Proceeding Paper

Leadership Style and Quality of Work Life among Nurses in Malaysia during the COVID-19 Pandemic Crisis [†]

Zarina Begum Ebrahim *, Siti Aqilah Hafidzuddin, Muna Kameelah Sauid, Nurul Ain Mustakim and Noorzalyla Mokhtar

Faculty of Business and Management, Universiti Teknologi MARA, Kampus Bandaraya Melaka,
Melaka 75350, Malaysia
* Correspondence: zarina148@uitm.edu.my
† Presented at the International Academic Symposium of Social Science 2022, Kota Bharu, Malaysia, 3 July 2022.

Abstract: The aim of this study is to investigate the association between leadership styles and the quality of work life among nurses in Selangor. The researcher used four independent variables, which are transformational, transactional, autocratic, and democratic leadership styles, while the dependent variable is Quality of Work Life (QWL). This study utilized a correlational quantitative design with 202 nurses. The researcher used a simple random sampling method to distribute the questionnaires. The findings revealed that transformational, transactional, autocratic, and democratic leadership styles are correlated with the QWL, indicating positive, moderate, and significant relationships. While regression analysis shows the most influential leadership style on QWL was the Transactional Leadership style, this study is significant to nurses as there are a need to identify the best leadership style that can assist nurses in the healthcare industry to perform their best and to help human resource managers to identify which leadership style is suitable for the management and the nurses. Apart from that, management can use these findings to aid leaders in improving their leadership skills and moulding competent leaders in a way that improves employees' quality of life at work. Empirically, this study is relevant to ensure the 2030 Agenda for Sustainable Development Goal (SDG) is fulfilled in SDG 3 and SDG 8.

Keywords: leadership styles; quality of work life; transactional leadership; democratic leadership; autocratic leadership; transformational leadership

1. Introduction

Nowadays, for every firm to retain and recruit personnel, a good quality of work life (QWL) is essential. It is because, in today's extremely competitive business world, organisations want high-performing employees to achieve their objectives and obtain a competitive advantage [1]. Employee happiness with their work and their healthy life at work have been identified as essential factors of a company's performance [2]. Thus, QWL is an essential factor for improving the working environment. The QWL is a concept based on a set of principles that says that a company's most valuable resource is its people [3]. An et al. said that the excellent relationship between human resources and their work environment that promotes, and boosts job satisfaction is known as "Quality of Work Life" (QWL). Therefore, this study is significant in supporting the 2030 Agenda, which is the sustainable development goal (SDG), specifically in supporting SDG 3: good health and well-being, which focuses on people, and SDG 8: decent work and economic growth, which emphasizes prosperity.

Today, QWL has emerged as a significant concern, with numerous papers published on the subject [1,4–7]. Recently, the emergence of Industrial Era 4.0 and the COVID-19 pandemic cases have affected human lives, specifically in terms of health and QWL. Consumers are placing more demand on health services, both in terms of quantity and

quality, as a result of the Industrial Era 4.0 as well as the COVID-19 crisis [1]. Health professionals have been at the forefront of the fight against COVID-19 and have been directly engaged in giving care to COVID-19 patients while the crisis is being managed. In the healthcare industry, nurses have evolved into important frontline participants, and their productivity and contentment are pivotal to the hospital's success. Nursing is a high-demand career that requires an individual's ability to deal with and manage stressful physical and mental dynamics in the workplace [8]. Moreover, due to increasing aging populations in every country, nursing experts and services are in greater demand [9]. Furthermore, nurses, for example, play a critical role because they are on the front lines in responding to the pandemic.

The importance of nursing practise in the care and survival of COVID-19 patients has proven critical. In the nursing profession, QWL is a complicated matter that can have an impact on the quality of care offered to patients [10]. The previous study mentions that in this field, healthcare workers are subjected to established pressure. Available evidence mentions that nurses in most nations have high levels of work stress [11–13]. Moreover, nurses' exhaustion and worry increased as COVID-19 levels continued to increase, resulting in a decline in mental, physical, and other aspects of nurses' quality of life [14]. Furthermore, it has been seen that the balance between professional sacrifice and fear for themselves and their loved ones is worsening. This is crucial to document and manage since a lower QWL among healthcare workers could jeopardise patient care quality [6]. Therefore, organisations must establish an action plan to improve their employees' QWL in order to improve favourable working conditions, with the ultimate goal of accomplishing the organization's objectives.

