

Effect of Leadership Styles on Job Satisfaction among Nurses at a Military Hospital

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Abstract

Background: Nurses behavior is the conclusion of effective leadership, appropriate leadership styles as the transformational leadership styles create appropriate work environment, which affective positively on job satisfaction. **Aim of the study:** Investigate the effect of leadership styles on job satisfaction among nurses at a Military Hospital. **Subjects and Methods; Study Design:** A cross-sectional descriptive design was used. **Setting:** The study conducted at the Military hospital. **Subjects:** A purposive sample of (100) nurses at the Military hospital. **Tools of data collection:** Three tools were used in the present study; **Tool I:** Interview questionnaire sheet, **Tool II:** Multifactor Leadership Style Questionnaire and **Tool III:** Job Satisfaction Survey Questionnaire for Staff nurses. **Results:** The present study results revealed that 60% and 28% of the studied nurses had high transformational and transactional leadership respectively while only 12% of them had high laissez-faire leadership. 61% of the studied nurses were totally satisfied while 28% of them were totally ambivalence and 11% of them were totally unsatisfied. There is a highly significant statistically positive correlation between the studied nurses' total transformational leadership style and their total job satisfaction, promotion, supervision and communication satisfaction at ($p < 0.01$). **Conclusion:** There was a positive statistically significant correlation between total of job satisfaction and transformational leadership style among the studied nurses. **Recommendations:** Training program is recommended for staff nurses to increase their awareness and conducting further similar studies on large sample.

Key words: Job Satisfaction, Leadership Styles, Military Hospital, Nurses.

Introduction:

Leadership is the ability of an individual or a group of individuals to influence and guide followers or other members to accomplish organizational goals and objectives. Moreover, the transformational leadership style is an organized way in which subordinates or colleagues praise and appreciate their leaders. The leaders have the authority to implement the applicable system in organization. Therefore, leadership style is a thing that needs to be considered when creating a conducive working atmosphere in an effort to develop patient safety and empower nurse autonomy ⁽¹⁾.

A leadership style refers to a leader's methods and behaviors

when directing, motivating, and managing others. A person's leadership style also determines how they strategize and implement plans while accounting for the nature of hospital settings, transformational leadership can therefore be useful in these kinds of environments to improve nurses' job satisfaction. Job satisfaction has been studied extensively as a concept of stakeholder's expectations and the well-being of their team. Due to its potential impacts and influence on organizational and employee-related outcomes such as productivity, attrition rates and retention ⁽²⁾.

Transformational leadership is described as empowering, inspiring, and stimulating behaviors of a leader that foster a positive change in employees, whereas transactional leadership is defined as a set of behaviors that motivate and guide followers in the direction of goal by providing clear expectations, and providing resources for the completion of the work. Transactional leadership has been centered on leader-follower exchanges; the baseline is reward system which can be positive or negative. It also includes in its dimensions contingent reward and management by exception ⁽³⁾.

Transactional leaders motivate followers with rewards and punishments for achieving or failing to achieve organizational demands (respectively). This style is appropriate for task-based contexts where employee autonomy, creativity, and innovation are not a priority ⁽⁴⁾.

The Laissez-faire leadership style is characterized by the superior's avoidance and inaction when subordinates are experiencing a situational need for leadership, which has also been identified in some care settings. Authentic leadership is an inclusive leadership model that articulates attributes of other leadership models. Authentic leadership is a pattern of leadership traits that draws upon, which promotes positive psychological capabilities and an ethical environment ⁽⁵⁾.

Job satisfaction is a critical component in leading to recognition, income, promotion, and the achievement of goals that lead to a feeling of fulfillment ⁽⁶⁾. After many modifications and additions, job satisfaction becomes a cumulative definition of people's perception of their work experience, which also affects their overall attitude towards life and has a significant effect on their health, happiness and self-esteem ⁽⁷⁾.

