

Nurses' Job Satisfaction is Burned out by their Leaders and Stress

Dr.Abdul Samad Dahri*, Dr.Waseem Ul Hameed†, Muhammad Nawaz‡, Abdul Sami§, and Dr.Syed Karim Bux Shah**

Abstract

Objective: To evaluate the effect of despotic leadership and occupational stress on job satisfaction through burnout among public hospital nurses in Pakistan. Participants and Methods: 265 nurses were surveyed through a self-administered questionnaire in 24 district public hospitals in Sindh. Where participants were randomly selected from stratified hospitals as per number of beds available in each hospital. Results: Based on COR theory the concepts of despotic leadership and occupational stress, directly and indirectly relations, on job satisfaction among nurses through burnout mediation were hypothesised. The relevant hypothesized relations were in line with COR theory assumptions and fulfilled identified gaps in literature. Conclusion: This study provides sound implications for HR managers and stakeholders to ground their policies in line with the findings of this study. Such as arranging training programs for supervisors to develop leadership emotional skills. Likewise, practices must be devised for flexible work settings to enhance work rather stress among employees that results in burnout and job dissatisfaction.

Keywords: Despotic Leadership, Burnout, occupational stress, Job Satisfaction, Nurses

Introduction

The healthcare sector is the backbone of any nation's well-being, specially developing countries (Mills, 2014). Where, nurses are the most important element in any healthcare setting after doctor (Steve, 2015). Moreover, 1 million patients die every year due to nurse-patient related errors globally (Godschalk, Hartel & Sbrzensy, 2017) which were linked with nurses' job dissatisfaction (Houck & Colbert, 2017). Sadly, in a recent survey by AMN Healthcare (2017) nurses reported mixed feeling of job satisfaction, and many

* Dr.Abdul Samad Dahri, School of Business Management, Universiti Utara Malaysia (UUM), Malaysia, Email: Dahriabdulsamad@gmail.com

† Dr.Waseem Ul Hameed, School of Economics, Finance and Banking, Universiti Utara Malaysia (UUM), Malaysia

‡ Muhammad Nawaz, School of Economics, Finance and Banking, Universiti Utara Malaysia (UUM), Malaysia

§ Abdul Sami, Lecturer at Government College university Hyderabad, Pakistan

** Dr.Syed Karim Bux Shah, Assistant Professor of Finance at IBA, University of Sindh, Jamshoro, Pakistan

considered quitting job by that current year. These arguments unfortunately, escalate to riskier healthcare in developing countries. In past literature, scholars spotted many reasons for employee job dissatisfaction such as improperly trained staff, difficult tasks such as recurrence of job strains within role prospects, role haziness, feeling of over-burdened, personal and organizational factors (Mosadegh & Hossein, 2006). Chronic job dissatisfaction leads the rationale to find what other factors still lower nurses' job satisfaction, particularly among nurses in lower income countries.

According to Dahri and Hamid (2018), job dissatisfaction problem among nurses is badly affecting delivery of quality healthcare services to patients in Pakistan. Often, nurses look forward to leaders as a supportive element to address issues at workplace (Keller, Allie, & Levine, 2019). Whereas, Voon, Lo, Ngui, and Ayob (2011) found that different leadership styles influence subordinates differently. Thus, the rise of any negative leadership style adoption by supervisors is a potential investigation concern in public hospitals. Additionally, Lu, Zhao, and While (2019) in job satisfaction literature review found that occupational stress is among negative factors that damage nurses' job satisfaction. While the authors urged to address job satisfaction from occupational stress perspective. Reflected by Akhtar and Khan (2019) who reported occupational stress in the local context, while linking positively with burnout, yet ignored job satisfaction among nurses as a possible outcome. Moreover, nurses' job satisfaction assures the quality and well-being of healthcare and must be investigated for intervention and policy developments (Maharaj, Lees, & Lal, 2019). Therefore, it is the most needed problem that calls empirical exploration which this study attempted under the lens of despotic leadership and occupational stress on job satisfaction through mediating effect of burnout among nurses in public healthcare sector of Pakistan.

Literature Review

Despotic leadership and Job satisfaction

Research has shown that nursing leaders, supervisor, or managers are prone to be hostile having unrealistic demands and show lack of support towards subordinates in healthcare sector (Morrison & Korol, 2014). Further, Aronson (2001) observed persistent negative effect of leaders in the literature, encompassing selfish goal persuasion, regardless of employer or employee perspectives. And contends that despotic leadership has the most intense demeaning and destructive features.

