College of Medicine
I-Shou University
Master Thesis

The Moderating Role of Power Distance in The Relationship between Nurse Manager Leadership Style and Nursing Staff Job Satisfaction.

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January 2015
I-Shou University
College of Medicine

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Title of Thesis:
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題 目：The Moderating Role of Power Distance in The Relationship between Nurse Manager Leadership Style and Nursing Staff Job Satisfaction

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中華民國一〇四年一月
I would like to express my sincere gratitude to my thesis advisor Ph.D Yueh-Tzu Kao, Department of Healthcare Administration at I-Shou University for her guidance and encouragement in writing my master thesis. During the process of writing my thesis, she gave me so much support and comments that shed the light for me to explore my topic. I heartily appreciate her enthusiasm in helping me from the beginning to the final stage of my thesis.

I also sincerely thank to my committee members, Ph.D Ya-Ai Cheng, Ph.D Fong-Yi Yang who are teaching at I-shou University and National Ping-tung University of Science and Technology. They gave me valuable comments based on their professional knowledge for my thesis.

I especially wish to express my deep appreciation to my coursework lectures, my classmates and friends for their help and encouragement during my time in Taiwan.

Finally and the most importantly, I would like to thank my family for their love and support that they give me. The thesis could never have been complete without everyone who helped me along my path toward scholastic excellence.
Abstract

Vietnam is a developing country with a population of approximately 90 million people (2013). Along with rapid growth in other sectors, the healthcare sector is becoming more comprehensive and modern to meet the testing and treatment demands of the people. Nurses are essential resources to any healthcare organization and managers can utilize different leadership styles to lead, direct their employees. The purpose of this study is to investigate the relationship between transformational and transactional nurse manager leadership style and staff nurse job satisfaction. It also will examine the impacting of power distance on the relationship between transformational leadership, transactional leadership style and nurse job satisfaction. Findings from the study could be used in providing solutions to improve the nurse job satisfaction in Vietnam. Data is collected from some hospitals with a bed capacity of more than 100 with 233 nurses and is analyzed by descriptive statistics, correlation, regression analysis. Results show that transformational leadership style has positive effect while transactional leadership style is not significant on job satisfaction. Power distance has moderated the relationship between transformational leadership style and job satisfaction. It will strengthen for individuals with low power distance. In contrast, power distance has not moderated the relationship between TSL and job satisfaction. The study will support some recommendations which can help hospital administrators and head nurses to build solid and supportive units. Besides, it also will provide some implications as well point some limitations for future studies.

Keywords: Leadership style, Job satisfaction, power distance.
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Chapter 1 INTRODUCTION

1.1 Research Background

Vietnam is a developing country with a population of approximately 90 million people (General statistic office, 2013). Along with rapid growth in other sectors, the healthcare sector is becoming more comprehensive and modern to meet the testing and treatment demands of the people.

According to official figures from the healthcare human resources administration (2013), there are 13,562 state and nearly 90,000 private institutions, (i.e. hospitals, clinics, and private pharmacies). The development of health services in Vietnam is the result of close cooperative partnership between public and private hospitals, with state-run hospitals playing a key role. The establishment of private corporate hospitals has contributed to solving overcrowding in state hospitals.

About health resources, nurses are essential resources to healthcare organizations. Nursing as a profession is a service whose core mission is caring and nurturing of human beings in their experiences of health and illness (Nassar, Abdou & Mohmoud, 2011). However, according to Phan (2000), in the past, the public, officials, and physicians stated that nurses who assisted physicians in putting the guidelines into practice often worked passively (1948-1989). But nowadays, nurses enjoy a higher level of independence and autonomy as they are allowed to take the initiative in many areas which help them become more positive and more confident, especially in private medical facilities (Phan, 2000).

In addition, the sustained profitability of an organization as well depend on its workforce job satisfaction (Lok & Crawford, 2004). Dissatisfaction with work can cause poor job performance, lower productivity, and staff turnover and is costly to organizations (Saari & Judge, 2004). These are serious problems in the healthcare environment. Because of the fact that losing these critical employees negatively impacts the bottom line of healthcare organizations in a variety of ways, including a decreased quality of patient care, loss of patients, increased contingent staff costs, increased nurse and medical staff turnover, increased staffing costs, as well
as increased accident and absenteeism rates (Steven, 2009). Therefore, nurse job satisfaction is becoming a critical problem in any hospitals.

Recent reviews of the employee job satisfaction (Mosadeghrad & Yarmohammadian, 2006; Seo, Ko & Price, 2004) indicate that job satisfaction is correlated with received salaries, benefits, recognition, promotion, co-workers and management support, working conditions, type of work, job security, leadership style of manager, and demographic characteristics such as gender, marital status, educational level, age, work tenure, and number of children. One of them, leadership style of manager plays important roles in job satisfaction of employees in any organizations (Mosadeghrad & Yarmohammadian, 2006).

Managers can utilize different leadership styles to lead, direct their employees, for example, autocratic, bureaucratic, laissez-faire, charismatic, democratic, participative, transactional and transformational leadership styles (Bass, 1981). In which, two of the most widely impacted to employees job satisfaction are transformational leadership style (TFL) and transactional leadership style (TSL) (Huber, 2006).

According to Burns (1978), transformational is the process in which leaders and followers raise one another to higher levels of motivation and morality. It includes the characteristics of the charismatic role modeling, inspirational motivation, intellectual stimulation and individual consideration (Bass & Avolio, 1994). These four characteristics also are generally abbreviated as the “Four I’s” (Avolio, Waldman & Yamarino, 1991). According to Bass (1985), TSL is the process which “pursues a cost-benefit, economic exchange to meet subordinates’ current material and psychic needs in return for contracted services” and “approaches followers with an eye to exchanging one thing for another” (Burn, 1978). It includes the dimensions of contingent reward, active management by exception, passive management by exception and laissez-faire (Tales, 2010).

About nursing management situation in Vietnam, the investigation at the Department of medical management and Vietnam Nurse Association (2011) showed that nearly 50% of incumbent nursing managers are experts in professional knowledge but the majority has not yet developed good nursing management skills. The rest of nursing managers took nursing management classes before but they have not updated their knowledge and skills that go hand in
hand with the changes in the mechanism of management and regulation in hospitals. Thus, nursing manager use which leadership styles and how use them have become vital, especially in an environment that is always changing (Dung, 2010).

Nevertheless, relevant researches to leadership style were mostly conducted in Western countries. But in fact that, each different country has different culture, so cultural factors have become influencing factors in leadership behaviors. Hofstede (1980) demonstrated that there are national and regional cultural groupings that affect the behavior of organizations and identified four primary dimensions of culture, which are power distance, uncertainly avoidance, individualism and collectivism, masculinity/ femininity. In which, power distance, or the degree to which individuals accept and believe that organizational, institutional, or societal power distributed unequally or equally (Carl, Gupta, & Javidan, 2004). In simpler terms, power distance measures the equality or inequality among people in a society. The power distance index shows that society with high power distance or low power distance. A high power distance culture means that inequalities of power and wealth have been allowed to grow within the society. On the other hand, low power distance cultures are less the differences between citizens’ power and wealth (Hofstede, 1980).

