



การพัฒนาให้เป็นบริการของหัวหน้าหอพักร่วม และความพึงพอใจในงาน  
ของพยาบาลประจำการในโรงพยาบาลวิทยาลัยการแพทย์ กรุงรัตนโกสินทร์ ประเทศไทย

## Servant Leadership of Head Nurses and Job Satisfaction among Staff Nurses in Medical College Hospitals, Dhaka, the People's Republic of Bangladesh

การพัฒนาให้เป็นบริการของหัวหน้าหอพักร่วม และความพึงพอใจในงานของพยาบาลประจำการ  
ในโรงพยาบาลวิทยาลัยการแพทย์ กรุงรัตนโกสินทร์ ประเทศไทย

แซมมิร์	อาร์มีเด	M.N.S.*	Sammir	Ahmed	M.N.S.*
ธิตินุต	อัคคัเดชันน์ต	Ph.D.**	Thitinut	Akkadechanunt	Ph.D.**
รัตนาวดี	ชอนตะวัน	Ph.D.***	Ratanawadee	Chontawan	Ph.D. ***

### บทคัดย่อ

ความพึงพอใจในงานเป็นสิ่งสำคัญสำหรับการคงอยู่ในงานของพยาบาล โดยเฉพาะในขณะที่ระบบสุขภาพมีการเปลี่ยนแปลงอย่างรวดเร็ว มีการศึกษาที่พบว่า ภาวะผู้นำให้บริการมีอิทธิพลต่อความพึงพอใจในงาน วัตถุประสงค์ของการศึกษาเชิงพรรณนาครั้งนี้เพื่อศึกษาภาวะผู้นำให้บริการของหัวหน้าหอพักร่วม ตามการรับรู้ของพยาบาลประจำการ ความพึงพอใจในงานของพยาบาลประจำการ และความสัมพันธ์ระหว่างภาวะผู้นำให้บริการของหัวหน้าหอพักร่วม และความพึงพอใจในงานของพยาบาลประจำการ กลุ่มตัวอย่างประกอบด้วยพยาบาลประจำการในโรงพยาบาลวิทยาลัยการแพทย์กรุงรัตนโกสินทร์ สาธารณรัฐประชาชนบังกลาเทศจำนวน 298 คน เครื่องมือวิจัยประกอบด้วย 1) แบบสอบถาม ข้อมูลส่วนบุคคล 2) เครื่องมือประเมินภาวะผู้นำให้บริการ (Servant Leadership Assessment Instrument) ที่พัฒนาโดยเดนนิส (Dennis, 2004) 3) แบบวัดความพึงพอใจในงานของแมคคลอสกี้ และมูลเลอร์ (McCloskey/Mueller Satisfaction Scale) ที่พัฒนาโดยแมคคลอสกี้และมูลเลอร์ (Mueller & McCloskey, 1990) SLAI และ MMSS ได้รับการตรวจสอบความตรงโดยผู้พัฒนาเครื่องมือสัมประสิทธิ์ความเชื่อมั่นของ SLAI และ MMSS เท่ากับ .80 และ .91 ตามลำดับวิเคราะห์ข้อมูลโดยใช้สติติพรรณา และสัมประสิทธิ์สหสัมพันธ์แบบลำดับที่ของสเปียร์แมนผลการวิจัย พบว่า

- ภาวะผู้นำให้บริการของหัวหน้าหอพักร่วมตามการรับรู้ของพยาบาลประจำการอยู่ในระดับสูง
- ความพึงพอใจในงานของพยาบาลประจำการอยู่ในระดับปานกลาง
- ภาวะผู้นำให้บริการมีความสัมพันธ์ทางบวกในระดับมากกับความพึงพอใจในงานของพยาบาลประจำการอย่างมีนัยสำคัญทางสถิติ

\* พยาบาลอายุรุสสสถาบันพื้นฟูสุภาพผู้ที่ได้รับภาคเจ็บ และอธิบายพิเศษแห่งชาติกรุงรัตนโกสินทร์ ประเทศไทย

\*\* Senior Staff Nurse, National Institute of Traumatology and Orthopedic Rehabilitation (NITOR), Dhaka, the People's Republic of Bangladesh

