The nurse: relationship between leadership style, values and Quality of Work Life

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Abstract

Background: Leadership has been widely studied over the years due to its importance to organizations. The leader must be able to direct their team to reach the objectives and goals established in the organization, creating a work environment capable of providing this. Value-oriented leaders, teams, organizations, and communities are the most successful when they are able to engage workers in such a way that there are gains in retention rates and reduced absenteeism. Quality of Work Life is something that goes beyond labour laws. It is a dynamic that involves physical, technological, social, and psychological factors, which change and influence the organizational climate, reflecting on the worker's well-being and, consequently, on their productive capacity.

Objective: To analyse the relationship between leadership styles, personal values of nursing leaders and the Quality of Work Life of nurses who attend the Graduate Program in Nursing Management (PPGEn).

Methods: This is a quantitative, cross-sectional study. Data were collected using the standardized instrument Quality of Working Life Questionnaire (QWLQ-bref), and an exploratory-descriptive analysis was performed.

Results: Of the 123 nurses interviewed, 64.22% rated the Quality of Work Life as satisfactory and 31.7% as very satisfactory. Through these data, the relationship between the task leadership style and professional satisfaction in the nurse's quality of life was perceived.

Conclusion: The results do not point to a relationship between the managerial style of the nurse leader and the perception of Quality of Work Life. However, it is noteworthy that the Quality of Work Life describes values that go beyond the human.

Conclusion: The results of this study did not indicate a correlation between leadership styles, personal values and the perception of Quality of Work Life, however, conclusions can be made from the highest and lowest scores presented. Everyone in a leadership role should be aware of the values they hold, their strengths, and the areas they can improve as they grow as a leader. The importance of a positive organizational climate so that the established goals are achieved is clear, and, in this sense, valuing the human factor will make the achievement of goals more feasible.

Introduction

Leadership has been widely studied over the years due to its importance to organizations. Human resources are no longer considered as “tools” but rather strategic management partners to achieve organizational goals [(1)].

The leader must be able to direct their team to reach the objectives and goals established in the organization, creating a work environment capable of providing this. It is a consensus that an adequate organizational climate makes individuals more productive and happier at work [(2)].

Value-oriented leaders, teams, organizations, and communities are the most successful when they are able to engage workers in such a way that there are gains in retention rates and reduced absenteeism. As workers are and feel “taken care of”, they voluntarily bring their creativity and energy to work [(3)].

Personal values are within the individual, and it is through them that decision-making is directed. When talking about "values", it means the deeply held principles, ideals or beliefs that people hold or adhere to when making decisions. These are expressed through personal behaviour manifested in everyday life [(5)].

These values can be positive or potentially limiting. For example, *trust* is considered a positive value because it underpins the measured (often unconscious) reciprocity that individuals use to determine their degree of commitment and engagement in an interacting social environment. On the other hand, an example of a potentially limiting value would be *liking*, which can make people compromise their integrity to satisfy their need for connection with other people [(5)].

Regarding the leadership process, it is necessary to understand that it consists of the ability to influence a group toward the achievement of objectives. Therefore, leading people in the organizational environment requires that they produce results. If the most productive results are when people are satisfied and happy, the management of Quality of Work Life (QWL) can be considered a support tool for well-executed processes and achieved results [(6)].

Quality of Work Life is something that goes beyond labour laws [2]. It is a dynamic that involves physical, technological, social, and psychological factors, which change and influence the organizational climate, reflecting on the worker's well-being and, consequently, on their productive capacity [6-7].

Following this context, this article has as a guiding question: Is there a relationship between the leadership style, the personal values of nursing leaders and the Quality of Work Life?

As a hypothesis, it is believed that there is a positive or negative effect related to the leadership style, the leader's personal values, and the Quality of Work Life.

To answer this question, we proposed to compare the results of an instrument to understand the leadership styles and personal values of individuals (Barrett's Model of Personal Values) with an instrument for the perception of Quality and Life at Work (QWLQ-bref).

OBJECTIVE

To analyse the relationship between leadership styles, personal values of nursing leaders and Quality of Work Life.

