

The Influence of the Hospital Service Leadership on of Employees Job Satisfaction

-- The Mediating Role of Job Redesign

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Abstract: The rapid development of modern society has led to the increasing popularity and improvement of education, resulting in the expansion of knowledge-based talent teams. Hospitals have been challenged with improving employee job satisfaction and identifying effective leadership styles that can foster a positive workplace environment. It is crucial to investigate the correlation between service-oriented leadership, work remodeling and job satisfaction, which greatly impacts the development of hospitals. Based on the research on the relationship between servant leadership, job redesign and work satisfaction, this paper proposes the influence of servant leadership on employees' work satisfaction and the mediating role of job redesign. After conducting a thorough literature review and administering a questionnaire based on established measures of service leadership, work happiness, and job remodeling from both domestic and international sources, online responses were collected from hospital employees. Statistical analysis was performed using SPSS 2.0 software. The results indicate that hospital service leadership has a positive effect on staff work happiness and that hospital service-oriented leadership positively affects staff work remodeling. Additionally, job remodeling is found to have a positive influence on employee work happiness and serves as an intermediary between hospital service-oriented leadership and employee work happiness.

Keywords: Service Leadership; Job Satisfaction; Mediating Role.

1. Introduction

Leaders play a crucial role in the growth and development of enterprises and other organisations. The actions of a leader can have a direct impact on the attitudes of employees towards work and investment in achieving organisational goals, as well as the expected benefits and goal realisation [1]. With the increasing prevalence of education in China, the pool of knowledgeable professionals in the job market is expanding at a rapid pace. Such developments signal the emergence of a confident and discerning workforce. These young, educated individuals are commonly referred to as the new generation of Chinese enterprise employees. They possess a tendency to challenge traditional professional authority, demonstrate considerable self-esteem, and promote a leadership philosophy that prioritises people [2]. Effective management of employees to enhance their job satisfaction is a significant consideration.

Ge Jinjin et al. uncovered that numerous factors, including personal qualities, working environment, and the characteristics of the enterprise working group affect the work happiness and emotions of employees in actual working scenarios [3]. However, only limited research is available on the strategies that can improve the happiness of hospital employees at work. Therefore, it is crucial to investigate whether providing services in hospitals can enhance employee satisfaction.

Does service-oriented leadership in hospitals impact employee work satisfaction, and are there any mediating factors? By doing so, the study provides a foundation for hospitals to enhance their ability to maintain and manage their employee relations. This study establishes service-oriented leadership as the independent variable, work happiness as the dependent variable, and work remodeling as the intermediary variable.

2. Study Hypothesis

2.1. The Relationship between Service-Oriented Leadership and Work Happiness

In healthcare organisations, the primary objective of service-oriented leadership is to enhance the job satisfaction of employees, thus increasing their job recognition. Moreover, it positively impacts the work passion and commitment of hospital staff. Leaders with a service-orientation prioritise the needs of their employees and adopt a people-centred approach. Firstly, service-oriented hospital leaders must attend to the needs of their employees and subordinates, authorise and listen to them, fully trust them, and provide them with personal opportunities for growth. They should also utilise their knowledge and ability to help subordinates develop. Based on this, the hypothesis is proposed:

H1: Hospital service-oriented leaders have a positive effect on employees' work happiness.

The relationship between service-oriented leadership and work remodelling remains an area of investigation.

2.2. The Relationship between Service-Oriented Leadership and Work Remodeling

Work remodelling was first proposed by Wrzesniewski and Dutton [4], who postulated that employees would reshape the boundaries of their work field and change their role (identity) in order to improve their work significance and achieve work identity. From the perspective of roles, work reconstruction can be categorised into task reconstruction, relationship reconstruction, and cognitive reconstruction. Firstly, task restructuring involves modifying tasks by adding or reducing them or changing their mode of operation. Relationship

restructuring involves adjusting the nature and field of work to maintain effective interactions with others, while cognitive restructuring involves changing one's perspective or ability to comprehend their work thoroughly. Service-oriented leadership provides employees with sufficient autonomy, thus supporting the hypothesis:

H2: The Positive Impact of Service-Oriented Leadership in Hospitals on Staff Work Reshaping and Happiness

2.3. Relationship between Work Remodeling and Work Happiness

Work remodeling refers to bottom-up active behavior that is centred on employee needs. By engaging in positive work reshaping behaviors, employees can experience a stronger sense of happiness at work through increased positive emotions. Satisfaction among employees with their individual work and workplace is an effective means to enhance their overall job satisfaction. To enhance work happiness, individuals must possess an understanding of their career and job description. Consequently, they can alter their tasks to better suit their preferences and skills. Therefore, the hypothesis:

H3: Work remodeling positively affects employees' happiness at work

2.4. The Mediating Role of Job Remodeling

In an uncertain and ever-evolving working environment, the significance of employees is emerging. Work remodelling,

which entails actively modifying work tasks and relationships based on personal circumstance and cognition, is an individual behaviour that does not necessitate formal approval or authorisation, and can be accepted by leadership or personnel in the same department. In this study, hospital service leadership is categorised as an external factor, whereas work happiness is associated with individual emotions, and work remodeling pertains to internal factors of the individual. Therefore, this study posits that work remodelling acts as a mediator between hospital service leaders and the well-being of their staff. As such, this paper assumes the following:

H4: Work remodeling serves as a mediator between hospital service leaders and employees' work satisfaction.

3. Study Design

3.1. Study Subjects

The study included hospital staff who were surveyed through online distribution and data collection. To ensure the authenticity and validity of the data, the attention detection questions were designed in the questionnaire. A total of 123 questionnaires were distributed, with 12 being excluded due to incomplete responses. Out of the remaining 111 questionnaires, 90% were retrieved effectively. The control variables for this research consisted of gender, working years, and professional title. Details of the sample statistics can be found in Table 1.

Table 1. Sample Statistics

name	option	frequency	percentage (%)
1. Your gender.	man	38	34.23
	woman	73	65.77
2. Your age.	Age 20 and below	5	4.5
	21-35 Years old	99	89.19
	36-45 Years old	6	5.41
	Over 55 years old	1	0.9
3. Your degree.	special school	1	0.9
	junior college	19	17.12
	undergraduate course	84	75.68
	postgraduate	7	6.31
4. How long do you have your work for.	Half a year to one year	64	57.66
	1 To 3 years	32	28.83
	Three to five years	9	8.11
	More than 5 years	6	5.41
5. The grade of your hospital is:	Three a	47	42.34
	Three b	1	0.9
	cacodyl	32	28.83
	Two b	2	1.8
	privately-owned	4	3.6
	other	25	22.52
6. Your professional title.	elementary	45	40.54
	middle rank	13	11.71
	senior	2	1.8
	other	51	45.95
amount to		111	100

3.2. Scale Selection

To ensure the validity and reliability of the questionnaire, the mature scale in domestic and foreign studies. All scales use the Likert 6-point scoring method, where 1 represents complete inconsistency, 2 represents inconsistency, 3 represents some inconsistency, 4 represents some conformity, 5 represents consistency, and 6 represents full consistency.

Service-oriented leaders: the service-oriented leadership scale developed by Sendjaya et al. (2017) has six measurement items, such as "leaders use rights to serve others, not for selfish interests".

Work happiness: zheng et al. (2015) measures of work happiness, 6 measures, such as "My work is very interesting".

Work remodeling: Work remodeling adopts the scale developed by Tims et al. (2012), with 9 measures items, such as "I will strive to improve my skills".

4. Statistical Analysis

SPSS 2.0 software was used to analyse and present the data. Firstly, the reliability and validity tests of the servant leadership, work redesign and work wellbeing variables were carried out and then the data was analysed to test the hypothesis of the findings.

4.1. The Reliability Analysis

Table 2. Analysis of the questionnaire reliability

variable	Cronbach's Alpha	Scale items
Service-oriented leadership	0.869	6
Job remodeling	0.828	9
Work happiness	0.852	6

A Cronbach's alpha analysis was carried out on the variable's servant leadership, work redesign and work wellbeing. The coefficients were 0.869, 0.828 and 0.852 respectively. In this study, the service leadership, work

redesign and work happiness scales all have high reliability, so the measurement accuracy of this questionnaire is high.

4.2. Validity Analysis

Table 3. Questionnaire validity overview

variable	KMO	Sig
Service-oriented leadership	0.943	0.000
Job remodeling	0.923	0.000
Work happiness	0.934	0.000

Analysis by Kaiser-Meyer-Olkin for service-oriented leadership, job remodeling, and work well-being. The results show that the coefficient of service-oriented leadership is 0.943, work remodeling is 0.923, and the validity of work happiness is 0.934, indicating that service-oriented leadership,

work remodeling and work happiness scale all have good structural validity, so the design of this questionnaire is reasonable and accurate.

