



Leadership Styles and Job Satisfaction among Nurses of Medical-Surgical Floors in Governmental Hospitals in Qassim Region, Saudi Arabia

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ABSTRACT

Background: Leadership style is important to inspire employees and enhance job satisfaction at work. Previous studies have illustrated that leaders play a significant role to improve job satisfaction among nurses at hospitals. The main aim of this study is to discover the type of leadership style (transformational vs. transactional) of nurse leaders and how it affects the work satisfaction of Medical-Surgical nurses working in public hospitals in Qassim Region, KSA. **Methods:** A cross-sectional design was used. The following tools were utilized to be able to have an outcome of the research study; Multifactor Leadership Questionnaire (MLQ) and Job Satisfaction Survey (JSS) with demographics datasheet. The convenience sampling technique was employed for this study and the study recruited exactly 437 participants. This study was conducted in MOH hospitals; King Fahad Specialist Hospital (KFSH), Buraidah Central Hospital (BCH), and King Saud Hospital (KSH) in Qassim Region, KSA. The study used SPSS software to analyze the numeric data via using the following tests: descriptive analysis, Cronbach's alpha, Pearson correlation, and Linear regression. **Results:** The result showed that leadership style was significant, transformational leadership ($t=3.50, p<0.01$) was more effective for predicting job satisfaction than transactional leadership ($t=2.43, p<0.05$). The result of JSS was measured by 36 items using a 6-point Likert scale, and the overall score was $M=3.49 \pm 1.30$, a moderate level. **Conclusion:** To sum up, this study recommended improving leadership style among nurse managers, administrators, and supervisors, more particularly, the adoption of the transformational technique to improve staff job satisfaction, encourage them to stay in their current job, and enhance their self-progress in the profession.

Keywords: Floor nurses, Job satisfaction, Leadership styles, Medical-surgical, Qassim region, Saudi Arabia

Abbreviations: KSA: King Saudi Hospital, MOH: Ministry of Health, KFSH: King Fahad Specialist Hospital, BCH: Buraidah Central Hospital, MLQ: Multifactorial Leadership Questionnaire, JSS: Job Satisfaction Survey

INTRODUCTION

As a multifaceted framework, hospitals in Saudi Arabia could be a significant enabler of work fulfillment among staff nurses. Healthcare delivery includes nurses assuming different roles. As expected, nurse supervisors arrange, coordinate, control, and assess the general unit or division and staff nurses' task execution.

Nurturing supervisors should guarantee that a secure environment encourages the development of a trusting relationship

related to the provision of quality care [1]. Nursing investigations underpin the significance of leadership style, as it plays a basic part in involving staff nurses [2]. Staff nurses' recognition of nurse supervisors' leadership conduct and the affiliation to the staff nurses' basic enablement is vital to the progression of awareness of the leadership role of nurse supervisors [3].

Staff nurses are the backbone of any healthcare system, and their labor is diverse and demanding. When performing their job in any healthcare setting, staff nurses encounter numerous drawbacks and difficulties and deal with different types of clients. Job satisfaction is defined as how much an employee likes their job or the task they are told to do; it does not relate to how work can be done very well or how much effort the employee exerts [4]. Job satisfaction could lead staff to become more productive, innovative, and determined to maintain the quality of the service provided to the patients.

Job satisfaction is a necessary factor in managing the workforce of any healthcare system [5]. Satisfaction at work is a vital component in taking charge of the labor force in any institution or organization, including the healthcare setting [6]. The complete extent of the leadership model presents behaviors or practices that can be utilized by nursing directors, managers, supervisors, bosses, or leaders in driving their supporters to attain the joint achievement of the key performance indicators of the organization, including its vision, goals, and objectives [7].

Grossman and Valiga noted that "such worlds desperately call for new leaders", Leaders encourage others with insights into what can be achieved [8]. The intense healthcare environment puts pressure on the relationship between the nursing leader and staff towards job satisfaction. Staff nurses lack absolute leadership in hospital settings. To advance and survive in the healthcare tumult, staff nurses and management must establish positive and mutual relationships that favor efficiency, productivity, and work satisfaction.

Krishnan states that leadership style enhances the aim towards attainment beyond planned goals by employees in the organization [9]. This kind of leadership style transforms the followers' emotions, attitudes, and goals into specific performances based on their abilities [10].