\*\*\* ผู้ช่วยศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่

\*\* Assistant Professor, Faculty of Nursing, Chiang Mai University

\*\*\* รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่

\*\*\* Associate Professor, Faculty of Nursing, Chiang Mai University



ผลการศึกษานี้สามารถเพิ่มความเข้าใจสำหรับผู้บริหารโรงพยาบาล และผู้บริหารทางการพยาบาล เกี่ยวกับภาวะผู้นำฝ่ายบริการของหัวหน้าหอผู้ป่วย และความพึงพอใจของพยาบาลประจำการ นอกจากนี้ ผลการศึกษาระดับนี้ยังสามารถใช้เป็นข้อมูลพื้นฐานในการพัฒนากลยุทธ์ในการปรับปรุงความพึงพอใจใน งานของพยาบาลประจำการในโรงพยาบาลวิทยาลัยการแพทย์กรุงรากา

**คำสำคัญ:** ภาวะผู้นำฝ่ายบริการ ความพึงพอใจในงาน หัวหน้าหอผู้ป่วย พยาบาลประจำการ

## Abstract

Job satisfaction is crucial for nurse retention, especially during rapid changes in the health care systems. Studies indicate that servant leadership can influence job satisfaction. The purposes of this descriptive study were to determine servant leadership of head nurses as perceived by staff nurses, job satisfaction among staff nurses, and to identify the relationship between servant leadership of head nurses and job satisfaction among staff nurses. The sample consisted of 298 staff nurses working in the three medical hospitals in Dhaka, The People's Republic of Bangladesh. Research instruments included 3 parts: 1) demographic data form, 2) Servant Leadership Assessment Instrument (SLAI) developed by Dennis (2004), 3) McCloskey/Mueller Satisfaction Scale (MMSS), developed by McCloskey & Mueller (1990). SLAI and MMSS were confirmed for validity by the authors. The reliability coefficient of SLAI and MMSS were at .80 and. 91, respectively. Data were analyzed using descriptive statistics and Spearman's rank-order correlation coefficient.

The results of this study show that:

1. Servant leadership of head nurses as perceived by staff nurses was at a high level;
2. Job satisfaction among staff nurses was at a moderate level;
3. There was a strong significant positive correlation between servant leadership of head nurses as perceived by staff nurses and job satisfaction among staff nurses.

The results of this study could provide a better understanding of servant leadership of head nurses and job satisfaction among staff nurses to hospital and nurse administrators. In addition, the results could serve as the basis for developing strategies to improve job satisfaction among staff nurses in Medical College Hospitals in Dhaka.

**key words:** Servant Leadership, Job Satisfaction, Head Nurses, Staff Nurse



## Background and Significance

Dynamic changes in health care sectors including intensifying the roles of health care professionals and the rapid changing environment can cause nurses to extend their responsibilities and face difficulties in providing direct quality of nursing care (Rivers & Glover, 2008). Moreover, widespread nursing shortage and a high nurse turnover has become a global issue, which is of increasing importance to both the developed and developing countries (Aiken, Clarke, Sloane, Sochalski & Busse et al., 2001). In USA, due to the nursing shortage and high turnover rate, it is predicted that there will be a need for 1 million more nurses by 2020 and 3 million more nurses by 2030 (Chaguturu & Vallabhaneni, 2005). Turnover among staff nurses has an inverse relationship with job satisfaction where turnover decrease job satisfaction increases. Job satisfaction has emerged as a major concern for the health care administrators globally (Chaulagain & Khadka, 2012).

Nurses' job satisfaction and dissatisfaction has an impact on their practice that can directly or indirectly affect the patients' satisfaction. It is assumed that satisfied nurses are more productive, creative and committed towards the profession and the organization (Al-Hassami, 2008). Lack of job satisfaction among nurses may influence turnover rate and nursing shortage, which is of increasing importance in both the developed and developing countries (Aiken et al., 2001).

