

MODELING TRANSFORMATIONAL LEADERSHIP AND PATIENT SAFETY

Tangatarova Shahrizada Muhtarjanovna,
Uzbekistan Journalism and Mass Media
University of Communications

Abstract

Aim/purpose: Moving health care upstream is founded on transformational leadership lest providing medicine only is not the solution to all patient problems. This upstream approach to health occurs through motivating and guiding people involved in taking care of patients' health, and requires sharing fresh thoughts. Transformation ensures coordination for increasing the readiness and ability of health care providers to collaborate beyond traditional medical care. At the same time, the increased performance of nurses is directed through the locus of control (LC) to manage ever-changing demands at the hospital. This study aims at examining the relationship of transformational leadership and patient safety with nurses' locus of control as moderator and decision-making capacity of nurses as mediator. Further, the mediated-moderations are also examined. Additionally, the mean differences prevailing in public and private sector hospitals are also assessed.

Keywords: Transformational leadership, Nurses' Locus of control, Patient Safety, Nursing Practice, Safety Culture, Decision-Making Capacity, Emotional Intelligence.

Introduction

An array of studies investigated the leadership styles having impact on various work practices but the literature is deficient about the transformational leadership having effect on patient safety (Boamah, Laschinger, Wong, & Clarke 2018). Patient safety is recognized as a priority for health care organizations throughout the world. The literature is evident regarding healthcare systems being prone to errors, and the risks of adverse happenings are significant (de Vries, Ramrattan, Smorenburg, Gouma, & Boermeester,

2008). Patient-related adverse events can be observed in the form of unintended injuries or complications caused by healthcare providers instead of the actual disease (Baker, et al., 2004). The death rate is in constant rise; a report by the Institute of Medicine – IOM reported that 98,000 patients expired and more than 01 million are injured every year in the USA as a result of preventable medical errors (Boamah et al., 2017). Further a Canadian report from Canadian Institute for Health Information highlighted that one in every 18 patients suffered preventable harm (CIHI, 2016). It became evident that the costs of such events are really great adding to the financial burden of the hospitals and nations (Etchells, et al., 2012). [1.]

The patient safety is becoming an important public health challenge (Maher, Ayoubian, Rafiei, Tehrani, Mostofian, & Mazyar, 2019). Studies indicate that alarmingly high rates of adverse events in hospitals are a result of preventable incidents, some of which are likely because of nursing-related factors (Schwendimann, Blatter, Dhaini, Simon, & Ausserhofer, 2018; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). Researchers have linked patient safety to the working of nurses (attention towards work) and lack of effective leadership (Sfantou, Laliotis, Patelarou, Sifaki-Pistolla, Matalliotakis, & Patelarou, 2017). The organizational literature the relational leadership styles such as transformational leadership is found positively linked to reduced adverse patient outcomes (Frankel, & Pgcms, 2019; Weng, Huang, Chen, & Chang, 2015).

Further the studies have developed the mechanisms of nurses' behaviors being influenced by the leadership styles, having subsequent implications on patient safety (Wong, Cummings, & Ducharme, 2013; Wong, & Giallonardo, 2013). The nurses' work outcomes depend upon enhancing their ability through guidance and empowerment in decision-making for adopting safety behaviors.

[2] The transformational leaders have the strength to direct the followers as well as brace them with rewards, thus boosting their intrinsic motivation. [3.]

The transformational leaders enhance the self-efficacy of employees (Malik, Butt, & Choi, 2015), and in general the self-efficacy and internal locus of control are conceptually positively related as both reflect a positive belief about personal control over success (Chen, Li, & Leung, 2016).

A cross-sectional data (n = 311 nurses) with a random sampling technique with explanatory, causal design was used to test the framework developed. The

survey instruments were distributed among private and public sector male/female nurses (private, n = 120 and public, n = 120). The sample was generated from a list of registered nurses from the administration departments of the hospitals having beds 100 or above. A cover letter explaining the purpose of the study was used with each questionnaire and distributed separately to each nurse to ensure confidentiality.

Measures

The first section of the questionnaire encompassed the demographic information of the respondents, including their age, education, job experience in the same position, and the type of hospitals in which they worked (See Table 1). The second section encompassed the measures for the constructs that helped in devising the framework. The transformational leadership questionnaire was adopted from (Carless, Wearing, & Mann, 2000) having items = 7, the patient safety (Okumura, Ishigaki, Mori, & Fujiwara, 2019) items = 11, locus of control (Spector, 1988) items = 16, decision making capacity (Wiens, 1991) items = 07, safety culture (Li, et al., 2017) items = 7, nurse emotional intelligence (Bar-On, 2006) items = 15. All the statements written in the questionnaire were rated on the five points Likert scale distributed along disagreement to agreement to the statements.

References

1. Afsar, B., & Masood, M. (2018). Transformational leadership, creative self-efficacy, trust in supervisor, uncertainty avoidance, and innovative work behavior of nurses. *The Journal of Applied Behavioral Science*, 54(1), 36-61.
2. Aiken, L. H., Sermeus, W., Van den Heede, K., Sloane, D. M., Busse, R., McKee, M., ... & Kutney-Lee, A. (2012). Patient safety, satisfaction, and quality of hospital care: Cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ: British Medical Journal*, 344, 45-53.
3. Armstrong, K., Laschinger, H., & Wong, C. (2009). Workplace empowerment and magnet hospital characteristics as predictors of patient safety climate. *Journal of nursing care quality*, 24(1), 55-62.

4. Bakr, M. M., & Safaan, S. M. (2012). Emotional intelligence: a key for nurses' performance. *Journal of American Science*, 8(11), 385-393.
5. Basson, J., Coetzee, M., & Carrim, N. (2006). The relationship between job satisfaction and locus of control in a South African call centre environment. *South African Journal of Labour Relations*, 30(2), 66-81.
6. Boamah, S. A., Laschinger, H. K. S., Wong, C., & Clarke, S. (2018). Effect of transformational leadership on job satisfaction and patient safety outcomes. *Nursing outlook*, 66(2), 180-189.
7. Bono, J. E., Hooper, A. C., & Yoon, D. J. (2012). Impact of rater personality on transformational and transactional leadership ratings. *The Leadership Quarterly*, 23(1), 132-145.
8. Bromley, H. R., & Kirschner-Bromley, V. A. (2007). Are You a Transformational Leader? *Physician Executive*, 33(6), 54-57.
9. Capuano, T., Bokovoy, J., Hitchings, K., & Houser, J. (2005). Use of a validated model to evaluate the impact of the work environment on outcomes at a magnet hospital. *Health Care Manag. Rev.* 30, 229-236.
10. Chan, C. W., & Perry, L. (2012). Lifestyle health promotion interventions for the nursing workforce: A systematic review. *Journal of Clinical Nursing*, 21(15–16), 2247–2261.
11. Chen, T., Li, F., & Leung, K. (2016). When does supervisor support encourage innovative behavior? Opposite moderating effects of general self-efficacy and internal locus of control. *Personnel Psychology*, 69(1), 123-158.