THE MODERATING EFFECT OF CULTURAL INTELLIGENCE ON THE
RELATIONSHIP OF TRANSFORMATIONAL AND TRANSACTIONAL
LEADERSHIP STYLES AND JOB PERFORMANCE

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The only person to whom I can imagine dedicating this work at first, is my husband, DR. Samad Zare. He has my deepest love and respect, and I thank without his support during the writing of this thesis, I could not have done it. My lovely daughter, Saba, have been and she is a source of inspiration and joy. This work would not have been possible without them. And dedicated to my beloved father and mother, for being supportive, helpful, sent positive energy and understanding, during this long journey. And dedicated also to my brother in love soul.

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ABSTRACT

Job performance and effective leadership are important factors for success of any organization. Effective leadership is critical to ensure that organization and employee work effectively to achieve high levels of performance. Transformational and transactional leadership style is found to be the most appropriate style of leadership to enhance employee job performance, and in a multicultural environment can lead to enhanced cultural intelligence. Organization cultural intelligence is a tool that can increase an individual's ability to deal effectively with people from different cultural backgrounds. It raises the level of employee's job performance by detecting and assimilating reason, and act on cultural cues appropriately in situations characterized by cultural diversity. In Malaysia's multi-cultural diversity, the challenges for nurses are that they must be open to interact and have interpersonal relationships, and build connections with colleagues from different cultural backgrounds. Despite the popularity of cultural intelligence, previous studies have not focused much on the moderating factor between cultural intelligence, and transformational and transactional leadership style and job performance. Thus, study identified the leadership style (transformational and transactional) needed to improve nurses' job performance in hospitals. A model to explain how cultural intelligence moderates the relationship between transformational and transactional and job performance was also developed. The Multifactor Leadership Questionnaire (MLQ) was used to measure the leadership style, and self-performance appraisal questionnaire for job performance and CQS questionnaire for cultural intelligence were used. Based on simple random sampling, 255 nurses from two public hospitals in Johor Bahru, Malaysia participated in the study. Structural Equation Modeling (SEM) with AMOS (ver.22) was used for data analysis. The findings indicated that a significant relationship exists between leadership style and job performance. Besides that, cultural intelligence plays a significant role as a moderator in the relationship between transformational and transactional leadership style and job performance. The results highlighted that transformational and transactional, and cultural intelligence are essential in improving nurses' job performance. Based on the findings, leaders in the healthcare organizations should consider cultural intelligence to reduce workplace isolation among nurses. The findings of this study can be used to facilitate administrators in their planning to improve nurses' job performance. Finally, the model developed can be used as the basis for future research.

ABSTRAK

Prestasi kerja dan kepimpinan efektif adalah faktor-faktor penting bagi kejayaan sesebuah organisasi. Kepimpinan efektif adalah kritikal untuk menentukan organisasi dan pekerja bekerja secara berkesan bagi mencapai prestasi tahap tinggi. Gaya kepimpinan transformasi dan transaksi didapati sebagai gakeya kepimpinan yang paling sesuai bagi meningkatkan prestasi kerja pekerja, dan di dalam persekitaran pelbagai budaya boleh membawa kepada kecerdasan budaya yang dipertingkatkan. Kecerdasan budaya organisasi ialah satu alat yang dapat menambah kebolehan seseorang individu untuk berurusan secara berkesan dengan mereka yang datang daripada latar belakang budaya berbeza. Ia meningkatkan tahap prestasi kerja pekerja dengan mengesan dan mengasimilasi, punca dan bertindak atas petunjuk budaya yang bersesuaian dalam situasi-situasi yang dicorakkan oleh kepelbagaian budaya. Di dalam kepelbagaian budaya di Malaysia, cabaran-cabaran para jururawat ialah mereka mesti terbuka untuk berinteraksi dan mempunyai hubungan peribadi, dan membina perhubungan dengan rakan sekerja daripada latar belakang budaya berlainan. Meskipun kecerdasan budaya menjadi popular, kajian-kajian lepas tidak banyak menumpukan kepada faktor pengantara di antara kecerdasan budaya, dan gaya kepimpinan transformasi dan transaksi dan prestasi kerja. oleh itu mengenalpast gaya kepimpinan (transformasi dan transaksi) yang di kan perlu bagi memperbaiki prestasi kerja jururawat di hospital. Satu model untuk menerangkan bagaimana kecerdasan budaya manjadi pengantara dalam hubungan di antara transformasi dan transaksi dengan prestasi kerja juga telah dibangunkan. Soal Selidik Kepimpinan Pelbagai Faktor (MLQ) telah digunakan untuk mengukur gaya kepimpinan, dan satu soal selidik penaksiran prestasi peribadi untuk prestasi kerja dan soal selidik CQS bagi kecerdasan budaya. Berdasarkan sampel rawak mudah, 255 orang jururawat dari dua hospital awam di Johor Bahru, Malaysia telah terlibat dalam kajian ini. Model Persamaan Struktur (SEM) dengan AMOS (versi 22) telah diguna untuk analisis data. Hasil kajian menunjukkan wujud satu hubungan signifikan di antara gaya kepimpinan dan prestasi kerja. Di samping itu, kerdasan budaya memainkan peranan penting sebagai pengantara dalam hubungan di antara gaya kepimpinan transformasi dan transaksi dan prestasi kerja. Dapatan membuktikan bahawa transformasi dan transaksi, dan kecerdasan budaya adalah penting dalam meningkatkan prestasi kerja para jururawat. Berdasarkan keputusan, pemimpin-pemimpin dalam organisasi penjagaan kesihatan harus mempertimbangkan kecerdiasan budaya bagi mengurangkan isolasi tempat kerja di kalangan jururawat. Hasil kajian ini boleh diguna untuk membantu para pentadbir dalam perancangan mereka untuk meningkatkan prestasi kerja jururawat. Akhirnya, model yang dibangunkan boleh digunakan sebagai asas untuk kajian lanjutan.