In the words of Hofstede (1980), the Vietnamese culture can be described as high power distance with PDI (power distance index) approximately 70-80 (Paul, 2009); high collectivism, moderate uncertainty avoidance, and high context (Quang, 1997; Ralston et al., 1999). According to Quang (1997), the high power distance characteristic is present in the daily life of Vietnamese as well as in business. In the family, sons and daughters have to obey parents’ orders. In organizations, there is a clear subordinate-superior relationship.

However, studies in Vietnam regarding to power distance were mostly conducted in economic sector and organization level, but no relevant research on this issue in health sector and individual level in Vietnam. So far, there has been no relevant research that tackles the relationship between leadership style and nurse job satisfaction under impacting of power distance in health setting, specifically in private sector. Hence, this study should shed some light into a novel issue relating to the moderating effects of power distance on the correlation between nurse job satisfaction and leadership style at private hospitals in Vietnam.
1.2 Purpose

The purpose of this study is to investigate the relationship between transformational and transactional nurse manager leadership style and nurse staff job satisfaction.

It also will examine the effect of power distance on the relationship between transformational leadership, transactional leadership style and nurse job satisfaction.

1.3 Significance of the study

For Health Manager and Patient Outcome: The study will provide some recommendations which can help hospital administrators and head nurses to build solid and supportive units. This is important because the culture of the unit and the quality of nursing staff affects every aspect of a nurse’s practice and the patients’ care. Health care managers and practitioners should be aware of the hardships that nurses face in trying to give quality care to patients.

For Policy Maker: This study will help administrators establish policies maker on changing worker characteristics, changing job characteristics, and working environment adjustment. It may also help in job placement strategies to retain more staff.
1.4 Theoretical framework

This is the theoretical framework that will go along in the research:

\[ \text{Power distance} \]

\[ \text{Transformational leadership style} \]

\[ \text{Transactional leadership style} \]

\[ \text{Job satisfaction} \]

\[ H_1 \]

\[ H_2 \]

\[ H_3 \]

\[ H_4 \]

Figure 1 Theoretical framework

According to the suggested model, leadership style: Transformational leadership style (TFL) and transactional leadership style (TSL) relates to nursing staff job satisfaction; simultaneously, power distance also effects on the relationship between leadership style and nursing staff job satisfaction.
Chapter 2 LITERATURE REVIEW

2.1 Job satisfaction

2.1.1 Definition

Job satisfaction or employee satisfaction has been defined in many different ways by many different researchers and practitioners. One of the most widely used definitions in organizational research is that of Locke (1976), who defines job satisfaction as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences. Implicit in Locke’s definition is the importance of both effect, or feeling, and cognition, or thinking. In other words, job satisfaction is the level of contentment a person feels regarding his or her job. This feeling is mainly based on an individual's perception of satisfaction. However, some organization scholars have questioned this view.

In the past, Schneider & colleagues (1992) argued that, job satisfaction is function of not only what people have but also of what people have the opportunity to have. Then Cranny and colleagues (1992) defined employee satisfaction is the terminology used to describe whether employees are happy, contended and fulfilling their desires and needs at work, as the combination of affective reactions to the differential perceptions of what he/she wants to receive compared with he/she actually receives. According to Nancy (1997), satisfaction refers to the level of fulfillment of one's needs, wants and desire. Satisfaction depends basically upon what an individual wants from the world, and what he gets. Simultaneously, Spector (1997) defined simply job satisfaction as all the feelings that a given individual has about his/her job and its various aspects of their jobs. It is the extent to which people like (satisfy) or dislike (dissatisfy) their jobs.

A more recent definition of the concept of job satisfaction is from Hulin & Judge (2003), who have noted that job satisfaction includes multidimensional psychological responses to an individual's job, and that these personal responses have cognitive (evaluative), affective (or emotional), and behavioral components. Job satisfaction scales vary in the extent to which they assess the affective feelings about the job or the cognitive assessment of the job. According to Moyes and others (2008) think the employee satisfaction may be described as how pleased an employee is with his or her position of employment.
2.1.2 Factors affecting job satisfaction

Factors contributing to employee satisfaction include treating employees with respect, providing regular employee recognition, empowering employees, offering above industry-average benefits and compensation, providing employee perks and company activities, and positive management within a success framework of goals, measurements, and expectations (Susan, 1992). Maslow (1970) suggests in his theory that employees will always tend to want more from their employers. He told that job satisfaction results from the satisfaction of worker’s needs, which are physiological, safety, love, esteem, self-actualization.

Shader & colleagues (2001) also defined work satisfaction is comprised of intrinsic and extrinsic factors. Intrinsic factors are those internally derived and include personal achievement, sense of accomplishment, and prestige. Extrinsic factors are those derived from factors in the practice environment and include pay and benefits, working conditions, and resources. The ability to produce, the quality of the work, the opportunity to learn and express creativity, the sense of pride in their profession, the recognition for a job well done, the ability to work well in a team, the social satisfaction derived from relationships at work, the opportunity to experience personal growth and the rewards from a physically supportive work environment, and autonomy are all factors that impact job satisfaction (Linda, 2001; Shader et al., 2001).

Many factors contribute to the very high satisfaction among nurses. Nurses enjoy job security, many career opportunities, the ability to work in a variety of settings, and good pay (Fletcher, 2001). Al-Enezi, (2009) found that significant relationship of job satisfaction with marital status and higher level of education with positive. In addition, other nurse researchers indicated younger nurses with less work experience, lower professional titles, and lower working positions experienced lower levels of emotional exhaustion which is positively related to job satisfaction (Lin et al., 2009). Besides, the relationships of nurses with colleagues, (ie. managers, physicians, nurses, technicians, etc.) and the relationship between nurses and patient’s outcome treatment also play important roles in nurse job satisfaction (Ellis & Hartley, 2003). Hence, these relationships lack respect and trust will lead to nurses were not satisfied at work, and then, the outcome of health care also will be ineffective (Ellis & Hartley, 2003). Specifically, in a study conducted on general hospital nurses of Hong Kong, Fung-kam & Le (1998) found that
insignificant relation between autonomy (job characteristics that workers enjoy in the way they
do their job) and job satisfaction. Overall, in the meta analysis of 13 studies in Taiwan, they list
ten factors related to health worker job satisfaction: poor promotion opportunity, work stress due
to high workload, lack of continuing education, dissatisfaction with salary, superior, inflexible
scheduling, administrative policies, recognition, unstable scheduling, and dissatisfaction with
fringe benefits (Rambur et al., 2003).

Nhuan & colleagues (2009) also found that the similar factors in Vietnam health setting. Subsequently, Dung (2010) found that a majority of nurses were satisfied with their profession. The rest was not content by some reasons such as lacking of medical equipments during their working (surgical nurse), imbalancing between their work and appreciating from society (medicine nurse) or low salary but with so hard job (nurse in pediatric). Nurses are working in pediatric department which had the lowest content rate while internal medicine and surgical nurse had the highest rate of satisfaction. Nurses of bachelor grade were more satisfying than the rest.