Nurses also confront numerous obstacles while attempting to master new technology, thus impacting QWL. Various issues influencing nurses' work-life quality, such as an overabundance of workload and inadequate working conditions, are constantly debated, particularly in the present COVID-19 pandemic crisis [5]. In between, nurses who work shifts, such as night shifts or weekends, may face a conflict between work and family life [5]. The COVID-19 pandemic, according to Nakisci-Kavas and Develi, created major challenges, particularly for female health professionals, disrupting the balance between their personal and professional lives. A study by [5] indicates that nurses' QWL is at a moderate level in Sarawak. The findings are also in line with a previous study that reported that the majority of nurses worldwide have a low-to-moderate QWL [7,15]. Nurses are unable to strike a healthy balance between their personal and professional lives. To balance both, the organization must provide QWL for its employees.

Effective leadership from healthcare professionals is required to improve the quality and integration of care [16]. Leadership style is one of the factors that influences the interest and commitment of personnel [17]. By using particular leadership styles and behaviours, a leader would be able to manipulate their employees' QWL. Thus, effective leadership in healthcare is essential in cultivating and increasing healthcare systems' effectiveness and efficiency [18]. Hence, healthcare services management should guarantee the QWL for the nursing profession to develop and improve work performance among employees. Therefore, leadership in health care is vital for keeping up with new developments and responding to changing circumstances [19]. Moreover, the role of leaders in today's businesses has evolved, and each organization's performance is dependent on the leadership styles used by its leaders [17].

Job satisfaction, job involvement, motivation, productivity, health, safety, job stability, competence growth, and a balance between work and non-work life are all connected to QWL [20]. Very few studies have focused on leadership styles on QWL. Even though leadership style has been highlighted as an essential element in healthcare quality in various research [16], it does not attract much attention from researchers to conduct a study between leadership styles and QWL, especially in healthcare settings. In the workplace, different leadership styles exist, each with their own set of benefits and drawbacks.

Moreover, in Malaysia, there is much research conducted on QWL among other professions, but there is little work focused on QWL among nurses. Lots of research has been conducted among academicians, banks, office employees, and factory workers, including public, private, and government organizations, but there has been little research on the nursing profession. To date, very few studies have investigated the association between leadership styles and QWL among nurses in Malaysia. It can be concluded that, up to now, far too little attention has been paid to the role of leadership style and QWL in Malaysia. Thus, it is essential to examine the relationship between leadership styles and the quality of work life among nurses. This study is significant because a better QWL enhances employee development while also advancing the organisation's growth. Furthermore, the poor nurses' working conditions must be improved in order to raise their productivity and job quality and reduce turnover.

2. Literature Review

2.1. Quality of Work Life

The quality of one's work-life balance has become a major concern [5]. Walton was the one who came up with the term "Quality of Work Life" (QWL) to describe the quality of human experience at work. Hermawati et al. explain that employees' comfort level at work is measured by QWL. While [5] referred to QWL as the extent to which personnel are pleased with their personal and work demands while achieving the organization's objectives, employees and management will benefit from QWL programmes because they will work together to address work-related problems, foster cooperation, improve work environments, and manage human resource outcomes and payoffs wisely and equitably [20]. QWL covers a number of areas, such as adequate fair compensation, organization culture, job security, training and development, employees' benefits, alternative work schedules, profit sharing, and workplace participation. According to Nayak, Sahoo and Mohanty, the work environment, professional growth, work stress, social support, remuneration, and rewards are all five dimensions of work-life quality.

Many studies have focused on the QWL of nurses. A study by [1] assessed the effect of QWL on nurse performance via job satisfaction during the COVID-19 pandemic. These findings revealed nurses' job satisfaction has a substantial impact on their performance during pandemics, as does their QWL. Another study by [5] investigated QWL among public hospital nurses in Sarawak General Hospital (SGH) in Kuching, Malaysia. The finding shows 52.9 percent of respondents were dissatisfied with their QWL, while 47.1 percent were satisfied. While a study by [7] reported a moderate QWL among nurses in Jordan, a recent study by [14] found that work satisfaction, anxiety, exhaustion, work-life balance, psychological well-being, and professional self-concept all had a strong link with nursing QWL during the COVID-19 pandemic. With this in mind, finding the right factor that can increase the QWL of nurses is paramount.

