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Perception of The Leadership Behaviour on Job Satisfaction Among Registered Nurses

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Abstract. There are many factors, and one of the factors influencing job satisfaction is leadership behavior. The purpose of this study is to determine the association between socio-demographic and the leadership behavior of nurse managers on job satisfaction based on the perception of registered nurses in a selected private hospital, Malaysia. A cross-sectional descriptive study involving 161 registered nurses using convenient sampling with self-administered questionnaires and using Leadership Behaviour Description Questionnaire (LBDQ) and Minnesota Satisfaction Questionnaire (MSQ). There was no significant correlation between socio-demographic data and job satisfaction with the Pearson correlation of ($r < 0.3, p > 0.05$). However, the result showed that there was statistically significant between leadership behaviour and job satisfaction with ($p < 0.05, r = 0.572, p = 0.000$ and $r = 0.531, p = 0.022$). Leadership behavior serves as an important aspect in nursing to determine job satisfaction and address nurse shortage issues in the future. Hence, staff development and monitor the leadership behavior among the staff to provide them a piece of measurable concept pertaining to leadership behavior at least to let them understand their progress to becoming an effective leader.

Keyword: Job satisfaction; leadership behaviour; nurse shortage; perception; registered nurses

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1. Introduction

One of the major problems contributing to the lower degree of job satisfaction is leadership behavior (Abualrab & Alghamdi, 2013; Aloustani et al., 2020). Leadership behavior has been discussed and studied for decades, yet the awareness of the importance of leadership behavior on job satisfaction is low. People often compared job satisfaction related to salary and management (Ramoo et al., 2013; Tsai, 2011; Negussie & Demissie, 2013). Many leadership styles and traits had been identified, but the effort of implication is not clear. In fact, nurses have contributed tremendous effort in providing health care services. However, their effort is not being recognized effectively in developing organization commitment (Nasurdin et al., 2018). There is a possibility that their leaders neglect the contribution of registered nurses (RN) in recognizing and promoting their contribution.

A study conducted encompassed Europe, America, Western Pacific, Africa, Eastern Mediterranean, and Southeast Asia by Wong et al. (2015) found four backgrounds contributed to this issue: which were management and leadership, education, practice, and research. The employee satisfaction level is important to motivate them continuously to achieve their own goal and organization goal (Negussie & Demissie, 2013). If the level of job satisfaction decreases, there might be a risk of the poor organizational outcome, and another major issue happening will be employees leaving their current job, which caused staff shortage as what happening in current nursing (Mosadeghrad & Ferdosi, 2013).

Currently, many factors affect nurses' satisfaction level and leaving their job. Leadership is one of the influences (Nasurdin et al., 2018; Mosadeghrad & Ferdosi, 2013; Suresh et al., 2015). There are also limited studies about the impact of the behavior of managers or leaders on nurses' job satisfaction levels in Malaysia. According to Ramoo et al. (2013), job dissatisfaction directly affects higher intention of leaving among nurses. The latest study found that leadership style was positively associated with employee turnover intention among nurses in various health care settings (Alhamwan et al., 2015; Atefi et al., 2014; Attia & Miligi 2017). Atefi and colleagues (Atefi et al., 2014) conducted a qualitative study in Malaysia found that nurses are dissatisfied with the working environment due to a lack of support from their head nurses by not listening to their problems and suggestion. An effective leader should understand the voice raised by the staff so that problem can be solved (Boamah, 2018; Bormann & Abrahamson, 2014; Bycio et al., 1995).

With current trends of the issue in nursing shortage, job satisfaction is one of the causes containing a strong effect from the working environment provided and opportunity initiation in their workplace (Goh, 2017; Jiang et al., 2019; Laschinger et al., 2014). Nurses will feel satisfied when their effort is recognized, and the career opportunity provided to them will also motivate them to contribute extended service to patients and the organization (Lin et al., 2015;

Lu et al., 2019; Masum et al., 2016). The purpose of this study is to understand and determine the association between a demographic factor and the leadership behavior of nurse managers on job satisfaction based on the perception of RNs in a selected private hospital, Penang, Malaysia.

