Impact of leadership style on patients 'quality of care in health care sector

KALSOOM AKHTAR
BSN, The University of Lahore
MUHAMMAD AFZAL
Master of Science in Nursing, AKU, Karachi
MSC Haematology, BMU, Karachi
MBA in Health Management, Preston University
Associate Professor
Lahore School of Nursing, The University of Lahore
MUHAMMAD HUSSAIN
MS in Medical Imaging Technology (MSMIT) UOL, LHR
Bachelor of Science in Nursing (BSN) DUHS, KARACHI,
Assistant Professor
Lahore School of Nursing, The University of Lahore
SYED AMIR GILANI
PhD Public Health
PhD Medical Diagnostic Ultrasound
Dean, Faculty of Allied Health Science, The University of Lahore

Abstract

    ***Background:** There are progressive in the world of hospital leader, including description of how hospital leader work in a worldwide. Hospital leader has responsibility to introduce the new things, new technology, new organizational goals and new challenges with the staff nurses. The most effective leadership style is transformational leadership that is most effective for the health care organization.*

    ***Aim:** The aim of the study is that to know the nature of leadership work in the hospital managers and also to examine the roles and responsibilities of the staff nurses to provide the quality care.*

Methods: A crosses sectional survey method was used to conduct the research. A quantitative study was used to collect the data. The results of the study revealed that the transformational leadership style has positive relationship with the quality care. The based on the result that the transformational leadership style is more effective so it is recommended that the organization should held the seminars for the current leader and trained them so that they become more transformational and adopted the transformational leadership style in the hospital.

Results: The results show that the transformational leadership has positive effect on the quality care.

Conclusion: The finding of this study is that transformational leadership style has positive impact on the quality care so the leader should adopt the transformational leadership so that they should improve the quality care in the hospital and the organization can work efficiently by adopting the transformational leadership style.

Key words: influence of leadership style on quality care.

1. INTRODUCTION

Leader is a person who holds the employees within organization. A dominant leader always plays a vital role in the institute for the betterment of the quality care (Carney, 2011). Leaders have an important role in the establishing high quality care in the organization. Leadership is a trait concept that has been in existence for years and has continuously evolved over the time. There are three common styles of leadership that includes transformational style, transactional style and laissez-faire (Northouse, 2010).

The concept of transformational leadership was firstly introduced by leadership specialist and presidential writer James Burns. According to Burns, transformational leadership can be see when leaders and followers create a relationship to

progress to a higher level of moral value and inspiration (Burns, 2013)"

Transformational leadership is a type of leadership where a leader works with their staff and creates a vision and mission through inspiration. The transformational leader servers his/her employees to enhance the motivation and job performance so that the employees give quality care to the patients. Nurse leader is a role model for the nurses because the leader will bring change for the new ideas and improvement of the organization (Wang et al, 2011).

Leader has a significant role for improvement of quality care by leading nurses towards their roles and responsibilities. The transformational style is the most important leadership style with the nurses for the high job satisfaction ((Powell & Colin, 2018) Nursing supervision has a positive effect on the nurse's interest and their ability to deal with their work performance (Bergel et al, 2018).

The transformational leadership has great impact on the quality care because top managers or nurse leaders play an important role to motivate their nurses. When nurses are motivated they perform tasks efficiently. Motivated nurses lead to the quality improvement and this has focus on the customer satisfaction (Laohavichien et al, 2015).

Hospitals with transformational leaders have the maximum level of employees' loyalty towards service quality. The results of their study showed that transformational leadership style has positive relationship with service quality care. Transformational leaders are charismatic in nature and they are creative. Research reports that when employees work under them they are more loyal with organizations (Hashim & Mahmood, 2011).

2. LITERATURE REVIEW

The positive leadership characteristics among nurse leaders were related with increased patient satisfaction, patient's wellbeing, reduced unfavorable measures and problem, reduce nurses turnover, and high level of nurses' satisfaction (Pollack, 2015).

Hospitals where the nurses use transformational leadership style show maximum level of employee's loyalty towards the quality care of the patients. The results of this study showed positive relationship among the service of quality (Hashim & Mahmood, 2011).

To increase the health needs of the patients and Improvement in the health care organization, there is a need to enhance the nurse's awareness of their leaders. However the humanity is facing the shortage of nursing workforce that contributes to shortage in nurses so leader producing low quality nursing leadership (Horton 2016). Transformational leadership is a role model for their subordinates to inspire and motivating them to work safely and with concerning (Yukl, et al 2015).

