

Nurses' Perception Of Leadership Styles, Job Satisfaction, And Contextual Performance

SEFANUR SEYMEN (✉ sefanurseymen@hotmail.com)

Near East University

Aytolan YILDIRIM

Istanbul Universitesi

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Abstract

Background: This study, which is done using 606 nurses working in state hospitals under the Department Of Institutions For In-Patient Treatment Affiliated To Turkish Republic Of Northern Cyprus Ministry Of Health, aims to investigate the effect of manager-employee relationship on job satisfaction and contextual performance of perceived leadership style.

Methods: To determine the effect of leadership and job satisfaction on the contextual performance of the research, a screening model was used from descriptive research methods and a questionnaire consisting of four parts was prepared as data collection tool.

Results: Results show that age, gender, duration of work and working position were found to affect job satisfaction and contextual performance in general ($p < 0,05$).

Conclusions: This study concludes that personal profiles of nurses are essential determinants of how leadership, job satisfaction, and contextual performance is perceived.

1. Background

The concept of leadership emerged in academic field in early 19th century and especially quality management was attributed to research and education. In the field of health, literature is related to how the quality of health care results can be improved by leadership styles. Effective leadership includes ensuring extraordinary performance for ordinary people in terms of challenges and changes, constant performance and maintaining benefits. Leadership in health services is seen as an essential element for qualified health services, patient satisfaction and ensuring financial performance. Cummings et al. claimed that leadership practices in health institutions affects working environment, efficiency and the effectiveness of organization.

In recent years the knowledge which defines results of better patient as regards leadership and management is increasing. The increasing demand for health services requires nursing leaders to produce high quality performance with fewer resources. Nursing and especially professional application of their roles and the role of nurse managers at every stage of such application today have considerable importance as regards social health. Manager nurses assume essential responsibilities in directing the content of services within the framework of ethical rules of professional practices as well as the professionals in institutions. In order to perform these responsibilities in the most effective and efficient manner, they have to possess professional knowledge and skills as well as competence and qualification in using leadership characteristics. In order for the nurses who have effective role in health services to perform their tasks successfully, job satisfaction and contextual performance emerges as an important factor. In this framework, the article examines the impact of leadership behaviours of nurses with clinic responsibilities on their job satisfaction and contextual performance.

2. Method

2.1. Model of the Research

The study used scanning model which is a definitive research method in order to determine the impact of leadership and job satisfaction on contextual performance.

2.2. Research Universe and Sample

The research universe consists of 606 nurses working at public hospitals under the Boarding Treatment Institutions Office of Ministry of Health of Turkish Republic of Northern Cyprus. In this study, sampling was based on stratified and simple random sampling methods. The calculation formula of sample size whose universe is known was employed in calculating the size of the sample.

2.3. Data Collection Tools

A question form consisting of four sections was used as data collection tool in the study. The first section of the questionnaire consists of personal information, the second section consists of Minnesota Job Satisfaction Scale, the third section consists of Leadership Behaviours Description Questionnaire and the last section consists of Contextual Performance Scale.

2.4. Collection of Data

Following the preparation of questionnaire form, necessary permissions were obtained from Ministry of Health of Turkish Republic of Northern Cyprus and field application was performed based on face-to-face interview technique between July and October 2015. Prior to the application detailed information was given to the participants on the study and instructions were given on how to answer the questionnaire form.

3. Findings

Analysis shows that 88.72% of the nurses included in the research were females and 11.28% was males. 12.55% of the nurses was 30 years old and younger, 22.98% was between the ages of 31 and 35, 27.23% was between the ages of 36 and 40, 24.68% was between the ages of 41 and 45, and 12.55% was older than 45 years of age. 84.47% of the participants was married and 15.53% was single. An examination of the distribution of participants as regards age groups shows that 48.51% has associate degree, 45.11% has undergraduate degree and 6.38% has graduate degree. 18.51% of the nurses stated that their income level was low, 68.94% stated that their income level was medium and only 2.55% stated that their income level was high. 32.13% of the nurses who participated in the study had one child, 41.28% had two children and 4.47% had three and more children whereas 41.28% did not have any children. The results concerning professional features of the nurses were examined to show that 25.96% worked at a hospital for 10 years or less, 44.89% worked at a hospital for 11–20 years and 29.15% worked at a hospital for more than 20 years. 27.45% of nurses work in their current department for 5 years or less, 26.17% for 6–10 years, 20.43% for 11–15 years, 10.64% for 16–20 years and 15.32% for 21 years or more. 27.87% of nurses work only during daytime whereas 72.13% work on shifts. 95.74% of nurses are on the permanent

staff. It has been found out that 2.77% of the nurses included in the study are chief nurses or deputy chief nurses, 9.79% are nurses in charge, 77.23% are service nurses and 10.21 are polyclinic nurses.