2.2. Leadership Style

Leadership is not a new concept in business or in the workplace. In any company, there must be a leader; therefore, the phrase "leadership" is frequently associated with the term "manager" [16]. The ability of a leader to influence and direct subordinates to achieve organisational goals is known as leadership. Solid leadership may assist a business in becoming increasingly representative of trust, fulfilment, and accountability, as well as accommodating people and assets to achieve organisational objectives. Supervisory/management/leadership style, as well as managerial support, have been recognised as significant predictors of work-life quality [2,9,16].

A recent study by [16] stated that in Dumai Public Health, leadership style was found to be positively associated with job satisfaction and nurse performance. Naseem et al. (2018) discovered that leadership styles affected job satisfaction. On the other hand, Sabbah et al. discovered that leadership styles had a positive impact on nurses' well-being in Lebanese hospitals. According to a nurse theorist, the manager's leadership ability is one of the

most critical factors in determining job satisfaction. It has been discovered that a leader who cares deeply about her subordinates contributes to greater employee satisfaction because both can sense respect and a friendly relationship [21]. There are several kinds of leadership styles, which are autocratic, democratic, transformational, transactional, laissez-faire, charismatic, authentic, ethical, spiritual, and servant leadership styles. The selection of a leadership style depends upon the objectives of the organisation. In this paper, we study the impact of autocratic, democratic, transformational, and transactional leadership styles on the QWL of nurses.

2.3. Autocratic

Autocratic leaders are defined as being directive, controlling, power-oriented, and closed-minded. Autocratic leadership is a type of authoritarian leadership in which the leader makes all decisions without consulting anyone [16]. Because of a lack of consultation with subordinates, opportunities may be overlooked and risks may be underestimated. Igbaekemen [22] stated that an autocratic leader is one who is very conscious and has little faith in their subordinates. However, autocratic leadership should not be shown solely in a negative way only. Autocratic leaders provide precise and concise directions to their subordinates on what to do and how to do it [23]. This will aid in the efficient completion of tasks, the resolution of recognised issues, and the achievement of goals or deadlines. Although employees dislike autocratic leaders, they frequently follow their directions. The advantage of this approach is that it works well in situations where there is little time for discussions, such as crises or chaotic events. This sort of leadership is also particularly effective when crucial business decisions or actions are needed and employees are likely to be instructed exactly what action to take in times of stress or emergency; thus, employees feel appreciated if someone is willing to stand up and take control of what could be a chaotic situation [24]. Especially in the healthcare sector, whereby emergency situations always occur, especially in hospitals, the presence of autocratic leaders will ensure the efficiency of the situation and could reduce unnecessary mistakes by the nurses. Therefore, it was hypothesized that:

H$_1$. *There is an association between an autocratic leadership style and QWL among nurses.*

2.4. Democratic

Democratic leadership, according to Klein, is a process through which individuals discuss their decisions, followed by responsible action. According to Siddique and Harms et al., the democratic leadership style is extensively implemented in most Asian, Middle Eastern, and Western countries. In most leadership circumstances, a democratic leader fosters participation in decision-making, and democratic leadership is associated with improved morale [25]. Meanwhile, according to Kartono, it is a practice that coordinates all members' work and responsibilities by promoting a sense of responsibility and good teamwork. The type of leader who employs this leadership style recognises and respects each employee's worth and regard. Democratic leaders' activities are founded on trust, integrity, equality, honesty, an open mindset, and, last but not least, mutual respect among team members to develop strong connections and relationships through effective listening and understanding. Several authors all found that democratic leadership has a significant impact on major job outcomes, including satisfaction and innovation. Some other recent studies found that it has a good impact on performance. A past study by Elenkov reveals that the democratic leadership style and employee QWL have a positive and significant association. Therefore, it was hypothesized that:

H$_2$. *There is an association between a democratic leadership style and QWL among nurses.*

2.5. Transformational

Since transformational leaders explain the charismatic vision, followers can obtain information about all other individuals and the company as a whole, which boosts their self-confidence, fosters teamwork, and produces a pleasant work environment. When a leader exhibits transformational behaviours, their followers' self-efficacy to complete a task improves, which in turn improves people's well-being. Several studies have investigated the effects of transformational leadership and discovered that it is favourably related to employee outcomes, such as work engagement, work behaviour, and job performance. For example, Jurado et al. highlighted the value of transformational leadership styles in the healthcare sector for boosting employee wellness. According to previous research, transformational leadership has a favourable impact on the quality of the work life of hospitality employees [2]. IT professionals' work life, job satisfaction, and retention intentions have also been associated with transformational leadership behaviours. Hentschel et al., on the other hand, discovered a positive and negative relationship between transformative leadership and nurse job satisfaction. Therefore, it was hypothesized that:

H₃. *There is an association between a transformational leadership style and QWL life among nurses.*

2.6. Transactional

In 1947, Max Weber was the first to describe transactional leadership, followed by Bernard Bass in 1981. Transactional leadership, according to Bass, establishes the foundation for relationships between leaders and followers by defining expectations, clarifying roles, and offering recognition and rewards in order to accomplish the desired results. This type of leadership focuses more on persuading others to join them through a reward or punishment system that honours correct behaviours while eradicating bad ones through corrective measures. Transactional leadership is a style of leadership in which the leader may use both rewards and punishments to entice his followers to follow him [26]. In the same vein, [27] states Transactional leaders can keep staff engaged for the short term by using an award and punishment system. These interactions enable leaders to meet their performance goals, complete required tasks, maintain the current organisational situation, inspire followers through legal arrangements, direct followers' behaviour toward the accomplishment of defined objectives, emphasise extrinsic rewards, prevent unwanted risks, and concentrate on improving organizational efficiency. A past study by Paracha et al. demonstrated that transactional and transformational leadership styles are both significantly correlated with employee performance. However, transactional leadership was shown to be more strongly associated with employee performance than transformational leadership. According to a recent study, using a transactional leadership style will improve the quality of work life. Therefore, it was hypothesized that:

H₄. *There is an association between a transactional leadership style and QWL among nurses.*

3. Proposed Research Framework

To conduct this study, a conceptual model was prepared based on previous literature. As a result, this paper suggests an association between leadership style and nurse QWL during the COVID-19 pandemic. It is proposed that there is a positive relationship between leadership styles and QWL. Figure 1 shows the framework of the study. The framework shows leadership styles (autocratic; democratic; transformational; and transactional) as the independent variables used to explain the QWL of nurses as the dependent variable.
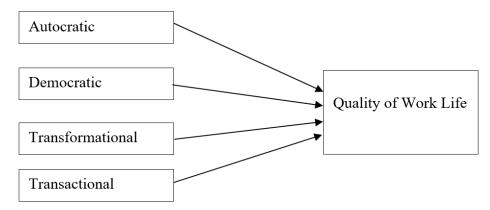
Figure 1. Proposed Framework.

4. Methodology

The research strategy is based on quantitative research. The researcher used correlational research as the research design because this study aimed to investigate the correlation between leadership styles and QWL. The target population of this research is nurses who are working in the healthcare industry in Selangor. The total population for this study was 230 nurses. The researcher used simple random sampling in this study because simple random sampling is a completely random method of picking a sample in which each component and population has an equal chance of being included in the sample. The questionnaire is the primary data-gathering tool for this study. Because of the advantages of low cost and fast speed in transmitting and returning information, an online questionnaire was used as the data collection method. Moreover, it is the best technique to gather data during the pandemic crisis.

4.1. Measures

The instruments are divided into five sections, which consist of Section A, Section B, Section C, Section D, Section E, and Section F. The first section consists of questions on demographics, which include gender, age, years of employment, and department. Next, Section B consists of questions on measuring the independent variables for Democratic Leadership Styles; Section C is focused on Autocratic Leadership Styles; Section D is focused on Transformational Leadership Style; Section E is focused on Transactional Leadership Style; and lastly, Section F is focused on QWL of nurses. To measure the leadership style, the questionnaire was adapted from the Multifactor Leadership Questionnaire while the Quality of Work-Life Scale is adapted from [28]. All item scales were constructed on a 5-point Likert format ranging from 1-strongly disagree to 5-strongly agree.

4.2. Reliability Analysis

Based on Table 1, Democratic Leadership resulted 0.926, Autocratic Leadership resulted in 0.768, Transformational Leadership resulted in 0.900, Transactional Leadership resulted in 0.910, and Quality of Work Life variables resulted in 0.916. According to the description details of Cronbach Alpha's reading, all four variables written are excellent, meanwhile Autocratic Leadership is considered good.

Table 1. Reliability Analysis.

