

IMPACT OF LEADERSHIP STYLES AMONG HEAD NURSES ON LEVEL OF JOB SATISFACTION AMONG STAFF NURSES

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Abstract

Background: According to the studies made previously, it has been shown that the underlying basis of any communication between employees and leaders are the leadership styles. They also help improve the process of work in an organization.

Aim: The purpose of this study is to demonstrate the influence that leadership styles of different nurse leaders have on the satisfaction of work.

Methods: We selected three different private hospitals situated in Amman, and we had used descriptive and quantitative methods in the study.

Results: Among the participated hospitals, the highest score was gained by transformational leadership. The second highest was transactional leadership, followed by passive-avoidant. The job satisfaction level was seen to be quite high in this study. There was a positive relation between job satisfaction ($r=0.371^{**}$) and total score of transformational leadership (TRL). The transactional leadership score (TAL) also had a positive relation with respect to job satisfaction which was ($r=0.389^{**}$). However, the overall relationship between job satisfaction and passive-avoidant leadership (PAL) was seen to be negative in the result ($r=-0.241^{**}$).

Conclusion: It was concluded that a nurse's job satisfaction is increased by greater enhancement of transformational leadership attitude which further results in a greater nurse supply.

Keywords: Leadership styles, Job satisfaction, Nurse Leaders, Hospitals, Private Healthcare sector

Introduction

With respect to nurses, there has been a lot of study and investigation of job satisfaction in literature. There are various elements that are studied with respect to job satisfaction in nursing. According to studies made previously, there is an association between a nurse's job satisfaction and the leadership styles of the nurse acting as the head (Alloubani *et al.*, 2014). The way the head nurses present their leadership styles has a great influence on the job satisfaction among the nurses. To make sure that there are good nurses available, having nurses for a continued period of time is very important, which completely depends on the job satisfaction among nurses.

Since most of the nursing practice is carried out as group works, having a leadership is quite a natural factor in this profession (Huber, 2010). The more the leadership is effective, the better the level of satisfaction among nurses. This also influences the satisfaction levels among the patients, thereby improving the results of the organization (Schreuder *et al.*, 2011).

According to Marriner- Tomey (1993), there is no clarity among the leadership definitions, which is mainly the result of the terms used like management, administration, power, supervision and authority. As per Bass and Burn, (1985) and (1978) respectively, leadership is a process of transformation in which a leader develops a vision for the future with respect to the organization and he promotes and establishes different innovative ways for his followers and team members to work toward in order to achieve the goals. With respect to leadership, job satisfaction as a concept is not very plain. It has different conceptualizations. However, the most common definition in this regard is given by Porter *et al.* (1974) who believes that job satisfaction is the identification and its strength that a person achieves by being involved in some organization.

We carried out an investigation in the three hospitals, with respect to the differences in the styles of leadership and the ways these differences influenced job satisfaction. Moreover, we focused on creating a link between the predominant styles of leadership and job satisfaction in nursing shown by nurse managers. Furthermore, we can pin point the issues in hospitals by comparing the leadership styles and the influence of them on job satisfaction among nurses.

This study includes three major aspects which are: job satisfaction of the nurses, leadership styles and the context of the nurses. It also lays down the basis of this field in the future and with respect to the development in nursing leadership.

Methods

Design

The designs used in this study were cross-sectional, correlational, quantitative and descriptive. We used a technique of quantitative data collection to study the influence of leadership styles exhibited by the head nurses, on the job satisfaction. A correlational study can be defined as an efficient way to collect huge data with respect to particular elements (Polit and Beck, 2012). Descriptive or cross-sectional designs can affect the reasoning of a casualty (Germain and Cummings, 2010). Significantly, fifteen out of twenty-four papers that included studies about the factors influencing nursing leadership were classified as high and moderate in a quality review made previously. These papers made 63% of the total papers and they had used non-experimental, correlational and cross-sectional designs.

Instruments

One of the most commonly used methods to collect data is through questionnaires. They are effective methods to collect data regarding different client attributes. Questionnaires have been used to collect data about beliefs, behaviours, staff, knowledge, opinions, clients and perceptions (Parahoo, 2006). In this, we used two instruments namely: job satisfaction tool and Multifactor Leadership Questionnaire (MLQ) 5X short.