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LIST OF ABBREVIATIONS

AMOS	-	Analyzing Of Moment Structural
AVE	-	Average Variance Extracted
CMIN/DF	-	Chi-Square Mean/Degree
CFA	-	Confirmatory factor analysis
CON	-	Contingency Reward
CR	-	Critical Ratio
CQ	-	Cultural Intelligence
CQS	-	Cultural Intelligence Scale
DV	-	Dependent Variable
EFA	-	Expletory Factor analysis
GFI	-	Goodness –of
II	-	Idealize Influence
IFI	-	Incremental Fit Index
IV	-	Independent Variable
ID	-	Individual Consideration
IM	-	Inspirational Motivation
IS	-	Intellectual Stimulation
JP	-	Job Performance
MA	-	Management By Exception
MSA	-	Measure of Sampling Adequacy
MH	-	Ministry Of Health
MR	-	Multiple Regression
RMSEA	-	Root mean Square Error of Approximation
SPSS	-	statistical package for the social
SEM	-	Structural equation modeling
TR	-	Transactional leadership
TL	-	Transformational leadership
TLI	-	tucker lewis index
UTM	-	Universiti Teknologi Malaysia
VIF	-	variance inflation factor
LISREL	-	Liner Structural Relations

LIST OF SYMBOLS

%	-	Percentage
α	-	Alpha Value
ß	-	Beta Coefficient
F	-	Frequency
$\leq$	-	Less than or Equal To
$\geq$	-	Greater Than or Equal To
χ^2	-	Chi-Square
DF	-	Degree of Freedom
;	-	Semicolon
:	-	Colon
S	-	Sample size
P	-	Population proportion
E	-	Estimate
N	-	Population size
ε	-	Standard error of estimate

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CHAPTER 1

INTRODUCTION

1.1   *Introduction*

The present study explores the relationship between leadership styles and job performance, with cultural intelligence as a moderator. The current chapter elaborates on the background of the research and presents the problem statement formulated for the study. Furthermore, the research objective; research questions, and scope and significant and limitations also, conceptual and operational definition of variables are highlighted of the study. Finally, the last section concludes outline of thesis.

1.2   *Background of Study and Problem of Statement*

Healthcare organizations are constantly going through enormous changes from a rapidly changing operating environment, including increasing expectations of the quality of healthcare. Nurses, as the largest and most important human resource, have great impact on public health promotion. A healthy environment should be provided for nurses inside the hospital setting because nurses who feel happy and have good interaction with leaders and colleagues deliver better job performance. Thus, healthcare organizations cannot succeed without effective nursing (Alam and Mohammad, 2010). Also, Healthcare organizations are responsible to provide the support nurses need to fulfil their professional responsibilities (Alam and Mohammad, 2010).

In addition one factor that is vital to nurse performance is quality of patient

care outcomes, another factor that influences nursing performance is leadership. Actually, nursing leadership behaviour has been linked to nurse performance. Effective organizational leaders who are flexible, adaptive and have the ability to create a balance in the organization are needed (Pollard, 2008). Hospitals cannot be successful and prosper without effective leaders and nurses, which necessitate an evaluation of the role of leaders and nurses inside hospital settings in order to make leadership changes that will improve organizational performance (Griffith, 2004).