Job satisfaction is the level of contentment a person feels regarding his or her job. This feeling is largely

based on the individual's perception of satisfaction. Job satisfaction can be influenced by a person's ability to complete required tasks, the level of communication in an organization, and the way management treats employees. Job satisfaction falls into two levels: Affective job satisfaction and cognitive job satisfaction. Affective job satisfaction refers to a person's emotional feeling about the job as a whole, cognitive job satisfaction considers how satisfied employees feel concerning some aspect of their job, such as their wages, work hours or benefits ⁽⁸⁾.

Job satisfaction is "a pleasant or positive emotional state resulting from the assessment of our own work or the experience associated with work" ⁽⁹⁾. It results in positive outcomes for both the nurses and the patients; some benefits to the nurses are decreased job stress, turnover, and burnout ⁽¹⁰⁾. As work demand increases, nurses have to accommodate a more significant workload while simultaneously meeting the highest standards of patient care. Working in a high-paced environment with shifting work schedules and continuous responsibilities puts them at a higher risk of job dissatisfaction. This affects the nursing staff and reflects in their duties as frontline health workers ⁽¹¹⁾.

The effective nurse leader with good leadership skills is playing important role in the achievement of organizational goals by creating climate that would influence in nursing subordinates' attitude, motivation and behavior without effective leadership, the organization would lose clear directions, slow discussion intention to leave. The nurse'leadership style is important for staff nurses to agree change and motivate them to achieve high quality care. In addition to having a big background and understanding of the different kinds of leadership styles and theories ⁽¹²⁾.

Nurse Managers oversee the daily activities executed in a mini Primary Health Centers and influence how

those activities are executed. Management and leadership roles have to be integrated in mini Primary Health Centers to acquire operational efficiency and organizational effectiveness with management roles⁽¹³⁾. Nurses' managers are regarding their leadership roles as their management roles, yet these are two different phenomena with unique attributes⁽¹⁴⁾.

Nursing manager and administrators have the responsibility to implement all of the nursing procedures in a healthcare environment. While administrators can communicate with patients, they will be more than likely manage a team of nurses who will work on the front lines interacting with the patients who are seen in the facility. As a managerial team member in the nursing department, and administrator, head nurse should ensure that the department is complying with laws and that the department is fully staffed⁽¹⁵⁾.

Significance of the study:

Nursing leadership is important in today's healthcare environment, which is experiencing unprecedented intense reform. Nursing professionals and services are in increasing demand because of increasing ageing populations in every country. The leadership style of managers has significant effect on job signification. Nurses work satisfaction can be increased by using the proper leadership style, which reflects positively on patient satisfaction and hospital. The hospital will profit or obtain from nurse satisfaction, as seen by increasing productivity, efficiency and better patient outcome. Moreover the lack of studies related to the leadership styles of nurse managers and the job satisfaction of staff nurses in Egypt. Hence, the present study was designed to investigate the effect of leadership styles on job satisfaction among nurses.

Aim of the study:

The aim of the current study was to: Investigate the effect of leadership

styles on job satisfaction among nurses at a Military Hospital.

Objectives:

- Identify the leadership styles adapted by nurse leaders at a Military Hospital.
- Identify the most prevalent leadership styles adapted by nurse leaders at a Military Hospital.
- Assess the level of job satisfaction among nurses.
- Examine the relationship between leadership styles and job satisfaction among nurses.
- Determine the effect of different leadership styles on specific aspects of job satisfaction such as work, life balance and interpersonal relationship.

Research Questions:

1. What are the leadership styles adapted by nurse leaders at a Military Hospital?
2. What are the most prevalent leadership styles adapted by nurse leaders at a Military Hospital?
3. What are the levels of job satisfaction among nurses?
4. What is the relation between leadership styles and job satisfaction among nurses?
5. What is the effect of different leadership styles on specific aspects of job satisfaction among nurses such as work, life balance and interpersonal relations?

Subjects and Method:

Research Design:

A cross sectional descriptive design was used to investigate the effect of leadership styles on job satisfaction among nurses at a Military Hospital.