Within the scope of this study, it was found out that nurses received $3.40 \pm 0,54$ points from the entire Minnesota Job Satisfaction Scale. The lowest and highest average scores obtained by nurses from the scale are 1.80 and 4.95, respectively. The average score obtained by nurses from the internal satisfaction sub-dimension of the scale is $3.51 \pm 0,55$ whereas the average score obtained from external satisfaction is $3,21 \pm 0,65$.

It has been observed that the nurses received $3.26 \pm 0,54$ points on average from the entire Leadership Behaviours Description Questionnaire with lowest and highest average scores of 1.31 and 4.65, respectively. It has been seen that nurses received $3.80 \pm 0,52$ points from the entire Contextual Performance Scale with lowest and highest average scores of 2.42 and 5.00 respectively.

4. Discussion

Determination of the factors which will increase the job satisfaction and efficiency of nurses who are indispensable elements of health industry, offering regulations in order to create this result and identification of the managerial performance of nurse managers in order to ensure an increase in their performance is critical (Samadov, 2006). In our study, a general overview of satisfaction levels of nurses according to Minnesota job satisfaction scale, it can be seen that their job satisfaction is generally high ($3,40 \pm 0,54$) and that internal satisfaction sub-dimension average score ($3,51 \pm 0,55$) is higher compared to external satisfaction average score ($3,21 \pm 0,65$). According to these results, it can be said that they reached higher satisfaction concerning the responsibility of the job, being successful and being appreciated, which are related to the qualification of the job, but they were less satisfied as regards working style, working conditions and hospital policy. Arslan (2012) studied the contextual performance level of nurses working at hospitals and related factors and concluded that general job satisfaction was at medium level and the internal satisfaction sub-dimension scores were higher compared to external satisfaction scores. Sezer (2015) looked into the job satisfaction of teachers and principals and identified that job satisfaction was at medium level. Another study conducted on haemodialysis nurses found out that job satisfaction of nurses was at medium level and that internal satisfaction was higher compared to external satisfaction. Kurt and Yiğit (2007) examined the Impact of Perceived Leadership Behaviours at Hospitals on the Job Satisfaction of Employees and claimed that professionals had medium level job satisfaction. Kim Brymer (2011) who studied the impact of ethical leadership on job satisfaction, commitment, behavioural results and company performance concluded that ethical leadership was positively related to the job satisfaction and contextual performance of medium level managers and that the job satisfaction of medium level managers was at neither low nor high. Kahraman et al. (2011) studied the job satisfaction of intensive care nurses and the factors that affect their satisfaction and found that the job satisfaction of nurses was at medium level. Keskin and Yildirim (2006) looked into the personal values and job satisfaction of nurses and found out that the average score of job satisfaction

was at medium level. An evaluation of the information provided by the literature shows that nurses generally had medium to high level of job satisfaction, which is consistent with the findings of this study.

The nurses who participated in the study received $3.80 \pm 0,52$ points on average from the entire Contextual Performance Scale. Accordingly, students covered by the study answered “often” to the question on the entire contextual performance scale. Arslan (2012) stated that contextual performance was directly related to the leadership of the manager and found that the contextual performance of nurses was 3.87 ± 0.59 . In addition, he found out that personal support sub-dimension ($4,10 \pm 0,56$) was higher compared to organizational support sub-dimension ($3,60 \pm 0,60$). Hetzler (2007) examined contextual performance longitudinally and concluded that motivation tendencies and the perception of team affected performance and that contextual performance was a stable uni-dimensional construct. Contextual performance indicators display the strength of performance in terms of awareness, consistency, extroversion, internal motivation orientation and perceived similarity. As a result of the study he conducted on undergraduate students, contextual performance score was determined as 5.82 ± 0.69 . Beaty et al. (2001) studied the relation between personality and contextual performance on the basis of “strong” and “weak” personalities and found out that the contextual performance shown by weak and strong personalities in the face of identical cases was different and that average score of contextual performance was 5.2 ± 1.1 in general. Another study on the contextual performance of 300 nurses in Nigeria showed that there is high correlation between contextual performance and management style and that contextual performance increased as the respect increased (Mshellia et al., 2016).