Leaders play an important role in the delivery and responsibility rather than the focusing on the power and authority while dealing with the employee. The transformational leadership style influence on the quality care of the patient. Study strongly supported that transformational leadership style has positive impact on quality care if nurse leader uses the transformational leadership style it will improve the organizational performance and care of the patient. The study also found that transformational leadership gives the creative guidance for excellent quality care (Laohavichien et al, 2015).

Moreover Engberg, et. al., (2014) elaborated in a study that appropriate nursing care of patient. This study was strongly affiliated with leadership style which enables the nurse manager to provide better and cooperative supervision to

the nurses if the leader is cooperative the nurses will be able to provide best nursing care to patient in any health care setting.

Leader is most important part for the quality improvement of the health care. The study concluded that motivation is essential part for the good quality care and services which lead to employee satisfaction and enhance the customer satisfaction. Study showed that the leadership style and quality services impact on the quality care of the customer (Ismail Saleheldin, 2017).

A study concluded that the transformational leaders motivate by practice and this can improve the performance and the quality care of the patients. This style also creates the vision and mission to their followers to achieve the goals and provide good quality care (Idris & Ali, 2018).

The transformational leadership style enhanced satisfaction of the patients and improved extra effort from the staff to improve the quality care. In the previous studied showed that the transformational leadership has positive impact on the quality care and the staff nurses (Cummings et al, 2015).

3. PROBLEM STATEMENT

Effective leadership of healthcare professionals is critical for strengthening quality and integration of care. Transformational leadership style is characterized by creating relationships and motivation among staff members. Transformational leaders typically have the ability to inspire confidence, staff respect and they communicate loyalty through a shared vision, resulting in increased productivity, strengthen employee morale, and job satisfaction (Frandsen, B., 2014).

Task-oriented leadership style involves planning of work activities, clarification of roles within a team or a group of people, objectives set as well as the continuing monitoring and performance of processes. Lastly, relationship-oriented

leadership style incorporates support, development and recognition (Romager, J., Hughes, K., Trimble, J., Verburg, M., Camp, J., & Jones, M., 2017).

Quality of care is a vital element for achieving high productivity levels within healthcare organizations, and is defined as the degree to which the probability of achieving the expected health outcomes is increased and in line with updated professional knowledge and skills within health services (Anderson, M. H., & Sun, P. Y., 2017).

The study will help me to understand the relationship of leadership style with quality care. Findings of study will help to elaborates leader`s role in an organization. I will inform administration to focus on leader style in their organization and arrange the workshops and seminars for the leaders to inform about effective style and relationship of leadership style with quality care.

4. OBJECTIVE

The objective of the study is:

1. To see the impact of the leadership style on patients 'quality of care in health care sector.

5. RESEARCH HYPOTHESIS

Null Hypothesis:

Transformational leadership has no impact on patients 'quality of care in health care sector.

Alternative Hypothesis:

Transformational leadership has impact on patients 'quality of care in health care sector.
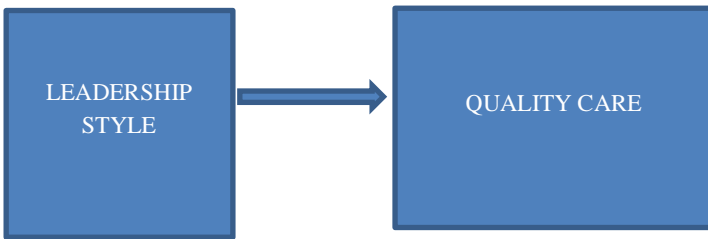
6. OPERATIONAL DEFINITIONS

Leadership:

A trait of nurse supervisor that has been in existence for years and has continuously evolved over the time. It involves managerial actions taken by nurse supervisor.

Quality Care:

Quality care is the degree to which the probability of achieving the expected health outcomes is increased under the leader supervision.

7. THEORITICAL FRAMEWORK

(Theory of planned behavior, 1980)

The Theory of Planned Behavior (TPB) started as the Theory of Reasoned Action in 1980 to predict an individual's intention to engage in a behavior at a specific time and place. The theory was intended to explain all behaviors over which people have the ability to exert self-control. The key component to this model is behavioral intent; behavioral intentions are influenced by the knowledge and practices about the likelihood that the behavior will have the expected outcome.

8. MATERIAL AND METHOD

Study Design

A cross-sectional analytical study design was used.

Study Setting

The setting for this research was Fatima memorial hospital Lahore.

Duration of the Study:

This study completed in approximately 4 months (September 2018, to December 2018).

Study Population:

The study population for this research was all nurses working in Fatima memorial hospital Lahore.

Sampling Technique:

The simple random sampling technique was used to collect data from selected population.