Leadership styles can be seen as different combinations of tasks and transaction behaviours that influence people to achieve goals (Negussie and Demissie, 2013). In this matter, two leadership styles that are often studied are transformational and transactional leadership style. Nurse leaders must demonstrate leadership styles that are suitable for complex healthcare systems. Transformational leadership style and transactional leadership style help to respond to these issues. Transformational leadership refers to the leader's skills to influence others towards achieving goals by changing the followers' beliefs, values, and needs. Transactional leadership complements and enhances the effects of transformational leadership outcomes (Tourangeau and McGilton, 2004). Certain transformational and transactional leadership style skills are required from nurse leaders so as to be able to use these effective leadership styles. Thus both leadership skills affect a nurse's job performance. These skills include the ability to create an organization culture that combines high-quality health care and highly developed collaborative and team-building. Mostly these leadership styles are related to and particular organization environment in which they perform. Aim of the current study is to analyze job performance, thus selection of leadership style is crucial.

Through study of the characteristics of more than twenty leadership styles, the current study found transformational and transactional leadership style as most suitable style for mitigating sense of detachment among nurses. Transformational and transactional leadership styles has ability of changing the followers' beliefs and values and emotional healing and putting subordinates first, which help transactional and transaction leaders to emotionally recover the sense of detachment among nurses in hospitals. These characteristics are rare in all other leadership styles that make

transformational and transformational leadership style most suitable for the current study. Transformational leadership refers to the leader's skills to influence others towards achieving goals by changing the followers' beliefs, values, and needs

However, the findings related to the effects of transformational and transactional leadership style with components in the non-expatriate context are still inconsistent. In non-expatriate contexts, transformational leadership and transactional has been proposed as factors by which to examine employee creativity, job satisfaction, and job performance at both an individual and a group level of analysis (Liao and Chuang, 2007; Gumusluoglu and Ilsev, 2009);(Humphreys and Einstein, 2003; Long *et al.*, 2012). A systematic literature review by (Brady, Germain and Cummings, 2010) reported that nurse autonomy, relationships among nurses, their leaders' colleagues, resource accessibility, and leadership style of nurse leaders have positive effect on nurses' job performance; however, the effect of transformational and transactional leadership style on nurses' job performance deserves further investigation (Brady, Germain and Cummings, 2010).

Many studies have indicated the significant impact of transformational and transactional leadership style on job performance on healthcare, but not specifically in Sultana Aminah and Sultan Ismail public hospitals in Johor Bahru. Also, most prior research on leadership, especially transformational and transactional leadership style, has focused on developed countries, with very few studies focusing on emerging economies, particularly in healthcare organization sector (Frączkiewicz-Wronka *et al.*, 2010); (Shazali *et al.*, 2013).

Different styles are needed for diverse situation and culture, and leaders should recognize when to implement which leadership style. Another factor linked to nursing job performance is cultural climate in which leader and employee work. Globalization of the world has made this a challenging proposition requiring increasing interaction among people belonging to diverse cultures. Since culture is learned from the individual's environment, people living in different places have different cultures. Organizations need to focus on cultural diversity, a key component of effective people management, which improves workplace productivity.

A multicultural work environment demands a specific intelligence among employees, which would help them to become adjusted to different cultural settings and to perform effectively. Different cultural backgrounds among employees may lead to stereotyping, unnecessary conflict, culture shock and unhealthy relationship among employee. Employees must be equipped with intelligence which increases an individuals' ability to interact with people outside their culture. This intelligence that has emerged in the recent past is cultural intelligence (CQ) or capacity for continuous adaptation with individuals from different cultures (Thomas, 2008).

According to Kim *et al*. (2008), cultural intelligence is an important skill that is required for an effective leader and employees, and is important in driving cultural adaption of any organization (Kim, 2009)). High levels of cultural intelligence can lead to the ability to manage inter-cultural relations (Kim, 2009)Significant positive relationship also exists between cultural intelligence and job performance (Ang *et al.*, 2007) Implying that the greater the level of cultural intelligence, the greater the level of job performance.

The concept of cultural intelligence as a predictor of job performance in areas such as healthcare organizations where cross-cultural communication takes place has not been investigated widely outside the U.S. and South East Asia (Van Dyne *et al.*, 2010). Moreover, the effects of cultural intelligence on the relationship between leadership style and nursing job performance in Malaysia are still inconsistent (Dean, 2007; Ahmad and ORANYE, 2010; Livermore, 2011; Taylor, 2011; Kim and Van Dyne, 2012; Sri Ramalu *et al.*, 2012; Adair *et al.*, 2013; Elarabi and Johari, 2014).