Nurses included in the study received 3.26 ± 0.54 points on average from the entire Leadership Behaviours Description Questionnaire. Accordingly, nurses answered “usually” to the propositions in mobilizing the structure ($3.40 \pm 0,69$) and communication sub-dimensions ($3.64 \pm 0,79$) whereas they answered “sometimes” to the propositions in other sub-dimensions. The lowest and highest scores in leadership behaviours determination questionnaire was received in domination ($2.88 \pm 0,72$) and organization ($3,31 \pm 0,68$) sub-dimensions. Serinkan and İpekçi (2005) conducted a study on leadership behaviours and eldership features of manager nurses and observed that the leadership behaviour with the highest frequency was risk-taking. Yilmaz and Bahçecik (2012) emphasised in their study on emotional intelligence skills and leadership behaviours of manager nurses and found out that the leadership behaviour questionnaire had 3.98 ± 0.34 points on average and that the highest scores were obtained from human-oriented leadership and transformative leadership sub-dimensions.

In our study, it has been found out that there is statistically significant difference between scores obtained from the entire Minnesota Job Satisfaction Scale ($p < 0,05$). It has been observed that job satisfaction increased with age. However, there is no difference between genders. Sezer examined the job satisfaction of teachers and identified that job satisfaction increased with age and the biggest difference was between teachers at 22–35 age interval and 35–45 age interval; he also concluded that job satisfaction of teachers reached its maximum level after 45 years of age. There is not statistically significant difference between job satisfaction scores of females and males. A study on the individual and work-related factors in England as regards job satisfaction showed that there was significant

difference between an individual at 20 years of age and another individual at 60 years of age and that job satisfaction increased as a person grew older (Gazioğlu and Tansel, 2002).

Another study which examined the impact of managerial communication skills on the level of job satisfaction and job commitment emphasised that job satisfaction was had strong correlation with age and job satisfaction increased with age (Paksoy et al., 2017). Özmutlu et al. (2013) studied the job satisfaction level of soccer referees and found out that job satisfaction level of 20 years old referees was around 20 whereas job satisfaction doubled for 45 years old referees. The findings of this study show similarity with the literature. In the first years of working life people are filled with high dreams and expectations. However, as time passes by, they become more realistic and disappointed with the realities of working life which do not come up to their expectations. Towards the end of their working life, job satisfaction increases as a result of more realistic expectations such as retirement and its benefits etc. (Türk 2007).

The scores received by nurses from organizational support sub-dimension of contextual performance scale shows statistically significant difference according to their age groups ($p < 0,05$). Nurses in 31–35 age group received lower scores in this sub-dimension from the nurses in 36–40 age group and nurses above 46 years of age. The study conducted by Arslan (2012) on the relation between contextual performance and job satisfaction of nurses showed that young nurses had lower contextual performance scores compared to nurses at and above 30 years of age, which showed that organizational support sub-dimension score of nurses at and above 30 years of age was higher compared to nurses in 24–29 age group. Another study conducted on the relation between age and contextual performance stated that contextual performance was not considerably affected by age (Doğan, 2005). Trivellas et al. (2015) who studied the impact of career satisfaction on the job performance in accounting companies examined 84 persons and determined positive correlation between age and contextual performance. Kanigül (2009) examined contextual performance of hotel employees and concluded that organizational commitment increased with age.

It has been found out that there is statistically significant difference ($p < 0,05$) between the scores obtained by nurses from membership sub-dimension of Leadership Behaviours Determination Questionnaire whereas no significance was observed in other sub-dimensions. Nurses in 31–35 age group received lower scores form membership sub-dimension compared to nurses at and below 30 years of age. The study conducted by Çelik and Sümbül (2008) on Mersin province concerning education and gender factors in leadership perception concluded that gender and age factors were not effective on leadership perception. In their study on determination of the impact of leadership behaviours at hospitals on the job satisfaction of personnel, Tengilimioğlu and Yiğit (2005) detected no difference between age and gender in terms of leadership perception. Çağlar et al. (2005) evaluated the relation between personality characteristics of elementary school principals as perceived by teachers and their leadership characteristics and concluded that age and gender did not show any significant difference in terms of leadership perception.