Sample Size:

Sample size is determined by using this formula

$$n= N/ 1+ (N) (E)^2$$

Desired sample size= n=?

Target Population= N =240

Margin of error =E=0.05 at 95% confidence interval

n=240/1+240(0.05)^2

n=240/1+0.6

n=240/1.6

n=150

The sample size is 150.

150 staff nurses and 150 patients from Fatima Memorial hospital was selected to fulfill the inclusion criteria of study.

Sample Selection for Nurses:

Inclusion criteria:

The subject included in the study was:

- All staff nurses
- Both male and female
- Those patients who were interested to participate in the study

Exclusion criteria:

The subjects who are excluded from the study was:

- Head nurses and nursing assistant
- Those who are not willing to participate

Sample Selection for Patients:
Inclusion criteria:
The patients included in the study were Indoor patients:

- Both male and female
- Those patients who were interested to participate in the study

Exclusion criteria:
The patients who are excluded from the study was:

- Outdoor patients
- Those who are not willing to participate

8. ETHICAL CONSIDERATION

The rules and regulations set by the ethical committee of Lahore School of Nursing was followed while conducting the research and the rights of the research participants will be respected.

- Written informed consent attached was taken from all the participants.
- All information and data collection was kept confidential.
- Participants remained anonymous throughout the study.
- The subjects were informed that there are no disadvantages or risk on the procedure of the study.
- They were also informed that they will be free to withdraw at any time during the process of the study.
- Data was kept in under key and lock while keeping keys in hand. In laptop it will be kept under password.

9. DATA COLLECTION PLAN

- After taking informed consent, data was collected by the help of collection tool questionnaire adopted from Den Hartog, et. al., (1994).
- Data was collected from both nurses and patients.

10. DATA ANALYSIS:

Data will be analyzed by using SPSS version 22.0 statistical software for data analysis.

> ➢ Demographic variables like age, gender, marital status, education etc. will be analyzed by using descriptive statistics like frequency, percentage, mean and standard deviation. Percentages will be calculated for categorical data while continuous data will be analyzed through mean and standard deviation.

> ➢ Regression analysis will be used to see the impact of leadership style on patients' quality of care.

RESULTS

Data Analysis

Table#4.1

gender

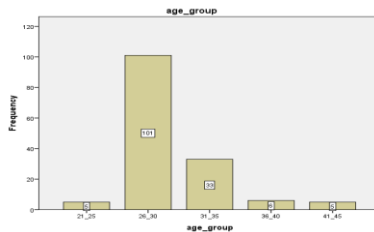|		Frequency	Percent	Valid Percent	Cumulative Percent
	FEMALE	139	92.7	92.7	92.7
Valid	MALE	11	7.3	7.3	100.0
	Total	150	100.0	100.0	

Figure#1

The both genders are participants in the study the female were 92.7% (139) staff nurses and the male nurses are the7.3% (11).

Table#4.2

age_group

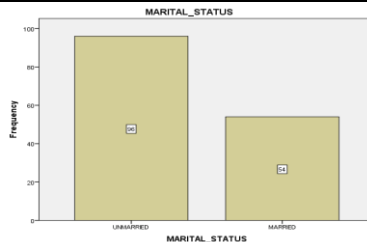|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21_25	5	3.3	3.3	3.3
	26_30	101	67.3	67.3	70.7
	31_35	33	22.0	22.0	92.7
	36_40	6	4.0	4.0	96.7
	41_45	5	3.3	3.3	100.0
	Total	150	100.0	100.0	

Figure#2

The whole proportion of sample size comprised on female and male staff nurses working in Fatima memorial hospital. (n=150,100%). About 3.3 % (n= 5) of the respondents were 20-25years old 67.3% (n=101) between 26 and 30 years of age, 92.2% (n=33) were between 31-35years age and 2.0% (n=3) were 36-40 years of age 5.3% were (n=6) 41-45 years age.

Table#4.

Marital status

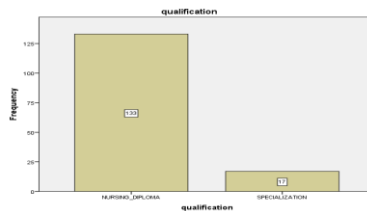|	Frequency	Percent	Valid Percent	Cumulative Percent
UNMARRIED	96	64.0	64.0	64.0
MARRIED	54	36.0	36.0	100.0
Total	150	100.0	100.0	

Figure#3

Above table and figure shows both participants were included married and unmarried the number of unmarried participants were 64.0% (96) and the married participants were 36.0% (54).