In Bangladesh, nurses' job satisfaction has emerged as a burning issue for the health care sectors, particularly in government hospitals. Nurses are carrying out their responsibilities in an insufficient working environment and with enormous discrepancies between the supplies

and demands of workforce and resources. They are faced with a variety of challenges such as poor health care delivery system, under staffing, poor distribution of responsibility and high workload, low salary structure, and less opportunity for personal and professional developmental (Hossain, 2008). Additionally, nursing salary and other facilities in Bangladesh are considered very low compared to other professionals (Fardaus, 2008).

Leadership is an important skill for head nurses to use to carry out their multiple roles. Rapid changes in health care system cause competition among institutions, as organizations are restructured to increase client satisfaction, resulting in the need for a new style of leadership. Moreover, leadership holds the key to transforming the nursing profession. Head nurses are the first-line administrators that work closely with staff nurses, their leadership skills encourage staff nurses to utilize critical reflection and facilitate new understandings. Many leadership styles that influence nurses' satisfaction have emerged from research including; transformation leadership, transactional leadership, managerial leadership and servant leadership.

Servant leadership idea was proposed by Greenleaf (1970). The servant-leader is servant first, which begins with the natural feeling that one wants to serve. Following the desire to serve may be a conscious choice that brings one to aspire to lead. The leader-first and the servant first are two extreme types of leaders with the servant-first leader taking care to make sure other people's highest priority needs are being served. Servant leadership is an understanding and practice of leadership that places the good of those led over the self-interest of the leader. Research found



servant leadership behaviors have positive relationship with job satisfaction (Caffey, 2012; Amadeo, 2008).

In Bangladesh, there has only been one study conducted on transformational leadership by Akter, Chaowalit, and Nasae (2010). According to Akter et al. (2010) nurses perceived a moderate level of transformational leadership of nurse supervisors. There have been no studies conducted to identify leadership of head nurses in selected hospitals in Dhaka city. Moreover, there have only been two previous studies which explore job satisfaction among nurses in Bangladesh (Hossain, 2008; Latif, Thiangchanya, & Nasae, 2010). One study reported that job satisfaction among nurses in Bangladesh was very low (WHO, 2005). According to WHO (2005), 90% of nurses in Bangladesh were dissatisfied with their job. Another study conducted by Hossain (2008) among nurses in one public hospital and one private hospital; found that 63% of nurses were dissatisfied with their job. Latif (2010) found a moderate level of job satisfaction among nurses. In addition, no previous studies have identified relationship between servant leadership of head nurses and job satisfaction among staff nurses in Bangladesh.

Consequently, this research aimed to study servant leadership of head nurses as perceived by staff nurses and job satisfaction among staff nurses and relationship between servant leadership of head nurses and job satisfaction among staff nurses in selected medical college hospitals in Dhaka city. The results of this study provide basic information for hospital and nursing administrators to understand the situation of servant leadership of head nurses as perceived by staff nurses and job satisfaction among staff nurses and the

relationship between these two variables. As there are no previous studies found on servant leadership of head nurses and job satisfaction among staff nurses in Bangladesh, this study can fill the gap in knowledge, which is needed to uncover the needs of this target population.

### Objectives

The objectives of this study were to determine servant leadership of head nurses as perceived by staff nurses, to determine job satisfaction among staff nurses and to explore relationship between servant leadership of head nurses as perceived by staff nurses and job satisfaction among staff nurses in Medical College Hospitals, Dhaka, the People's Republic of Bangladesh.

### Conceptual Framework

This descriptive correlational study aimed to examine the level of servant leadership and job satisfaction. Servant leadership is defined as signifying those leaders who lead an organization by focusing on their followers, such that the followers are the primary concern and the organization concerns are peripheral. Servant leadership consists of seven behaviors: (1) agapao love, (2) humility, (3) altruism, (4) vision, (5) trust, (6) service, and (7) empowerment. Job satisfaction is defined as the degree of positive affective orientation toward employment. Job satisfaction consists of eight dimensions: (1) extrinsic rewards, (2) scheduling satisfaction, (3) family/work balance, (4) interaction opportunities, (5) professional opportunities, (6) co-worker, (7) praise and recognition, and (8) control and responsibility. The relationship between servant leadership of head nurses and job satisfaction of staff nurses was examined.