Burns defined the transactional leadership style as one that involves motivation and directing to attain followers' self-interest through rewards and punishment in exchange [11]. This style is very useful when the organization is in a stable state and the learning objectives aim to maintain balance [12]. A transactional leader can increase employee performance especially when it is measured quantitatively and when rewards and punishments are provided impartially.

Transformational leadership has been linked with job fulfillment among staff nurses [13]. There is a link between the leadership styles of nurses acting as the leader and nurses' satisfaction at work [14]. It has been established that leaders assume an essential part in promoting job gratification among staff nurses [15]. As a result, a manager's power is transforming, and that has been shown as modification from the transactional leadership style to the transformational leadership style [16].

Studies have stated that transformational leadership reduced burnout among nursing staff [17]. Transformational leadership in nursing certainly affects the caring practice, which in the end also affects the health of individual patients in particular, and the community and the healthcare system in general.

Tale categorized transformational leadership styles to wit:

- 1. Intellectual stimulation:** Encourages employees' creativity and innovation with certain limitations and resolution using current approaches and for old cases [18].
- 2. Individual consideration:** Encouragement and support as a result of the employee-employer relationship, such as teaching, mentoring, or coaching, in the approaches to teaching and sharing knowledge and ideas.
- 3. Inspirational motivation:** The leader gives the employee clear insight into, the meaning of the task, and challenging tasks.
- 4. Idealized influence leaders:** Role models who take the initiative to understand and focus on completing the task.
- 5. Attributed charisma:** The ability to convince followers to respect and admire them through the way they act and speak [18].

The present investigation focused on the transactional and transformational styles of the nurse manager and their effect on medical and surgical floor nurses' satisfaction levels at work in selected Ministry of Health (MOH) hospitals in the Qassim region in KSA. The focus on nursing managers is essential, as the nursing workforce is a fundamental element of healthcare services and the quality of patient care in all healthcare settings. There is a paucity of data on the determination of the leadership styles perceived by nurse leaders in KSA and their impact on subordinate nurses' work satisfaction and how it contributes to the health of the working environment. Thus, the present study presents new information on this topic that will strengthen and build knowledge, which will contribute to helping to establish a healthy work environment and further information and understanding of nursing leadership styles within the following MOH hospitals of the Qassim region: King Fahad Specialist Hospital (KFSH), Buraidah Central Hospital (BCH), and King Saud Hospital (KSH), and its impact on the insight of nurses about their satisfaction at the medical-surgical floors.

Aim

The main aim of this study is to discover the type of leadership style of nurse leaders and how it affects the work satisfaction of nurses working on medical-surgical floors of selected governmental hospitals in Qassim Region, KSA.

To achieve the goal of the study, the following objectives were specified:

- Discover the socio-demographic characteristics of the nurses working on medical and surgical floors of selected governmental hospitals in the Qassim Region.
- Explore the leadership style (transformational vs. transactional) of nurse leaders on the medical-surgical floors of selected governmental hospitals in the Qassim Region.
- Assess the level of job satisfaction of nurses working on medical-surgical floors of selected governmental hospitals in the Qassim Region.
- Examine the relationship between the leadership style among nurse managers and the job satisfaction of nurses working on medical-surgical floors of selected governmental hospitals in the Qassim Region.

Study Significance

The outcome of this investigation will assist nurse leaders in selecting the best leadership style, either transactional or transformational, that they think will best improve nurses' work satisfaction. When nurse leaders implement strategies to improve staff nurses' satisfaction with their work rate, it will potentially prevent turnover and burnout. Nurses with work satisfaction will perform better, which will result in the provision of the superb quality of care and safety to patients.

Furthermore, nursing schools can capitalize on the outcomes of their research by assimilating its recommendations into their curriculum. The use of research in nursing schools is geared towards the development of the nursing curriculum. The results can be implemented in the hospitals of Saudi Arabia to have both indirect and direct benefits for the research, nurses, and nurse managers. Additionally, the results of this study can be good literature and form the basis for future research in this field.

METHODOLOGY

Research Design

We used a quantitative, descriptive, cross-sectional design to observe the interconnections between nurse managers' leadership styles and their impact on staff satisfaction. We used a correlation design as well to assess the association between both the nurse managers and leadership style to work satisfaction among staff nurses.