Table#4.4
qualification

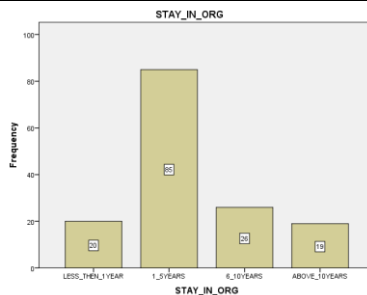|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NURSING_DIPLOMA	133	88.7	88.7	88.7
	SPECIALIZATION	17	11.3	11.3	100.0
	Total	150	100.0	100.0	

Figure#4

Above table and figure shows that most of the employees had nursing diploma 88.7%) (n=133) and about 11.3% (n=17) had specialization.

Table#4.5
STAY_IN_ORG

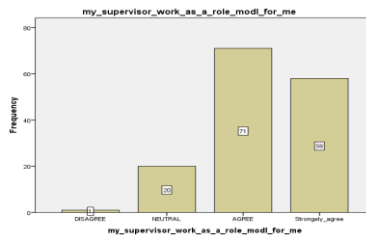|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	LESS_THEN_1YEAR	20	13.3	13.3	13.3
	1_5YEARS	85	56.7	56.7	70.0
	6_10YEARS	26	17.3	17.3	87.3
	ABOVE_10YEARS	19	12.7	12.7	100.0
	Total	150	100.0	100.0	

Figure#5

Most of the nurses were having less than 1 year of experience (n=20) 13.3 % while 56% (n= 85) were having 1-5 years' experience. 17.3% (n=26) were 6-10 years' experience and only 12.7 (n=19) were having above 10 years' experience.

Table#4.6
My supervisor work as a role model for me

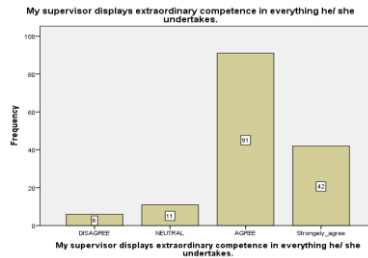|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	DISAGREE	1	.7	.7	.7
	NEUTRAL	20	13.3	13.3	14.0
	AGREE	71	47.3	47.3	61.3
	Strongly_agree	58	38.7	38.7	100.0
	Total	150	100.0	100.0	

Figure#6

Above table and figure shows that response of the participants that 47.3%(71) replied that they are agree with this statement, 38.7%(58) were strongly agree, 13.3%(20) was neutral, .7%(1) were disagree and no one was strongly disagree with this statement.

Table#4.7
My supervisor displays extraordinary competence in everything he/ she undertakes.

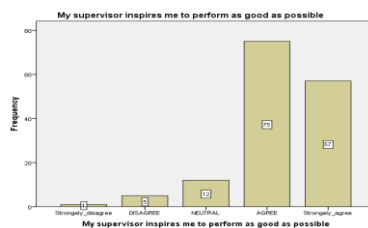|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	DISAGREE	6	4.0	4.0	4.0
	NEUTRAL	11	7.3	7.3	11.3
	AGREE	91	60.7	60.7	72.0
	Strongly_agree	42	28.0	28.0	100.0
	Total	150	100.0	100.0	

Figure#7

Figure and table shows the response of nurses. The response rate was 100%. 4.0 %(6) participants were disagree response, 7.3%(11) participants were neutral response and 60.7% (91)participants were agree and 28.0%(42) were strongly agree.

Table#4.8
My supervisor inspires me to perform as good as possible

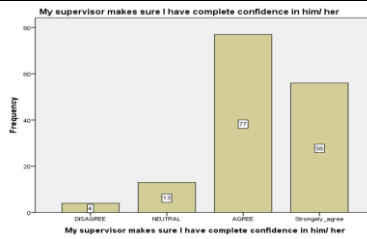|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly_disagree	1	.7	.7	.7
	DISAGREE	5	3.3	3.3	4.0
	NEUTRAL	12	8.0	8.0	12.0
	AGREE	75	50.0	50.0	62.0
	Strongly_agree	57	38.0	38.0	100.0
	Total	150	100.0	100.0	

Figure#8

Above table and figure shows that 0.7 %(1) participants was strongly disagree, 3.3% (5) were disagree8.0% (12) neutral response, 50.0 %((75) participants were agree and 38.0 %(57).

