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**The perceived Relationship between nursing leadership
styles and job satisfaction among nurses in the southern of
West Bank**

M. Sc. Thesis

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**The perceived Relationship between nursing leadership
styles and job satisfaction among nurses in the
southwestern**

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Thesis Approval

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Dedication

I dedicate this thesis to:

The pure land of Palestine, whose soil has been watered by the tears and blood of its people — to the martyrs who gave their lives for dignity and freedom, and to the mothers who stood strong as they bid farewell to their sons, sending them off with love to paradise.

To the wounded, the prisoners, and the resilient people of Palestine, whose suffering and strength continue to inspire generations.

To Jerusalem, the holy city and the city of peace may it remain free and united.

To my beloved parents, whose sacrifices, prayers, and endless efforts paved the way for me to reach this moment. This achievement is a reflection of your love and belief in me.

To my brothers and sisters, for their love, support, and encouragement throughout my journey.

To my esteemed supervisor, Dr. Farid Ghrayeb, for his guidance, patience, and unwavering support.

To my friends and colleagues, who stood beside me, contributed to this study, and shared in this endeavor.

And to everyone who supported me, believed in me, and walked with me on this academic path this work is for you.

Aseel Ibarahim Mouse Manasra

Declaration

I certify that this thesis which is submitted to the Deanship of Graduate Studies to get the degree of master in on filed Nursing Management, this is my own research and my own work and it doesn't submit to any other universities or any institutions.

Aseel Ibarahim Mouse Manasra

Signed:.....*Aseel Manasra*.....

Date: 16/8/2025

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Abstract

Background: The leadership styles adopted by nursing managers play a pivotal role in shaping nurses' job satisfaction, which in turn affects the quality of healthcare delivery and overall organizational effectiveness. Gaining insight into this connection is essential for enhancing nurse retention and improving patient outcomes.

Objectives: This study explored how different leadership styles—transformational, transactional, and laissez-faire—used by nursing managers are related to nurses' job satisfaction in hospitals across southern Palestine. It specifically aimed to determine the dominant leadership styles, evaluate levels of job satisfaction among nurses, and analyze the correlation between the two.

Methods: This cross-sectional study included a sample of 270 nurses employed in public and private hospitals in Hebron and Bethlehem. Data were gathered using the Multifactor Leadership Questionnaire (MLQ) and the Minnesota Satisfaction Questionnaire (MSQ). Descriptive statistics, along with inferential methods such as correlation and regression analyses, were used to analyze the findings.

Results: Transformational leadership emerged as the most common style ($M = 3.28$, $SD = 1.08$), demonstrating a strong positive correlation with job satisfaction ($r = 0.631$, $p < 0.001$) and organizational commitment ($r = 0.809$, $p < 0.001$). Overall, job satisfaction among nurses was moderate, with intrinsic aspects (e.g., 54.9% satisfied with autonomy) rated more positively than extrinsic ones (e.g., 57% dissatisfied with salary). Transformational leadership was a significant predictor of both job satisfaction and commitment, accounting for 82% of the variance in the regression analysis.

Conclusion: Transformational leadership positively influences nurses' job satisfaction and their commitment to the organization. Healthcare organizations are encouraged to implement leadership development initiatives aimed at strengthening leadership capacity, improving staff retention, and elevating the quality of care.

Keywords: Leadership styles, nursing leadership, job satisfaction, transformational leadership, organizational commitment.

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Abbreviation

Abbreviation	Full Term
ANA	American Nurses Association
CCU	Cardiac Care Unit
ICU	Intensive Care Unit
IRB	Institutional Review Board
M	Mean
MLQ	Multifactor Leadership Questionnaire
MSQ	Minnesota Satisfaction Questionnaire
NICU	Neonatal Intensive Care Unit
p	Probability Value
r	Pearson Correlation Coefficient
SD	Standard Deviation
SPSS	Statistical Package for Social Sciences

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Chapter One:

Introduction

1.1 Background:

Human resources are typically the most crucial component in health care delivery which is why health care organizations are social systems (Qin et al., 2023). To achieve their goals these organizations require capable managers and staff as a result success is impossible without their dedication and hard work (Pillai et al., 2019).

A nurse managers leadership style covers a very noticeable position of group or health care organization, or medical center conduct (Vatnøy et al., 2022). A vital tool in any medical facility is leadership, it offers the direction and inspiration required for any medical center to succeed. Even in libraries there is leadership. There are several definitions of what leadership is. The authors professional and educational background is reflected in each definition (van Diggele et al., 2020). Leadership is the heart of healthcare organizations, these organizations rely on leadership to guide, control, and collaborate in order to accomplish tasks and activities. Without it, these organizations are unlikely to be able to function (Restivo et al., 2022).

Leadership style has become a central topic of the study in the field of management. A good leader guides subordinates to work effectively toward organizational goals (Bwalya, 2023).

According to (Northouse, 2021) leadership is the process of motivating and directing people toward the accomplishment of a shared objective or vision. To put it simply leadership is the capacity to encourage inspire and enable people or groups to collaborate and perform effectively. A leader must possess a wide range of abilities characteristics and behaviors such as communication strategic thinking, empathy decision-making and vision-setting (Wajdi, 2017).

A key component of success in any health care organization is job satisfaction (Goula et al., 2022). A health care industries employees relative feelings goals and behavioral intentions are reflected in job satisfaction which aids in predicting employee behavior (Alrawashdeh et al., 2021). As a result job satisfaction can be incorporated into assessments that result in plans for improving health care facilities by showcasing the outcomes of previous tactics and employee projections for the future (Inayat & Jahanzeb Khan, 2021). Long-term success of the medical center will be ensured by happy and motivated staff and it is well known that job satisfaction has a direct correlation with motivation levels among all medical center staff (Hee et al., 2019).

. Since job satisfaction or dissatisfaction is just one of the factors influencing an employee's performance more research is required to determine the factors that contribute to an employee's good performance identify solutions for problems and ultimately improve the efficacy and efficiency of medical facilities.