Target Population

The target population in this study was registered nurses working on the medical-surgical floors of government hospitals with >300-bed capacity. The hospitals involved in this study were KFSH, BCH, and KSH.

Setting

The study was established and performed in the Three MOH hospitals: King Fahad Specialist Hospital (KFSH),

Buraidah Central Hospital (BCH), and King Saud Hospital (KSH) in Qassim Region, KSA.

Sampling and Sample

The convenience sampling technique was utilized to select the participants. A total of 437 nurses were included in the quantitative research design.

Data Collection Tools

In this study, we used two main tools: The Multifactorial Leadership Questionnaire (MLQ) designed by Avolio and Bass and the Job Satisfaction Survey (JSS) designed by Spector [19,20]. The original designers permitted us to use these questionnaires. The MLQ 5X questionnaire includes nine subscales that have been validated in several healthcare settings around the world [19]. The MLQ-5X was designed and created to measure the different kinds of behaviors for the healthcare manager that would best match their satisfaction. Furthermore, the MLQ was used to examine the array to which nurse leaders demonstrated responses linked with both the transformational and transactional leadership styles. The tool has 36 items correlated to leadership style, with nine items linked to leadership outcomes.

The MLQ is used for measuring nurse managers in a wide range of leadership categories. The tool describes the features of a transformational leader and benefits nurse managers in discovering how they perceive themselves and how the staff nurses and other healthcare team members perceive them.

The MLQ is a deep-rooted tool that has been expansively examined and validated. The MLQ manual displays robust evidence for validity. Furthermore, the tool also reinforces the nine-factor leadership model, tested in stable and homogeneous conditions. The reliability scores for the subscales range from moderate to good, in keeping with the manual for the numerical values of the tool's reliability and validity.

Job Satisfaction Survey (JSS) was employed to quantify the nine scopes of work satisfaction. These dimensions included: promotion, fringe benefits, co-workers, communication, supervision, contingent rewards, operating procedure, and nature of work. Concerning its validity, the Spearman Correlation coefficient is 0.44, with a p-value of 0.005. This is suggestive of significantly high predictive validity. Regarding its reliability, the general Cronbach's alpha value of the tool is equal to 0.86. This is indicative of the goodness of fit in the overall reliability.

The JSS comprises 36 items with nine subscales to calculate the nursing staff's attitudes towards their nursing job and specific aspects related to their job. The individual subscales are weighed with four items, and the summation of the score is calculated from all items. The JSS uses a summated assessment scale construct with a five-point Likert scale with categories (Strongly disagree; Disagree; Neither agree nor disagree; Agree; Strongly agree).

Translation Technique

This study used a multi-language survey (Arabic and English), which was suitable for both native and foreign workers within the organization, as it would allow generalization of the results. The survey was not translated, as the pre-existing design was already in both languages, meaning it was useful to use in this study, as it was translated via back-translation by the designer.

Study Procedures

Upon receiving the suitable ethical approvals, the researcher visited the three selected hospitals individually and met the managers of each to arrange a time when the researcher could collect the consent forms. On this visit, the researcher also provided the manager with a package that included information sheets and consent forms for the institution to distribute to potential participants. The researcher then returned to the hospitals 1 week later and collected the information of all potential participants via the consent forms from the reception. Once the questionnaire had been established, links were sent to the participants as the surveys were distributed through Google forms.

Ethical Considerations

This study sought and received ethical approval from the Minister of Health Ethical Committee of Qassim Province. The participants were provided with an information package to be fully informed of the study. We also ensured that the participants were able to ask any questions they might have about the research that might influence their participation. We ensured that all participants were fully informed of their participation in this specific study and were aware of their

roles in the questionnaires and their effect on the research. Furthermore, we also ensured that the participants were aware of their rights and their effect on the research.

We ensured that the participants' information was secure, and also ensured that the participants understood that the study was voluntary, and they were allowed to withdraw at any time. To stress anonymity and confidentiality in the study, each participant was assigned a code and date rather than their name for their identity to remain unknown, and any participant information was kept secure.

