Relationship between leadership style of the nursing institutes’ leaders and their teachers’ job satisfaction and motivation

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Abstract:
Background: Nurse Teachers' dissatisfaction is often attributed to heavy workloads, inadequate leadership styles used by their leaders, lack of motivation, inadequate training, and lack of recognition and respect. The aim of this study is to investigate the relationship between leadership styles of the nursing technical institutes' leaders and nurse teachers' job satisfaction and motivation to work. Setting: It was conducted in 18 different Nursing Technical Institute at Elsharkia governorate affiliated to the Ministry of Health and Population (MOHP), the National Health Insurance Organization (HIO), and Zagazig University Hospitals using a cross-sectional analytic design. The study sample included 36 technical institutes’ leaders and 116 nurse teachers. Tools: Data were collected using self-administered questionnaires for both groups. The results revealed that leadership scores were generally low, and 69.4% of the leaders predominantly used the transactional style, compared to 30.6% using the transformational style, with no significant relation to their personal characteristics. Of the nurse teachers 62.1% had total high job satisfaction, and it was significantly related to age, experience, and qualification; 77.6% of them had high motivation, with no significant associations with any of their personal characteristics. Transformational leadership had a significant association with nurse teachers' satisfaction and motivation. A statistically significant moderate positive correlation was revealed between the scores of motivation and satisfaction (r=0.466), and a negative correlation between the scores motivation and transactional style (r=-0.185). It is concluded that leaders of the technical nursing institutes have low leadership scores, and are predominantly using the transactional leadership style. The use of transformational leadership style is associated with higher satisfaction and motivation. Therefore, it is conclusion that the leaders of nursing institutes improve their leadership skills through periodic on-the-job training courses, and continuing education, and this should be a pre-requisite for appointment to leader position. Future research is recommended to test the effectiveness of interventions to enhance nurse teachers’ job satisfaction and motivation such as leadership training programs for leaders and staff development programs for nurse teachers.

Keywords: Leadership, job satisfaction, motivation

Introduction

The healthcare market today needs ethical, competent nursing leadership to ensure quality healthcare delivery. Nursing education is considered as one of the main disciplines that provide the community with qualified health care providers, which leads to promoting the quality of health care system in community. It has undergone rapid and progressive change, moving from apprenticeship to a diploma, to baccalaureate entry to practice (Eric & Rivkin, 2010). This education is provided to students by experienced nursing teachers and other medical professionals who have qualified or experienced for educational task to develop a lifelong learner who can
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adapt effectively to changes in both the theory and practice of nursing (Woessmann, 2010). Several factors affect the performance of nurse teachers, and job satisfaction is considered as one of them (Pugno & Depedri, 2009). Actually, job satisfaction is crucial to the long-term growth of any educational system around the world (Alsweel & Buchl, 2009).

Leadership can have a major impact on job satisfaction and motivation, and consequently, on performance (Abedi, Hedayatifzadeh & Rostami, 2011). In fact, nurses’ job satisfaction is positively linked to quality of care, while dissatisfaction leads to absenteeism, expression of grievances, and turnover (Al-Hussami, 2008). Moreover, job satisfaction is a factor in employee motivation, goal achievement, and positive morale in the workplace (Heathfield, 2011). Meanwhile, the lack of motivation hampers productivity and damages growth prospects (Ken, Param & Shan, 2010). Hence, leaders must tend to increase job satisfaction and create motivation so that staff does their activity and work in the organization with enthusiasm and reach the goals (Taleghani, Gholamreza & Ali, 2010).

While some people are born to be leaders, many have to be trained and nurtured to be leaders (Robbins & Judge, 2009). The future of the nursing profession is associated with the willingness of the leaders to change the way they lead (Porter-O’Grady & Malloch, 2011). The leadership style of a nurse’s immediate supervisor has been identified as a significant factor in job contentment and retention of registered nurses (Marivic, 2009).