2. Research Method

a. Study design

This was a cross-sectional, quantitative study to determine the relationship of demographic data and leadership behavior of nurse manager influence on job satisfaction based on the perception of registered nurses in a selected private hospital in Penang, Malaysia.

b. Instrument

The data collection procedure used a self-administered questionnaires paper consisting of three sections: the socio-demographic data, LBDQ, which consisted of 30 questions, and MSQ, with a total of 20 questions.

Part one was the demographic data consisting of age, gender, ethnicity, marital status, education level, working experience, and position. The second section was the LBDQ to measure the leadership behavior in their workplace. LBDQ was originated by staff members of The Ohio State Leadership Studies revised by the Bureau of Business Research, 1962. LBDQ was published by Fisher College of Business, The Ohio State University Columbus, in 1962. The reliability test of the LBDQ subscale had been established and determined by the modified Kuder-Richardson formula with a reliability coefficient of 0.76 on consideration subscale and 0.79 initiation structure subscale (Polit & Beck, 2018) mentioned in the manual of LBDQ-short form (Stogdill et al., 1962). There are 30 LBDQ scored using a 5-points Likert scale consisting of (4=Always, 3=Often, 2=Occasionally, 1=Seldom, and 0=Never). After scored, the questionnaire was divided into two subscales namely the “consideration subscale” consists 15 items number 1, 3, 5, 7, 10, 11, 15, 16, 17, 19, 21, 23, 25, 27, 29 and “initiation structure subscale” with 15 items number 2, 4, 6, 8, 9, 12, 13, 14, 18, 20, 22, 24, 26, 28, 30. There are a total of 75 scores on each subscale. Low consideration and initiation structure score will be considered if equal to or less than 50 for each respondent (Stogdill et al., 1962).

The third section was the MSQ short form used to measure general job satisfaction in their workplace. MSQ short form was developed by Weiss and colleagues (1967) to measure job satisfaction. The MSQ short form consisted of 20 general satisfaction questionnaires, with the reliability coefficient test value of .91. Descriptive statistics and the multiple linear regression method were used to analyze the data. Convenience sampling had been used in this study.

c. Ethical considerations

The study has been approved by the International Medical University Joint Committee (IMUJC) on Research and Ethics and the CEO of the private hospital. The researcher and co-researcher started the data collection procedure by first explaining the nature of the study and study information sheet to the RNs. Before distribution, certain points had been highlighted to ensure safeguard and anonymity of their privacy and confidentiality of personal information. Name, address, and identification card number were not required in this study. This study was conducted voluntarily; participants were free to withdraw anytime with a reason as a record for evidence purposes. Once the questionnaire had been completed, the researcher and co-researcher collected the questionnaire in a sealed envelope. Any relevant personal information that participants unintentionally disclosed was not published in the research paper. The privacy and confidentiality had been well maintained throughout the procedure.

3. Research Results

There were 220 sets of questionnaires distributed to all the RNs in the private hospital. The total questionnaires received were 176, with a response rate of 80%. However, there were four questionnaires found blank in several questions. Hence they were considered invalid data. During the screening process of inclusion and exclusion criteria, we found two questionnaires were responded to by the higher position, namely supervisor or managerial position, and nine respondents were found to have working experience of fewer than two years. These 11 samples were also being excluded from this study. Hence, a total of 15 samples was excluded from 176 responses which made the final total of 161 respondents have been included in this study. IBM Statistical Package for Social Science (SPSS) version 25 was used in the data analysis.

