

# The Examination of the Influence of Transformational Leadership over Commitment to Service Quality: A Case of Hospitals of Sindh, Pakistan

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Received: July 1, 2015 Accepted: August 17, 2015 Online Published: September 21, 2015

doi:10.5539/ass.v11n26p183

URL: <http://dx.doi.org/10.5539/ass.v11n26p183>

## Abstract

Majority of the main stream literature provides the evidence that commitment to service quality (CSQ) is vital in ensuring excellent service quality. Past studies on the commitment to service quality are also limited only to the management level of analysis in service industries so the main focus of this study is to examine the relationship between transformational leadership style and commitment to service quality among the medical staff of Sindh Pakistan. A total number of 317 questionnaires were received through survey questionnaire from medical staff in four cities of Sindh, Pakistan. The data was analyzed using SmartPLS 2.0. The findings of this study indicate a significantly positive relationship between transformational leadership style and commitment to service quality. The managerial implications for the top management of hospitals are discussed. Policy makers, leaders at hospital, they motivating the staff to towards commitment to service quality. Results focused on how transformational leadership style can be used to manage commitment to service quality.

**Keywords:** commitment to service quality, transformational leadership, Hospitals, Pakistan

## 1. Introduction

Front line employees are interacting directly with customer and accountable for service delivery to customer and satisfaction which help to increase the performance (Parasuraman, Zeithaml, & Berry, 1985; Hartline, Wooldridge, & Jones, 2003). According to most of practitioners, observers and researchers (Hartline & Ferrell, 1996; Hartline, 2000; Maxham & McKee, 2000; Bowen & Schneider, 1985) accept that front line committed employee with his/her job organization show the low level stress, share customer-oriented values and deliver maximum service quality. Previous research evidence that leadership style has a incredible impact on employees' behavior, containing acceptance of the organization's strategic and marketing initiatives-particularly those relating to customer service (Ahmed & Parasuraman, 1994).

Furthermore, literature provides the evidence that commitment to service quality (CSQ) is vital in ensuring excellent service quality (Babakus, Yavas, Karatepe, & Avci, 2003; Hartline, Maxham, & McKee, 2000; Elmadag, Ellinger, & Franke, 2008; Clark & Hartline, 2009). But Past studies on the commitment to service quality are also limited only to the management level of analysis in service industries (Reeves & Hoy, 1993; Hartline & Ferrell, 1996;; Babakus et al., 2003; Hartline et al., 2000; Malhorta & Mukherjee, 2004; Subramony, Beehr, & Johnson, 2004; Ashill, Carruthers, & Krisjanous, 2006; Little & Dean, 2006; Kim, Tavitiyaman, & Kim, 2009). All these studies have reported that when the management is committed to service quality it in turn brings about positive organizational commitment among the employees. Peccei and Rosenthal (1997) and Worsfold (1999) discovered that there is not paid much attention paid to employees' CSQ particularly when the concern is on continuous improvement in the customer expectations.

Different studies on the hospitals in Pakistan (Irfan & Ijaz 2011; Nisa, Sadaf, & Zahid, 2012) reported that the medical staff is not willing to provide service to customer, found low on taking responsibility and are less committed to provide service to the customers. Furthermore, past studies conducted on the hospitals in Pakistan with regards to service quality report lack of commitment of medical staff for providing excellent services (Zaidi, Mayhew, Cleland, & Green, 2012; Akbari, Rankaduwa, & Kiani, 2009; Afzal & Yusuf, 2013; Saeed et al., 2013; Khan, Shaikh, Ahmed, Zafar, Tahir, & Shaikh, 2014; Ullah, 2012; Abdullah & Shaw, 2007; Razzak, Ahmed,

Saleem, & Nasrullah, 2009; Rabbani, Lalji, Abbas, Jafri, Razzak, Nabi, & Tomson, 2011; Rabbani, Jafri, Abbas, Jahan, & Syed, 2009; Khowaja, 2009; Saeed & Ibrahim, 2005; Riaz, Ayaz, Wain, & Sajid, 2012; Malik, Chaudhry, Karamat, Arif, Cheema, & Rauf, 2010; Khan, Ahmad, Aleem, & Hamed, 2011). Despite these studies conducted in the hospital settings in Pakistan, there has been no or lack of attention paid to CSQ which points towards an urgent need of further examination of commitment to service quality in the hospitals in Pakistan.

