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A study to identify the leadership style and their job satisfaction level among the nursing profession

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***Abstract*---**The aim of this study to identify the leadership style and job satisfaction level among the nursing professions. Material and Methods: The researched adopted the cross-sectional descriptive exploratory research design in which investigator evaluate effect of leadership styles on job satisfaction among nursing professionals of selected hospitals in Mumbai. The sample comprised of 500 nursing professionals including nursing leaders (117) and staff nurses (383). Sample was selected by using non probability, convenient sampling technique was used. Data were collected multifactor leadership questionnaire, Minnesota Satisfaction Questionnaire and Interview Schedule. Data were analyzed using descriptive and inferential statistics. In that Chi-square test for association of leadership style and job satisfaction of staff nurses with Their demographic variables. Result: The results of this study showed that, staff nurse majority of 58.22% of respondents belongs to transformational leadership style followed by 33% belongs to Transactional leadership style and 9.13% belongs to Laissez-Fair Leadership style. In nursing leader's majority of 60.68% respondent belongs to transformation leadership followed by 28.20% respondents belongs to transactional leadership and 11.11% belongs to laissez-fair leadership style. Among nursing staff, majority of 49.08% respondents neither satisfied nor dissatisfied and 6% were very satisfied. Among nursing leader's majority of 49.57% respondents neither satisfied nor dissatisfied followed by 18.80% were satisfied, 15.38% were dissatisfied, 10.25% were very dissatisfied and 5.98% were very satisfied. Conclusion: The findings were concluded that majority of respondents follow transformational leadership style.

Keywords---leadership style, job satisfaction level, nursing professionals.

Introduction

Hospitals, professional organisations, as well as community and educational institutions, are in desperate need of leaders. Employees who have a positive leadership style are more likely to be satisfied in their jobs. According to the findings of the studies, transformational and transactional leadership are the most important elements influencing work satisfaction. Administrators of health-care organisations are the driving force behind the creation of a safe and productive professional work environment. With their combined efforts, they will provide the vision and leadership necessary to build the professional environment of today and tomorrow.[1]

Leadership is a crucial component of the nurse's responsibility in almost all facets of the profession. Nurse leaders are now found in all levels of health-care organisations, and they are called upon to lead by example. These positions might include administrative, managerial, instructional, and even those at the patient's bedside. While a staff nurse is the primary leader to the client, the ward manager is also the primary leader to all team members, and the Nursing Superintendent and Principal are primary leaders to all hospital members as well as all nursing college members in both horizontal and vertical communications. Success in the workplace is frequently dependent on a leader's capacity to bring about good change and motivate others to attain greater heights of accomplishment.[2]

Current changing scenarios in technology, scientific knowledge expansion, increased creativity, skill-full employee to succeed in the global competition. In such a situation the head nurse need to change leadership style, i.e. transformational leadership. The role of transformation leaders is critical for survival and development of the organization. Transformational leaders and their followers work together based on motives, values, and common objectives. Transformational leadership has 4 I viz. Idealized Influence, Inspirational motivation, Individualized Consideration, Intellectual Stimulation. [2]

Many factors contribute to the complexity and difficulty of the health care system, including constant changes in health care structure, shifting public demographics, changing consumer expectations and the Consumer Protection Act of the health care system, the need for implementation of new knowledge, evidence, and innovation, the emergence of new diseases, technological advancement, interprofessional teamwork, and conflict among health care professionals.[3]

As nursing leadership transitions from the old bureaucratic organisational structures of the past to the significantly transformed health-care system of today, the accompanying shifts may bring new and challenging opportunities. Nurse leaders must be able to adapt to a constantly changing health care environment, which may include changes in organisational expectations as well

as changes in local and national policies. The ability to respond to change and help others to embrace it in a good way is essential for nurse leaders to display. In order to effectively socialise employees, successful leadership styles must give them with socialisation experiences that instil the proper values, attitudes, behaviours, skills, and work satisfaction.[4]

