Transformational leadership and sustainable labour participation of nurses; mediating routes through organizational justice and quality of work.

Erik Nijskens, Judith Semeijn, Kees Gelderman,
Open University in the Netherlands

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Abstract (55 words):
In this study, the relationship between transformational leadership and sustainable labour participation of nurses is examined, expecting mediation effects through organizational justice and quality of work. Preliminary results show that a transformational leadership style increases the nurses’ vitality through the perception of interactional justice. Quality of work life has a positive influence on nurses' workability.

Extended abstract:
1. Introduction
Demographic changes have led to a different situation on the labour market of nurses; older nurses leave the market, increasingly, and starting young nurses are smaller in amount. Sustainable labour participation is therefore an important topic for nurses. Apart from the demographic changes, job demands in health care are high as well. In addition, workers in health care tend to work ‘with heart and soul’, which makes them vulnerable for extra workload and stress (Smulders, Houtman & Van den Bossche, 2009). Quality of work life receives considerable attention in research and policies, but the question is to what extent (antecedents of) quality of work life also affect sustainable labour participation of nurses, in terms of their workability, vitality and employability.

2. Background
In the literature, transformational leadership has been related to quality of work life and well-being of workers in health care organizations (Gillet, Fouquereau, Bonnau-Antignac, Mokounkolo & Colombat, 2013). According to Burns (1978) transformational leaders, in contrast to transactional leaders, encourage followers to embrace moral values such as justice, equality, and the interests of the collective. Leader fairness, whether in distributive-, procedural-, or interactional justice terms, serves leadership effectiveness. Leaders who are more fair build better relationships with their followers, engender more positive attitudes and outcomes (van Knippenberg, de Cremer & van Knippenberg, 2007).

The current study will test a mediation model on the relation between leadership style and sustainable labour participation outcomes, through increased organizational justice and quality of work life, with a sample of Dutch nurses from different hospitals in The Netherlands. The following hypotheses will be tested:
Hypothesis 1: Nurses’ quality of work life is positively associated with their work ability, vitality and employability.
Hypothesis 2a: Organizational justice is positively associated with nurses’ quality of work life.
Hypothesis 2b: Organizational justice is positively associated with nurses’ sustainable labour participation, partly through a higher quality of work life.

Hypothesis 3a: Transformational leadership is positively associated with nurses’ quality of work life.

Hypothesis 3b: Transformational leadership is positively associated with organizational justice.

Hypothesis 3c: Transformational leadership is positively associated with nurses’ sustainable labour participation, partly through organizational justice and quality of work life.

3. Methodology
The study uses a cross-sectional questionnaire survey design. All measures have been administered in Dutch. Participants have been informed that there are no right or wrong answers and that their answers would be kept confidential. Questionnaires have been completed by nurses working in the Netherlands. Participation was voluntary. Fifty nine nurses have returned the questionnaire so far (51 females and 8 males). The mean age of the participants is 38 years and the average length of service in the unit of work is 14 years.

Transformational leadership is measured with eleven items (charisma items) form “Charismatisch leiderschap in Organisaties (CLIO)” (De Hoogh, Den Hartog and Koopman, 2004). It is used to assess nurses’ perceptions of transformational leadership. Responses were given on a 7-point Likert scale (1= “strongly disagree” and 7= “strongly agree”).

Organizational justice has been measured with The Justice scale of Moorman (1991). It consists of three dimensions: measuring perceptions of distributive justice (five items), procedural justice (five items) and interactional justice (six items). Distributive justice items are completed on a 5-point Likert ranging from 1 (totally unjust) to 5 (totally just), procedural and interactional justice is also completed on a 5-point Likert ranging, but is distribute in another scale: from 1 (“totally disagree”) to 5 (“totally agree”).

Quality of work life has been measured with the ten items from the “Groninger Werkbelevingslijst (GWL)”. The GWL is developed by the Academic Centre of Work and Health established by the University Medical Center Groningen in 2004 and based on the INTERMED-method. Each item has four possible answers.