In conclusion, different researches present different explanations to job satisfaction from
different perspectives. They emphasized that job satisfaction is a complex social phenomenon,
and positively related with performance. The affect factors can be categorized into three groups:
individual characteristics (etc. age, education level, gender, position, tenure, department, marital
status), intrinsic job characteristics (etc. achievement, feedback, responsibility and autonomy,
personal growth, fairness, job security, work value, cooperation with other departments) and
extrinsic job characteristics (etc. salary, supervision, workload, working conditions, interpersonal
relationship, administration, public opinion, status, work schedule). And so, different individual
characteristics, different intrinsic job characteristics, different extrinsic job conditions may be
lead to different attitudes and behaviors, such as job satisfaction. Now, one of the focal points in
this thesis is the relationship between leadership style of nurse managers and nurse job
satisfaction.

2.2 Leadership style
The concept of transformational leadership was introduced by leadership expert and presidential biographer James MacGregor Burns in 1978. Then, Bass & Avolio (1985) developed the theory.

According to Burns (1978), transformational leadership can be seen when "leaders and followers make each other to advance to a higher level of moral and motivation". Through the strength of their vision and personality, transformational leaders are able to inspire followers to change expectations, perceptions, and motivations to work towards common goals.

According to Bass (1985), transformational leadership can be defined based on the impact that it has on followers. Transformational leaders, he suggested garner trust, respect, and admiration from their followers. They are generally energetic, enthusiastic, and passionate transformational leadership behaviors have been found to motivate followers to transcend their own personal interests in favor of the organization. The leader who recognizes the transactional needs in potential followers “but tends to go further, seeking to arouse and satisfy higher needs, to engage the full person of the follower … to a higher level of need according to Maslow’s hierarchy of needs”.

Afterward, Sullivan & Decker (2001) define transformational leadership as a leadership style focused on effecting revolutionary change in organizations through a commitment to the organization’s vision. Subsequently, according to Smith & colleagues (2004), transformational leadership was defined as a process of mutual exchange between leaders and followers involving reward-based transactions. It is a model that encourages leaders to raise one another to higher levels of motivation and morality (Kouzes & Posner, 2002). Avolio, Bass & Jung, (1999) have shown that transformational leadership is positively associated with important work-related attitudes and behaviors, such as job performance, fewer turnover intentions, job satisfaction, employee commitment, etc. Bass & Avolio (1994) also suggested that there were four different components of transformational leadership: Idealized influence, Individualized consideration, Inspirational motivation, Intellectual stimulation.
Idealized influence emphasizes that the transformational leader serve as a role model for or her ideals. Simultaneously, it also emphasizes the importance of having a collective sense of mission (Bass, 1985). Leaders are the role models who take the initiative, understand, and have the determination in completing tasks (Tales, 2010).

Individualized consideration encourages and supports to building from the relationship between employee and employer such as a mentor or coach in the process of teaching and sharing ideas or knowledge (Tales, 2010). In other words, the leader builds a one-to-one relationship with his or her followers, and understands and considers their differing needs, skills, and aspirations.

By inspirational motivation, transformational leaders have a clear vision, meaning of task and a challenging task are being given by the leader to the employee; shows the followers how to achieve the goals, and expresses his or her belief that they can do it (Tales, 2010).

By intellectual stimulation, transformational leaders not only challenge the status quo; they also encourage creativity among followers (Bass & Avolio, 1994). The leader encourages followers to explore new ways of doing things and new opportunities to learn. The leader broadens and elevates the interests of his or her employees (Bass, 1990) and stimulates followers to think about old problems in new ways (Bass, 1985). There are four methods of intellectual stimulation have been identified: Leaders can rationally try to convince workers to solve problems; existential leaders identify many possible solutions to a problem; an acceptable solution is developed by appropriately combining elements from the various possibilities; leaders might use empirical data gathered from other sources to identify a solution; idealist leaders can use intuition with a minimal amount of data to identify solutions problems (Barnes, 2007).

2.2.2 Transactional leadership style

The transactional leadership style was first described by Max Weber in 1947, and again by Bernard M. Bass in 1981. According to Bass (1981), transactional leaders are on the opposite
theory spectrum relative to transformational leaders. Burns (1978) defined the transactional leadership style that comprises motivation and directing to achieving followers self-interest through rewards and punishment for the exchange. This leadership style is very useful when the organization is in a stable position and the learning objectives aim to refine and restore balance (Bucic, 2010).

Currently, Joe (2012) suggests that the focal points of transactional leadership include: The nurse leader has complete authority over the staff; employees must comply and follow directives; rewards include compensation in the form of paychecks; punishments include progressive discipline, including termination.

A transactional leader could increase the employees’ performance especially when employees’ performances are being measured quantitatively and reward or punishments are being given fairly (Joe, 2012). The transactional leadership style is very useful when the organization is in a stable position and the learning objectives aim to refine and restore balance (Bucic, 2010). Tale (2010) also indicated that there are three dimensions of transactional leadership: Contingent rewards, Active management-by-exception and management-by-exception or laissez-faire.

By contingent rewards, employees are being promised to gain something from completing a task. Its forms include benefits, praise, and recommendations (Tale, 2010). Benefits can take several forms such as pay increases, better assignments, a more desirable schedule, or additional time off. To be effective, praise must be based on work well done. Recommendations might take many forms, including additional pay, job advancements, and bonuses. Recommendations can take the form of recognition for outstanding job performance (Judge & Piccolo, 2004).

Active management-by-exception is where leaders examine and monitor for any error or mistakes happen and apply for corrective action once the problems happen (Tale, 2010). According to Judge & Piccolo (2004), “in general, management by exception is the degree to which the leader takes corrective action on the basis of results of leader – follower transaction”. Workers are informed of these deviations, and punishments can be implemented.
Finally, in *passive management-by-exception and laissez-faire*, leader takes action only when mistakes happen (Tale, 2010). Judge & Piccolo (2004) also stated that, passive leaders wait until the behavior has created a problem before taking action.

### 2.3 Power Distance

Geert Hofstede (1980), a cofounder of the Institute for Research on Intercultural Cooperation, refers to culture as the collective programming of the mind. According to Hofstede (1980), power distance refers to the extent to which one accepts the legitimacy of unequally distributed power in institutions and organizations. Power distance is the inflection of a society’s tolerance for social hierarchy and power structures. It measures the equality or inequality among people in a society. It can affect the satisfaction, motivation, behavior, job commitment and involvement, work effectiveness in organization, and potential conflicts that arise among employees (Lam, 2002).

Power distance index (PDI) is one of the four intercultural dimensions that Hofstede discussed in his well-known 1980 research of IBM employees in many countries. The other dimensions he discussed were masculinity-femininity, and uncertainty avoidance, individualism-collectivism. A totalitarian regime has a high power distance index, while a democracy has a low index (Hofstede, 1980). If there is democracy in organization and work-centered spirit governs it rather than power centralization or bureaucracy is valued, it will lead to prevent from employee discouragement and dissatisfaction (Kirkman et al., 2009).