It has been found out that there is no statistically significant difference between scores obtained by nurses from the entire Minnesota Job Satisfaction Scale and the internal and external satisfaction sub-dimensions of the scale according to their number of children ($p > 0,05$). Several studies (Judge and Watabane, 1994, Pines, 2005) claim that number of children is very essential on job satisfaction and burnout because parents with children have more responsibilities and tasks and the rush and exhaustion in their private life affects their working life as a result of which their job satisfaction decreases. Uyguç et al. (1998) studied job satisfaction in relation to children and income and found out that people with small children had lower level of job satisfaction and that the job satisfaction of people without children or children above 18 years of age was higher. However, in our study no statistical relation was found between job satisfaction and number of children. Filiz (2014) examined the job satisfaction and burnout level of teachers and did not detect any relation between job satisfaction and number of children.

It has been concluded that there is no statistically significant difference between scores obtained by nurses from the entire contextual performance scale and personal support and organizational support sub-dimensions of the scale according to their number of children ($p > 0,05$). Hirlak et al. (2017) studied Kahramanmaraş case concerning the relation between emotional intelligence and job performance and some demographic features and found out that there is difference between people with children and people without children or single people as regards contextual performance and that the contextual performance of married people and people with children was higher. Another study conducted on nurses working at internal clinics found no relation between number of children and contextual performance which is parallel to our findings (Hirlak, 2016).

The scores obtained by nurses from the entire Leadership Behaviours Description Questionnaire are similar regardless of number of their children. Women with two children received higher scores from mobilizing the structure and integration sub-dimensions compared to other women. In addition, women with two children received higher scores from organization sub-dimension compared to women with no children and from production sub-dimension compared to women with single child. Yiğit (2000) examined nurses in charge of a clinic and expressed that leadership perception could increase with marriage or having children as it would increase responsibility. They expressed that these nurses could be more successful in terms of receiving obedience, dominating and motivating the structure compared to the nurses who do not have any children.

It has been found out that the difference between scores obtained from external satisfaction sub-dimension by nurses who participated in the study was statistically significant according to their history of working at hospitals and that external satisfaction sub-dimension increased although internal satisfaction did not change with history of working ($p < 0,05$). The study conducted by Yilmaz on the relation between leadership behaviour levels of elementary school principals and job satisfaction of teachers used a one-way analysis of variance for differences in job satisfaction scores based on service years and stated that there was no relation between working history and job satisfaction. Kurt and Yiğit (2017) studied the impact of leadership behaviours perceived at hospitals on the job satisfaction of employees and identified that the average dimension scores of working years was effective on job

satisfaction and the participants with less than 21 years of working history had lower job satisfaction compared to nurses with fewer service years. In another study, it is found out that there is strong relation between seniority and job satisfaction of employees and as seniority increased so did job satisfaction (İğdelipinar, 2013). Likewise, Oshagbemi (2000) examined the relation between seniority and job satisfaction and emphasized that job satisfaction was positively correlated with working history.

The conclusion reached as regards working history and job satisfaction shows that there is no significance in internal satisfaction but external satisfaction increases with working history. However, studies in the literature display different results as regards the relation between working history and job satisfaction. Some researchers claim that job satisfaction decreases with working years whereas others emphasise increase. The most important reason for this variance could be that job satisfaction is considerably affected by professional differences (Laschinger et al., 2001). It is stated that seniority, which is generally called service term as well, has positive impact on the job satisfaction of employees and people who work in the same working environment for a long time develop increased commitment to the institution and higher job satisfaction. This result shows that employees who constitute the research group suffer from reduced job satisfaction as their retirement time approaches.

It has been determined that there is no statistically significant difference between scores obtained by nurses covered by the study from the entire contextual performance scale and its sub-dimensions according to their working history in the same department ($p > 0,05$). Kanigür (2009) stated that working history of hotel employees did not have any impact on their contextual performance. Aslan (2012) found out that the average contextual performance score of nurses who have been working at the same institution for 0–3 years was lower compared to the nurses who have been working at the same institution for 8 years and more. Dwaikat (2011) expressed that long-term working would increase salary and status as a result of which contextual performance of people could increase. However, Newby (2009) emphasised that long-term working could reduce contextual performance as it could lead to burnout.