4.3. Correlation Analysis

Table 4. Correlation analysis of the study variables

	average value	standard error	Service-oriented leadership	Job remodeling	Work happiness
Service-oriented leadership	4.587	0.878	1		
Job remodeling	4.781	0.741	0.805**	1	
Work happiness	4.571	0.962	0.833**	0.781**	1

Note: * p < 0.05 ** p < 0.01

As can be seen from Table 4, the coefficient of service leadership and work redesign is $r=0.805$, $P < 0.01$, service leadership 0.01 is $r=0.833$, $P < 0.01$, work redesign is $r=0.781$, $P < 0.01$, there is a significant positive correlation between them. Therefore, hypotheses H1, H2 and H3 have been provisionally verified.

4.4. Regression Analysis

To test hypothesis H1: Hospital service leadership has a positive effect on employees' job satisfaction, this study takes service leaders as the independent variable, employees' job satisfaction as the dependent variable, and gender,

educational background, tenure, and job title as control variables. As can be seen from Table 5, the F value changed significantly after Model 2 was added to Model 1 ($P < 0.05$). Specifically, the regression coefficient of service-oriented

leaders was 0.890, which was significant ($t=15.094$, $P=0.000 < 0.01$), which was statistically significant, indicating that service-oriented leaders in the hospital positively affected employees' job satisfaction, so H1 is supported.

Table 5. Hospital service leaders have a positive impact on employees' work happiness

variable	Model 1					Model 2				
	B	standard error	t	p	β	B	standard error	t	p	β
	3.678**	0.686	5.359	0.000	-	-0.068	0.460	-0.148	0.883	-
sex	-0.042	0.195	-0.215	0.830	-0.021	0.009	0.110	0.078	0.938	0.004
record of formal schooling	0.209	0.178	1.174	0.243	0.110	0.111	0.100	1.109	0.270	0.059
How long is it to work	0.269*	0.109	2.477	0.015	0.239	0.121	0.062	1.943	0.055	0.107
professional ranks and titles	-0.028	0.065	-0.430	0.668	-0.041	0.011	0.037	0.290	0.773	0.016
Service-oriented leadership						0.890**	0.059	15.094	0.000	0.812
R ²	0.075					0.708				
adjust R ²	0.040					0.694				
F price	F (4,106)=2.152,p=0.079					F (5,105)=50.969,p=0.000				
ΔR^2	0.075					0.633				
ΔF price	F (4,106)=2.152,p=0.079					F (1,105)=227.819,p=0.000				
Dependent variable: happiness at work (n=111)										
Note: * p < 0.05 ** p < 0.01										

Hypothesis H2: Hospital service leadership has a positive effect on employee work redesign. Service leadership is taken as the independent variable, employee work redesign is the dependent variable, and gender, educational background, working hours and job title are the control variables. As can be seen from Table 6, the F-value changed significantly (P

<0.01) after the addition of service leaders in Model 4, based on Model 3. The regression coefficient of service leaders is $\beta = 0.673$ and $P < 0.001$, which is significant, indicating that service leaders have a positive impact on work redesign, assuming H2 is established.

Table 6. Service-oriented leadership positively affects work remodeling

variable	Model 3					Model 4				
	B	standard error	t	p	β	B	standard error	t	p	β
	4.180**	0.533	7.848	0.000	-	1.350**	0.377	3.583	0.001	-
sex	-0.158	0.151	-1.047	0.298	-0.102	-0.120	0.090	-1.333	0.185	-0.077
record of formal schooling	0.212	0.138	1.539	0.127	0.145	0.139	0.082	1.687	0.095	0.095
How long is it to work	0.136	0.084	1.618	0.109	0.157	0.024	0.051	0.477	0.634	0.028
professional ranks and titles	0.013	0.050	0.259	0.796	0.025	0.042	0.030	1.402	0.164	0.080
Service-oriented leadership						0.673**	0.048	13.926	0.000	0.797
R ²	0.061					0.670				
adjust R ²	0.025					0.654				
F price	F (4,106) =1.709, p=0.153					F (5,105) =42.643, p=0.000				
ΔR^2	0.061					0.609				
ΔF price	F (4,106) =1.709, p=0.153					F (1,105) =193.942, p=0.000				
Dependent variable: job remodeling (n=111) Note: * p < 0.05 ** p < 0.01										

Test of hypothesis H3: Work redesign has a positive effect on hospital employees' work satisfaction. Work redesign as the independent variable, employees' work happiness as the dependent variable, gender, educational background, working hours and job title as control variables, and the regression

equation. As can be seen from Table 7, in Model 6, the F value changed significantly ($P < 0.01$), and the regression coefficient of work redesign was $\beta = 0.999$, $P < 0.001$. Is statistically significant, so work remodeling has a positive effect on work satisfaction, and H3 is supported.