A high power distance score indicates that society accepts an unequal distribution of power, and that people understand "their place" in the system. In high power distance countries and organizations, people do not question the decisions of their leaders. On the other hand, low power distance means that power is shared and well dispersed in organization. It also means that society members view themselves as equals. Low power distance organizations are looser, decentralized hierarchies, where employees or subordinates are considered equal, or nearly equal (Hofstede, 1980). Tang & colleagues (1996) stated that employee's perceptions of justice and low power distance in organization are associated with various aspects of job satisfaction and organizational commitment.
However, Au (1999) and Hofstede (2001) also showed that country level differences in cultural values can be smaller than individual level variation. According to Kirkman & colleagues (2009), high power distance orientation individuals are more likely to respect. High power distance orientation individuals also tend to be submissive and receptive to their leaders’ decisions (Bochner & Hesketh, 1994). That is, high power distance individuals expect solutions to come from their leader, not from followers (Javidan et al., 2006). Thus, leader/subordinate relationships are not close and leaders are expected to earn more money and respect. Subordinates expect to have their jobs and responsibilities dictated to them, and in some cases, will not articulate disagreement with authority for fear of the consequences for stirring up conflict (Au & Eylon, 1999). In contrast, low power distance orientation individuals being more likely to expect and develop personalized relationships with their superiors, as they view leaders as approachable (Hofstede, 1980). Hence, high power distance individuals are more tolerant of supervisory criticism and insults meanwhile low power distance orientation individuals are more likely to develop a stronger social bond with the authority (Tyler et al., 2000; Leung, Su, & Morris, 2001).

2.4 Related studies on leadership and job satisfaction

Ago (1993) finds that administration, including routinization, participation, and integration are the major determinants of nurse job satisfaction. The premise that effective leadership positively influence staff nurse job satisfaction was initially supported by the work of Gray-Toft & Anderson (1985), who found that open discussion of ideas and managerial consideration of staff promotes staff nurse job satisfaction. Then, Vigoda & Cohen (2003) pointed out that job satisfaction and leadership style could improve the relationship between employees and employers. Besides, many health management literatures emphasize that effective leadership is highly related to nurse staff work satisfaction (Kleinman, 2004) and that satisfied nurses are more likely to stay not only in the profession but also in the health care organization which they are satisfied with (Abualrub & Alghamding, 2012).

However, since the early 1990s, transformational leadership styles were preferred over transactional leadership styles (Bass & Avolio, 1990). Omer (2005) indicated that both nurse managers and staff nurses adopting the transformational leadership management style cannot only bring with better work performance rated by companies but also trigger their superiors to allow
them with more job promotion opportunities, the subordinates under transformational leadership in less resign rate than that of transactional leadership (Robbins, 2003) at the same time. And so, managers who exhibited transformational characteristics reported more satisfied staff nurses (Medley & LaRochelle, 1995; Ramey, 2002; Robbins, 2003). Empowerment, which results from transformational leadership, was shown to be positively correlated with job satisfaction (Morrison, Jones, & Fuller, 1997). Simultaneously, Ramey (2002) also found that transformational leadership style positively influenced job satisfaction of registered staff nurses working in hospitals while perceived transactional leadership style negatively influenced job satisfaction of registered staff nurses working in hospitals. Therefore, the findings of the current study indicate that nursing managers tend to use transformational leadership more often than transactional leadership styles, reinforcing the findings of Hussami (2008), Doran et al. (2004) and Omer (2005).

Hence, based on the above argument, we hypothesize that:

**Hypothesize 1:** There is a positive relationship between transformational leadership style and employee job satisfaction.

**Hypothesize 2:** There is a negative relationship between transactional leadership style and employee job satisfaction

2.5 Related studies on the role of power distance with relationship between leadership and job satisfaction

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One culture factor that causes problems for leadership behaviors and job satisfaction is the cross-cultural difference of power distance (Rau et al., 2013). For example, Chen & Francesco (2000) indicated that power distance moderates the relationship between participation and the outcome variables of organizational commitment, job satisfaction, intention to stay, and in-role performance for employees from the People's Republic of China. Dorfman (2004) also showed that power distance influence the way of leadership: it positively predicts self-protective leadership and negatively predicts charismatic/value-based and participative leadership, then impact on employee job satisfaction. Greenberg (1990) stated that for being effective, managers must act in a fair manner and must ensure that their subordinates interpret their activities equitably. He also expressed that the perception of inequality and power distance in organization makes people feel injustice and consequently they are less satisfied and eventually they tend to abandon job.

According to Hofstede (1991), an unequal distribution of power is generally accepted and expected in a high power distance country (such as Vietnam). An unequal power distribution will cause the subordinates to be more influenced by their managers. Consequently, the subordinates will rely more on the managers’ attitudes and decisions in their working rather than rely on themselves. So the higher the power distance between manager and subordinates, the more influence of manager on subordinates’ motivation.

Then, the Brockner et al (1999) and Gomez (1999) studies have provided preliminary evidence that the cultural value of power distance can moderate the relationship between participation/voice and outcomes such as organizational commitment and satisfaction. However, the focus of these studies is somewhat limited and may not generalize to a broader work context.

According to Hofstede (1980), leaders of high power distance cultures prefer do adopt an authoritarian management style and employees always dislike, dissatisfy to work. Thus, for high power distance orientation subordinates, abusive supervisory treatment is more normative and consistent with how relations between superiors and subordinates are perceived (Tyler, 2000). Simultaneously, leader of low power distance culture is decentralized and employees inherently like, satisfy to work (Hofstede, 1980). Therefore, power distance has an impact on subordinates’
expectations, job satisfaction and preferences as well as on acceptable or typical patterns of leader behavior (Major, 1997).

According to Spreitzer et al. (2005), the transformational leader behaviors of managers were viewed as less effective (lack satisfaction) by their superiors in high power distance and stronger in low power distance culture. Of course, we can predict that transactional leadership style also will be weaker in high power distance culture, but not worth considering and employees cannot recognize.

After all, we hypothesize that:

**Hypothesize 3:** The relationship between transformational leadership style and job satisfaction is moderated by power distance: the relation will strengthen for individuals with low power distance.

**Hypothesize 4:** The relationship between transactional leadership style and job satisfaction is moderated by power distance: the relation will weaken for individuals with high power distance.
Chapter 3 RESEARCH METHODOLOGY

3.1 Setting sample and procedure

Survey research method was applied in this study. Data was collected twice. The first time was conducted within a span of 2 weeks starting in early August 2014 by hand out. The second time was conducted about 4 weeks later by online survey.

The study focused on some hospitals with a bed capacity of more than 100, for example: HaiPhong International hospital, HoaBinh hospital, and Vinmec International Hospital. They are relatively big and modern healthcare facilities in the North of Vietnam. I contacted with all nurse staffs who had at least 6 months experience; graduated with a diploma, associate, baccalaureate/bachelor degree, or masters prepared program; work in different care nursing units (i.e. surgical nurses, nurses in pediatric, nurses in medicine, etc.) and work under the direct supervision of a nurse manager within a hospital setting. Then I distributed it for the participants to answer them.