A culture of leadership must exist in every healthcare facility where the responsibility for bringing about change and maintaining high standards of patient care is specified in job titles such as Director of Nursing, Nurse Consultant, and Nurse Educators. However, simply taking on a leadership role is not sufficient in and of itself to ensure that the organisation is effective. An effective leader must be informed about leadership and be able to use leadership skills in all facets of one's job. There is a disparity in how leading undergraduate programmes educate students, particularly when it comes to the transition from academia to practise.[5]

Currently, the Indian corporation is proposing to establish a number of capacity expansion projects, and in addition, significant expenditures are being planned for health-care infrastructure. The success or failure of an organisation is determined by the actions and decisions taken by its executives and managers. Because the perceived leadership style of the business has been described as being mostly transactional in nature, employees frequently aspire for personal recognition and acceptance. Job satisfaction is associated with higher levels of productivity, according to Pattersen, Warr, and West (2004).[6]

Objectives

1. To identify the leadership styles followed among nursing professionals of selected hospitals in Mumbai.
2. To assess job satisfaction levels among nursing professionals of selected hospitals in Mumbai.
3. To determine association of the effect of demographic variables on leadership styles and job satisfaction respectively among nursing professionals of selected hospitals in Mumbai.

Research Hypothesis

H_{01} *(Null Hypothesis):* -There will be no significant association between demographic variables on leadership styles viz. transformational, transactional and laissez faire and job satisfaction among nursing professionals of selected hospitals in Mumbai.
H1 *(Alternative Hypothesis):* – There will be association between demographic variables on leadership styles viz. transformational, transactional and laissez faire and job satisfaction among nursing professionals of selected hospitals in Mumbai.

Material and Methods

Research approach
The research method adopted for the present study is Quantitative approach

Research Design
In the present study the investigator selected the descriptive exploratory study design, keeping in the view of objectives of the study.

Setting of the study
"The present study was conducted in government, non-government and semi-government.

Population
The population of the study is staff nurses working in the selected government, non-government and semi-government.

Sample and sampling technique
In the present study, simple random sampling technique use by the investigator.

Sample Size
Total sample size for this study is 500 staff nurses (nursing leaders-117 staff nurses-383).

Sampling Criteria

Inclusion criteria

1. Nursing leaders in clinical practice such as ward managers of selected hospitals in Mumbai are included to study leadership styles.
2. Nursing professionals working under nursing leaders such as staff nurses of selected hospitals in Mumbai to study job satisfaction.
3. Those who are available at the time of data collection.
4. Those who are willing to participate in the study.

Exclusion criteria

1. Those who are not available at the time of data collection.
2. Those who involve in Pilot study.

Description of the Tool

Tool comprises of 4 sections:
Section I consist of demographic variables.
Section II consist of Multifactor Leadership Questionnaire: The questionnaire measures five components of transformational leadership styles, three components of transactional leadership and one component of laissez faire leadership. The questionnaire consisted of 33 questions.
Section III Consist of Mininnesota Satisfaction Questionnaire: The questionnaire consisted of 20 questions, all of which utilized a five –point Likert measurement

scale, with 'very dissatisfied' forming the one end of the continuum and 'very satisfied the other end.
Section IV consist of Interview Schedule: Structured questionnaire is introduced after informed consent of respondents and data collected with help of interview schedule, and epi 5 app.

Statistics
Descriptive statistics

Frequency and percentage distribution are used to analyzed the demographic data

Inferential statistics

Chi-square test used to assess the association of leadership styles and job satisfaction with their demographic variables.

Results

The data were entered into master sheet for tabulation and statistical processing the obtained data were analyzed, organized, and presented under the following headings:

Section I: distribution of respondents according to sociodemographic variables of nursing professionals of selected hospitals in Mumbai.
Section II: Assessment of leadership styles among nursing professionals of selected hospitals in Mumbai.
Section III: Assessment of Job satisfaction level among nursing professionals.
Section IV: Assessment of views among nursing professionals of selected hospitals in Mumbai
Section V: Association of leadership styles and Job satisfaction with demographic variables among nursing professionals of selected hospitals in Mumbai.
Section I: Distribution of respondents according to sociodemographic variables of nursing professionals of selected hospitals in Mumbai.