Variables	Cronbach's Alpha	N. of Items	Description
Democratic Leadership	0.926	7	Excellent
Autocratic Leadership	0.768	6	Good
Transformational Leadership	0.900	7	Excellent
Transactional Leadership	0.910	8	Excellent
Quality of Work Life	0.916	6	Excellent

5. Findings

From 230 sets of questionnaires given, only 202 nurses answered the questionnaires and were valid. The results indicated that 87.8 percent of the respondents had participated in answering the questionnaire. Most of the respondents were females (98%) and the highest number of respondents belonged to the age group 30–40 years old (41.6%). Most respondents had worked for more than 10 years (44.1%) of service in the organization, and 41.3% of respondents were from the clinical department.

Table 2 shows Pearson's correlation test results for leadership style and QWL of nurses. The findings reveal all the variables that have a moderate correlation with the QWL of nurses. Transactional leadership style shows the highest correlation ($r = 0.688$, $p = 0.000$), followed by Transformational leadership style ($r = 0.617$, $p = 0.000$), Democratic leadership style ($r = 0.600$, $p = 0.000$), and lastly Autocratic leadership style ($r = 0.487$, $p = 0.000$). It can be concluded that all variables have a moderately significant correlation with QWL. It also indicated that applying a transactional leadership style would improve the nurses' quality of life at work.

Table 2. Correlation Analysis of Leadership Style and QWL.

		MEAN_QWL
MEAN_TFL	Pearson Correlation	0.617 **
	Sig. (2-tailed)	0
MEAN_TL	Pearson Correlation	0.688 **
	Sig. (2-tailed)	0
MEAN_A	Pearson Correlation	0.487 **
	Sig. (2-tailed)	0
	Pearson Correlation	0.600 **
MEAN_D	Sig. (2-tailed)	0
	N	202

** $p < 0.01$.

The regression and ANOVA results of the model are presented in Tables 3 and 4. The $R^2 = 0.528$ implies that the dependent variable was influenced by the independent variables, which are transformational leadership, transactional leadership, democratic leadership, and autocratic leadership, by 52.8%. The full model containing all predictors was statistically significant at 5% because the *p*-value of 0.000 is less than the significance level of 0.05.

Table 3. Model Summary.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.726 [a]	0.528	0.518	0.40083

[a] Predictors: (constant) Democratic Leadership, Autocratic Leadership, Transformational Leadership and Transactional Leadership.

Table 4. ANOVA.

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	35.346	4	8.837	55.000	0.000 [b]
Residual	31.651	197	0.161		
Total	66.997	201			

[b] Predictors: (constant) Democratic Leadership, Autocratic Leadership, Transformational Leadership and Transactional Leadership.

The coefficient results presented in Table 5 indicate that Transactional Leadership Style with a beta of (0.381) and Democratic Leadership Style with a beta of (0.208) are statistically significant and strong predictors of nurses' QWL. The findings clearly show that the transactional leadership style has the greatest impact on nurses' QWL.

Table 5. Coefficients.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
1 (Constant)	0.364	0.321		1.135	0.258		
MEAN_DL	0.193	0.063	0.208	3.069	0.002	0.521	1.919
MEAN_AL	0.166	0.087	0.114	1.909	0.058	0.673	1.487
MEAN_TFL	0.166	0.095	0.138	1.737	0.084	0.379	2.637
MEAN_TL	0.420	0.095	0.381	4.436	0.000	0.326	3.069

6. Discussion

Based on the results of Pearson correlation analysis, transformational, transactional, democratic, and autocratic leadership styles have positive and moderate relationships with QWL among nurses. However, through the regression analysis, it can be concluded that the transactional leadership style is the most influential leadership style on QWL among nurses, followed by the democratic leadership style. It is because the beta coefficient for the transactional leadership style is the highest among the four leadership styles being studied, at 0.381 and a significant value of 0.000. It was discovered that using a transactional leadership style would improve the nurses' quality of life at work. The findings are supported by previous findings by [3], who found that transactional leadership style has a strong, positive, and significant relationship with QWL. The respondents also agreed that the manager expresses satisfaction when they meet expectations. Moreover, the manager also guides them in making decisions to establish goals by clarifying roles and requirements. The finding is in line with past findings by Bass presenting that transactional leadership establishes the basis for connections between leaders and followers by defining expectations, clarifying roles, and giving rewards and recognition in order to accomplish the desired results.