There are contrasting results as to how contextual performance was affected by working terms. This can vary according to professional groups as well as income and status. This study did not detect any significance between working term and contextual performance. It has been found out that there is no statistically significant difference between scores obtained by the nurses from the entire leadership behaviours determination questionnaire and its sub-dimensions other than domination according to their service history in their current department ($p > 0,05$). It has been determined that there is statistically significant difference between scores obtained by nurses from dominating sub-dimension according to their working period and that nurses who have worked for 5 years or more in their current department received lower scores compared to other nurses from this sub-dimension ($p < 0,05$). As the working term in the institution increases, people get used to the institution and have control over several issues which can result in difference in leadership behaviours. Domination sub-dimension shows significance for especially people who have worked as manager in the same place. Yilmaz (2011) expressed that school managers with experience of less than 10 years and more than 30 years show differences in perception and definition of leadership. Çağlar et al. (2005) examined the relation between leadership patterns and

job satisfaction of elementary school teachers and concluded that leadership behaviour score of people with more than 20 years of experience was higher.

Minnesota Job Satisfaction Scale of nurses who work only during daytime and who work on shifts. The scores obtained by nurses who work only during daytime was found to be significantly higher compared to nurses who work on shifts. Arslan (2015) studied leadership and job satisfaction in hospital management with a broad literature network and concluded that health professionals who continuously change shifts or perform night duty suffer from lower job satisfaction. The study conducted by Tengilimioğlu and Yiğit (2005) on hospital staff concluded that the job satisfaction of nurses and doctors working on night shifts is lower. Another study which examined the relation between leadership behaviours at service companies and job satisfaction indicated that working at night decreased job satisfaction (Tengilimioğlu, 2005). Aydın and Kutlu (2001) compared job satisfaction and working pattern of nurses and claimed that nurses who worked during daytime enjoyed higher job satisfaction compared to nurses who worked at night and with shifts. Another study found out that there is difference between job satisfaction of nurses depending on the variable of health care institution they work. In general, it has been found out that the job satisfaction of nurses with 21 years and more experience who work at special branch and hold lower, medium and higher polyclinic managerial positions and those who work only during daytime, only during weekdays and those who do not have any shifts enjoy higher job satisfaction (Cerit, 2009).

It has been found out that there is no statistically significant difference between scores obtained by nurses from the entire Contextual Performance Scale and its sub-dimensions ($p > 0,05$). Dwaikat (2011) studied contextual performance of teachers and expressed that contextual performance of teachers working on a part-time basis is higher compared to full-time teachers. Another study which examined contextual performance of nurses reported that contextual performance of nurses working during daytime was higher compared to nurses working at night or on shifts (Aslan, 2012).

Erşan (1999) studied the relation between job satisfaction and job performance of nurses and stated that as the number and length of night duties increased, their contextual performance and job satisfaction decreased. Kahraman et al. (2011) evaluated the contextual performance of intensive care nurses and reported that the contextual performance of intensive care nurses could be lower compared to other nurses due to workload and working conditions. The performance at work is related to the extent to which employees feel themselves comfortable. As the workload of the employee decreases, contextual performance increases. However, in this study, it has been found out that working daytime only, working night time only or working on shifts does not have significance on contextual performance.

It has been found out that there is no statistically significant difference between the scores obtained by the nurses included in the study from the entire Leadership Behaviours Description Questionnaire and its domination, motivating the structure, membership, top-down communication, definition and production sub-dimensions according to their working pattern. Nurses who only work during daytime received higher scores from the entire scale as well as its domination, motivating the structure, membership,

organisation, top-down communication, definition and production sub-dimensions compared to nurses who work on shifts. Uysal et al. (2002) examined the relations between leadership characteristics of hospital managers and work efficiency levels of employees and reported that doctors who work during daytime received higher scores from dominating the work, coordination and communication sub-dimensions.

It has been found out that there is statistically significant difference ($p < 0,05$) between scores obtained from the entire Minnesota Job Satisfaction scale and its sub-dimensions according to the positions of nurses. This difference is caused by the service nurses included in the study who received lower scores compared to other nurses from the entire scale and its internal satisfaction and external satisfaction sub-dimensions. Another study examined the job satisfaction level of health professionals according to their tasks and found out that technicians had the lowest job satisfaction whereas chief staff had the highest job satisfaction; nurses, midwives and health officials had lower job satisfaction than doctors (Tengilimioğlu, 2005). Aslan (2017) examined the relation between manager leadership styles and employee performance and concluded that the more comfortable working conditions an employee had, the higher his job satisfaction was; therefore, that this situation was directly related to their position.