Data Analysis

We used SPSS 23.0 for questionnaire analysis. The data followed a normal distribution pattern; in turn, based on the study outcomes, we used parametric rather than non-parametric tests [21]. The validity was tested by the internal consistency method using the Pearson correlation between the items and the total degree of the scale, and reliability was tested using Cronbach's alpha coefficient. The frequencies, percentage, mean, and Standard Deviation (SD) were computed for the items, styles, and total factor of the scale; it was also used for calculating the demographic factors. Linear regression was conducted to test the research hypotheses (the effect of the leadership style on nurse staff satisfaction; Dependent Variable (DV)). A p-value<0.01 was considered statistically significant.

RESULTS

This study involved 437 nurses working on the medical-surgical floors of the selected hospitals; 55.6% were male and 44.4% were female, while 60.2% were Saudi and 39.8% were non-Saudi. Age was measured by four groups; most participants were in the 30-39 year group (42.3%). In terms of education, 59.7% held bachelor's degrees and 39.4% had diplomas. Overall, 36.8% had 2-5 years of working experience and 32.6% had 5-10 years of experience. Regarding the workplace, 37.3% worked at KFSH, 36.6% worked at BCH, and 26.1% worked at KSH (Table 1).

Table 1 Demographic Information (n=437)

	Factor	n	%
Gender	Female	194	44.4
	Male	243	55.6
Nationality	Non-Saudi	174	39.8
	Saudi	263	60.2
Age	20-29	130	29.7
	30-39	185	42.3
	40-49	95	21.7
	>50	27	6.2
Education Level	Bachelor	270	59.7
	Diploma	172	39.4
	Master	4	0.9
Years of experience	2-5	161	36.8
	5-10	141	32.3
	10-15	93	21.3
	>15	42	9.6
Hospital	King Saud Hospital	114	26.1
	King Fahad Specialist Hospital	163	37.3
	Buraidah Central Hospital	160	36.6

Table 2 shows that the transformational leadership style was measured by five dimension/style scales using a 5-point Likert scale (Frequently, if not always=4, to Not at all=0). The overall was $M=2.18 \pm 1.04$, a moderate level. Idealized

Attributes (IA) and Inspirational Motivation (IM) had the highest mean scores ($M=2.20 \pm 1.10$, and $M=2.20 \pm 1.08$, moderate level, respectively). Idealized Behaviors (IB) was ranked third ($M=2.18 \pm 1.07$, moderate level), followed by Individual Consideration (IC) ($M=2.17 \pm 1.09$, moderate level) and Intellectual Stimulation (IS) ($M=2.15 \pm 1.06$, moderate level). However, the difference was very small.

Table 2 Descriptive Analysis of Transformational Leadership Styles

Style	No	N/%	Not at all	Occasionally	Sometimes	Fairly often	Frequently, if not always	Pearson (r)	Mean ± SD
Idealized Attributes (IA)	1	N	59	82	94	147	55	0.83**	2.20 ± 1.10
		%	13.5	18.8	21.5	33.6	12.6		
	2	N	58	81	88	152	58	0.84**	
		%	13.3	18.5	20.1	34.8	13.3		
	3	N	47	75	93	160	62	0.84**	
		%	10.8	17.2	21.3	36.6	14.2		
	4	N	50	79	94	150	64	0.83**	
		%	11.4	18.1	21.5	34.3	14.6		
Idealized Behaviours (IB)	1	N	52	77	96	164	48	0.82**	2.18 ± 1.07
		%	11.9	17.6	22	37.5	11		
	2	N	55	79	81	167	55	0.83**	
		%	12.6	18.1	18.5	38.2	12.6		
	3	N	50	82	95	161	49	0.84**	
		%	11.4	18.8	21.7	36.8	11.2		
	4	N	51	88	94	153	51	0.85**	
		%	11.7	20.1	21.5	35	11.7		
Inspirational Motivation (IM)	1	N	54	85	87	152	59	0.82**	2.20 ± 1.08
		%	12.4	19.5	19.9	34.8	13.5		
	2	N	56	84	91	152	54	0.82**	
		%	12.8	19.2	20.8	34.8	12.4		
	3	N	45	85	107	149	51	0.87**	
		%	10.3	19.5	24.5	34.1	11.7		
	4	N	51	70	82	170	64	0.84**	
		%	11.7	16	18.8	38.9	14.6		
Intellectual Stimulation (IS)	1	N	58	87	91	146	55	0.78**	2.15 ± 1.06
		%	13.3	19.9	20.8	33.4	12.6		
	2	N	51	81	101	161	43	0.80**	
		%	11.7	18.5	23.1	36.8	9.8		
	3	N	55	80	94	156	52	0.86**	
		%	12.6	18.3	21.5	35.7	11.9		
	4	N	51	82	88	165	51	0.84**	
		%	11.7	18.8	20.1	37.8	11.7		