According to the Malaysian Association of Nurses, until 2009, there are no concrete plans implemented by the Government of Malaysia to increase the motivation of nurses in Malaysia (Masroor & Fakir, 2010). Nevertheless, in 2008 the Malaysian Prime Minister,Abdullah Badawi saw the significance of the contribution from nurses to the country and decided to increase the allocation in the government's annual budget for nurses in order to appreciate their contribution and motivate them (Masroor & Fakir). In any industrial setting, human resources play an important role. Human resources are organizations' or companies' valuable assets. Much of

organizations' or companies' productivity or profit relies on them. If a company's human resources are uunmotivated or their level of job performance is low, the company may face serious productivity decline or major loss. In Malaysia, there are 39,000 nurses and in the year 2000, the was an average of 1.69nurses per 1,000 populations located in the low- density cluster in the world (Masroor & Fakir,2010). This demonstrates that Malaysia has the lower nurse density in the area or cluster and is believed to be suffering from too much nurse migration, poor retention, lower job satisfaction and low job performance ,high turnover (Casey & Fink, 2004). It is highly significant for management teams to recognize employees' job contentment and provide them with opportunities to develop themselves and to feel satisfied with their job performance. Therefore, one of the most extensively studied domains in the organizational behavior is job performance (Muse & Stamper, 2007).

Past studies confirmed that cultural intelligence is linked to several outcomes such as cultural adaption (Ramalu *et al.*, 2010; Gudmundsdottir, 2011), global adaption (Earley and Mosakowski, 2004), team performance and cultural adjustment. Cultural intelligence misunderstandings in any multicultural workplace can contribute to the formation of poor interpersonal relationships, reduce cooperation among staff members, increase costs by delaying production and possibly generate unsatisfactory outcomes (Gurung and Prater, 2006). However, effective organizational leaders can take action to minimize the occurrence of such confusion and for this purpose the leadership style, whether transformational or transactional, is the key (Mullinax, 2013).

The ability to communicate effectively with employees and to understand the cultural differences between them in a multicultural environment requires transformational leadership (Ismail *et al.*, 2012). The literature is full of studies that relate leadership style to cultural intelligence as an important factor underlying effective performance and leadership in multicultural settings; however all these studies have been conducted in the industrial and business setting (Alon and Higgins, 2005; Ang and Van Dyne, 2008a; Deng and Gibson, 2008).

Some studies have also been conducted on the relationship between cultural

intelligence and job performance (Ang *et al.*, 2007). For example, a study by Kim and Van Dyne (2012) supports the conceptual content of the relationship between leadership style and organizational job performance that could be tied indirectly with cultural intelligence. It was confirmed that leadership style is related to work attitude and behavioural through cultural intelligence.

Moreover, Elenkov and Manev (2009) claimed that cultural intelligence moderates the effect of senior expatriates' transformational leadership on the rate of organizational innovation. Also, there is no study scrutinizing the moderating effect of cultural intelligence between leadership styles and nurses job performance in Malaysia's public hospitals.

Cultural intelligence is a new and growing concept, however, research has been done on this. Number of researches (Brislin *et al.*, 2006; Triandis, 2006; Thomas *et al.*, 2008; Ng *et al.*, 2009b; Van Dyne *et al.*, 2010; Ng, 2011; Blasco *et al.*, 2012; Jyoti and Kour, 2015) have been conducted on the concept of cultural intelligence. Researchers have also focused on its outcomes (Ang *et al.*, 2007; Kumar *et al.*, 2008; Lee and Sukoco, 2010; Ramalu *et al.*, 2010; Khani *et al.*, 2011; Ismail *et al.*, 2012; Reza, 2012). All the studies given above are conducted on the expatriates' level of cultural intelligence and their adjustment and none have studied cultural intelligence within a country like Malaysia, which has diverse cultures. The researcher also focused on the relationship between leadership style and job performance. However, the author did not come across any such previous study which highlighted the relationship of cultural intelligence with engagement in the context of Malaysian nurses employees.

There is a less research in service sector, particularly the healthcare sector on this subject. Earlier research has been conducted in oil and gas industry (Vedadi *et al.*, 2011), manufacturing industry (Chen *et al.*, 2011) and steel industry (Khani *et al.*, 2011). Research has also been conducted in service sector, namely, armed forces (Rockstuhl *et al.*, 2011; Diao and Park, 2012), ports and maritime and education sector (Earley *et al.*, 2006; Moon, 2010; Gorji and Ghareseflo, 2011; Crowne, 2013; Huff *et al.*, 2014). However, our review of literature from the journals of reputed publishers

likes Emerald, Sage, Inderscience and Taylor and Francis has revealed that no research has been conducted in healthcare sector, so this study conducted in and healthcare sector.

To data, there was no standard Malay instrument which includes nurses and leaders and was adopted on and cross cultural basis to specifically measure of cultural intelligence for screening, follow up and assessment goals. To overcome to this, scientific translation of CQS was done.

