THE RELATIONSHIP BETWEEN JOB SATISFACTION,

LEADERSHIP STYLE AND STRESS AMONG NURSES

(A STUDY IN HOSPITAL SULTANAH BAHIYAH ,ALOR SETAR, KEDAH.)

By

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ABSTRACT

The purpose of the study is to evaluate the relationship between job satisfaction, leadership style and stress among nurses in hospital Sultanah Bahiyah. Data were collected succesfully from 269 nurses of Hospital Sultanah Bahiyah and data were analysed through questionaire. Job Satisfaction questionaire were adopted from Minnesota Satisfaction Questionaire (MSQ-Short Form) (1977), whereas Multifactor Leadership Questionnaire were adopted to measure the leadership style. The Multifactor Leadership Questionnaire were developed by Bernard M. Bass in 1985 and was revised several times through subsequent research. For stress, the questionnaire were adopted from DASS Stress Scale Questionnaire which were developed by Lovibond S.H and Lovibond P.F in 1995. The data from the questionnaire were analysed by using Statistical Package for Social Science(SPSS) version 20. Correlation analysis were performed to examine the relationship between job satisfaction ,leadership style and stress . The result shows there is a statistically significant relationship between job satisfaction and leadership style and moderately strong positive relationship between leadership style and stress . At the findings, recommendations and implication for future research were also disscussed.

Keyword : Job satsfaction, Leadership style and Stress

ABSTRAK

Kajian ini bertujuan untuk menilai hubungan di antara kepuasan kerja,gaya kepimpinan dan tekanan dikalangan jururawat Hospital Sultanah Bahiyah. Data telah dikumpulkan dari 269 jururawat di Hospital Sultanah Bahiyah dan dianalisa melalui soalan kaji selidik. Bagi kepuasan kerja, soalan kaji selidik telah diadaptasikan daripada Minnesota Satisfaction Questionnaire (MSQ-Short Form)(1977) manakala bagi mengukur gaya kepimpinan , Multifactor Leadership style Questionaire yang dibangunkan oleh Bernard M. Bass pada tahun 1985 dan telah disemak beberapa kali melalui penyelidikan telah digunakan. Untuk tekanan, DASS Stress Scale Questionnaire yang telah dibangunkan oleh Lovibond SH dan Lovibond PF pada tahun 1995 telah digunakan. Data dianalisis dengan menggunakan Pakej Statistik Sains Sosial (SPSS) versi 20. Untuk mengkaji hubungan antara kepuasan kerja, gaya kepimpinan dan tekanan, analisis kolerasi telah dijalankan. Hasil kajian menunjukkan terdapat hubungan statistsik yang signifikan antara kepuasan kerja dan gaya kepimpinan dan hubungan positif yang sederhana kuat antara gaya kepimpinan dan tekanan. Penemuan,kajian, cadangan dan implikasi untuk penyelidikan di masa akan datang juga dibincangkan di akhir kajian ini.

Kata Kunci : Kepuasan kerja, Gaya Kepimpinan dan Tekanan

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INTRODUCTION

1.1 Background of the study

Nurses are the most important component as well as the largest workforce in the field of healthcare in Malaysia. The nurses work under the directions given by physicians and they are also trained in order to work independently in case of emergency. While the nursing profession can be interesting and rewarding, it has its own challenges which will be explored in this study. The nursing profession provides a chance for the pursuant to enhance others' lives at the time of need.

Hundred years ago, nursing was defined by Florence Nightingale as the function of utilizing the surrounding environment of a patient for his/her recovery (Wilkins, 2007).Nightingale believed that having a healthy, clean, well-ventilated, and quiet environment would result in early improvement of the sick patients. In Nightingale's view, nursing includes three important aspects: care of the patient in the hospital, administration of nursing services and education of nurses (Arnstein, 1956). She gave attention to the ways a patient's illness is affected by his or her state of mind, worries, and attractiveness or otherwise of the surrounding, and the noise levels around him or her (Arnstein, 1956). She emphasized on "nursing the sick; not nursing sickness" . This phrase means that, a nurse looks after the patient as an individual not only the disease.

This includes reassuring the patient not to worry, provide other encouragement, understand their fears and individual differences (Arnstein, 1956).

She is considered as the first nurse theorist who was able to raise the standard of nursing through education. After upgrading the standard of nurses, they are now being considered as an individual who is educated for taking care of the sick instead of performing the daily duties of a house wife.

Besides the idea of nursing exhibited by Nightingale, there is one more person who came up with the idea of good nursing and she was Virginia Henderson. Virginia Henderson was a modern nurse after Nightingale who defined nursing as a unique function of assisting and performing activities that contribute towards the health and recovery of patients or their peaceful deaths (Halloran, 1996). As mentioned by Henderson, a nurse is a person who does not discriminate between healthy and ill individuals. The teaching and advocacy roles of nursing require nurses to properly interact with clients, irrespective of whether recovery is feasible or not (Halloran, 1996).

In Malaysia, the profession of nursing in the field of health care is for the improvement and care of patients, families, and communities. The nurses at all levels are trained with respect to attaining, maintaining, and recovering optimal health and the quality of life. Nurses cannot be substituted with other health care providers. This is because their approach to healthcare is based on caring for patients, their training and scope of practice (Primary care for the 21st century, 2012). Nurses provide care within the ordering scope

of physicians and thus they are considered as the care providers. Depending on their level of training, they are trained to practice independently in a variety of circumstances, and situations without seeking the permissions of the physicians. Nurses are obligated to monitor patients health care including activities that do not require an approval from physicians which includes nursing diagnosis to identify the condition of the patient; wound care: cleansing, irrigating, probing, packing and dressing of wounds; collecting a blood sample; administration of oxygen or humidified air, etc.

It would not be wrong to say that nursing is a career that is interesting, rewarding and challenging (NHS, 2012). This is a profession that gives the nurses a chance to enhance the lives of people during their times of need. This can be seen as rewarding for nurses as they are partly contributing to the well-being of their patients and their families. Nurses are trained to work in every sort of health setting and situation ranging from accidents to emergencies, working in patients' homes and with people of all ages and backgrounds. Therefore, they have to be adaptable and versatile in playing their roles as care providers, think and act in a timely manner in these situations which could be challenging and at the same time, interesting. Meeting patients, their families and doctors from different cultural background and interacting with them can be an interesting and stimulating experience.

In Malaysia, if an individual wants to choose for nursing as a profession for his career, the required minimum qualification is a diploma, which qualifies him/her to work as a nurse. There are different categories of nurses and this includes Staff Nurse, Male nurse,

"Jururawat Masyarakat" (community nurse), "Jururawat Desa" (rural nurse), Sisters and Matrons. The staff nursesare trained to handle the various jobs that are being carried out in any ward or clinic such as medical, surgical, pediatric, orthopedic, cardio and so on. On the other hand, the nurses who work as"Jururawat Masyarakat" or "Jururawat Desa" are given special training in midwifery which deals with childbirth and provides prenatal and postpartum care. They can handle situations with regards to the delivery of babies on their own unless and until there are circumstances that require consulting a physician. The nurses are being headed by the senior nurses, sisters and matrons (Career in Nursing, 2011). Mahoney (2001)states that nurse who provide care for a patient or give assistance to others are considered as leaders. Leaders are not merely controllers but they act as visionaries who help employees to plan, lead, and control and organize their activities. They can hold different managerial positions such as matrons, sisters, or lower management position such as nurses for basic functions etc. depending on their qualification, experience etc. (Ellis, 2010).

The nurses should possess powerful leadership skills which are required for team building and they should be confident ,good communicators, must act as motivators, and have respect for others and possess vision(Stanley, 2006).They should have interpersonal or communication skills to communicate with their fellow workers and doctors to ensure a successful teamwork. Knowledge of teamwork skills and also personal qualities which include competence, confidence, courage, collaborative spirit and creativity are also required(Rowe, 2007).

Nurses are relied upon to provide vision to their followers and empower others to better health and health care(Stanley, 2006) .They are visible, have the ability to demonstrate and translate their values and beliefs into actions, become role models for their followers and they are highly skilled and expert clinical nurses. Other than that, critical thinking skills, active listening skills, and good coping skills are essential at all levels in today's nursing workforce.

Organizations should aim for leadership styles that allow consistent superior performance with long term benefit to all. Moreover, there are other functions of a nurse leader which include provision of information and support, and also being an advocate for patients and the health care organization(Dowding, 2012). Nurse leaders should have knowledge of management so that they could manage each and every situation in an efficient manner.This is in line with Nightningale's principles on conserving the nurses' time and energy even though her influence in the nursing profession with regards to hospital management is limited (Arnstein, 1956). However, she knew the basic principles of good management and what it means to be-in-charge (Arnstein, 1956).

However, the role of leadership is different from management. It is mentioned in Stephen Covey's (1989) book, "The Seven Habits of Highly Effective People "that management is about doing things right, whereas leadership is about doing the right things. In addition, management directly relates to the task that has to be completed whereas leadership indirectly relates to how the task will be done(Carr, 2009). Furthermore, a manager focuses on the structure and the systems whereas a leader focuses on the people

associated with the organization. Thus leadership and management must go hand in hand as their functions complement each other and they are linked (Jones, 2009). Another point is that leadership is about perception, judgment, skill and philosophy whereas management is about tasks (Frankel, 2008). Though leadership is necessary for nursing, it can be attained only if the nurses are satisfied with the job. If the nurse is not satisfied with the job, she would not be able to create a sense of leadership in her profession(Milt, 2009).

Job satisfaction is one such component of a nurse's life that may have a severe impact on the his/her productivity, efficiency, performance, retention, quality of care, commitment to the profession and the organization, and patients' safety (AL-Hussami, 2008). However, the level of satisfaction in the job may vary from person to person(Zappe, 2012). For some, the job satisfaction could be in terms of money whereas for others it could be the prevailing working conditions. According to Zappe (2012), job satisfaction also involves the adaptation of workers to the organization and the way in which the organization adapts to the employees' needs.

The perceived leadership style of nurse leaders may give rise to positive results and may increase the level of job satisfaction among nurses. If the leader adopts the right manner and approach of providing direction, implementing plans and motivating the nurses, he/she would be be able to enhance the productivity of the fellow nurses, provide better care to patients and enhance the image of the organization. On the other hand, if a nurse leader does not use the appropriate style of leadership while working in the hospital, she

would have to face a lot of problems with regards to dissatisfaction among the other nurses (Suruhanjaya Perkhidmatan Awam , 2010). A nurse leader may encounter a lot of disagreement in her group of nurses and will not be able to work as a team. A nurse leader has to be a good communicator so that she could express herself confidently in front of others. Dissatisfied nurses will direct to stress among them.The stress that is faced by a dissatisfied nurse is not a good sign for the organization. The stress faced by nurses in the hospital could be because of their work pattern, the leadership style of their bosses, policy changes, the behavior of the patient, sexual harassment ,and work environment(Johnson, 2009).These factors can have a huge impact on the productivity and efficiency of the nurses. If the nurses are dissatisfied with their job, this would lead to increased turnover rates, declining quality in patient care, increase in stress and can cause the nurses to leave the profession. There would also be a greater chance of mistakes to occur.

