved in higher level decision making (Dahlen, 2004). The nurse executive has fewer direct subordinates and more indirect subordinates than the nurse manager. In contrast, the nurse manager has the majority of direct subordinates and is involved in lower level decision making, with some input into higher level decisions. The nurse manager is responsible for the day

to day patient care operations and deals directly with patient care issues, such as staffing, scheduling, case management and other situations directly affecting patients, families, physicians and myriad health care providers.

The effectiveness of hospital clinical leadership is reliant upon many competencies for managing various staff within the healthcare organizational structure (Mrayyan, 2004). These competencies are leadership style practices, human resource management techniques and knowledge of the healthcare system and its processes (Tansky & Cohen, 2002). In order to become effective leaders, hospital clinical leaders must have working knowledge in leadership development skill sets (Thyer, 2003).

Thus far the chapter has managed to provide discussions on the main concepts used in this study. In the next section, attempts are made to highlight previous empirical studies that have been conducted to examine how leadership styles influence job satisfaction of employees in an organization.

2.4 Relationship between Leadership and Job satisfaction

The empirical literature from the early 1980's focused on job satisfaction as it related to characteristics of the individual nurse. Research on nurse satisfaction in the early 1990's began focus more on the role of the organization in determining the satisfaction level of the nurses. Much of the literature relates employee's job satisfaction to the organizational environment and especially to leader's behavior, assuming that leadership styles influence the quality and productivity of work (Chang, 2003). Organizational success in obtaining its goals and objectives depends on managers and

their leadership style. By using appropriate leadership styles, managers can affect employee job satisfaction, commitment and productivity (Rad & Yarmohammadian, 2006).

Among determinants of job satisfaction, leadership is viewed as an important predictor and plays a central role. Leadership is a management function, which is mostly directed towards people and social interaction, as well as the process of influencing people so that they will achieve the goals of the organization. Numerous studies carried out in several countries showed that there is a positive correlation between leadership and the job satisfaction of health care providers (Dahlen, 2002; Adadevoh, 2003; Sellgren, Ekvall & Tomson, 2007; Davis, 2007; Rowan, 2008; Amadeo, 2008 & Wood, 2008). Great numbers of studies have supported the notion that leaders make a difference in their subordinates satisfaction and performance (Rowan, 2008).

Research has been performed to identify how leadership styles can be utilized to influence employee behavior that will lead to superior organizational outcomes (Bryant, 2003; Kouzes & Posner, 2003; Dahlen, 2002; Adadevoh, 2003; Sellgren, Ekvall & Tomson, 2007; Davis, 2007; Rowan, 2008; Amadeo, 2008 & Wood, 2008). Outcome of effective leadership will enhance productivity while encouraging job satisfaction. They believe that the innovative and proactive thinking, that leadership provides, shapes the goals and values of its followers (Bryant, 2003 & Kouzes & Posner, 2003). This type of innovative leadership style has been observed as providing greater job satisfaction, improving team morale, and providing an atmosphere of empowerment (Bryant, 2003; Kouzes & Posner, 2003).

Empirical data supports the effectiveness of transformational and transactional leadership styles. Researchers have found transformational leadership positively correlating to employee job satisfaction (Dahlen, 2002; Adadevoh, 2003; Sellgren, Ekwall & Tomson, 2007; Davis, 2007; Rowan, 2008; Amadeo, 2008 & Wood, 2008). Idealized influence, intellectual stimulation and contingent reward leadership styles positively predicted job satisfaction in these studies.

2.5 Previous empirical research on job satisfaction and leadership in hospital studies

A number of studies have been conducted to examine the influence of leadership style on job satisfaction both in the West and in the Middle East. For example, In a descriptive research study performed by Dahlen (2002), 42 staff nurses employed by a medical center located in Orange country, California were participated to examine the relationship of nurse executive transformational leadership behaviors' and nurse managers job satisfaction. The Multifactor Leadership Questionnaires form 5X (MLQ-5X) consisted of 45 items was used to determine leadership in this study. The 45 items (MLQ-5X) were answered on a five point Likert type scale (0=not all; 4= frequently; if not always). The Job Descriptive Index (JDI) consisted of 90 items questions were used to measure job satisfaction. The 90 items JDI were answered on a list of adjective indicate a "Yes", "No" and "Cannot Decide". For each of the distributions of scores obtained for each of the 12- sub scales of the MLQ and for six subscales of the JDI, a mean and standard deviation were used. Differences between mean scores provided by

the samples of nurse executives and nurse managers were tested using t-tests. All t-test were two tailed with the alpha level being set at .05.

On the 12 subscales of MLQ-5X, the author found a significant differences of Idealized influences (behavior) ($p=.020$) and Individual Consideration ($p=.019$). For five of the twelve subscales, author found a higher mean for the sample of nurse executive for transformational leadership behavior: contingent reward ($p=.035$), Extra effort ($p=.009$) and effectiveness ($p=.009$). on the six subscales of the JDI, the author found mean $p=.038$.

Adadevoh (2003) examines correlations between Transformational and transactional leadership styles of nurse managers and job satisfaction and organizational commitment in the nursing staff in two New York City hospitals. A sample of 423 registered nurses, licensed practical nurses and nursing attendants were surveyed using Multifactor Leadership Questionnaires (MLQ) to determine leadership styles of nurse managers and Job Descriptive Index (JDI) to determine job satisfaction and Organizational Commitment Questionnaires (OCQ) to determine commitment level of staff nurses. The author found Individual consideration as a important predictor for work satisfaction ($\beta=.43$, $p<.01$). The five transformational leadership variables accounted for 11% of the variance ($R=.34$, $p<.01$) in work satisfaction supporting there is a correlation between transformational leadership and job satisfaction.

The author also found three transactional leadership variables accounted for 7% of the variance in satisfaction with work ($R=.27$, $p<.01$). Contingent Reward ($\beta=.17$,

$p<.01$) influenced work satisfaction positively and Management by Exception (passive) ($\beta=-.16$, $p<.01$) influenced it negatively. Among the transactional variables, contingent reward influenced satisfaction positively and passive management by exception influenced satisfaction negatively. The findings of this study support the observation by Bass (2000), the greater the amount of transformational leadership displayed by managers and executives, the greater the satisfaction of the employees.

Jabnoun and Al Rasasi (2005) conducted a study to measure the effect of transformational and transactional leadership styles on employees' job satisfaction in UAE hospitals. Employees were selected randomly from six hospitals in UAE. The researchers adopted a Multifactor Leadership Questionnaire developed by Avolio and Bass (1991) to measure leadership styles. The researchers found that employees who rated their leaders in terms of the three dimensions of transformational leadership (i.e. charisma, intellectual stimulation, and individualized consideration) and contingent reward of transactional leadership were satisfied with their job.

Sellgren, Ekvall & Tomson (2007) investigated the relationship between leadership behavior of nurse managers and staff turnover with respect to the intervening variables "work climate" and "job satisfaction" through descriptive research study. This study conducted at the Karolinska Hospital in Stockholm, Sweden. The total of 426 employees were invited to participate in this study, included in the sample were registered nurses, assistant nurses and various administrative staff. A questionnaire based on the CPE (Change, Production, employee), model was used to assess perceived leadership behavior, consists of 30 items covering the three dimensions- change/development;

Production/task/structure; and Employee/relations with 10 items for each dimension. The answers are rated 1-6 on a Likert scale (1=do not agree at all to 5=Agree totally).

The questionnaire used for self assessment of job satisfaction, the job satisfaction questionnaire consists of 20 items covering five different variables. The answers are rated 0-3 on a Likert scale (“Mainly negative”, “somewhat more negative than positive”, and “somewhat more positive than negative” to “mainly positive”. The author found a correlation of 0.60 ($p<0.001$) between the means of leadership behavior and job satisfaction. The study showed the effect of leadership behavior on staff turnover is mediated by job satisfaction.

“Leadership style of chief nurse executive in Magnet status hospitals by Davis (2007) investigated relationship between leadership styles and outcomes of chief nurse executives in Magnet status hospitals in the United States and explore if there was a dominant leadership style being used by the chief nurse executives through quantitative descriptive correlational study. A non-probability sample of 180 chief executive from 180 Magnet Status hospital were participated. The analysis of the data used a two-sided t test with a 5% alpha level. The MLQ 5X survey questionnaire with a Likert type scale was used to determine various leadership styles used by chief nurse executives in Magnet Status hospitals.

The author found the dominant leadership style the nurse managers identified as their chief nurse executive’s leadership style was transformational, followed by transactional and laissez-faire. The nurse managers rated the transformational leaders

highest in intellectual consideration as they rated their chief nurse executive leadership style, followed by inspirational motivation. The transactional leaders were rated the highest in contingent reward followed by management by exception (active). Laissez faire leadership received the lowest rating. The author found strong positive correlation between the satisfaction and intellectual stimulation score, r (38) =0.62, $p<0.001$, individualized consideration score r (38) =0.50, $p=0.001$. The author also found moderately strong positive correlation between satisfaction and the contingent rewards score, r (38) =0.41, $p=0.71$. There was not a statistically significant correlation between the satisfaction and management by exception (active) score, r (38) =0.063, $p=0.71$, strong negative correlation between satisfaction and the management by exception (passive) score r (38) =-0.66, $p<0.001$ and moderately strong negative correlation between satisfaction and the laissez faire leadership score, r (38) = -0.44, $p=0.006$. This study support transformational leaders as the dominant leadership style used by chief nurse executives in Magnet status hospital.

Rowan (2008) investigated the relationship between nurses' job satisfaction and perceptions of nurse managers' leadership behaviors at an HMO in Southern California. The study used a survey design, employing two quantitative instruments, the Leadership Behavior Descriptive Questionnaire –Form X11 (LBDQ-X11) and the Abridged Job Descriptive Index (AJDI). The Leadership Behavior Descriptive Questionnaire identified leadership behavior on the basis of consideration and initiating structure, while the Abridged Job Descriptive Index identified how satisfied the nurses with their nurse managers' leadership behaviors. The study took place in an inpatient HMO in Southern

California with sample of 175 registered nurses and 25 nurse managers. The LBDQ-X11 consists of 100 questions and utilizes a 5 point Likert type scale that respondents use to rate the performance of leadership behaviors whereas AJDI consists of 33 items, contains a list of adjectives or short phrases, which describes the job.