Individual Consideration (IC)	1	N	53	78	97	155	54	0.84**	2.17 ± 1.09
		%	12.1	17.8	22.2	35.5	12.4		
	2	N	54	81	104	144	54	0.84**	
		%	12.4	18.5	23.8	33	12.4		
	3	N	45	89	102	157	44	0.86**	
		%	10.3	20.4	23.3	35.9	10.1		
	4	N	54	87	83	149	64	0.86**	
		%	12.4	19.9	19	34.1	14.6		
Total mean ± SD									2.18 ± 1.04
Cronbach's alpha									0.95
**Correlation is significant at the 0.01 level (2-tailed)									

Table 3 shows that the transactional leadership style was measured using two-dimension/style scales using a 5-point Likert scale (Frequently, if not always=4, to Not at all=0). The overall score was M=2.12 ± 1.02, a moderate level. Management-by-Exception (Active) (MBEA) achieved the highest mean score (M=2.13 ± 1.03, moderate level), followed by Contingent Reward (CR) (M=2.11 ± 1.08, moderate level). However, the difference was small.

Table 3 Descriptive Analysis of Transactional Leadership Style

Style	No	N/%	Not at all	Occasionally	Sometimes	Fairly often	Frequently, if not always	Pearson (r)	Mean ± SD
Contingent Reward (CR)	1	N	76	101	74	122	64	0.66**	2.11 ± 1.08
		%	17.4	23.1	16.9	27.9	14.6		
	2	N	55	97	86	146	53	0.80**	
		%	12.6	22.2	19.7	33.4	12.1		
	3	N	48	90	105	138	56	0.83**	
		%	11	20.6	24	31.6	12.8		
	4	N	55	75	91	161	55	0.81**	
		%	12.6	17.2	20.8	36.8	12.6		
Management-by-Exception (Active) (MBEA)	1	N	60	84	93	152	48	0.67**	2.13 ± 1.03
		%	13.7	19.2	21.3	34.8	11		
	2	N	46	94	96	152	49	0.79**	
		%	10.5	21.5	22	34.8	11.2		
	3	N	61	87	84	154	51	0.77**	
		%	14	19.9	19.2	35.2	11.7		
	4	N	47	90	92	159	49	0.78**	
		%	10.8	20.6	21.1	36.4	11.2		
Total mean ± SD									2.12 ± 1.02
Cronbach's alpha									0.93
**Correlation is significant at the 0.01 level (2-tailed)									

As shown in Table 4 the job satisfaction scale was measured by 36 items using a 6-point Likert scale (Agree very much=6 to Disagree very much=1). Job satisfaction has two factors (intrinsic and extrinsic). The overall mean score was (M=3.49 ± 1.30, a Moderate level). Extrinsic had a mean score (M=3.48 ± 1.30, Moderate level), and intrinsic had a mean score (M=3.49 ± 1.32, Moderate level).