Vitality is measured using (a subscale of) the 17-item version of the Utrecht Work Engagement Scale, developed by Schaufeli and Bakker (2003). Responses have been were anchored on a 7-point Likert ranging from 0 (never) to 6 (always).

Work ability is measured by the short version of the Work Ability Index (Tuomi et al., 1998). The Dutch version is validated by Zwart and Burdorf in 2006 and has eight items, some with sub-items.

Employability is measured by three items that measure the chances of someone in the job-market. The three items have developed by van Vuuren et al. (2011) and response is given on a 5-point Likert scale (1= “strongly agree” and 5= “strongly disagree”).

Mediation and paths between the concepts are tested through structural equation modelling using Partial Least Squares (PLS) with Smart PLS.

4. Results
Based on the factor model in SmartPLS some indicators are removed to obtain a valid measurement model. The empirical results for the structural model are presented in Table 1.
Table 1 Results of PLS analysis

<table>
<thead>
<tr>
<th>Hypothesis Nr.</th>
<th>Model</th>
<th>Path Coefficient</th>
<th>t-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>QWL → Workability</td>
<td>-0.478</td>
<td>3.585</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>1</td>
<td>QWL → Vitality</td>
<td>-0.237</td>
<td>1.615</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>1</td>
<td>QWL → Employability</td>
<td>-0.184</td>
<td>0.974</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>2a</td>
<td>Interactional justice → QWL</td>
<td>-0.289</td>
<td>1.413</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>2b</td>
<td>Interactional justice → Workability</td>
<td>0.045</td>
<td>0.172</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>2b</td>
<td>Interactional justice → Vitality</td>
<td>0.462</td>
<td>2.506</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>2b</td>
<td>Interactional justice → Employability</td>
<td>0.046</td>
<td>0.301</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>3a</td>
<td>Transformational leadership → QWL</td>
<td>0.211</td>
<td>1.257</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>3b</td>
<td>Transformational leadership → Interactional justice</td>
<td>0.633</td>
<td>5.942</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>3c</td>
<td>Transformational leadership → Workability</td>
<td>0.034</td>
<td>0.027</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>3c</td>
<td>Transformational leadership → Vitality</td>
<td>-0.056</td>
<td>0.256</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>3c</td>
<td>Transformational leadership → Employability</td>
<td>-0.135</td>
<td>0.782</td>
<td>&gt; 0.05</td>
</tr>
</tbody>
</table>

5. Conclusions and implications

Hypothesis 3b is confirmed. Some hypotheses are partly confirmed: hypothesis 1 is supported only for workability and 2b only for vitality. All other hypotheses cannot be confirmed because they are not significant (p > 0.05). The preliminary results of this study indicate that for the model tested, only two paths really matter. Transformational leadership increases vitality through interactional justice. And the quality of work life only contributes to a higher workability. These findings suggest that although quality of work life is a highly relevant issue in the work context of health care, its relation with sustainable labour participation outcomes may not be straightforward. Transformational leadership is considered an important factor for both quality of work life and sustainable labour participation (see e.g., Lees & Kearns, 2005) and influences vitality by means of perceived interactional justice. In line with Islam (2012) quality of work life is positively associated with workability. However, explicit attention for quality of work in health care organizations may not be sufficient to deal with closely aligned sustainable labour participation issues. Moreover, in this study, the relations between transformational leadership and quality of work, or between organizational justice and quality of work, could not be confirmed. However, at this point, we must consider our results as indicative.

Limitations of the study are, amongst others, the use of self-reports in a mono-method design (Podsakoff, Mackenzie, Lee, & Podsakoff, 2003). In addition, data are gathered cross-sectional, which implies we cannot be conclusive on the direction of the path model. Response will increase, as data are still gathered. Data-analysis will be conducted on the full data set this summer. Results, conclusions and discussion will therefore be further elaborated before presentation.

Key references