Stress is experienced by staff in every profession at one time or another. However, if we compare nursing with other professions in the health care services, the level of stress that hovers on the mind of nurses are even greater(Fegan, 2012). Stress is defined as a situation where people tend to focus on the negative feelings and emotions it produces (Aljunid, 2011). Stress in the nursing profession could be defined as the emotional and physical reaction which is a result of communication between the nurse and the work environment where the demands of the job exceed capabilities and resources (Nitasha Sharma, 2011).The causes of stress could be internal or external forces such as behavior of patients, fulfillment of responsibilities, low salaries, heavy workload/demands, high

expectations from sisters, matrons, and management.It could make a nurse tensed, upset, anxious, react negatively in her workplace and even be absent from work.

1.2 Problem Statement

The nursing profession comprises the largest part of the workforce in Malaysia. In 2011, 60000 of the total workforce of approximately 2.25 nurses per 1,000 populations were in the nursing profession (Vincent, 2011).

It is the moral as well as the ethical duty of a nurse to treat patients competently in a caring and professional way. Every nurse works by following the code of conduct for nursing care which is framed by the Nursing Board of Malaysia and the first edition of the code was published in April 1988. This Nursing Board of Malaysia keeps a check on all the registered nurses and is responsible for the standard of nursing. The values, responsibilities, and duties to which nurses are expected to adhere in the course of making sound ethical decision and providing high quality nursing care is mentioned in the code of conduct for nurses.

There are always certain situations in the nursing career where nurses are often challenged with clinical situations that give rise to ethical conflicts (Ethical Situations and Dilemmas in Clinical Practice, 2005). In such circumstances, the nurses are bound by litigation related to negligence, informed consent and confidentiality. The case of Dr. K.S, Sivananthanv's The Government of Malaysian &Anor(as cited in Lee, 2012) on medical negligence for the delaying giving proper treatment to the patient has affected

the role of nurses. Basically, the delay was caused by the failure of the nurse in recording adequate and timely observations in the patient's chart. However, nurses in Malaysia are not sued for such actions but if a nurse is found guilty of her action, a disciplinary action against the nurse under Act 1950 (Act 14) can be taken by the Nursing Board of Malaysia. The board could either suspend or remove the registered nurse from the Register or suspend the registered nurse as they deem fit for a period not exceeding 2 years. Thus it is necessary for the nurses to have a good understanding of their roles and perform their duties accordingly without experiencing unnecessary stress and job dissatisfaction. If a nurse experiences dissatisfaction in job and expressed herself in a negative way, then it can affect the quality of care, a sense of being and reduce the reputation, productivity and efficiency of a health care organization (Kingma, 2007).

There are other factors contributing to job dissatisfaction among nurses. For instance, when there is a shortage of nurses in the nursing workforce, it could lead to work overload for a nurse, burnout and dissatisfaction (Jennings., 2008). With regards to stress among nurses in Malaysia, it was reported that heavy workload, repetitive work, and poor working environment were among the stressors identified. Inconsiderate and inequitable superior/matron, lack of recognition, conflict within and between groups were also the other factors highlighted (Beh and Loo, 2012) .Others stresses are dealing with the dying, patient's relatives, coping with the unpredictable, having to make critical judgments about interventions and treatment, and striking a balance between work and family commitments (Aurelio, 1993; Gordon, 1999). These stressor can have a physical

,behavioural and psychological impact (mood changes, negative emotions) on the nurses and this affects the effectiveness of the organization (Yates, 1979).

High stress levels are due to several factors such as the pressure to provide quality service and care to patients, inability to deal with own emotions, and the need to keep accurate and comprehensive documentations based on ISO/ Accreditation requirements as is happening at Sultanah Bahiyah Hospital. Thus it is necessary to explore the job dissatisfaction among nurses. Stress level can also be associated with the independent variable in this research such as job satisfaction. According to the basic norms of job satisfaction, an increase in the job satisfaction will definitely lead to lower levels of stress. Similarly, an increase in the job dissatisfaction or a decrease in the satisfaction and benefits derived from working as a nurse will definitely increase the stress levels of the nurse. Similarly, if the nurse lack leadership style, and the ability to tackle everyday problems, this will definitely lead to an increase in the stress levels which will directly or indirectly affect the working capacity of the nurses working for Hospital Sultanah Bahiyah. If the nurses posses leadership style and the ability to solve everyday problems, and have the ability to come out of complex situations resulting from nursing operation, they will definitely be able to lower their stress levels to a point which will not hinder their day to day operations. In the year 2012, according to the statistic received from the records department from the Record Department of the Hospital Sultanah Bahiyah, for the year 2012 a total of 72,703 patients were admitted in the hospital. Based on these statistis, the monthly average works out to be between 5000 to 6000 patients. The bed occupancy rate was 92.18% whereas the average length of stay was 4,09% : 4 to 5 days.

As leaders, nurses may act as visionaries who help other nurses, sisters, matrons, ward attendants, etc. to plan, lead, control, and organize their activities. Thus the sense of leadership in nurses may have an influential effect over others and may also affect their job satisfaction (Saver, 2006).If the relationship of a nurse with the leader is not satisfactory, then there are chances that the nurse may not be happy working in that environment. These stressful situations or environments may also negatively affect the performance of the nurses in one way or another. Basic matters like a malfunctioning air-conditioning unit could pose severe stress for both patients and staff alike. As discussed above, a leader in nursing is also one who provides care to patients and assists them with their health care. When nurses are stressed or when they do not get along with their leaders/managers, they behave badly towards their fellow nurses, patients, their work is below expectation, they become ill or sick, and the quality of health care declines.

According to the Nurses and Midwifes nurses Association, one of their publications "Stress Management for Nurses", tiredness, fatigue, and disrupted sleep patterns lead to an increase in the pulse rate and blood pressure of the nurses. This is also leads to a higher muscular tension and loss of appetite, which causes an increase in the irritability and impatience among the nurses. All of these factors account for an increase in the loss of sense and humuor which causes the nurses to behave badly with the patients. After all, nurses are human beings and when they encounter such situations which causes disrupt in their sleep patterns, they tend to lose patience and their temper. At times, various other reason such as relationship problems at home,

mental health issues, workplace conflicts, financial distress and other social and psychological problems influence the nurses ' attitude towards patients.

Moreover, the performance of the nurses deteriorates resulting in poor appraisals by their bosses and the cycle of job dissatisfaction and stress repeats. . In short, it is would be necessary to have a mutually beneficial relationship between nurses and management that favorsincreased efficiency, productivity and job satisfaction.

1.3 Research questions

The study will investigate the following research questions with regards to Sultanah Bahiyah Hospital:

    i) Is there a relationship between leadership style and stress among nurses?

    ii) Is there a relationship between job satisfaction and stress among nurses?

1.4 Research Objective

    The objectives of this research are:

    i) To determine whether leadership style is related to stress among nurses.

    ii) To identify the correlation between job satisfaction and stress among nurses.

1.5 Significance of study

This research which explores the leadership style, job satisfaction and stress among nurses at the Sultanah Bahiyah Hospital in Alor Setar has several implications on management practice and administrators' roles at the hospital under study. This study will pave the way for administrators to determine the possible reasons for job dissatisfaction and stress among nurses that are prevailing at the hospital. It will also demonstrate how leadership styles may affect job satisfaction and contribute to stress among nurses. The results of the study can be utilized by the administrators to educate sisters and matrons on effective leadership styles.

Besides that, by carefully employing the findings of this study, the hospital can attain its vision to deliver the highest quality patient care and positive clinical outcomes with the highest number of satisfied and happy patients in the nursing units. The hospital can achieve its objectives by developing effective employee assistance programs which can help identify the problems which can help identify the problems which the nurses face while conducting their day to day operations. Employee assistance programs should include activities which will help the senior officials of the hospital to identify the social and psychological problems which the nurse are facing and then measures should be devised which will reduce the impact of such problems on the work patterns of the nurses. Employee assistance programs must include salary raise, bonuses,compensation benefits and other financial benefits which must be offered to nurses who works effectively within a team and out perform others in their day to day task. Such compensation benefits will help boost the nurse's motivation towards work and will

result in a higher concentration towards work and job satisfaction. It is also possible that with a more effective leadership style, the administrators in the Nursing unit will be able to effectively encourage nurses to achieve a high level of professional growth, excellence in practice and service to the organization. Moreover, the administrators may be able to raise the standard of job satisfaction by offering certain employee benefits among the nurses and reduce their stress levels as well. Thus this will result in a higher supply and retention of more productive and efficient nurses at the Hospital Sultanah Bahiyah. This will further decrease the cost of hiring and induction of new Asian nurses from neighbouring countries like Burma, Philippines, Vietnam and so on.

Finally, this study will have implication for the training of nursing leaders like sisters and matrons in areas like interpersonal skills, team building, coaching, and stress coping strategies in order to enhance their leadership roles, productivity and efficiency. Similar trainings can also be conducted for nurses under their care.

1.6 Definition of the Key Terms

1.6.1 Job satisfaction

Job satisfaction represents the level of feeling that an individual gets about his or her job and what he or she feels about his or her own job (Alam, 2009). Colquitt, Lepine& Wesson (2009) add a positive dimension to this definition where they claim that job satisfaction is a pleasurable emotional state resulting from the appraisal of one's job or job experience.   On the other hand, Bhuian&Mengue (2002)include in their job satisfaction definition, the attitude of an individual with regards to   his or her job. They

further explain that it is the limit to which an individual feels positive or negative about the intrinsic and extrinsic aspects of his or her job (Shooshtarian, 2013). Therefore, in this study,the definition of job satisfaction for nurses at Sultanah Bahiyah Hospital will include variables such as positive feelings about one's job, one's attitude towards their job which includes their job environment (stress factors and leadership style of their nurse leaders), positive appraisal and promotional opportunities.

1.6.2 Stress

Stress is defined as either physical or mental strain that is caused because of an inability to adjust in the environmental factors that result in physiological tension or pressure (MAKIE, 2006). It not only affects the health of nurses but also their abilities to cope with job demands (Lee, 2003; Mojoyinola, 2008).This inability will result in the impairment of the provisions of the quality care and efficacy of the health service delivery

1.6.3 Leadership Style

Leadership style is about listening to people, supporting and encouraging them and involving them in the decision-making and problem-solving processes. It is about building teams and developing their ability to make skillful decisions (Clarkson, 2009). There are several types of leadership styles. However, the ones that are evident among nurse leaders at the Sultanah Bahiyah Hospital setting are transformational leaders and Transactional Leaders.

1.6.3.1 Transformational Leader

Transformational nursing leaders in the clinical settings intellectually stimulate other people by acting as an effective communicator, possessing inspirational traits, having a trustworthy character and promoting teamwork (Trofino, 1995). Jasper (2008) states that transformational leaders analyze all the barriers and identify all conflicts when they arise and work to achieve all the aims with team collaboration to resolve all the conflicts, and remain a part of them, sharing in the work and being able to understand the employees' perspective (Trofino, 1995). They establish direction, align people, produce changes that are often dramatic, have vision, are creative and innovative (Stanley, 2006).