Thus, feature of despotic leadership from supervisors will lower nurses' satisfaction. These arguments enforce the following hypothesis:

H1: *Despotic leadership has negative effect on job satisfaction*

Despotic Leadership and Job Burnout

The unethical leadership style described by (Howell & Avolio, 1992) as self-captivating and manipulative style serving selfish interests regardless of subordinates. Whereas, despotic leaders in their position of power and as role model will benefit none but self and damage employee job satisfaction and increase job strain (Skakon, Nielsen, Borg, & Guzman, 2010). Surprisingly, little attention is paid to the role and effect of leadership on followers' burnout (Breevaart, & Bakker, 2014). Though, this argument was followed by Shanafelt, *et al.* (2015) who found that leadership has a strong direct effect on burnout among physicians. Yet, their study was too narrow to establish impact of unethical practices of despotic leadership on nurse's burnout. The present study thus proposes the following hypothesis:

H2: *Despotic leadership affects burnout positively.*

Occupational Stress and Job satisfaction

Occupational stress construct comprises of namely source of stress that is encountered in the work environment, perception, and appraisal of specific stressor by employee, and the emotional reactions that are evoked in response to these stressors when appraised (Healy & McKay, 2000), resulting disturbance of cognitive-emotional-environmental system known as occupational stress (Lazarus & Folkman, 1984). Likewise, scholars (e.g., Bagheri Hosseinabadi, Ebrahimi, Khanjani, Biganeh, Mohammadi, & Abdollahfard 2019) associated emotional demands, social issues, cultural factors, workload, responsibilities, and expectations with occupational stress. These, transform into job-related occupational stress that reduces job satisfaction among nurses. This argument was reflected by Laeeque Bilal, Babar, Khan, and Rahman (2018) and reported occupational stress deteriorating nurses' job satisfaction in public hospital in Pakistan. These argument leads to the following hypothesis:

H3: *Occupational stress has negative effect on job satisfaction.*

Occupational stress and Job Burnout

Occupational stress is discrepancy between the skills and abilities of employee, pressure of work demands, and working environment (Eggerth & Cunningham, 2012). For example, if job demands exceed efforts made to fulfil demands, it becomes stressors, resulting into high level of burnout (Schaufeli & Bakker, 2004).

Contrary, some employees under occupational stress seem to find pleasure in dealing with different stressors (Schaufeli & Bakker,

2004). Whereas, Wilkins (2007) in bivariate analysis revealed that occupational stress varies regarding their job, working conditions, and personal characters. The author also found that 75% of healthcare providers reported occupational stress and were dissatisfied with their lives. Therefore, the following hypothesis is assumed:

H4: *Occupational stress has positive effect on job burnout*

Burnout and Job Satisfaction

Burnout is any source that alienates employee from work, and personal accomplishment; any source that influences employee perception of accomplishment at workplace (Schaufeli, Leiter, Maslach, & Jackson, 1996). As job satisfaction is conceptualized as “the pleasurable emotional state resulting from the appraisal of one’s job as achieving or facilitating the achievement of one’s job values” (Locke, 1969, p. 316). Similarly, reduced job satisfaction is a result of burnout (Kahill, 1988). Following this argument, a number of earlier studies empirically identified burnout as a factor that reduces job satisfaction (e.g., Jayaratne, Chess, & Kunkel, 1986).

Since the relationship is not well detailed and there are few studies that explore burnout construct collectively having negative effect on job satisfaction among nurses in healthcare sector in developing countries specifically Pakistan. Therefore, based on argument, this study hypothesises as follows,

H5: *Job Burnout has negative effect on Job satisfaction*

Job Burnout Mediation Between Despotic Leadership, Occupational Stress and Job Satisfaction

Nyssen, Hansez, Baele, Lamy, and De Keyser (2003) argued that literature is unclear to identify the outcomes of stress among employees. Seemingly outcomes of occupational stress are detrimental and one of reasons for burnout among nurses in healthcare sector. Further, occupational stress has high correlation with burnout and negative effect on job satisfaction (Fairbrother & Warn, 2003). This argument was empirically reported by Khamisa, Peltzer, Ilic, and Oldenburg (2016) contended that occupational stress causes burnout among nurses due to nature of the work, and burnout serves as a mediator between stress and job satisfaction. As severe outcome leads to lower job satisfaction and mental health of nurses which also reduces patient quality service (Bagheri *et al.*, 2019). Moreover, the burnout effect on job satisfaction varies with individual experiencing stress-related burnout. Thus, these arguments extend the following assumption:

H6: *Burnout mediates between the burnout and job satisfaction*

Theoretical Perspective

Research frame of this study underpins firmly on Conservation of Resources (COR) by Hobfoll (1989). COR theory revolves around the core concept of depletion of employee emotional resources. The loss of emotional resources arrives in response to stressors which serve as a threat to individual emotional resources. Accordingly, occupational stress (Govender, 2018) and despotic leadership (Yagil, 2006) serves as stressing factor that drains employee emotional resources and that as emotional depletion results in burnout and high burnout is strongly associated with lower job satisfaction (Alcover, Chambel, Fernández, & Rodríguez, 2018).