Methods

Study design, period, and location

This is a quantitative, exploratory-descriptive cross-sectional study, the EQUATOR checklist used to guide the study was the SQUIRE 2.0 tool.

The data collection period was October to November 2020. The survey was online, approaching nurses from different institutions and regions of Brazil.

Sample, inclusion and exclusion criteria

The sample was made up by convenience, being composed of nurses who attended or are attending a master's or Ph. D. program, linked to the Graduate Program in Nursing Management (PPGEn) of the School of Nursing of the University of São Paulo.

The inclusion criteria for this sample were: being a nurse occupying positions of care leadership, direction, department head, management, coordination or supervision of area units, directorships and/or departments, in public or private hospitals in any region of Brazil during the period of data collection. Nurses who took on the leadership position less than 6 months before were excluded.

Study protocol

After approval by the Research Ethics Committee, an invitation was sent by the PPGen department to the students to participate in the research. This invitation directed the research participant to the Free and Informed Consent Term (ICF), meeting the ethical precepts for research, according to Resolution 466/12, and to the data collection instruments prepared in the Google Forms tool.

Analysis of the results and statistics

For the sociodemographic questionnaire, an Excel® spreadsheet was used, as well as for the QWLQ-bref, which, from the virtual environment provided by Pedroso [11], the questionnaire and the results evaluation form could be filled in by later simply feeding the Excel® spreadsheet available to obtain the results and compare them. The remaining data were analysed using SPSS Statistics 17.0 (2008, SPSS Inc.).

The analyses of these data were performed according to specific statistics, following the objectives: in the sociodemographic and professional data measures of central tendency were used (mean, standard deviation and variance), to relate beliefs, values, motivations, the Barrett model was correlated with QWLQ-bref by Kruskal-Wallis rank correlation and ANOVA.

Results

A total of 123 nurses participated in this study, of whom 34.96% have a position as assistance nurse, 13.01% work as a senior nurse, and 52.03% as a nursing supervisor/coordinator, which indicates that the majority have considerable experience in the area of leadership.

Table 1 presents the sociodemographic data of the participants. 74.8% were female, and 78.9% work in the public service. 63.42% worked at the hospital, under an official contract, showing that although they work in the public service, they belong to an “Organização Social de Saúde” (OSS), a private non-profit making hospital, whose services are contracted by the government.

Table 1 – Sociodemographic data of the sample, Brazil, 2021

	N[1]	%	95%CI.lo[2]	95%CI.hi[3]
Sex				
Female	92	74.8	66.42	81.68
Male	31	25.2	18.33	33.58
Marital status				
Married	50	40.65	32.38	49.49
Single	25	20.33	14.11	28.34
Divorced	34	27.64	20.48	36.16
Stable union	14	11.38	6.79	18.32
Sector				
Emergency department	2	1.63	0.08	6.10
Clinic	10	8.13	4.32	14.48
ICU	24	19.51	13.42	27.45
Surgical centre	21	17.07	11.37	24.77
Emergency	13	10.57	6.16	17.37
Nursing supervision	19	15.45	10.04	22.95
Teaching and research	34	27.64	20.48	36.16
Present position				
Assistant nurse	43	34.96	27.09	43.74
Supervision/coordination	64	52.03	43.28	60.67
Senior nurse	16	13.01	8.07	20.19
Service				
Public	97	78.86	70.78	85.20
Private	26	21.14	14.80	29.22
Family income				
1 to 2 minimum salaries	4	3.25	1.00	8.34
2 to 3 minimum salaries	11	8.94	4.92	15.45
4 to 6 minimum salaries	53	43.09	34.68	51.92
More than 6 minimum salaries	55	44.72	36.22	53.53
Type of employment				
Official contract	78	63.42	54.61	71.41
Self-employed	9	7.32	3.73	13.49
Statutory civil servant	36	29.27	21.93	37.86
Time as leader				
Less than 6 months	1	0.81	0.00	4.91
From 6 months to 1 year	6	4.88	2.03	10.46
From 1 to 2 years	10	8.13	4.32	14.48

From 2 to 5 years	30	24.39	17.61	32.72
From 5 to 10 years	55	44.72	36.22	53.53
More than 10 years	21	17.07	11.37	24.77
Total	123	100		

Note: [1]N - number of nurses, [2]CI.lo - lower limit of confidence interval,

[3]CI.hi - upper limit of confidence interval

Finally, 44.72% of the interviewees have been working for 5 to 10 years, and another 17.07% have more than 10 years of experience in nursing, which demonstrates that a large number of the group of people interviewed have experience in nursing.