1.6.3.2 Transactional Leader

A transactional leader works in the direction of providing day to day care and is most concerned with managing predictability and order. This type of leaders possesses the skills required in effective day to day running of a team (Trofino, 1995). However, the leader tries to achieve his/her personal needs without any consideration of the needs of the followers. The leader gets his/her work done and achieves the required objectives. Moreover, the followers get promotion, money or other adjoining benefits (Muenjohn, 2005).

1.7   Conclusion

The quality of the health care services provided by the Sultanah Bahiyah Hospital nurses may be influenced by factors that revolve around leadership styles, job satisfaction and stress that are faced by nurses. The research frameworks underpinning the problem and

the variables involved will be discussed at length in the next chapter. These factors may

have a bearing on nurses' performance, and the quality of patient care.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter will highlight the variables that affect job satisfaction, leadership styles and stress faced by nurses based on the research conducted by researchers which are reported in various books, media and other source of references. This chapter will include a review the literature of job satisfaction, leadership and stress faced by the nurses and relevant theories related to these factors. Moreover, the relationship between these factors will be discussed.

2.2 Job Satisfaction

The explanation of job satisfaction would not be complete without citing the definition given by Spector (1997) who defined job satisfaction as the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs. This includes the feelings or the state of mind of an individual towards the nature of their job. The success and the worker's sense of achievement is also considered as job satisfaction. Factors like workers' personal characteristics, leaders' characteristic and management style, and the nature of work itself has a direct impact on the satisfaction of an individual with his job (Jenaibi, 2010). Job satisfaction also represents the extent to which expectations and the real awards are matched (Abbas, 2013). These clearly show that the job satisfaction of an individual can be influenced by several factors that include the quality of the physical environment in which they work, the pay scale, degree of fulfillment in their work, one's relationship

with their supervisor etc. (Aziri, 2011). This indicates that job satisfaction is influenced by both external and internal factors.

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When it comes to the efficiency and the effectiveness of an organization, job satisfaction is considered a major factor with regards to the growth of the organization. The organization needs to look after the wants, needs, and personal desires of every employee. Job satisfaction is based on the logic that a satisfied employee is a happy employee, and a happy employee is a successful employee (Kramer, 2012).

In order to enhance the satisfaction of each worker, the managers can place workers with similar backgrounds, experiences or needs in the same workgroup. With this, a worker would be able to find like-minded people that would help them to adjust themselves in the organization (Gale, 2001).

Nurses comprise the majority of positions in most of the health care centers (cited in Kettle, 2002), thus in case of the nursing profession, job satisfaction is considered as a major issue. The job satisfaction is a crucial indicator of the performance of nurses, cost savings and quality of care being provided to the patients (AL-Hussami, 2008). As the satisfaction of nurses towards their job decreases, their intention to leave their job increases (Kalisch, 2010). This will lead to the problem of shortage of nurses which is one of the vexing problems in healthcare. This shortage will result in poor job performance, lower productivity and high turnover rates (Hunt, 2009). Thus it is necessary for the organization to create a system that ensures that the workers are

properly challenged and get rewarded for their success. For example, by implementing an appraisal system which emphasizes on quality patient care, good leadership and interpersonal qualities, the nurses who are working towards rewards for their efforts, will uphold these noble qualities in their daily work in order to obtain the rewards promised. With this, the degree of pleasure and happiness towards their job and job satisfaction will get induced (Gale, 2001).

2.2.1 Definition of Job Satisfaction

Job satisfaction is considered a complex and multifaceted concept that could have different meanings for different people. In 1930s, job satisfaction was defined by Hoppock (cited in Frazier, 2009) as any combination of psychological, physiological and environmental circumstances that gives a person a sense of being fully satisfied with his/her job. Similarly, McNeese-Smith, 2001 (cited in Kettle, 2002) states that the job satisfaction of an individual is affected by several factors such as feelings of being overloaded, reaction to difficult patients, lack of teamwork, lack of physical or mental readiness to work etc. Armstrong (2006) in his book "A Handbook of Human Resource Management Practice", highlighted that the term job satisfaction refers to the attitude and feelings people have about their job. In a similar vein, Mullins (2005) states that job satisfaction is an inner state of mind which quantitatively and qualitatively associated with a personal feeling of achievement of an individual.

Since job satisfaction is also an internal feeling of an individual to the extent to which people like or dislike their job, the job dissatisfaction may appear any time in any given

work situation. In other words, a negative and an unfavourable attitude towards one's job leads to job dissatisfaction whereas job satisfaction is attained when one has a positive and a favourable attitude towards the job. Since job satisfaction is largely based on one's mental state and psychological feelings, which may be influenced by other external factors as mentioned in this section, it is necessary to understand what motivates each employee in the organization and how these affect their performance.

Since job satisfaction is an internal feeling, several theories (Steel, 2006) have been proposed in the literature that clearly explains what motivates employees which are directly related to their mental and the internal states. Examples of these theories are Equity theory, Need/ Value Fulfillment Theory, Person-Environment Fit theory (P-E), Maslow's hierarchy of needs and Herzberg Motivation etc. Out of these, the two major theories of motivation, Maslow's hierarchy of needs and Herzberg Motivation are explained below.

2.2.2 Maslow's Hierarchy of needs

The theory of Maslow's hierarchy of needs which was proposed by Abraham Maslow in 1943 is based on the psychological needs of an individual (Maslow, 2000). The two types of needs highlighted by Maslow, a human psychologist, are the deficiency needs (physical, safety and belonging) and growth needs (self-actualization and self esteem) (McLeod, 2007). This theory helps us to understand the psychological needs of nurses in the current study and its impact on their job. "Motivation and Personality", the first published theory of Maslow in 1954 explained how people satisfy their personal needs in the context of their work. In his hierarchy theory (see figure below), Maslow placed in

the first place the basic level of the needs which should to be met before the individual

strongly   desires   the   higher   level   needs   (Maslow,   2000).

Source: (Nauert, 2010)

2.2.3 Herzberg's motivation – hygiene theory

Frederick Herzberg, a psychologist, developed a hygiene theory known as Herzberg's

motivation (Herzberg, 1993). This theory indicates that every workplace has several

factors that result in job satisfaction and dissatisfaction. He proposed a two factor model of motivation; satisfaction and dissatisfaction that are independent and are not on a continuum with one increasing as the other diminishing (Aylsworth, 2010). It is suggested in this theory that if the administration of an organization wants to to improve job attitudes and productivity, they have to identify both sets of characteristics instead of assuming that if there is an increase in satisfaction, it will lead to a decrease in the amount of dissatisfaction of the individual toward the job (Rama, 2010). In order to increase the satisfaction of an individual, the management has to make adjustments according to the nature of work and the challenges presented to the individual for gaining status, assuming responsibility and feeling of achieving self realization. Similarly, if management wants to reduce dissatisfaction among the employees, they are required to focus on job environment, policies, procedures, supervision and prevailing working conditions (Cengage, 2006). Hygiene factors are mainly related to the well being of patients but Herzberg recognized hygiene factors as maintenance factors that are required to remove dissatisfaction from the employees' mind. The hygiene factors that were recognized are supervision, company policy, relationship with supervisors, working conditions, salary and so on. Moreover, the management has to ensure that these hygiene factors in the organization would not be the cause of dissatisfaction among employees.

2.2.4 Determinants of satisfaction

Thirteen variables strongly associated with job satisfaction were identified by Blegen (1993) in his research of nursing job satisfaction. These thirteen variables were age, years

of experience, education, locus of control, stress, commitment, communication with supervisors, supervision, autonomy, recognition, routinization, fairness, recognition and professionalism (Amendolair, 2007). While explaining the job satisfaction of registered nurses, work attitudes such as work-group cohesion, support of supervisors, the variety of work, opportunities for promotion, work and family conflict, and distributive justice were important factors indicated in a survey conducted by Kovner, Brewer, Cheng and Suzuki (cited in Christine, 2006).

The variety of managerial style and practices at the organizational unit level like the wards may directly affect the satisfaction of nurses. Other than this, interpersonal relationship with nurses and other medical staff, workload and ward cohesiveness are also very important factors that may have a direct bearing on nurse satisfaction (Adams, 2000). The education of nurses can also affect the level of satisfaction of the nurses. If the nurses are educated, they will obtain more recognition in the health care unit and this will have a positive impact on their profession (Ingersoll, 2002). In the same study, it was revealed that the training of nurses also has a positive impact on their satisfaction towards the job and this depends on the number of trainings they underwent.

A survey of the nurses who were working in National Health Services indicated that the individuals who focus on non-pecuniary reasons such as flexibility of hours, helping others etc. were considerably more satisfied as compared to those who did not (they get attracted by job security, promotion prospects, pay) (Shields, 2001). However, if any employee is not appraised or rewarded fairly, it will create dissatisfaction among the

nurses and this would be the largest negative determinant of overall job satisfaction (Luddy, 2006). Thus it is necessary to grade every individual properly and reward them for the same. Furthermore, if the hours of working do not suit the preferences of the individual, it will also impact on their job satisfaction negatively (Clark, 1996).

2.3 Leadership

Like all other organizations, health care environment is also challenging and ever changing. If the management wants to achieve their goals, they have to use an effective and organized health care system. They have to be effective in terms of getting the work done and organized in order to adjust to the ever changing environment of the organization (Oxon, 2004).

With the continuous changes in the field of health care, management is shifting towards the use of the most effective and sophisticated health care systems such as expensive life saving medicines, high imaging procedure technologies, non invasive treatment and high technology surgical procedures etc. Thus to oversee the use of these high-tech systems, the management needs a leader with skills that would enable him/her to run the health care effectively and continuously (White, 2007).

A leader focuses on the proper functioning of the organization within the limits set by the management. The management's main focus is on the results obtained, analysis of failure, tasks, and management characteristics that are desirable for nurse managers (DiNapoli, 2010) On the other hand, a leader procures the information to provide positive feedback to the management while understanding the powers of his/her group (Zaccaro,

2001). Leaders not only tolerate all the mistakes of their groups but also challenge constituents to realize their potential (Cherie, 2005). In case of any discrepancies detected, the leaders would be held responsible by the organization. Thus, a leader is an essential component for quality nursing management. A leader may have an influential effect over the nurses and would help in achieving their goals. It was indicated by Porter-O'Grady and Malloch (2006) (cited in Jackson, Clements, Averill, & Zimbro, 2009) that the impact on nursing management and leadership is just beginning to be defined in this contemporary and unsettled health care arena. Leadership in action can be easily recognized by using three fundamental acts which are recognizing someone for speaking up, recognizing someone for stepping up, and recognizing someone for standing up (Mazza, 2013). Moreover, leadership prevails at all the levels of the organization, namely at team, operational and strategic levels (Michael, 2007).

It would not be wrong to claim that leadership is a long journey having detours along the way. This is because leaders have to cope with all the prevailing situations of the organization and they have to adjust themselves according to the attitude of their group towards them. They also have to influence their group members to work accordingly by communicating each and every aspect of the requirement of the organization. Leadership is pervasive throughout the organization and is continuous as well (Gardner, 1993).

2.3.1 Leadership in nursing

In the last decade, there has been a lot of changes in the field of health care. Patients are more informed than before and expect better care from healthcare professionals. The

patient today needs quality service and hospitals are focusing on developing a continuum of care services to meet the needs of the patients. There has been a flux in the working of health care departments. Because of such dramatic changes, there arose a need to have nurse leaders who could deal with the complexity and uncertainty of these changes. The nurses should possess high technical skills to deal with the changes of technology. They should know how to work independently and interdependently in the organization and hold the quality of care as the highest value (Borkowski, 2009).