We first used the MLQ 5X short in this study (Bass and Avolio, 1995). There are two parts in this instrument: a rater form and a self-leader form. The former is used by the nurses in order to rate the head nurses, while the latter is used by the nurse managers to rate themselves. The present MLQ 5X is a short questionnaire having 45 items. In this questionnaire, five subscales are used for the measurement of the transformational leadership, while the transactional leadership is measured by two subscales. Other two subscales are to measure the passive-avoidant leadership/ laissez-faire. The rest of the subscales are for the results of the leadership (Bass and Avolio, 1995).

The MLQ is an efficient and an effective tool to measure different characteristics of leadership. It has alpha coefficients which are more than 0.80 for every scale of MLQ (Bass and Riggio, 2006). More than 30 countries have used MLQ and its different kinds in various aspects (McGuire and Kennerly, 2006). Moreover, MLQ has been used in multiple languages as well (Bass and Avolio, 1997).

This questionnaire for job satisfaction was designed by writers. The questionnaire had 17 different questions which made use of a 5-point Likert scale. The score of alpha was 0.82 with regard to the questionnaire's reliability.

Setting and Sampling

We selected three different privately owned hospitals situated in Amman. We had made our selection with respect to the obvious differences that prevailed at management levels. The names of these aforementioned hospitals were: Ibn Al-Hytham, Amman Hospital and Istishari Hospital. Our target population was the head nursing staff, while the working nurses of the hospitals were chosen for the study and were taken as a sample of the nurses.

These questionnaires were given at different shifts to the nurses and they were required to fill them and return to specified safe boxes in no more than five days. In order to increase the rate of response, we had kept these boxes in various admission offices of the hospital. In order to get the inclusion criteria assessed, we had approached the assistants and nurse managers. Given that these people were up to the criteria, we invited them to take part in this study by filling in the questionnaire. We had organized meetings with the directors of nursing in order to make sure that there was a good rate of return of the participants in the study as well as to ensure that the boxes were available to get the filled in questionnaires.

We calculated the sample size for the identification of the chief resulting variables that were measured, the measuring instrument of these variables and expected differences that the groups had (Gerrish and Lacey, 2010). Since it is quite common to practice in such a field, we had expected a medium effect size (Watson, 2008). The pre-set alpha level and the conventional power were at 0.5 and 0.80 respectively. We had used the t test to compare the project as the groups of the study did not have the nurses from the same medical stores. The size of the sample as per the parameters included 100 participants. However, it is believed that having a greater response of the survey would enhance the statistical efficiency. Out of 110 questionnaires, we received 100 responses which make a percentage of 90.9 (Table 1).

Dyera et al. and Baruch & Holtom, (2007) and (2008) respectively, believe that there should be a 75% rate of response at least. Having a greater rate of response means having greater samples of data and increased statistical efficiency.

Table 1 Sample distributions:

	Number of participants (Response rate)			Targeted sample		
	Staff	Manager	Combined Total	Staff	Manager	Combined Total
Hospitals	80 (80%)	20 (20%)	100 (90.9%)	84	26	110 (100%)
Total	80 (80%)	20 (20%)		84	26	

Ethical Approval

The central ethical committees of the relevant hospitals had given an ethical approval for our study. A sheet of information was given to every participant and it included the aim of the study, the rights that the participants had the process of the survey, the use of the data collected and the method of completing the given survey. Furthermore, it mentioned the fact that the information the participants would give in would be filled in anonymously and their data would be confidential. There were details of the contact given on the sheet in case there was any need of a query. It was made clear to the nurses that it was a voluntary kind of part they had to play, and they had every right to refuse any participation in it. Moreover, they were told that the results of the study would be generalized and no kind of identification of any participant could be seen through it.

Results

The purpose of the study was to see the way the leadership styles are interpreted by the nurse managers as well as the staff nurses. Another aim was to study the levels of job satisfaction found among the head nurses and the nurse staff. We investigated job satisfaction and leadership staff with respect to various variables. Moreover, the present study focused on determining if there is any sort of association between jobs satisfaction and leadership styles.

Participant Demographics: We collected data from 100 different participants. Out of these 100 participants, 20 of them were the nurse managers (20%), while the 80% of the remaining were the nurse staff. The female nurses were in majority (64%). 43% of these candidates were married people. Moreover, 78% of the managers and the staff were BSN educated while 48% of the people had experience of less than seven years. 56% of these participants were at or under the age of 30. The nurse managers were apparently older as compared to the staff nurses. Most of the managers were at or above the age of 40 (10/20). These managers had an experience of more than 18 years (3/20). Refer to table 2 for an illustrated demonstration of this data.