The author found “Opportunities for Promotion” job satisfaction was found to have statistically significant positive correlations with 10 of the 12 leadership behavior scores. The largest correlations were with “Tolerance of Employee Freedom” ($r = .42, p < .001$) and “Consideration” ($r = .40, p < .001$). Supervision satisfaction was found to have significant positive correlations with 8 of the 12 leadership behavior scores. “Job in General” satisfaction demonstrated statistically significant correlations were with 6 of the 12 leadership behavior scores. The largest correlations overall were with “Tolerance of Employee Freedom” ($r = .34, p < .005$) and “Consideration” ($r = .28, p < .05$). As a conclusion, the author results indicate that nurses at this HMO were moderately dissatisfied with their nurse managers leadership behaviors indicated a significantly low rating for consideration as well initiation for structure which relate to consideration and assertiveness, respectively.

In a non-experimental, quantitative and descriptive cross sectional research study performed by Wood (2008) to determine if there is a relationship between the subordinates nurses in management positions job satisfaction, perceived self empowerment, organizational commitment and their immediate supervisors leadership styles. The author used MLQ questionnaires to determine leadership styles and Mohrman Cooke Mohrman Job Scale survey (MCMJSS) to measure nursing participants’ job

satisfaction. The sample consisted of 373 nurses in management positions. The MLQ utilizes 45 items to assess a leader's type of leadership tendencies and participants are asked to respond using a 5 point Likert scale. The MCMJSS consist of 8 questions that address the motivators or job satisfaction elements. The response format for the instruments is a 1 point Likert type scale.

Descriptive statistics were retrieved and analyzed in order to identify significant relationship and a linear regression analysis was used to test the impact of the independent variables upon the dependent variables by using the coefficient of each variables. Mean, standard deviation and variances were computed and alpha level of 0.05 was set as the level of significance for the study. The author found job satisfaction was closely linked to leadership styles. For transformational behaviors, the highest mean scores was 2.98 for Inspirational Motivation and the weakest score of 2.37 for Intellectual Simulation whereas for transactional behaviors were resulting in the highest score of 2.67 for Contingent Reward and the weakest score of 1.13 for Management by Exception (Passive). In the MLQ analysis, nurses in management positions perceive the leadership style of their clinical leaders as mostly transformational, based on the mean transformational leadership behavior score of 2.684. According to the author, the data clearly demonstrated that hospital clinical leader's display transformational leadership styles with a higher degree of frequency as perceived and rated by their subordinate nurse managers.

Al-Hussami (2008) investigated the relationship of nurses' job satisfaction to organizational commitment, perceived organizational support, transactional leadership, transformational leadership and level of education. The author chose randomly four nursing homes from a total of 53 Medicare certified nursing homes located in Miami-Dade country. The participants were chosen from a list of nursing staff provided by each facility using simple random sample. A total of 192 nurses were participated in this survey. This study utilized the analytical procedure of multiple regressions to determine whether organizational commitment, perceived organizational support, transactional leadership, transformational leadership and level of education predict a score on the nurses' job satisfaction questionnaire.

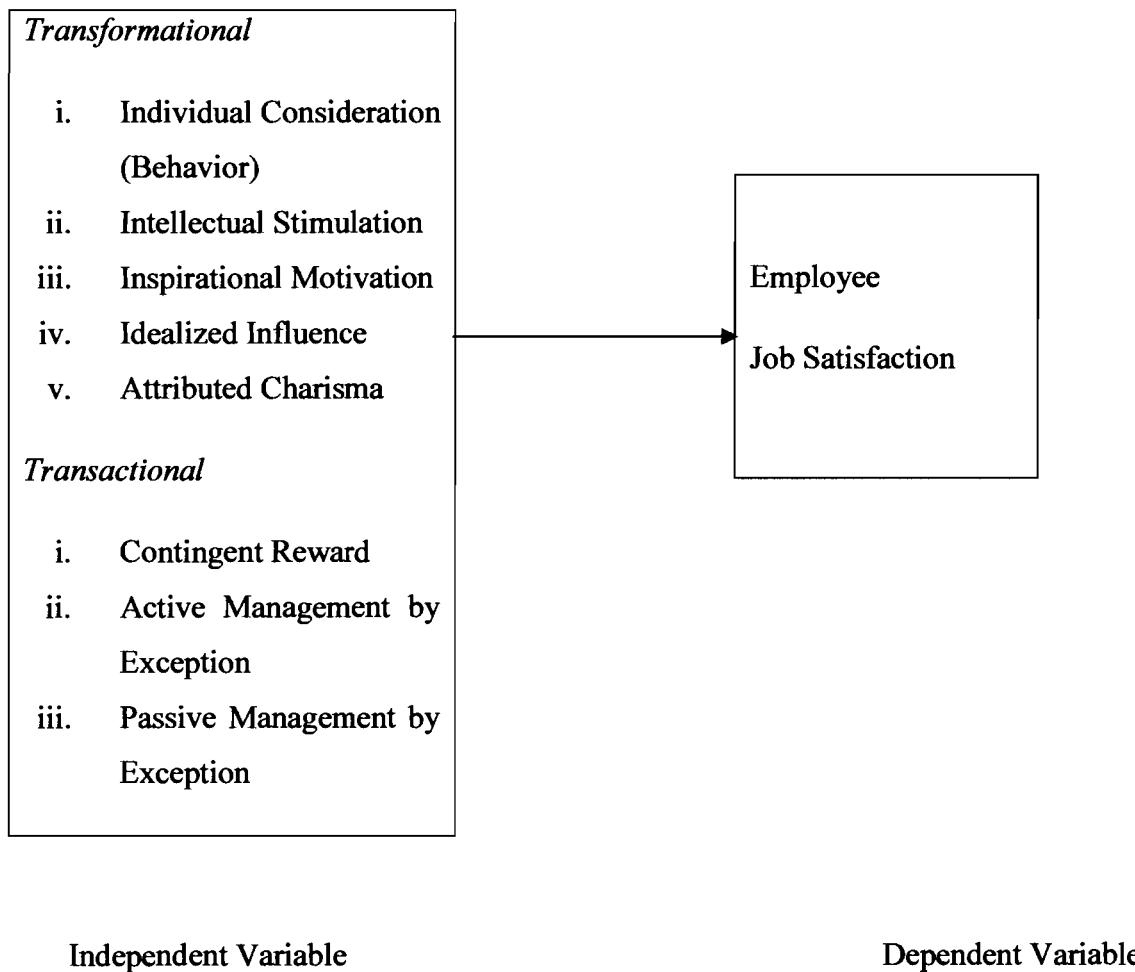
The dependent variable, job satisfaction was measured by a 20 item index called Minnesota Satisfaction Questionnaire (MSQ) and was responded to 5 point Likert scale. To evaluate nurses perception of their administrators transformational and transactional leadership behavior, Multifactor Leadership Questionnaire (MLQ) Form 6S included 18 items to measure the four factors of transformational leadership and two factors of transactional leadership were used. Respondents were requested to answer the MLQ by rating how frequently their current immediate supervisor had displayed the behaviors described, using a five point scale (1=not at all to 5=frequently, if not always).

Pearson product moment correlations coefficients (r) were conducted to determine whether a relationship existed between dependent variables and independent variables. Multiple regressions were conducted to evaluate the predictive values of organizational

commitment, organizational support, transactional leadership, transformational leadership behavior and level of education on the nurse's job satisfaction. The author found, Pearson product moment- correlation which produced a positive correlation of $n (55), r (55) =.08$, $p>.05$ between transactional leadership behavior and job satisfaction. There was a positive correlation of $(n=55), r (55) =.91$, $p<.05$ between transformational leadership and job satisfaction. These results suggested that the predictor, transformational leadership accounted for an estimated of 80% of the variances of job satisfaction. Transactional leadership behavior was found not to be significant predictor of job satisfaction.

2.6 Theoretical Framework

Based on the literature review, it's found that, there is a consistent positive relationship between leadership styles and employee job satisfaction are depicted in Figure 2.0 below:



Independent Variable

Dependent Variable

Figure 2.1: *The positive relationship between Leadership styles and Employee job satisfaction*

After review past researchers' findings, we can conclude that, employees with transformational leaders tend to be more committed to their organization. They feel a stronger emotional bond with their organization and a sense of obligation to remain present and engaged in their work. Employees with transformational leadership have higher level of job satisfaction than other employees. Transformational leadership can make employees feel that their jobs have more variety and significance enhancing intrinsic satisfaction with the work itself. The greater amount of transformational

leadership style displayed by managers and executives, the greater the satisfaction of the employees.

2.7 Hypothesis Development

Based on the review of the literature, many researchers have found a direct relationship of leadership styles on employee job satisfaction. They argue that the leaders' choice of the effective style will enable him/her to enhance the extent of satisfaction among employees. For example, Al-Hussami (2008), Ramey (2002) and Mosadegh & Yarmohammadian (2006) conducted studies to measure the effect of leadership styles on employees' job satisfaction. The researcher found a positive relationship between leadership styles and employees job satisfaction. These findings correlate strongly with the previous argument saying that an effective leader in one, who leads, motivates, communicates effectively, provides vision and enhances employee satisfaction.

Fiedler (1976) found that leadership effectiveness is identified by choosing the right leadership styles for certain situations. In other words, Fielder considers the effectiveness of performance of any group depends on the interaction of leaders' styles and the nature of situations whether the situation is suitable or unsuitable for the leader. House (1971) tries to bind between leaders' behaviors and employees, actuality and satisfaction. In other words, he emphasizes that leader's effectiveness depends on the effect of his/her behavior on the actuality of his/her employees' performance in one hand and their satisfaction on the other hand. House argues that the influence of leader's

behavior on employees' motivation, performance, and satisfaction depends on the ability of such behavior to clear the paths causing the achievement of employees' goals. Such an argument means that leadership effectiveness is defined as the ability to influence employees' perceptions of both performance benefits and external ones.