## Methodology

This study was conducted among nurses in three medical college hospitals including Dhaka Medical College Hospital (DMCH), Sir Salimullah Medical College Mitford Hospital (SSMCMH), and Shaheed Suhrawardy Medical College Hospital (SSMCH) in Dhaka, Bangladesh. The data collection period was from March 2013 to May 2013. The sample size was calculated by Yamane formula (Yamane, 1973) and 20% of the sample was added to substitute of possible loss of the sample. Proportional random sampling technique was used to select sample from nurses. Sample size was 343 nurses who provide direct care for patients and worked at least one year in these three medical college hospitals. A total of 343 questionnaires were distributed and 298 (86%) were completed for data analysis.

## Research Instruments

The research instrument consisted of three parts: The Demographic Data Form, Servant Leadership Assessment Instrument (SLAI) developed by Dennis (2004), and McCloskey/Mueller Satisfaction Scale (MMSS) developed by Mueller and McCloskey (1990). The Cronbach's Alpha reliability was tested with 15 staff nurses from Shaheed Suhrawardi Medical College Hospital (SSMCH) of SLAI, and MMSS were 0.80, and 0.91, respectively. The validity of MMSS (Mueller & McCloskey, 1990) was confirmed for the construct validity by exploratory factor analysis which resulted in the creation of eight subscales, and moderate positive correlations were found for all expected relationships among eight subscales by the developer. For the validation of SLAI (Dennis, 2004) the face validity and content

validity was performed by the developer. Therefore, the researcher did not test the validity of both instruments.

## McCloskey/Mueller Satisfaction Scale (MMSS)

To explore the level of job satisfaction, the MMSS developed by Mueller and McCloskey's (1990) was used after getting the permission from the original author (Appendix E). There was no changing of the questionnaires, as the sample respondents are able to read and write English. It has 31 items with 8 subscales; (a) extrinsic rewards (3 items); (b) scheduling satisfaction (6 items); (c) family/work balance (3 items); (d) interaction opportunities (4 items); (e) professional opportunities (4 items); (f) co-workers (2 items); (g) praise/recognition (4 items); and (h) control/responsibility (5 items). A 5-point Likert scale ranges from "very dissatisfied" (rated 1), "moderately dissatisfied" (rated 2), "neither satisfied nor dissatisfied" (rated 3), "moderately satisfied" (rated 4), "very satisfied" (rated 5) was used. Items in each of the 8 dimensions were summed and averaged to provide a score for each dimension ranging from 1 (to a lowest level of satisfaction) to 5 (to a highest level of satisfaction). The score for each subscale was considered separately. The possible range for mean scores of each item is between 1 and 5. The higher the score the perceptions of higher level of job satisfaction.

The mean scores of overall and each dimensions of job satisfaction were classified into three levels (5-1/3) based on Best & Kahn (2003) as follows:

Mean of MMSS score of 1.00-2.33 = low level



Mean of MMSS score of 2.34-3.67 = moderate level

Mean of MMSS score of 3.68-5.00 = high level

### **Servant Leadership Assessment Instrument (SLAI)**

The English version of Servant Leadership Assessment Instrument (SLAI) developed by Dennis (2004) was used to measure the servant leadership of head nurses, after getting the permission from the original author (Appendix F). There was no changing of the questionnaires as the sample respondents are able to read and write English. It has 7 dimensions with 42 items including: (a) agapao love (6 items), (b) humility (6 items), (c) altruism (6 items), (d) vision (6 items), (e) trust (6 items), (f) empowerment (6 items), and (g) service (6 items). A 7-point Likert scale ranges from 'strongly disagree' (rated 0), 'disagree' (rated 1), 'slightly disagree' (rated 2) 'undecided (rated 3), 'slightly agree' (rated 4), 'agree' (rated 5), and 'strongly agree' (rated 6). The score for each subscale was considered separately. The higher the score equates to perceptions of a higher level of servant leadership.