Meanwhile, democratic leadership styles also significantly correlate with nurses' QWL. The findings show managers allow nurses to use creativity and ingenuity to solve organizational problems. Subordinates are also more likely to participate in reaching goals, both for the welfare of the organisation and for their own personal development and learning. It was in line with [17], where managers include their subordinates in decision-making processes, taking into consideration their positive and negative viewpoints. Employees become more fully devoted as a result of this. Even though most of the previous findings show transformational leadership is one of the dominating areas that can contribute to employees' work lives, the findings of this study open a new path in leadership and QWL research. Therefore, the current study provides an innovative and valuable perspective through empirical validation by increasing existing knowledge on the quality of work life among nurses through the blending of transactional and democratic leadership styles.

7. Conclusions

Nurses' QWL should be highlighted because their work lives changed during the pandemic as a result of the worry and depression they experienced while treating COVID-19 patients. Therefore, hospitals must be accountable for their QWL, which has an impact on the quality of nursing care offered to patients. The most common element that impacts employee attitudes and behaviours, including QWL, is leadership style. The findings of this study added to the body of knowledge on leadership styles and work-life quality for employees in organisations, especially nurses in the healthcare industry. These findings also indicated that nurse QWL is heavily influenced by leadership, and that leadership can play an important role in defining nurse QWL. As a result, leaders must carefully consider what type of leadership they should adopt if they want to improve staff QWL. The findings yielded Transactional and Democratic leadership styles influence nurses' QWL. Both leadership styles are a mix of different sorts of leadership behaviour and qualities. If a leader needs to focus on close monitoring, finding mistakes and errors, and putting corrective steps in place to address them, a transactional style should be used. On the other hand, when the leader needs to coordinate the activities and responsibilities of all members by emphasising a sense of responsibility and good cooperation, the democratic leadership style will closely fit. Furthermore, democratic leadership is somewhat more productive since it gives employees some autonomy and involves them in decision-making.

7.1. Implication of the Study

This research adds to the current leadership and QWL literature by demonstrating the relationship between leadership styles and nurses' QWL. Therefore, the findings of this study add to the body of knowledge about the impact of transformational, transactional, democratic, and autocratic leadership styles on nurses' QWL in Malaysia. Results from this study can be used to better inform policymakers who want to address issues of QWL. The findings demonstrate that if the leader adopted the right leadership style, the nurses' QWL may improve. Results from this study also yielded that nurses favoured transactional and democratic leadership styles compared to transformational and autocratic leadership styles. It should be known that employees are the most valuable asset in any firm, and employee QWL is heavily influenced by leadership style. Organizations with strong leadership capabilities will increase QWL and performance even more. It was also in line with the Agenda 2030 Sustainable Development Goal (SDG) in supporting SDG 3, ensuring health and well-being at all ages, and SDG 8, promoting decent work and economic growth. Therefore, greater consideration should be given to elevating leadership to a higher priority in order to improve employee QWL. Failure to focus on nurses' QWL will lead to decreased employee retention in the health sector. Thus, paying attention to nurses' QWL will integrate them to produce a more positive work environment and a better work-life balance.

7.2. Recommendation and Limitations

By looking at the results, it was recommended that the organization can apply a transactional leadership approach to improve the QWL of nurses during the pandemic crisis. It shows that there is a significant relationship between transactional leadership and QWL among nurses in Selangor. The leader should be able to skillfully explain about the organization's target to achieve. By applying this, the nurses will realize the significance of self-efficacy when they are achieving the desired goals. The manager should also negotiate often with their subordinates so that the nurses will feel that they also belong to the organization. In addition, managers who want to apply transactional leadership must replace punishments with valuable feedback. If the nurses fail to meet the goal or make careless blunders, respond to their failures with constructive comments instead of anger. Nurses who failed due to communication issues, a lack of skills, or other issues that the boss may resolve through coaching can be reprimanded by engaging them in a dialogue about what went wrong. The manager who applies this leadership approach will

intrigue the nurse's loyalty or commitment with a new idea of having solid recognition and rewards for flourishing the initiatives and innovative ideas development, which precisely communicates to the nurses about the program participation of leader's attachments.

In this analysis, the researcher focuses only on four variables that are related to QWL among nurses, which are transformational, transactional, autocratic, and democratic leadership. There are other leadership styles that are not included in this study. Thus, the researcher hopes that future studies can correlate various leadership factors or variables that can increase QWL among nurses such as laissez-faire leadership, resonance leadership, ethical leadership, and spiritual leadership. Future researchers are also suggested to observe for additional factors that can be related to QWL among nurses that can develop a better and greater impact on QWL among nurses. One of the most crucial considerations is that the sample population for this research study is limited to only 202 nurses. This figure does not represent the complete population of Malaysia's working population. As a result, future research must incorporate additional samples from other industries and areas in order to provide a broader perspective and broader conclusion. Since this study proposed a correlational approach, there can be differing results in the relationships between the independent variables and dependent variables when different respondents are used. Future research could also explore the function of mediating and moderating dimensions such as personality traits, psychological empowerment, trust, perceived organisational support, and other relevant aspects in providing new views and adding to the QWL study's body of knowledge.

