

Original Article

The Relationship between Transformational Leadership and Quality of Nursing Work Life in Hospital

Kaluku Suratno

Student, Department of Management Nursing, Faculty of Nursing, Hasanuddin University Indonesia

Saleh Ariyanti, PhD

Lecturer, Department of Mental Health Nursing, Faculty of Nursing, Hasanuddin University Indonesia

Kadar, Kusri S, PhD

Lecturer, Department of Community Health Nursing, Faculty of Nursing, Hasanuddin University Indonesia

Correspondence: Kaluku, Suratno, Government Employee, Health Polytechnic Maluku, Indonesia Jl. Dr. Laksdya Leo Wattimena Negeri Lama Village, Ambon City, Maluku, Indonesia. Telp : 081288566783. Email: ners.nano@gmail.com

Abstract

Background: Increased productivity and performance of nurses are expected to meet the demands of improving the quality of health services. However, most nurses have limited control over their workload. Nurses are faced with many different situations every day, and there is no specific leadership style suitable for all situations. Therefore, nurses must be flexible in their leadership style, and adjust this to suit circumstances. Transformational leadership is strategically used to improve the work effectiveness of nurses.

Objective: This study aims to determine the relationship between transformational leadership and *Quality Of Nursing Work Life* (QNWL).

Methods: This study uses a cross-sectional approach. The population is nurses in 5 Makassar City Regional Hospitals with a working period of more than 1 year, and by survey, 542 respondents were obtained. Data were collected by questionnaire and analyzed using Rho Spearman correlation with a significance level of 0.01.

Result: The results showed that the highest mean values in the leadership style variables were inspirational motivation which was 11.9 (SD \pm 3.33). whereas in QNWL, the work context is the highest category is 43%. Transformational leadership is significantly related to QNWL ($p = 0,000$, $r = 0,28$). So transformational leadership is able to increase QNWL by 28%.

Conclusion: Transformational leadership has a direct influence on QNWL. Leadership strategies are very important to enhance the role of nurses where leaders can create effective work environments for nurses and improve the quality of services provided to patients.

Keywords: leadership, transformational, Quality of nursing work life, nurse ,hospital

Introduction

The human resources of the hospital consist of medical and medical support personnel, nursing staff, pharmacy personnel, management staff and non-health personnel (Law Number (no). 44 of

2009). Nurses are the largest group of employees in the hospital (Clarke & Brooks, 2010). The percentage of nurses in Indonesia in 2016 was the biggest compared to other health workers, which

was 29,66% (Ministry of Health Republic of Indonesia, 2017).

Increased productivity performance of nurses is expected to meet the demands of improving the quality of health services (Nuari, 2016). However, most nurses have limited control over their workload (Chan & Perry, 2012). Nurses besides working according to capacity also often spend a lot of time doing work outside of nursing actions (Kudo et.al., 2012). So that health care institutions should create a healthy work environment that benefits nurses and patients, monitors health and well-being, and encourages healthy behavior for nurses (Nowrouzi et al., 2016).

Quality of Nursing Work Life (QNWL) is an indicator of nurse satisfaction with their work and able to see opportunities for opportunities in the work environment (Hsu, 2016). The effect of QNWL is to cause a positive relationship with work attachments and affective commitment, which can reduce the nurse's intention to leave (Zhao et al., 2013), integral part for nurse retention (Hayes et.al., 2010; McGlynn et.al., 2012), increase organizational effectiveness (An et.al., 2011), improve nurse performance and influence nurse job satisfaction (Muindi & K'obonyo, 2015).

Nurses are faced with many different situations every day, and there is no specific leadership style suitable for all situations. Therefore, nurses must be flexible in their leadership style, and adjust this to suit circumstances (Giltinane, 2013). The role of leadership influences the creation of a positive work environment (Mudallal et.al., 2017). Leaders can express optimism about the future, help followers develop their potential and empower people to make changes happen (Daft & Lane, 2008).

Leaders who involve staff, foster team work, encourage motivation and reward good work performance can improve job satisfaction and impact quality of work life (Opollo, Gray, & Spies, 2014). With increasing QNWL, it will affect the relationship and motivation of nurses with all supporting elements in the hospital as a whole, including an understanding of the organization's desires and needs for environmental safety and occupational safety as well as a comfortable working atmosphere. (Fibriansari et.al., 2017). The research aimed to determine the relationship

between transformational leadership style and QNWL in Makassar City Regional Hospital.

Transformational Leadership (TL)

The practice of transformational leadership was first described by Burns (1978) in his leadership theory (Thompson, 2012). The theory was extended by Bass's work, which defines how TL can be measured and how it affects the enthusiasm and performance of followers (Ross et.al., 2014). Bass & Avilio (2000) proposed the theory of The Full-Range of Leadership Model which contained TL describing how leaders influence and move their followers and organizations by changing them.