For the first time, I collected 183 questionnaires that are answered completely, 117 questionnaires that weren't answered or not totally completed. With 24 uncompleted questionnaires, I based on the frequency to complete them. For the second time, I conducted an online survey aim to the people who didn't participate in the first survey. Then I received 26 completely answered questionnaires. In summary, after 2 times of gathering the questionnaires by distributing the hand-out and through the internet with different research target, the total of the questionnaires collected are 233.

The Vietnamese version was developed by the original authors of the English version (Rich, et al., 2001).
3.2 Measures

3.2.1 Leadership

According to Rich and colleagues (2001), the Multifactor Leadership Questionnaire (MLQ) offers researchers the most validated and efficient measure of transformational leadership and transactional leadership style. It is also known as the "MLQ 5X short" or "standard version" of the MLQ. This study used MLQ in which participants read a brief descriptive statement about the specific leadership behaviors, then rate the frequency with which the leadership behavior occurred. The TFL subscales measured in this study included (1) Idealized influence (attributed), (2) Idealized influence (behavior) (3) Inspirational motivation, (4) Intellectual stimulation, (5) Individual consideration. The TSL subscales measured in this study included (1) Contingent Reward, (2) Management-by-Exception (passive), (3) Management-by-Exception (active), and Laissez-Faire. The MLQ consisted of 19 questions using a Likert rating scale from 1 to 5 (1 = not at all, 2 = once in a while, 3 = sometimes, 4 = fairly often, and 5 = frequently, if not always). Cronbach’s coefficient alpha’s ranged from .7 to .9 (Rich, et.al, 2001). The instrument will allow subordinate staff to rate the frequencies of their managers’ leadership behaviors.

3.2.2 Job satisfaction

The WQI (Work Quality Index) was used to measure the dependent variable of job satisfaction of staff nurses. The WQI was developed in an acute-care setting to measure nurses’ satisfaction with their work quality and work environment (Whitley & Putzier, 1994). The WQI contains six subscales that measured nurses’ satisfaction with their work environment (1) Professional work environment, (2) Autonomy, (3) Work worth, (4) Professional relationships, (5) Role enactment, and (6) Benefits. A summated rating scale format is used, with seven choices per item ranging from 1 = very dissatisfied to 5 = very satisfied. Cronbach’s coefficient alpha estimating reliability yielded .94 for the total scale (Whitley & Putzier (1994). According to Whitley and Putzier (1994), the format of this instrument was modified to allow for easier reading by the subjects but the questions remained unchanged. Permission to use the WQI was implied because it is published in public domain.
3.2.3 Power distance

I took power distance orientation with a six-items individual level developed by Farh and colleagues (2007) to measure. Sample items include "managers should seldom ask for the opinions of employees"; and "Employees should not disagree with management decisions". We also use 5 point Likert scale (1= strongly disagree to 5= strongly agree).

3.2.4 Control variables

Study variables were included demographic information (e.g., age) and work-related characteristics, for example, years of nursing experience, and leader-member exchange status (LMX which was developed by Scandura and colleagues in 1984).

3.3 Analysis strategy

We used linear regression analysis in SPSS (version 20) to test our hypotheses. The dependent variable is job satisfaction of registered staff nurses who worked in hospitals. The independent variables are TFL, TSL leadership styles of nurse managers as perceived by staff nurses and power distance culture.

Control variables (age, year of experience, LMX) were entered in the first step next, the main effects (TFL, TSL, Power distance) entered which follow by the two-way interaction:

1. Firstly, conducting a regression analysis with leadership styles (TFL, TSL) predicting job satisfaction: They needs to be significantly (positive or relative) related to job satisfaction.

2. Secondly, conducting a multiple regression analysis with leadership predicting job satisfaction under impacting of power distance.
3.4 Study design

Figure 2 The study design
Chapter 4 RESULT

4.1 Descriptive statistic

4.1.1 Demographic

Data were collected from 233 nurses. The table 4.1.1 shows the participants ranged between 22 and 58 years of age. The age group 20-29 and 30-39 constituted 48.9% and 37.3% of the total sample size respectively, while respondents aged over 40 only constituted 13.7%. Such a distribution could be explained by the fact that nurses age 20-29 were the majority in Vietnam. Approximately 45.9% (n=107) of the participants were single, never married.

<table>
<thead>
<tr>
<th>Demographic parameters</th>
<th>Number of participants</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>114</td>
<td>48.9</td>
</tr>
<tr>
<td>30-39</td>
<td>87</td>
<td>37.3</td>
</tr>
<tr>
<td>40+</td>
<td>32</td>
<td>13.7</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In committed relationship</td>
<td>24</td>
<td>10.3</td>
</tr>
<tr>
<td>Single, never married</td>
<td>107</td>
<td>45.9</td>
</tr>
<tr>
<td>Married</td>
<td>102</td>
<td>43.8</td>
</tr>
</tbody>
</table>

The table 4.1.2 shows that 55.8% (n=130) had earned Bachelor’s degrees.
<table>
<thead>
<tr>
<th>Education level</th>
<th>Number of participants</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s degree</td>
<td>130</td>
<td>55.8</td>
</tr>
<tr>
<td>College degree (three years)</td>
<td>55</td>
<td>23.6</td>
</tr>
<tr>
<td>Intermediate degree (two years)</td>
<td>43</td>
<td>18.5</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>5</td>
<td>2.1</td>
</tr>
</tbody>
</table>
Additionally, the majority of participants are working in department of internal medicine (n=68, constituted 29.2%). Total years of experience as a nurse ranged from six months to 8 years. 82.4% (n=192) of the subjects had been in their current position for three years or less.

**Table 4.1.3 Characteristic of Department and Year of experience**

<table>
<thead>
<tr>
<th>Department</th>
<th>Number of participants</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Services</td>
<td>34</td>
<td>14.6</td>
</tr>
<tr>
<td>General surgery</td>
<td>31</td>
<td>13.3</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>46</td>
<td>19.7</td>
</tr>
<tr>
<td>Pediatric</td>
<td>35</td>
<td>15.1</td>
</tr>
<tr>
<td>Traditional Medicine</td>
<td>11</td>
<td>4.7</td>
</tr>
<tr>
<td>Accident and emergency</td>
<td>22</td>
<td>9.4</td>
</tr>
<tr>
<td>Infection Control</td>
<td>17</td>
<td>7.3</td>
</tr>
<tr>
<td>Diagnostic imaging</td>
<td>13</td>
<td>5.6</td>
</tr>
<tr>
<td>others</td>
<td>24</td>
<td>10.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years of experience</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>35</td>
<td>15</td>
</tr>
<tr>
<td>1 - 3</td>
<td>157</td>
<td>67.4</td>
</tr>
<tr>
<td>3+</td>
<td>41</td>
<td>17.6</td>
</tr>
</tbody>
</table>
4.1.2 General Job satisfaction

Nurse satisfaction was measured in the study. The respondents were asked to answer within the eight items of the job satisfaction scale, the dimension of the job with which the most existing problem was paying (n=142, constituted 60.9%).