Autocratic, bureaucratic, laissez-faire, charismatic, democratic, participative, situational, transactional, and transformational leadership are some of the several leadership philosophies. Not everyone is in agreement that a specific leadership style will produce the best organizational behavior. Every leader must understand when to use a specific technique because different situations call for different styles. The majority of scholars that study organizational leadership employ transformational and transactional leadership behaviors, which are referred to as the new leadership theories. (Khan et al., 2020; Kozier, 2008; Thanh & Quang, 2022)

1.2 Problem Statement:

Nursing management leadership style is a key factor in determining nurses job satisfaction since it affects not only their career advancement and well-being but also the standard of patient care and the overall performance of healthcare facilities. A positive work environment can be created by effective leadership which will improve nurses' motivation retention and job satisfaction and ultimately lead to better patient health outcomes (Higgins, 2015; Huston, 2022; Laschinger & Fida, 2015). On the other, hand poor leadership abilities can result in unfavorable attitudes at work job discontent and higher turnover rates all of which put a burden on healthcare resources and lower the standard of patient care (Afaneh et al., 2021; Al-Suraihi et al., 2021).

In healthcare settings where high turnover and job dissatisfaction can harm quality patient outcomes and institutional reputation nursing leaderships impact on job satisfaction is still problematic despite its importance. Previous research has demonstrated a direct relationship between leadership styles and nursing staff retention and job satisfaction (Naseem et al., 2018). Building a welcoming and inclusive workplace can help leaders retain more nurses improve job satisfaction and ultimately improve patient care which will benefit staff and patients (Higgins, 2015; Nwaorgu, 2021).

As care delivery gets more sophisticated and technologically advanced, stability and maturity become crucial within the hospital system, necessitating the creation of initiatives to retain nurses rather than replace them. Increasing staff nurse satisfaction is one strategy to address the problems of patient satisfaction, quality outcomes, and hospital staff nurse retention (Flaubert et al., 2021; Pressley & Garside, 2023)

Therefore, we will conduct this study in a Palestinian context to investigate the relationship between the leadership styles of nursing managers and the job satisfaction of nurses in our hospitals in Palestine. Gaining an understanding of this relationship is crucial for creating strategies that enhance healthcare quality nurse retention and satisfaction as well as for cultivating an organizational culture that promotes patient-centered care and professional growth. The best leadership philosophies for raising nurse job satisfaction will guide nursing management strategies lower attrition and foster a steady driven workforce dedicated to providing patients with top-notch care. Job satisfaction is critical to retain and attracting well-qualified nurses in Hospitals. Management style of nurse managers plays determinant role in nurses' job satisfaction.

1.3 Significance of the Study:

The goal of an investigative leadership style in hospitals is to inspire nurses to be highly effective and perform at their best. Additionally, it is intended to create a conclusive environment that boosts staff productivity. centered treatment

The results of this study will offer proof of the connection between leadership style and better patient health outcomes nursing job satisfaction.

By recognizing the relationship between leadership style and job satisfaction outcomes, healthcare facilities in Palestinian context can find better ways to address challenges currently impacting them.

Knowing the various effects of leadership styles enables one to identify how they affect workers and, secondly, to increase organizational success by identifying when a specific leadership style advances or impedes corporate objectives.

The results of this study could lead us to determine the most suitable leadership style that can motivate the nursing staff's autonomy and provide them with the opportunity to work in a secure, quality, and patient-centric environment.

1.4 Objective of the study:

The main aim of this study is to investigate the relationship between leadership styles of nurse managers and nurses job satisfaction in hospitals in southern of Palestine.

Objectives

- To determine the leadership styles utilize by nurse managers as perceived by nurses at Palestinian hospitals in south of West Bank.
- To determine the level of job satisfaction among nurses at Palestinian hospitals in south of West Bank.
- To determine the relationship between the type of leadership style (transformational, transactional, or laissez-faire) that utilize by nurse manager and nurse satisfaction at Palestinian hospitals in south of West Bank.

1.5 Research Question

- What is the relationship between leadership styles of nurse managers and nurses job satisfaction in hospitals in southern of Palestine.
- What are the leadership styles utilized by nurse managers as perceived by nurses at Palestinian hospitals in south of West Bank.
- What is the level of job satisfaction among nurses at Palestinian hospitals in south of West Bank?

1.6 Research Hypothesis:

- H_0 : There is no relationship between leadership styles of nurse managers and nurses job satisfaction in hospitals in southern of Palestine.
- H_1 : There is relationship between leadership styles of nurse managers and nurses job satisfaction in hospitals in southern of Palestine.

1.7 Variables of the study:

- **Dependent Variable:** dependent variable in this current study is job satisfaction of nurses who are working in Palestinian hospitals in south of West Bank.
- **Independent Variable:** independent variables in this current study is leadership styles of nurse managers as perceived by nurses, and sociodemographic and professional characteristics as age, gender, marital status, type of ward, experience years for nurse

1.8 Terms Definitions

Leader: According to (Huston, 2022) leaders are people who take the initiative take risks and offer resources and direction to the nursing staff in order to accomplish the goals and objectives set by the organization. In the current study we use this term to refer to the interpersonal skills and competencies exhibited by the leaders which either support or impede the improvement of clinical practice.

Leadership: According to Marquis & Huston, (2017) leadership is the interpersonal conduct of leaders that enables the direction of organizational activities to achieve the desired outcomes. In this study was used this term to highlight the qualities of leaders who foster a positive work environment that enhances patient health outcomes and job pleasure. In this study, leadership style was measured by Multifactor Leadership Questionnaire (MLQ) (Bass & Avolio, 1993).

Nursing Job Satisfaction : According to (Asif et al., 2019) nursing job satisfaction refers to the opinions of individual nurses regarding their work and experience. This term has to do with patient satisfaction service effectiveness and quality and nursing staff turnover. This term was used to characterize a nurse who delivers high-quality care which is the main goal of nursing staff and one of the study's variables. In this study, job satisfaction was measured by: The Minnesota Satisfaction Questionnaire (MSQ) (Weiss, 1967).

Chapter Two :

Literature Review

2.1 Introduction:

This chapter presents a literature review that summarizes the most recent data regarding the connection between job satisfaction and leadership style. We searched the body of existing evidence to find the sources of the evidence for the systematic review.

Search Strategy

Leaders, leadership, leadership styles, transactional leadership, laissez-faire leadership, transformational leadership, nursing and leadership effective management healthcare facilities and nursing job satisfaction were the main search terms We used to find the evidence. We used MEDLINE Academia Pub Med Google Scholar and CINAHL for our research.