Table 1: Frequency and percentage distribution of socio demographic variables among nursing professionals of selected hospitals in Mumbai

N= 500

Demographic Variables		Staff Nurses	Nursing Leaders
Age (Years)	21-30	119(31.1%)	41(35%)
	31-40	127(33.2%)	33(28.2%)
	41-50	121(31.6%)	39(33.3%)
	>50	16(4.2%)	4(3.4%)
Gender	Males	47(12.3%)	13(11.1%)
	Females	336(87.7%)	104(88.9%)
Education	Post- graduate in nursing	61(15.9%)	19(16.2%)
	Diploma in nursing	217(56.7%)	63(53.8%)

	Graduate in nursing	105(27.4%)	35(29.9%)
Working Department	Medical	114(29.8%)	36(30.8%)
	Surgical	137(35.8%)	33(28.2%)
	Others	132(34.5%)	48(41.0%)
Experience (Years)	5-10	167(43.6%)	53(45.3%)
	11-15	76(19.8%)	24(20.5%)
	16-20	124(32.4%)	36(30.8%)
	26-30	16(4.2%)	4(3.4%)
Hospital Type	Non-Government	119(31.1%)	31(26.5%)
	Government	131(34.2%)	44(37.6%)
	Semi Government	133(34.7%)	42(35.9%)

Table no 1 depicts that, in staff nurses, a majority of the subjects aged between 31 and 40 years (33.2%) while among nursing leaders, a majority of the subjects aged between 21 and 30 years (35%). staff nurses, 87.7% were females while among nursing leaders, 88.9% were females. staff nurses, 56.7% had diploma while among nursing leaders, 53.8% had diploma in nursing. staff nurses, 29.8% were working in Medical, 35.8% in Surgical, and 34.5% in other departments. Among Nursing Leaders, 30.8% were working in Medical, 28.2% in Surgical, and 41% in other departments. Majority of staff nurses (43.6%) and Nursing Leaders (45.3%) had experience of 5-10 years. A majority of staff nurses (34.7%) and Nursing Leaders (35.9%) were working in semi-government hospitals. (Table no 1)

Section II: Aassessment of leadership style among nursing professionals of selected hospital in Mumbai.

Table 2: Assessment of leadership style among nursing professionals of selected hospital in Mumbai

N=500

Sr. No	Leadership Styles	Staff Nurses N=383		Nursing Leaders n=117	
		N	%	N	%
1.	Transformational Leadership	223	58.22	71	60.68
2.	Transactional Leadership	125	32.63	33	28.20
3.	Laissez-Fair	35	9.13	13	11.11

Table no 2 depicts that in the staff nurse majority of 58.22% of respondents belongs to transformational leadership style followed by 33% belongs to Transactional leadership style and 9.13% belongs to Laissez-Fair Leadership style. In nursing leader's majority of 60.68% respondent belongs to transformation leadership followed by 28.20% respondents belongs to transactional leadership and 11.11% belongs to laissez-fair leadership style. (Table no 2)

Section III: Assessment of job satisfaction level among nursing professionals.

Table no 3. Assessment of job satisfaction level among nursing professionals

N=500

Sr. No	Level of Job Satisfaction	Staff Nurses N=383		Nursing Leaders n=117	
		Frequency	Percentage	Frequency	Percentage
1.	Very satisfied	23	6.00%	7	5.98%
2.	Satisfied	80	20.88%	22	18.80%
3.	Neither satisfied not Dissatisfied	188	49.08%	58	49.57%
4.	Dissatisfied	60	15.66%	18	15.38%
5.	Very dissatisfied	32	8.35%	12	10.25%

Table no 3 depicts the distribution of respondent according to level of job satisfaction among nursing staff the majority of 49.08% respondents neither satisfied nor dissatisfied followed by 20.88% were satisfied, 15.66% were dissatisfied, 8.33% were very dissatisfied and 6% were very satisfied. Among nursing leader's majority of 49.57% respondents neither satisfied nor dissatisfied followed by 18.80% were satisfied, 15.38% were dissatisfied, 10.25% were very dissatisfied and 5.98% were very satisfied. (Table no 3)