Methodology

As current working conditions in Sindh are severely damaging job satisfaction among nurses and healthcare quality services to needed public. The district hospitals serve with low-cost healthcare facilities to a wide range of patients in all 24 districts of Sindh. Thus, total target population (1470 nurses) dwells in 24 district hospitals were randomly clustered into medium and large hospitals based on number of beds available in each hospital, and the random sample of respondents selected was drawn from the nurses serving as staff or assistant nurse at their workplaces.

On self-administered survey, 506 questionnaires with validated instruments were deployed to collect information from the 306 respondents based on Krejci and Morgan (1970) model. Sekaran (2003) who suggested 30% or above response rate is acceptable, while this study successfully gathered 319 (63% of response rate) responses comprising more than half (79%) of female nurses remaining were male nurses. The responses were screened through SPSS for incomplete, missing, or extreme scores, leaving 265 questionnaires which were processed further for measurement and structural model analysis by applying Smart-PLS 3.2.8 version.

*Measurement**Despotic Leadership*

The instrument developed by Hanges and Dickson (2004) with 6-item on 5-point Likert type scale used to measure despotic leadership construct for this study.

Occupational Stress

Occupational stress is work related perception of employees' and measured by Perceived Stress Scale (PSS) with 10-items developed

by Cohen, Kamarck, and Mermelstein (1983) on 4-point Likert type scale.

Burnout

Burnout Measure Short (BMS) of Pines and Aronson (1988) version with a 10-item construct with 7-point Likert type scale.

Job Satisfaction

Macdonald and MacIntyre, (1997) developed a 10-item construct on 7-point Likert type was used for nurses' response on their job satisfaction.

Research Findings

Results of Measurement Model

For the measurement model, convergent validity and discriminant validity values were evaluated. Whereas, for internal consistency among items of the measurement model, composite reliability (CR) values were measured following Hair, Ringle, and Sarstedt (2011) who suggested rule of thumb as values must be above 0.7 (See Table 1).

Convergent validity

Convergent validity is the degree of latent variables correlate with items of other variables (Hair, Black, Babin, Anderson, & Tatham, 2010). Hair, Hult, Ringle, and Sarstedt (2014) guided for factor loadings, average variance extracted (AVE) and composite reliability (CR) should be checked. Based on these recommendations factor loading threshold of 0.6 was achieved, for AVE values were above 0.5, and CR values were also above 0.7 on recommended threshold by Chin (1998) (see Table 1).

Discriminant Validity

Discriminant validity is simply the distinctiveness among the constructs. Following Henseler, Ringle, and Sarstedt (2015) Hetero-Trait-Mono-Trait (HTMT) ratio of correlation was evaluated. For HTMT threshold values should be below 0.9 (Gold & Arvind Malhotra, 2001) along with confidence interval for better significance assessment (Lau and Cheung, 2012) which should be less than 1 (Hensler *et al.*, 2015). Table 1 reveals the achievement of all suggested criterion for discriminant validity.

Table 1 *Hetero-trait-mono-trait* (HTMT)

	BO	DL	JS	OS	CR	AVE
BO					0.967	0.765
DL	0.702				0.959	0.798
JS	0.74	0.755			0.972	0.696
OS	0.762	0.774	0.745		0.949	0.728

Results of Structural Model

Hair *et al.* (2014) recommended R^2 , standard beta, t-values via bootstrapping procedure on 5000 samples for predictive relevance Q^2 and the effect size f^2 . Moreover, confidence interval values were also taken into consideration which ensures the confidentiality of same response from same sample of target population as revealed in table below.