Malaysia is a multiethnic country with a population consisting of Malays (54.2%), Chinese (25.3%), and Indians (7.5%) (Ninth Malaysia Plan, 2006-2010). While the terms Malay, Chinese, and Indian are generally used as if each denotes a homogeneous group, each group in fact is highly differentiated. All the groups have their separate languages, cultures, and religions. Malays are Muslims, while Chinese and Indians belong to various denominations, Buddhism, Hinduism, and Christianity. While Malay is the national language, English is taught and widely spoken in the country (Ng *et al.*, 2009a).

One of the biggest challenges to the Malay, Chinese and Indian relationship is how to get the groups to move beyond ethnic (and religious) lines so that they can work together toward having a sense of national collective identity (Ng *et al.*, 2009a). On the other hand Malaysia is one of world's medical tourism providers (Ahmad *et al.*, 2013). This industry has become increasingly important to Malaysia after the recession of 1997 (Ahmad *et al.*, 2013).This industry is identified as an industry that is able to solve economic problems among developing countries due to the ability to generate foreign exchange, new employment and to create diversified resources in a country (Ahmad *et al.*, 2013)Since 1997, this industry was developing in stages in Malaysia. From 30,282 tourists in 1998, in 2012 Malaysia is estimated to receive 689,000 medical tourists (Ahmad *et al.*, 2013).Based on this evidence one setting that has a multicultural effect on them is hospitals.

In line with this issue, it is thus not surprising to find that nurses are diverse in culture and language and that they provide care for patients of yet another culture.

Nurses in multicultural settings require the application of culture and cultural intelligence tools to become more effective in decision making, communicating and negotiating across the cultures, leading to good nursing performance. This multicultural problem is increasing in public hospitals, because around 70% of the healthcare services were provided by the public sector.

According to a statistics bulletin, in 2014 the number of nurses in public hospitals, which are the busiest hospitals, is around 62514, and this evidence shows that nurses who worked in public hospital have encountered many problem such as stress, poor interpersonal relationships, reduced cooperation among staff members, increased costs by delaying production and the possible generation of unsatisfactory outcomes (Gurung and Prater, 2006).

Malaysia is a developing country, and due to its multiracial and multi-ethnic background, it is a good setting to test the influence of cultural intelligence on the relation between leadership style and job performance for nurses because of its effects upon the efficiency and effectiveness of any healthcare system. The recent nursing shortage, high turnover, lack of cultural knowledge, motivation to learn about the culture, sensitivity and communication skills in addition to their values, beliefs, languages and customs are of huge concern in hospitals in Malaysia. These factors can often lead to stressful interpersonal communications and would pose a great challenge between nurses of different cultures when working with local employees who in turn can cause uncertainty and anxiety in in-cultural interactions.

All employees increasingly run into problems of people from different cultures interacting, due to misunderstandings and erroneous relations. Thus, most organizations require managers who immediately coordinate themselves with other cultures. Creating proper work situation and application warranty in multicultural conditions is a basic managerial challenge and achieving success in the managerial challenge is related to cultural intelligence (Bucher and Bucher, 2008).

Thus being culturally intelligent would be a welcomed skill that could help to maximize successful intercultural interaction. Therefore, if Malaysia is serious about

providing better quality in healthcare, we need to consider implementing cultural intelligence among nurses. In a hospital environment, the leader needs to be aware of cultural diversity when determining which leadership style may work for a group of people. So, the purpose of the study is to analyze the impact of cultural intelligence (within the nation) and interrelationships among nurses inside healthcare organization. If nurses from diverse cultural background are managed effectively they would be more productive and more effective in decision making, communicating and negotiating across the cultures.

As discussed earlier, weak cultural intelligence leads to stereotyping, unnecessary conflicts, cultural shock, stress and unhealthy relationships which increase's the distance between people from different cultures. Even if nurses have high cultural intelligence, their performance is likely to suffer if they cannot adjust themselves to the new environment (Nafei, 2013). Cultural intelligence has been mostly examined in academic settings and now it is required to display cultural intelligence in other places since the moderating role of cultural intelligence has been largely ignored. Despite this, it seems that no studies were identified in which they have provided evidence about the effects of cultural intelligence as a moderator for the relationship between leadership style and followers' job performance and behaviours.

The results of conducting the study on the governmental hospitals of Malaysia will help identify the specific qualities, styles, and behaviours of nursing leaders that support higher nursing performance, teamwork, and will produce information that healthcare organizations can use to devise leadership and nursing development programs so that leaders and nurses can excel in their roles within the organization. Conducting this study on the effects of leadership style on job performance with the role of cultural intelligence (within the nation) as a moderator of nurses from public hospitals will provide insightful information that will help nurse leaders, nurses, and healthcare organizations to develop and sustain a cultural intelligence that is favorable to higher nursing performance and better organizational outcomes. (Tsang and Kwan,

(1999) suggested replicating the study in Malaysian context to generalize the concept of cultural intelligence in order to generalize earlier research.