2.2 Leadership in nursing:

One of the most significant aspects of human behavior is leadership. Being able to lead effectively is essential to being a successful manager and an organizations success depends on its leaders effectiveness (Sharma et al., 2023). In recent years numerous studies have been conducted to ascertain how leadership behavior can be utilized to influence employees for better organizational outcomes (Ye et al., 2022). According to Alboliteh (2015), leadership is the art and practice of directing, inspiring, encouraging, and motivating a team or organization to accomplish shared objectives (Alboliteh, 2015).

According to the American Nurses Association (ANA), leadership is an integral part of the nursing profession. Achieving sustaining professional competence is the individual responsibility of nurses. Leadership skills that emphasise ethical and critical decision making, initiate and maintain effective working relationships, use communication and collaboration within the team, and create strategies for care coordination, empowerment, and conflict

resolution are necessary for nurses to acquire (American Nurses Association [ANA], 2020). Additionally (Weis & Tappen, 2015) stressed that one should curative there critical leadership abilities and that leadership is a far more expansive and all-encompassing concept than management.

It is evident from an evaluation of nurse leadership development that it is developing in tandem with social developments and shifts in the healthcare system. The leadership position of the nurse is crucial to the advancement of the field and to delivering high-quality healthcare services to the public. Everywhere the nursing profession is used, there is a leadership role (Dağhan & Topçu, 2022). A multidimensional leadership role that starts in the practice area, nurses play a crucial role in changing the healthcare industry. The complicated structure system, together with advancements in technology, drug development, surgical techniques, and healthcare services restructuring, present both possibilities and challenges for nurses to demonstrate their leadership abilities. The of developing nurse leaders is offering nursing education up to the bachelor's degree level and nursing expertise. Building on prior leadership experiences is the process of leadership (İntepeler & Barış, 2018).

2.3 Role of leadership in nursing

Primary leadership traits match the needs of nursing professionals: The nurses and nursing managers. First of all, in the course of their work managers have to possess certain leadership skills that allow them to set and achieve goals. It involves awareness of total system dynamics and managing to achieve staff perceptive of accountability, worth, and fulfilment through leader-member, reward, and expert power. This helps in the building of corporate fraternity so that all those who make up the team can work for the common goal. If all team members work toward the same goal or direction, it increases the team's rate of professional productivity and satisfaction. For effective management of nursing there is need of leadership so as to supervise and oversee all the operations so as to produce quality nursing. This makes the working plans to be clear and structured hence contributing to the growth of the overall team. This in turn helps to progress the nursing profession to further higher level (Jiang, 2024; Miao & Huo, 2006)

Hence, leadership competencies are critical to the growth of clinical nurses. The capacity of building leadership often improve the leadership, accountability and initiatives of the nurses at workplace. This eventually increases the visibility of nursing career and makes the nurses to have pride in the achievements made by the embarks a sense of accomplishment and esteem (El Wafiq et al., 2021).

Leaders in nurses as heads nurses, nursing directors and professionals adopt their multiple commitments by assuming administrative functions at the nursing level. To effectively integrate individual and team knowledge, identify vital knowledge, develop a knowledge-sharing culture, encourage the generation of new knowledge and retain better performing staff as a competitive advantage, managers must possess the management skills needed to build organizational knowledge, which includes individual knowledge (Bateman et al., 2016).

2.4 Leadership style in nursing

leadership in nursing is vital in improving the quality of work that is being delivered in administration of care, better patient care delivery, as well as increasing satisfaction of the employees that carry out the responsibilities of nursing. This section aims to identify leadership styles of the nursing profession in relation to staff motivation, interprofessional collaboration and problem-solving in the context of nano, micro or macro-healthcare systems. Leadership patterns are frequently identified in nursing with the following attributes and consequences for nursing practice.

2.4.1 Transformational leadership

Based on the research, transformative leadership comprises the following four factors. First, the ideal effect relates to a situation when a manager is the example for the followers, sets ethical behavior, and disseminates the vision of the organization to gain credibility with the team. The second of the above mentioned dimensions; inducing action, pertains to the capacity of the leader to articulate a desirable vision through language, signs and pictures in the process stimulating his followers to act. Evaluation of a range of choices in decision making refers to the level to which the leader foster staff contribution in issues and the extent to which the leader compares a variety of alternatives, hence the third dimension; that is, Intellectual Motivation. Last of all, the last dimension, which is individual consideration, in that leaders should set personal attention or time to understand their subordinates needs, and should try to shape or to orient them to be able to get the best out of them.(Wyllie, 2020)

The gold standard of leadership is thought to be transformational leadership. Because it affects safety culture, staff satisfaction, and patient outcomes, transformational leadership is vital to nursing. In order to become great role models, transformational nurse leaders must first practice nursing and effectively connect with their audiences (Cope & Murray, 2017). These leaders inspire, empower, and support their followers in achieving both personal and organizational objectives. Furthermore, the four traits of transformative leaders that influence their audience are described. These qualities include individual attention, intellectual thinking, charisma, and inspiration (Bish, 2015). It is believed that transformational leaders use their charisma to captivate their audience. This infatuation is occasionally linked to the leader's physical attributes, as well as their vision and communication abilities. The inspiring character of transformational leaders supports and motivates their followers with encouraging speeches in case of hard work and crises (Intestines & Peace, 2018)

2.4.2 Transactional leadership (do it now)

The transactional approach is the second type of leadership. When workers are under stress and This concept, known as “transactional leadership” in English literature, is called as “interactionist”, “operational” or “transactional” leadership in some sources.

their basic needs need to be taken into account, this approach might work well (Hamilton, 2020). Transactional leadership primarily recognizes the values of organizations and employees, but sees them as essentially distinct, involving a transactional exchange between the organization and its employees. This is because leadership basically seeks to mobilize followers to achieve

organizational interests (Asbari et al., 2020). Transactional leaders use rewards and penalties to incentivize followers to meet or fall short of company goals. Task-based environments where employee autonomy, creativity, and invention are not prioritized are suitable for this style. However, transactional leadership has also proven to be incredibly effective in lowering the level of healthcare errors (Richards, 2020; Robbins & Davidhizar, 2020).