Table#4.9
My supervisor makes sure I have complete confidence in him/ her

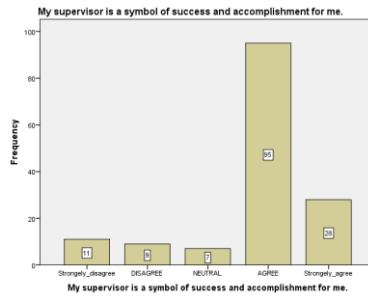|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	DISAGREE	4	2.7	2.7	2.7
	NEUTRAL	13	8.7	8.7	11.3
	AGREE	77	51.3	51.3	62.7
	Strongly agree	56	37.3	37.3	100.0
	Total	150	100.0	100.0	

Figure#9

Above table and figure shows that 2.7%(4) participants were disagree, 8.7%(13) participants were neutral response and 51.3% (77)were and 37.3%(56) were strongly agree.

Table#4.10
My supervisor is a symbol of success and accomplishment for me.

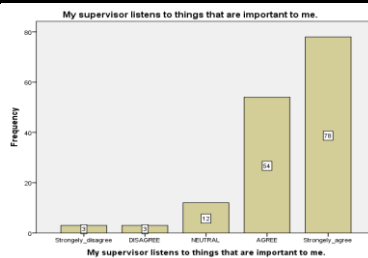|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly_disagree	11	7.3	7.3	7.3
	DISAGREE	9	6.0	6.0	13.3
	NEUTRAL	7	4.7	4.7	18.0
	AGREE	95	63.3	63.3	81.3
	Strongly_agree	28	18.7	18.7	100.0
	Total	150	100.0	100.0	

Figure#10

Above figure and table shows that 7.3 %(11) were strongly disagree, 6.0 %(9) were disagree, 4.7%(7) were neutral, 63.3%(95) were agree and 18.7(28) were strongly agree.

Table#4.11
My supervisor listens to things that are important to me.

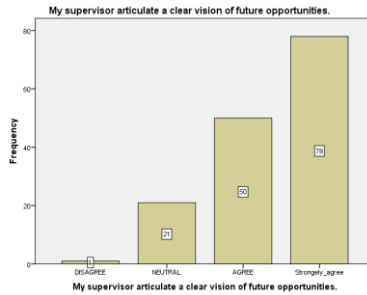|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly_disagree	3	2.0	2.0	2.0
	DISAGREE	3	2.0	2.0	4.0
	NEUTRAL	12	8.0	8.0	12.0
	AGREE	54	36.0	36.0	48.0
	Strongly_agree	78	52.0	52.0	100.0
	Total	150	100.0	100.0	

Figure#11

Above figure and table shows that 2.0 %(3) participants were strongly disagree, 2.0 %(3) participants were disagree response, and the 36.0% (54) participants were agree and 52.0 %(78) were strongly agree.

Table#4.12
My supervisor articulates a clear vision of future opportunities.

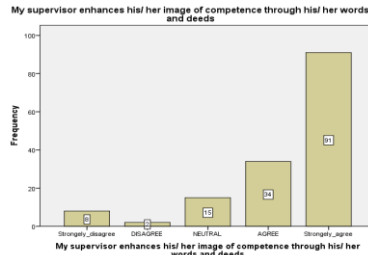|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	DISAGREE	1	.7	.7	.7
	NEUTRAL	21	14.0	14.0	14.7
	AGREE	50	33.3	33.3	48.0
	Strongly_agree	78	52.0	52.0	100.0
	Total	150	100.0	100.0	

Figure#12

Above figure and table shows that .7%(1) participants were disagree, 14.0%(21) participants were neutral respons33.3%(50) were agree and 52.0%(78) were strongly agree.

Table#4.13
My supervisor enhances his/ her image of competence through his/ her words and deeds

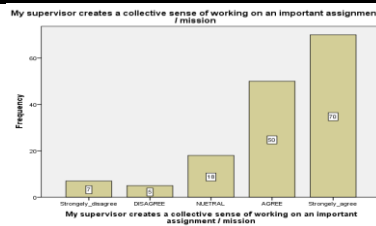|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly disagree	8	5.3	5.3	5.3
	DISAGREE	2	1.3	1.3	6.7
	NEUTRAL	15	10.0	10.0	16.7
	AGREE	34	22.7	22.7	39.3
	Strongly agree	91	60.7	60.7	100.0
	Total	150	100.0	100.0	

Figure#13

Above figure and table shows that 6.6%(8) were stromgly disagree, 1.3%(2) were disagree 10.0%(15) were neutral response and 22.7%(34) were agree and 60.7%(91) were strongly agree.