1.3   *Research Questions*

1   Does transformational leadership style components (idealize influence, intellectual stimulation, inspirational motivation, individual consideration) related to job performance among nurses in public hospitals in Johor, Malaysia?

2   Does transactional leadership style components (management by exception, contingency reward) related to job performance among nurses in public hospitals in Johor, Malaysia?

3   Does cultural intelligence significantly moderates on the relationship between leadership styles and job performance among nurses in public hospitals in Johor, Malaysia?

1.4   *Objective of the Study*

According to problems stated in the previous section, the main objectives of this thesis are as follows

1 To identify the relationship between transformational leadership style components (idealize influence, intellectual stimulation, inspirational motivation, individual consideration) and job performance among nurses in public hospitals in Johor, Malaysia.

2 To examine the relationship between transactional leadership style components (management by exception, contingency reward) and job

performance among nurses in public hospitals in Johor, Malaysia.

3 To determine the moderator of cultural intelligence on the relationship between leadership style and job performance among nurses in public hospital in Johor, Malaysia.

1.5 *Significance of Study*

As Malaysia is a country which is known for multi-ethnicity, race and culture it is important to note that for nurses who are working in this special culturally conditioned environment they will face some challenges which will have side effects on their expected effectiveness. Therefore, understanding the cultural differences and applying the concept of cultural intelligence for leading nurses is necessary and is the key managerial competency for dealing effectively with nurses from different cultural backgrounds. So the findings of this research may contribute to the on-going knowledge for nurses working in hospitals of Malaysia and raise the level of their job performance.

The importance of this study lies in adapting a tool for measuring cultural intelligence and leadership style and job performance for the first time in Malay context, and determining of cultural intelligence degree among nurses in Malaysia hospitals setting for the first time. Designing and testing the effectiveness of transformational and transactional leadership style components for predictor job performance in hospitals for the first time in Malaysia.

This study was to find the most important leadership skills (transformational and transactional) which need to be developed. This study contributes to current literature by the means of theoretical, practical and methodological contribution. In case of methodological contribution, a tool for measuring leadership style, This was done by combining skills and abilities of transformational and transactional leadership style in public hospitals for the first time in Johor Bahru state of Malaysia was adapted.

Also investigation transformational and transactional leadership style among nurses leaders of selected hospitals Sultan aminah and Sultan Ismail for the first time in Malaysia. Organizations that have obvious vision for developing future leaders, supporting organizational structures and have a systematic plan to utilize leadership development programs would be ready for the challenges of the future (Leskiw and Singh, 2007). In successful organizations, in order to develop the leadership capacity, they use a variety of developmental activities (Brittingham, 2009).

Moreover, the effectiveness of the relationship between leadership styles and nurses' job performance was tested by linking the relatively new construct of cultural intelligence practically. Studies exist on cultural intelligence and leadership or on cultural intelligence and job performance but it seems there is no empirical evidence concerning the relationship between leadership style and job performance with moderator effect of cultural intelligence (Ang *et al.*, 2007; Avolio *et al.*, 2009).

These outcome increase the rate of effectiveness of nurse's job performance, that are crucial for their individual career development and also are highly valuable for healthcare organization that have interaction with different background cultures. Since cultural intelligence is most commonly referred to social and psychology sciences, this research's finding can help leaders and employees to adjust personal emotionally and psychologically when interacting in a new cultural environment.

Thus, not only nurses can have better productivity and efficiency in public hospitals, the leaders also would be encouraged to increase the need to learn the cultural intelligence among employees on organization. The society is encouraged to increase skill of cultural intelligence among students by focusing on educated and training this tools because students from a considerable percentage of the Malaysian population and because they are the employee and our future leaders.

This study will benefit the nursing community in various ways: to help identify the types of leadership style that will increase the performances of nurses, and hospital leaders can change or improve their leadership style that may lead to create higher job performances and better organizational outputs.