The mean scores of overall and each dimension of servant leadership were classified into three levels (7-1/3) based on Best & Kahn (2003) as follows:

Mean of SLAI score of 0.00-2.00 = low level

Mean of SLAI score of 2.01-4.00 = moderate level

Mean of SLAI score of 4.01-6.00 = high level

### **Protection of Human Subjects**

Prior to data collection, the study protocol was approved by the Research Ethical Committee of the Faculty of Nursing, Chiang Mai University. All participants were informed about the purpose and method of study. They were informed that participation in the study would be voluntary, so they could refuse to participate or withdraw from the study at any time without being penalized or losing any benefits. Moreover, the participants were reassured that their responses would be kept confidential, their identities would not be revealed on research reports and publications of the study. Lastly, the participants who agreed to participate in the study were asked to sign a written consent.

### **Data Analysis**

Descriptive statistics were used to describe the characteristic of the sample as well as the three variables. Spearman's rank-order correlations coefficient was used to explore the relationship between servant leadership of head nurses and job satisfaction among nurses in three medical college hospitals.

### **Results**

The results showed that among 298 subjects, the mean age of the subjects was 43.02 years (S.D. = 6.21), almost 49% were aged between 40-49 years old. Majority of staff nurses were female (91.62%) and 281 were married (94.30%). In terms of educational level, majority of the subjects held a diploma in nursing (64.77%), the mean number of years' experience was 16.81 (S.D. = 7.76) and most had work experience between 11 - 20 years (45.97%). Approximately half of the subjects had salary between Taka 15,001 to Taka

ກວະປຸປໍາໃຫ້ອົກປະກາດຂອງທີ່ກ່າວເຫຼືອພໍປ່ອງ ແລະຄວາມພົບໃຫ້ໃນການ  
ຂອງພົກພາບປະຈຳການໃຫ້ເອົາພົກພາບລວມທີ່ກ່າວສ້າງການເພື່ອ ກຽມຮາກາ ປະເກສດລາຍາກນຮັງປະມານບັນດາກາທີ່

20,000 per month (50.70%) (Table 1).

**Table 1** Frequency and percentage of subjects classified by demographic characteristics (N=298)

Characteristics	Frequency	Percentage
Age (years) (Range 30 – 59, $\bar{x} = 43.02$ , SD = 6.21)		
30-39	90	30.21
40-49	146	48.99
50-59	62	20.80
Sex		
Male	25	8.38
Female	273	91.62
Marital status		
Married	281	94.30
Single	15	5.03
Divorce	2	0.67
Educational level		
Diploma	193	64.77
B.Sc	91	30.54
Masters	14	4.69
Year of work experience (Range 3 – 39, $\bar{x} = 16.81$ , SD = 7.76)		
3-10	72	24.16
11-20	137	45.97
21-30	77	25.84
31-39	12	4.03
Income/salary per month		
Taka 10,000 - Taka 15,000	26	8.70
Taka 15,001-Taka 20,000	151	50.70
Taka 20,001-Taka 25,000	64	21.50
Taka 25,001-Taka 30,000	57	19.10



The level of overall servant leadership and the seven subscales of head nurses as perceived by nurses were at high level (Table 2). The levels of overall and eight dimensions of job satisfaction among staff nurses were at moderate level (Table 3). There was a strong significant positive correlation between overall servant leadership of head nurse as perceived by staff nurses and job satisfaction among staff nurses ( $r = 0.59$ ,  $p < .01$ )

(Table 4). Servant leadership was weakly correlated with the dimension of extrinsic rewards and professional opportunities at  $p = <.01$  ( $r = 0.19$ , and  $0.22$ ), and was moderately correlated with scheduling, interaction opportunities, praise and recognition, control and responsibility, and coworkers at  $p = <.01$  ( $r = 0.47$ ,  $0.45$ ,  $0.38$ ,  $0.37$ , and  $0.34$  respectively) (Table 4).