Table 4.1.4 Items of general job satisfaction

<table>
<thead>
<tr>
<th>Items</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleagues</td>
<td>15</td>
<td>6.4</td>
</tr>
<tr>
<td>Lack of respect from MD</td>
<td>37</td>
<td>15.9</td>
</tr>
<tr>
<td>Lack of support from</td>
<td>11</td>
<td>4.7</td>
</tr>
<tr>
<td>management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient/ Family attitude</td>
<td>22</td>
<td>9.4</td>
</tr>
<tr>
<td>Pay</td>
<td>142</td>
<td>60.9</td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>2.1</td>
</tr>
</tbody>
</table>
4.2 Validity and Reliability Analysis

4.2.1. Convergent validity

The convergent validity of an instrument is the degree of similarity between the scores of that instrument and those of another instrument that is supposed to measure the same concept (Lloyd et al., 1998). In this study, the average variance extracted (AVE) reached 62.507 (>50%) and factor loading was higher 0.55 for each observed variable so stability of scales were affirmed and five factors will play an important role in explaining the hypotheses of this study.

4.2.2. Discriminant validity

Each different observed variable in load factor coefficients are ≥ 0.30 so the distinction between the factors is existed. In other words, TFL, TSL, JS, PD, LMX were differentiate. Furthermore, KMO coefficient is 0.816 therefore EFA fits the data. Chi-square statistics testing of Bartlett's worth, significance level was less than 0.05. Thus, the observed variables are correlated with each other considering on the overall scope.

4.2.3 Reliability Analysis

Reliability is based on the Cronbach’s α of individual constructs including transformation leadership style (0.83), transaction leadership style (0.76), and job satisfaction (0.80), power distance (0.71), leader-member exchange (0.74) are all higher than 0.7. Simultaneously, Composite Reliability (CR) is also higher 0.7, AVE is higher 0.5. According to Bonett (2010), Cronbach’s α of between 0.7 and 0.9 is good.
4.3 Correlations and Hypothesis

4.3.1 Correlations

The table 3 shows the means, standard deviations and correlations among the variables in this study. The correlation between job satisfaction and TFL was 0.169 (p<.01); between job satisfaction and TSL was 0.268 (p<.01).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>s.d</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TFL</td>
<td>3.58</td>
<td>0.71</td>
<td>(.83)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. TSL</td>
<td>3.3</td>
<td>1.01</td>
<td>.391**</td>
<td>(.76)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. JS</td>
<td>3.78</td>
<td>0.55</td>
<td>.169**</td>
<td>.268**</td>
<td>(.80)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. PD</td>
<td>2.03</td>
<td>0.56</td>
<td>-.104</td>
<td>-.165*</td>
<td>-.159*</td>
<td>(.71)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. LMX</td>
<td>2.76</td>
<td>0.73</td>
<td>.381**</td>
<td>.409**</td>
<td>-.053</td>
<td>.162*</td>
<td>(.74)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. age</td>
<td>2.11</td>
<td>0.45</td>
<td>.098</td>
<td>.042</td>
<td>.006</td>
<td>.124</td>
<td>.228**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. experience</td>
<td>2.45</td>
<td>1.24</td>
<td>.053</td>
<td>-.126</td>
<td>-.109</td>
<td>.153</td>
<td>-.053</td>
<td>.218**</td>
<td></td>
</tr>
</tbody>
</table>

n=233, *p<.05, **p<.01.

The four hypotheses were tested via multiple regression analysis.
4.3.2 Hypothesis 1
The first hypothesis measured whether there is a positive relationship between TFL and job satisfaction (model 1). The table 4 showed that TFL had a significant, positive effect on JS ($\beta=0.61$, $p<.05$). Thus, the hypothesis 1 received support.

4.3.3 Hypothesis 2
We tested Hypothesis 2 concerning the effect TSL on job satisfaction while controlling for age, experience, and LMX (model 1). The table 3 also showed that TSL had not a significant and negative effect on JS ($\beta=-0.123$, n.s). In a word, the second hypothesis was rejected.

4.3.4 Hypothesis 3
Hypothesis 3 concerning the individual moderating effects of power distance were tested by the moderated regression models (model 2). Result was shown in Table 4.3.2. The beta coefficient for the interaction term PD on the relationship between TFL and JS was statistically significant ($\beta=-.16$, $p<.05$). The negative sign before the beta weights of the interaction term is consistent with hypothesis 3, which states that relationship between TFL and JS will strengthen for individuals with low power distance.

4.3.5 Hypothesis 4
The hypothesis 4 (model 3) which states that the relationship between TSL and JS will weaken for individual with high power distance because of the beta coefficient for the interaction is $\beta=-.32$, n.s. Hence, this hypothesis was rejected.

Therefore, we can sum up some collusions of the thesis which were pointed out in table 4.3.3
Table 4.3.2 Results of Regression Analyses: Effects of TFL, TSL, PD on JS

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Controls</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.002*</td>
<td>.005</td>
<td>.014</td>
</tr>
<tr>
<td>Experience</td>
<td>.085</td>
<td>.081</td>
<td>.069</td>
</tr>
<tr>
<td>LMX</td>
<td>.322**</td>
<td>.367**</td>
<td>.324**</td>
</tr>
<tr>
<td><strong>Main effects</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TFL</td>
<td>.61*</td>
<td>.201*</td>
<td>-.252</td>
</tr>
<tr>
<td>TSL</td>
<td>-.123</td>
<td>.15</td>
<td>.071</td>
</tr>
<tr>
<td>PD</td>
<td>.191</td>
<td>241</td>
<td></td>
</tr>
<tr>
<td><strong>Interactions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TFL×PD</td>
<td>-.16*</td>
<td></td>
<td>-.32</td>
</tr>
<tr>
<td>TSL×PD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>R²</strong></td>
<td>.254</td>
<td>.165</td>
<td>.231</td>
</tr>
<tr>
<td>df</td>
<td>5,232</td>
<td>6,135</td>
<td>6,135</td>
</tr>
<tr>
<td>ΔR²</td>
<td>.04*</td>
<td>.03*</td>
<td>.02</td>
</tr>
<tr>
<td>Overall F</td>
<td>10.558**</td>
<td>17.980**</td>
<td>11.933**</td>
</tr>
</tbody>
</table>

Note: The entries in the table are standardized betas

*p < .05, **p < .01

Table 4.3.3 Conclusion of hypotheses

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Content</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>H₁</td>
<td>The relationship between TFL and JS is positive</td>
<td>accept</td>
</tr>
<tr>
<td>H₂</td>
<td>The relationship between TSL and JS is negative</td>
<td>reject</td>
</tr>
<tr>
<td>H₃</td>
<td>The relationship between TFL and JS is moderated by PD: the relation will strengthen for individuals with low power distance.</td>
<td>accept</td>
</tr>
<tr>
<td>H₄</td>
<td>The relationship between TSL and JS is moderated by PD: the relation will weaken for individuals with low power distance.</td>
<td>reject</td>
</tr>
</tbody>
</table>
Chapter 5 DISCUSSION

5.1 Implications and recommendations

The study examines the relationship between leadership styles of nurse managers (TFL & TSL) and nurse staffs job satisfaction as well as investigate the moderating of power distance on these relationships in some hospitals in Vietnam. The results showed that TFL has positive effects while TSL is not significant on job satisfaction. Power distance has moderated the relationship between TFL and job satisfaction. It will strengthen for individuals with low power distance. In contrast, power distance has not moderated the relationship between TSL and job satisfaction. The results contribute to the leadership styles literature.