Achieving a good level of employees' CSQ is of great importance for each service organization (Asgari, 2014). In two separate studies (Irfan & Ijaz, 2011; Natasha & Sbroto, 2003) mentioned that customer contact employees do not initiate and give importance to their customers suggesting leaders to enhance the commitment of frontline employees to deliver service quality. Literature also suggests that leadership mechanism might help to overcome this situation (Waldman, 1993; Jabnoun, 2002; Natasha & Subroto, 2003; Hartline et al., 2000; Clark et al., 2009; Hashim & Mahmood, 2012) further suggesting that as the leaders help in envisioning the goal and they provide the resources and environment which can enhance CSQ. Particularly, Transformational leadership style has the potential to enhance CSQ (Clark et al., 2009). Hence the main objective of this study is to examine the influence of transformational leadership style over CQS in the hospitals in Sindh, Pakistan.

## 2. Literature

### 2.1 Transformational Leadership and Commitment to Service Quality (CSQ)

Several studies have demonstrated that transformational leaders are seen to lead their employees to convey high affective commitment (Clark et al., 2009; Erkutlu, 2006; Barnett et al., 2001; Liao & Chuang, 2007). Meyer and Allen (1991) described that Affective commitment "an employee's emotional attachment to, identification with and involvement in the organization".

As the transformational leaders are charismatic in nature and they are visionary therefore research reports that when employees work under them they are more committed with their service organizations (Narimawati, 2007; McGuire & Kennerly, 2006; Nguni et al., 2006; Emery & Barker, 2007; Chen, 2004). The transformational leadership has been under a mainstream research theme throughout the last two decades. The empirically findings of the previous research report that transformational leadership enhances attitude and performance of employees (Lowe et al., 1996; Bass, 1999). There is sufficient evidence available in the past research that transformational leader's can greater the employees' satisfaction and commitment to their organizations (Clark et al., 2009; Barling et al., 2000; Hater & Bass, 1988).

The employees who are following the transformational leaders that they have been developed the high sense of commitment to service to their organizations (Nguni et al., 2006; Emery & Barker, 2007; McGuire & Kennerly, 2006). As findings, transformational leadership has ability to promote commitment when followers realize that commitment to service quality help their organization in competitive advantage over contenders and come across their client's satisfaction. Studies, like those published by Emery and Barker (2007); Erkutlu (2006); Barnett, et al. (2001); and Liao and Chuang (2007) support the viewpoint that transformational leadership affects the subordinates' commitment. For example, a study by Erkutlu (2006) based on a boutique hotel in Turkey, found a strong connection between transformational leadership styles and employees' commitment. Of particular importance is that the general notion of transformational leaders in enhancing employees' organizational commitment will in turn create loyalty and reduce turnover among employees (Rayton, 2006). Hence, the literature reports positive relationship between transformational leadership and commitment to service quality (Clark et al., 2009; Hashim & Mahmood, 2012) based on which following relationship is hypothesized.

**H:** Transformational leadership style is positively related to commitment to service quality.



Figure 1. Theoretical framework

## 3. Methodology

### 3.1 Instrumentation and Data Collection Procedure

The multifactor leadership questionnaire (MLQ 5x-short form) from the work of (Bass, 1985) consisting of 20-items was employed to measure transformational leadership, following (Boehnke et al., 2003; Antonakis et al.,

2003). For the purpose of measuring commitment to service quality the modified version of CSQ suggested by (Clark et al., 2009) with 9-items was used for this study, which was originally developed by Mowday, Steers, and Porter (1979). These above measures were rated on five point scale with 5 denominating strongly agree and 1 indicating strongly disagree.