Bass (1990) argued that the effective leader is one who sets high standards of behavior and consider himself as a role model by achieving his subordinates trust and confidence. He sees himself as the one who has a special vision and his main role is to encourage and motivate employees, promote intelligence and solve problems, instill pride and gain trust and respect of employees. Based on the above arguments, the following hypothesis is proposed:

H1: There is a significant relationship between transformational leadership styles of nurse managers on staff nurses' job satisfaction

H1: There is a significant relationship between transactional leadership styles of nurse managers on staff nurses' job satisfaction

2.8 Summary

In conclusion, the research articles reviewed supported the idea that leadership styles of nurse managers influence job satisfaction of staff nurses. Several empirical studies have revealed a strong relationship between leadership styles and employee job satisfaction. Transformational leaders may have positive influence on followers' satisfaction. Dahlen, 2002; Adadevoh, 2003; Sellgren, Ekvall & Tomson, 2007; Davis, 2007; Rowan, 2008; Amadeo, 2008 & Wood, 2008 found that leadership styles can be

perceived by staff nurses and that staff nurses report higher levels of job satisfaction when their leader is transformational. Thus, transactional leadership has a less powerful influence on job satisfaction.

The next chapter will provide insight into the research methods. It begins with the research design. The sample is described as are the instruments, used in this study and the methods of data collection. The chapter concludes with a description of the statistical methods used to test the hypotheses.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter outlines the research design and methodology used in answering the research questions and testing the hypotheses formulated. It also describes the sampling plan, unit of analysis, questionnaire design, data collection and administration and statistical techniques used. The chapter concludes with a summary.

3.2 Research design

The research design employed in this study was a non-experimental and correlational design which was considered the most appropriate design for the study. Quantitative studies often use surveys in descriptive research. Surveys are distributed to participants, who are asked to respond to each question. No situations or conditions are manipulated; rather, participants are asked to respond truthfully to the questions asked (Neuman, 2003).

The purpose of the descriptive and quantitative was to determine if there is a correlation between leadership styles of nurse managers and job satisfaction of staff nurses in Jitra non-profit hospital located in Kedah. The dependent variable was job satisfaction of registered staff nurses who worked in hospitals and the independent variables were transformational and transactional leadership styles of nurse managers as perceived by staff nurses. This study assessed (a) to examine the level of job satisfaction

among staff nurses, and (b) to determine the leadership style influencing job satisfaction among staff nurses.

Two quantitative instruments, the Multifactor Leadership Questionnaire (MLQ) and the Work Quality Index (WQI) were administered to registered nurses in Jitra Hospital. Multifactor Leadership Questionnaire (MLQ) was used to measure leadership styles of nurse managers; the Work Quality Index (WQI) was used to measure registered staff nurse job satisfaction and demographic information and background data about the participants also have been collected.

The quantitative research study used a descriptive correlational design, which was considered the most appropriate design for the study. Quantitative research includes a non-experimental design in which researchers collect the data needed for a study (Davis, 2007). Quantitative study often use surveys in descriptive research (Neuman, 2003).

According to Creswell (2002), quantitative research is based on inquiry approach for describing trends and explaining the relationship among variables. The correlational design allows relationship among the different variables to be investigated and a foundation for further experimental studies to be developed (Davis, 2007). A correlational study regardless of the significance of the findings does not imply causation but shows a relationship between variables (Schindler, 2003). A correlational study is sometimes identified as being a subset of the descriptive study in which the researcher asks questions concerning the distribution or existence of a variable (Schindler, 2003). Quantitative research is conducted to measure objective facts and is value free.

3.3 Research Sample

The research samples for this study consisted of registered nurses within non-profit hospitals located in Jitra. A list of 126 registered nurses meeting the inclusion criteria for the study was obtained from Hospital Administration office of Jitra Hospital.

The researcher employed census study and the questionnaires were sent to 126 registered nurses where the data were gathered on every member of the population because of the entire population at organization is sufficiently small. According to Sekaran (2005), there are three main advantages of using census study; the cost is lower, data collection is faster and since the data is smaller, it is possible to ensure homogeneity and to improve the accuracy and quality of the data. All in all, 125 questionnaires were returned out of 126 questionnaires to the researcher. From this total, 16 questionnaires were incomplete. Hence, the usable questionnaires for this research were 109. The response rate was 87% from the total of questionnaires distributed.

Inclusion criteria for the sample of registered nurses included (a) holding a registered nursing license and practicing as a registered nurse in Jitra, Kedah, (b) a graduate of a diploma, associate, bachelor or master program, (c) working under the direct supervision of nurse managers in hospital setting and (d) have been employed for a minimum of three months to ensure sufficient experience within their role to assess the nurse managers degree of leadership style as well as their own level of job satisfaction within the institution.

3.4 Study setting

The setting for this study was in non-profit hospital located in Jitra, Kedah. The study participants consisted of staff registered nurses (RN's) employed at this hospital. An invitation to participate in the study was stapled with the questionnaire was offered to the registered nurses. The invitation letter explained the purpose and relevance of the study as well as the return date of the surveys. The invitation letter also explained that participation was voluntary and assured confidentiality. In addition, the study took certain measures to further ensure confidentiality. The completed surveys were kept confidential and the researcher did know who answered the questionnaires and did not make an effort to determine this information. The information collected will be held in complete confidence by using only numbers to identify the data.

Questionnaire was administered personally by assemble staff nurses to respond to the questionnaire at the workplace. Personally administrating the questionnaire is a good way to collect data. According to Cavana, Delahaye & Sekaran (2001), the main advantage is that, the researcher can collect all the completed response within a short period of time. Any doubts the respondents might have regarding any question can be clarified on the spot. The researcher also has the opportunity to introduce the research topic and motivate the respondents' to give frank answers (p.239). The questionnaires contain an invitation letter and were provided to the respondent by personally.

3.5 Unit of Analysis

The unit of analysis for this study is registered nurses in non-profit hospital.

3.6 Measurement of Variables

The dependent variable in this study is employee job satisfaction while leadership style is the independent variables. Two quantitative instruments, the Multifactor Leadership Questionnaire (MLQ) and the Work Quality Index (WQI) were used in the data collection. Additionally, Demographic Data Collection Form was developed as a tool to collect (a) gender, (b) age, (c) ethnicity, (d) marital status, (e) level of education and (f) years experience in the field of nursing.

3.6.1 Multifactor Leadership Questionnaires (MLQ)

Multifactor Leadership Questionnaire (MLQ) was used for measuring leadership in this study. Bernard M. Bass developed the Multifactor Leadership Questionnaire in 1985 and was revised several times through subsequent research (Ramey, 2002) to measure the extent to which leaders demonstrate behaviors associated with transformational and transactional leadership. According to Bass and Avolio (2000), the MLQ has been utilized in over 200 research studies within the past four years and has well established reliability and validity as a leadership instrument in both industrial and service settings (p.4).

The MLQ includes questions measuring (a) Attributed idealized influence, (b) Intellectual Stimulation, (c) Behavioral Idealized Influence, (d) Individualized Consideration and (e) Inspirational Motivation. In combination, these factors constitute transformational leadership. The MLQ also includes questions measuring (a) Contingent Reward and (b) Management by Exception (Active and Passive), which are the

characteristic of transactional leadership. Behavior outcomes of satisfaction are measured.

The MLQ consisted of 28 questions using a Likert rating scale from 0-4 (0=not at all, 1=once in a while, 2=sometimes, 3=fairly often and 4=frequently, if not always). The researcher rationale for using the MLQ was based on its widespread use in measuring leadership in a variety of setting including hospitals. In addition, this instrument has established validity and reliability. Cronbach's coefficient alpha's ranged from 0.74 to 0.94 (Bass & Avolio, 2000). Confirmatory Factor Analysis (CFA) was used to test convergent and discriminant validity for each MLQ subscale. The Goodness Fit Index (GFI) and the Root Mean Squared Residual (RMSR) were found to be 0.91 and 0.04, respectively indicating that the MLQ adequately measured the dimension of the transformational and transactional leadership styles (Bass & Avolio, 2000). The format of this instrument was also modified to allow for easier reading by the subjects. . The format and questions of this instrument was modified to allow for easier reading and to suit with the present studies which only studying on transformational and transactional leadership style.

3.6.2 Work Quality Index

The second instruments used for data collections were the Work Quality Index (WQI). The WQI was used to measure the dependent variable of job satisfaction of staff nurses. The WQI was developed in an acute care setting to measure nurses' satisfaction with their work quality and work environment (Ramey, 2002). The WQI contains six

subscales that measured nurses' satisfaction with their work environment (a) Professional Work Environment, (b) Autonomy, (c) Work Worth, (d) Professional Relationships, (e) Role Enactment and (f) benefits. Using a 5- point Likert scale (1=strongly dissatisfied, 2=dissatisfied, 3=Neutral, 4= satisfied and 5= strongly satisfied), the subjects responded to six subscales or 37 job correlated questions. According to Ramey (2002), a Cronbach's coefficient alpha estimating reliability yield 0.94 for the total scale. The format of this instrument was modified to allow for easier reading by the subjects but the questions remained unchanged. Permission to use the WQI was implied because it is published in Public Domain (Ramey, 2002).

Table 3.1 summarizes the instruments used to measure each variable of the present study.

Table 3.1

Summary of Main Instruments used

Variables	Source of Instruments	No. of items
Leadership style	Multiple Leadership Questionnaire (MLQ)	28
Job Satisfaction	Work Quality Index (WQI)	37

3.7 Data Collection Procedures

Data were collected by using questionnaires that consisted of three sections asking the respondents about demographic sections, staff nurses satisfaction in present job and leadership styles of their nurse managers.

In carrying out the research design, several procedures were used. First, a telephone call was made to hospital for asking permission to conduct the study. Following approval by matron department, a letter of introduction and statement of the purpose of the study was sent by facsimile to the hospital. After receiving approval for this study, the researcher communicated with the appropriate individual/liaison at hospital responsible or internal review and research. Meetings were held to discuss hospital requirements and data collection procedures. The researcher requested a list of registered nurses meting the inclusion criteria from the Administration Office of the Jitra Hospital. A list of 126 registered nurses meeting the inclusion criteria for the study was obtained.