The leadership style that individuals use is based on a combination of their beliefs, values and preferences, as well as the organizational culture and norms which will encourage some styles and discourage others (Madhurjya, 2010). The leadership styles are classified into traditional and advanced. Traditional styles include autocratic, democratic participative, laissez-faire, and bureaucratic styles. The advanced styles include transactional and transformational types. The transformational leadership is different from the transactional as it focuses on internal and value-based changes in the individuals that cause them to adopt the new changes and motivate them to perform to their fullest potential (Jaime & Becky, 2009; Roussel, 2009). However, the adaptability of style is an increasingly significant aspect of leadership because the world is increasingly complex and dynamic (Allan, 2008).

Aim of the study:
The aim of this study is to:
Investigate the relationship between the leadership styles used by the leaders of nursing technical institutes' and their nurse teachers’ job satisfaction and motivation at work.

Research Questions:

- Do nurses’ teachers differentiate between leadership styles?
- Is there a relationship between leadership styles of the nursing institutes’ leaders and nurse teachers’ job satisfaction?
- Is there a relationship between leadership styles of the nursing institutes' leaders and nurse teachers' motivation to work?
- Do nursing leadership characteristics impact job satisfaction of the nurses and motivation to work?

Subjects and methods:
Research design:
A cross-sectional analytic design was used.
Research setting:
The study was conducted in different Nursing Technical Institute at Elsharkia governorate. These included 18 institutes: 13 affiliated to the Ministry of Health and Population (MOHP), four affiliated to the National Health Insurance Organization (HIO), and one affiliated to Zagazig University Hospitals.

Subjects:
The study sample included two groups: leaders and nurse teachers. The leaders group consisted of a convenience sample of all available technical institute leaders in the above mentioned settings during the academic year 2010/2011 who accepted to participate in the study. Their total number was 36. The nurse teachers group involved a convenience sample of all available technical institute nurse teachers in the study settings during the same academic year and who accepted to participate in the study. Their total number was 116. The exclusion criteria for both groups were having less than one year of experience, or being on leave during the period of the study.

Data collection tools:
Data were collected using a self-administered questionnaire sheet that included four parts:
- **Part I** was for the socio-demographic and work-related data.
- **Part II** was for leaders to assess their leadership style. It was developed by Northouse (2001), and translated into Arabic by Mohammed (2009). It consists of ten items for transactional (questions 1-10) and ten for transformational leadership style (questions 11-20). The response was on a 5-point Likert-type scale ranging from "strongly disagree" to "strongly agree." These were scored respectively from 5 to 1. The scores of the statements of each type were summed-up, converted into percent score, and the total divided by the number of the items, giving a mean score for each type of leadership. For each subject, the leadership type with the highest percent score was considered the type predominantly used.
- **Part III** was for measuring nurse teachers’ job satisfaction; it was adapted from the scale proposed by Tappen (1995), based on Herzberg Hygiene Motivation factors theory. It has 70 questions covering ten domains of satisfaction on a 3-point rating scale: "yes," "sometimes," and "no." These were respectively scored 2, 1 and zero. For each domain, the scores of the items were summed-up and the total divided by the number of the items, giving a mean score for the part. These scores were converted into a percent score. The teacher was considered satisfied if the percent score was 60% or more, and dissatisfied if less than 60%.
- **Part IV** was for determining nurse teachers’ motivation using the tool designed by Alderfer (1972). It consists of 29 items on a 3-point rating scale: "yes," "sometimes," and "no." These were scored like the job satisfaction scale. Both tools were translated into Arabic by Said (1999). The modifications performed by the researchers were revised for content validity by a jury group consisting of eight professors in Nursing Administration at Mansoura and Ain-Shams Universities. The reliability of the leadership, job satisfaction, and motivation scales was tested through measuring its internal consistency, and demonstrated a
good level of reliability, with Cronbach Alpha coefficients 0.83, 0.91, and 0.81 respectively.

**Pilot study:**
A pilot study was carried out on a group of three leaders and 13 nurse teachers, representing about 10% of the total study sample to test applicability and clarity. It also helped to set the timeframe of the study according to the time required to fill out the forms. The results were excluded from the study.

**Fieldwork:**
The data collection lasted from March to May 2010. After fulfilling the required administrative steps, the researchers went to each institute and conducted meetings with the potential subjects. The questionnaire sheets were distributed to those who agreed to participate after being informed about the aim, and procedures of the study.