Table#4.14
My supervisor creates a collective sense of working on an important assignment / mission

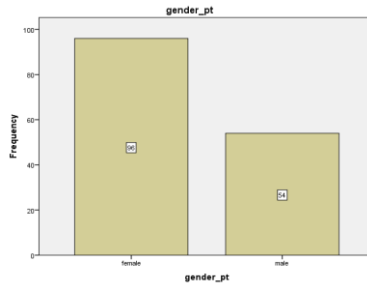|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly_disagree	7	4.7	4.7	4.7
	DISAGREE	5	3.3	3.3	8.0
	NUETRAL	18	12.0	12.0	20.0
	AGREE	50	33.3	33.3	53.3
	Strongly_agree	70	46.7	46.7	100.0
	Total	150	100.0	100.0	

Figure#14

Above figure and table shows that 4.7%(7) were strongly disagree, 3.3%(5) were disagree, 12.0%(18) were neutral, 33.3%(50) were agree and 46.7%(70) were strongly agree.

Table#4.15
gender_pt

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	female	96	64.0	64.0	64.0
	male	54	36.0	36.0	100.0
	Total	150	100.0	100.0	

Figure#15

Both participants were included in this study the 64.0% (96) were female and 34.0% (54) were male.

Table#4.16

age_group_pt

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20_25	29	19.3	19.3	19.3
	26_30	82	54.7	54.7	74.0
	31_35	34	22.7	22.7	96.7
	36_40	4	2.7	2.7	99.3
	41_45	1	.7	.7	100.0
	Total	150	100.0	100.0	

Figure#16

Above figure and table19.3%(29) participants were the age of 20-25,54.7% (82) were the 26-30,22.7% (34) participants were the 31-35,2.7% (4) participants were the 36-40 and .7% (1) participant was 41-45.
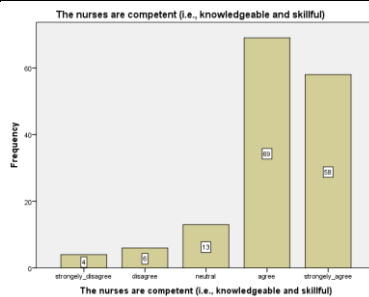
Table#4.17

The nurses are competent (i.e., knowledgeable and skillful)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly_disagree	4	2.7	2.7	2.7
	disagree	6	4.0	4.0	6.7
	neutral	13	8.7	8.7	15.3
	agree	69	46.0	46.0	61.3
	strongly_agree	58	38.7	38.7	100.0
	Total	150	100.0	100.0	

Figure#17

Above figure and table show that 2.7%(4) were strongly disagree, 4.0%(6) were disagree, 8.7%(13) were neutral , 46.0%(69) were agree and 38.7%(58) were strongly agree.

Table#4.18

The nurses are courteous, polite, and respectful.

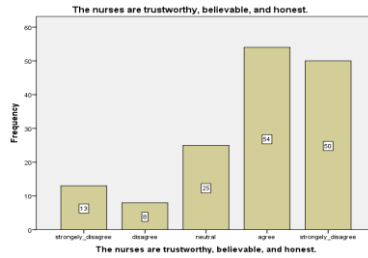|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	disagree	5	3.3	3.3	3.3
	neutral	21	14.0	14.0	17.3
	agree	68	45.3	45.3	62.7
	strongly_agree	56	37.3	37.3	100.0
	Total	150	100.0	100.0	

Figure#18

Above figure and table shows that 3.3 %(5) participants were disagree, 14.0% were neutral and 45.3 %(68) were agree and 37.7 %(56) were strongly agree.

Table#4.19

The nurses are trustworthy, believable, and honest.

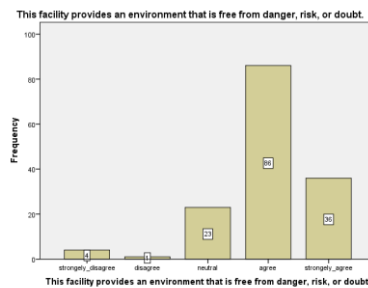|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly_disagree	13	8.7	8.7	8.7
	disagree	8	5.3	5.3	14.0
	neutral	25	16.7	16.7	30.7
	agree	54	36.0	36.0	66.7
	strongly_disagree	50	33.3	33.3	100.0
	Total	150	100.0	100.0	

Figure#19

Above figure and table show that 8.7%(13) were strongly disagree, 5.3%(8) were disagree, 16.7%(25) were neutral, 36.0%(54) and 33.3%(50) were strongly agree.

Table#4.20
This facility provides an environment that is free from danger, risk, or doubt.