Not only this, with managed care, shrinking reimbursement, the need to do more with less, the increase in chronic illness and staggering changes in technology, nurses are expected to assume leadership roles in order to respond to direct changes for the benefit of patients, communities and the nursing profession (Benoit, 2008).

Besides the basic duties of the nurses such as to provide the highest quality care to patients and families, to prevent disease and to maintain health, even through periods of illness, they are now required to look for various methods to make these duties easy to perform (Paulus, 2008).

The other leadership qualities that are expected of nurses include creating an environment in which staff can learn, do their best work, and fulfill their potential and manage the unit as efficiently as possible without compromising quality care (Miers, 2009). If leaders carry out their jobs properly, then they would be able to unleash the potential of leadership in others as well, and this would ensure achieving their goals in the best possible manner.

A nursing leader is very important for the successful introduction and implementation of advanced nursing roles in the health care settings (Carter, 2010). An effective leader in the nursing profession should have such skills with which he/she can face any situation in case of crisis or disaster management and can work accordingly to meet the needs of the situation. Since nurse leaders work in a situation of critical life and death where every moment is precious, they have to learn how to manage their emotional response in such situations (Contino, 2004). Leaders utilize their inbuilt skills to shape others in order to achieve the objectives of the organization (Sullivan, 2009). Moreover, leaders are guided by managers in an organization.

Moreover, these days almost all hospitals are ISO/ Accreditation certified. Thus the need to maintain standard and quality of care has increased significantly. Thus a nursing leader should understand these standards and should have the necessary knowledge and experience to offer quality care to patients and patients' families. This will help in the smooth functioning of the organization and will also help in its image enhancement (Hughes, 2008). This kind of effective leadership is the key for success in every organization.

2.3.2 Definitions of Leadership and Leader

Leadership is an activity or ability to lead a group of people or an organization. It involves establishing a clear vision, sharing that vision with others and making others follow the same (Northouse, 2007). It is also involves persuading other people to achieve

their goals through communicating, group practice and motivation (Huber, 2006) (2001) (cited. Hersey et al. in Nagelkerk, 2005) defined leadership as the pattern of behaviors that are displayed by leaders during the time of their work with or through others. The behavior pattern used by a person or a group to achieve goals in any given situation outlays the style of leadership (Nagelkerk, 2005).

A leader in the nursing profession is one who has leadership knowledge and may have a positive impact over the staff in the workplace. This positive impact could be in terms of an increase in motivation in terms of assistance received by the nurse to be responsible and work effectively (Cohen, 2010). This would make the nurses more optimistic in their work and daily tasks. They will also understand the need to value their patients and staff to enable them to reach their goals and attain the objectives of the organization (Thomson, 1998). The managers in the organization influence leaders by giving authority, position and power whereas leaders delegate the responsibilities to other employees to influence them to work according to set rules and directions (Hersey, 2008). Many management thinkers present eight theories on which the leadership process is based. These theories are explained below.

2.3.3 Theories of Leadership

The eight theories advocated by many scholars are "Great Man" Theories, Trait Theories, Contingency Theories, Situational Theories, Behavioral Theories, Participative Theories, Management Theories and Relationship Theories (Cherry, 2009).

The Great Man Theory highlights that leadership is an inbuilt phenomenon that is inherent. People having an inherent capacity of leadership are born leaders. This theory indirectly depicts the leaders as heroic, mythic and destined to rise to leadership when needed (Marquis, 2009).

The Trait Theory is similar to the Great man theory in some ways. It assumes that leaders possess some inherent qualities and traits that makes him/her a leader. This theory mainly highlights particular personality or behavioral characteristics shared by leaders (Mischel, 1996).

The Contingency Theory focuses on some particular variable prevailing in the working environment and will help the leader to identify a particular leadership style that would be best suited for the organization. The success of this theory to a large extent depends on leadership style, qualities of the followers and aspects of the situation (Northhouse, 2009). Situational theories involve choosing the best course of action that would be based on the variables of the situation. Even using different styles of leadership would be appropriate for certain types of decision-making. Thus it totally depends on the prevailing situation (Fernandez, 1997).

Behavioral theories instead of focusing on mental qualities or internal states, focus on the actions that are taken by the leaders. As per this theory, anyone can become a leader through teaching and observation (Lussier, 2009).

Participative Theory involves encouraging participation and contributions from group members and helping group members feel more relevant and committed to the decision-making process (Coutts, 2010).

All the above theories except The Great Man Theory and The Trait Theory are revelant to the context of Sultanah Bahiyah Hospital. In fact, the Management theory and Relationship theory which are also known as Transactional and Transformational theories respectively (Muenjohn, 2005) are very important in the context of the nurses under study and therefore are discussed in detail below.

2.3.3.1 Transactional Leaders

It was highlighted by Cook in 1999 (cited in Kleiman, 2004) that the traditional concepts in healthcare leadership are mainly based on a transactional model that highlights the authority and hierarchy prevailing in the organization. The reason behind this could be that a transactional leader focuses basically on the day to day operations. The leader prefers to avoid risk and emphasize on increasing the efficiency of his/her followers instead of bringing a change or innovation. This seems to be less demanding in nature compared to the roles played by transcational leaders.

A transactional leader identifies the expectations of his/her followers and promises rewards in exchange for the desired goals. Transactional leadership can be defined by three core elements: contingent reward, management-by-exception and laissez-faire leadership. The extent to which the transaction and exchange is effectively set-up

between leaders and followers is described as contingent reward (Howell, 1993). The contingent rewarding leaders provide rewards to their followers for their good or disciplined performance. If this strategy is executed properly, the associates would be able to achieve their objectives.

Management by exception identifies if the managers are working in the direction of either prevent (active management) or resolve (passive management) problems as they arise (Avolio, 1996). Lastly, laissez-faire leadership refers to the absence or avoidance of any leadership behavior in the organization (Densten, 1999).

As explained, transactional leaders set aims, provide directions and influence the followers with the use of incentives. However in some cases, it was found that it may affect the reputation of the leader if he/she lacks the resources to deliver the promised rewards and thus become an ineffective transactional leader (Bass, 1997).

The leader also interacts with the top management and work to maintain the status and give feedback to staff only when an error occurs (Packard, 2004).

2.3.3.2 Transformational Leadership

Transformational leadership is a process in which actions are taken by the leaders in order to increase the awareness of their followers regarding what is right and important. This process is based on motivating them to perform beyond expectation and encouraging them to move beyond their own interest and start functioning for the interest of the organization. Transformational leadership differs from the transactional leader in

view of not only recognizing the needs and the wants of the followers but also in attempting to develop such needs ranging from higher to lower levels of maturity (Bass, 1997). This form of leadership goes beyond the attempts taken by the transactional leaders who emphasize on the current needs of followers through transactions or exchange process (Yammarino, 1994). A transformational leader increases the awareness as well as the confidence of the followers and replaces their personal concerns with the overall concerns of the group.

Transformational leadership has four major components, namely Intellectual Stimulation, Individualized Consideration, Inspirational Motivation, and Idealized Influence (Babou, 2008). Idealized Influence refers to those leaders who encourage their followers to share their thoughts, visions and goals. It helps in enhancing the leader's personal appeal and the power to influence his/her subordinates by providing them the right direction and vision to achieve their goals, Dubin (Comer, Jolson sky, & Yammarino, 1995).

Second is Inspirational Motivation that represents the demand of challenging the followers using symbols and metaphors. In other words, an inspirational motivational leader indicates the importance and the value of the goals in simple ways and highlights the level of expectations the leader has from his/her followers (Coad, 1998).

Third is Intellectual Stimulation leaders that include those leaders who challenge their followers' ideas and values for solving problems. The leaders in this group are able to show their followers new ways of looking at a problem (Coad, 1998).

The last component is individualized Consideration that refers to understanding and sharing others' concerns and developmental needs and treating each individual as a unique human being (Babou, 2008). A transformational leader is the one who provides direction to the followers. In the healthcare units, the nursing leaders use the phenomenon of transformational leadership in managing their unit. They delegate some of their assigned work to their followers and remain accountable for any decisions that are taken by the staff.

It was emphasized by Grossman and Valiga 2009 (cited in Grossman, 2009) that a leader in the nursing profession requires some practical knowledge and skills to handle conflicts and similar situations among the followers. This could be a slightly different from that of the nursing practice but it is requisite for every nurse leader.

Many leadership researchers have provided a lot of theories to describe how effective the leaders in the organization should be. The leaders should understand that they are going to direct their followers, thus they have to be very systematic and influential while doing so. Even some of the nurse leaders are trained to become managers in their units. They gain experience from their supervisors and apply the same in different work situations. Today, creating a sustainable nursing workforce in a health care system, is an essential task for nursing leaders. The health care system is undergoing significant changes that include the loss of experienced nurses to retirement, and new graduates to horizontal violence. There are many reports that state that a staggering number of registered nurses are leaving professional nursing practice due to feelings of stress,

inadequacy, anxiety, oppression, and disempowerment, often a result of horizontal violence (Baltimore, 2006). In such cases, in order to achieve or enhance staff satisfaction, mentoring can be adopted. Mentoring can reduce the feeling among nurses that they are being devalued, discriminated against, and disempowered by their own peers (Angelini, 1995). In order to utilize mentoring to enhance staff development, increase satisfaction, etc., the nurse leaders should understand that mentoring is influenced by the organizational culture within which it exists. In other words, they need to understand the interrelationships among mentoring, organizational culture, and leadership for the optimal development of effective mentoring (Callahan & Ruchlin, 2003) . With the principles of transformational leadership, nurses can assist the staff in creating an empowering, innovative, and dynamic culture within which successful mentoring can be developed and sustained. This will help in enhancing the job satisfaction as well.

Apart from these theories there are other three types of leadership styles, namely autocratic leadership, democratic leadership and laissez-faire leadership.

2.3.3.3 Autocratic Leaders

 The autocratic style leaders function themselves and their style of leadership involves controlling and dominating. These leaders command people, set targets and goals for them and check to see if the work is done. These leaders do not delegate any responsibility to their staff members and they solve all the problems arising in the group by themselves (Faugier, 2002).

2.3.3.4 Democratic Leaders

The democratic leaders act more as a facilitator and resource person for their employees (Maji, 2009). With this type of leadership style, the leader shows more concern for each member of the group, participates more and shares in decision making, planning and responsibilities with their employees. This type of leadership works best if all the members in the group possess knowledge and are willing to work to achieve the goals that have been made (Lalwani, 2011). In nursing leadership, democratic leadership is considered the most effective type of leadership (Hyett, 2003).

2.3.3.5 The laissez-faire leaders

In this type of leadership style, the leader tries to please everyone and focuses more on the feelings of their employees. Passive non-directive and inactive approach is adopted by these kinds of leaders. These leaders trust their subordinates to do the job themselves and are less concerned with the part of the work. These types of leaders are somehow not suitable for the health care units (Choi, 2007).