The data was collected using survey questionnaire from the medical staff of 43 hospitals of Sindh province in Pakistan. For the total population of 70,594 medical staff in the 43 hospitals in Sindh province a minimum of 382 responses were required (Krejcie & Morgan, 1970) however to improve response rate 764 questionnaires were distributed out of which 317 useable questionnaires were received.

#### 4. Results

##### 4.1 Demographic Profile

In comparing the male and female respondents for this study the number of male respondent (55.8%) was found slightly higher than female (44.2). The majority of the respondents (55.2%) were having MBBS, whereas participating holding FPCS were (6.9%), 3.8% were (PhD or Specialization) holders and 24.3% were having educational degree. Mostly respondents were of middle age 20 to 30 years (61.5%) and second highest age group was 30 to 40 years with (26.8%). In between 40 to 50 years the respondents were (10.4%) and for 50 to 60 years there was only (1.35%). In terms of length of service 32.2% staff were having one to five years' work experience, 31.5% had less than one year work experience, 23% had five to ten years work experience, staff with 10-15 years' experience was 5.7% and 8% were having 15 years and more work experience.

#### 5. Measurement Model

To empirically ascertain the construct validity of the model, researchers apply a 2-step Structural Equations Modeling (SEM) approach that has been recommended by Anderson and Gerbing (1988). Following Anderson and Gerbing (1988)'s approach first, researcher assessed the internal reliability convergent validity for constructs, followed by the discriminant validity of constructs results in table 1 and table 2 respectively. Following the rule of thumb.

Table 1. Result of measurement model

latent variable	Item	Loading	AVE	CR
Transformational leadership	TSL11	0.946755	0.61369	0.9253
	TSL13	0.81891		
	TSL15	0.906717		
	TSL16	0.892859		
	TSL17	0.770399		
	TSL2	0.903416		
	TSL20	0.915564		
	TSL5	0.842854		
	TSL6	0.722149		
	TSL8	0.935193		
	TSL9	0.630554		
Commitment to service quality	CSQ1	0.893736	0.72167	0.9657
	CSQ2	0.815849		
	CSQ4	0.710551		
	CSQ5	0.824417		
	CSQ6	0.851901		
	CSQ7	0.472963		
	CSQ8	0.831747		
	CSQ9	0.787		

TSL1, TSL3, TSL4, TSL7, TSL10, TSL12, TSL14, TSL18, TSL19 and CSQ3, CSQ9 were deleted because these loading are less than 0.4 following to Hulland (1999). Composite reliability (CR) = Square of summation+square of factor loading/square of summation of the factor loadings/ summation of the square of the factors+ summation of the error variances.

Table 2. Discriminatory validity of constructs

Latent variable	1	2
Commitment to service quality	0.849512	
Transformational leadership	0.693216	0.783383686

The square root of average variance extracted while others entries represent the correlations.

Recommended values for cross loadings and composite reliability is 0.7 and above while for the average variance extracted should be above 0.5 (Bagozzi et al., 1991). Additionally, to ascertain discriminate validity of construct, the average variance shared between each construct and its measures should exceed the variance between the construct and other constructs (Fornell & Larcker, 1981). As evidenced in Table 1, the values for average variance extracted exceeded the recommended value of 0.5 set in the previous studies (Bagozzi et al., 1991; Chi, 1998). Similarly, all factors loading have exceeded the recommended level 0.7 set in the previous studies (Bagozzi et al., 1991; Gefen et al., 2000), suggesting that the measurement model has achieved satisfactory internal reliability and convergent validity. According to (Hair et al., 2010) and Fornell and Larcker, (1981) Regarding the discriminant validity of the theatrical constructs (Table 2), the correlations for each construct is less than the square root of the average variance extracted suggesting that the measurement model has reached acceptable discriminate validity.

**6. Structure Model**

Structural model: after presenting the results of measurement model, next were the results of the structural model (Ringle et al., 2005) are presented in Table 3 and Figure 2.