Table 2 Participants' demographics

Demographics	Staff Nurse (80)	Head Nurse Managers (20)	Total (Percentage)
Sample	80	20	100 (100%)
<i>Level of education</i>			
BSN	70	8	78 (78%)
MSN	10	12	22 (22%)
<i>Gender</i>			
Male	30	6	36 (36%)
Female	50	14	64 (64%)
<i>Age</i>			
30 or less	50	6	56 (56%)
30-40	22	4	26 (26%)
> 40	8	10	18 (18%)
<i>Marital status</i>			
Single	40	7	47 (47%)
Married	35	8	43 (43%)
Divorced	3	3	5 (5%)
Widowed	2	2	4 (4%)
<i>Length of experience</i>			
< 7 years	38	10	48 (48%)
7-12 years	12	3	15 (15%)
13-18	22	4	26 (26%)
> 18	8	3	11 (11%)

Perception of Leadership Styles in Two Medical Sectors

We had assessed various styles of leadership. This assessment comprised of staff nurses and head nurse managers. The highest score was seen to be with the head nurses who followed the transformational style of leadership. The second highest was by the transactional style of leadership and passive-avoidant leadership style (refer to table 3).

With respect to transformational leadership styles, the highest score was gained by inspirational motivation style of leadership, with considerable group means observed (refer to table 3). Likewise, the highest score was received by the contingent rewards style of leadership, having major differences with respect to means. Moreover, the lowest was received by the Laissez-faire (Table 3).

Table 3 Mean, SD. And P- Value for Leadership Styles.

Leadership Style	Mean	SD	T	P-value
Transformational Leadership	2.38	0.80	5.64	< 0.001
Idealized Influence (Attribute)	2.36	0.70	5.79	< 0.001
Idealized Influence (Behavior)	2.40	0.76	5.88	< 0.001
Inspirational Motivation	2.56	0.81	5.35	< 0.001
Intellectual Stimulation	2.30	0.99	5.11	< 0.001
Individualized Consideration	2.30	0.80	5.92	< 0.001
Transactional Leadership	2.35	0.88	4.45	< 0.001
Contingent reward	2.40	0.94	4.71	< 0.001
Active Management-by-Exception	2.30	0.80	4.12	< 0.001
Passive – avoidant leadership	1.27	0.84	2.12	0.03
Passive Management-by-Exception	1.32	0.87	2.35	0.70
Laissez-faire	1.22	0.82	1.57	0.01
(Score range: 0 not at all to 4 frequently if not always) / (Significant at < 0.05 level)				

Perception of Job Satisfaction in Private Sectors

With respect to the levels of job satisfaction, there was a major difference seen in the hospital staff that had participated ($M = 4.30$; $SD = 0.87$; $T = 6.47$, $P < 0.001$) (Table 4).

Table 4 Job satisfaction questionnaire in the private sectors

Group	Mean	SD	T	P
Job Satisfaction Questionnaire	4.30	0.87	6.47	<0.001

Relationship between Leadership Style and Job Satisfaction

In this section, we have given a review of the relations between job satisfaction and the various styles of leadership that prevail among the staff nurses and the nurse managers in Jordan. In table 5, a correlation matrix can be seen between the variables, with respect to a correlation of Pearson Product-Moment. We observed a positive relation between job satisfaction ($r = 0.371^{**}$) and transformational leadership score (TRL). Moreover, there was a positive correlation between all the transformational leadership and job satisfaction (refer to table 5).

There was positive correlation seen between the overall transactional leadership (TAL) and job satisfaction. It has been observed that there is a better relationship between job satisfaction and transactional leadership than job satisfaction and transformational leadership. Such a difference was also

seen in the relation between job satisfaction and the contingent reward leadership style ($r = 0.409^{**}$).

However, the overall correlations seen between job satisfaction and passive-avoidant style of leadership (PAL) was negative ($r = -0.241^{**}$). There was a negative relation between both the laissez-faire style of leadership and the passive management-by-exception and job satisfaction (Refer to table 5). Hence, major correlation was seen between jobs satisfaction and the various styles of leadership.

Table 5 Correlations between MLQ subscales and Job satisfaction using Pearson Product Moment.

