



Building Healthy Workplace Relationships between Nursing Staff and Leaders to Improve Service Quality

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ABSTRACT

Purpose: This study explores the impact of nursing staff on commitment to service quality. It also examines the relationship between different leadership styles—namely directive, empowering, and participative—and their influence on commitment to service quality

Design/methodology/approach: A survey was administered to nursing staff in public hospitals of Sindh. A total of 250 questionnaires were distributed to nursing staff in the public hospitals. Out of 250 questionnaires 213 were received and 41 questionnaires were disposed of due to the main part of the survey questionnaires being missing. Total 172 questionnaires were used for further data analysis. SmartPLS was used for data analysis.

Results: The result of the structure model confirmed that participative and empower leadership style has a positive influence on the nursing Commitment to service quality. Besides that, directive leadership style has a negative influence on the nursing Commitment to service quality. The result has also asserted that empower leadership is significantly more positive than the participative leadership style.

Introduction

In the service organization, the relationship between customers and front-line employees is very critical to pinpoint due to the intangible nature of service (Nguyen & Leblanc, 2002; Hong & Goo, 2004; Torabi, 2026). Level of service quality has been shown to importance impression on customer's satisfaction (Eskildsen, et al., 2004), and Many organizations face challenges in successfully designing, developing, and implementing customer relationship management (CRM) strategies and programs (Bolton et al., 2007; Boulding et al., 2005; Zhang, Bu, & Gong, 2021).

Service organizations always believed in service counter employees and entrust with the responsibility manage and satisfy customers. These employees have a direct, influence on customers and ultimate impression on customer perception of service quality in the market (Tansik, 1990; Daniel et al., 1996). Frontline employees play a vital role in providing service to customers Bitner et al., 1994; Klemz, 1999; Macintosh and Lockshin, 1997; Bendapudi and Berry, 1997; the success of service organization depend on counter employees (Macintosh & Lockshin, 1997; Heskett et al., 1990). Front line employees must be motivated to provide service to customers so these employees are deserving of attention. CSQ is essential for the survival of an organization and provide satisfactory to the customer (Hussey, Das, Farrell, Ledger, & Spencer, 2021; Pahi, & Hamid, 2015;Bhatti., 2026, committed employee huge contribution in service delivery (Meyer and Allen (1991) commitment and willingness of front line employees play a vital role to satisfy customers in a service organization (Kandampully, 2002). Clark et al. (2009) and Pakerti, et al., (2026). Tdefined CSQ as the “dedication of employees to render service quality and the willingness to go beyond what is expected of them”. Previous scholars (Peccei & Rosenthal, 1997, Worsfold, 1999, Pahi and Hamid, 2015) clearly mention that CSQ is ignored by literature and scholars. Hashim and Mahmood, (2012, Schwepker, Dimitriou, & McClure, 2019) indicated that less evidence found in research on the CSQ literature only focuses on organization commitment. Recently (Izogo, Elom, & Mpinganjira, 2020 Ahmed,et al 2020)mentioned that CSQ is most important for service delivery and enhancing customer value. Natasha and Sbroto, (2003) stated that frontline employees who deliver service were ignored in the eye of scholars. All the above studies confirm that frontline employees are disregarded by management science literature. Besides that issue of CSQ highlighted by literature time by time (Irfan, & Ijaz, 2011; Nisa, Sadaf, & Zahid, 2012, Pahi and Kamal 2015) indicated that nursing staff of hospitals are less committed to the delivery of service to customers. Also mention that nursing staff is irresponsible to full fill their duties. Irfan, Ijaz, and Farooq, (2012) provide evidence that nursing staff is less committed to delivering service in the public hospital, Pakistan.

In the context of Pakistan’s healthcare sector, several studies examining service quality have reported inadequate commitment among nursing staff to deliver high-quality services (Zaidi et al., 2012; Levovnik, et a.;, 2025).; Afzal & Yusuf, 2013; Saeed et al., 2013; Khan et al., 2014; Ullah, 2012; Abdullah & Shaw, 2007; Pahi, et al., 2026, Razzak et al., 2009; Rabbani et al., 2011; Rabbani et al., 2009; Khowaja, 2009; Riaz et al., 2012; Saeed et al., 2013; Gresh et al., 2021). However, despite these investigations, the concept of CSQ (CSQ) has received limited scholarly attention. Furthermore, little research has explored CSQ from the employees’ perspective or examined its relationship with leadership styles such as directive, participative, and empowering leadership.