Transactional leadership is a leadership framework that offers revelations of short-term targets and encourages viewers through the satisfaction of the basic human wants in exchange for organized high performance (Dilek, 2005). Transactional leaders are focused in processes rather than shared ideals and progressive ideas, and they function as exchange managers by trading followers who increase production (Giltinane, 2013). The two primary forms of transactional leadership are "conditional rewarding" and "management with exceptions." There are two types of form management with exceptions: active and passive (Marquis & Huston, 2012). The active leader keeps an eye on the team members' performance and steps in to fix mistakes when they are noticed. The passive leader waits for the followers' errors to get their notice before offering criticism or a warning. Transactional leaders that use conditional rewarding make sure their followers understand their responsibilities, how they will be made, and how they will be compensated if the desired tasks are completed to a high standard (Kılıç et al., 2014).

Cultural carriers who uphold the status quo and behave in accordance with customs and the past are known as transactional leaders (Durmuş & Kırca, 2019). The transactional leadership style works well at times of crisis when a clear direction is needed. The most effective leadership approach for guiding important events may be transactional leadership (Bish, 2015). By allowing nurses to concentrate on the patient and the task at hand, this leadership style can be useful in emergency situations like cardiac arrest (Ellis, 2021). Cultural carriers who uphold the status quo and behave in accordance with customs and history are known as transactional leaders (Durmuş & Kırca, 2019). The transactional leadership style works well at times of crisis when a clear direction is needed.

The last type of organizational leadership system is the authoritarian system in which leaders keep all the decision-making power to themselves and team members below the leadership hierarchy are discouraged from offering any suggestions. Workers with authoritarian working style are ordered to perform specific activities (Durmuş & Kırca, 2019)

It encourages a very regimented workplace. When high-directive judgments are made and employees are deemed incompetent to contribute independently, it functions well (Chukwusa, 2018). Autocratic leadership is a conventional management style that excludes team participation. This approach can lead to demoralized staff, feelings of resentment among nurses, and a weakened sense of dedication to the organization's goals and values. As a result, diminished job satisfaction and commitment may lead to poor performance, ultimately compromising the quality of patient care and outcomes in healthcare settings (Al-Thawabiya et al., 2023)

(Ardichvili & Kuchinke, 2002) claim that an autocratic boss is typically highly distant from the staff and never permits staff decisions. Sometimes known as coercive leadership, it is a style of leadership that is forced upon an organization (Baughman, 2008). Autocratic bosses make decisions; staff members' opinions may be solicited during the process, but they are rarely taken into account. The reason for this is that they are kind autocrats.

From the perspective of (Maqsood et al., 2013) autocratic leadership is determined by the high level of decisions made independently by the leader with the limited input of the staff. In general, autocrats have their own opinions and rather don't accept ideas from their subordinates. This leadership is highly autocratic where the leader or manager has fully directed authority over subordinates. From Leadership Styles, it is clear that, autocratic leadership entails little or no involvement of the workers; the leaders decide everything for the group members; the group leaders alone control all working procedures; and the workers are seldom empowered with decisions or important responsibilities (Al-Thawabiya et al., 2023; Maqsood et al., 2013; Ovarhe, 2016).

2.4.3 Laissez-faire Style

Laissez-faire, which translates to "let them do it," is another term used in the literature to describe a leadership style that acknowledges complete flexibility (Sfantou et al., 2017). This type of leader encourages followers to come up with ideas, makes suggestions when followers ask for them, expresses thoughts, and advises the process by staying out of it (Şentürk et al., 2016). A leader that embraces complete independence will give little to no direction or control and will instead take a pragmatic stance. A leader with a fully free leadership style acts without staffing or supervision and makes no decisions (Durmuş & Kırca, 2019).

The leader's primary responsibility is to supply resources. These leaders abdicate their duties, withdraw, and avoid making choices. The leader merely expresses an opinion when prompted to do so on any given topic; followers are not required to share this opinion (Gavya & Subashini, 2024).

The followers are left to their own devices by the leader. Followers act in accordance with their best judgment. Followers are taught to solve difficulties as best they can (Telli et al., 2012). An individual is free to organize a group whenever they feel it is necessary in order to solve problems, try out new ideas, and decide what they believe is best for themselves (Dodson, 2017).

A study by (Aly et al., 2022) found a troubling correlation between nurses' perceptions of their productivity and the laissez-faire leadership style. According to the study, staff nurses' productivity is positively correlated with the laissez-faire leadership style, provided that they recognize the critical role that transformational and transactional leadership play. (Specchia et al., 2021) bolster this conclusion by asserting that the nature of laissez-faire leadership encourages centralized decision-making, enabling staff nurses to choose the most effective resolution for various work-related issues.

The goal to avoid interaction and accountability sets this subset of the transactional technique apart. It is referred to as "the absence of leadership" and is considered ineffective since it erodes public trust in institutions and managers (Tosunoglu & Ekmekci, 2016). This type of leadership gives followers complete control over choices that need to be made independently of the leader. Consequently, it is considered the least active leadership style available (Northouse, 2021)

2.5 Satisfaction among nursing

Hospitals are considered one of the most important health facilities and places where health efforts seek to improve the optimal health of the community. Realizing this, the hospital as a center for health services must pay real attention to human resources such as nurses who provide

health services to patients because the quality of health care depends mainly on human resources (Suweko & Dwiantoro, 2020). Nurses are one component of hospital services that includes a benchmark to determine the quality of medical care delivered in that place to some extent. When attending to their nursing duties, the nurses are supposed to do it professionally. Since patients are considered to have physical, mental, social as well as spiritual needs, nursing roles have extended to include psychosocial needs (Rizany et al., 2019). To improve health care, nurses must be happy in their jobs. A favorable emotional state brought on by an evaluation of one's work or work experience is known as job satisfaction. A positive emotional attitude that makes one adore their work is known as job satisfaction (Hasibuan, 2008).

When nurses feel good about their work, they improve. Unhappiness at work makes nurses feel bad, which leads to a lot of issues in the hospital. The theory of job happiness is explained by numerous specialists. According to balance theory, often known as equity theory, there needs to be equilibrium in organizations. According to discrepancy theory, the gap between expectations and actual results determines how satisfied nurses are with their jobs (Prabu Mangkunegara, 2011).