2.3.4 Leadership style in Nursing

The adequacy of nursing staff in order to provide safe care environment is essential for the management of organizational practices and for a good nursing practice. It is a part of human resource management and the nurse leader also has to manage the non-human resources (Laschinger & Leiter, 2006).

Being nursing leaders, the professional nurses need to ensure that mentoring is part of the nursing customs and that values, goals, targets and mentoring are lined up as per the managerial ethics (Berwick, 2003). However, the efficiency of implementating leadership training will not be up to the mark if there is no appreciation of the organizational culture (Kefela, 2010). Thus such problems may affect the organization's productivity, the efficiency and the effectiveness (Robbins & Langton, 2000).

Several factors are involved in creating a good organizational culture. These factors are such as granting opportunities for medical training, participating in supervision is being valued as registered nurse right through the organization, continuous education, and sympathetic relationship with peers, physicians, and management (Schyve, 2009). These factors influence the existence of a healthy organization. In order to become a successful, efficient and an effective leader, a person needs to be equipped with knowledge in nursing practice and management skills. The knowledge and the skills in management and attitude can only be improved through learning, training and education (Oliver, 2008).

A nurse leader should focus on training and motivational courses and continuous nursing education that will help in the improvement of skills, knowledge and attitude of the nurses. Moreover, this type of training and learning will equip nurses with knowledge that will help them in delivering a better nursing, care (Crabtree 2002). Salmond (2007) have identified that through evidence-based practice, a leader may change the traditional nursing focus to scientific evidence, patient values and the clinical situation. Evidence-

based practice is the use of evidence, clinical expertise, and patient preferences for providing nursing care.

Furthermore, the moral of the followers (nurses), their patients and other categories of staff are also affected by the personality of a leader. A leader should skillfully empower and facilitate others; and develop knowledge, positive thinking, effective communication and problem solving skills while making good decisions. All these factors will help the leader to be a good role model for his/her followers since he/she will be modeling good leadership qualities (Schein, 1992).

2.4 Stress

Stress is something which is difficult to define because it is a unique, individual and subjective experience. For instance, if something is stressful for someone, it is not necessary that it will be stressful for others as well. Stress among employees occurs when physical and emotional demands of an individual do not meet the demands of their job. As per some research, stress is defined as a physical, mental or emotional response to events that causes bodily or mental tension (Nordqvist, 2009). The three types of stress which are physical, emotional and psychological will be discussed.

If a body starts to suffer due to a stressful situation, it is known as physical stress. The most common symptom of physical stress is headache as stress causes people to unconsciously tense their neck, foreheads and shoulder muscles (Forman, 2007). If the stress persists for a long period of time, then it may lead to digestive problems including

ulcers, insomnia, fatigue, high blood pressure, nervousness and excessive sweating, heart disease, stroke and even hair loss (Morrow, 2011). On the contrary, stress that affects the mind and includes anxiety, anger, depression, irritability, frustration, over reaction to everyday problems, memory loss and a lack of concentration for any task is referred to as emotional stress (Lind, 2012). Anxiety is normally a process of responding to the loss, failure, danger or a fear of the unknown (Forman, 2007). Anger is normally a response to frustration or social stress and it could become severely dangerous for another if it is not kept in control (Passi, 2012). On the other hand, depression is a response to upsetting situations such as the death of a loved one, illness and failure (Inderwiesen, 2009). Psychological stress, on the other hand, is a long-term stress that can cause psychological problems in some individuals. The symptoms of psychological stress include withdrawal from society, phobias, compulsive behaviors, eating disorders and night terrors (Staff, 2011).

Stress can be further classified into two groups- good stress and bad stress. The majority of people believe that stress is always bad. However, it is found that a little stress is requisite for our survival. Good stress is known as 'eustress' and bad stress is called 'distress' (Deshpande, 2010). Eustress is the kind of good stress that helps an individual to improve his/her performance (Scott, 2012). A small amount of positive stress helps an individual to meet daily work challenges and progress in life as can be seen among nurses in general at the Sultanah Bahiyah Hospital.

On the other hand, distress is the worst stress that happens when stress gets out of hand. This stress helps in bringing out the weakness of an individual that makes him/her vulnerable to fatigue and illness. If distress is not controlled, it will lead to ill-effects of stress (Bansi, 2012).

At the Sultanah Bahiyah Hospital, while the researcher communicate verbally with some of the nurses, and found that, the nurses experience distress and anxiety, at one time or another during their nursing career, especially when they are unable to cope with the demands at the workplace coupled with family demands. The management should work on helping the nurses affected so that they can provide quality care to patients.

2.4.1 Stress in Nursing

Stress is experienced worldwide and stress among nurses is well documented for more than 30 years (Alexander, 2012). Moreover, stress is inherent in the nature of the work of nurses. As per the research (Lazarus & Folkman, 1984), stress is identified as one of the most common hazards that affects the nurses, physically and mentally. Lazarus and Folkman (1984) also highlighted that the stress can be classified as an unsafe physical and emotional responses that are found when the needs of the work do not match the ability and requirements of the employees. As mentioned Lee (2003), the stress in nursing is highly related to the heavy burden of work, poor staffing process, having to deal with death and dying situations, the strain of shift work, career and lack of organization support, and conflict among staff members. These factors are also responsible for the stress experienced by nurses at the Sultanah Bahiyah Hospital.

Whenever there is a heavy workload among nurses and demand from society, and the employer, nurses experience increased mental and physical stress and this affects their work performance.

2.4.2 Definition of Stress

Stress is mostly described as an inner feeling of being overloaded, tense and worried. Stress according to Lazarus and Folkman (1984), is a process of mutual relationship between the person and the environment. Stress is also defined as a condition of physical or mental strain caused by the inability to adjust to factors in the environment, thus resulting in physiological tension or pressure (Freshwater, 2005).

A similar definition of stress is provided by Laposa (2003) who views stress as a psychological reaction of the body to physical or psychological demands that threaten or challenge the organism's well being. The overall stress that is being experienced by the nurses at Sultanah Bahiyah Hospital can be explained as the reaction of their mind to their environmental factors such as overburdened by work or inability to meet the expectations of management and external factors such as behaviour of patients, code of conduct etc.

2.4.3 Models of Stress

There are a number of models that have been produced in order to explain and define the state of stress in an individual. Some of those models that are directly relevant to the context of the current study are explained below.

2.4.3.1 Physiological model

This model states that the physiological changes in response to stress are similar but are not that identical in all situations. Selye (1956) (cited in Selye, 1984) points out that these changes are known as the General Adaptation Syndrome (GAS) He further highlighted three stages of response, namely Alarm, Resistance and Exhaustion. At the time of stress, the resistance of the body drops at the initial stage and then rises sharply. In the next stage, it is kept high and in the last stage, it ultimately falls in exhaustion. This depressing picture of stress responses is not an inevitable and unchangeable sequence.

2.4.3.2 Arousal Model

According to this model, arousal is beneficial to an individual's performance up to an optimum level, but extremes of arousal produce stress and a corresponding decline in performance. In Yerkes and Dodson (1908), it is mentioned that the performance increases up to the maximum level of arousal and if arousal continues to increase, then performance declines and stress is experienced. It is stated that a higher level of arousal is necessary for a simple boring task, whereas for a more complex task, a slightly lower level of arousal is better (Comer & Gould, 2012).

2.4.3.3 Psychosocial stimuli model

Kagan and Levi (1975) highlighted that psychosocial stimuli, such as life changes make an individual prepare to cope with stress. The extent of doing so is emphasized by

genetic differences and learning experiences, which are also highlighted by Selye (cited in Selye, 1984).

2.4.3.4 Transactional model

As mentioned by Cox and Mackay (1976), stress is due to a dynamic transaction between the individual and the environment. This model focuses on the cognitive assessment made by an individual with regards to perceived demand made on her/him and his or her perceived capability to deal with the demands. When the perceived demand outweighs the perceived capability, stress results (Cox and Mackay, 1976). This model describes stress as an outcome of how a stressful and appraised person evaluates all the resources available to him to enable him to cope with stress. It is mentioned that stress can be minimized by helping people change their perception towards the factors of stress, providing them with strategies to help them handle the situation and to increase their confidence (Lazarus & Folkman, 1984).

2.4.3.5 General Facet Model of stress

This model is largely based on occupational stress. This model gives recognition to changes occurring over time and feedback to the individual, which then results in change in personality, efficiency, productivity and effectiveness (Mark & Smith, 2008). It is stated that more than 150 variable   are involved in stress   (Beehr and Newman, 1978).
 Among that are personality which includes self-esteem (low, moderately high, high), locus of control (internal locus of control or external), personality types A (ambitious,

alert, aggressive, competitive), type B (job ambitions do not dominate their lives as those of type A), hardy personality types (those who are able to cope well with stressful events one after another), racial/cultural factors, gender (females having to be a career women and carry out household chores), and social support systems (at home with realtives, family, workplace, during traumatic events). These variables are said to highlight the complexity of the problem of stress.

2.5 Relationship between job satisfaction and stress

Job satisfaction and stress are vital components that affect the nursing profession. These components are influenced by a variety of factors out of which clinical leadership and quality inter-professional collaboration between nurses and doctors, and amongst nurses are particularly important (Sulivan, 1993). Nurses' job satisfaction was found to be influenced primarily by psychological stress and the quality of clinical leadership (Stamps, Piedmont, Slavitt, & Haase, 1978). At the Sultanah Bahiyah Hospital, the researcher had some verbal discussion with the ward nurses and identified that professional relationship between doctors and nurses are poor and a frequent stressor for nurses working in hospitals. This is because there is a lack of collaboration between doctors and nurses; conflicts arise between doctors and nurses and mainly the doctors do not respect the opinions of nurses in decision making about patients' care. Thus it could be argued that clinical leadership may be a major contributor to the stress of nurses.

2.6 Relationship between Leadership Style and Stress

The job of a nursing leader is to manage the challenging healthcare workplace and workforce. The main focus of a nurse leader is to improve nurses' outcome, work

environments and ensure the   productivity and effectiveness of the healthcare organizations (Ward, 2001). In order to ensure job satisfaction and less stress in a hospital setting, the leaders in hospitals need to maintain a supportive work environment. This empowers the nurses to overcome stress (Slattery & Olsen, 1984).

The nursing leaders should adopt a leadership style that communicates empathy, respect and trust. This type of leadership refers to the transformational leadership. Thus transformational leadership is preferred over transactional leadership (Muenjohn, 2005). With the implementation of transformational leadership style, the leaders would be able to enhance nurses' job satisfaction, increase morale, reduce stress and increase the level of commitment among nurses (Abu-Zinadah, 2004).

Autocratic leadership style is recognized as the main source of stress, strain and job dissatisfaction. The nurse leaders should not only possess knowledge and skill but they should also empower their nurses by promoting autonomy through delegation (Bass, 1997). This autonomy will be beneficial for the health care unit and will give rise to job satisfaction, encourage nurses to assume job ownership and enjoy the workplace without stress. Since autocratic leadership is task oriented, it focuses on providing quality care to the consumers of the services (patients) which in turn will result in increased pressure on nurses. It is obvious that an ineffective leadership will undermine the the efforts of nurses in their work (Comer, Jolson, Dubinsky, & Yammarino, 1995). Thus it is necessary for nurse leaders to build collaborative relationships and employ a participatory leadership style that empowers, and creates job satisfaction without stress (Faugier, 2002). However,

this leadership style has to be applied will discretion as it might not be effective with regards to implementation of policies and codes of conduct.