**Administrative and ethical considerations:**
An official permission to conduct the study was gained from the pertinent authorities of the study settings. The aim and procedures of the study were explained to the directors of the settings to obtain their consent and cooperation in data collection.

The aim of the study was explained to the subjects and their approval to share in the study was taken through informed oral consents. They were informed of their rights to refuse or withdraw at any time with no reason given. Confidentiality of any obtained information was ensured, and the questionnaire forms were anonymous. The study procedures could not entail any harmful consequences on participants.

**Statistical design:**
Data entry and statistical analysis were done using SPSS 14.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Cronbach alpha coefficient was calculated to assess the reliability of the developed tools through their internal consistency. Quantitative continuous data were compared using Student t-test in case of comparisons between two groups. When normal distribution of the data could not be assumed, the non-parametric Mann-Whitney test was used instead of Student t-test. For multiple group comparisons of quantitative data, Kruskal-Wallis test was used. Qualitative categorical variables were compared using chi-square test. Whenever the expected values in one or more of the cells in a 2x2 tables was less than 5, Fisher exact test was used instead. In larger than 2x2 cross-tables, no test could be applied whenever the expected value in 10% or more of the cells was less than 5. Pearson correlation analysis was used for assessment of the inter-relationships among quantitative variables, and Spearman rank correlation for ranked ones. Statistical significance was considered at p-value <0.05.

**Results:**
The nurse leaders’ mean±SD age was 41.6±10.7 years (*table 1*). About three-fourth of them had a bachelor degree or higher (75.0%), and had working experience less than 20 years (72.2%). Concerning nurse teachers, about half of them had their age 50 years or more (45.7%), had a bachelor degree or higher (48.3%), and a working experience of 20 years or more (49.1%).

As for the leadership styles of nurse leaders, *figure (1)* shows that the transactional style was more used (69.4%), compared to the transformational style (30.6%) the predominant style.
Table (2) indicates that the highest percentages of nurse teachers’ job satisfaction were with work relations (93.1%), followed by leadership and supervision (87.9%), and work itself (81.9%). On the other hand, the lowest job satisfaction was with advancement in work (23.3%), salaries and incentives (32.8%), and promotion at work (33.6%). In total, about two-thirds of them (62.1%) were satisfied with their job, while more than three-fourth (77.6%) of them had high motivation.

As illustrated in table (3), nurse teachers’ job satisfaction score had statistically significant weak positive correlations with their age (r=0.284), and years of experience (r=0.239), and a negative correlation with nursing qualification (r=0.272). On the other hand, the motivation score had no statistically significant correlation with any of their personal characteristics.

As regards nurse teacher’s job satisfaction and motivation scores in relation to leaders' leadership styles, table (4) demonstrates that the nurse teachers with leaders predominantly using the transformational style had statistically significantly higher scores of satisfaction (p=0.006) and motivation (p=0.002).

Multivariate analysis identified age, nursing qualification, and transactional leadership score as statistically significant independent predictors of nurse teachers’ job satisfaction score (table 5). Age and qualification are positive predictors, while the transactional leadership score is a negative predictor. The model explains 24% of the variation in motivation score.

Discussion:
This study investigated the relationship between the leadership styles of the nursing technical institutes' leaders and nurse teachers' job satisfaction and motivation to their work in Elsharkia Nursing Institute. The results revealed that nurse leaders predominantly used the transactional leadership style, reflecting a lack of preparation of these managers to be effective leaders. The consequences would be negatively affect teachers and students. Hence, Lai (2011) highlighted that there is now a tendency towards a shared leadership model in an empowering learning community.

According to the present study findings, the transactional leadership style was the most predominantly used, while only about one-third of the leaders were predominantly using the transformational style. This result is in agreement with Mohammed (2009) who studied the impact of leadership styles and leaders’ competencies on employees’ job satisfaction in Malaysia, and found that leaders tended to be slightly higher in transactional than transformational leadership styles. On the contrary, our finding is in disagreement with Wood (2008) who reported that the transformational scores of nurse leaders were much higher, compared to their transactional leadership scores.