Selecting a good leadership style can influence CSQ to the employees (Clark et al., 2009). Leaders have the ability to enhance CSQ and overcome this situation (Pahi & Hamid, 2015, Hashim & mohmood, 2012; Natasha & Subroto 2003, Nugraha, 2025). The main purpose of the study is to investigate the relationship between the directive, participative, empower leadership style and CSQ in the public hospitals of Sindh, Pakistan. Also, the previous literature was limited on the directive, participative, and empower leadership styles with CSQ. Studies conducted on different perspectives but ignore the nursing settings. There are two studies conducted on this relationship both of the results are Prior research has produced inconsistent results regarding this relationship (Clark et al., 2009; Asgari, 2014). Nevertheless, these studies were mainly undertaken in the United States and Iran. There is a noticeable lack of empirical evidence examining this phenomenon within Pakistan’s healthcare sector. Consequently, this study investigates the relationship between CSQ (CSQ) and leadership styles in hospitals across Sindh, Pakistan. This

study contributes that how to handle service delivery issues in the health sectors and how leadership style influences CSQ in the health sector. Secondly, this study brings together directive, participative, and empower leadership styles with CSQ in the health sector of Sindh, Pakistan. This suggested how leadership style influences CSQ to more efficient work.

Literature

Commitment to service quality (CSQ)

CSQ refers to the extent to which service delivery aligns with defined standards and specifications (Martin, 1986; O'Neil & Palmer, 2004) and reflects the pursuit of excellence in service provision (Peters & Waterman, 1982). According to Clark et al. (2009), it represents employees' dedication to maintaining high service quality and their willingness to perform beyond the minimum requirements of their roles.

Further explained by Porter et al. (1974) the commitment of any personnel is a psychological connection, which is reproduced by the strength of the customer's identification and involvement with the frontline employee who provides service to customers. Previous literature findings have also recognized that employees who are committed to the organization remain satisfied and willing to provide quality of service to customers (Elmadag et al., 2008; Pahi & Hamid, a2015). In such conditions, employees were known to spend more time and energy in assisting the organization to realize its goals and they also put their own self-interest aside Achieving a good level of employees' CSQ is of great importance for each service organization.

Directive leadership and CSQ

The directive leadership style is one of four leadership behavior that defines rules, regulations objective for subordinates and guide and show a path to accomplish goals. This leadership style actually informing the staff that what actually organization and leader expecting from them and also providing them path and guidance and for responsibilities and defined task and also ensure the that each of them know rules and step by step procedures and write way to get work done, furthermore covering the performance standards and also explaining the what actually role of leader in the goup or in larger perspective (Iranejad, 2008, Syed, et al., 2024). Previous studies suggest that this leadership style has been associated with ineffective decision-making processes and reduced performance among school staff teams (Pahi et al., 2026, Umrani et al., 2025). This approach typically requires leaders to clearly communicate expectations to subordinates, specifying the tasks to be performed, the procedures to follow, the timing of the work, and how individual efforts align with the broader objectives of the group (Hughes, Ginnett, & Curphy, 1999). Other hand, previous literature makes a mixed result about directive leadership and his behavior with employee commitment and service delivery. In the previous literature, directive leadership has a negative influence on the CSQ Dolatabadi, and Safa (2010).

The study conducted in hotels by Clark, (2009) confirmed that directive leadership has a negative relationship with a CSQ. Both studies indicated to less importance to employee commitment but another study supported that directive leadership style has a positive influence on CSQ Asgari, (2014). Pahi and Hamid (2015) and Listiawati., 2021) also encourage directive leadership style that leadership style help employees to understand rules, regulation, responsibilities, and tasks within the organization enhance confidence and make more responsible.

H3. *There is positive relationship between directive leadership style and CSQ.*

Participative leadership and CSQ

According to Koopman and Wierdsma (1998), participative leadership refers to a leadership style that encourages joint decision-making, where both the leader and employees share influence in organizational decisions. In this type of leadership offer consulting with subordinates and involved them in decision and praise their ideas, suggestion and opinions when taking any decision regarding organization and operation (Irannejad, 2008; 1989; Bass 1981, Pahi, et al., 2025). Participate leadership help to increase the quality of decision with suggestion of subordinates (Scully, Kirkpatrick, & Locke, 1995), to make better work environment for employees and organization (e.g., Somech, 2002), and enhance employee confidence, self- respect and motivation (Locke & Latham, 1990), commitment and satisfaction (Armenakis, Harris, & Mossholder, 1993). Previous scholars extremely studied on participative leadership in work settings, some of them numerical researches have been dedicated to investigate level of relationship effects (Yammarino & Naughton, 1992). Greater involvement and commitment found in employee who work for participative leadership (Bass 1981). Thus, subordinates who are allowed take part in decision making process are likely to be more committed with organization. Contradictory research bring confuse among previous researchers and new one as Clark et al., (2009) that investigate relationship between participative leadership and CSQ, result of study shocked that participative leadership style has insignificance relationship between participative and CSQ. Continue with other study findings of Asgari, (2014) that participative leadership has positive influence on CSQ. Therefore, it is reasonable to anticipate that employees who are committed to quality service will employ a relatively participative style of leadership. Pahi and Kaml (2015) also stated that leaders have ability to influence CSQ of medical staff, hence