Table 4 The Descriptive Analysis of Job Satisfaction

Job satisfaction type	Dimension	N/%	Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much	Mean ± SD	Pearson (r)
Extrinsic	Pay	N	102	86	33	55	108	53	3.41 ± 1.36	0.68**
		%	23.3	19.7	7.6	12.6	24.7	12.1		
		N	67	79	63	73	115	40		0.78**
		%	15.3	18.1	14	16.7	26.3	9.2		
		N	59	77	80	79	112	30		0.80**
		%	13.5	17.6	18	18.1	25.6	6.9		
		N	61	67	53	90	116	50		0.80**
		%	14	15.3	12	20.6	26.5	11.4		
	Benefits	N	72	80	57	82	103	43	3.51 ± 1.35	0.77**
		%	16.5	18.3	13	18.8	23.6	9.8		
		N	65	66	69	82	123	32		0.80**
		%	14.9	15.1	16	18.8	28.1	7.3		
		N	64	84	47	91	106	45		0.82**
		%	14.6	19.2	11	20.8	24.3	10.3		
		N	54	74	57	85	121	46		0.82**
		%	12.4	16.9	13	19.5	27.7	10.5		
	Supervision	N	63	69	45	79	125	56	3.50 ± 1.33	0.75**
		%	14.4	15.8	10	18.1	28.6	12.8		
		N	80	93	60	67	104	33		0.77**
		%	18.3	21.3	14	15.3	23.8	7.6		
		N	65	85	61	79	115	32		0.81**
		%	14.9	19.5	14	18.1	26.3	7.3		
		N	65	71	56	93	116	36		0.78**
		%	14.9	16.2	13	21.3	26.5	8.2		
	Operating procedure	N	65	87	60	84	111	30	3.49 ± 1.38	0.80**
		%	14.9	19.9	14	19.2	25.4	6.9		
		N	79	78	57	91	103	29		0.81**
		%	18.1	17.8	13	20.8	23.6	6.6		
N		48	81	40	90	122	56	0.83**		
%		11	18.5	9.2	20.6	27.9	12.8			
N		61	90	45	98	111	32	0.86**		
%		14	20.6	10	22.4	25.4	7.3			
Co worker	N	57	72	50	86	115	57	3.51 ± 1.34	0.79**	
	%	13	16.5	11	19.7	26.3	13			
	N	59	67	66	74	124	47		0.81**	
	%	13.5	15.3	15	16.9	28.4	10.8			
	N	63	84	47	86	122	35		0.81**	
	%	14.4	19.2	11	19.7	27.9	8			
	N	51	72	57	79	139	39		0.81**	
	%	11.7	16.5	13	18.1	31.8	8.9			

		Extrinsic (Mean ± SD)								3.48 ± 1.30
Intrinsic	Contingent reward	N	63	80	59	78	116	41	3.43 ± 0.38	
		%	14.4	18.3	14	17.8	26.5	9.4		
		N	60	94	55	89	104	35		
		%	13.7	21.5	13	20.4	23.8	8		
		N	55	74	61	96	110	41		
		%	12.6	16.9	14	22	25.2	9.4		
		N	66	68	61	87	118	37		
		%	15.1	15.6	14	19.9	27	8.5		
	Promotion	N	78	72	48	83	111	45	3.48 ± 1.36	
		%	17.8	16.5	11	19	25.4	10.3		
		N	61	90	62	84	95	45		
		%	14	20.6	14	19.2	21.7	10.3		
		N	73	80	62	88	95	39		
		%	16.7	18.3	14	20.1	21.7	8.9		
		N	83	85	57	78	103	31		
		%	19	19.5	13	17.8	23.6	7.1		
	Nature of work	N	82	77	69	81	104	24	3.59 ± 1.36	
		%	18.8	17.6	16	18.5	23.8	5.5		
		N	83	74	60	77	109	34		
		%	19	16.9	14	17.6	24.9	7.8		
		N	65	78	54	84	128	28		
		%	14.9	17.8	12	19.2	29.3	6.4		
		N	74	79	62	83	105	34		
		%	16.9	18.1	14	19	24	7.8		
Communication	N	60	69	68	82	121	37	3.46 ± 1.38		
	%	13.7	15.8	16	18.8	27.7	8.5			
	N	77	87	56	77	110	30			
	%	17.6	19.9	13	17.6	25.2	6.9			
	N	55	69	52	82	111	68			
	%	12.6	15.8	12	18.8	25.4	15.6			
	N	63	80	59	78	116	41			
	%	14.4	18.3	14	17.8	26.5	9.4			
Intrinsic (Mean ± SD)									3.49 ± 1.32	
JOB SATISFACTION (Mean ± SD)									3.49 ± 1.30	
Cronbach alpha									0.97	
**Correlation is significant at the 0.01 level (2-tailed)										

The correlation test was used to identify the direction and the strength of the relationship between job satisfaction and the multifactor leadership styles, As shown in Table 5, there was a very strong and positive correlation between job satisfaction and the transformational leadership styles ($r=0.677$, $p<0.05$), also the relationship between the dimensions of the transformational leadership styles and job satisfaction were ranged from ($r=0.664$, $p<0.05$) for Idealized

Attributes (IA), to ($r=0.637$, $p<0.05$) for Individual Consideration (IC), which means that the more transformational leadership styles, the more job satisfaction.