Leadership Style	Job Satisfaction	P
Transformational Leadership (TRL)	0.371^{**}	<0.001
Idealized Influence – Attributes	0.271 ^{**}	<0.001
Idealized Influence – behavior	0.314 ^{**}	<0.001
Inspirational motivation.	0.387 ^{**}	<0.001
Individual consideration	0.341 ^{**}	<0.001
Intellectual stimulation	0.345 ^{**}	<0.001
Transactional Leadership (TAL)	0.391^{**}	<0.001
Contingent reward	0.409 ^{**}	<0.001
Management-by exception- active	0.228 ^{**}	<0.001
Passive/Avoidant leadership (PAL)	-0.241^{**}	<0.001
Management-by-exception-passive	-0.210 ^{**}	<0.001
Laissez-faire.	-0.225 ^{**}	<0.001
** Correlation is significant at the 0.01 level (2-tailed)		
* Correlation is significant at the 0.05 level (2-tailed)		

Discussion

The purpose of this study was to comprehend how the leadership styles were interpreted by the staff managers in Jordan. According to the MLQ results, these staff nurses had taken their managers as transactional as well as transformational leaders simultaneously. According to the 20 participating managers, they said to be using the five leadership styles of transformation and using the two transactional sub-styles. This result is also supported by Bass that both kind of leadership styles can be exhibited by the leaders simultaneously (Bass, 2008).

According to Bass and Riggio (2006), there is a positive relation between the satisfaction levels among employees and the styles of leadership (transactional and transformational). Although according to the groups, there was a use of both leadership styles by the nurse managers, the staff believed that there was a greater use of transactional and transformational styles of leadership by the managers than by the nurse managers. Failla & Stichler (2008) as well as Omar (2006) concur with such a finding.

According to this study, the staff nurses believed that their nurse managers used transactional leadership quite often than sometimes. The

highest score was received by the contingent reward sub-style, which shows that significant rewards are given by the leaders on the fulfilment of tasks. According to a recent study, transformational dimension and the contingent reward sub-style have similar characteristics (Andrews et al. 2012).

There was a difference of 0.56 ($P < 0.001$) between the mean in the managers' style of leadership perception and the mean gained. This was with respect to the observation made in the transactional subscale (contingent reward). Contingent reward can be defined as a style where an agreement is obtained by the leader on different tasks that are to be fulfilled, and in return the leader gives rewards at the completion of the tasks. There is a difference between the private hospitals and the government hospitals on the basis of salary, promotions, etc. This shows that there are better results in hospitals that are financially supported (El Amouri, 2010).

The highest score was received by the transformational style of leadership and the second highest was by the transactional style and passive-avoidance.

According to Avolio and Bass (2004), an inspirational leader is a leader who promoted encouragement and inspiration among the followers by inculcating a meaning in the assigned work.

Job satisfaction is a very important issue for an organization with respect to various factors especially the ones related to health care system. Following parameters were measured through the job satisfaction questionnaire: the belief of the participant in the values and missions of the organization; willingness to stay in the hospital in the future; and willingness to input greater efforts toward the success of the hospital. According to the mean score in the present study, there was quite a high level of job satisfaction among the participants. However, this result is quite contrasting with the previous one where the job satisfaction levels among Iranian nurses were low (Vanakai & Vagharseyyedin, 2009).

According to an earlier study made in Saudi Arabia, there were low levels of job satisfaction among the nurses and these people were willing to switch jobs if given an opportunity (Al-Aameri, 2000).

With respect to job satisfaction, there was a high exhibition by the private nurses as suggested by the mean scores (4.85). Apart from the difference in the styles of leadership, higher levels of job satisfaction can also be reasoned by the flexibility in the personnel system in the hospitals where nurse managers are allowed to carry out promotions among the nurse staff. Such hospitals facilitate nurse staff with entertainment opportunities and recreational activities during the time of leisure.

As per the study results, there was a correlation between job satisfaction and all the MLQ subscales. There was a correlation between the transformational leadership and job satisfaction. There was a positive

relation between levels of job satisfaction among the staff nurses and a transformational leader. The results show that a presence of a manager displaying transformational attributes results in better satisfied staff at the hospital.