Author Contributions: Conceptualization, Z.B.E. and S.A.H.; methodology, Z.B.E.; software, M.K.S.; validation, N.A.M., N.M. and Z.B.E.; formal analysis, S.A.H. and M.K.S.; investigation, N.M.; data curation, S.A.H.; writing—original draft preparation, Z.B.E.; writing—review and editing, Z.B.E. and N.M.; visualization, N.A.M.; supervision, Z.B.E. All authors have read and agreed to the published version of the manuscript.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: Not applicable.

Conflicts of Interest: The authors declare no conflict of interest.

References

1. Diana; Eliyana, A.; Mukhtadi; Anwar, A. Creating the path for quality of work life: A study on nurse performance. *Heliyon* **2022**, *8*, e08685. [CrossRef]
2. Adisa, T.A.; Gbadamosi, G. Regional crises and corruption: The eclipse of the quality of working life in Nigeria. *Empl. Relat.* **2019**, *41*, 571–591. [CrossRef]
3. Andrew, L.; Abdul Latiff, S.F.; Burhan, S. Leadership Styles and Quality of Work Life among Administrative Staff at a Public University in Sarawak. *J. Islamic Soc. Econ. Dev. (JISED)* **2019**, *4*, 44–52.
4. Akter, K.M.; Mei Tang, S.; Adnan, Z. Transformational leadership and quality of work life: A mediation model of trust climate. *Probl. Perspect. Manag.* **2021**, *19*, 161–174. [CrossRef]
5. Francis, F.; Sham, F.; Alias, A.; Wahab, S.M.A.; Yusof, S.; Johan, H. Quality of Work Life among Public Hospital Nurses in Sarawak. *Int. J. Serv. Manag. Sustain.* **2021**, *6*, 51–70. [CrossRef]
6. Maqsood, M.B.; Islam, M.A.; Naqvi, A.A.; Al Qarni, A.; Al-karasneh, A.F.; Iffat, W.; Ghori, S.A.; Ishaqui, A.A.; Aljaffan, A.H.; Alghamdi, S.; et al. Assessment of quality of work life (QWL) among healthcare staff of intensive care unit (ICU) and emergency unit during COVID-19 outbreak using WHOQoL-BREF. *Saudi Pharm. J.* **2021**, *29*, 1348–1354. [CrossRef]
7. Suleiman, K.; Hijazi, Z.; Al Kalaldeh, M.; Abu Sharour, L. Quality of nursing work life and related factors among emergency nurses in Jordan. *J. Occup. Health* **2019**, *61*, 398–406. [CrossRef] [PubMed]
8. Permarupan, P.Y.; Al Mamun, A.; Samy, N.K.; Saufi, R.A.; Hayat, N. Predicting Nurses Burnout through Quality of Work Life and Psychological Empowerment: A Study towards Sustainable Healthcare Services in Malaysia. *Sustainability* **2020**, *12*, 388. [CrossRef]
9. Albagawi, B. Leadership Styles of Nurse Managers and Job Satisfaction of Staff Nurses: Correlational Design Study. *Eur. Sci. J. ESJ* **2019**, *15*, 254–275. [CrossRef]

10. Al-maskari, M.A.; Dupo, J.U.; Al-sulaimi, N.K. Quality of Work Life among Nurses A case study from Ad Dakhiliyah Governorate, Oman. *Sultan Qaboos Univ. Med. J.* **2020**, *20*, e304–e311. [CrossRef] [PubMed]

11. Alwani, S.S.; Majeed, M.M.; Ramzan, Z.; Rauf, S.; Syed, M.S.; Shah, S.H.; Hirwani, M.Z.; Hamirani, F.; Alwani, S.S.; Majeed, M.M.; et al. Evaluation of Knowledge, Practices, Attitude, and Anxiety of Nurses towards COVID-19 during the Current Outbreak in Karachi, Pakistan. *Pak. J. Public Health* **2021**, *10*, 82–90. [CrossRef]