Table 2 *Structural model*

Paths	Beta	T Stats	LL	UL	P Value	R^2	f^2	Q^2
BO -> JS	-0.318	4.406	-0.445	-0.175	0.000	0.645	0.122	0.415
DL -> BO	0.305	5.132	0.181	0.413	0.000		0.101	
DL -> JS	-0.348	6.044	-0.474	-0.242	0.000		0.145	
OS -> BO	0.502	8.432	0.394	0.626	0.000		0.273	
OS -> JS	-0.229	3.095	-0.368	-0.091	0.002		0.054	
DL -> BO -> JS	-0.097	3.32	-0.159	-0.043	0.001	0.569		0.404
OS-> BO -> JS	-0.159	3.898	-0.247	-0.088	0.000			

Table 2 reveals a statistically significant direct relationship between despotic leadership and job satisfaction ($b = -0.318$, $t = 4.406$, $p < 0.01$) [$CI = -0.445, -0.175$]. While, a significant direct relationship between despotic leadership and burnout ($b = 0.305$, $t = 5.132$, $p < 0.01$) [$CI = 0.181, 0.413$], significant direct relationship between occupational stress and job satisfaction ($b = -0.229$, $t = 3.095$, $p < 0.01$) [$CI = -0.368, -0.091$], and so was the direct relationships between occupational stress and burnout ($b = 0.502$, $t = 8.432$, $p < 0.01$) [$CI = 0.394, 0.626$]. Followed by significant relation between burnout and job satisfaction ($b = -0.097$, $t = 3.32$, $p < 0.01$) [$CI = -0.159, -0.043$], occupational stress ($b = -0.159$, $t = 3.898$, $p < 0.01$) [$CI = -0.247, -0.088$] and job satisfaction was also significant.

Hair *et al.* (2014) suggested that examining the change explained by predictor variable on the dependent variable through the value of R^2 and to see the effect size of the independent variable on the dependent variable which for current study are 0.569 (burnout) and 0.645 (job satisfaction). While, f^2 values must be between '0' to '1' (see table: 2) shows the results of f^2 as acceptable effect size in support of hypotheses, following Henseler *et al.*, (2015) effect size values of 0.02, 0.15, and 0.35 suggest small, medium, and large effects guideline. These effect sizes f^2 for each relationship were identified in respective rows of table 2.

Finally, the data was also evaluated for the multicollinearity among variables and found clear for any related concern as Variance Inflation Factor (VIF) values were below 5.0 suggested by Hair,

Ringle, andSarstedt(2013). Whereas, the blindfolding values above '0' for Q^2 show significant model predictiveness.

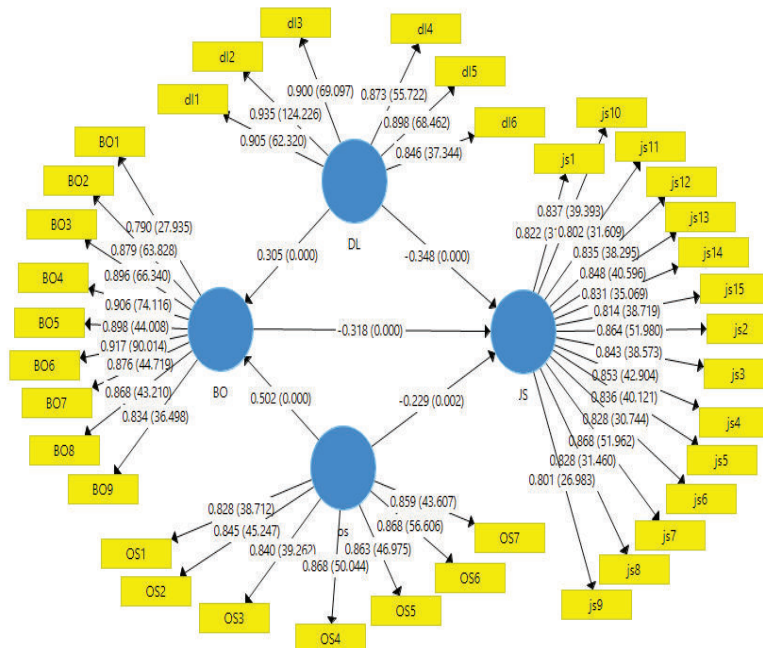


Figure 1 Structural model

Discussion and Conclusion

Literature on leadership effect on followers from ethical perspective. Whereas, critical literature review found despotic leadership as new area of concern when it comes to self-oriented sheer power misuse. This sculpts detrimental influence not only on employee satisfaction but also risks patient health, when it comes to nurses' job satisfaction in healthcare sector which unfortunately is true as results of this study reveal. This study theoretically opens new gates and urge to research on issues from leaders' perspective in healthcare. And also, attracts attention of HR policy makers, executives, and management to facilitate training programs to develop ethical behavioural skills among leaders.

In past numerous practical and thoughtful interventions were identified to tackle occupational stress. Literature affirms that occupation stress leads to burnout and reduces nurses' job satisfaction. Therefore, managing occupational stress and burnout can improve communication, ethical practices at the workplace, and

make limited resources meaningful for nurses which is vital to serve patients. This study provides an opportunity to extend existing literature and provides scope for development of management intervention on job satisfaction problem among nurses in the healthcare sector.

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