The findings of Leach (2005) are supported by the overall result. According to Leach, transformational leadership shows a positive effect on the job satisfaction levels among the nursing staff. Moreover, this result is supported by Laschinger *et al.* (2009) who demonstrated that there is an influence of leadership styles on every nurse and her level of job satisfaction. There is a direct and a positive link between job satisfaction level and transformational leadership. These factors play a direct effect on the outcome of a patient (Casida and Parker, 2011; Alloubani *et al.* 2015).

According to this result, transformational leaders who showed characteristics of motivational leaders led to better and more satisfied nurses. As per the results, the correlation between jobs satisfaction and transformational leadership subscale was the most important relation seen among all the discussed subscales of transformational leadership ($r = 0.387^{**}$, $P < 0.001$).

Inspirational motivation is when there is a leader who develops and promotes a vision and a team spirit among the employees. This is also supported by the Multifactor Leadership Model according to which followers are more inclined toward leaders who show natural enthusiasm and optimism (Bass, 1998). Furthermore, according to Bass and Riggio (2006), we can build job satisfaction through a style of leadership which exhibits motivation and inspiration. An inspirational leader is dedicated to drive followers to take moral values into consideration as their duties toward the organization and profession.

Job satisfaction can be affected by a transformational style of leadership. A recent study on the correlations existing between the results and the nurse managers' leadership styles showed that efficient nursing leaders who show transformational leadership characteristics improved the levels of job satisfaction (Casida and Parker, 2011).

Moreover, there was a positive relation between jobs satisfaction among the nurses and transactional leadership having management by-exception and contingent reward nurses ($r = 0.391^{**}$, $p < 0.001$). There was a higher score by contingent reward as compared to management-by-exception (active). Contingent reward also enhanced the satisfaction score (overall) of the transactional style. Similar result is found by McGuire *et al.* (2003) as well as by Windsor (2009) who showed that there was little satisfaction shown by nurses under the management-by-exception (active). However, there was a better satisfaction level with contingent reward leadership.

As per the Multifactor Leadership Model, contingent reward is possible when there are goals and directions set by a leader who is determined to withhold appreciation rewards like bonus and recognition in order to have control over the tasks. According to Marquis and Huston (2008), leadership styles are developed through different beliefs, values and leader choices as well as the culture and environment of an organization that may or may not support different styles of leadership. As per McGuire & Kennerly (2006), rewards and recognition is seen as a source of retention for the nurses by organizations.

There was a negative relation seen between job satisfaction and passive-avoidant leadership ($r = -0.24^{**}$, $P < 0.001$). This shows that leaders having greater characteristics of passive-avoidant had nurses with little satisfaction. The Multifactor Leadership Model also showed similar findings where leaders with passive-avoidant are unable to promote loyalty, thereby creating negative followers of the staff (Bass & Avolio, 2000).

Moreover, such results were shown in a study that showed the relations between job satisfaction levels and leadership styles of nursing. This study was based on nurses in America. There was a negative correlation seen between job satisfaction and laissez-faire style of leadership (Windsor, 2009).

Suliman (2009) also showed similar finding where nurse managers believed not to be using a passive-avoidant leadership. However, this finding was not so strong by Omar (2006).

According to the nursing staff, the nurse managers' style of passive-avoidant leadership was seen as *once in a while to seldom*. Passive management-by-exception that showed highest score of mean describes leaders as those who take action only after they are in a serious state of mind. Moreover, Suliman (2009) has a similar result. Leaders who are passive-avoidant tend to be little or no responsive and are no source of motivation or inspiration for the followers.

Jobs satisfaction is believed to be a huge predictor with respect to the turnover behaviour of staff (Wagner, 2007). According to an Arabian study made recently on nurses who were not sure about their job, showed that there is a huge influence of leadership style on job satisfaction (Abualrub and AlGhamdi, 2012). Serious measures should be taken for the development of efficient leadership in the hospital system of Jordan.

Conclusion

Understanding the relation between job satisfaction and leadership is very important. According to what we believe, the nursing educators, policy makers and the administrators will find this study beneficial and it will help them overcome the problems and challenges they come across every day.

There is very little study and research with respect to jobs satisfaction and leadership in the health care system of the non-West culture and this study has contributed to it.

Various areas have been revealed by the study which needs further study and research. The efforts of research should be focused toward the examination of the work factors and the environmental issues that affect job satisfaction. In conclusion, according to this study results, greater transformational leadership development enhances the job satisfaction levels which further add to the contribution of a greater supply of nurses.

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