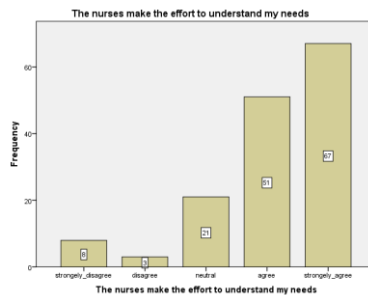|		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly_disagree	4	2.7	2.7	2.7
	disagree	1	.7	.7	3.3
	neutral	23	15.3	15.3	18.7
	agree	86	57.3	57.3	76.0
	strongly_agree	36	24.0	24.0	100.0
	Total	150	100.0	100.0	

Figure#20

Above figure and table shows that 2.7%(4) were strongly disagree, 0.7%(1) were disagree, 15.3%(23) were neutral, 57.3%(86) were agree and 24.0%(36) were strongly agree.

Table#4.21
The nurses make the effort to understand my needs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly_disagree	8	5.3	5.3	5.3
	disagree	3	2.0	2.0	7.3
	neutral	21	14.0	14.0	21.3
	agree	51	34.0	34.0	55.3
	strongly_agree	67	44.7	44.7	100.0
	Total	150	100.0	100.0	

Figure#21

Above figure and table shows that 5.3%(8) were strongly disagree, 2.0%(3) were disagree, 14.0%(21) were neutral, 34.0%(51) were agree, and 44.7%(67) were strongly agree.

Table#4.22

Reliability Statistics

Cronbach's Alpha	N of Items
.707	2

It presents Cronbach's alpha for two scales used in the study. Cronbach alpha is the most commonly used to measure of scale reliability (Cortina, 1993). Cronbach alpha more than 0.70 is measured to be the suitable sign of internal consistency reliability (Santos, 1999; Bryman& Cramer, 2005; Pallant, 2007; Hair et al., 2006).

The alpha values of quality care and Transformational Leadership were above 0.7 which were acceptable. Its means that internal reliability of the scale was accurate. The

transformational leadership and quality care Cronbach's alpha is.707. Both variables are reliable according to my study.

Table#4.23

Correlations

		Trans_LSHP	QC
Trans_LSHP	Pearson Correlation	1	.557**
	Sig. (2-tailed)		.000
	N	150	150
QC	Pearson Correlation	.557**	1
	Sig. (2-tailed)	.000	
	N	150	150

**. Correlation is significant at the 0.01 level (2-tailed).

Table#4.24

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.700
Bartlett's Test of Sphericity	Approx. Chi-Square	54.706
	df	1
	Sig.	.000

KMO value must be above .60 and Bartlett's test must be significant so above table show that KMO value and Bartlett test the KMO value is .700 and the Bartlett test is significant. So this study is fulfilled the KMO and Bartlett test.

DISCUSSION

Leadership is an important part that assures the quality health care of the patients and the satisfaction of the patient and financial performance. Moreover leadership style may influence on the nurses performance and the quality care and their ability to manage patients heath needs appropriately. So that the study conducted in the private hospital Lahore in which the results suggest that the leadership behavior and outcomes effect on the quality care of the patients. So that the nurse manager has good knowledge and their staff nurses had fair perception about the leader. The results demonstrate that the

transformational leadership style is more affective and the
results showed that the positive relationship between outcome
factors of the patients satisfaction.

The transformational leadership style enhanced
satisfaction of the patients and improved extra effort from the
staff to improve the quality care. In the previous studied
showed that the transformational leadership has positive
impact on the quality care and the staff nurses (cummings et al,
2010).

Leaders seem to empower the nurses and support them
to make their own decision which may positively affected their
nurse perception of leadership.

CONCLUSION

The finding of the study explained that transformational
leadership influence on the quality care of the patients of the
staff nurses in the Pakistan. This study will be help to the
managers, organization owner, and policy maker of the hospital
communicate their staff nurses how the transformational
leadership style can impact on nurses to motivating them
towards the service quality. The transformational leadership
style has positive impact on the quality care so the leader
should adopt the transformational leadership so that they
should improve the quality care in the hospital and the
organization can work efficiently by adopting the
transformational leadership style.

RECOMMENDATIONS

On the basis of results of this study following recommendation
were given to promote the nurses knowledge about
transformational leadership.

- Regular workshops should be nurses to improve their understanding about the transformational leadership style.
- The nurse leader is more important part of the organization than the others leaders. If the nurse leader adopts the transformational leadership style then they provide the good quality care to the patients and increase the better health for the patients and decrease the errors in the hospital which occurred during the duty performance.
- The leaders should adopt the transformational style to improve the quality care and the health care organization.
- Every nurse should have the right of their decision making. The leader should to enhance their followers work oriented values and self-efficiency so that the staff nurse do their work and provide the quality care better.