The higher percentage of leaders using the transactional leadership style might have its underlying cause in the nature of the educational systems that have recently tightened their control over schools. This would force principals to practice transactional leadership associated
with controlled motivation. However, although controlled motivation can lead teachers to comply with the system’s standards, it is the autonomous motivation that transforms their jobs into a meaningful experience, drives them to practice autonomy-supportive teaching, protects them from burnout, and increases their job satisfaction and motivation (Eyal & Roth, 2011).

The discrepancies among studies regarding the higher utilization of transformational or transactional leadership styles could be attributed to different cultures in developed and developing countries. In support for this explanation, Saud (2011) demonstrated that the use of transformational leadership was lower among Saudi managers, compared to the American ones. The author attributed this difference to the lack of training of Saudi managers in leadership styles such as transformational leadership, while the American nurse managers were exposed to continuing education on the benefits and characteristics of transformational leadership.

However, although the literature gives more merit to transformational style over the transactional one, the leader should be able to adopt the most suitable style according to the situation. In this regard, Lai (2011) highlighted that there is no one “right” way to lead or manage that suits all situations. To choose the most effective approach, some aspects have to be considered, which include the skill levels and experience of the members of the team, the work involved whether routine, new or creative, the organizational environment whether stable or radically changing, conservative or adventurous, and the preferred or natural style.

Concerning job satisfaction, the present study revealed that less than two-thirds of the nurse teachers were satisfied with their job. The finding is in congruence with Van der Westhuizen and Smit (2001) who clarified that there is a tendency worldwide towards job dissatisfaction in education. However, on the contrary, Kalleberg and Maastekaasa (2001) demonstrated relatively high levels of satisfaction among teachers. The discrepancy among studies is certainly due to differences in the work conditions of various settings.

According to the present study, the areas with the least satisfaction were those related to compensation such as salaries and incentives, promotion, and advancement in work, which are considered as satisfier factors. The finding is in agreement with Naidoo (2008) who showed that the study subjects were dissatisfied with salary, promotion, status and recognition but were satisfied with their boss’s leadership style and nature of work. On the same line, Van der Westhuizen and Smit (2001) found that educators were mostly dissatisfied with the post structures and unfair compensations. Hence, Hamidifar (2009) found that employee satisfaction was increased through improving their pay, recognition, and communication.

On the other hand, the present study nurse teachers had high satisfaction with other aspects of the work not related to materialistic issues, as work relations, leadership and supervision, and the work itself. These last factors may be considered as compensatory to dilute the effect of the deficiencies in materialistic assets of the work. In agreement with this, Barnett and McCormick (2003) affirmed that employees' needs and values, such as growth and personal
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Development affects workers' satisfaction at the workplace.

As for the personal factors affecting nurse teachers' job satisfaction, the present study showed that the satisfaction scores were positively correlated to their age, experience years, and lower nursing qualification. The findings are plausible since with advancing age and accumulation of experience, the nurse teachers have more compensation. Moreover, they may have more autonomy on their work, and may feel liking the subjects they are teaching. In congruence with this, Robbins (2001) mentioned that research has consistently found age to exert an influence on job satisfaction. Older employees tend to experience higher levels of job satisfaction (Jones & Johnson, 2000; Bagraim, 2003). Also, in line with our findings Crossman and Harris, (2006) argued that job satisfaction increased with work experience. This has been explained by the fact that older workers are more comfortable and tolerant of authority and may learn to lower expectations for their jobs.

The present study results demonstrated significantly higher job satisfaction scores when leaders were predominantly using the transformational style. Hence, this transformational style seems to have a positive influence on job satisfaction. On the contrary, the score of transactional leadership was a negative predictor of job satisfaction. The finding is in agreement with Wood (2008) who found that transformational leadership styles of clinical leaders have higher ability to satisfy to subordinate nurses' job satisfaction than transactional styles. An analogous result was reported by Mohammed (2009).

In congruence with these current study findings, Filla and Stichler (2008) in their study showed that job satisfaction is related to nurse manager leadership style. Transformational leadership style was associated with higher levels of job satisfaction. Additionally, Roussel (2009) reported that the leaders who practice transformational leadership are admired and respected by their followers, and their followers experience increased organizational commitment as the result of their satisfaction. Thus, in analyzing the relation between principals’ transformational leadership to staff job satisfaction Griffith (2004) concluded that transformational leadership was significantly related to teachers’ job satisfaction.