2.7 Research Framework

The literature review informs the development of a research framework for this study. The framework is shown in the figure below:

Figure 2.1

Research Framework
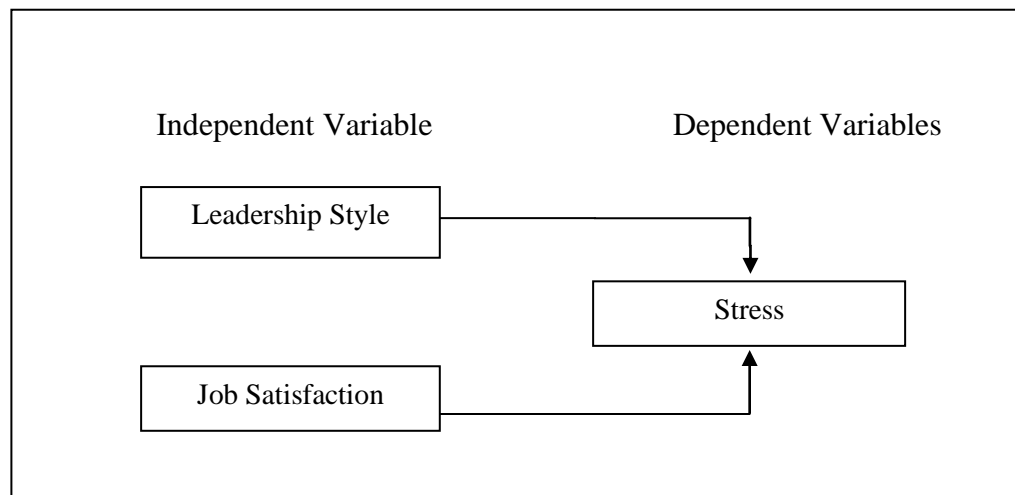
The independent variables in this framework are leadership styles and job satisfaction, and stress is considered as the dependent variable. As per most of the research and the references given in this review, it is obvious that leadership style and stress are the most vital components in determining job satisfaction of an organization such as the health care sector.

2.8 Hypothesis

In this particular study, the independent variables (leadership style and job satisfaction) are measured to see their   relationship with the dependent variable (stress).

The hypotheses of the study are as follows.

H1   :   There is a significant relationship between nursing leadership style and stress

H2   :   There is a significant relationship between nurses' job satisfaction and stress

2.9 Conclusion

This chapter provides a detailed account   of   the relevant literature regarding the relationship between leadership style, stress and   job satisfaction among nurses. The relationship between dependent and independent variables has been properly framed and the factors contributing towards leadership style, stress and job satisfaction are well explored. The next chapter will explain the methodology used to test the hypotheses.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter defines the methodology used in this study including research design, population and sample, unit of analysis, and the procedures and instruments used in the data collection. The methodology describes the total strategy or set of processes used to conduct the study, starting with the identification of the problem and ending with the final stage of data collection (Uys & Basson, 1991).

3.2 Research Design

A research design is the blue print that guides the researcher in planning and implementing the research in order to achieve the intended goal (Burn & Grove, 2001). It is also the overall plan for obtaining answers for the proposed research questions (Pilot &Hungler, 1995).

3.2.1 Type of Research

Both descriptive and correlational research designs were employed in this study. Descriptive and quantitative surveys were used in the research to identify the correlation between leadership style, job satisfaction and stress among nurses. Descriptive statistics were used to describe and summarize the data obtained for nurses and provide an accurate representation of the entire population . Through descriptive research, concepts are described and relationship are identified (Burn & Grove,2001).The independent variables were job satisfaction and leadership style,and the dependent variable was stress.

3.3 Sections in the questionnaire

The questionaire (instrument) used in this research is divided into four sub section(see attachment) . These sections comprised of Section A which reflects information on the respondent profile, Section B which measures the nurses' satisfaction derived from their jobs, and section C which reflects the general view on leadership style adopted by nurses followed by a Section D measuring the stress levels among nurses.

Table 3. 1

Job Satisfaction questionnaire measurement scales

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

Table 3.2

Multifactor Leadership style questionnaire section measurement scales

Not at all 1	Once in a while 2	Sometimes 3	Fairly Often 4	Frequently, if not always 5

Table 3.3

Stress questionnaire section measurement scales

Not at all 1	Once in a while 2	Sometimes 3	Fairly Often 4	Frequently, if not always 5

There are three variables in this research. The independent variables job satisfaction and leadership style whereas the dependent variables are stress. Three quantitative instruments were used in the data collection and it is indicated in the table below.

Table 3.4

Research variables and measurement

Construct	Source
Job Satisfaction	Minnesota Satisfaction Questionnaire (MSQ- Short Form) (1977)
Leadership Style	Bernard M. Bass (1985) (Revised several times)
Stress	Lovibond, S.H. &Lovibond, P.F.(1995)

3.3.1 Job Satisfaction

The questions for Job Satisfaction were adopted from Minnesota Satisfaction Questionnaire (MSQ- Short Form)(1977). The Minnesota Satisfaction Questionnaire (MSQ) is designed to measure an employee's satisfaction with his or her job. The purpose of this questionnaire is to provide the respondents an opportunity to describe what they feel about their current job, what factors cause an increase in their job satisfaction and what they feel and what factors account for an increase in the level of dissatisfaction. The questionnaire has 20 questions presented on a Likert scale having the following measurement scale (1= very dissatisfied, 2= dissatisfied, 3= neutral, 4= satisfied and 5= very satisfied). Table 3.5 contains the questions listed in this questionnaire.

Table 3.5 *Job Satisfaction Questionnaire (MSQ – short form)*

No	On my present job, this is how I feel about...
1	Being able to keep busy all the time..
2	The chance to work alone on the job..
3	The chance to do different things from time to time.......................
4	The chance to be "somebody" in the community..........................
5	The way my boss handles his/her workers....................................
6	The competence of my supervisor in making decisions.................
7	Being able to do things that don't go against my conscience.........
8	The way my job provides for steady employment..........................
9	The chance to do things for other people.............................
10	The chance to tell people what to do.....................................
11	The chance to do something that makes use of my abilities...........
12	The way company policies are put into practice..........................
13	My pay and the amount of work I do........................
14	The chances for advancement on this job........................
15	The freedom to use my own judgment.......................................
16	The chances to try my own methods of doing the job............
17	The working conditions...
18	The way my co-workers get along with each other................
19	The praise I get for doing a good job..
20	The feeling of accomplishment I get from the job.......................

3.3.2 Leadership Style

Multifactor Leadership Questionnaire was presented in order to measure the leadership style. The Multifactor Leadership Questionnaire was firstly devised by Bernard M. Bass in 1985 and was revised several times through subsequent research. It includes questions measuring attribute and behavioral idealized influence, intellectual stimulation, inspirational motivation and individual consideration. The Multifactor Leadership Questionnaire consists of 35 questions using a Likert rating scale from 1-5 (1- not at all, 2-once a while , 3- sometimes, 4-fairy often and 5- frequently, if not always). Table 3.6

presents a list of questions adopted for the multifactor leadership (leadership style) questionnaire.

Table 3.6 *Multifactor Leadership Questionnaire*

NO.	My Nurse Manager...
1.	Talks about their most important values and beliefs
2	Seeks differing perspectives when solving problems
3.	Spend time in teaching and coaching
4.	Provide me with assistance in exchange for my efforts.
5.	Re-examines critical assumptions to question whether they are appropriate
6.	Talks optimistically about future
7.	Instills pride in me for being associated with her.
8.	Specific the importance of having a strong sense of purpose
9.	Talks enthusiastically about what needs to be accomplished
9.	Talks enthusiastically about what needs to be accomplished
10.	Discusses in specific terms who is responsible for achieving performance targets
11.	Waits for things to go wrong before taking action.
12.	Fails to interfere until problems become serious
13.	Focuses attention on irregularities, mistakes ,exceptions and deviations from standards
14.	Avoids getting involved when important issues arise
15.	Is absent when needed
16.	Emphasizes the importance of having a collectives sense of mission
17.	Delays responding to urgent question
18.	Gets me to look at problem from many different angles
19.	Suggests new ways of looking at how to complete assignment
20	Helps me develop my strength
21.	Leads a group that is effective
22.	Avoids making decisions.
23.	Displays a sense of power and confidence
24.	Articulates a compelling vision of the future
25.	Directs my attention towards failures to meet standards.
26.	Keeps tracks of all mistakes
27.	Concentrates her full attention on dealing with mistakes ,complaints, failures
28.	Express satisfaction when I meet expectation
29.	Acts in a way that builds my respect
30.	Expresses confidence that goals will be achieved
31.	Treats me as an individual rather than just as a member of the group
32.	Goes beyond self –interest for the good of the group
33.	Works with me in satisfactory way
34.	Heightens my desire to succeed
35.	Increase my willingness to try harder

3.3.3 Stress

DASS Stress Scale Questionnaire was developed by Lovibond S.H and Lovibond P.F in 1995. DASS a 42- item questionnaire includes three self –report scales designed to measure depression, anxiety and stress. Each scale contains 14 items. The stress scale consists of 14 questions. The respondent uses 5-point Likert scale (1- not at all, 2- once a while, 3- sometimes, 4- fairly often and 5 – frequently, if not always). Table 3.7 indicates the question adopted for stress.

Table 3.7 *DASS Stress Scale Questionnaire*

1.	I found myself getting upset by quite trivial things
2.	I tended to over - react to situations
3.	I found difficult to relax
4.	I found myself getting upset rather easily
5.	I felt that I was using a lot of nervous energy
6.	I found myself getting impatient when I was delayed in any way
7.	I felt that I was rather touchy
8.	I found it hard to wind down
9.	I found that I was irritable
10.	I found it hard to calm down after something upset me
11.	I was in a state of nervous tension
12.	I found it difficult to tolerate interruption to what I was doing
13.	I was intolerant of anything that kept me from getting on with what I was doing
14.	I found myself getting agitated

3.4 Population And Sampling

3.4.1 Population

The population of interest for this research consisted of registered nurses in any of the following units; wards such as medical, surgical, critical care, trauma and emergency,

orthopedic, maternity and all the wards and clinics in the Hospital SultanahBahiyah. The

population size dor this research is 1200, N= 1200.

3.4.2 Sampling

Based on the table Determinang sample size for research by   Robert V. Krejcie

(University of Minnesota) and Daryle W. Morgan (Texas A.& M. University), the sample

size needed to accurately respect a cross section of the given population of 1200 is at

least 291.

Since the target respondents are associated with various clinics and wards in the Hospital

Sultanah Bahiyah, a disproportionate stratified simple random sampling were used.

Proportionate formula:

Number of respondents in each group = number of nurses in each group multiplied by

sample size divided by total population.