Since job satisfaction has an impact on nurse performance, it is one of the most crucial elements for all nurses. Employee attitudes regarding their employment are reflected in job satisfaction. As they do their jobs, hospital agency administrators naturally encounter problems pertaining to their nurses' job satisfaction. Expertise, importance, nature of work environment, tools for implementing work, leader's approach in leadership, whether the work is repetitive are some of the variables that have been found previously to have significant correlation with job satisfaction. It would be difficult to identify any worker in an organization who does not want enjoy the highest level of job satisfaction. (Anastasia et al., 2023; Babapour et al., 2022).

Organizational leadership from managers is among the most robust determinants connected to job satisfaction according to (Deng et al., 2018). A good leader may cause the team members to give their best to the cause of their working which in the longer run benefits from their work. In particular, leaders' actions can mobilize followers to engage in more activities than what they clearly planned to do. A group of workers that receive effective leadership are motivated as they have a positive attitude towards the boss (Dessler, 2015).

The literatures describes organizational and professional dedication, psychological and structural empowerment, positive emotions, and self-esteem as intermediaries of job satisfaction for nursing care providers from a holistic standpoint. This uncovers the environmental, professional, and psychological mechanisms of job satisfaction on a deeper level. In nursing practice, contentment is linked to social recognition, positive connections with coworkers, patient satisfaction with care received, professional affinity, and the results of care implemented. On the other hand, dissatisfaction with six aspects of the job, including pay and working conditions, has an impact on employee motivation and leads to job dissatisfaction (Assunção & Pimenta, 2019; Li et al., 2019; Lu et al., 2019). Precarious infrastructure, long workdays, demanding tasks, insufficient rest areas, unsuitable work relationships, a significant physical effort required to perform their duties, poor body posture, the possibility of biological material exposure and accidents, operational procedures, and promotions are further examples of these conditions. When developing strategies to enhance working conditions, it is important to identify the aspects that affect nurses' satisfaction. These strategies should attempt to reduce

workload and working hours, improve hospital infrastructure, and give nurses opportunity to have an impact on how their work is organized (Rezio et al., 2022; Teruya et al., 2019).

Three primary ways are used to develop job satisfaction: dispositional, work characteristics, and social information processing (firm characteristics). Leader behavior and/or leadership style may have an impact on subordinate members' job satisfaction levels.

2.6 Relation between job satisfaction and leadership style

Three primary approaches dispositional, work characteristics, and social information processing (firm characteristics)—are used to develop job satisfaction. The behavior and/or leadership style of leaders may have an impact on the degree of job satisfaction among their subordinates. Studies have demonstrated how leadership affects an organization's function and how various leadership philosophies impact organizational culture, employee productivity, motivation, retention, performance, and job satisfaction (Alonderiene & Majauskaite, 2016; Muttalib et al., 2023) Interactions between leaders and individuals constitute leadership.

To identify if there is influence between managers leadership style and job satisfaction (Aydoğdu, 2022) carried out systematic review, the result of this study revealed that there's is relationship between leadership style and pleasure among nurses, and there is no special style has an ideal outcome for all conditions among nurses regarding job satisfaction.

Via cross sectional study (Albagawi, 2019)conducted their study to verify if there is a link between style of leadership and job satisfaction among 184 Saudi nurse, authors utilized a questionnaire for this study, the findings of study found that managers were frequently perceived to exhibit transformational leadership ($M = 2.88$), occasionally transactional leadership ($M = 2.31$), and rarely laissez-faire leadership ($M = 1.38$). Transformational leadership showed a low but significant positive correlation with job satisfaction ($r = 0.258$, $p = 0.000$), indicating that its frequent display slightly enhanced job satisfaction. Conversely, laissez-faire leadership had a significant negative correlation with job satisfaction ($r = -0.204$, $p = 0.006$),

(Ariani et al., 2022) conducted a cross sectional study among 70 nurses in Dumai Public Hospital (Indonesia) to find the relation between leadership style and job satisfaction, questionnaire was used in this study. The results revealed that there is a relationship between leadership style and job satisfaction among Indonesian nurses (Sig. = 0.000; $p < 0.0005$).

In Pakistan (Naseem et al., 2018) conducted a study to assess the effect of leadership style on nursing job satisfaction, this study enrolled 211 registered nurses from public hospital. The findings of the study showed the majority of respondents prefer a transformational style. Statistically there is a significant relationship between job satisfaction and leadership style p -value < 0.05 at all level of job satisfaction.

To study the relationship between leadership style and job satisfaction among Greece nurses (Konstantinou & Prezerakos, 2017) carried out a cross sectional study by questionnaire. This study showed that majority of nurses prefer transformational style. There is a significant relationships -at the 0.20 level ($p < 0.20$)-, between overall satisfaction, intrinsic satisfaction and extrinsic satisfaction scores and all subscales of questionnaire.

(Youssef Elhanafy et al., 2022) conducted a study among nurses in two governmental hospital in Damanhour City (Egypt) to verify the association between leadership style and nursing job satisfaction. Author used a correlational design with questionnaire. According to the respondents, the results were: managers' used transformational leadership frequently (2.89 ± 0.88), transactional leadership occasionally ($M = 2.42 \pm 0.02$), and laissez-faire leadership on occasion (1.37 ± 0.05). With a p-value of 0.000, there was a substantial positive link between transformational leadership and work satisfaction. Staff nurses' perceptions of the managers' transformational leadership style and their degree of job satisfaction were significantly correlated negatively.

In the Ethiopian study conducted by (Negussie & Demissie, 2013) which aimed to know the relationship between leadership style and job satisfaction among 175 nurses in a private hospital using two questionnaires to collect data. The results of the study were as follows: The findings showed that nurses had a moderate degree of intrinsic ($M=2.72$, $SD=0.71$) but low level of extrinsic ($M=1.83$, $SD=0.68$) job satisfaction and that they may favor transformational leadership over transactional leadership. Additionally, it was discovered that only contingent reward from transactional leadership was statistically significant and correlated with both intrinsic ($B=0.32$, $p<0.05$) and extrinsic ($B=0.45$, $p<0.01$) job satisfaction, whereas all five transformational leadership style dimensions were statistically significant and correlated with both.