Table 7. Work remodeling positively affects work happiness

variable	Model 5					Model 6				
	B	standard error	t	p	β	B	standard error	t	p	β
	3.678**	0.686	5.359	0.000	-	-0.499	0.547	-0.911	0.364	-
sex	-0.042	0.195	-0.215	0.830	-0.021	0.116	0.124	0.935	0.352	0.057
record of formal schooling	0.209	0.178	1.174	0.243	0.110	-0.003	0.114	-0.030	0.976	-0.002
How long is it to work	0.269*	0.109	2.477	0.015	0.239	0.133	0.070	1.904	0.060	0.118
professional ranks and titles	-0.028	0.065	-0.430	0.668	-0.041	-0.041	0.041	-0.994	0.322	-0.060
Job remodeling						0.999**	0.079	12.587	0.000	0.769
R ²	0.075					0.631				
adjust R ²	0.040					0.614				
F price	F (4,106)=2.152,p=0.079					F (5,105) =35.964, p=0.000				
Δ R ²	0.075					0.556				
Δ F price	F (4,106)=2.152,p=0.079					F (1,105) =158.428, p=0.000				
Dependent variable: well-being at work (n=111) * p <0.05 ** p <0.01										

Through analysis, service leadership positively affects employees' work happiness; work redesign positively affects work happiness; service leadership has a significant influence on work redesign. However, whether work remodeling can play an intermediary role between servant leadership and work happiness, and verify hypothesis H4, with servant leadership as the independent variable, work remodeling as the intermediary variable, and work happiness as the dependent variable.

The test method is Baron & Kenny (1986) [4]. The first step is regression analysis with service leader as the independent variable to see whether the regression coefficient reaches the significant level. If the significant level is reached, the second step is a regression analysis with service leader as the independent variable and work happiness as the dependent variable to test whether the regression coefficient reaches the significant level. If the significant level is reached, the third step is the regression analysis with work remodeling as the

independent variable and work happiness as the dependent variable to determine whether the regression coefficient reaches the significant level. If the significant level is reached, the fourth step is a regression analysis of work happiness by service leadership and work remodeling. If the regression coefficient of work remodeling is still significant, but the regression coefficient of service-oriented leaders decreases, it indicates that work remodeling has a partial mediating role on service-oriented leaders and work happiness; and the regression coefficient of service-oriented leaders on work happiness is not significant, then work remodeling completely plays a mediating role between service-oriented leaders and work happiness.

Based on the above four-step testing method, the stepwise regression method was used to test the mediating role of work redesign in hospital service-oriented leadership and work satisfaction, as shown in the table.

Table 8. Work table of work mediation test

variable	Work happiness	Job remodeling	Work happiness
	0.382 (1.410)	1.666** (7.432)	-0.299 (-0.951)
Service-oriented leadership	0.913** (15.732)	0.679** (14.146)	0.635** (6.876)
Job remodeling			0.409** (3.735)
sample capacity	111	111	111
R ²	0.694	0.647	0.729
adjust R ²	0.691	0.644	0.724
F price	F (1,109)=247.493,p=0.000	F (1,109)=200.104,p=0.000	F (2,108)=145.427,p=0.000
* P <0.05 ** P <0.01 t values are indicated in parentheses			

Table 9. Summary of mediation effect size results

Item	inspect the conclusion	C gross effect	a*b mesomeric effect	c' direct effect	Formula of effect ratio	Effect ratio
Service leadership => work remodeling => work happiness	Part of the intermediary	0.913	0.278	0.635	a * b / c	30.414%

As shown in Tables 8-9, servant leadership and work remodelling have a significant effect on job satisfaction, as do servant leadership and work remodelling. When work remodelling is included as a mediating variable, servant leadership has a significant effect on work satisfaction (beta=0.409, P=0.000 <0.01), while work remodelling still has a significant effect on work satisfaction. H4 is therefore supported.

5. Conclusion and Recommendations

5.1. The Conclusion

The results show that service-oriented leadership has a positive effect on employees' work satisfaction, work redesign has a positive effect on employees' work satisfaction, service-oriented leadership has a significant effect on work redesign, and work redesign plays an intermediary role between hospital service-oriented leaders and employees' work satisfaction. Based on the results of the study, the following suggestions are made to improve the work happiness of hospital staff.