REFERENCES

1. Ahmad, A. R., Adi, M. N. M., Noor, H. M., Rahman, A. G. A., & Yushuang, T. (2013). The influence of leadership style on job satisfaction among nurses. *Asian Social Science, 9*(9), 172.
2. Anderson, M. H., & Sun, P. Y. (2017). Reviewing leadership styles: Overlaps and the need for a new 'full-range' theory. *International Journal of Management Reviews*, *19*(1), 76-96.
3. Bergel.., Daud, S., Hashmi, N. R., Sardar, H., Babar, M. S., Rahman, A., & Malik, M. (2018). transformational leadership style at a tertiary health care facility. *J Ayub Med Coll Abbottabad, 22*(3), 174-178.

4. Burns, J. M. (2013). *Transforming leadership: A new pursuit of happiness* (Vol. 213): Grove Press.

5. Carney, M. (2011). Influence of organizational culture on quality healthcare delivery. International journal of health care quality assurance, 24(7), 523-539.

6. Cummings, G. G., MacGregor, T., Davey, M., Wong, C. A., Lo, E., Muise, M., & Stafford, E. (2010). Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. *International journal of nursing studies, 47*(3), 363-385.

7. Currie, L. & Watterson, L. (2007) Challenges in delivering safe patient care: a commentary on aquality improvement initiative. Journal of Nursing Management, 15, 162–168.

8. Den Hartog, D., Van Muijen, J. & Koopman, P. (1994). Transactioneel versus transformationeel leiderschap. Een analyse van de MLQ in de Nederlandse situatie. Gedrag en Organisatie, 7, nr. 3, p. 155-166.

9. Engberg,. E., & Canini, S. R. (2014). Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. *International journal of nursing studies, 47*(3), 363-385.

10. Force, M. V. (2005). The relationship between effective nurse managers and nursing retention. *Journal of nursing administration, 35*(7-8), 336-341.

11. Frandsen, B. (2014). Nursing leadership management & leadership styles. *AANAC, American Association of Nurse Assessment Coordination: Denver, CO, USA*.

12. Horton-Deutsch, S. L., & Mohr, W. K. (2016). The fading of nursing leadership. *Nursing outlook, 49*(3), 121-126.

13. Hashim, R. A., & Mahmood, R. (2011). Transformational Leadership Style and Academic

14. Idris, F., & Mohd Ali, K. A. (2018). The impacts of leadership style and best practices on company

performances: Empirical evidence from business firms in Malaysia. *Total Quality Management, 19*(1-2), 165-173.

15. Ismail Salaheldin, S. (2017). Problems, success factors and benefits of QCs implementation: a case of QASCO. *The TQM Journal, 21*(1), 87-100.

16. Laohavichien, T., Fredendall, L. D., & Cantrell, R. S. (2015). The effects of transformational and transactional leadership on quality improvement. *The Quality Management Journal, 16*(2), 7.

17. Northouse, L. L., Katapodi, M. C., Song, L., Zhang, L., & Mood, D. W. (2010). Interventions with family caregivers of cancer patients: meta-analysis of randomized trials. *CA: a cancer journal for clinicians, 60*(5), 317-339.

18. Powell, M. C., & Colin, M. (2018). Meaningful Citizen Engagement in Science and Technology What Would it Really Take? *Science Communication, 30*(1), 126-136.

19. Raup, G. H. (2008). The impact of ED nurse manager leadership style on staff nurse turnover and patient satisfaction in academic health center hospitals. *Journal of Emergency Nursing, 34*(5), 403-409.

20. Romager, J., Hughes, K., Trimble, J., Verburg, M., Camp, J., & Jones, M. (2017). Influences of Authentic Leadership Styles and Challenges to Enduring Pervasive Leadership Models.

21. Parasuraman, A., Valarie A. Zeithaml, and Leonard L. Berry. (1985). "A Conceptual Model of Service Quality and Its Implications for Future Research" Journal of Marketing,49(Fall): 41–50

22. Pollack, M. M., & Koch, M. A. (2015). Association of outcomes with organizational characteristics of neonatal intensive care units. *Critical care medicine, 31*(6), 1620-1629.

23. Sellgren, S., Ekvall, G., & Tomson, G. (2006). Leadership styles in nursing management: preferred and perceived. *Journal of Nursing Management, 14*(5), 348-355.

24. Redman, R.W. (2008) Symposium in tribute to a nursing leader.NursingResearch,57(1 Suppl.),S1–3

25. Weberg, D. (2010). Transformational leadership and staff retention: an evidence review with implications for healthcare systems. *Nursing Administration Quarterly, 34*(3), 246-258.

26. Yulk, G.A. (2015). Leadership in organization Upper Saddle River, NJ: Printice-Hall.