Section IV:Assessment of views among nursing professionals of selected hospitals in Mumbai

Table no 4: Assessment of views of nursing leaders regarding leadership styles

n=117

	Frequency	Percentage
Need of leadership training		
1) YES	98	83.76%
2) NO	19	16.24%
Leadership styles identified by the nurses		
1) Yes	117	100%
2) No	0	00%
1.1) Transformational leadership	62	52.99%
1.2) Transactional leadership	41	35.04%
1.3) Laissez-Fair	14	11.96%
Degree of burden of leaders while on job		
1) Heigh	112	95.72%
2) Moderate	05	4.27%
3) Low	00	0.00%
Responsibilities of leaders towards job satisfaction of his / her subordinates		
1) Encouraging the subordinate	31	26.49%
2) Provide new opportunity	38	32.47%

to learn		
3) Maintain Harmonious working environment	21	17.94%
4) Continues supervision	27	23.07%
Obstacles identified while performing leadership duties and responsibilities		
1) Lack of self confidence	18	15.38%
2) Disorganised	15	12.82%
3) Lack of knowledge	28	23.93%
4) To Heigh Standards	31	26.49%
5) Impulsive	25	21.36%

Table no 4 depicts that, Majority of 83.76% of respondents has a need of leadership training and 16.24% do not want any leadership training. Majority of 52.99% has transformational leadership style followed by 35.04% had transactional leadership style and 11.96% has laissez-Fair leadership style. Majority of 95.72% of leaders had heigh burden in leadership and 4.27% had moderate degree of burden of leaders while on job. 32.47% provides new opportunity to learn followed by 24.49% encouraging the subordinate, 23.07% do continues supervision and 17.94% maintain harmonious worming environment in working area. 26.49% of respondents thinks that too high standards is biggest obstacles in performing leadership duties followed by 23.93% thinks lack of knowledge, 21.36% thinks impulsiveness, 15.38% thinks lack of self confidence and 12.82% thinks disorganized behavior. (Table no 4)

Table no 5: Assessment of views of nursing professionals (staff nurses) regarding job satisfaction.

n=383

	Frequency	Percentage
Leadership style adopted by the leaders		
1) Transformational leadership	109	28.45%
2) Transactional leadership	118	30.80%
3) Laissez-Fair	156	40.73%
Satisfaction with job responsibilities		
1) YES	285	74.41%
2) NO	98	25.58%
Modifications in the leadership styles to improve job satisfaction		
1) Encouraging the subordinate	83	21.67%
2) Provide new opportunity to learn	75	19.58%
3) Maintain Harmonious working environment	121	31.59%
4) Continues supervision	104	27.15%

Table no 5 Majority of 40.73% has laissez-fair style of leadership adopted by the leaders followed by 30.80% adopted the transactional leadership style and 28.45% adopted transformation leadership style. Majority of 74.41% were satisfied in their job and 25.58% were not satisfied in their job. Majority of 31.59% thinking by maintain harmonious working environment will improves the job satisfaction followed by 27.15% thinks continues supervision may help, 21.67% thinks by encouraging the subordinate and 19.58% thinks by providing

new opportunity to learn may improves the job satisfaction among the nursing professionals. (Table no 5)

Section V: Association of leadership styles and job satisfaction with demographic variables among nursing professionals of selected hospitals in Mumbai.