First, the findings suggest that TFL has positive effects on job satisfaction at individual level. A number of studies report a stronger positive effect of TFL on job satisfaction (e.g., Jung and Avolio, 1999; Jung and Yammarino, 2001; Ramey 2002, etc.)

Our finding that power distance orientation had a significant effect on the relationship between TFL and job satisfaction. Hence, according to Kirkman and colleagues (2006), we should more attention to the effects of individual-level cultural value orientations on reactions to leaders. Moreover, we also showed that power distance moderates this relationship, which stated that it will be stronger with low power distance and weaker with high power distance (Hui, Au, Fock, 2004; Lam, Schaubroeck, Aryee, 2002). Thus, it demonstrates that power distance has an important direct and plays in shaping followers’ reactions to TFL leaders. In other words, TFL is especially important for managers whose employees have a low power distance orientation. Managers may need to be aware of their followers’ cultural values and to engage in behaviors that match their followers’ values (Kirkman, et al, 2009). Hence, hospitals should provide some leadership recruitment and training strategies for nurse manager to enhance nurse staff job satisfaction.

Dunham-Taylor (2000) suggested nursing leaders with master's degrees in nursing may have better transformational leadership preparation compared to those with master's degrees in
other disciplines. Attracting nurse managers who possess graduate degrees and supporting the attainment of advanced education among current nurse managers may be a worthwhile investment when compared to the significant hospital costs.

Focused leadership training may be a more cost effective approach to the development of effective leadership characteristics in nurse managers compared to the investment in graduate education and it will be necessary for nursing and healthcare administrators to evaluate the costs and benefits associated with different types of continuing education mechanisms. Leadership training programs should be focused, specific, and targeted.

Besides, Shobbrook and Fenton (2002) also showed that flattening the organizational structure to promote shared leadership as one mechanism for improving staff nurse retention as well as job satisfaction. In simple terms, the enhancing managerial behaviors that promote intellectual stimulation among staff as a means of improving job satisfaction.

The proposed relationship between TSL and JS, the moderating of power distance in this relationship are not significant. Several reasons might explain this finding. According to Perry and Shalley (2003) argue that novel information is less likely to be communicated through stronger ties (good friends or close relationships) than weaker ties (more distant relationships or distant colleagues). Moreover, TSL output of a collective may be a function of not only individuals but also group processes (Woodman et al., 1993), effective communication by group member (Taggar, 2002) etc.

Base on the study results, the following other strategies are recommended to develop nurse job satisfaction. For instance, hospital leaders should plan and implement effective strategies; creating a more supportive professional nursing practice that allows nurse to practice to their full opportunities for professional interactions; enhancing a positive work environment through promotion of teamwork, encouraging, continuous education, trust, respect the flexible scheduling; improving the image of nursing profession through effective marketing, good media, etc.
5.2 Limitations of the study

Despite the contributions, some limitations to our study should be noted. First, the study was conducted in some hospitals in Northern of Vietnam with a limited sample of employees. Confined by time and resource conditions, we cannot make the research with larger sample pools. In addition, samples undertaken from both public hospitals and private one would affect the result.

Second, the collected data relied on the recall of participants which might create a reporting bias. This may result in a problem of common method variance. However, because all of these variables are attitudinal variables, we could not obtain them from other sources. In addition, during the period of data collection was affected by regional financial crisis and this may have affected the results in this study.

Moreover, the concepts and phrases used within the questionnaire content, we are probably confined to reach perfect congruence between theoretical assumptions and practical affairs. Although this research is adopted with questionnaire investigation with concise question contents as best as we can, yet, actually we still cannot realize whether the respondents can substantially understand the original contextual meaning of our questionnaire to reflect the hand out results with best true. This might have been the case in the present study.
5.3 Conclusion

The primary purposes of this study were to examine the relationship between leadership styles of nurse managers and job satisfaction staff nurses as well as investigate the moderating of power distance on these relationships in some hospitals in Vietnam. The findings support a positive relationship between TFL and staff nurse job satisfaction. This relationship will strengthen for individuals with low power distance. These findings extend our knowledge in Vietnam situation and contribute to the enhancing job satisfaction in hospital. Nurses want to work in an environment where they are valued and appreciated. According to Burn (1978), in the face of a nursing shortage, nurse leaders must be transformational, to raise others to higher levels of motivation and morality.

In addition, nowadays, following with the progression the Vietnam society, everyone tended to have a positive and open-minded point of view. So do the nurse leader/manager, they didn’t use the leader style of forcing others to obey their rules but apply the appropriate way in leading the nurse staffs by supporting them doing their work, guiding them for the clear understanding about organization’s goals. It not only helped increasing staffs job satisfaction but also accomplish the objectives of organization.


Nancy C. Morse (1953), *Satisfactions in the white-collar job*. Ann Arbor, Survey Research Center, Institute for Social Research, University of Michigan.


Ramey, J. (2012). The Relationship between Leadership Styles of Nurse Managers and Staff Nurse Job Satisfaction in Hospital Settings.


Appendix A: The questionnaires of the survey- English version

Dear my colleagues

I am undertaking the Master thesis of health care administration at college of Medicine I-shou University. In fulfillment of my thesis, the topic have been chosen is “the moderating role of power distance in the relationship between head nurse leadership style and nursing staff job satisfaction at private hospitals in Vietnam”.

I would be very grateful if you could complete the questionnaire through the following link. Please feel assured that your anonymity and the information you will give will be treated with the strictest confidentiality. The questionnaire can take several minutes of your time. Please answer the questions as honestly as possible. If you have questions at any time about the survey or the procedures, you may contact to me by the mail address or the phone number specified below.

Thank you very much for your cooperation.

Yours Faithfully

Pham Thi Thuy

Gmail: Emmapham287@gmail.com

Phone number: 0981489534
Part 1. Please rate the following statement by putting a check on the blank:

(1= not at all 2= once in a while 3= sometimes 4= fairly often 5= frequently, if not always)

My head nurses:

<table>
<thead>
<tr>
<th>Items</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulates a vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides an appropriate model</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitates the acceptance of group goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make it clear that he/she expects a lot from us all of the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insists on only the best performance</td>
<td></td>
<td></td>
<td></td>
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<td>Will not settle for second best</td>
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<tr>
<td>Acts without considering my feelings</td>
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<tr>
<td>Shows respect for my personal feelings</td>
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<tr>
<td>Treats me without considering my personal feelings</td>
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<tr>
<td>Considers my personal feelings before acting</td>
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<tr>
<td>Challenges me to think about old problems in new ways</td>
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<tr>
<td>Asks questions that prompt me to think about the way I do things</td>
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<tr>
<td>Has stimulated me to rethink the way I do things</td>
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<tr>
<td>Has ideas that have challenged me to reexamine some of my basic assumptions about my work</td>
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<tr>
<td>Always gives me positive feedback when I perform well</td>
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<tr>
<td>Gives me special recognition when my work is very good</td>
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<tr>
<td>Commends me when I do a better than average job</td>
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<tr>
<td>Personally compliments me when I do outstanding work</td>
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<tr>
<td>Frequently does not acknowledge my good performance</td>
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</table>
Part 2. Please rate the following statements by putting a check on the blank.