5.2. Interventions at the Level of External Factors to Improve Employees' Happiness at Work

In order to improve employees' work satisfaction, we can not only rely on employees' own adaptation and appreciation of their work, but also improve employees' work satisfaction through the intervention of external factors at the organisational level. First of all, a variety of choices should be provided. The list of excellent schools or institutions at home and abroad should be expanded every year. Employees can go to their favourite institutions to study and train according to their own conditions. Then, the unit should establish and improve a variety of systems, such as improving the detailed rules of the reward and punishment system, trying to improve the treatment of employees, protecting the interests of employees. Actively provide more skills training and professional experience exchange opportunities so that employees can acquire new knowledge and skills in a timely manner, and carry out a variety of practical sports and sports activities to continuously improve the overall quality of employees and the collective sense of belonging. Second, let employees have a full say and make suggestions to participate in the unit's development planning discussion, to enhance the sense of ownership and sense of belonging. At the same time, increase capital investment and the updating and use of medical equipment, and timely replacement of the latest medical instruments, which is not only responsible for patients, but also more effectively help doctors get more real data, to make accurate diagnosis of patients.

5.3. Provide more Services to Your Employees Through Empathetic Leadership

Global management and the use of power by leaders: Leaders need to be globally aware and use power wisely. In addition, leaders should be flexible to empower, trust people's abilities, and share their ideas and ultimate goals with the team to build cognitive consensus and organisational identity. In achieving any goal, it is essential to clearly define each person's responsibilities, employee security and rewards: Leaders must also create a sense of security and belonging, and be good at rewarding employees. This can be achieved by

providing guidance and reducing criticism, because modern employees generally have a strong sense of self-esteem and autonomy and are sensitive to criticism; Information symmetry and leaders' service attitude: In the past, leaders usually had more comprehensive knowledge, but the modern mobile Internet has broken the nature of information asymmetry. Therefore, leaders need to provide more services and be willing to accept their shortcomings; employee satisfaction and job opportunities: Leaders should provide opportunities and resources to demonstrate their work skills. This will help employees feel more psychologically satisfied; empathy and motivation: Finally, leaders should be empathetic and aware of their emotions, feelings and needs to stimulate their work motivation.

5.4. Individuals Should Correct Their Attitudes and Pay Attention to Timely Communication

The importance of attitudes, skills, and interpersonal communication in personal development Attitude plays a crucial role in personal development. When faced with difficulties, we must always maintain a positive attitude and give timely feedback rather than delay. A positive attitude also helps us to think more clearly and to overcome challenges.

As well as a good attitude, ability is an important indicator. Decisive action and careful, responsible work can attract the attention of managers. Therefore, we should not be satisfied with the status quo, but constantly improve ourselves.

Effective interpersonal communication is equally important. We should be humble in our approach to leadership and supportive of colleagues. When colleagues succeed, we should express our appreciation and provide timely encouragement and help when they face setbacks.

Finally, we need to be good at seizing opportunities and constantly improving ourselves. Medical units usually provide opportunities for further study and research, and we should identify our goals in time and seize these opportunities. At the same time, I will actively participate in domestic conferences, symposiums and exchange activities to improve the professional level and broaden the field of knowledge.

6. Prospects and Limitations

In this paper, the research of hospital service managers on employees' happiness at work was conducted. In the questionnaire design, we adopted relatively mature scales at home and abroad to ensure the reliability and validity of the study. Spss 2.0 statistical analysis is used to ensure the scientific conclusions. However, there are still shortcomings. Firstly, the scales used are revised versions translated by foreign scientists. Although these scales have been shown to have good reliability and validity, most domestic research uses are concentrated in enterprises, and the few studies on their use in hospitals cannot reflect the real situation. Therefore, future studies should adjust according to the actual situation. Second, there are still many factors that can affect employees' happiness at work, but they were not investigated further in this study. It is hoped that other influencing factors can be tried in future studies to get more convincing results. Third, with regard to the hospital staff questionnaire, due to their own resources are limited, in the process of questionnaire, the questionnaire for filling and collection has limitations, data from convenient sampling, sample from

parts of Guangxi and less effective sample size, the results cannot fully represent the whole situation, need to be improved. In the future, the sample size can be increased to ensure that the data can be more accurate and the survey scope in the study can be expanded.

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