Idealized influence (II). Called the leader as an model, has a standard of moral and ethical behavior, and is relied on to do the right thing. Can be measured by two components that are based on the perception they have on their leader (attributed), and the component of behavior that refers to follower's observation of the behavior of the leader (behavior). *Inspirational Motivation (IM)* describes leaders who are able to inspire followers through motivation to be loyal and to be part of a shared vision in the organization. *Intellectual Stimulation (IS)* describes stimulating followers to be creative and innovative and stimulating their own beliefs, both values, leadership beliefs and organization. *Individualized Consideration (IC)* describes the leader gives advice, uses delegates to help followers grow past personal challenges (Northouse, 2016).

QNWL

Quality of work life (QWL) refers to an employee's subjective satisfaction with his/her working life, based on personal feelings and perceptions (Cascio & Aguinis, 2005; Saraji & Dargahi, 2006). Brooks and Anderson (2005) developed Brooks' Quality of Nursing Work Life Survey (BQNWL), which identified four QWL dimensions: Work/home life dimension reveals the nurses' life experience at work and home. Work design dimension describes the real work the nurses do. Work context dimension describes the effect of workplace on nurses and patients. Work world dimension describes vast social impacts as well as the effects of changes on the functioning of nursing profession (Brooks & Anderson, 2005).

Method

Research Design

This was a cross-sectional quantitative study. The data were collected using a self-report questionnaire that consisted of three sections: demographic information, TL and QNWL. Demographic data were obtained, which included age, work tenure, gender, marital status, work status and educational level.

Sampling Strategy

The surveys were conducted in Indonesian. The participants were selected from 5 hospitals, each type of ownership in Makassar. Participation was voluntary and signed informed consent was obtained. The nurses' eligibility to participate in this study were those with at least one year's work experience in their current hospital. The overall response rate was 79.6 %. A total of 542 valid questionnaires were completed and returned.

Measures

Participants completed the Multifactor Leadership Questionnaire (Bass & Avilio, 2000), which measures the following dimensions of TL: idealized influence, inspiration motivation, intellectual stimulation, and individualized consideration. Participants were asked to indicate their degree of perception about TL regarding their leader (one level above) by using a four-point Likert scale ranging from 'not at all (0)' to 'frequently, if not always (4)'. Cronbach's alpha (α) for transformational leadership was 0,813 which demonstrates very good reliability (an alpha of greater than 0.70).

QNWL was measured using Quality of Nursing Work Life scale (Brooks & Anderson, 2005). it has 41 items divided into four subscales: Work/Home Life, Work Design, Work Context and Work World. Participants rated each item on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). Higher scores indicate higher levels of QNWL. Cronbach's alpha (α) for the total scale was 0.776.

Ethical considerations

Ethics approval was granted from the medical faculty the University of Hasanuddin

(issue:410/H4.8.4.5.31/PP36-KOMETIK/2018). all participants received information about the research and sign of the informed consent before completing the questionnaire and it was made clear that participation was voluntary

Data Analysis

Descriptive statistics were used to analyse the demographic data of the sample. Prior to the analysis of the correlation, the scores of variabel were tested for normality. The assumption of normality was not met. Therefore, the relationship between TL and QNWL was performed using the Spearman correlation coefficient.

Results

Participant demographic characteristics are presented in Table 1. A total respon rate respondents was 35.9 % worked in military hospital, 21,6 % worked in police hospitals, 16,6 % worked in public hospitals, 15,7% responden worked in private hospitals, and the remaining 10,1 % worked in teaching hospitals ownwer of university.

The mean age of the participants were 30 (SD= 4.7) years. The average work tenure was 7 (SD = 4) years. The majority of respondents were female (80.3%) and more than half of them were marriage (73.1) with temporary employee (79.9%). Education level majority is bachelor or high was 57.,7%.

Table 2 shows that inspirational motivation is the highest respondent's opinion on the sub-variables of TL with an average value was 11.39 (SD \pm 3.333) and world context is the majority choice in the sub variable QNWL with a value of 76.87 (SD = 9. 22).

Table 3 is a correlation analyses were conducted to further examine the relationship between TL and QNWL. TL style was significantly ($p < 0.01$) related to QNWL with $r=0.28$. So TL style was able to increase QNWL by 28%. Intellectual stimulation in sub variabel of TL was significantly related to QNWL with moderate relationship $r=0,34$ but Individual consideration have low relationship and significantly ($p<0,05$) with QNWL with $r=0,091$.