Each participant received a questionnaire packet that contained a cover letter describing the purpose and relevance of the study as well as the return data of surveys and the procedure for data collection, written assurance that participation was voluntarily and that confidentiality and anonymity would be strictly maintained, two survey instruments and a demographic questionnaire. The purpose of the study and the mechanisms were explained briefly in the cover letter in order to maintain confidentiality. The demographic section was intended to get some information about biography, education and period of service as registered nurses. Informed consent was implied by returning and completing the questionnaires. Respondents not meeting the inclusion criteria and/or incomplete questionnaire were excluded from the sample.

In addition, the study took certain measures to further ensure confidentiality. The completed surveys were kept confidential and the researcher did know who answered the questionnaires and did not make an effort to determine this information. The information collected will be held in complete confidence by using only numbers to identify the data. Refusal to participate did not involve any penalty or loss of benefits.

To ensure high response rate, the survey was given to the Registered Nurse by Matron who also collected their completed questionnaire. There also was the option of taking the questionnaires home to be completed. The researcher was not involved in administrating the questionnaires. The researcher only was involved in collecting the questionnaires packet containing the completed questionnaires from Matron. No effort was made to determine which nurses completed the survey. Data were collected approximately within one week.

3.8 Techniques of Data Analysis

For the purpose of data analysis and hypotheses testing, several statistical methods were utilized from SPSS software. After the completed data were collected, they had to be checked. Empty or incomplete questionnaires would be omitted and the complete results were used for analysis. Results were coded and the data was input to the computer.

Response to completed questionnaires were reviewed and prepared for analysis. Initially, raw data was entered into the Statistical Program for the Social Science, (SPSS® ver.12). All of the analyses were two sided with a 5% alpha level. Hypotheses

were tested using Pearson's correlation coefficient. Data obtained from the participants were analyzed to determine the relationship between variable in this study. Several data analysis techniques will be utilized in order to study the relationships among variables in this study.

3.8.1 Reliability Testing

Reliability of measure is an indication of the stability and consistency with which the instruments measures the concept and help to assess the “goodness” of a measure (Sekaran, 2005). Furthermore, the reliability of measures will indicate the extent to which it is without bias (error free) and hence ensures consistent measurement across time and across the various items in the instrument. To measure the reliability of the instruments used, Cronbach alpha is employed. According to Sekaran (2005), if the Cronbach alpha is less than 0.6, this means that the instrument used has a low reliability and thus open for some errors. If the alpha value is within 0.7, the instrument has acceptable reliability and the instruments is said to be reliable when the alpha value exceeds 0.8.

3.8.2 Frequency Analysis

Frequency analysis was used for the demographic factors that are being measured on nominal scale such as age, experience, gender and education level. Such an analysis is useful to determine whether the some demographic factors may affect staff nurses perception of leadership styles and job satisfaction.

3.8.3 Descriptive Statistics

Descriptive statistics such as maximum, minimum, means and standard deviation of the main variables of the present study such as leadership styles and job satisfaction were obtained. Toward this end, it is used to identify whether leadership styles of nurse managers and staff nurses job satisfaction are related between each other.

3.8.4 Inferential Statistics

To test the hypotheses developed in this study, inferential statistics are employed. In particular, correlation analysis and a multiple regression are used accordingly. Correlation analysis will be used to determine bivariate relationship between two variables measured on interval scale. Toward this end, Pearson correlation test will be used to identify whether transformational and transactional leadership styles and employee job satisfaction are related between each other. The specific numerical interpretation of the variables described the relationship as no relationship, a mild relationship, a moderate relationship or a strong relationship to leadership styles and job satisfaction. If the Pearson's correlation is less than 0.5, there is a moderate relationship. If the relation is greater than 0.5 but less than 0.7, there is a moderate relationship. A Pearson's correlation of 0.7 to 1.0 indicates a strong relationship (Davis, 2007).

Besides that, multiple regressions was employed to determine the simultaneous influence of independent variables on dependent variables when all of these variables are measured on either an interval or ration scale (Sekaran, 2005). In the present study, the independent variables of leadership styles will be regressed on job satisfaction.

3.9 Summary

This chapter has presented specific research methodology such as research sample, data collection procedures, measurement of variables in order to test hypotheses and answer the research questions proposed earlier in the first chapter. The acceptance or rejection of the hypotheses will be determined by using appropriate statistical techniques.

CHAPTER 4

DATA ANALYSIS AND RESULTS

4.1 Introduction

This chapter is concerned with reporting the results of the survey that looks at the influence of leadership styles of nurse managers on staff nurse's job satisfaction. Discussed in this chapter are respondents' backgrounds, reliability analysis, inferential statistics and summary.

4.2 Sample Characteristics

Total of 126 questionnaires sets for the registered nurses in Jitra non-profit hospital was sent simultaneously in early August 2010. After one week, the completed questionnaires were then returned by hand to the researcher. However, the total number of questionnaires received was only 125. From this total, 16 questionnaires were incomplete. Hence, the usable questionnaires for this research were 109. The response rate was 87% from the total of questionnaires distributed.

4.3 Respondents Background

The demographic data were analyzed using descriptive statistics (N=109). As shown in Table 4.1, 99.1% of the respondents were females and 0.9% was males, 84.4 % respondents were already married and 89.9% of staff nurses are Malay. With respect to age, the age range of the respondents were 18 to more than 56 years, with the highest percentage (31.2%) falling between the ages of 45 to 55 years old. 79.8% of the

respondents held a diploma in nursing and 19 % of the respondents held a certificate in nursing and 36% of respondents are highly experience for more than 20 years.

Table 4.1 *Respondents Background (n=109)*

	Frequency	Percentages (%)
Gender		
Female	108	99.1
Male	1	0.9
Ethnicity		
Malay	98	89.9
Chinese	4	3.7
Indian	4	3.7
Others	3	2.8
Marital Status		
Single	11	10.1
Married	92	84.4
Divorced	1	0.9
Widowed	5	4.6
Highest level of Education		
Nursing Diploma	87	79.8
Associates Degree	1	0.9
Bachelor Degree	1	0.9
Master's Degree	1	0.9
Others	19	17.4
Age		
18-25	8	7.3
26-35	29	26.6
36-45	32	29.4
46-55	34	31.2
>56	6	5.5
Years of Experience as Registered Nurses		
<1	9	8.3
1-2	4	3.7
3-5	8	7.3
6-10	18	16.5
11-15	19	17.4
16-20	15	13.8
>20	36	33.0

Years of Experience at Current Hospital		
<1	23	21.1
1-2	11	10.1
3-5	17	15.6
6-10	25	22.9
11-15	10	9.2
16-20	14	12.8
>20	9	8.3

Before proceeding with the data analysis, it is essential to examine to what extent the instruments used to measure the main variable are reliable, checking the reliability coefficients' is important to make sure that the instruments used are indeed reliable so that the findings are not distorted.

4.4 Reliability Analysis

The reliability of a measure is established by testing for both consistency and stability with which the instruments measures the concept and helps to assess the "goodness" of a measure (Sekaran, 2005). Reliability analyses were run on two main measure, leadership styles and job satisfaction. Table highlights the reliability coefficients of all measures. As what shown in the table, Job satisfactions were measured by 37 items and the reliability coefficients for (Cronbach's alpha) of measure was 0.959. The reliability coefficients for leadership were measured by transformational and transactional leadership style. The reliability coefficient for transformational leadership styles were measured by 18 items and the reliability of measures was 0.901 whereas for transactional leadership styles were measured by 10 items, and the reliability of measures was 0.704. As what is shown, the measures for Transactional leadership were acceptable reliability and measures for transformational and job satisfaction are reliable.

Table 4.2*Reliability of Measures*

Satisfaction	Job	Leadership styles	
		Transformational	Transactional
Reliability Coefficients	0.959	0.901	0.704
(Cronbach's alpha)	(37 items)	(18 items)	(10 items)

4.5 Descriptive Statistics of main variables

In order to describe the response for the major variables under study, descriptive statistics such as mean and standard deviation on the dependent and independent variables were obtained. Table 4.3 below highlights the descriptive statistics of main variables of study that is leadership styles and job satisfaction. As displayed in the Table 4.3, the dominant leadership styles the staff nurses identified as their nurse managers leadership style was transformational leaders and followed by transactional.

Table 4.3*Descriptive Statistics of Main Variables (n=109)*

Variables	Mean	SD
Transformational leadership style	2.784	.544
Transactional leadership style	2.492	.552
Employee Job satisfaction	3.706	.482

Table 4.4 summarizes the findings of the leadership styles and their characteristics perceived by staff nurses.

Descriptive Statistics of Characteristics of Leadership styles (N=109)

Variables	N	Min	Max	Mean	SD
Individualized Consideration	109	.67	4.00	2.847	.760
Intellectual Stimulation	109	.75	3.75	2.670	.575
Idealized Influence (Attributed)	109	1.00	4.00	2.878	.655
Inspirational Motivation	109	1.00	4.00	2.784	.641
Idealized Influence (Behavior)	109	.50	4.00	2.780	.602
Contingent Reward	109	1.33	4.00	2.747	.637
Management-by-exception (active)	109	.75	4.00	2.787	.664
Management-by-exception (passive)	109	.00	4.00	1.844	1.133

As displayed in the Table 4.4, the staff nurses rated the transformational leaders highest in idealized influence (attributed) (mean=2.878, SD=.655) as they rated their nurse managers' leadership style followed by individual consideration (mean=2.847, SD=.760). The transactional leaders were rated the highest in management-by-exception (active) (mean=2.787, SD=.664) followed by contingent reward (mean=2.747, SD=.637).

Management-by-exception (passive) leadership style received the lowest rating (mean=1.844, SD=1.133).