It has been found out that there is statistically significant difference between the scores obtained by nurses from the entire Contextual Performance Scale and its personal support and organizational support sub-dimensions according to their positions ($p < 0,05$). Aslan (2012) found out that there is highly significant difference between contextual performance scores of nurses depending on the type of their roles and that the mean scores of special branch nurses and manager nurses had higher values in terms of both total scores and both sub-dimensions compared to service nurses. Another study which attempted to identify the contextual performance of directors, engineers, technicians and auxiliary service workers in defence industry determined that the contextual performance of directors was higher compared to engineers whose contextual performance scores were higher compared to technicians and auxiliary service workers (Batmaz, 2012).

It has been found out that there is statistically significant difference between the scores obtained by nurses from the entire Leadership Behaviours Description Questionnaire and domination, membership, top-down communication and production sub-dimension according to their positions ($p < 0,05$). It has been determined that the leadership behaviour scores of nurses in charge and chief nurses were higher. Yilmaz (2011) examined the leadership behaviour of teachers and found out that school principals and their deputies had higher leadership scores. There can be significant differences between leadership behaviours of managers and employees in the institution. For example, Koçak (2006) reported that leadership perceptions of school managers and teachers were very different from each other, that principals failed to convey the right messages to teachers with their leadership behaviours displayed at school, and caused diverse reactions from teachers.

It has been found out that there are statistically significant correlations between scores obtained by nurses from the entire Leadership Behaviours Determination Questionnaire and its sub-dimensions other

than domination and the entire Minnesota Job Satisfaction Scale and its sub-dimensions ($p < 0,05$). These are positive and strong correlations and as the scores of Minnesota Job Satisfaction Scale increase so do the scores obtained from Leadership Behaviours Determination Questionnaire. Arslan (2017) examined transformative leadership, passive timid leadership and operation-based leadership types on job satisfaction and found out that job satisfaction of employees increased as the level of making their own decisions, being consulted and feeling comfortable increased and that especially transformative leadership improved job satisfaction of employees. Akyurt (2015) looked into the organisational commitment, job satisfaction and leadership styles of health professionals and reported that job satisfaction was highest with instrumental and interactive leadership. An examination of the literature shows that different leaders are effective in different professional group.

Minnesota Job Satisfaction Scale and Leadership Behaviours Description Questionnaire scores have statistically significant and positive impact on Contextual Performance Scale scores ($p < 0,05$). When Minnesota Job Satisfaction Scale score increases 1 unit, Contextual Performance Scale scores increase 0.19 times. When Leadership Behaviours Description Questionnaire score increases 1 unit, Contextual Performance Scale score increases 0.11 times. Another variable which affects job satisfaction is contextual performance as job satisfaction is a concept which is mostly related to the institution where the subject works. An increase in job satisfaction increases the benefit of the individual to the institution whose contextual performance improves. The reason for an employee to have high contextual performance in the institution is job satisfaction (Organ et al., 2006, Organ and Paine 1999). Although job satisfaction is a criterion for contextual performance, Organ and Ryan (1995) argue that there is also a positive correlation between organizational citizenship and job satisfaction. Harrison et al. (2006) examined 211 studies on job satisfaction and contextual performance and concluded that evidence which support the relation between job satisfaction and contextual performance is very strong and that positive and negative consequences of this situation will affect the institution mostly. From a different viewpoint, Edwards et al. (2008) concluded that performance depending on job satisfaction is affected more by performance-based job satisfaction.

Another study which examines the relation between job satisfaction and contextual (Van Scotter; 2000, Organ and Paine, 1999, Edwards and Bell, 2008) concluded that there is positive correlation between job satisfaction and performance and that contextual performance improved as job satisfaction increased.

5. Conclusions

This paper examines the impact of leadership styles perceived by nurses in their managers on job satisfaction and contextual performance. In the end of the study, it has been found out that they received 3.40 ± 0.54 points on average from the entire Minnesota Job Satisfaction Scale. It shows that the job satisfaction of nurses is generally high. They received 3.26 ± 0.54 points on average from the entire Leadership Behaviours Description Questionnaire and 3.80 ± 0.52 points on average from the entire Contextual Performance Scale. No difference has been found between genders according to Minnesota Job Satisfaction Scale whereas female nurses received significantly higher scores than male nurses