Study Setting:

This study was conducted at critical care units in Military Hospital. The Hospital is a large hospital

consists of internal medicine; chest, heart, surgery and kidney hospitals and each of them consist of critical care unit.

Study Subjects:

Purposive sampling technique was the most appropriate method for selection of individuals to be included in the study. The subjects of this study were 100 nurses from the above mentioned setting.

Tools for data collection:

Data were collected by using three parts;

Tool (I): Interview questionnaire sheet

It composed of demographic characteristics of the nurses. It entails data about age, sex, educational level, qualification degree, residence, nurses' years of experience index ...etc.

Tool (II): The multifactor leadership questionnaire [MLQ-6S] (Dhingra et al. (16))

The multifactor leadership questionnaire (MLQ-6S) was employed to determine the leadership styles of the immediate superiors' head nurses to whom the respondents reported. It was used to assess nurse's manager leadership style as perceived by their staff nurses.

Scoring system:

- High = 9-12.
- Moderate = 5-8.
- Low = 0-4.

Tool (III): Job Satisfaction Survey (JSS)

It was developed by Tsounis and Sarafis (17) to measure the staff nurses' job satisfaction. The JSS was a 36 items scale developed to measure the staff nurses with their work. It consist of nine subscales, subscale was assessed with four items. A summated rating scale format was used with six choices per item ranging from strongly disagree to strongly agree. The nine subscales are pay, promotion, supervision, fringe benefit, contingent rewards, operating

condition, nature of work, communication, and coworkers.

Scoring system:

- From 36 to less than 108 = dissatisfaction.
- From 144 to 216 = satisfaction.
- From 108 to less than 144 = ambivalence.

Content validity and reliability:

The tools were tested for content validity by a panel of three experts from the Faculty of Nursing, Zagazig University; Faculty of Nursing, Cairo University, and Faculty of Medicine, Zagazig University. Modifications were done according to their recommendations.

The reliability of tools was tested by measuring their internal consistency. It demonstrated a good level of reliability with Cronbach's Alpha as follows:

Reliability test by Cronbach alpha test:

Tool	Score	Interpretation
Transformational leadership style	0.901	Excellent reliability
Transactional leadership style	0.892	good reliability
Laissez-faire leadership style	0.863	good reliability
Job satisfaction	0.824	good reliability

Field work:

The actual field work started at the beginning of January to the end of March 2024. To carry out the study, an approval was obtained from the medical and nursing director of different (ICU) affiliated to Military hospital. A letter was issued to them from Director of Military Institute of Military Medical Academy, explaining the aim of the study in order to obtain their permission and cooperation. The researcher visited the study setting 2 days/weekly (Tuesday - Wednesday) from 9:30 am to 2:00 pm. The time used for finishing the questionnaire ranged between 30-45 minutes, then collected them and every questionnaire was checked for

accuracy & completeness, if any defect was found, the questionnaire was returned to the nurses in order to complete and correct the data.

Pilot study:

A Pilot study was carried out on a sample of 100 nurses (10% of the total study sample). The aim was to test clarity of the instructions, the format of the questionnaire, comprehension of the items, and to estimate the exact time required for filling the questionnaire sheet. The participants involved in the pilot study were included in the main study sample as there were no modifications done in the study tool.

Administrative and Ethical considerations:

An official letter was issued from the director of institute of military academy to the director of the Kobbry-El Koppa military hospital to obtain his approval and cooperation for data collection. This letter explained the aim of the study, with attached copies of the data collection tools. Permission for the study was obtained from the directors of the hospital, either medical or nursing. An official permission to conduct the purposed study was obtained from the military institute of health and epidemiology and military medical academy. Permission was obtained from general manager of the Kobry-ElKoppa hospital to start the study. All subjects were informed that participation in the study is voluntary and based on the nurse's agreement by informed consent after explaining the purpose and nature of the study, starting confidentiality of the information was granted that anonymity of the participants was assured by allocation of code number to the forms. Subjects were informed that this data was used for the research purpose only. Each participant was informed that he/she has the right to withdraw from the study at any time without giving any reason.