The indices considered satisfactory for the Quality of Work Life (QWL) of the QWLQ-bref start from 55 points. The average QWLQ-bref in this study was 68.56% (satisfactory), and all four domains maintained a satisfactory score, namely: *physical/health domain*: 62.75%, *psychological domain*: 73.44%, *personal domain*: 75.36%, *professional domain*: 62.69%.

Table 2 presents the MSAS leadership style factors. This scale shows three factors that together determine the managerial style perceived by the studied group. The highest means of the MSAS belonged to the task-based leadership style (mean 3.53, SD 0.77) and the lowest means belonged to the situational leadership style (mean 3.12, SD 0.76).

Table 2 - Descriptive presentation on the Management Style Assessment Scale, Brazil, 2021

	N[1]	Average	SD[2]	Min[3]	1stQ[4]	Median	3rdQ[5]	Max	95%CI.lo[6]	95%CI.hi[7]
MSAS. Relationship	123	3.40	0.69	1.889	2.889	3.333	3.889	5	3.28	3.52
MSAS. Situational	123	3.12	0.76	1.833	2.5	3	3.667	5	2.99	3.26
MSAS. Task	123	3.53	0.77	2	3	35	4	5	3.39	3.66

Note: [1]N - number of nurses, [2]SD - standard deviation, [3]Min - minimum, [4]1stQ - 1st quartile, [5]3rdQ - 3rd quartile, [6]CI.lo - lower limit of confidence interval, [7]CI.hi - upper limit of confidence interval

For the correlation analyses between the 'Quality of Life' and 'Leadership Styles' instruments, the Kruskal-Wallis and ANOVA tests were used. For all analyses, a significance level of 5% was considered.

Tables 3 and 4 show that there is no evidence of correlation between EAG and QWLQ-bref. The coefficient varies between -1 and 1 and a considerable correlation is usually around 0.7 or greater, so none of the correlations achieve this result, which is indicative of the absence of association.

Table 3 - Hypothesis Test - Correlation between Quality of Work Life and Leadership Style, Brazil, 2021

	Method	Statistic	df[1]	p-value[2]
QWLQ.Psychological	Kruskal-Wallis rank sum test	0.7582	2	0.684
QWLQ.Professional	Kruskal-Wallis rank sum test	0.8542	2	0.652
QWLQ.Physical	Kruskal-Wallis rank sum test	4.6159	2	0.099
QWLQ.Personal	One-way ANOVA	0.6109	2.120	0.545
QWLQ.Total	Kruskal-Wallis rank sum test	0.3864	2	0.824
MSAS.Relationship	Kruskal-Wallis rank sum test	1.8696	2	0.393
MSAS.Situational	Kruskal-Wallis rank sum test	0.4213	2	0.810
MSAS.Task	One-way ANOVA	0.5446	2.120	0.582

Note:[1]Statistic - statistic, [2]df - degree of freedom, [3]p-value - significant result

Table 4 – Correlation of Personal Values with QWL and Leadership Style, Brazil, 2021