Table no 6: Association of leadership styles of staff nurses with demographic variables among nursing professionals of selected hospital in Mumbai

N=383

Socio-demographic variables	Total no. Of samples	Leadership Styles (Staff Nurses)			Df	P. Value	χ^2 value	Result
		Transformational	Transactional	Lais sez-Fair				
		N	N	N				
Age (years)					6	0.0006	23.46	S
21-30	119	85	27	7				
31-40	127	57	55	15				
41-50	121	74	38	9				
>50	16	7	5	4				
Gender					2	0.020	7.76	S
Male	47	21	17	9				
Female	336	202	108	26				
Education					4	0.298	4.89	NS
PG Nursing	61	29	23	9				
Diploma in Nursing	217	132	69	16				
UG Nursing	105	62	33	10				
Working Department					4	0.016	12.17	S
Medical	114	65	41	8				
Surgical	137	68	55	14				
Others	132	90	29	13				
Experience (Years)					6	0.253	7.79	NS
5-10	167	100	56	11				
11-15	76	46	21	9				
16-20	124	70	43	11				
26-30	16	7	5	4				
Hospital Type					4	0.0007	24.17	S
Non-Government	119	86	24	9				
Government	131	80	39	12				
Semi-Governm	133	57	62	14				

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Table No 6 depicts that the calculation of chi square values, there has been a significant association between age (23.46), gender (7.76), working department (12.17), hospital type (24.17) these calculated chi square values were of the demographic variable are more than the table values and check at the level of 0.05 and shows the significant association with the leadership styles among nursing staff, and educational (4.89), Experience (7.79), chi square values were less than the table values and check at the level of 0.05 show no significant association with the leadership styles among nursing staff, Therefore, the null hypothesis is rejected and the alternative hypothesis accepts. (Table no 6)

Table no 7: Association of leadership styles of nursing leaders with demographic variables among nursing professionals of selected hospital in mumbai

N=117

Socio-demographic variables	no. Of samples	Leadership Styles (Nursing leaders)			Df	P. Value	χ^2 value	Result
		Transformational	Transactional	Laissez-Fair				
		N	N	N				
Age (years)					6	0.096	10.75	NS
21-30	41	17	16	8				
31-40	33	24	7	2				
41-50	39	27	9	3				
>50	4	3	1	0				
Gender								
Male	13	6	5	2	2	0.52	1.29	NS
Female	104	65	28	11				
Education								
PG Nursing	19	10	7	2				
Diploma in Nursing	63	39	17	7	4	0.96	0.867	NS
UG Nursing	35	22	9	4				
Working Department								
Medical	36	20	9	7	4	0.227	5.69	NS
Surgical	33	18	11	4				
Others	48	33	13	2				
Experience (Years)								
5-10	53	31	17	5				
11-15	24	15	6	3	6	0.95	1.57	NS
16-20	36	23	9	4				
26-30	04	2	1	1				
Hospital Type								
Non-Government	31	19	9	3				
Government	44	24	14	6	4	0.83	1.42	NS
Semi-Government	42	28	10	4				

Table No 7 depicts that the calculation of chi square values, there has been a no significant association between age (10.75), gender (1.29), education (0.867), working department (5.69), experience (1.57) and hospital type (1.42) chi square

values were less than the table values and check at the level of 0.05 show no significant association with the leadership styles of nursing leaders, Therefore, the alternative hypothesis is rejected and the null hypothesis accepts. (Table no 7)

Table no 8: Association of job satisfaction of nursing staff with demographic variables among nursing professionals of selected hospital in Mumbai

N=383

Demographic variables	No of samples	Job Satisfaction (staff nurse)					DF	P value	χ^2 value	Result
		VS	S	NSND	D	VD				
Age (Years)							12	0.000	66.47	S
21-30	119	4	15	84	10	6				
31-40	127	10	43	32	27	15				
41-50	121	7	17	70	19	8				
>50	16	2	5	2	4	3				
Gender							4	0.0098	13.31	S
Male	47	5	12	12	11	7				
Females	336	18	68	176	49	25				
Education							8	0.055	15.19	S
Post- graduate in nursing	61	3	12	31	9	6				
Diploma in nursing	217	8	47	117	32	13				
Graduate in nursing	105	12	21	40	19	13				
Working Department							8	0.7924	4.66	NS
Medical	114	7	23	62	12	10				
Surgical	137	8	29	63	27	10				
Other	132	8	28	63	21	12				
Experience (Years)							12	0.019	24.17	S
5-10	167	9	23	97	26	12				
11-15	76	3	15	42	9	7				
16-20	124	9	37	46	21	11				
26-30	16	2	5	3	4	2				
Hospital type							8	0.9599	2.53	NS
Non-Government	119	7	22	61	20	9				
Government	131	6	29	66	18	12				
Semi Government	133	10	29	61	22	11				