12. Luo, M.; Guo, L.; Yu, M.; Jiang, W.; Wang, H. The psychological and mental impact of coronavirus disease 2019 (COVID-19) on medical staff and general public—A systematic review and meta-analysis. *Psychiatry Res.* **2020**, *291*, 113190. [CrossRef]

13. Chui, P.L.; Chong, M.C.; Abdullah, K.L.; Ramoo, V.; Tang, L.Y.; Lee, W.L.; Che, C.C.; Yahaya, N.A.; Rasaiah, K.; Zaini, N.H.; et al. The COVID-19 global pandemic and its impact on the mental health of nurses in malaysia. *Healthcare* **2021**, *9*, 1259. [CrossRef]

14. Agusto, N.W.; Mediawati, A.S.; Komariah, M. Factors Related to Quality of Nursing Work Life (QNWL) during The COVID-19 Pandemic: A Scoping Review. *Malays. J. Med. Health Sci.* **2022**, *18*, 262–266.

15. Kelbiso, L.; Belay, A.; Woldie, M. Determinants of Quality of Work Life among Nurses Working in Hawassa Town Public Health Facilities, South Ethiopia: A Cross-Sectional Study. *Nurs. Res. Pr.* **2017**, *2017*, 5181676. [CrossRef] [PubMed]

16. Sansuwito T bin Prasath, R.; Novera, M.; Sarli, D.; Poddar, S.; Ariani, N. The Effect of Leadership Styles on Nurse Performances and Job Satisfaction Among Nurses in Dumai Public Hospital: Technological Innovation as Mediator. *Malays. J. Med. Health Sci.* **2022**, *18*, 229–234.

17. Veliu, L.; Manxhari, M.; Demiri, V.; Jahaj, L. The Influence of Leadership Styles on Employee's Performance. *Vadyba J. Manag.* **2017**, *31*, 59–69.

18. Ming, A.; Goh, J.; Ang, S.Y.; Della, P.R. Leadership style of nurse managers as perceived by registered nurses: A cross-sectional survey. *Proc. Singap. Heal.* **2018**, *27*, 205–210. [CrossRef]

19. Durmuş, S.C.; Kırca, K. Leadership Styles in Nursing. In *Nursing: New Perspectives*; Durmuş, S.C., Ed.; IntechOpen: London, UK, 2019. [CrossRef]

20. Sekhara Rao, K.S.; Sahyaja, C.; Lahari, S.; Vasavi Pravallika, S. Role of leadership styles in quality of work-life: A study on education sector. *Int. J. Mech. Eng. Technol.* **2018**, *9*, 122–133.

21. Irabor, I.E.; Okolie, U.C. A Review of Employees' Job Satisfaction and Its Affect on Their Retention. *Ann. Spiru Haret Univ. Econ. Ser.* **2019**, *19*, 93–114. [CrossRef]

22. Igbaekemen, G.O. Impact of Leadership Style on Organisation Performance: A Srategic Literature Review. *Public Policy Adm. Res.* **2014**, *4*, 126–136.

23. Dyczkowska, J.; Dyczkowski, T. Democratic or Autocratic Leadership Style? Participative Management and its Links to rewarding Strategies and Job Satisfaction in SMEs. *Athens J. Bus. Econ.* **2018**, *4*, 193–218. [CrossRef]

24. Ping, A.T. The Relationship between Leadership Styles and Employees' Job Satisfaction in Small and Medium Enterprises (SMEs). Ph.D. Thesis, Universiti Tunku Abdul Rahman, Petaling Jaya, Malaysia, 2015.

25. Diana, I.N.; Supriyanto, A.S.; Ekowati, V.M.; Ertanto, A.H. Factor Influencing Employee Performance: The Role of Organizational Culture. *J. Asian Financ. Econ. Bus.* **2021**, *8*, 545–553. [CrossRef]

26. Bhatt, H.C. Leadership styles and quality of work life in small and medium scale enterprises of Kumoun region of Uttarakhand. *J. Strateg. Hum. Resour. Manag.* **2018**, *7*, 23–32.

27. Rathi, N.; Soomro, K.A.; Rehman, F.U. Transformational or Transactional: Leadership Style Preferences during COVID-19 Outbreak. *J. Entrep. Manag. Innov.* **2021**, *3*, 451–473. [CrossRef]

28. Almarsh, S.O. A Measurement Scale for Evaluating Quality of Work Life: Conceptualization and Empirical Validation. *Trends Appl. Sci. Res.* **2015**, *10*, 143–156. [CrossRef]