Variable	Personal values	N[1]	Mean	SD[2]	Min[3]	Median	Max[4]	95%CI.lo[5]	95%CI.h[6]
QWLQ.Psychological	Own Interest	19	11.95	1.93	8	12	15	11.14	12.83
	Transformation	36	11.58	1.79	8	12	15	11.00	12.15
	Common Good	68	11.90	1.92	8	12	15	11.44	12.34
QWLQ.Professional	Own Interest	19	31.53	6.47	19	31	45	28.90	34.59
	Transformation	36	32.03	5.51	23	32	45	30.29	33.84
	Common Good	68	31.34	6.09	18	31	45	29.93	32.80
QWLQ.Physical	Own Interest	19	12.26	2.47	8	12	16	11.16	13.32
	Transformation	36	13.39	2.51	8	13.5	19	12.59	14.20
	Common Good	68	13.71	2.78	8	14.5	18	13.03	14.34
QWLQ.Personal	Own Interest	19	16.32	2.06	12	17	19	15.33	17.31
	Transformation	36	15.72	2.16	9	16	20	14.99	16.45
	Common Good	68	16.16	2.30	11	16	20	15.60	16.72
QWLQ.Total	Own Interest	19	72.05	11.45	53	70	95	67.43	77.50
	Transformation	36	72.72	10.10	56	74	96	69.50	76.00
	Common Good	68	73.10	11.30	48	73	96	70.42	75.75
MSAS. Relationship	Own Interest	19	3.57	0.67	2.333	3.444	4.778	3.29	3.88
	Transformation	36	3.38	0.77	2	3.278	5	3.14	3.64
	Common Good	68	3.36	0.65	1.889	3.222	4.889	3.21	3.52
MSAS.Situational	Own Interest	19	3.00	0.70	2.167	2.833	4.667	2.74	3.37
	Transformation	36	3.14	0.80	2	2.917	5	2.91	3.43
	Common Good	68	3.14	0.77	1.833	3	4.833	2.97	3.33
MSAS. Task	Own Interest	19	3.57	0.74	2.5	3.5	5	3.21	3.93
	Transformation	36	3.63	0.75	2.25	3.75	5	3.37	3.88
	Common Good	68	3.46	0.79	2	3.5	5	3.27	3.66

Note: [1]N - number of nurses, [2]Mean - mean, [3]SD - standard deviation, [4]Min - minimum, [5]Median – median, [6]Max - maximum, [7]CI.lo – lower limit of the confidence interval, [8]CI.hi – upper limit of the confidence interval

Table 5 shows the percentages of personal values according to the Barrett Model. As for the personal values measured by this model, it can be observed that 15.45% of the sample have the values to a greater degree in Own Interest, 29.27% in Transformation and 55.29% in Common Good.

Table 5 - Percentages of personal values according to the Barrett Model, Brazil, 2021

Factor	Barrett Domain	N[1]	%	95%CI.lo[2]	95%CI.hi[3]
Personal values	Own Interest	19	15.45	10.04	22.95
	Transformation	36	29.27	21.93	37.86
	Common Good	68	55.29	46.47	63.78

Note: [1]N - number of nurses, [2]CI.lo – lower limit of the confidence interval, [3]CI.hi – upper limit of the confidence interval.

Discussion

Our values guide our behaviours. By identifying these values, we are able to understand why people do things, act and decide in a certain way, and therefore values reveal motivations and show us what is most important for an individual or group. In our analyses,

we identified that personal values revealed a leader profile aimed at the Common Good, according to Barrett [10], people whose values are directed towards this dimension seek to do good with a focus on the collective, and their behaviour is always accompanied with empathy, awareness of responsibility towards the organization and the community, seeking a harmonious organizational climate, with an alignment of purpose, teamwork, ethics, integrity and contribution, which helps to motivate and commit the team to realize that the leader is present and concerned with the collective well-being [11-12].

The power of the leader over their teams surpasses the importance of the culture [13], and leaders are able to direct and engage the team, motivating and inspiring them and overcoming obstacles so that the desired results are achieved [12]. Reflecting on this context, it can be seen that the leader's influence ranges from the physical environment to the change in the worker's behaviour with regard to the common purpose. Studies on organizational climate assess workers' feelings in relation to the organization, and here the leader plays an essential role in the positive or negative maintenance of the environment. It is up to the leader to influence their subordinates so that they feel happy in the work environment, which will bring motivation, a feeling of belonging, promoting the desire to perform the functions in the best possible way [13,14].

Empathy is an important value for maintaining a positive climate. It is the ability to understand and see from the other's point of view, to feel what the other feels, and it is an essential value for suitable leadership. [15,16].

Empathy will help the leader to combine the strengths and skills of individuals in activities that can have the greatest impact, thereby helping to build positive and productive relationships [17,18]. It will also help to recognize the core values of others on the team, and this is knowledge that can be leveraged for the improvement of each worker to build a healthy work environment.

empathy and selfless service end up functioning as an instrument in the search to establish these bonds, engaging the team to consider the Quality of Work Life, and are necessary qualities in order to become a nurse [19-21].