**Table 2** Mean, standard deviation and level of servant leadership of head nurses in each dimension as perceived by staff nurses (n = 298)

Servant leadership	Minimum	Maximum	Mean	S.D.	Level
Overall Servant leadership	3.87	4.60	4.39	0.55	high
Agapao love	3.87	4.59	4.42	0.64	high
Humility	4.20	4.60	4.49	0.62	high
Altruism	4.18	4.43	4.33	0.70	high
Vision	4.25	4.43	4.34	0.75	high
Trust	4.34	4.47	4.42	0.64	high
Service	4.33	4.4	4.39	0.72	high
Empowerment	4.20	4.41	4.30	0.89	high

**Table 3** Mean score, standard deviation, and overall level of job satisfaction as perceived by staff nurses (n = 298)

Dimension of job satisfaction	Minimum	Maximum	Mean	S.D.	Level
Overall Job Satisfaction	1.15	4.30	3.39	0.34	moderate
Extrinsic Rewards	2.92	4.01	3.63	0.51	moderate
Scheduling	1.19	3.91	3.62	0.49	moderate
Balance of Family & Work	1.15	4.30	2.66	0.58	moderate
Coworkers	3.56	3.64	3.60	0.81	moderate
Interaction Opportunities	3.54	3.75	3.66	0.52	moderate
Professional Opportunities	1.61	3.61	2.61	0.62	moderate
Praise and Recognition	3.04	3.68	3.35	0.47	moderate
Control and Responsibility	1.67	3.62	3.16	0.58	moderate

ภาควิชานี้ให้บริการของหัวหน้าห้องพยาบาล และความพึงพอใจในงาน  
ของพยาบาลประจำการในโรงพยาบาลวิถีการแพทย์ กรุงเทพฯ ประเทศไทย

**Table 4** The relationship between servant leadership and overall and each dimension of job satisfaction (n = 298)

	Servant Leadership	
	r	p
Overall job satisfaction	0.59	0.01
Dimensions of job satisfaction		
Extrinsic Rewards	0.19	0.01
Scheduling	0.47	0.01
Balance of Family and work	0.11	0.05
Coworkers	0.34	0.01
Interaction Opportunities	0.45	0.01
Professional Opportunities	0.22	0.01
Praise and Recognition	0.38	0.01
Control and Responsibility	0.37	0.01

**Table 5** Frequency and percentage of overall job satisfaction among staff nurses at each level (n = 298)

Score	Level of JS	n	%
Overall score of JS			
2.34 – 3.67	Moderate	179	60.10
3.68 - 5.00	High	119	39.90

## Discussion

The results show that the staff nurses perceived servant leadership of head nurses at a high level ( $\bar{x} = 4.39$ , S.D. = 0.55), the seven dimensions of servant leadership were all at a high level (Table 2). This result means that staff nurses perceived the servant leadership of head nurses in medical college hospitals as good. A possible explanation of this is that head nurses are well known to their staff nurses and

have a good relationship with staff nurses. They focus on their staff nurses and aid their development as good nurses with moral characteristics. In addition, head nurses focus on quality of nursing care. They have good management skills, for example distribution of nurses according to unit's needs, managing weekends off by discussing with staff nurses and their needs, vacation and other leave.

Another reason may be that head nurses



always help their subordinates through difficulties like patient management and individual matters. They assist staff nurses with unit management and any conflicts that may arise. Head nurses handle the situation and minimize the problem by discussing among them, this helps the staff nurse overcome difficulties. Lastly the head nurse may delegate responsibilities to staff nurse when the head nurse is not available. When the head nurse is on holiday certain duties are delegated to their subordinate, for example assist in managing their unit, manage the duty roster, ensure the availability of medication, linen, cleaning materials and distribution of unit work among nurses. The mean score of total servant leadership in this study was consistent with the previous studies in US by Herndon (2007) and Caffey (2012) however, inconsistent findings of the study with Amadeo (2008). Amadeo found moderate level of servant leadership.