Statistical analysis:

Data collected from the studied sample was revised, coded, and entered using Personal Computer (PC).

Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, percentages, and Mean SD. A correlation coefficient "Pearson correlation" is a numerical measure of some type of correlation, meaning a statistical relationship between two variables. A t test is a statistical test that is used to compare the means of two groups. Chi-square (χ^2) is a statistical test used to determine the relationship between categorical variables. Multiple linear regressions are a regression model that estimates the relationship between a quantitative dependent variable and two or more independent variables using a straight line.

Significance of the results:

- Highly significant at p-value < 0.01.
- Statistically significant was considered at p-value < 0.05
- Non-significant at p-value \geq 0.05

Results:

Table (1a): Shows that the studied nurses' mean age was 35.27 ± 4.42 , 39% of them had ages ranging between 31 to 40 years old and 67% of them were married. Moreover, 81% of them were females. As regards their experience, 54% of them had more than 5 years of experience. Concerning work units, 26% and 24% of them worked at medical and surgical ICUs respectively.

Table (1b): Demonstrates that 31% and 27% of the studied nurses attended training courses related to job satisfaction and leadership styles respectively. Moreover, 66% of them worked for 49 to 72 hours per month and 61% of them worked for 16 to 20 hours per week, and elicits that 67% of the studied nurses had nursing diploma, 29% of them had bachelor's nursing degrees while only 4% of them had post-graduate education.

Figure (1): Reveals that 60% and 28% of the studied nurses had high

transformational and transactional leadership styles respectively while only 12 % of them had high laissez-faire leadership style. On the other hand, 74% of them had low laissez-faire leadership while 17% and 9% of them had low transactional and transformational leadership respectively.

Table (2): Elicits that the studied nurses had high individual consideration (64%), inspirational motivation (61%), intellectual stimulation (60%), idealized influence (55%), and contingent reward (46%) while they had low management by-exception (57%) and laissez-faire leadership (72%).

Table (3): Portrays that 61% of the studied nurses were totally satisfied while 28% of them were totally ambivalence and 11% of them were totally unsatisfied. And so, they were satisfied about payment (42%), promotion (48%), supervision (76%), fringe (61%), contingent (58%), operating (52%), coworkers (68%), nature of work (63%), and communication (74%).

Table (4): Shows that there is a highly significant statistically positive correlation between the studied nurses' total transformational leadership style and their total job satisfaction, promotion, supervision and communication satisfaction at ($p < 0.01$). Also, there is a significant statistically positive correlation between the studied nurses' total transformational leadership style and their total operating conditions satisfaction at ($p = 0.04$). on the other hand, there is no significant statistically correlation between the studied nurses' total transformational leadership style and their total pay, fringe benefits, contingent rewards, coworker and nature of work satisfaction at ($p > 0.05$).

Additionally, there is a highly significant statistically positive correlation between the studied nurses' total transactional leadership style and their total job satisfaction, promotion, supervision and communication

satisfaction at ($p < 0.01$). on the other hand, there is no significant statistically correlation between the studied nurses' total transactional leadership style and their total pay, fringe benefits, contingent rewards, operating conditions, coworker and nature of work satisfaction at ($p > 0.05$).

Moreover, there is a highly significant statistically negative correlation between the studied nurses' total laissez-faire leadership style and their total job satisfaction, promotion and communication satisfaction at ($p < 0.01$). Also, there is a significant statistically negative correlation between the studied nurses' total laissez-faire leadership style and their total supervision satisfaction at ($p = 0.05$). on the other hand, there is no significant statistically correlation between the studied nurses' total laissez-faire leadership style and their total pay, fringe benefits, contingent rewards, operating conditions, coworker and nature of work satisfaction at ($p > 0.05$).