concerning contextual performance and leadership scales. It has been found out that age is more effective on job satisfaction and that job satisfaction increased as one grew older. The scores obtained by nurses working only during daytime from the entire Minnesota Job Satisfaction Scale and its sub-dimensions were found to be higher compared to nurses working on shifts. An evaluation on working style and leadership showed that nurses who work only during daytime received significantly higher scores from nurses who work on shifts from the entire scale and domination, motivating the structure, membership, organization, top-down communication, definition and production sub-dimensions. It has been found out that there is statistically significant difference between scores obtained from the entire Minnesota Job Satisfaction Scale and internal satisfaction sub-dimension of the scale. It has been determined that working history does not affect leadership and contextual performance but nurses with 5 years or less working experience in the same department received higher scores from job satisfaction scale compared to other nurses. It has been observed that working position is effective on job satisfaction, contextual performance and leadership. It has been found out that there are statistically significant correlations between scores obtained by nurses from the entire Leadership Behaviours Description Questionnaire and its sub-dimensions other than domination and the entire Minnesota Job Satisfaction Scale and its sub-dimensions ($p < 0,05$). Minnesota Job Satisfaction Scale and Leadership Behaviours Description Questionnaire scores have statistically significant and positive impact on Contextual Performance Scale scores ($p < 0,05$).

Declarations

Abbreviations

Not Applicable

Ethics approval and consent to participate

The study is a part of partial fulfillment of Ph.D. study, which was also approved by the Ministry of Health in the Turkish Republic of Northern Cyprus and Near East University. The survey informed participants that this study was entirely voluntary.

Consent for publication

Not Applicable.

Competing interests

We confirm that we don't have competing interests in publishing.

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Authors' contributions

SS and AY designed the study. SS collected the data and performed the analysis. AY coordinated in writing the manuscript. All authors provided critical feedback and approved the final version of the manuscript.

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Availability of data and materials

Not available.

Authors' Contributions

SS and AY designed the study. SS collected the data and performed the analysis. AY coordinated in writing the manuscript. All authors provided critical feedback and approved the final version of the manuscript.

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Appendix

1. Frequency Tables of Personal Information

| Gender | | | | |
|--------|-----------|---------|---------------|--------------------|
| | Frequency | Percent | Valid Percent | Cumulative Percent |
| Female | 417 | 88,7 | 88,7 | 88,7 |
| Male | 53 | 11,3 | 11,3 | 100,0 |
| Total | 470 | 100,0 | 100,0 | |

| Age Group | | | | |
|--------------|-----------|---------|---------------|--------------------|
| | Frequency | Percent | Valid Percent | Cumulative Percent |
| At most 30 | 59 | 12,6 | 12,6 | 12,6 |
| 31-35 | 108 | 23,0 | 23,0 | 35,5 |
| 36-40 | 128 | 27,2 | 27,2 | 62,8 |
| 41-45 | 116 | 24,7 | 24,7 | 87,4 |
| 46 and above | 59 | 12,6 | 12,6 | 100,0 |
| Total | 470 | 100,0 | 100,0 | |

| Marital Status | | | | |
|-----------------------|-----------|---------|---------------|--------------------|
| | Frequency | Percent | Valid Percent | Cumulative Percent |
| Married | 397 | 84,5 | 84,5 | 84,5 |
| Single | 73 | 15,5 | 15,5 | 100,0 |
| Total | 470 | 100,0 | 100,0 | |

| Education Level | | | | |
|------------------------|-----------|---------|---------------|--------------------|
| | Frequency | Percent | Valid Percent | Cumulative Percent |
| Vocational | 228 | 48,5 | 48,5 | 48,5 |
| Bachelor | 212 | 45,1 | 45,1 | 93,6 |
| Graduate | 30 | 6,4 | 6,4 | 100,0 |
| Total | 470 | 100,0 | 100,0 | |

| Income Group | | | | |
|---------------------|-----------|---------|---------------|--------------------|
| | Frequency | Percent | Valid Percent | Cumulative Percent |
| Low | 87 | 18,5 | 18,5 | 18,5 |
| Middle | 371 | 78,9 | 78,9 | 97,4 |
| High | 12 | 2,6 | 2,6 | 100,0 |
| Total | 470 | 100,0 | 100,0 | |

| Hospital | | | | |
|-------------------------------|-----------|---------|---------------|--------------------|
| | Frequency | Percent | Valid Percent | Cumulative Percent |
| Lefkoşa Burhan N. State Hosp. | 232 | 49,4 | 49,4 | 49,4 |
| Gazimağusa State Hosp. | 135 | 28,7 | 28,7 | 78,1 |
| Girne Akçiçek Hosp. | 51 | 10,9 | 10,9 | 88,9 |
| Güzelyurt State Hosp. | 20 | 4,3 | 4,3 | 93,2 |
| Barış State Hosp. | 32 | 6,8 | 6,8 | 100,0 |
| Total | 470 | 100,0 | 100,0 | |