(1= strongly agree, 2=disagree, 3=neutral, 4= agree, 5= strongly agree)

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<tr>
<td>Head nurses should make most decisions without consulting subordinates</td>
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<tr>
<td>Head nurses should avoid off-the-job social contacts with employees</td>
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<tr>
<td>Head nurses should seldom ask for the opinions of employees</td>
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<tr>
<td>It is frequently necessary for a manager to use authority and power when dealing with subordinates</td>
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<tr>
<td>Staff nurses should not disagree with head nurses decisions</td>
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<tr>
<td>Head nurses should not delegate important tasks to employees</td>
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<tr>
<td>I feel a personal sense of responsibility to bring about change at work</td>
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<tr>
<td>It’s up to me to bring about improvement in my work-place</td>
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<tr>
<td>I feel obligated to try to introduce new procedure where appropriate</td>
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<tr>
<td>Correcting problem is not really my responsibility.</td>
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<tr>
<td>I feel little obligation to challenge or change the status quo.</td>
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<tr>
<td>In general, I like my job</td>
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<tr>
<td>If I may choose again, I will choose to work for the hospital</td>
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<td>I often think of leaving the hospital</td>
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<td>All in all, I am satisfied with my job here</td>
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<tr>
<td>If a good friend of mine told me that he/she was interested in working in a job like mine I would strongly recommend it</td>
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<tr>
<td>The relationship between head nurses and me is very good</td>
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</table>
Part 3. Answer the following questions by putting a check on the blank before the choice

(1= not at all, 2= once in a while, 3= sometimes, 4= fairly often, 5= frequently but if not always)

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<tbody>
<tr>
<td>Do you usually know how satisfied your head nurse is with what you do?</td>
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<td>How well do you feel that your head nurse understands your problems and needs</td>
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<td>How well do you that your head nurse recognizes your potential</td>
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<tr>
<td>Regardless of how much formal authority your head nurse has built into his or her position, what are the chances that he or she would be personally inclined to use power to help you solve problems in your work?</td>
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<tr>
<td>Regardless of the amount of formal authority your head nurse has, to what extent can you count on him or her to “bail you out” at his or her expense when you really need it</td>
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<tr>
<td>I have enough confidence in my head nurse that I would defend and justify his or her decisions if he or she were not present to do so</td>
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</tbody>
</table>
Part 4. Please answer all of the following questions as they describe you

1. What do you consider the biggest problem on the job?
   - Pay
   - Patient/ Family Attitudes
   - Colleagues
   - Shift/ Hours
   - Lack of respect from MD
   - Other
   - Lack of support from management

2. What is your highest level of education completed?
   - Intermediate degree (two years)
   - Bachelor’s degree
   - Other
   - College degree (three years)
   - Master’s degree

3. What is your marital status?
   - Single, never married
   - Married
   - Separated
   - In committed relationship
   - Widowed
   - Divorced

4. How long have you worked at the hospital? 

5. Which department do you work?

6. How old are you?

7. What is your ID?

8. What is your mail address or phone number?
Appendix B: The questionnaires of the survey- Vietnamese version
(Bảng câu hỏi điều tra)

Thân gửi các đồng nghiệp của tôi!

Hiện tôi đang thực hiện luận văn tốt nghiệp thạc sĩ khoa Quản trị Bệnh viện tại trường y khoa Nghệ Thuật. Để tài mật tôi chọn là vai trò điều hòa của khoa ngành cách quyền lực lên mọi quan hệ giữa lãnh đạo điều dưỡng và điều dưỡng viên tại một số bệnh viện tư nhân ở Việt Nam. Bạn yên tâm rằng mọi thông tin bạn điền theo các bảng dưới đây được giữ an toàn, bảo mật tuyệt đối, nên tôi mong các bạn trả lời một cách trung thực. Việc làm này sẽ còn thời gian của bạn. Nếu bạn có bất cứ thắc mắc gì có thể liên lạc với tôi theo địa chỉ email ở dưới.

Cảm ơn rất nhiều sự hợp tác của các bạn

Thân ái,
Phạm Thị Thủy
E-mail: Emmapham287@gmail.com
Số điện thoại: 0981489534

Phần 1: Tích vào ô mà bạn cho là đúng nhất
(1= không bao giờ, 2= hiếm khi, 3= thỉnh thoảng, 4= thường xuyên, 5= luôn luôn như vậy)

Điều dưỡng trưởng của tôi:

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Phần 2. Tích vào ô mà bạn cho là đúng nhất

(1= không bao giờ, 2= hiếm khi, 3= thường thô, 4= thường xuyên, 5= luôn luôn như vậy)

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ISU Degree Thesis Collection
Nếu được chọn lựa-lân núi, tôi sẽ chọn làm việc cho bệnh viện
Tối thường nghỉ đến việc thời gian tại bệnh viện.
Tóm lại, tôi hài lòng với công việc của tôi ở đây.
Nếu một người bạn nói với tôi rằng anh ta hay cô ta đam mê được làm công việc giống như tôi, tôi thực sự khuyến khích điều đó.
Mối quan hệ giữa tôi và trường điều dưỡng rất tốt

Phân 3: Tích vào ô mà bạn cho là đúng nhất
(1= không bao giờ, 2= hiếm khi, 3= thỉnh thoảng, 4= thường xuyên, 5= luôn luôn như vậy)

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</table>
Phân 4: Dánh dấu vào ô mà bạn cho rằng đúng nhất và trả lời các câu hỏi sau:

1. Bạn thấy ván đề tồn tại lớn nhất trong công việc của bạn là gì?
   - Lương
   - Động nghiệp
   - Thiếu sự tôn trọng từ bậc sĩ
   - Thiếu sự khuyến khích từ lãnh đạo

2. Trình độ học vấn của bạn là:
   - Trung cấp
   - Đại học
   - Cao đẳng
   - Thạc sĩ, CKI

3. Tình trạng hôn nhân hiện tại của bạn là:
   - Độc thân
   - Đã kết hôn
   - Đang hẹn hò
   - Góa (vợ, chồng)
   - Đã ly dị

4. Bạn làm việc tại bệnh viện này bao lâu rồi?

5. Bộ phận làm việc hiện tại của bạn là gì?

6. Bạn bao nhiêu tuổi?

7. Địa chỉ e-mail hoặc số điện thoại của bạn là?