Discussion:

Various nursing leadership styles have a direct or indirect impact on the nursing profession, professionals, and patient outcomes. The argument about whether leadership style affects nurses' job satisfaction is centered around the impact of different leadership styles on the work environment and the quality of care provided by nurses. Subsequently, this can contribute to the overall achievement of a given healthcare organization⁽¹⁸⁾.

Regarding to socio-demographic characteristics, the findings of the study revealed that most participants were nurses from Military Hospital, assigned in the ICU. The age of the majority of staff nurses ranged from 31 to 40 years with mean 35.27 ± 4.42 , the majority of the study subjects were female and less than one fifth were males. This might be attributed to that nursing is and has always been a female dominated.

The results are matched with the findings of **Naseem et al.** ⁽²⁾ which conducted in Punjab, Pakistan, who showed that $M \pm SD$ of participants was 28.81 ± 3.34 years old and majority of them were females.

The current study displayed that more than two third of the studied nurses held diploma degrees, compared with bachelor's degree nurses slightly less than one third. This could be attributed to that the sample of this study was homogeneous. Other justification might be due to that they have limited opportunity for higher education of nursing and low level of the educational qualifications of staff nurses in military hospitals. Additionally, there is a large number of military institutes of nursing that give diploma degree and the military academy accept limited number of bachelor's degree than diploma degree.

This study was consistent with a study in Saudi Arabia by **El Hanafy and Rashed** ⁽¹⁹⁾ who found that a high percentage of the staff held a diploma degree.

Concerning the answer of research question regarding the leadership styles adopted by nurse leaders at Military Hospital

The current study displayed that two third of the studied nurse's leaders adopted transformational leadership style, followed by less than one third of them adopted transactional and laissez-fair leadership style. This might be due to that transformational leadership style may provide certainty for staff in an ever-changing clinical situation because clarifies roles, expectation and standards and the studied nurse's in military hospitals have sufficient knowledge of the best types of leadership style as they had more than 5 years of experience, well-educated and attending.

This study was consistent with a study done in Saudi Arabia by

Albagawi ⁽²⁰⁾, which indicated that the leaders fairly often displayed transformational leadership style, sometimes displayed transactional leadership and occasionally displayed laissez-faire leadership style. Similarly, a study conducted by **Al-Thawabiy et al.** ⁽²¹⁾ in Qatar who found that nurse leaders practiced a transformational leadership than transactional styles.

Concerning levels of Job Satisfaction among nurses

The present study indicated that communication to JSS statement; (Communications seem good within this organization); (The goals of this organization are not clear to me); (I often feel that I do not know what is going on with the organization); (Work assignments are not fully explained) was interpreted that the level of satisfaction was 74%; this showed that communication is associated with high job satisfaction because the communication foster a sense of ownership and belonging amongst employees, resulting in higher employee engagement.

This result matched with **Alrasheedi** ⁽²²⁾ in Qassim Region, Saudi Arabia who found that communication had a mean score of job satisfaction.

The present study indicated that coworker subscales related to JSS statement; (I like the people I work with); (I find I have to work harder at my job because of the incompetence of people work with); (I enjoy my coworkers); (There is too much bickering and fighting at work) was interpreted the level of satisfaction was 68% this might be explained by that coworker support is associated with high job satisfaction and a deeper commitment to one's organization. Similarly, a study conducted by **Karami et al.** ⁽²³⁾ in Sanandaj city who

indicated that the highest level of nurse satisfaction was related to satisfaction from coworker which lead to positive work attitudes that can be achieved when coworker provide task-based assistance, information, and emotional support.

Concerning the relation between leadership styles and job satisfaction among nurses

The result of the present study revealed that there was a highly positive correlation between the studied nurses total transformational leadership style and their level of job satisfaction. From the researchers' point of view, the results indicated that when the leaders had transformational leadership style, can help their staff nurses to be satisfied with their job and provide good care.