According to the present study, more than three-fourth of the nurse teachers had high motivation. The finding goes in line with their satisfaction, where an almost similar percentage of them expressed their satisfaction with their job. In fact, motivation could be a consequence of job satisfaction as depicted in multivariate analysis, where the score of job satisfaction positively predicted the score of motivation. In this regard, Licuanan (2002) highlighted that satisfied teachers are highly motivated to do a good job. This is of particular importance in the educational environment which presents a lot of impositions and pressures that negatively affect teachers’ motivation (Retelsdorf et al., 2009).

As for the relation between nurse teacher's motivation and leadership styles, the present study revealed a positive relationship, with more motivated nurse teachers with the transformational leadership style. Furthermore, the score of transformational leadership was a positive predictor of the motivation score. The finding is expected given the nature of transformational leadership style.
leadership style and its positive impact on subordinates through fostering motivation, inspiration, and trust and thus helping to improve teaching performance. The result is in agreement with Eyal and Roth (2011) who found that the principals' leadership style, as perceived by teachers, was a predictor of teachers’ motivation. Other recent studies in Amazon (Northouse, 2001), and Malaysia (Voon et al., 2011) revealed that transformational leadership was positively related to motivation. On the contrary, the present study revealed that the score of transactional leadership was a negative predictor of the score of motivation. This might be attributed to the fact that this type of transactional leadership is characterized by controlling practices such as monitoring subordinate behaviors and demanding compliance with the organization’s regulations and standards. Hence, it is often associated with low levels motivation at work (Vansteenkiste et al., 2005; Roth et al., 2009).

Conclusion and recommendations:

In conclusion, the leaders of the technical nursing institutes are predominantly using the transactional leadership style. Nurse teachers' job satisfaction and motivation at work are generally high and are positively correlated. The use of transformational leadership style is associated with higher satisfaction and motivation, while the transactional style is negatively related to job satisfaction and motivation. Therefore, the transformational leadership style can have a positive impact on nurse teachers' job satisfaction and motivation at work.

Based on these findings, it is recommended that the leaders of nursing institutes need to improve their leadership skills through periodic on-the-job training courses, in addition to continuing education. Additionally, the promotion or appointment to leader position must have a pre-requisite of formal training in leadership. Future research is recommended to test the effectiveness of various interventions that aim at enhancing nurse teachers’ job satisfaction and motivation such as the effect of leadership training programs for technical institute leaders.
Table (1): Characteristics of nurse leaders in the study sample (n=36)

<table>
<thead>
<tr>
<th>Items</th>
<th>Nurse leaders (n=36)</th>
<th>Nurse teachers (n=116)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>24.0-60.0</td>
<td>23.0-60.0</td>
</tr>
<tr>
<td>Mean±SD</td>
<td>41.6±10.7</td>
<td>42.8±12.3</td>
</tr>
<tr>
<td><strong>Experience (years):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>2.0-40.0</td>
<td>1.0-41.0</td>
</tr>
<tr>
<td>Mean±SD</td>
<td>17.9±11.1</td>
<td>20.1±12.7</td>
</tr>
<tr>
<td><strong>Marital status:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Married</td>
<td>33</td>
<td>95</td>
</tr>
<tr>
<td><strong>Crowding index:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1</td>
<td>7</td>
<td>25</td>
</tr>
<tr>
<td>1+</td>
<td>29</td>
<td>91</td>
</tr>
<tr>
<td><strong>Nursing qualification:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>9</td>
<td>60</td>
</tr>
<tr>
<td>Bachelor or higher</td>
<td>27</td>
<td>56</td>
</tr>
</tbody>
</table>

Figure (1): Leadership styles predominantly used by nurse leaders in the study sample (n=36)
Table (2): Job satisfaction among nurse teachers in the study sample (n=116)