| Number of Children | | | | |
|---------------------------|-----------|---------|---------------|--------------------|
| | Frequency | Percent | Valid Percent | Cumulative Percent |
| None | 104 | 22,1 | 22,1 | 22,1 |
| One | 151 | 32,1 | 32,1 | 54,3 |
| Two | 194 | 41,3 | 41,3 | 95,5 |
| Three and above | 21 | 4,5 | 4,5 | 100,0 |
| Total | 470 | 100,0 | 100,0 | |

| Frequency of Working | | | | |
|-----------------------------|-----------|---------|---------------|--------------------|
| | Frequency | Percent | Valid Percent | Cumulative Percent |
| Daily | 131 | 27,9 | 27,9 | 27,9 |
| Scheduled | 339 | 72,1 | 72,1 | 100,0 |
| Total | 470 | 100,0 | 100,0 | |

| Job Occupation | | | | |
|-----------------------|-----------|---------|---------------|--------------------|
| | Frequency | Percent | Valid Percent | Cumulative Percent |
| Part time | 20 | 4,3 | 4,3 | 4,3 |
| Full time | 450 | 95,7 | 95,7 | 100,0 |
| Total | 470 | 100,0 | 100,0 | |

| Job Position | | | | |
|---------------------|-----------|---------|---------------|--------------------|
| | Frequency | Percent | Valid Percent | Cumulative Percent |
| Head (nurse) | 13 | 2,8 | 2,8 | 2,8 |
| Authorized (nurse) | 46 | 9,8 | 9,8 | 12,6 |
| Service Nurse | 363 | 77,2 | 77,2 | 89,8 |
| Polyclinic Nurse | 48 | 10,2 | 10,2 | 100,0 |
| Total | 470 | 100,0 | 100,0 | |

2. Meanscores and Descriptive Statistics of Questionnaire Instruments

| Descriptive Statistics | | | | | |
|-------------------------------|-----|---------|---------|--------|----------------|
| | N | Minimum | Maximum | Mean | Std. Deviation |
| Minnesota Job Satisfaction | 470 | 1,80 | 4,95 | 3,3907 | ,54485 |
| Leadership Behaviour | 470 | 1,31 | 4,65 | 3,2583 | ,54023 |
| Contextual Performance | 470 | 2,42 | 5,00 | 3,8065 | ,52618 |

3. Correlation Matrix

| Correlations | | | | |
|----------------------------|---------------------|----------------------------|----------------------|------------------------|
| | | Minnesota Job Satisfaction | Leadership Behaviour | Contextual Performance |
| Minnesota Job Satisfaction | Pearson Correlation | 1 | ,214** | ,224** |
| | Sig. (2-tailed) | | ,000 | ,000 |
| | N | 470 | 470 | 470 |
| Leadership Behaviour | Pearson Correlation | ,214** | 1 | ,157** |
| | Sig. (2-tailed) | ,000 | | ,001 |
| | N | 470 | 470 | 470 |
| Contextual Performance | Pearson Correlation | ,224** | ,157** | 1 |
| | Sig. (2-tailed) | ,000 | ,001 | |
| | N | 470 | 470 | 470 |

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

4. Regression Analysis

| Coefficients ^a | | | | | | |
|---------------------------|----------------------------|-----------------------------|------------|---------------------------|--------|------|
| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 2,790 | ,187 | | 14,928 | ,000 |
| | Minnesota Job Satisfaction | ,193 | ,044 | ,200 | 4,363 | ,000 |
| | Leadership Behaviour | ,111 | ,045 | ,114 | 2,482 | ,013 |

a. Dependent Variable: Contextual Performance

| Model Summary | | | | |
|---|-------------------|----------|-------------------|----------------------------|
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
| 1 | ,251 ^a | ,063 | ,059 | ,51049 |
| a. Predictors: (Constant), Leadership Behaviour, Minnesota Job Satisfaction | | | | |

| ANOVA^a | | | | | | |
|---|------------|----------------|-----|-------------|--------|-------------------|
| Model | | Sum of Squares | df | Mean Square | F | Sig. |
| 1 | Regression | 8,149 | 2 | 4,075 | 15,636 | ,000 ^b |
| | Residual | 121,699 | 467 | ,261 | | |
| | Total | 129,849 | 469 | | | |
| a. Dependent Variable: Contextual Performance | | | | | | |
| b. Predictors: (Constant), Leadership Behaviour, Minnesota Job Satisfaction | | | | | | |