Table 3. Path coefficient and hypothesis testing

H	Relation	Beta	SE	P value	Decision
H1	Transformational leadership and commitment to service quality	0.693216	0.003512	0.00	Supported

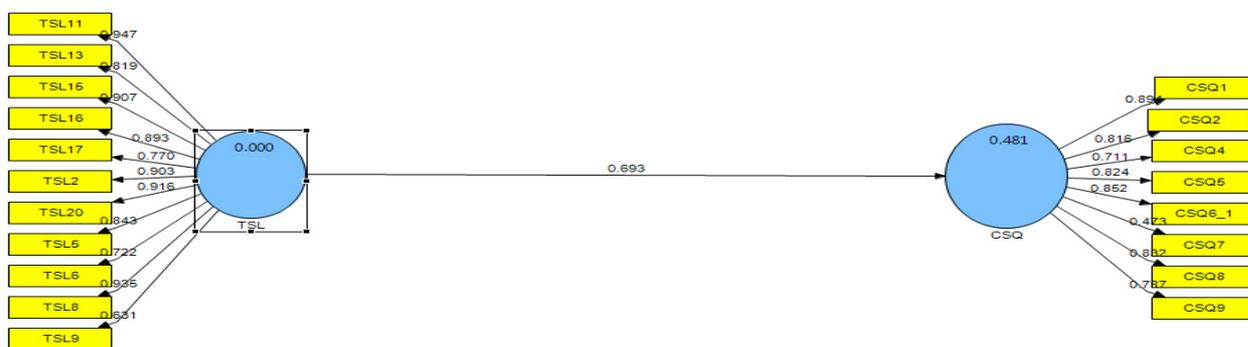


Figure 2. Result of the structural model analysis (p <0.05; p<0.01)

Table 3 described that relationship between transformation leadership style and CSQ. The result of relationship that significant between the transformation leadership and CSQ (b=0.693; 0.00) similarly the result show significant positive relationship between leadership style and CSQ. Meanwhile result of figure 2, showing the hypothesis is supported. R-square reported 0.481for leadership style. This model variables can explained 40% variance of transformational leadership.

**7. Discussion**

The influence of transformational leadership style over commitment to service quality in the medical staff of

hospitals in Sindh, Pakistan was examined in this study. Cognitive dissonance theory Festinger's (1957) it was argued that transformational leadership influences the commitment to service quality in the medical staff of hospitals in Sindh, Pakistan. Those hospitals where leaderships tend to behave as transformational enjoy the maximum level of employees' commitment towards service quality (Clark et al., 2009; Hashim & Mahmood, 2011). The results of this study indicate that transformational leadership style has positive relationship with commitment to service quality in the hospitals in Sindh, Pakistan. These findings are in line with the previous studies (Hashim & Mahmood, 2011, 2012).

## 8. Conclusion and Recommendation

The findings of this study indicate that transformational leaders influence commitment to service quality of the medical staff in the hospitals in Sindh, Pakistan. The study would be helpful to managers, owners, and policy makers of the hospitals communicating them to how transformational leadership style can influence their medical staff, inspiring them, tapping their potential, promoting collaboration, encouraging and reinforcing affirmative attitude towards commitment to service quality.

Beside this, the study also has some potential limitations which require discussion, first, as the sample for this study only covers medical staff in Sindh province of Pakistan so the results cannot be generalized to all over the country or the world hence further research may be conducted at the country level to further investigate and confirm this phenomenon. Further, as the data was collected in point in time therefore a longitudinal study could further confirm these findings. Third, as the data was collected with self-reported measurement therefore there are fair chances of social desirability. Lastly, as the  $R^2$  reported for this study indicates that the transformational leadership has 0.481 percentage of variance explained in the commitment to service quality meanwhile the presence of other variables such transactional leadership, laissez-fair and role clarity may improve commitment to service quality, hence, future research may be conducted in the presence of above variables to further confirm this.

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