A previous systematic review that conducted by (Specchia et al., 2021) to study if there is a connection between nurses' job satisfaction and leadership style. The results showed that nurses' job satisfaction and leadership style were significantly correlated in 88% of the studies. Following authentic, resonant, and servant leadership styles, transformational leadership consistently had the best beneficial association. Conversely, laissez-faire and passive-avoidant leadership styles were consistently linked to detrimental effects on job satisfaction. Both positive and negative associations were found in the outcomes of transactional leadership

In a cross-sectional study, (Alrasheedi et al., 2022) explored the influence of the nurse leaders' organizational leadership style of transformational leadership or transactional-serviced on job satisfaction of the medical-surgical nurses at public hospitals in Qassim region of Saudi Arabia. Demographic datasheet, job satisfaction survey, multifactor leadership questionnaire were completed by 437 participants in three months. These results indicate that leadership had a highly significant effect on job satisfaction in which the transformational leadership is more correlated as compared to transactional leadership ($t = 3.50$, $p < 0.01$) than transactional leadership ($t = 2.43$, $p < 0.05$). The job satisfaction was found to be moderate with $M = 3.49 \pm 1.30$ out of possible high score of 6 on 36 items on 6 point Likert scale.

(Notarnicola et al., 2024) with convenience sampling and a cross-sectional design were used in the study. The Multifactor Leadership Questionnaire (MLQ-6S), the Personal Mastery Scale (PMS), and the Satisfaction of Employees in Health Care (SEHC) questionnaire were among the instruments used to collect the data. Overall, the results showed that participants were generally content with their jobs, with 9 (24.3%) saying they were "satisfied" and 16 (43.2%) saying they were "quite" satisfied.

A study by Mohammed et al. (2014) assessed nurses' job satisfaction in South Kordofan State, Sudan, and how it related to transformational and transactional leadership styles. Self-administered questionnaires were used to collect data from 184 nurses across four hospitals using a cross-sectional survey approach. Descriptive statistics and Pearson's correlation were used in the analysis. The findings showed that low job satisfaction was reported by nearly half of the nurses (46.2%). Furthermore, 52.2% of respondents indicated poor levels of transactional leadership and 38.6% reported low levels of transformational leadership. Both transformational leadership ($r = 0.75, p < 0.001$) and transactional leadership ($r = 0.71, p < 0.001$) were strongly positively correlated with job satisfaction.

(Mohammed et al., 2014) conducted a cross sectional study in Sudan to assess the relationship between transformational and transactional leadership style and job satisfaction among 184 nurses. The findings of this study revealed that, that low job satisfaction was reported by nearly half of the nurses (46.2%). Furthermore, 52.2% of respondents indicated poor levels of transactional leadership and 38.6% reported low levels of transformational leadership. Both transformational leadership ($r = 0.75, p < 0.001$) and transactional leadership ($r = 0.71, p < 0.001$) were strongly positively correlated with job satisfaction.

(Othman & Khrais, 2022) conducted a study for examining the relationship between transformational leadership, job satisfaction, and organizational commitment among Jordanian nurses. Using a correlational, cross-sectional design, the study recruited 253 registered nurses through convenience sampling from two government hospitals in Jordan. Data collection tools included the Global Transformational Leadership scale, a job satisfaction survey, and the Organizational Commitment Scale. The results of the study showed that, there is a significant positive associations: transformational leadership was positively correlated with job satisfaction ($r = 0.297, p < 0.001$) and with OC ($r = 0.200, p = 0.001$).

2.7 Gap Review:

First, while studies like Aydoğdu (2022) and Specchia et al. (2021) confirm a general correlation, they lack consensus on an ideal leadership style, with mixed outcomes (e.g., transformational leadership showing positive effects in Albagawi, 2019, $r = 0.258, p = 0.000$, but negative correlations in Youssef Elhanafy et al., 2022), suggesting contextual variability not fully explored. Second, sample sizes and settings vary widely (e.g., 70 nurses in Ariani et al., 2022, vs. 437 in Alrasheedi et al., 2022), with limited representation from conflict-affected regions like Palestine, where cultural and systemic factors may differ. Third, methodological inconsistencies exist, such as differing statistical thresholds (e.g., $p < 0.20$ in Konstantinou & Prezerakos, 2017, vs. $p < 0.001$ in Mohammed et al., 2014), and reliance on cross-sectional designs without longitudinal data to establish causality. Fourth, extrinsic vs. intrinsic satisfaction dimensions are inconsistently reported (e.g., moderate intrinsic but low extrinsic satisfaction in Negussie & Demissie, 2013, vs. moderate overall satisfaction in Notarnicola et al., 2024), indicating a need for deeper dimensional analysis. Finally, the scarcity of studies in the Southern West Bank, as noted across the literature, highlights a regional research gap, particularly regarding the impact of leadership styles on nurse retention in resource-constrained settings.

Chapter Three:

Methodology

3.1 Introduction

This chapter presents the method that this study will use to achieve the study objectives, which is: to investigate the relationship between leadership styles of nurse managers and nurses job satisfaction in hospitals in southern of Palestine. This chapter including the research design, study population, setting, period, sampling procedure, inclusion and exclusion criteria, study tools, validity, reliability, ethical considerations, and data collection and analysis methods.

3.2 Research Design

The present study used a cross sectional design: this design is appropriate in establishing correlations between a set of variables in a given time frame, irrespective of time of commencement. The proposed design makes it easy for the researcher to determine correlations between leadership styles exhibited by the nursing managers and satisfaction among nurses.

3.3 Study Population

The study population consisted of practicing and registered nurses employed in selected public and private hospitals in the southern West Bank (Hebron and Bethlehem), specifically focusing on those working under the direct supervision of a head nurse

3.4 Study Setting

This study was conducted in selected public and private hospitals in the southern West Bank (Hebron and Bethlehem) :Alia Governmental Hospital (Hebron), Ahli Hospital (Hebron), and Beit Jala Governmental Hospital (Bethlehem)

3.5 Study Period

Data were collected over a four-month period from January 2025 to May 2025.

3.6 Sample and Sampling

A convenience sampling technique, a non-probability sampling method, was used to select participants who met the inclusion criteria. Sample size was calculated using the RawSoft online sample size calculator, with a 5% margin of error and a 95% confidence level. The minimum sample size required was 240, and the total number of study respondents who completed the questionnaire was 270. Data were analyzed for 270 nurses.