4.6 Restatement of Hypothesis

In order to further determine and understand the relationships between the dependent variables and the dimension of the independent variables, the hypotheses were reformulated as follows;

H1.1 There is a significant relationship between transformational leadership styles of nurse managers and staff nurses job satisfaction

H1.11 There is a significant relationship between individualized consideration and job satisfaction

H1.12 There is a significant relationship between intellectual stimulation and job satisfaction

H1.13 There is a significant relationship between inspirational motivation and job satisfaction

H1.14 There is a significant relationship between idealized influence (behavior) and job satisfaction

H1.15 There is a significant relationship between idealized influence (attributed) and job satisfaction.

H1.2 There is a significant relationship between transactional leadership styles of nurse managers and staff nurses job satisfaction

H1.21 There is a significant relationship between contingent reward and job satisfaction

H1.22 There is a significant relationship between management-by-exception (active) and job satisfaction

H1.23 There is a significant relationship between management-by-exception (passive) and job satisfaction.

4.7 Test of Hypotheses

To test all the hypotheses under study, correlations and multiple regressions were used.

4.7.1 Correlation Analysis

Correlation analysis is used to determine bivariate relationship between two variables measured on at least an interval scale. Toward this end, Pearson correlation test was used to identify whether nurse managers leadership styles and staff nurses job satisfaction are related to each other. The leadership styles were identified as transformational and transactional. Table 4.5 presents the correlation matrix results.

Table 4.5

Correlation Matrix amongst Main Variable (n=109)

	JS	TF	TC
Job Satisfaction (JS)	1	.535	.454
Transformational(TF)	.535	1	-
Transactional (TC)	.454	-	1

** Correlation is significant at the 0.01 level (2-tailed)

As shown in the Table 4.5, there is a significant relationship between job satisfaction and transformational leadership styles ($r=0.535$, $p=0.000$). This means that transformational leadership style used by nurse managers enhance staff nurse's job satisfaction. There is a strong relationship between transformational leadership style of nurse managers and job satisfaction of staff nurses. In other words, staff nurses are satisfied with the transformational leadership styles currently exhibited by their nurse managers. In this case, the first hypothesis is thus supported.

The result further revealed a significant relationship between job satisfaction and transactional leadership styles ($r= 0.454$, $p=0.000$) as what was hypothesized earlier. This means that staff nurses are satisfied with the transactional leadership styles that currently exhibited by their nurse managers. However, there is a moderate relationship between transactional leadership of nurse managers and job satisfaction of staff nurses. In this case, the second hypothesis is thus supported.

In addition, there correlation test was used to identify whether the characteristics of leadership styles and employee job satisfaction are related to each other. Tables 4.6 present the correlation matrix results for leadership styles characteristics.

Table 4.6

Correlation Matrix amongst Characteristics of Leadership Styles and Job Satisfaction (n=109)

	Job Satisfaction
Transformational Leadership	
Individual Consideration (N=109)	0.389
Pearson correlation Sig. (2 -tailed)	0.000
Intellectual Stimulation (N=109)	0.503
Pearson correlation Sig. (2 -tailed)	0.000
Inspirational Motivation (2-tailed)	0.452
Pearson correlation Sig. (2 -tailed)	0.000
Idealized Influence(Behavior) (2-tailed)	0.459
Pearson correlation Sig. (2 -tailed)	0.000
Idealized Influence (Attributed) (2-tailed)	0.469
Pearson correlation Sig. (2 -tailed)	0.000
Transactional Leadership	
Contingent Reward (2-tailed)	0.472
Pearson correlation Sig. (2 -tailed)	0.000
Management-by-exception (active)	0.449
Pearson correlation Sig. (2 -tailed)	0.000
Management-by-exception (passive)	0.121
Pearson correlation Sig. (2 -tailed)	0.210

** Correlation is significant at the 0.01 level (2- tailed)

Pearson correlation was used to test the hypotheses. As shown in the Table 4.6, there is a statistically significant relationship between job satisfaction and leadership styles. There is a moderately strong positive relationship between individual consideration ($r = 0.389, p=0.000$), inspirational motivation ($r = 0.452, p=0.000$), idealized influence (behavior) ($r = 0.459, p=0.000$), idealized influence (attributed) ($r = 0.469, p=0.000$), contingent reward ($r = 0.472, p=0.000$) and management by exception (active) ($r = 0.449, p=0.000$) and job satisfaction. Whereas, there is a strong relationship between intellectual stimulation ($r = 0.503, p=0.000$) and job satisfaction. However, there is no correlation between management by exception (passive) ($r = 0.121, p=.210$) and job satisfaction.

4.7.2 Multiple Regression Analysis

Multiple regression analysis was appropriate with present study because of researcher intention to examine which independent variables has the most contribution or effect on the dependent variable. In the context of the present study, it is important that one knows whether transformational or transactional leadership styles have a much bigger influence on employees' job satisfaction since the finding will inform what actions and measures need to be taken to enhance the role of nurse managers' leadership style in enhancing staff nurses' job satisfaction.

To carry out the multiple regression analysis, the independent variables were regressed on dependent variable using the enter method. In the analysis, transformational leadership styles were entered first since this variable was found to have a larger

correlation coefficient (refer Table 4.6) than transactional leadership styles which were entered later. Table 4.7 present the results of the multiple regression analysis.

Table 4.7

Results of Multiple Regression Analysis (n=109)

Model Summary					
R	.540a		Adjusted R Square		.279
R Square	.292		Std. Error of the Estimate		.409
ANOVA					
	Sum of Squares	df	Mean Square	F	Sig.
Regression	7.335	2	3.667	21.849	.000a
Residual	17.792	106	.168		
Total	25.126	108			
Coefficients					
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std.Error	B	t	Sig.
(Constant)	2.348	.209		11.216	.000
Transformational	.395	.110	.445	3.576	.001
Transactional	.104	.109	.119	.956	.341

a. Predictors: (Constant), Transformational, Transactional
b. Dependent Variable: Job Satisfaction

As shown in the Table 4.7, transformational and transactional leadership style were able to explain significantly 29.2% of the variance in employee job satisfaction ($F=21.849$, $p=.000$). The findings appear to support the hypotheses that both of these variables are important contributors to staff nurses' job satisfaction, albeit in a small way. When one looks further down the table, one will notice how transformational and transactional leadership style comparatively influence or predict employees' job satisfaction. But only one of these variables (i.e. transformational) was able to significantly predict employees' job satisfaction ($t=3.576$, $p=0.001$). So, which one of these variables is more influential in predicting job satisfaction? As indicated by the Beta coefficients, transformational leadership styles seems to be slightly more influential than transactional leadership style ($\beta= .395$ as compared to $\beta= .104$). This important finding has important implications to leaders with respect to the implementation of any type of leadership styles.

In the next chapter, a detailed discussion on the results is going to be offered. There, implications of the study's findings on practice and future research will be deliberated. In addition, the study main limitations also will be highlighted.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1 Introduction

This chapter will summarize and interpret the results and findings from the data analyses of this study. The findings and implications are discussed in detail. Limitations and suggestions for future research are also included in this chapter. The report ends with the conclusion of the study.

5.2 Recapitulation of the study

The purpose of this study was to examine the relationship between leadership styles of nurse managers and job satisfaction of staff nurses in non-profit hospital located in Kedah. This study also attempted to investigate what leadership styles contribute to the high level of job satisfaction among staff nurses. This research studied eight components of leadership styles which were individual consideration, intellectual stimulation, inspirational motivation, idealized influence (behavior), attributed, contingent reward, management-by-exception (active) and management-by-exception (passive). Two main hypotheses were developed to explore the relationship between leadership styles (transformational & transactional) and job satisfaction.

This study involved two research objectives, which were:

- a) To examine the level of job satisfaction among staff nurses
- b) To determine the leadership styles influencing job satisfaction among staff nurses?

In this research, the major significant findings from the two broad hypotheses are presented in Table 5.1 below,

Table 5.1

A Summary of Hypothesis Testing Results

Research Hypotheses	Result
H1.1: There is a significance relationship between transformational leadership styles of nurse managers on staff nurses' job satisfaction	
H1.11: There is a significant relationship between individualized consideration and job satisfaction	Accepted
H1.12: There is a significant relationship between intellectual stimulation and job satisfaction	Accepted
H1.13: There is a significant relationship between inspirational motivation and job satisfaction	Accepted
H1.14: There is a significant relationship between idealized influence (behavior) and job satisfaction	Accepted
H1.15: There is a significant relationship between idealized influence (attributed) and job satisfaction	Accepted
H1.2: There is a significance relationship between transactional leadership styles of nurse managers on staff nurses' job satisfaction	
H1.21: There is a significant relationship between contingent reward and job satisfaction	Accepted
H1.22: There is a significant relationship between management by exception (active) and job satisfaction	Accepted
H1.23: There is a significant relationship between management by exception (passive) and job satisfaction	Rejected

5.3 Discussion of the research findings

The following detailed discussion of the findings is based according to the research objectives of the study.

5.3.1 To examine the level of job satisfaction among staff nurses

Firstly, the results showed a high level of job satisfaction among the registered staff nurses. This could be seen from the mean score of job satisfaction (mean=3.71, SD=.48) among staff nurses were high (value of above 3.0). In this respect, all the hospitals are facing with challenges and pressures surrounding them such as globalization, government regulations and procedures, and etc, the members still maintained high level of job satisfaction towards their current hospital.

The findings of this study also support and are consistent with the findings of the past researchers emphasized on transformational leadership has a greater level of job satisfaction among employees (Given, 2008, Tucker & Russell, 2004 & Mosadegh & Yarmohammadian, 2006). It's found that intellectual stimulation has a strong relationship in predicting job satisfaction among staff nurses'.

5.3.2 To determine the leadership styles influencing job satisfaction among staff nurses

A second finding that emerged supported the second research objective. A significant relationship was found between perceived transformational and transactional leadership style of nurse managers and job satisfaction of registered staff nurses. The

transformational and transactional leadership style positively influence job satisfaction of registered nurses working in non-profit hospital. In other words, the findings supported registered staff nurses working in hospitals in Jitra non-profit hospital significantly preferred both types of leadership styles. However, there is a strong relationship between transformational leadership style and job satisfaction of staff nurses. The finding supported that, registered staff nurses are preferred the transformational leadership styles over the transactional leadership style. The characteristic of leadership style most preferred by registered staff nurses working in Jitra non-profit hospital were found as intellectual stimulation. Intellectual stimulation involves behaving in a ways that challenge followers to be innovative and creative by questioning assumptions and reframing old situations in new ways. This could be arising because of the different setting and occupation involved in present study. Staff nurses' preferred intellectual stimulation because of their position is more concerning on patient care and they most preferred their nurse managers encourage subordinates to view problem solving in different ways.