<table>
<thead>
<tr>
<th>Satisfied (60%+) with:</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work relations</td>
<td>108</td>
<td>93.1</td>
</tr>
<tr>
<td>Leadership and supervision</td>
<td>102</td>
<td>87.9</td>
</tr>
<tr>
<td>Work itself</td>
<td>95</td>
<td>81.9</td>
</tr>
<tr>
<td>Administration</td>
<td>87</td>
<td>75.0</td>
</tr>
<tr>
<td>Recognition</td>
<td>82</td>
<td>70.7</td>
</tr>
<tr>
<td>Safety and security</td>
<td>55</td>
<td>47.4</td>
</tr>
<tr>
<td>Work environment</td>
<td>44</td>
<td>37.9</td>
</tr>
<tr>
<td>Promotion at work</td>
<td>39</td>
<td>33.6</td>
</tr>
<tr>
<td>Salaries and incentives</td>
<td>38</td>
<td>32.8</td>
</tr>
<tr>
<td>Advancement in work</td>
<td>27</td>
<td>23.3</td>
</tr>
</tbody>
</table>

Total satisfaction:
- Satisfied  72  62.1
- Dissatisfied 44  37.9

Motivation:
- High 90  77.6
- Low 26  22.4

Table (3): Correlation between nurse teachers' satisfaction and motivation and their personal characteristics

<table>
<thead>
<tr>
<th>Items</th>
<th>Pearson correlation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Satisfaction</td>
<td>Motivation</td>
</tr>
<tr>
<td>Age</td>
<td>.284**</td>
<td>.115</td>
</tr>
<tr>
<td>Experience years</td>
<td>.239**</td>
<td>.079</td>
</tr>
<tr>
<td>Crowding index</td>
<td>.072</td>
<td>-.037</td>
</tr>
<tr>
<td>Nursing qualification (reference: diploma)</td>
<td>-.272**</td>
<td>-.068</td>
</tr>
</tbody>
</table>

(®) Spearman rank correlation  (**) statistically significant at p<0.01

Table (4): Relation between nurse teachers' job satisfaction and motivation scores and their leaders' leadership style

<table>
<thead>
<tr>
<th>Items</th>
<th>Mean±SD</th>
<th>Mann Whitney Test</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Predominant leadership style:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task oriented</td>
<td>59.5±15.0</td>
<td>7.43</td>
<td>0.006*</td>
</tr>
<tr>
<td>People oriented</td>
<td>68.3±11.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Predominant leadership style:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task oriented</td>
<td>63.6±14.1</td>
<td>9.22</td>
<td>0.002*</td>
</tr>
<tr>
<td>People oriented</td>
<td>72.6±11.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(*) Statistically significant at p<0.05
Table (5): Best fitting multiple linear regression model for nurse's pre-post changes in total knowledge, attitude, and performance scores

<table>
<thead>
<tr>
<th>Scores of:</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t-test</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>B</td>
<td>Std. Error</td>
</tr>
<tr>
<td>Satisfaction:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Constant</td>
<td>23.59</td>
<td>21.14</td>
<td>1.12</td>
<td>0.27</td>
</tr>
<tr>
<td>• Age</td>
<td>0.98</td>
<td>0.24</td>
<td>0.84</td>
<td>4.14</td>
</tr>
<tr>
<td>• Qualification (reference: diploma)</td>
<td>17.26</td>
<td>5.78</td>
<td>0.60</td>
<td>2.98</td>
</tr>
<tr>
<td>• Transactional leadership score</td>
<td>-0.34</td>
<td>0.15</td>
<td>-0.19</td>
<td>-2.22</td>
</tr>
<tr>
<td>Motivation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Constant</td>
<td>33.81</td>
<td>17.06</td>
<td>1.98</td>
<td>0.05</td>
</tr>
<tr>
<td>• Transformational leadership score</td>
<td>-0.34</td>
<td>0.15</td>
<td>-0.20</td>
<td>-2.20</td>
</tr>
<tr>
<td>• Transactional leadership score</td>
<td>0.43</td>
<td>0.20</td>
<td>0.19</td>
<td>2.16</td>
</tr>
<tr>
<td>• Satisfaction score</td>
<td>0.42</td>
<td>0.08</td>
<td>0.44</td>
<td>5.30</td>
</tr>
</tbody>
</table>

R Square = 0.15
Model ANOVA: F=7.85, p<0.001
Variables excluded by model: experience years, marital status, crowding index, transformational leadership score

R Square = 0.24
Model ANOVA: F=13.203, p<0.001
Variables excluded by model: age, qualification, experience years, marital status, crowding index

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