Table 3.8

Disproportionate stratified simple random sampling

Group	Number of Nurses	Proportionate (%)	Total number of respondents
Medical	205	205/1200 =17%	17% X 291 =49
Surgical	217	217/1200 =18%	18%X 291 =52
Pediatric	203	203/1200 =17%	17% X291=49
Orthopedic	170	170/1200 = 14%	14% X 291 =41
Accident & Emergency	130	130/1200 = 11 %	11% X 291 =32
Maternity	150	150/1200 = 13%	13% X 291 = 39
Critical Care	125	125/1200 = 10 %	10% X 291 = 29
Total	1200	100	291

3.5 Data Collection

In this study, questionnaires were used to collect the data. Questionnaire was distributed to nurses of seven departments including the Medical Department, Surgical Department, Pediatric Department, Orthopedic Department, Accident and Emergency Department, Maternity Department and Critical Care Department. A total of 291 sets of questionnaire were distributed from the 7th April to the 13thApril 2013. A total of 269responses were successfully recorded

3.6 Data Analysis

Statistical Analysis of the quantitative data was conducted using Statistical Package for Social Science Program (SPSS) version 20.

3.7   Pilot Study

A pilot study was used to test the instrument.It is developed much like the proposed study with the same data collection and analysis techniques. According to Burns and Grove (2001), a pilot study is a smaller version of a proposed study conducted to refine the methodology.

A pilot study was conducted with 20 nurses from the Hospital Sultanah Bahiyah to determine the clarity of questions, effectiveness of instructions, completeness of response sets and success of data collection techniques.

3.7.1 Reliability Test

Reliability Test is one of the most important elements of test quality. The reliability of the questionnaire was tested to check the consistency of all related factors in the study based on Cronbach's Alpha. Sekaran (2005) stated that the closer Cronbach Alpha is to 1, the higher would be the consistency of the reliability factor. For a research, any reliability coefficient (Alpha) less than 0.6 is regarded as poor and those in the range of .07 are acceptable, and those with coefficient value of 0.8 and over are considered good.

3.7.2 Validity Test

A validity test helps to ensure that a test is in accordance with certain professional standards to measure what is supposed tobe measured. Kaplan and Saccuzzo (2001) describe validity as the agreement between a test score or measure, and the quality it is believed to measure. In other words, it measures the gap between what a test actually measures and what it is intended to measure. In order to identify that the variables are valid and measurable, face validity and construct validity were performed. If a measure has face validity, it appears to measure what it is supposed to measure. The questionnaire items in the study were judged or assessed with regards to its relevance by a supervisor and matron, and construct validity is determined by using factor analysis. Construct validity is assessed through convergent and discriminant validity.

3.8 Data Screening

Linearity test and Normality test are performed in the data screening process

3.8.1 Linearity Test

Linearity test is the ability of a test to obtain result (within a given range)that vary in a manner directly proportional to changes in the amount/concentration of the analyte in the sample. It is also defined as a mathematical transformation.

3.8.2 Normality Test

A Normality Test is a statistical process used to determine if a sample of data has a standard normal distribution. It can be performed mathematically or graphically. It is also used to test whether a random variable is normally distributed or not. The main purpose of normality test is to guide the SPSS researcher on which analysis test or method to use so that the findings of the test will not have misguided or biased results.

3.8.3 Data Transformation

Data transformation is performed to check the normality of the data. If the data are not forming normal distribution, the data transformation is needed to convert the data to assume the normality.

3.8.4 Homogeneity

Homogeneity test is performed to identify the homogenous of the data. A box plot will be used to test the homogeneity. A box plot will indicate which observation, if any, might be considered outliers.

3.9 Factor analysis

Factor analysis is a correlation technique which begins with a large number of variables and then tries to reduce the interrelationship amongst the variables to a few number of

clusters or factors . In other words, factor analysis refers to a collection of statistical methods for reducing correlational data into a smaller number of dimensions or factors.

Prerequisite tests need to be performed in order to proceed withthe factor analysis process. The test includes Kaiser-Meyer –Oikin (KMO), Bartlett, Anti-image correlation and Measure of Sampling Adequacy (MSA) tests.

3.9.1 Prerequisite For Factor Analysis

3.9.1.1 KMO, Bartlett, Anti –Image Correlation and MSA Tests

KMO and Bartlett test is to assess the appropriateness of using factor analysis on data.

KMO is used to measure the adequacy of the sample for extraction of two factors. The KMO value of 0.847 is considered   acceptable (Kim and Muller,1978). The Bartlett test is performed to test the multivariate normality of the set distributions .A significance value of $p<0.05$ indicates that the data do not produce an identity matrix or differ significantly from identity (George and Mallery,2000)

3.10 Correlation Analysis

Correlation Analysis is to define the variation in one variable by the variation in another without establishing a cause and effect relationship. To perform correlation analysis, there   must be sufficient data plugged into the Karl Pearson's formula coefficient of correlation. The coefficient of correlation is a measure of the strength of the relationship between variables.

Correlation analysis typically gives a number result that lies between $+1$ and -1. The $+ve$ or $-ve$ sign denotes the direction of the correlation. The positive sign indicates direct correlation whereas the negative sign denotes inverse correlation. To test for the significance of any linear relationship, a hypothesis test of the correlation between the dependent and independent variables can be performed. For the Correlation to be considered significant, the correlation must be 0.5 or above. The closer the number moves towards 1, the stronger the correlation is.

3.11 Conclusion

In this chapter, the method and the analysis strategy for the study have been described, including the sample of the study,the selection of the respondents, the development of the questionnaire, the research materials and the survey procedure. This chapter also briefly explains the adoption of factor analysis and correlation analysis. The result of these tests will be reported in the next chapter, Chapter 4.

CHAPTER 4

FINDINGS

4.1 Introduction

This chapter reflects on the findings underlying the research and provides a detailed description of the analysis and interpretation of data .All data were analysed using the Statistical Package for Science (SPPS) version 20.0 Analysis of demographic data of the respondent included gender, age, race, marital status, educational level, years of experience as practicing nurse, and the length of services performed. Person's correlation coefficient was used to identify the existence of any significant relationship between the independent variables and dependent variable. Descriptive statistics will reflect the summary og the results underlying the sample under consideration.

4.2 Respondent Profile

The total number of questionnaire which were distributed to the respondent were 291 respondent filled up and returned the questionaire. The rate of return is 92% as shown in Table 4.1

Table 4.1 - Total population and questionnaire response rate

Total Population	1200
Total of Questionnaires	291
Total of Questionnaires Returned	269
Rate of Return %	92 %

Table 4.2   Demographics variables - REFER APPENDIX B

Table 4.2 shows that , 97.8 % respondent are female nurses while 2.2% of nurse is male. The age group is consisted to five categories ,that is 20-30 years comprising 44.2% of the population, 31-40 years comprising 35.2% of the population,41-50 years representing 9.7%,of the total, 51-60 years comprising 10.1% and above 60 comprising 7% of the total population. Malay nurses formed 91.4 % of the ethnic group, followed by 3.0% Chinese and 4.5% Indian of the total ethnic group . 71% of the respondent are married and it shows that majority nurses in Hospital Sultanah Bahiyah are married. The academic qualification of the respondent are 72.1% with diploma holders, 3.2% with bachelor degree and others 4.1% is with certificate 36.3% of respondent are highly experience for more than 12 years . Respondent profile shows that length of service of respondent also have highest percentage about 35.2% for respondent who work more than 12years, 11.2 % for respondent who have been working between 10 – 12 years, 13.1% for respondent working between 7 – 9 years and 4 - 6 years , 16.1% respondent have been working between 1-3years and respondent work less than 1 year is about 11 %.The data show that the majority of nurses (71%) at Hospital Sultanah Bahiyah are married. The education level of the were divided into three categories, nurses holding a diploma (72.1%), nurses holding a bachelors degree (3.2%), and nurses holding qualications at a certificate level (4.1%). 36.3% of the respondents are highly experienced nurses with more than 12 years of experience.The respondent profile also shows that a high percentage of the respondents have been working for more than 12years (35.2%), 11.2 % worked between 10 – 12 years, 13.1% between 7 – 9 years and

4 - 6 years , 16.1%   have been working between 1 to 3years and   about 11 % of the respondents have worked for less than a year.

4.3 Pilot Test

A pilot test was conducted to examine the reliability of the measurement used in the study. The value of Cronbach Alpha of 0.7 and above is considered as reliable while Cronbach Alpha of 0.6 is considered poor but acceptable (Sekaran,2003). Table 4.3 in appendix C are the Cronbach Alpha values for each of the Variables.

Table 4.3 : Reliability Test - REFER APPENDIX C

Table 4.3 describes the reliability results for each variable. It has been shown that all variables have Cronbach Alpha values well above 0.6. According to Sekaran (2003), these variables are reliable for further analysis.

4.3.1 Validity Test

In this test, two (2) activities have been performed including face validity and construct validity. In face validity, the researcher has referred the items in the questionnaire to the supervisor   as academic referral and Matron Hamidah as practitionaire referral. For construct validity, the researcher referred to the results of factor analysis.

4.3.2 Multivariate Outlier

The critical value for a Chi-square distribution at stringent value 0.01 and 2 degrees of freedom(df) is 13.816. Df represents total number of independent variables (IV) . In order to remove the impact of multivariate outliers or test multivariate outliers, cases with values greater than 13.816 were discarded from further analysis.

4.4 Data Screening

Data screening is conducted to ensure the gathered data are linear, normal and homogenous . A scatter plot is produced to test the linearity of the relationship between the perdictor and the response.The normality of the data was tested by measuring the values of skewness and kurtosis. M-box plot must not be significant at $p<0.001$.

4.4.1 Linearity test

Table 4.4 : Scatter plot between independent and dependent variable

- REFER APPENDIX D

Table 4.4 in appendix D the scatter plots describing the linear relationship/pattern between the independent variable and dependent variable. The diagram below illustrates that all the scatter plots graphs are linear and oval shaped. These graphs suggest that statistically significant linear relationships do exist.

4.4 2 Normality

Skewness and kurtosis values were referred to test the normality of the data.

Table 4.5   Skewness and Kurtosis Values - REFER APPENDIX D

The table 4.5 shows that the Skewness and kurtosis values for all variables are within $\pm$ 1.96. For job satisfaction, the value of Skewness is - 0.500 and the value of kurtosis is 1.897. For leadership, the value of Skewness is 0.623 and the value of kurtosis is 1.610. whereas the value of Skewness and kurtosis for stress is 0.103 and 0.122. Both Skewness and kurtosis values fall within the limit and the data show that all variables are normal. This analysis indicates that all variables may be assumed to be normally distributed.

4.5 Factor Analysis

The purpose of factor analysis is to determine the discriminant factors and the convergent of items clustered in a particular dimension (factor). Before carrying out the factor analysis, a prerequisite test was performed in order to permit the factor analysis process. The test that was included is Kaiser-Meyer-Olkin (KMO), Bartlett, Anti - image correlation and Measure of sampling Adequacy (MSA) test.

4.5.1 Prerequisite for factor analysis

4.5.1.1 KMO, Bartlett, Anti image correlation and MSA tests

The next analysis is Kaiser-Meyer-Olkin and Bartlett's test. The Kaiser-Meyer-Olkin (KMO) measures the sampling adequacy which should be greater than 0.5 for a

satisfactory factor analysis to proceed (Sekaran, 2003).The table shows indicates the KMO values and Bartlett test for all dimensions.

a) Job Satisfaction

Table 4.6 Results for KMO and Bartlett Tests - REFER APPENDIX E

Based on the results shown in Table 4.6 for job satisfaction,   the KMO value is 0.899 and the Bartlett test shows it is significant. So the value for KMO exceeded 0.5 for job satisfaction and it is acceptable and permitted to perform the factor analysis.