Similar to another study by **Alrasheedi** ⁽²²⁾ in Saudi Arabia who reported that there was a positive correlation between transformational leadership styles and job satisfaction. Similarly, **Asif et al.** ⁽²⁴⁾ in Pakistan who found that there was a positive correlation between transformational leadership styles and job satisfaction.

Conclusion:

Based on the study results, it can be concluded that the higher percentage of the studied nurses had a high level of transformational leadership style and staff nurses' job satisfaction. Furthermore, there was a positive statistically correlation between total transformational leadership style among the studied nurses and total job satisfaction of staff nurses.

Recommendations:

On the basis of the current study findings, the following recommendations are suggested:

- Hospital administrators should focus on training and continuing education for nurse managers to future improve their management skills and

help them develop transformational leadership style.

- Staff nurses 'motivation and job satisfaction could be improved in this way, resulting in better patient care and satisfaction.
- Study needs to be conducted to head of staff nurses perception about various leadership styles and their effects.
- The adoption of the transformational technique to encourage staff to stay in their current job.
- Nurses ' executives are in the right position to enhance their leadership techniques and develop a friendlier approach to dealing with their staff.
- Training and staff development should be conducted to provide quality service to the stakeholders.
- Providing adequate chance for staff nurses promotion.
- Conducting further similar studies on large scale at different geographic regions in Egypt for more generalization of the finding.

Table (1a): Percentage distribution of the studied nurses according to their demographic characteristics (n=100)

Demographic characteristics	N	%
Age group (years)		
20-30	26	26
31-40	39	39
>40	35	35
Mean±S.D	35.27±4.42	
Gender		
Male	19	19
Female	81	81
Marital status		
Single	32	32
Married	67	67
Divorced	1	1
Nursing experience years		
1- <3 years	17	17
3- <5 years	29	29
> 5 years	54	54
Work unit		
Medical ICU	26	26
Surgical ICU	24	24
CCU	16	16
Emergency ICU	10	10
Renal ICU	11	11
Chest ICU	13	13

Table (1b): Percentage distribution of the studied nurses according to their demographic characteristics (n=100)

Demographic characteristics	N	%
Attended training courses related to job satisfaction		
Yes	31	31
No	69	69
Attended training courses related to leadership styles		
Yes	27	27
No	73	73
Number of working hours per month		
24-48 hours	13	13
49- 72 hours	66	66
>72hours	21	21
Number of working hours per week		
12-15 hours	6	6
16-20 hours	61	61
> 20 hours	33	33