Table 1 Descriptive analysis of socio-demographic data (n=161)

Socio-demographic	Frequency (n)	Percentage (%)
Age		
21-30	121	75.2
31-40	29	18.0
41-50	7	4.3
>50	4	2.5
Gender		
Male	23	14.3
Female	138	85.7
Ethnicity		
Malay	20	12.4
Chinese	60	37.3
India	29	18.0
Others	52	32.3
Working Experience		
≤ 5 years	99	61.5
>5 years	62	38.5
Education Level		
Diploma	134	83.2
Degree	27	16.8

Socio-demographic	Frequency (n)	Percentage (%)
Marital Status		
Single	110	68.3
Married	49	30.4
Divorced	2	1.2

As shown in Table 1, the majority of the RNs were within 21-30 years of age (n=121, 75.2%), the minority was >50 years of age (n=4, 2.5%). The average range was 31 to 50 years of age (n=36, 22.3%). The male RNs were far lesser than the female (n=23, 14.3%) and female RNs with the highest number in this study (n=138, 85.7%). Most of the RNs were Chinese (n=60, 37.3%), Malays (n=20, 12.4%), Indian (n=29, 18%) while the other ethnics (n=52, 32.3%). More than half of the RNs had working experience of five or less than five years (n=99, 61.5%), others (n=62, 38.5%) of the RNs had been working for more than five years. More than half of the RNs were single (n=110, 68.3%), and married (n=49, 30.4%), and 1.2% were divorced (n=2).

Table 2 Frequency and percentage distribution of consideration and initiation structure subscale from LBDQ and general satisfaction from MSQ

Subscale	Frequency (n)	Percentage (%)
Consideration		
Low (50 score or less)	63	39.1
High (51 score and above)	98	60.9
Initiation Structure		
Low (50 score or less)	32	19.9
High (51 score and above)	129	80.1
General Satisfaction		
Low (25 score or less)	0	0
Average (26-74 score)	116	72
High (75 and above)	45	28

Table 2 shows that most RNs (n=98, 60.9%) rated high *consideration* scores on their leaders with a score of 51 and above while the minority of RN (n=63, 39.1%) rated their leaders with a lower *consideration* score which was 50 or less. There were (n=129, 80.1%) RNs rated high *initiation structure* scores on their leaders, while (n=32, 19.9%) of RNs experienced lower *initiation structure* scores on their leaders. Most RNs (n=116, 72%) felt average on *general satisfaction* by scoring between 26-74. There was still (n=45, 28%) of RNs experiencing higher *general satisfaction* scores with scores of 75 and above.

Table 3. Pearson correlation of socio-demographic, consideration, initiation structure and general satisfaction

Variables	General Satisfaction	
	Pearson Correlation	p-value
Age	-.023	.769
Gender	.110	.164

Variables	General Satisfaction	
Ethnicity	.019	.815
Working experience	-.025	.753
Education level	-.006	.938
Marital status	.061	.443
Consideration	.531**	.000**
Initiation structure	.572**	.000**

**Correlation is significant at the p value < 0.05

As shown in Table 3, the *consideration* ($r = 0.531$) and *initiation structure* ($r = 0.572$) are found to be positively correlated with general satisfaction with a Pearson correlation value of ($r > 0.3$). The age, working experience, and education level were negatively correlated with general satisfaction. While gender, ethnicity, and marital status were positively correlated, the Pearson correlation value of ($r < 0.3$) showed a strongly deviated result from the normal linear line. Multicollinearity has been found statistically significant on age, ethnicity, working experience, education level, and marital status. In the standardized coefficient, beta of initiation structure (beta = 0.398) was significantly higher than consideration (beta = 0.228). The relationship between initiation structure and consideration of leadership behaviour on general satisfaction were found to be statistically significant with the ($p < 0.05$, $r = 572$, $p = 0.000$ & $r = 0.531$, $p = 0.022$).