Besides that, staff nurses are moderately satisfied with individualized consideration, inspirational motivation, idealized influence (behavior), attributed, contingent reward and management by exception (active). Staff nurses are moderately satisfied with nurse managers that behave in a ways that help followers achieve their potential through coaching, development, mentoring; foster an enthusiasm for and commitment to a shared vision of the future; earn the administration trust and respect of followers; attain follower agreement on what needs to be done using promised or actual

rewards in exchange for adequate performance and monitor mistakes and errors actively and again takes corrective action when required. In other words, staff nurses are moderately satisfied with these leadership styles.

The findings of this study also support and are consistent with those found by several researchers (e.g. Davis, 2007; Ramey, 2002; Al-Hussaimi, 2008; Mosadegh & Yarmohammadian, 2006), it is seen that a leader with a transformational leadership styles is more effective in enhancing staff nurses job satisfaction and helping them to achieve personal and organizational objectives.

5.4 Implication of the Research

Two implications are available in this research practical and theoretical. Theoretical implications discussed how findings can be supported by theories mentioned before.

Other implications are practical implications. It focuses on the perspectives of the organization and suggests some actual implications.

5.4.1 Theoretical Implications

The findings of this research shows that leadership styles of nurse managers has a direct impact on staff nurses' job satisfaction. These findings are consistent with the study by Bass (2000), the greater the amount of transformational leadership displayed by managers, the greater satisfaction of the employees. Besides this, the findings also showed some consistencies with some theories that attempt to explain why employees are

satisfied or dissatisfied with their jobs and leaders can make a difference in their staff nurses' satisfaction and performance. These theories are Herzberg two factor theories argue that there are two factors that determine job satisfaction; motivator and hygiene factors. Leadership styles considered one of the hygiene factors that are related with the job satisfaction.

From another aspect, there are few leadership styles have been used previously including laissez-faire, extra effort, effectiveness, task and people oriented (Davis, 2008; Ababneh, 2008, Ramey, 2002). However, the current findings have proved that transformational leadership style can influence and motivate the behavior of employees such as a way that resultant behavior has a positive impact on the organizations. Hence, with limited literature that focuses mainly on dominant leadership styles perceived by staff nurses in non-profit hospital, the findings have to some extent contributed to the understanding of the concept and further enhance the knowledge in this area, especially in the Malaysian context.

5.4.2 Practical Implications

Nursing practice could be also improved using the results of this research. The results of this study indicated staff nurses working in hospital settings preferred managers who were transformational leaders. The findings suggest nurse managers to practice transformational leadership style especially intellectual stimulation because this is the preferred transformational leadership characteristics of registered nurses working in hospital setting.

The findings of this study might provide some insights to the present hospital settings in formulating strategies to retain staff, enhance the workplace environment and begin promoting the nursing profession. This is critical since the hospitals are facing tremendous environmental challenges such as rapid technological advancement, emergence of new disease, constantly changing healthcare environment and etc. One of the biggest challenges facing by hospitals today is to obtain leaders who will enhance organization growth. As a leader, nurse managers must have the capability of implementing strategies that would attract, recognize and retain the best talent, minimize cost and turnover and develop motivated and committed workers.

Nurses in leadership role are influential in creating satisfying work environments that improve quality of care for patients and also nurse retention. Organizational leaders must demonstrate a commitment in preparing nurse managers for advancing leadership roles requires early development and opportunities to lead with supportive mentoring. Training must be accompanied by opportunities to develop and display leadership skills with the support of a leadership mentor. Efforts should be integrated toward improving strategies like educating and providing training to the leaders to create a good rapport with the staff nurses, generate commitment from the followers and how effective leadership styles may affect job satisfaction of staff nurses'.

Nurses want to working in an environment where they are valued and appreciated. These efforts will instill pride in individuals and going beyond self-interest for the good of the group were important characteristics of effective leaders. These integrative efforts

are crucial for making the nursing professions a better place to work and providing superior patient care in hospital setting. . These efforts may increase trust, commitment and enhance the job satisfaction, creating lower turnover rates in non-profit hospitals and an overall decrease in ringgits spent for hiring and orienting new employees

5.5 Limitations of the Study

It is essential to take a number of caveats into account when interpreting any empirical study. The study establishes to find leadership style of nurse managers perceived by staff nurses that could lead to proven job satisfaction in hospital setting. The major limitation of this study was the setting of the study which the study only conducted in one of the non- profit hospital located in Jitra, Kedah and doesn't constitute of all the non-profit hospitals in Malaysia. This is due to time frame that was given to the researcher to complete this master project within three months. Thus, the findings may not be generalized and used to predict the extent of satisfaction for all registered staff nurses in Malaysia. The findings might be different when similar studies are conducted in the future.

The second limitation of the study was using too lengthy questionnaire totaling 72 questions. The lengthy questionnaires (response burden) could have caused nurses answers to vary due to time constraints or the unwillingness of nurses to read each question before they responded. In studying perceived leadership styles of nurse managers and registered staff nurses' job satisfaction in hospital settings in Jitra, the results of this study were delimited to leadership styles of nurse managers and registered

staff nurses in hospital setting in Jitra Hospital, only registered nurses those have been in their current position for at least three months are allowed to participate to ensure sufficient experience to assess the nurse manager's degree of leadership style as well as their own level of job satisfaction.

5.6 Recommendations for practice and future research

From this study, the researcher recommends a few approaches that could be taken to improve staff nurses' job satisfaction by focusing on leadership style.

It has been shown empirically by this research that leadership style of nurse managers play a significant role in influencing staff nurses' job satisfaction, with the latter has a more significant influence. Hence, it is recommended that leadership training should focus on developing appropriate leadership style in a leader so that they will be able to employ the best style when managing staff nurses at hospital setting.

With respect to future research, it is recommended that further research needs to be done among all the registered nurses' working in Malaysia to predict the extent of satisfaction and explore the comparative studies involving nurses working in different hospital setting both profit and non-profit hospitals. A larger and broader population will provide better generalizability. Moreover, it is recommended that future researchers not only study on leadership styles perceived by nurse managers but also to include the nurse managers' perception of their leadership skills and behaviors.

Further, when the staff nurses completed the questionnaires, the name of the nurse managers about whom they were responding was not requested. Requesting the details information about the manager would have aided in determining who might need leadership training.

5.7 Conclusions

The purpose of this study was to identify the nurse managers' leadership styles perceived by staff nurses that lead to high level of job satisfaction. The findings of this study support a positive relationship between transformational, transactional leadership styles and staff nurse job satisfaction. However, transformational leadership styles was perceived by staff nurses as a dominant leadership styles that lead to proven job satisfaction among staff nurses in hospital setting. Transformational leadership styles were the best predictors of staff nurses' job satisfaction.

In general, the study has managed to add to the existing body of knowledge in furthering our understanding to the leadership styles that influence employee's job satisfaction.

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APPENDIX

SECTION A

DEMOGRAPHIC FORM

Please respond to the following demographic questions.

1. Gender :

- a) Female
- b) Male

2. Age:

- a) 18-25
- b) 26-35
- c) 36-45
- d) 45-55
- e) >56

3. Ethnicity :

- a) Malay
- b) Chinese
- c) Indian
- d) Others, please specify

4. Marital Status :

- a) Single
- b) Married
- c) Divorced
- d) Widowed

5. Highest Level of Education :

- a) Nursing Diploma
- b) Associates Degree
- c) Bachelor Degree
- d) Master's Degree
- e) Other, please specify

6. Years of Experience as Registered Nurse :

- a) Less than 1 year
- b) 1-2
- c) 3-5
- d) 6-10
- e) 11-15
- f) 16-20
- g) > 20

7. Years of Experience at current hospital:

- a) Less than 1 year
- b) 1-2
- c) 3-5
- d) 6-10
- e) 11-15
- f) 16-20
- g) >20

SECTION B

The following questions inquire about your level of satisfaction with 38 job- correlated factors. Please indicate how satisfied you are in your present job with each of these items by circling the appropriate response based on the following scale.

1	2	3	4	5
Strongly Dissatisfied	Dissatisfied	Neutral	Satisfied	Strongly Satisfied

1. The work associated with your position allows you to make contribution to:
 - a) **The Hospital**..... 1 2 3 4 5
 - b) **The profession**..... 1 2 3 4 5
 - c) **Your own sense of achievement**..... 1 2 3 4 5
2. You achieve adequate praise for work well done from:
 - a) **Your Peers**..... 1 2 3 4 5
 - b) **Hospital Physicians**..... 1 2 3 4 5
 - c) **Nursing administration**..... 1 2 3 4 5
3. The work associated with your position provides you with:
 - a) **Opportunity to use a full range of nursing skills**..... 1 2 3 4 5
 - b) **A variety of clinical challenges**..... 1 2 3 4 5
 - c) **The opportunity to be of service to others**.... 1 2 3 4 5
4. The nursing practice environment :
 - a) **Allows you to make autonomous nursing care decisions**..... 1 2 3 4 5
 - b) **Allows you to be fully accountable for those decisions**..... 1 2 3 4 5
 - c) **Encourage you to make adjustments in your nursing practice to suit patient needs**..... 1 2 3 4 5
 - d) **Provides a stimulating intellectual environment**..... 1 2 3 4 5
 - e) **Provides time to engage in research as you want**..... 1 2 3 4 5

f) Allows opportunity to receive adequate respects from nurses on other units.....	1	2	3	4	5
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5. The hospital organizational structure:

a) Allows you to have a voice in policy making for nurse service.....	1	2	3	4	5
b) Allows you to have a voice in overall hospital policy making.....	1	2	3	4	5
c) Facilitates patient care.....	1	2	3	4	5