H1. *There is positive relationship between participative leadership and CSQ*

Empowering leadership and CSQ

Conger and Kanungo (1988) describe empowerment as a process that enables employees by providing them with the authority, autonomy, and discretion required to make decisions and influence their work environment. This type of leadership help to enhance competence to lead any work setting absence of a leader and promote such team autonomy (Syed, et al., 2024; Umrani, et al., 2026) this leadership style involve the staff to inpute in the decision making and feel the they are part of the team and organization and they can change the organization every part with decision. (Yukl, 1989). Leadership belongs to the strong sense of shared mutual values and commitment. In some situations, decision are taken in the palace immediately as customer-contact positions need autonomy for effective service delivery or make betterment (Hartline and Ferrell 1996). Autonomy leadership help service counter employee. Less supervision and increased autonomy for front-line employees help complete any task without barriers and increase the service quality (Bowen and Lawler 1992). Only the found two studies on the relationship of empowerment and CSQ results of study contradictory each other (Clark, 2009; Asgari, 2014) Peachey, (2000) provide the mix results relationship of commitment of employees and empower leadership style. Albrecht and Andreetta, (2011) empower a very important leadership style to influence the commitment of employees. (Haque, et al., 2019 and Givens, (2011) stated that empower leadership and commitment have the link. Accordingly, we argue that an empowering style of leadership to increase the CSQ Hence,

H2. *There is a positive relationship between empower leadership and CSQ*

Methodology

Methodology

The qualitative research design was used to investigate the influence of leadership styles on the CSQ in the public hospital of Sindh. This study covers the nursing staff of public hospitals.

Population and sample of the study

All public hospitals of Sindh were targeted in this study. A total of 250 questionnaires were distributed among the 22 hospitals during March 2020 through using the email system via respective head offices of the selected Hospitals. A total of 172 useable questionnaires were received for data analysis. SmartPLS 2.0 Structural equation modeling was used for data analysis in the present study. On the suggestion of (Haier et al., 2017), that two-stage approach was used. In the first stage, the study examined the psychometric properties of the model.

Table 1: Instrumentation

Construct	Items	Source
Participative leadership style	4	Cook et al. (1981)
Empowering leadership style	8	Cook et al. (1981)
Directive leadership style	7	Cook et al. (1981)
CSQ	9	Mowday, Steers, and Porter (1979)

Results

Table: 2 Respondents Demographic

Demographic	Frequency	Percentage
Gender		
Male	89	51.7
Female	83	48.3
Status		
Single	81	47.1
Married	91	52.9
Education		
Nursing	172	100
Age		
15-20	98	57.0
25-30	50	29.1
30-35	20	11.6
40-45	4	2.3
above		
Experience		
1-year	55	32.0
1-5years	56	32.6
5-10	46	26.7
10-15years	7	4.1
above -15 years	8	4.7

Measurement model

Table 3

LATENT variable	items	loadings	AVE	CR
CSQ	CSQ1	0.901176	0.671108	0.923796
	CSQ3	0.855584		
	CSQ4	0.728606		
	CSQ6	0.814552		
	CSQ7	0.901176		
	CSQ8	0.689946		
Empowerment LEADERSHIP	EM2	0.94059	0.861305	0.939146
	EM4	0.890214		
	EM6	0.848041		
	EM7	0.821588		
	EM8	0.841018		
Directive leadership	D1	0.923612	0.755736	0.968727
	D3	0.978296		
	D4	0.881134		
	D5	0.978296		
	D7	0.873466		
Participative leadership	P1	0.909874	0.773262	0.910912
	P2	0.866015		
	P3	0.861356		

The result of the measurement model Table 1 shows cross-loading, composite reliability, and average variance. On the suggestion of Hair et al., (2014) and Bagozzi and Yi, (1988) cross-loading should be more than 0.50 or above. Table 2 and figure 1 show that cross-loading for each constructs more than 0.5 and above. Following the recommendation, the composite reliability should be more than .70 or above. The result of the measurement model table 1 and Figure one shows that composite reliability ranges from .910 to .968 which meets the given requirement. The last result of the measurement model and the following suggestion of Chin (1998) is that the average variance should be more than 0.5. Table 2 and Figure 1 average variance ranging from 0.861 to 0.671 respectively. The study confirmed that cross-loading, composite reliability and average variance were extracted. The results of Table 2 meet the suggested requirement and acceptance level.