4. Research Discussion

This study was carried out to understand further the effect of leadership behavior on job satisfaction among the RNs in a selected private hospital, Penang, Malaysia. The result had shown that the majority of the RNs have experienced working with more than half of the leaders who have initiated consideration (51.78 ± 7.59) and initiation structure (56.86 ± 9.52) behavior at work and found to have an average job satisfaction level with the mean score (69.65 ± 9.24) which both results are lying near to the middle line; hence the more initiation of leadership behavior at work the higher the job satisfaction level of RNs is. This result determines a need to imply more consideration and initiate structure leadership behavior into working with all the nurses to increase their job satisfaction level. The results also allow us to understand that most leaders had initiated a supportive action and environment. Attia and colleagues suggested to train supportive leaders to increase staff performance (Atefi et al., 2014). Transformational leadership style can be subdivided into a few areas similar to the leadership behavior description, which both of these leadership concepts may be able to combine in creating a multidimensional leadership style to fit into each different area for a different outcome (Ghasabeh et al., 2015).

There are also other findings that socio-demographic negatively associated with job satisfaction with which found opposite results (Suresh et al., 2015; Atefi et al., 2014). The higher the age, the more satisfaction is with their job, as this statement reflected directly towards the degree of maturation of a person. If a person has a higher degree of maturation, they do not really need to bother about the systems and management provided they complete their job and go on with their lives. However, there is also a need to assess the wages of workers with age. Fresh graduates with early adulthood might not be satisfied with their wages because adults now need higher wages to support their needs. So, it means that wages are also one of the factors to predict job satisfaction. At the same time, the gender of male doctors has been proved to be highly satisfied with their job compared to female doctors (Suresh et al., 2015). The years of experience explained that the higher the years of experience, the more satisfied is the worker with their job. Attia and Milligi (2017) found that Egyptian diploma nurses who have worked more than five years have a high level of job satisfaction.

However, numerous studies have suggested that leadership is a crucial predictor of job satisfaction. Transformational, transactional and resonant leadership styles are the most studied leadership compared with leadership traits (authoritarian, democratic, and laissez-faire) in understanding the influences on job satisfaction. Many of these had suggested implementing these leadership styles to ensure high-level job satisfaction of all workers being preserved (Abualrab et al., 2013; Negussie & Demissie, 2013; Mosadeghrad & Ferdosi, 2013; Laschinger et al., 2014).

The nurse shortage is still an unresolved problem around the world. Malaysia will later face the same problem as the trend of student nurse recruitment is decreasing due to the pay that has influenced the market value of nurses in Malaysia, causing fewer people willing to enroll in nursing programs to become nurses (Goh, 2017). The few influences of turnover intention can be detected prominently with the latest research associated with job satisfaction and leadership behavior (Omar et al., 2018). The intention of leaving among nurses was positively related to job satisfaction (Nasurdin et al., 2018; Alhamwan et al., 2015; Ghasabeh et al., 2015). Leadership influences on job satisfaction have been described in many studies, showing a strong relationship between these two aspects. Many studies suggested initiating a few types of leadership styles and behavior to maintain nurses job satisfaction levels (Aloustani et al., 2020; Tsai, 2011; Mosadeghrad & Ferdosi, 2013; Bormann & Abrahamson, 2014).

5. Conclusion and Future Research

This study showed that most RNs rated high *consideration* scores on their leaders with a score of 51 and above. The majority of the RNs rated high *initiation structure* scores on

their leaders. Most of the RNs (72%) felt average on *general satisfaction* by scoring between 26-74. There was still a small number of RN (28%) experiencing higher *general satisfaction* scores with 75 and above. Additionally, our study showed that the *consideration* and *initiation structure* was found to be positively correlated with general satisfaction. The age, working experience, and education level are negatively correlated with general satisfaction. The relationship between *initiation structure* and *consideration* of leadership behavior on *general satisfaction* was found to be statistically significant. The effort can be seen as important to increase personal effectiveness as a leader in maintaining job satisfaction among nurses. Changing leadership behavior or style is vital. Hence more study should be carried out to determine the best-suited leadership behavior.

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