1.6   *Scope of the Study*

This study concerned about the nurses' perception on cultural intelligence in the relationship between leadership styles and job performance in Malaysia. Most of previous of studies conducted in western countries, it is imperative to follow this practice in a non-western country like Malaysia. To fulfill the objective of this study, the researcher conducted the said study among the nurses who are currently worked in public Malaysia hospitals. Public hospitals are selected instead of private because, around 70% of the healthcare services were provided by the public sector. Public hospitals have large number of patients from the rich to the poor to get medical treatments, unlike the private hospitals that focus only on the rich who could afford to pay expensive medical bills. The public healthcare is heavily subsidized by the government and is very high in demand (Watch, 2012).This study includes only permanents subordinates staff and does not include doctor and assistant nurse or community nurse and others, because, nurses are represent the largest workforce in the hospitals and have longest interaction time with the patients. Based on Ministry of health of Malaysia (2014), health factor, there are total 5,890 nurses in the public hospitals in the year of 2013. Nurses constitute the highest population among workers in both public and private healthcare sectors, which makes up 75% of the total healthcare workforce. The data were collected via questionnaire distributed to the nurses in public hospitals. It is believed that the result of the present study can be generalizing to other developing countries because cultural intelligence is a universal topic.

1.7   *Limitation of the Study*

There were several limitations related to the research as following: The data from the study will only benefit the healthcare organizations with similar characteristics as the study doesn't focus on all variables that could affect leadership, nursing performance and effectiveness, since a large number of variables may affect leadership style in healthcare organizations. There is a potential for the participants to distort responses because of personal interpretation, anxiety, and not having enough

time to answer the questionnaire.

The leadership style questionnaire is only one of many instruments used to evaluate the leadership phenomenon. Further investigation of these findings using different measurements to assess the nurses' responses may give different or similar results, especially if the survey was conducted during a major crisis or administration change. Another limitation using the quantitative approach in the form of questionnaires, for example, cultural intelligence can be measured by another way such as observation. Unfortunately collecting qualitative data to construct a comprehensive picture of culture and leadership is not possible.

1.8   *Operational Definition*

The study investigated the relationships between leadership styles and job performance and examined this relationship with the moderator role of CQ in public hospitals in Malaysia. In the light of above discussion, each variable played a positive role of the representative of a concept and design; every researcher must define each variable carefully for the purpose of research. The conceptual and operational definitions for key terms that have been adopted for the present study are given as follows:

1.9   *Leadership*

Conceptually, leadership points to a process which is involved in the personality and behaviours of the leader, the follower's perception of the leader and the context in which interaction between leader and followers takes place (McCallum and O'Connell, 2009). In fact, leadership refers to the action and approach of a leader to influence the followers (Lewin *et al.*, 1939; Einarsen *et al.*, 2007).

Operationally in this research , leadership is defined as behaviours exhibited

by nursing leaders who are the direct leaders of the nurses in hospitals. The behaviours of the leader that's influences the nurses to achieve their goals and objectives that lead to higher individual and job performance.

1.9.1   *Leadership Style*

Conceptually, according to Northouse (2015), leadership style is the pattern of behaviour practiced by leaders in influencing of the followers. It is the recent philosophy and experience of the leader. The patterns differ from one leader to another leader. The behavioural theorists assumed that the best style of leadership could be learned whereby training programs could be developed to change manager's leadership behaviours. Bass *et al.* (1996) described leadership style on a continuum from the least effective to most effective at evoking employee satisfaction and productivity.

However in the recent years, the current phase of leadership style focuses on transformational and transactional styles. (Yukl, 1989) defines transformational leadership as the process of influencing major change in attitudes and assumptions on organizational members and building commitment for the organization's mission and objectives. Whilst transactional leadership provides rewards or punishment for desired or undesired behaviour, transactional leadership is primary exchange-oriented leadership that is and task focused (Avolio and Bass, 1995).

Idealize influence: Transformational leaders have the ability to gaining trust, respect, and confidence of others by taking and stand on difficult issues, showing conviction, emphasizing the importance of purpose commitment, values and representing the ethnical consequences of decisions. (Bass *et al.*, 1990; Bass and Avolio, 1994).

Intellectual stimulation: Transformational leadership leaders "simulate their follower's' effort to be innovative and creative by questioning assumptions and approaching old situations in new ways" (Bass *et al.*, 1996).

Individual consideration: Transformational leaders recognize the unique needs and abilities of their employees (Purvanova and Bono, 2009) and provide the necessary support and encouragement to develop and care for their employees based on those individual needs (Van Woerkom and De Reuver, 2009).

Inspirational motivation: Transformational leaders behave in ways that motivate and inspire those around them by providing meaning and challenge to their followers' work (Avolio and Bass, 1995).

Moreover, transactional leadership led followers by exception and contingent reward (Bass *et al.*, 2003). Transactional leadership is primary exchange-oriented leadership that is focused to task (Avolio and Bass, 1995).

In this research operational definitions based on Bass and Avolio (1994), transformational leadership combine four main components:

Idealize influence: the ability of nurses' leader to gaining trust, respect, and confidence of others by taking and stand on difficult issues, showing conviction, emphasizing the importance of purpose commitment, values and representing the ethnical consequences of decision to nurses.