Table 1. Participant demographic characteristics (n=542)

Demographic characteristics	n (%)	Mean (±SD)
Age		30 (±4.67)
Work tenure		7 (±4)
Sex		
Male	107 (19.7)	
Female	435 (80.3)	
Marital Status		
Yes	396 (73.1)	
No	146 (26.9)	
Employment Situation		
Permanent staff	109 (20.1)	
Temporary staff	433 (79.9)	
Educational Level		
Diploma or lower	229 (42.3)	
Bachelor or high	313 (57.7)	

Table 2. Descriptive results of the measures of TL and QNWL (n = 542)

Variabel	Range	Mean (SD)
TL	10-80	51-41 (14.04)
II (behavior)	1-16	11.35 (3.25)
II (attributed)	0-16	9.98 (3.25)
IM	1-16	11.39 (3.33)
IS	1-16	9.03 (3.24)
IC	0-16	9.65 (3.24)
QNWL	105-199	154.03 (15.42)
Overall		
Work/Home Life	10-35	26.13 (4.15)
Work Design	18-45	32.68 (3.86)
Work Context	49-100	76.87 (9.22)
Work World	10-25	18.35 (2.49)

Table 3. Spearman Rho correlation between related variabel TL and QNWL Dimension (n = 542)

Variable	1	2	3	4	5	6	7	8	9	10	11
1	1										
2	0,88**	1									
3	0,89**	0,75**	1								
4	0,88**	0,73**	0,82**	1							
5	0,82**	0,69**	0,65**	0,66**	1						
6	0,67**	0,50**	0,48**	0,49**	0,37**	1					
7	0,25**	0,21**	0,21**	0,21**	0,15**	0,21**	1				
8	0,27**	0,21**	0,23**	0,26**	0,16**	0,20**	0,48**	1			
9	0,15**	0,13**	0,14**	0,12**	-0,04	0,28**	0,44**	0,32**	1		
10	0,20**	0,15**	0,16**	0,17**	0,03	0,24**	0,48**	0,40**	0,62**	1	
11	0,28**	0,22**	0,24**	0,21**	0,091*	0,34**	0,71**	0,62**	0,87**	0,73**	1

TL dimension: 1. TL, 2. II (Attributed), 3. II (Behaviour), 4. IM, 5. IC, 6. IS

QNWL dimension: 7. Work/Home Life, 8. Work Design, 9. Work Context, 10. Work World, 11. QNWL Overall

*. $p < 0.05$, **. $p < 0.01$

Discussion

Ideally, TL will create a motivating vision and enhance job performance (Lin, MacLennan, Hunt, & Cox, 2015). Based on the main hypotheses of the research, the results were presented in the final which revealed the positive relationship between TL and QNWL. To create a healthy work environment that leads to increased recruitment and retention of nursing staff, leadership styles have been identified as significant contributing factors. (Pearson et al., 2007). In addition, nurse managers have the most influence on strengthening staff to "change" the environment and performance in order to provide safe quality care (Edmunds, 2014). The quality of work life brings certain equivalents in work such as quality of work, function of job content, employee welfare, quality of relations between employees, work environment (Gayathiri & Ramakrishnan, 2013). The results showed that all element of TL is supported for QNWL. Likewise with opinions Dumdum, Lowe, & Avolio (2002) dan Failla & Stichler (2008) which states that there is a significant relationship between nurses' transformational leadership style and job satisfaction and nurse performance. Vagharseyyedin, et.al., (2011) said that QNWL is a degree of fulfillment of human needs in a work environment. If human needs have been met, then organizational productivity can increase.

Based on descriptive respondents in reserach found that the majority of employment situation is temporary workers, so the emotional influence and willingness to survive from a job as a nurse by complying with all the rules and obligations imposed on him is absolute. Correspondingly, employment status and work task affected the relation between leadership and burnout (Kanste, Kyngäs, & Nikkilä, 2007).

Recommendation of a study from Bragard, Dupuis, Razavi, Reynaert, & Etienne, (2012) the medical resident in Belgium stated that to be able to provide an indication of the health of workers and the performance of organizations in various fields of work life needed to be changed in the style of leadership. According from Cascio (1998) leadership is included in one of the objective criteria in influencing the quality of work life, which objectively emphasizes the conditions and procedures relating to policies, supervision, safe working conditions.

The results showed that IM was a very dominant sub variable carried out by leaders to nurses in hospitals. This gives a meaning that the closeness between leaders and workers is a bridge of leader inspiration in translating well the achievement of the vision, mission and goals of an organization. In contrast to IM, in this study it was found that IC is a low sub-leadership style variable which has an overall influence on QNWL and other QNWL sub-

variables. IC in principle that followers are directly heard by the leader and the leader manifests what is desired. This did not materialize in this study, perhaps because the nurses who were sampled worked in military and police hospitals, so the leader's approach was more for direction and command. Unlike the research conducted by Sechudi & Olivier (2017) who researched TL from members of the military against Organizational Citizen Behavior (OCB) which stated that IC could predict OCB dimensions. Employee perceptions of a leader are important as they reveal information about how employee perceive the behaviours of the leader

Conclusion

TL style is an important element in increasing QNWL. With wisdom, understanding and innovation from the leader, there will be a sense of confidence from the nurse so as to increase work capacity and responsibility in achieving organizational success which leads to the quality of work life.

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