3.7 Inclusion & Exclusion Criteria

3.7.1 Inclusion Criteria

- Registered and practical nurse with over one year of nursing experience.
- Non-supervisory staff working directly under a head nurse.
- Employment within one of the designated hospitals during the study period.

3.7.2 Exclusion Criteria

- Nurses in supervisory or managerial roles.
- Nurses with less than one year of experience in the nursing profession.

3.8 Study instrument:

The study utilized two validated, standardized questionnaires for data collection from respondents. Questionnaire consisted of three parts, **part one sociodemographic and professional characteristics** for nurses as gender, age, marital status, the ward in which the nurse works, and years of experience.

Part two: The **Multifactor Leadership Questionnaire (MLQ-5X)**, developed by Bass and Avolio, was employed to measure leadership styles, comprising 36 items across three subscales: transformational leadership (e.g., inspirational motivation, individualized consideration), transactional leadership (e.g., contingent reward, management-by-exception), and laissez-faire leadership. Responses were recorded on a 5-point Likert scale (0 = Not at all, 4 = Frequently, if not always).

Part three: The **Minnesota Satisfaction Questionnaire (MSQ-Short Form)**, consisting of 20 items, was used to evaluate job satisfaction, divided into intrinsic (e.g., autonomy, achievement) and extrinsic (e.g., salary, supervision) dimensions, also using a 5-point Likert scale (1 = Very dissatisfied, 5 = Very satisfied), with a reported reliability of Cronbach's $\alpha = 0.89$ and validated across healthcare settings.

3.8.1 Validity and Reliability of study instruments

The content validity of the tools was established through a thorough review of relevant literature. The data collection tools were submitted to a panel of three expert professors in nursing administration, each with over ten years of experience in the field. Based on the panel's evaluation, modifications were made to enhance the clarity of sentences, appropriateness of content, item sequencing, and accuracy of scoring and recording .

The reliability coefficients for the scales used in this study are reported in Table 6. The 12 items measuring overall transactional leadership yield an alpha coefficient of 0.82, while the alpha coefficient for the 21 items measuring overall transformational leadership is 0.76. In addition, the reliability test for the 9-item organizational commitment scale produces an alpha coefficient of 0.83. In this case, significance is determined at 0.05 level.

Table 4.1: Cronbach Alpha Coefficients

Dimension	Cronbach Alpha Coefficients
transformational leadership	0.76
transactional leadership	0.82
organizational commitment	0.83
Minnesota Satisfaction Questionnaire	0.81

3.9 Ethical Consideration

Ethical approval was obtained from:

- Research Ethical Sub-Committee (RESC)of Al-Quds University (appendix 1).

-Palestinian Ministry of Health (appendix 2).

Al-Ahli Hospital (for inclusion of this non-governmental hospital) (appendix 2).

All participants received a study information sheet and provide informed consent. Data confidentiality and participants' rights will be protected throughout the study.

3.10 Data Collection Methods

Data were collected using a structured, multi-step process to ensure ethical compliance, high response rates, and data confidentiality. The collection phase took place over a four-month period, from March 2025 to June 2025, in accordance with the approved study timeline.

The primary tool for data collection was a self-administered, paper-based questionnaire consisting of three sections:

1. Sociodemographic information (e.g., gender, age, education, experience, marital status, and work unit)
2. The Multifactor Leadership Questionnaire (MLQ) to assess leadership styles
3. The Minnesota Satisfaction Questionnaire (MSQ) to measure job satisfaction

Before initiating data collection, formal approval was obtained from Al-Quds University's Ethics Committee and the Palestinian Ministry of Health, as well as from the administration of each participating hospital.

Following ethical approval, I contacted the nursing directors of the selected hospitals:

- Alia Governmental Hospital (Hebron)
- Ahli Hospital (Hebron)
- Beit Jala Governmental Hospital (Bethlehem)

I visited each hospital in person to meet with the Head of Nursing and department managers. During these meetings, I introduced myself as a Master's student at Al-Quds University, explained the purpose, significance, and objectives of the study, and emphasized its contribution to improving nursing leadership and work environments in Palestinian hospitals.

After obtaining administrative and managerial consent, I coordinated with the liaison personnel (typically the head nurses or unit supervisors) to identify potential participants who met the inclusion criteria:

- Registered nurses with at least one year of clinical experience
- Non-supervisory staff working under a head nurse
- Currently employed in one of the selected hospitals

The questionnaires were then distributed directly to eligible nurses during their shifts. I personally handed out the survey packets in most cases, while in some units, trained liaison personnel assisted in distribution to ensure broader reach. Each packet included:

- A cover letter explaining the study
- An informed consent form
- The anonymous questionnaire
- A sealed envelope for return

Nurses were given 15–20 minutes to complete the questionnaire during a quiet period in their shift. Participation was entirely voluntary, and anonymity was strictly maintained.

Completed questionnaires were collected weekly in sealed envelopes to ensure confidentiality. I visited the hospitals on a regular basis to collect the responses and address any questions from participants or staff.

3.11 Data Entry and Analysis

All completed questionnaires were screened for completeness and consistency. The data from the paper-based questionnaires were then double-entered into an SPSS version 25 database to minimize data entry errors. The dataset was subsequently cleaned to identify and address any missing values, outliers, or inconsistencies. A missing value analysis was conducted, and any remaining missing data were handled using listwise deletion for the respective analyses to maintain the integrity of the statistical procedures.

Descriptive**Statistics:**

Descriptive statistics were used to summarize the demographic and professional characteristics of the study sample and the main study variables. This was presented using:

- **Frequencies (n) and percentages (%)** for categorical variables (e.g., gender, qualification, marital status).
- **Means (M) and Standard Deviations (SD)** for continuous variables (e.g., age, experience, scores on the MLQ and MSQ scales).

Inferential**Statistics:**

Inferential analyses were employed to test the research hypotheses and explore relationships between variables.