Intellectual stimulation: refer to nurse's leaders simulate their follower's' effort to be innovative and creative by questioning assumptions and approaching old situations in new ways" (Bass *et al.*, 1996).

Individual consideration: nurses' leader recognize the unique needs and abilities of their employees and provide the necessary support and encouragement to develop and care for their employees based on those individual needs.

Inspirational motivation: Transformational leaders behave in ways that motivate and inspire those around them by providing meaning and challenge to their nurses' work. .

Moreover, nurses' transactional leader makes use of leadership skills; manage by exception and contingent reward to lead followers (Bass *et al.*, 2003).

In this study operational definition of transactional leadership style include combining two main components:

Management by exception: refer to nurses' leaders inform nurses, when they perform poorly or show themselves displeasure and blame when nurse's work is below the acceptable standards. And setting clear objectives and goals for the followers, as well as the use of either punishments or rewards in order to encourage compliance with these goals (Brotheridge et al., 2008).

Contingency reward: leader of nurse will give reward to nurse when nurses do better than arrange or give compliment when nurses do outstanding work.

1.10 *Cultural Intelligence*

Conceptually, according to Early ans Ang (2003) cultural intelligence (CQ) refers to the ability to interact effectively with others from different cultural backgrounds (Ang and Van Dyne, 2008a; Chen *et al.*, 2011). They can detect, assimilate reason and act on cultural cues appropriately in situations characterized by cultural diversity or people ability to knowledge about another culture and have motivation to interact informed of cultural differences and have behave and interaction with other culture.

Cognitive cultural intelligence: is defined as the individual can reflect on knowledge of the norms and practices in the host culture developed from training, education, and personal experiences. This includes knowledge of different legal, social, and economic factors in the host country. People with high level of cognition have a better capability to communicate with people from different society systems (Ang and Van Dyne, 2008).

Met-cognition cultural intelligence: is defined as the individual's ability to control their thought processes relating to culture. People with high levels of meta-cognition are usually aware of cultural differences and adjust to the cross-cultural environment with a positive attitude (Ang and Van Dyne, 2008).

Motivational cultural intelligence: is defined as the behaviors that a person engages in and reflects on a person's capability to acquire or adapt behaviors appropriate for a new culture. People with a high level of behavioral cultural intelligence find it easier to successfully interacting with people from different cultural settings (Ang and Van Dyne, 2008).

Behavioral cultural intelligence: is defined as the behaviors that a person engages in and reflects a person's capability to acquire or adapt behaviors appropriate for new culture. People with high level of Behavioral cultural intelligence easier to successful in interacting with people from different cultural setting (Ang and Van Dyne, 2008).

Operationally, definition of cultural intelligence in this study,is a measure of a nurses' capacity to function effectively in multi-cultural environments. Nurses and organizations apply cultural intelligence as a way to foster tolerance and enhance cross-cultural and inter-cultural interactions.

In this research operational definition of four components of cultural intelligence include:

*Cognitive cultural intelligenc*e: nurses know the value and religious, marriage system, beliefs and also know the roles and economic system of some other culture.

Meta-cognitive cultural intelligence: nurses aware and do the write interact and adjust themselves to other different culture.

Motivational cultural intelligence: nurses enjoy living and have desire to interact with other culture that unfamiliar

Behavioural cultural intelligence: Nurse act as operation all the tools to achieve growth objective and nurses have to good result in other to successful in the future.

1.11   *Job performance*

Conceptually, according to (Rothmann and Coetzer, 2003) job performance refers to performance in term of quantity and quality expected from each employee and defined job performance as "individual behaviours that are related to organizational goals. The nature of job performance in an organization depends on the demands of the job, the goals and mission of the organization and beliefs in the organization about which behaviours are most valued (Murphy and Shiarella, 1997; Motowidlo and Schmit, 1999). Job performance It is the most significant concepts in the industries and organizations and in most of the researches it is considered as a dependent variable (Impelman, 2007).

In this study operational definitions job performance, is a nurse's affective reaction to a job based on knowledge, skills, abilities and motivation directed at the role-prescribed as actual outcomes to desired outcomes.

1.12   *Outline of the Thesis*

This thesis comprises five chapters. Chapter one presents the background of the study and discusses the importance of cultural intelligence, interesting leadership styles, and job performance. Dimensions of leadership styles were also briefly addressed. The research objective, significance, and scope, and limitations of the study were also identified. Chapter two contains a review of literature related to cultural intelligence, leadership style and job performance to develop conceptual framework of the study based on research gaps. Research about the relationship between leadership styles, job performance, and cultural intelligence has been investigated. The methodology which includes research design procedures was used

to collect data and finally the analyses for this study are discussed.

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