A counterpoint to the findings of this study that deserves consideration is leadership styles. The results showed task-based leadership with the highest averages, this leadership style consists of the process of planning work activities, monitoring operations, presenting performances, and clarifying the functions and objectives to be achieved by the professional activity [19,20], but it does not focus on the relationships. However, if we look closer at managerial positions as this sample is of nurses who held responsible jobs, we can see that managerial work includes an unusual mix of values that are uncommon in the general population.

Perhaps the most innovative of all our results is that we found that the personal value profile of leaders is in the Common Good and can be associated with the task-focused leadership style, resulting in a favourable Quality of Work Life. Nursing work is stressful and requires speed and agility, a task not completed correctly and at the right time can compromise patient safety. If we consider the numerous responsibilities of the nursing team, the leader can direct the focus toward the task, without losing respect, a sense of collectivity and concern for the well-being of the other, as well as making an effort to show the contribution of team members, motivating and engaging them, thereby improving the quality of working life.

Positive reinforcement is an important aspect to improve workers' motivation and engagement [26] and even serves to increase the nurse's influence as a leader with the nursing team. By demonstrating appreciative behaviour, the leader directed towards the Common Good encourages others to respect each other, helping to raise morale and commitment in their teams and throughout the organization. Value-driven leadership can inspire others not just to follow the values but to adopt those values as their own.

One value pointed out in the dimension of the Common Good is humility. Humility allows the leader to be willing to learn from others and be receptive. Opportunities to build wisdom can easily be missed if the leader is unwilling to acknowledge and process mistakes. Humility also means knowing when to ask for the opinion of others, so task-oriented leaders need organization and planning.

Task-oriented leadership is valued by many workers who prefer a leader focused on results and more engaged in achieving organizational goals [26-27]. In this aspect, some authors have shown that task-focused leaders have a greater affective commitment to the organization than other styles and are concerned with their status in the work environment, privileging performance and productivity, which can be perceived as more favourable to the achievement of goals [25-27].

Limitations of the study

Among the limitations, it is worth mentioning the use of a convenience sample and of nurses who work in different hospitals, which makes it impossible to generalize the results. The study sought to evaluate how the nurse who holds a leadership position understands the Quality of Work Life, seeking to correlate the perceived leadership style with the Quality of Work Life. Another point is that the professional domain also includes elements such as working conditions, benefits offered by the company, and social responsibility. These aspects do not depend on the individual to improve QWL. Future research may seek to include analysis of these aspects.

Contributions to the area of nursing, health or public policy

The results presented have direct implications for nursing practice in terms of workers' health. Discussing how leadership styles may or may not affect the Quality of Work Life, as well as analysing the QWL, will encourage institutions to develop the skills of leading nurses with a focus on behaviour and better communication with the team in search of results such as job satisfaction.

The QWL is an important theme as it enables assertive actions for the development of human capital, including organizational perspectives and dealing with the development of workers.

Conclusions

The results of this study did not indicate a correlation between leadership styles, personal values and the perception of Quality of Work Life, however, conclusions can be made from the highest and lowest scores presented.

Everyone in a leadership role should be aware of the values they hold, their strengths, and the areas they can improve as they grow as a leader. These values determine how the individual carries out the leadership, the team environment that is created, and the success in the results, and therefore, it can be concluded that values directed toward the Common Good can favour the Quality of Work Life.

The importance of a positive organizational climate so that the established goals are achieved is clear, and, in this sense, valuing the human factor will make the achievement of goals more feasible. The leader has a fundamental role in this context, and their leadership style can be influenced by their beliefs, values, which will be seen in the relationships with the team, and consequently in the work environment.

Declarations

Ethical Approval and Consent to participate

This study was preceded by the approval of the Research Ethics Committee of the University of São Paulo School of Nursing (EE-USP) and the signing of the Free and Informed Consent Form by the participants in the study.

Consent for publication

Not applicable

Availability of supporting data

Not applicable

Competing interests

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Authors' contribuitions

All authors contributed to the review and completion of the manuscript.

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