Table No 8 depicts that the calculation of chi-square value there has been a significant association between Age (66.47), Gender (13.31), Education (15.19), and Experience (years) (24.17) chi square values were more than the table values and check at the level of 0.05, hence it is interpreted as these demographic variables has a significant association with the Job satisfaction among staff nurses and working department (4.66) and hospital type (2.53), the chi square values less than the table values and check at the level of 0.05 did not

demonstrate the association between the job satisfaction among staff nurses. Therefore, the null hypothesis is rejected and the alternative hypothesis accepts. (Table no 8)

Table no 9: Aassociation of job satisfaction of nursing leaders with demographic variables among nursing professionals of selected hospital in mumbai

N=117

Demographic variables	No of samples	Job Satisfaction (staff nurse)					DF	P value	χ^2 value	Result
		VS	S	NSND	D	VD				
Age (Years)							12	0.952	5.17	NS
21-30	41	2	10	16	8	5				
31-40	33	2	6	18	4	3				
41-50	39	3	5	22	5	4				
>50	4	0	1	2	1	0				
Gender							4	0.016	12.07	S
Male	13	2	3	1	4	3				
Females	104	5	19	57	14	9				
Education							8	0.88	3.61	NS
Post- graduate in nursing	19	1	2	8	5	3				
Diploma in nursing	63	4	13	32	8	6				
Graduate in nursing	35	2	7	18	5	3				
Working Department							8	7.332	5.22	NS
Medical	36	2	4	19	8	3				
Surgical	33	3	6	15	5	4				
Other	48	2	12	24	5	5				
Experience (Years)							12	0.7725	8.16	NS
5-10	53	3	9	27	9	5				
11-15	24	1	2	14	5	2				
16-20	36	3	10	14	4	5				
26-30	4	0	1	3	0	0				
Hospital type							8	0.64	5.98	NS
Non-Government	31	1	3	18	5	4				
Government	44	4	12	18	6	4				
Semi Government	42	2	7	22	7	4				

Table No 9 depicts that the calculation of chi-square value there has been a significant association between Gender (12.07) chi square values were more than the table values and check at the level of 0.05, hence it is interpreted as these demographic variables has a significant association with the Job satisfaction among nursing leaders and Age (5.17), Education (3.61), working department (5.22) Experience (years) (8.16) and hospital type (5.98), the chi square values less than the table values and check at the level of 0.05 did not demonstrate the

association between the job satisfaction among nursing leaders. Therefore, the null hypothesis is rejected and the alternative hypothesis accepts. (Table no 9)

Discussion

According to ABdulkareem M.A et al (2021), 68 % of respondents strongly supported the transformation leadership component "idealised influence," whereas just 28 % strongly supported the "Laissez-faire" leadership style, respectively. Approximately one-third of healthcare practitioners expressed satisfaction, 9.3 % expressed dissatisfaction, and 51.3 % expressed ambivalence. Asamani, Florence, and Adelaide Maria Ansah ofei's research found that nurses were more content with their relationships with nurse managers than with their present job. However, they were the least satisfied with working at their current workplace until retirement.

According to the findings of Ajay Sharma, Vipin Kaushal, Navin Pandey, Pakaj Arora, Arulmani Thiyagarajan, and Sudip Bhattacharya's study on job satisfaction among nursing officers working at a tertiary care hospital in Northern India, there was a significant association between job satisfaction and age group factor ($p<0.01$).

Conclusion

The findings of this research support the need for nursing staff and nursing leaders for understanding the various style of leadership and their association/relation with the job satisfaction in their day-to-day services. This investigation has identified the impact of leadership style on the job satisfaction, how leadership style is paying role in the job satisfaction. The transaction, transformational and Laissez Faire leadership style had a negative correlation with the job satisfaction.

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