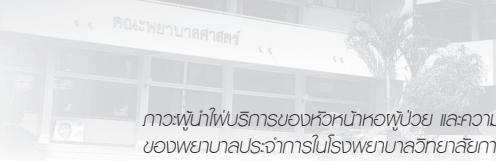
The results of this study show that staff nurses' perception of job satisfaction in medical college hospitals, Dhaka, the People's Republic of Bangladesh was at a moderate level ( $\bar{x} = 3.39$ , S.D. = 0.34) (Table 3). Among the eight dimensions of job satisfaction staff nurses perception of job satisfaction were improving because 60% of staff nurses perceived moderate level of satisfaction and nearly 40% of staff nurses perceived high level of job satisfaction (Table 5). The present findings were consistent with the study by Latif, Thiangchanya, & Nasae (2010) who found overall job satisfaction of nurses at a moderate level. However these results were not consistent with a previous study in Bangladesh (Hossain, 2008) where 63% of nurses reported a low level of

job satisfaction at one government and one non-government hospital.

There are several reasons which may be associated with overall moderate level of job satisfaction among nurses in this study. Particularly, the Bangladesh government has taken some initiatives for improving the nursing profession. Such initiatives include expansions of the scope for higher education in nursing including studying abroad (Masters, Ph.D. and different types of short courses), government's recent declaration for improving the level of nursing profession (status of nursing profession from 2<sup>nd</sup> class officer to 3<sup>rd</sup> class), increasing the number of staff nurses in hospitals, and improving nursing admission criteria.

Another possible reason could be the demographic characteristics of the subjects. Wang (2006) stated that females reported higher levels of most kind of job satisfaction compared with males. In this study the majority of the subjects were female 273 (92%) (Table 1). Moreover, from 2008 to 2012 the management system has improved; this may improve nurses' job satisfaction and decrease dissatisfaction.

The results show a strong positive correlation between overall servant leadership of head nurses as perceived by staff nurses and job satisfaction among staff nurses ( $r = .59$ ,  $p < .01$ ) (Table 4). The results of this study were consistent with the study of Amadeo (2008) in the US. Amadeo found a strong positive relationship between servant leadership behavior and registered nurses' job satisfaction ( $r = .83$ ,  $p < .001$ ). Amadeo indicated that if nurses perceived a greater amount of servant leadership behaviors, job satisfaction would increase.



Considering all dimensions of job satisfaction, servant leadership was weakly correlated with extrinsic rewards and professional opportunities. This may be because staff nurses' salaries were not sufficient in comparison with rising market prices and living costs. Another factor may be that staff nurses are unable to enjoy their full vacation due to the shortage of nurses. In addition, there is no insurance facility for the staff nurses. These negative aspects can influence servant leadership of head nurses.

Although nurses have many professional opportunities, the majority were unable to complete their bachelor education, including specific training. This is perhaps due to the nursing shortage and family problems, for example having to take care of children and elderly members of the family. These may also have an influence on the servant leadership of head nurses.

Scheduling, interaction opportunities, praise and recognition, control and responsibility, and co-workers were moderately correlated with servant leadership. This may be due the head nurses' management capacity for scheduling such as the fair distribution of shifts and nurses' holiday requests. Shortage of staff nurses, which increases their work load, and nurses family problems, may influence servant leadership of head nurses.

Servant leadership is the key to content nurses and remains crucial for delivering high level of performance (Caffey, 2012). If head nurses can give a clear picture of the vision and mission to staff nurses, and show them how to

achieve their common vision, staff nurses can have a good understanding the goal and acting plan, thus making it easy to implement the process. Head nurses empower staff nurses in their abilities to improve competency both in nursing practice and individual professional development. Through trust, head nurses provide some responsibility to their subordinate to fulfill that task. Head nurses believe that a trustworthy person is someone who can be trusted and will ensure the trust will not be broken or betrayed. Service to others is the foundational premise for servant leadership. Greenleaf (1977) believed a servant leader to be a servant first before becoming a leader. Head nurse, as a servant leader, takes care of other peoples' needs over their own.

### Implications and Recommendations

This study provides basic information for hospital and nursing administrators to understand the importance of servant leadership, and its relation to job satisfaction. Hospital administrators should develop strategies for improving job satisfaction and maintaining and promoting servant leadership among head nurse working in three MCHs in order to improve job satisfaction among staff nurses in MCHs, Dhaka. It is recommended that this study is replicated in other settings, that other factors are explored related to job satisfaction and effectiveness of strategies or intervention to improve nurse job satisfaction are examined.



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