There was a very strong and positive correlation between job satisfaction and the Transactional leadership styles ($r=0.677$, $p<0.05$), also the relationship between the dimensions of the transactional leadership styles and job satisfaction. ($r=0.647$, $p<0.05$) for Management-by-Exception (Active) (MBEA), and ($r=0.643$, $p<0.05$) for Contingent Reward (CR), which means that the more transactional leadership styles, the more job satisfaction.

Table 5 The relationship between Job satisfaction, the multifactor leadership styles leadership

Variables	Job satisfaction
Idealized Attributes (IA)	0.664**
Idealized Behaviors (IB)	0.653**
Inspirational Motivation (IM)	0.644**
Intellectual Stimulation (IS)	0.659**
Individual Consideration (IC)	0.637**
Transformational	0.677**
Contingent Reward (CR)	0.643**
Management-by-Exception (Active) (MBEA)	0.647**
Transactional	0.671**
**significant relationship at $p<0.05$	

Table 6 shows the results of the linear regression conducted to test the prediction of the transformational and transactional leadership styles on nurses' job satisfaction. Although leadership style was significant, transformational leadership ($t=3.50$, $p<0.01$) was more effective for predicting job satisfaction than transactional leadership ($t=2.43$, $p<0.05$).

Table 6 Prediction of transformational and transactional leadership styles for nurses' job satisfaction

Predictor variable	β	SE-b	Beta	t	p	95% CI	
						Lower	Upper
Transformational	0.51	0.15	0.41	3.50**	0.00	0.22	0.8
Transactional	0.36	0.15	0.28	2.43*	0.02	0.07	0.66
Note: Job satisfaction was the dependent variable. β is the unstandardized coefficients; SE-b is the standard error. **Significant at 0.01 level; *significant at 0.05 level. $R^2=0.47$; adjusted $R^2=0.36$.							

DISCUSSION

The nursing profession is becoming overwhelming, stressful work accompanied by rising burnout rates and mental fatigue. Laranjeira stated that work stress affects physical and mental capabilities and nursing retention rates [22]. Hannan and Breslin pointed out that stress related to the healthcare profession contributes to poor job gratification, fatigue, bullying, burnout, and an increased rate of truancy from work [23].

Increasing worker satisfaction with their current job is the solution to meeting the challenges of quality results, patient contentment, and retaining nurses at hospitals [24]. In 1982, the American Nurses Association (ANA) examined which hospitals were successful in retaining healthcare professionals and were credited as having good reputations as good places to work with and that provided good nursing care [25]. The study showed that 41 hospitals across the USA were credited as attractive hospitals. The results showed that these hospitals were attractive in part due to leadership

techniques that focused on nursing leadership characteristics as a means of ensuring job contentment and retention among staff.

The present study is supported by a descriptive study by Cox, wherein 442 nursing department staff of regional medical centers participated in the study, and comprised staff nurses, executives, managers' assistants, licensed practical nurses, and administrative staff [26]. Up to 64% of the staff participated, where 275 questionnaires were returned and utilized in the leadership style study. The researchers were motivated to determine how staff nurses understand management styles, what management styles the staff preferred, and if relationships were established between the perceived leadership style of the nurse manager and the staff nurses' job gratification. The MLQ (2016) was utilized to determine leadership style as either transactional or transformational. Perceived and intended management techniques were calculated by using the profile of organizational characteristics developed in 1978 by Rensis Likert Associates [27].

Job satisfaction was measured using the scales for the measurement of work attitudes and aspects of psychological well-being developed in 1979. The components measured included leadership, motivation, communication, decision-making, goals, and control. The total sum of job satisfaction included extrinsic satisfaction, interpersonal satisfaction, engagement needs, and intrinsic satisfaction Spreitzer's Psychological Empowerment Instrument (SPEI) was utilized to determine empowerment about meaning, competence, impact, and self-determination [28].

Research on leadership began around the 20th century [29]. Many ideas have been formed regarding the concept of leadership since then. Early theorists pinpointed leadership as either individual or environmental, with no connection between the two. The focus was on the development of theory rather than the effect of relationships. It was not until later that the scientists studied what abilities, traits, sources of power, and situations determined leadership capabilities and how groups were affected to attain goals and objectives. Wren differentiated between management and leadership stating that leadership is a wider concept and could happen any time the followers' attitudes were affected. Management referred to managers of organizations working with others to attain common goals [30].