Discriminatory validity of each constructs, on the suggestion of (Fornell & Larcker, 1981) that square root of AVE should be greater than the corrections among latent variables. Table 3 discriminant validity shows that less square root of average variance extracted for each correlation for every construct. Results confirmed that the average variance extracted reached an acceptable level.

Table 4: Discriminatory validity of constructs

Latent variables	1	2	3	4
Directive leadership	0.928			
Participative leadership	0.667	0.879		
Empower leadership	0.639	0.0717	0.869	
CSQ	0.572	0.174	0.522	0.819

Structure Model

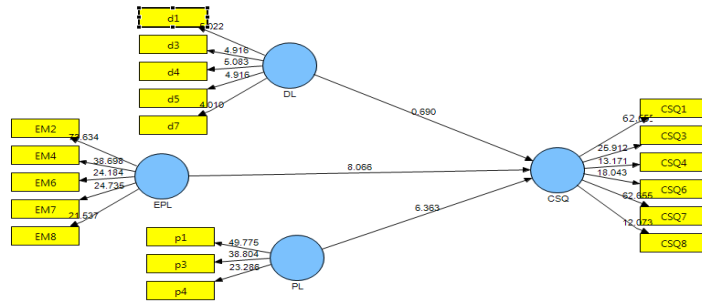


Figure 1: the structure mode

Test of the Hypotheses

Table 5

No:	Causal path relationship	Relationship	Beta	SE	T.Value	Result
H1	Direct leadership	DL>CSQ	0.031754	0.046	0.690297	Rejected
H2	Empower leadership	EPL>CSQ	0.460286	0.057063	8.066289	Supported
H3	Participate leadership	PL>CSQ	0.39303	0.061763	6.363472	Supported

The result of structural model Table 5 and Figure 1 shows the direct relationship between Direct, empower, and participative leadership style and nursing CSQ in the public hospital of Pakistan. Results of Table 5 and Figure 1 show that directive leadership style has an insignificant relationship with a CSQ is (beta=0.031 and t-value 0.690). Hence, H1 is rejected. Regarding to relationship of Empower leadership and CSQ in hospitals. Results of Table 5 and Figure 1 confirmed that (beta=0.460286 and t-value=8.066289) hence that positive relationship between empower leadership and CSQ second H2 was supported. Finally third and last H3 results of Table and Figure 1 show a positive relationship between participate leadership style and CSQ (beta value 0.39303 and t-value 6.363472). Results of structure model Table 5 and Figure 1 also supported H3. The present study found H2 and H3 were supported and H1 was rejected.

Discussion and Conclusion

The main purpose of the study is to determine the relationship between leadership styles directive, empower participative leadership style, and CSQ in the public hospital of Sindh, Pakistan. The results of bootstrapping H1, the study confirmed that there is an insignificant relationship between

directive leadership style and nursing staff CSQ in the public hospital. Hypothesis 1 was rejected. Our findings line with Clark et al., (2009) and Pahi, Akour, & Ahmed, (2021) who conducted the study in the hotel industry and found no relationship between directive leadership and CSQ. Nursing staff believed in collaboration work benefits between staff but this type of leadership style was rejected by nursing staff due to lack of collaboration in leadership style. This leadership style mostly depends on leaders when leaders are present in the environment. The result of the second hypothesis, empowerment leadership style has a positive relationship with staff CSQ. The H2 hypothesis was accepted. Our findings line with (Asgari, 2014; Pahi, Akour, & Ahmed, 2021; Kim, et al., 2021). Leadership style influences the nursing CSQ. Empowering leadership builds confidence in nursing staff to perform work and accomplished goals easily. Nursing staff work believes in freedom and works with an emergency. This type of leadership believes that nursing staff takes decisions so that work continues. Result of Last H3, there is a positive relationship between participative leadership and nursing CSQ. Our findings match with Asgari, (2014) that confirmed in his study that participate leadership style and CSQ have a significant relationship in the service industry. H3 was accepted. This type of leadership style encourages collaboration and improves the morale of nursing staff in the public hospital. Leadership style showing that leader provide the direction and clear communication to staff and help them provide feedback and ensure the empowerment and involvement of the staff in every decisions making that help employee enhance CSQ.

This study helps the organization for regular surveys within the organization on a regular basis to help and identify the appropriate leadership style that will produce nursing staff commitment in public hospitals. This study helps the policymaker to recruit the right leader for the right place. Leaders also adopt behavior to influence CSQ. Nursing staff's own the CSQ and deliver better service.

This study has future research and also limitations, this study only focuses on one province of Pakistan which brings geographical limitations. Future research next study focuses on the whole population of Pakistan may result changed. This study a cross-sectional / survey questionnaire based on future research could conduct longitude. CSQ just explained variance 30% variance with these leadership styles remaining 70%. Future research examines other leadership styles and moderators with a CSQ in the different service organizations to confirm results.

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