Table 4.7 Anti Image Correlation for Job Satisfaction – REFER APPENDIX
Table 4.7 for anti –image correlation indicates that all the items for job satisfaction do not exceed 0.7. For MSA values for all dimensions are well above 0.5.

b) Leadership Style

Table 4.8 Results for KMO and Bartlett Test - REFER APPENDIX E

The result shown in Table 4.7 for leadership style,   the KMO value is 0.890 and the Bartlett test shows it is significant. So, the value for KMO exceeds 0.5 for leadership style and it is acceptable and permitted to perform the factor analysis

Table 4.8 Anti Image Correlation For Leadership- REFER APPENDIX E

Table 4.8   indicates that all items for leadership style do not exceed 0.7. For MSA values, all items are well above 0.5.

c) **Stress**

Table 4.9 Results for KMO and Bartlett Test - REFER APPENDIX E

Table 4.9 for stress indicates that the KMO value is 0.922 and the Bartlett test shows it is significant. The value for KMO exceeds 0.5 for stress and it is acceptable and permitted to perform the factor analysis. Based on Table 4.9, all items for stress do not exceed 0.7 and MSA value for all items are well above 0.5.

4.5.2 Factor Loading

Factor analysis is conducted to identify factors involve in this present study. To identify the total factor, the researcher referred to Eigen value and cumulative Eigen value . The Eigen value should be more or equal to one (1) and cumulative Eigen value must be more or equal to 60%.

Table 4.10 Eigen values for Job Satisfaction - REFER APPENDIX E

Based on Table 4.10, five factors have Eigen value more than 1. The cumulative Eigen value is 62.592 % which are more than the required 60%.The study included the five factors for convergent test.

Table 4.11 - Rotated components matrix for job satisfaction – REFER APPENDIX E

Table 4.11   shows rotated component matrix. There are   five discriminates factors. Based on loading factor 0.63, Factor 1 consists of 6 questions which are JS 11, JS 9, JS10, JS 8, JS 4, and JS 7.   Factor 2 consists of 4 questions which are JS 18, JS17, JS

19 and JS 20. Meanwhile factor 3 has 2 questions which are JS 13 and JS 15. Factor 4 and 5 is discarded from this study because they only have one question each which cannot measure one dimension.

Table 4.12 - Eigen Values for Leadership Style - REFER APPENDIX E

Table 4.12   identifies seven factors that have Eigen value more than 1 with the cumulative eigen value pecentage above 60 % , So the study includes all factors for the convergent test.

Table 4.13 - Rotated Component Matrix for Leadership Style - REFER APPENDIX E

Table 4.13 shows that there are seven discriminant factors. By using factor loading for Leadership Style which is more than 0.63 , Factor 1 consists of 6 items which are LS 10, LS 9, LS 2, LS 1, LS6 and LS 7. Factor 2 also have six items which are LS12. LS 15,LS 14, LS 11, LS22, and LS 17. For factor 3, there are 4 items which are LS 34,LS 33, LS 35 and LS 32 . There are 2 items in each factor 4 and factor 5 which are LS 29, LS 23, LS27 and LS 26. Factor 6 and factor 7 are discarded because they only have one item each LS 21 and LS 18 to measure one dimension.

Table 4.14 - Eigen value for Stress-REFER APPENDIX E

Table 4.14 shown has one factor Eigen value more than 1 with cumulative Eigen value below 60% but when 3 items are included for convergent, it is more than the required 60%.

Table 4.15 - Rotated Component Matrix for Stress - REFER APPENDIX E

The rotated component matrix table 4.15 shows three discriminant factors. Based on loading factor 0.63 , Factor 1 consists of items including S10, S7, S11, S8 and S6. Factor 2 and factor 3 consist of 3 items each. Items for factor 2 areS13,S12, and S14 whereas factor 3 items are S3,S4 and S2.

4.6 Reliability Test After Factor Analysis

Table 4.16 Reliability Test - REFER APPENDIX E

The Table 4.16 indicated the cronbach alpha values for variables involved in the study after factor analysis. The Cronbach alpha values shows that all the variables are reliable for further analysis.

4.7 Correlations

To examine the magnitude and nature of the relationship between independent and dependent variables,their correlations are calcuted and analysed. The results of the correlation analysis is shown in Table 4.17

Table 4.17   Correlation Analysis –REFER APPENDIX F

As shown in Table 4.17, there is a statistically significant relationship between the two predictors, job satisfaction and leadership style. There is a moderately strong positive linear relationship between leadership style and stress.

4.8 Conclusions

In this chapter, the researcher emphasizes the results from the data analysis process. It starts from data screening that employed linearity and normality, followed by reliability test to examine the value of cronbach alpha and performed factor analysis before carrying out correlation analysis.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1 Introduction

This chapter summarises and discuss the research objectives, the finding based on the analysis result and provides identification of factors that related to job satisfaction , leadership style and stress among nurses. The results of correlation, from each of the hypotheses testing in the previous chapter are examined to provide detailed explanation based on the analysis of the research data. The chapter ends with recommendation as well as directions for future research.

5.2 SUMMARY OF THE FINDINGS

The main objective of this study is to determine whether leadership style is related to stress among nurses and to identify the relationship between job satisfaction and stress among nurses in Hospital Sultanah Bahiyah. In order to conclude the analysis the researcher will take into account the results are generated from the SPSS output. The Pearsons correlation coefficient for stress and job satisfaction is 0.377. This indicates a weak positive correlation between job satisfaction and stress. The positive sign of the correlation coefficient indicates the direction of correlation between the variables. However, a small correlation coefficient implies that the knowledge of one variable gives not much information about the value of the other variable. However, according to logical reasoning it can be derived that reduced stress will lead to increased job satisfaction.

The correlation coefficient for job satisfaction and leadership style is 0.011 which indicates a weak positive correlation between the two variables. According to the results , it can be interpreted that leadership style have no effect on job satisfaction and vice versa. However, according to logical reasoning, it can be interpreted that increase in leadership style will increase the performance of the nurses resulting in a higher job satisfaction derived from their jobs provided they are offered attractive bonuses , excellence service awards when they meet deadlines and targets. However, this is only possible if effective employee benefits and motivation practices are adopted.

Similarly, an increase in the satisfaction derived from performing their duties cannot significantly reduce their stress levels primarily because stress cannot be associated with only work related issues but a wide range of personal problems also increase the stress levels present among the nurses working at the Hospital Sultanah Bahiyah . Similarly, a moderate positive correlation exists between stress and leadership style.

5.3 DISCUSSION

In order to increase the morale of the nurses, the Hospital itself can devise certain employee motivation practices which will lead to an increase in the satisfaction derived from jobs. In the literature review , it is describe by (Jenaibi,2010) factors like workers' personal characteristics, leaders' characteristic and management style, and the nature of work itself has a direct impact on the satisfaction of an individual with his job . Job satisfaction also represents the extent to which expectations and the real awards are matched (Abbas, 2013). So, an effective employee motivation scheme could be offering compensation benefits such as holiday package for

excellence worker and excellence service awards with bonuses should be given to employees who actively meet their monthly or annual targets. This will raise the morale level of the nurses which will help them adopt a productive approach in dealing with the everyday matters underlying their operations.

Since there is significant relationship between leadership style and stress, the nurse manager should interact with the nurses individually to determine the nurses interest and desire . To achieve the goal of the department, the nurse manager should spend more time interacting with the nurses and take part in the daily tasks. When nurse leaders, for example, show understanding and care about their fellow nurses life outside of the workplace, the nurses under their care are more likely to show positive attitude and behaviours at work. This would increase their job satisfaction , and lower their stress. Flexible work arrangements (Hill et al, 2008) could also be a measure that Hospitals can adopt to cater to the needs for work-life balance among nurses . This is important because what happens in one domain can affect the other. In order to ensure the success of this approach, supportive supervisors like on call sisters should be appointed to oversee the proper implementation of this approach. They should support the intention of the organization in balancing nurses' family and work responsibilities . Nurse leaders like matron and sisters should be able to provide emotional support where they consider the feelings of the nurses, talk and listen to them, and make them feel they are cared for. If this behaviour is practiced among nurse leaders, nurses stress levels will reduce as well. The nurse manager should also requires knowledge and skill which is different from nursing practice (Grossman and Valiga,2005). (Tyler & Ellison, 1999) have recommended that nurses should go for business courses and stress management programs to promote resiliencies and

develop the nurses ability of communication with others. The nurse manager should adopt the democratic style of managing. It is most effective of style of leadership in nursing. The managers and administrators should consider the changes that reduce the job stress level. It is describe as a primary prevention to handle the root causes of stress and give a positive impact for nurses' health and well being , increase the productivity and decrease in stress and burnout. Understanding and respecting each acknowledgement for the best achievement, positive feedback from the nurse managers, other and ability to work as a team is collaboration (Lingard et al 2004: Wickle et al.2004).Self- efficacy is the confident which one has to carry out during special task in a particular situation. When an individual experiences success in performing their duties and responsibilities , it can improve the feeling of happiness. In nursing it can be attained if there are support from the working colleagues and there will be satisfaction in doing job.(Reivich & Shatte,2002).

For today's economy ,the nurses should also have power to make decision and act in responsible way within the code of ethic.

5.4 LIMITATIONS OF STUDY

The scope of study was limited to one specific hospital. This could be widened to other hospitals for a wider scope and generalization of the results. In this study , the data collection are purely quantitative. It could be better if this method could be completed with a qualitative method such as interview with the respondent to capture elements of subjectivities in the responses given and   particularly involving emotion and perception which structured questionnaire fails to capture adequately.

Furthermore, the study is limited by the number of variable tested. The study only tested two independent variables that is job satisfaction and leadership style that influence the stress. There are many factors such as environmental factor, psychological factor, sociological factor ,personal factor and others that directly and indirectly contribute to stress.

5.5 FUTURE STUDY

Future researcher should do more in depth interview in order to understand better the relationship between job satisfaction, leadership style and stress. Future researcher should do more studies in the area that could be pursued in the future is examining work related stress factors and job satisfaction in the various wards and department in the public and private hospitals and among senior nurses and new graduate nurses in Malaysia. A mixed methodology approach that employs both quantitative and qualitative methods could contribute richer data and provide a more holistic picture of the stress situation of nurses. Another area of interest could be an investigation of the impact of computerized documentation on both senior and newly trained nurses as this was one of the stressors in the nursing scenario that was discovered in this study.

5.6 CONCLUSION

The current chapter has discussed results of the study in the light of literature review and limitations. The aim of the study was to identify the relationship between job satisfaction, leadership style and stress. The outcome of the study concludes that there are significant strong positive relationship between leadership style and stress. Therefore, leadership style are crucial

for employees's job satisfaction. Nurse leaders should give the maximum attention to adapt their behaviours and practice in their day to day work to increase job satisfaction and reduce stress. Nurses who intrinsically motivated will get pleasure, personal satisfaction and enjoyment when they carry out their roles and their contribution is meaningful to the organization .

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