Lately, researchers have seen leadership as a component of role and differentiation and have performed their studies based on particular audiences. For example, studies have been performed in hospitals to determine the factors influencing job satisfaction. Campbell, Lee reported that 75% of staff investigated singled out management style as the premier factor in staff nurse satisfaction [31]. Lin, MacLennan discovered that the transformational leadership style was more preferred rather than the transactional leadership style and that managers showing transformational characteristics had satisfied staff nurses [32].

The transformational leadership style includes the following characteristics:

- idealized influence (attributed),
- idealized influence (behavior)
- inspirational motivation
- mind stimulation
- individual consideration

Magnet hospitals applying the transformational leadership style first described by Burns have lower turnover ratings and increased satisfaction among nursing staff [11,33].

Lo, Azlan noted that leaders play an important role in allocating responsibility rather than focusing on authority and command when dealing with subordinates [34]. Besides, a leader's capabilities might contribute to a good leadership style in the organization [35]. Indeed, a good leader leads subordinates and performs to their best ability [36]. Such leaders must have the ability to function with good standing, honesty, efficiency, and communicate with employees clearly [37]. An effective leadership style can contribute to the success of the task at hand [38]. Amanchukwu, Stanley indicated that the right leadership technique yields employee satisfaction, and it is a good indicator that a better style might lead to employees working efficiently and effectively [39]. Here, leaders should share the organization's values, mission, and vision to motivate employees [40]. Besides, a leader is a person who can guide and direct their employees [41].

The stronger relationship between the work satisfaction of the floors' staff and the transformational leadership style, as reported by the current study, was supported by various research studies. Lo, Azlan stated that a transformational leader is more efficient in responding to change rather than one who applies the transformational style [34]. A transformational leadership style and employees' performance with the organization's goals and objectives can create a compliant and satisfactory work environment [42]. A transformational leader focuses more on building good relationships with their subordinates, while transactional leaders are more task-oriented, where complying with the task is of high importance.

Limitations of the Study

The research design of this study cannot determine causality (cause and effect) as the cross-sectional study design is defined as being exposed to bias about the criteria for eligibility. As a result, this may disregard participants who attain different insights particularly, when responding to the study questionnaire. With regards to the sampling technique, this research study has employed a non-probability sampling technique specifically in the form of a convenience sample. The use of this sampling technique may cause large parts of the population to be disregarded. As a result, this may lead to several issues. Firstly, this method may cause an inability to generalize the results of the survey to the population as a whole. Furthermore, it may also cause a possibility of under-or over-representation of the population. Likewise, it may lead to biased results, which is why various individuals choose to take part in the study while some do not. Furthermore, poorly selected distribution channels can cause data to become biased, with low response rates in addition to a group of other likely issues that may occur. As a result, participants may become decreasingly likely to be fully engaged in the survey part of the study for more than 10 minutes as opposed to other research methods. Therefore, the sampling technique of this study has several constraints in comparison to other methods such as randomized sampling.

CONCLUSION

The participant nurses were from different hospitals and from different floors, which means that all of them encounter different leadership styles and approaches and have different perceptions of the leadership styles adopted by their managers. The majority of the staff had moderate responses for the five dimensions of transformational leadership styles; however, the difference between each dimension was small.

The leadership style is a significant factor affecting the work satisfaction level of floor staff. The results suggest that being a transformational leader is more effective than being a transactional leader and will participate to increase staff nurses' job satisfaction. This means that when a leader applies a transformational approach, staff would likely have higher job satisfaction and be encouraged to stay in their current job, so retention rates would increase subsequently.

Recommendations

The improvement of leadership style among nurse managers, administrators, and supervisors are recommended, such as the adoption of the transformational technique to encourage staff to stay in their current job and inhibit self-progress in the profession. 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. Programs that would increase job satisfaction among nursing staff should be developed to reduce employee turnover rates. Furthermore, future researchers may wish to conduct a similar study that would enrich the findings of the present study by taking more hospitals' departments and units and covering different regions of Saudi Arabia.

DECLARATIONS

Conflict of Interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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