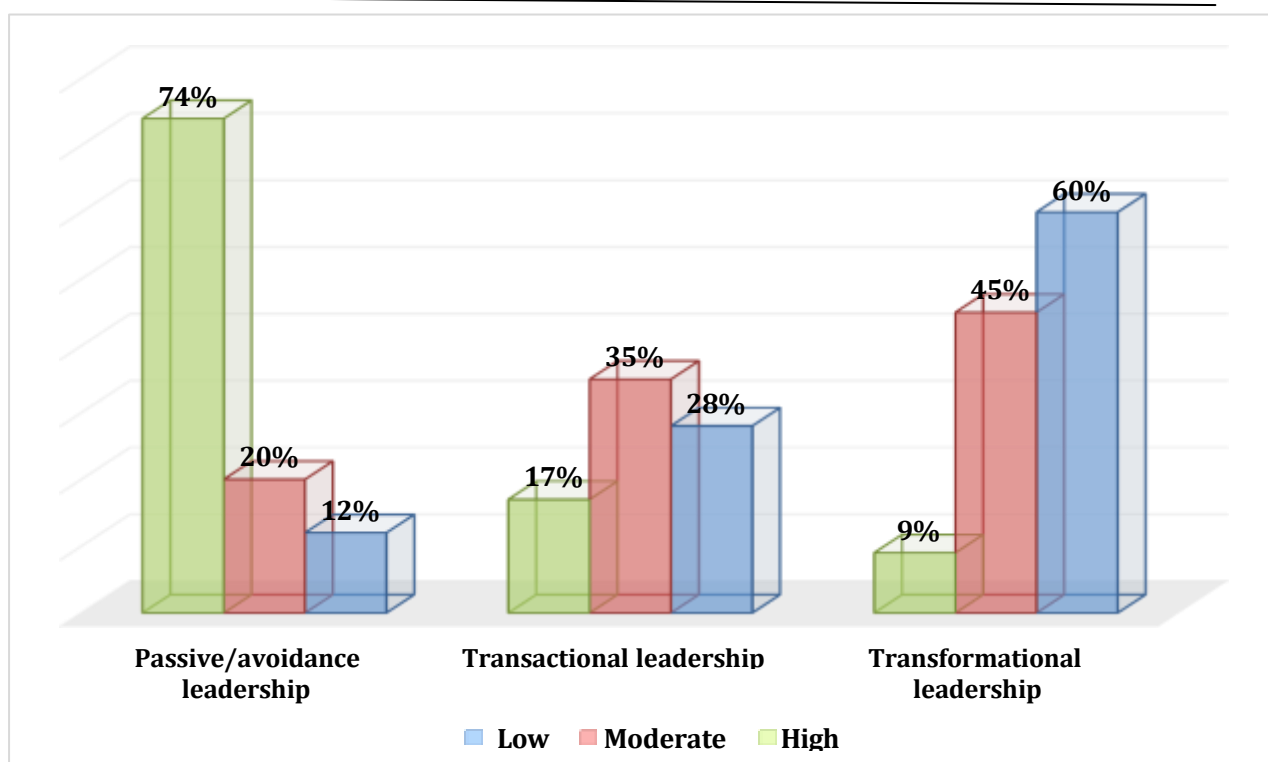


Figure (1): Percentage distribution of the studied nurses according to their total leadership styles (n=100)

Table (2): Percentage distribution of the studied nurses according to their leadership styles (n=100)

Total subscales leadership styles	High		Moderate		Low	
	N	%	N	%	N	%
Idealized influence	55	55	29	29	16	16
Inspirational motivation	61	61	27	27	12	12
Intellectual stimulation	60	60	28	28	12	12
Individual consideration	64	64	28	28	8	8
Contingent reward	46	46	33	33	21	21
Management-by-exception	19	19	24	24	57	57
Laissez-faire leadership	10	10	18	18	72	72

Table (3): Percentage distribution of the studied nurses according to their total Job satisfaction (n=100)

Total Job satisfaction	Satisfied		Ambivalence		Unsatisfied	
	N	%	N	%	N	%
Pay	42	42	37	37	21	21
Promotion	48	48	34	34	18	18
Supervision	76	76	21	21	3	3
Fringe	61	61	31	31	8	8
Contingent	58	58	31	31	12	12
Operating	52	52	30	30	18	18
Coworkers	68	68	24	24	8	8
Nature	63	63	29	29	8	8
Communication	74	74	20	20	6	6
Total	61	61	28	28	11	11

Table (4): Correlation between the studied variables (n=100)

Job satisfaction domains:	Leadership styles					
	Transformational Leadership style		Transactional Leadership style		Laissez-faire Leadership style	
	r	P	r	P	r	P
1. Pay	.234	.45	.215	.49	.239	.43
2. Promotion	.821**	.001	.714**	.004	-.687**	.007
3. Supervision	.849**	.002	.744**	.003	-.491*	.05
4. Fringe Benefits	.334	.19	.364	.37	.398	.34
5. Contingent rewards	.356	.23	.353	.21	.356	.23
6. Operating conditions	.521*	.04	.356	.27	.353	.26
7. Coworkers	.324	.31	.042	.71	.168	.66
8. Nature of work	.198	.51	.215	.49	.239	.43
9. Communication	.771**	.005	.781**	.006	-.594**	.008
Total job satisfaction	.911**	.000	.571**	.008	-.531**	.009

(**) Statistically significant at p<0.01. r Pearson correlation

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