6. You receive:

a) Enough time to complete patient physical care tasks.....	1	2	3	4	5
b) Enough time to complete indirect patient care tasks.....	1	2	3	4	5
c) Support from your work from nurses on other shifts.....	1	2	3	4	5
d) Support from your peers for your nursing decisions.....	1	2	3	4	5
e) Support from physicians for your nursing decisions.....	1	2	3	4	5

7. Good working relationship exists between you and...

a) Your supervisor	1	2	3	4	5
b) Your peers	1	2	3	4	5
c) Physicians	1	2	3	4	5

8. Nursing service:

a) Gives clear direction about advancement....	1	2	3	4	5
b) Provides adequate opportunities for advancement.....	1	2	3	4	5
c) Decides advancement for nurses fairly.....	1	2	3	4	5

9. Your job offers:

a) Opportunity for professional growth.....	1	2	3	4	5
b) Satisfactory salary.....	1	2	3	4	5
c) Adequate funding for health care premiums	1	2	3	4	5
d) Adequate additional financial benefits other than salary.....	1	2	3	4	5
e) A satisfactory work hour pattern.....	1	2	3	4	5
f) Adequate vacation.....	1	2	3	4	5
g) Adequate sick leave.....	1	2	3	4	5
h) Adequate in service opportunities.....	1	2	3	4	5

SECTION C

In this section, please judge how often each statement fits as you believe it applies to the leadership of your current nurse managers. Please use the following rating scale:

0	1	2	3	4
Not at All	Once In a While	Sometimes	Fairly Often	Frequently, if not always

My Nurse Managers.....

A1 Re-examines critical assumptions to question whether they are appropriate.....	0	1	2	3	4
A2 Talks about their most important values and beliefs....	0	1	2	3	4
A3 Seeks differing perspectives when solving problems....	0	1	2	3	4
A4 Talks optimistically about future.....	0	1	2	3	4
A5 Instills pride in me for being associated with him/her.....	0	1	2	3	4
A6 Talks enthusiastically about what needs to be accomplished.....	0	1	2	3	4
A7 Specifies the importance of having a strong sense of purpose.....	0	1	2	3	4
A8 Spends time in teaching and coaching.....	0	1	2	3	4
A9 Goes beyond self-interest for the good of the group....	0	1	2	3	4
A10 Treats me as an individual rather than just as a member of the group.....	0	1	2	3	4
A11 Acts in a way that builds my respect.....	0	1	2	3	4
A12 Consider the moral and ethical consequences of decisions.....	0	1	2	3	4
A13 Displays a sense of power and confidence.....	0	1	2	3	4

A14 Articulates a compelling vision of the future.....	0	1	2	3	4
A15 Get me look at problems from many different angels.	0	1	2	3	4
A16 Help me develop my strength.....	0	1	2	3	4
A17 Suggests new ways of looking at how to complete assignments.....	0	1	2	3	4
A18 Express confidence that goals will be achieved.....	0	1	2	3	4
B1 Provides me with assistance in exchange for my efforts	0	1	2	3	4
B2 Fails to interface until problems become serious...	0	1	2	3	4
B3 Focuses attention on irregularities, mistakes, exceptions and deviations from standards.....	0	1	2	3	4
B4 Waits for things to go wrong before taking action.....	0	1	2	3	4
B5 Makes clear what one can expect to receive when.....	0	1	2	3	4
performance goals are achieved.....	0	1	2	3	4
B6 Demonstrates that problems must become chronic before taking action.....	0	1	2	3	4
B7 Concentrates his/her full attention on dealing with mistakes, complaints, failures.....	0	1	2	3	4
B8 Keep track of all mistakes.....	0	1	2	3	4
B9 Directs my attention towards failures to meet standards....	0	1	2	3	4
B10 Express satisfaction when I meet expectations.....	0	1	2	3	4

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

AND HAVE A GOOD DAY



Invitation Letter

Dear Registered Nurse,

My name is Selvi and I am a postgraduate student on a Human Resource Management from University Utara Malaysia. As part of the requirement for graduation, I am collecting data for a thesis project. The purpose of this study is to determine if registered staff nurse in Jitra General Hospital are satisfied in their hospital environments and whether or not Leadership styles of nurse managers influence the level of satisfaction.

I am asking you to complete the enclosed questionnaires and demographic sheet. I will collect it within 5 days on 25/08/2010 (Wednesday). The Multifactor Leadership Questionnaires is 42 questions and measure leadership styles. Please answer these questions with your nurse manager in mind. The Work Quality Index consists of 30 questions and measures job satisfaction in your current position. The survey should take approximately 20 minutes to complete.

The findings of the study will be useful in understanding the relationship between nurses' job satisfaction and their perceptions on nurse manager's leadership styles. The study might provide information that could be used to develop leadership training of nurse managers. Ultimately, the results of this study should have a positive influence on the recruitment and retention of nurses in a variety of settings.

Participation is voluntary; anonymity of the information given will be strictly guarded. The information collected will be held in complete confidence by using only numbers to identify the data. Completion of the questionnaire implies your willingness to participate in the study. Thank you for your assistance with this research project. Feel free to contact me (019-5081831) with any questions you may have the number below or by email (isha_sel86@yahoo.com).

With great appreciation,

Tale Selvi d/o Muniandi
College of Business, (University Utara Malaysia)

Frequencies

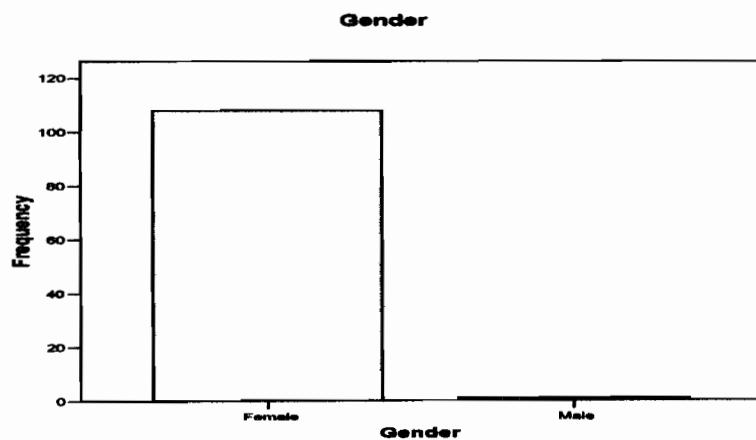
Statistics

Gender

N	Valid	109
	Missing	0
Mean		1.0092
Median		1.0000
Mode		1.00
Std. Deviation		.09578
Minimum		1.00
Maximum		2.00

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	108	99.1	99.1	99.1
	Male	1	.9	.9	100.0
	Total	109	100.0	100.0	

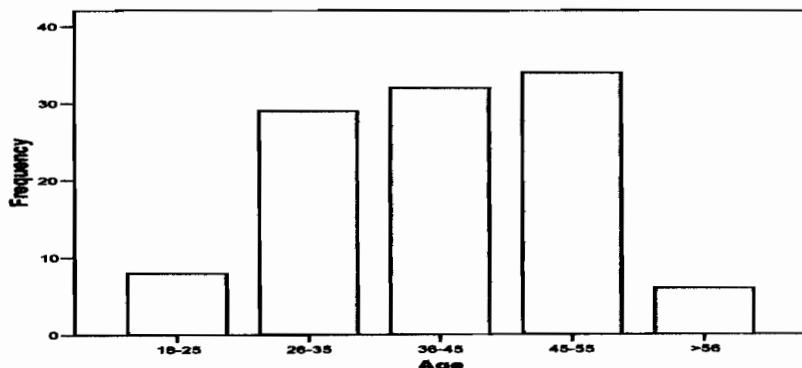


N	Valid	109
	Missing	0
Mean		3.0092
Median		3.0000
Mode		4.00
Std. Deviation		1.04965
Minimum		1.00
Maximum		5.00

Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18-25	8	7.3	7.3	7.3
26-35	29	26.6	26.6	33.9
36-45	32	29.4	29.4	63.3
45-55	34	31.2	31.2	94.5
>56	6	5.5	5.5	100.0
Total	109	100.0	100.0	

Age

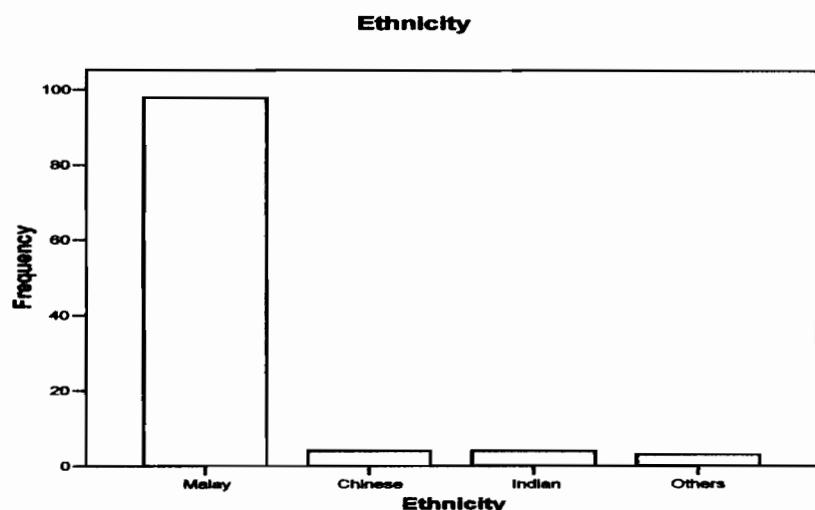


Statistics

Ethnicity

N	Valid	109
	Missing	0
Mean		1.1927
Median		1.0000
Mode		1.00
Std. Deviation		.63065
Minimum		1.00
Maximum		4.00

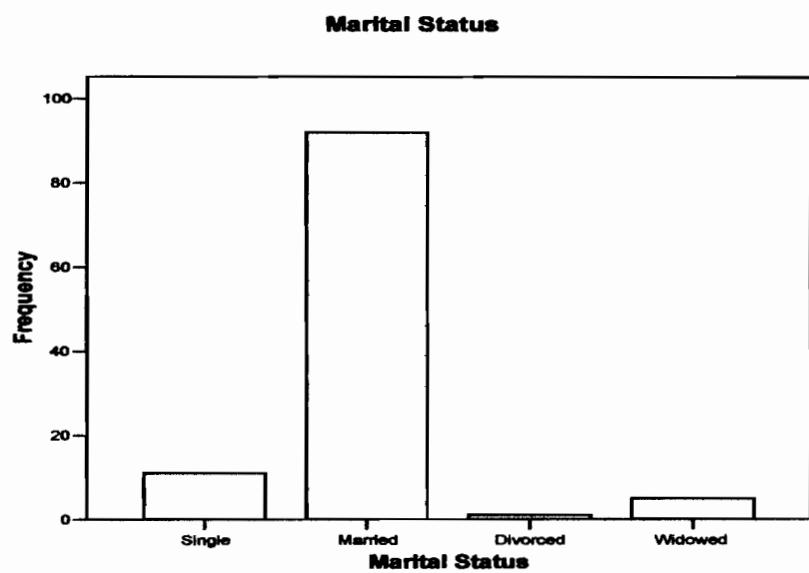
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Malay	98	89.9	89.9	89.9
	Chinese	4	3.7	3.7	93.6
	Indian	4	3.7	3.7	97.2
	Others	3	2.8	2.8	100.0
	Total	109	100.0	100.0	



N	Valid	109
	Missing	0
Mean		2.0000
Median		2.0000
Mode		2.00
Std. Deviation		.54433
Minimum		1.00
Maximum		4.00

Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	11	10.1	10.1	10.1
	Married	92	84.4	84.4	94.5
	Divorced	1	.9	.9	95.4
	Widowed	5	4.6	4.6	100.0
	Total	109	100.0	100.0	

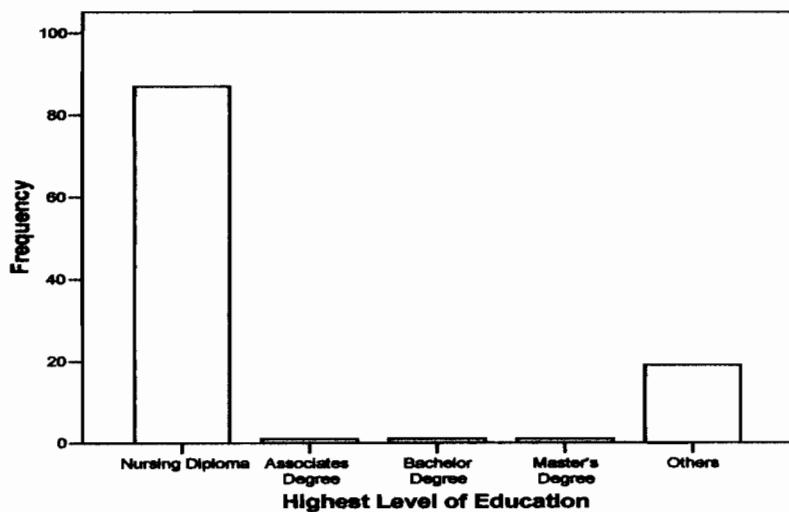


N	Valid	109
	Missing	0
Mean		1.7523
Median		1.0000
Mode		1.00
Std. Deviation		1.54054
Minimum		1.00
Maximum		5.00

Highest Level of Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nursing Diploma	87	79.8	79.8	79.8
	Associates Degree	1	.9	.9	80.7
	Bachelor Degree	1	.9	.9	81.7
	Master's Degree	1	.9	.9	82.6
	Others	19	17.4	17.4	100.0
	Total	109	100.0	100.0	

Highest Level of Education

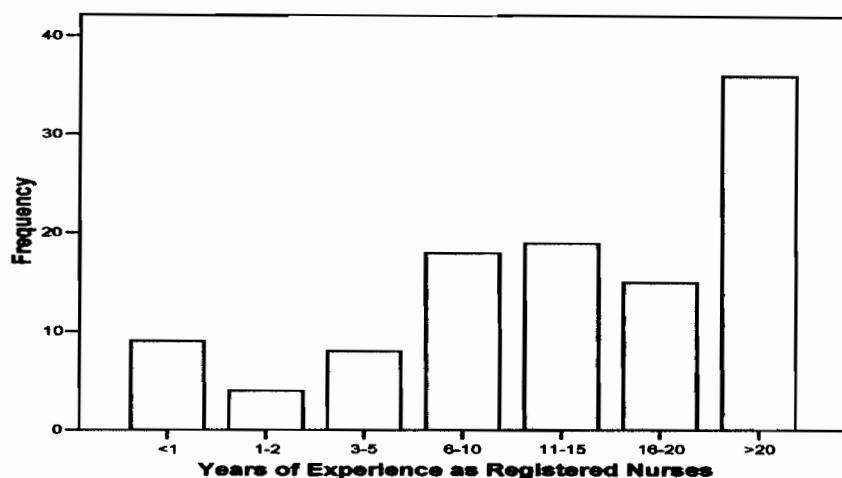


N	Valid	109
	Missing	0
Mean		5.0459
Median		5.0000
Mode		7.00
Std. Deviation		1.89729
Minimum		1.00
Maximum		7.00

Years of Experience as Registered Nurses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<1	9	8.3	8.3	8.3
	1-2	4	3.7	3.7	11.9
	3-5	8	7.3	7.3	19.3
	6-10	18	16.5	16.5	35.8
	11-15	19	17.4	17.4	53.2
	16-20	15	13.8	13.8	67.0
	>20	36	33.0	33.0	100.0
	Total	109	100.0	100.0	

Years of Experience as Registered Nurses

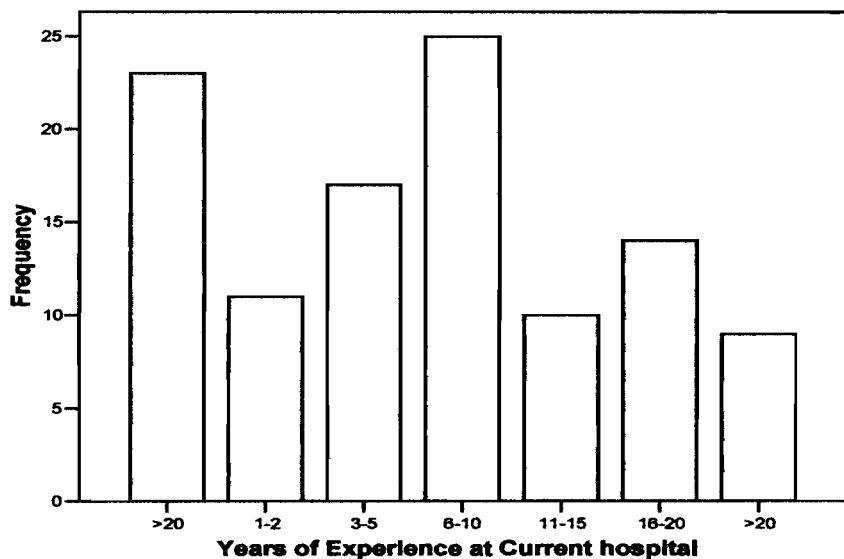


N	Valid	109
	Missing	0
Mean		3.6055
Median		4.0000
Mode		4.00
Std. Deviation		1.91977
Minimum		1.00
Maximum		7.00

Years of Experience at Current hospital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	>20	23	21.1	21.1	21.1
	1-2	11	10.1	10.1	31.2
	3-5	17	15.6	15.6	46.8
	6-10	25	22.9	22.9	69.7
	11-15	10	9.2	9.2	78.9
	16-20	14	12.8	12.8	91.7
	>20	9	8.3	8.3	100.0
	Total	109	100.0	100.0	

Years of Experience at Current hospital



Reliability

Cronbach's Alpha	N of Items
.901	18

Cronbach's Alpha	N of Items
.704	10

Cronbach's Alpha	N of Items
.873	8

Descriptive

Descriptive Statistics

	N	Maximum	Mean	Std. Deviation
SATISMEAN	109	4.89	3.7057	.48234
TFMEAN	109	3.94	2.7839	.54377
TCMEAN	109	3.60	2.4917	.55179
Valid N (listwise)	109			

Correlations

		SATISMEAN	TFMEAN	TCMEAN
SATISMEAN	Pearson Correlation	1	.535(**)	.454(**)
	Sig. (2-tailed)	.	.000	.000
TFMEAN	N	109	109	109
	Pearson Correlation	.535(**)	1	.754(**)
TCMEAN	Sig. (2-tailed)	.000	.	.000
	N	109	109	109
TCMEAN	Pearson Correlation	.454(**)	.754(**)	1
	Sig. (2-tailed)	.000	.000	.
TCMEAN	N	109	109	109

** Correlation is significant at the 0.01 level (2-tailed).

Regression

Variables Entered/Removed(b)

Model	Variables Entered	Variables Removed	Method
1	TCMEAN, TFMEAN(a)	.	Enter

a All requested variables entered.

b Dependent Variable: SATISMEAN

Model Summary(b)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.540(a)	.292	.279	.40969	1.631

a Predictors: (Constant), TCMEAN, TFMEAN

b Dependent Variable: SATISMEAN

ANOVA(b)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7.335	2	3.667	21.849	.000(a)
	Residual	17.792	106	.168		
	Total	25.126	108			

a Predictors: (Constant), TCMEAN, TFMEAN

b Dependent Variable: SATISMEAN

Coefficients(a)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.348	.209		11.216	.000
	TFMEAN	.395	.110	.445	3.576	.001
	TCMEAN	.104	.109	.119	.956	.341

a Dependent Variable: SATISMEAN

Residuals Statistics(a)

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	2.8997	4.2478	3.7057	.26060	109
Residual	-.86900	.86605	.00000	.40588	109
Std. Predicted Value	-3.093	2.080	.000	1.000	109
Std. Residual	-2.121	2.114	.000	.991	109

a Dependent Variable: SATISMEAN