- **Pearson's Product-Moment Correlation (r)** was used to examine the strength and direction of the linear relationships between the continuous variables (e.g., the relationship between transformational leadership style scores and overall job satisfaction scores).
- **Multiple Linear Regression Analysis** was conducted to determine the extent to which the independent variables (leadership styles) predict the dependent variable (job satisfaction). This analysis assessed the variance (R^2) in job satisfaction explained by the leadership styles and identified the most significant predictors. The assumptions of regression (linearity, independence, homoscedasticity, and normality of residuals) were checked prior to conducting the analysis.

Statistical**Significance:**

For all inferential statistical tests, a p-value of less than 0.05 ($p < 0.05$) was adopted as the threshold for determining statistical significance. This indicates that the probability of the observed result occurring by chance is less than 5%.

Chapter 4:

Results

4.1 Introduction (Purpose and Objectives of the Study)

This study aimed to explore the concepts of leadership, organizational commitment, and job satisfaction among nurses working in Palestinian hospitals. Specifically, the study sought to:

- Identify the leadership styles employed by nurse managers, as perceived by nurses in hospitals located in the southern West Bank.
- Assess nurses' perceptions of their level of organizational commitment in hospitals located in the southern West Bank.
- Evaluate the degree of job satisfaction among nurses working in hospitals located in the southern West Bank.
- Examine the correlations between nurse managers' leadership styles, organizational commitment, and job satisfaction among nurses in hospitals located in the southern West Bank.
- Analyze the relationship between specific leadership styles (transformational) used by nurse managers and the job satisfaction levels of nurses in hospitals located in the southern West Bank.

Instruments and Data Presentation

The study utilized the following standardized tools: The Multifactor Leadership Questionnaire (MLQ) developed by Bass & Avolio (1995), the Organizational Commitment Questionnaire (OCQ) by Mowday et al. (1979), and the Minnesota Satisfaction Questionnaire.

The findings were organized and presented based on the following aspects:

- Demographic distribution of participants (gender, age, experience, education, and department).
- Reliability of the survey instruments.
- Results from the MLQ.
- Findings from the OCQ.
- Outcomes from the Minnesota Satisfaction Questionnaire.
- Analysis of the most impactful transformational and transactional leadership dimensions on nurses' views regarding organizational commitment.

4.2 Description of Subjects (Demographic Characteristics)

Table 4.2 presents the demographic breakdown of survey participants. The data indicates that females made up a larger portion of respondents, with 160 individuals (59.3%), while males comprised 110 participants (40.7%). This gender distribution reflects the typical gender makeup of the nursing profession, which is predominantly female.

In terms of age, the majority of respondents (143 or 53.0%) were between 18 and 24 years old, indicating a predominantly young workforce. The 25–34 age group represented 30% of the sample, while 13.3% were aged 35–44, and only 3.7% were aged 45 and above. This suggests that most nurses surveyed are in the early or developing stages of their careers.

Looking at educational background, the majority held a bachelor's degree (188 or 69.6%), followed by diploma holders (62 or 23.0%), and a smaller proportion had earned a master's degree (20 or 7.4%).

With regard to marital status, over half of the respondents were married (150 or 55.6%), 113 (41.9%) were single, and a small portion (2.6%) were either divorced or separated.

In terms of professional experience, 44.4% (120 participants) had worked for 1–5 years, 25.6% (69 participants) had 6–10 years of experience, 15.2% (41 participants) had 11–15 years, 11.5% (31 participants) had 16–20 years, and only 3.3% (9 participants) had more than 20 years of experience.

Finally, participants were distributed across various hospital departments: 26.3% (71) worked in surgical units, 17.4% (47) in ICU/CCU, and 12.6% (34 each) in both medical and pediatric departments. The remaining respondents were employed in a variety of other departments.

Table (4.2): Demographic characteristics of the Respondents (N =270)

Characteristic	Numbers	Percentages (%)
Gender		
Male	110	40.7
Female	160	59.3
Age-group		
18-24	143	53.0
25-34	81	30.0
35-44	36	13.3
more than 44	10	3.7
Qualification		
Diploma	62	23.0
Bachelor	188	69.6
Master	20	7.4
Marital status		
Single	113	41.9
Married	150	55.6
Divorced	7	2.6
Experience		
1-5	120	44.4
6-10	69	25.6
11-15	41	15.2
16-20	31	11.5
more than 20	9	3.3
Working Unit		
emergency	28	10.4
medical	34	12.6
surgical	71	26.3
ICU/CCU	47	17.4
pediatric	34	12.6
maternity	23	8.5
operation room	14	5.2
dialysis	8	3.0
outpatient clinic	11	4.1

4.3 Nurses' Perceptions of Leadership Behaviors and Organizational Commitment

Table 4.3 outlines the five dimensions of transformational leadership as perceived by nurses. The data used for analysis showed acceptable levels of variation and normal distribution, making it appropriate for further statistical assessment. These descriptive results reflect how employees view the current leadership styles within the organization. Since the study's focus is on employee perceptions, only nurses were surveyed—leaders themselves were not included. The average scores for the transformational leadership subscales ranged between 3.13 and 3.46, with standard deviations from 1.08 to 1.29. According to established benchmarks, effective transformational leadership typically corresponds to mean scores above 3.0 in areas such as

individualized consideration, intellectual stimulation, idealized influence, inspirational motivation, and reward influence. In this study, all leadership subscales met or exceeded that threshold. Among these, Reward Influence was the most strongly perceived behavior (mean = 3.46), while Idealized Influence was the least (mean = 3.13). The perceived leadership dimensions, ranked from highest to lowest, were: Reward Influence (3.46), Management-by-Exception Active (3.99), Inspirational Motivation (3.97), Individualized Influence (3.34), Intellectual Influence (3.25), Inspirational Influence (3.23), and Idealized Influence (3.13) (refer to Table 4.3).

The same table also presents data on organizational commitment. The mean scores were 3.76 for normative commitment, 3.59 for continuance commitment, and 3.47 for affective commitment. While Allen and Meyer (1990) did not set specific expected values for these dimensions, their research—and that of others—emphasized how these types of commitment relate to various organizational outcomes. In contrast to earlier findings where affective commitment was usually the highest, this study found normative commitment ranked highest, suggesting that many nurses feel a strong sense of moral obligation to remain with their organization, followed by practical reasons (continuance commitment), and emotional attachment (affective commitment) being the lowest.

4.3: Nurses’ Perception to Leadership style and Organizational Commitment dimension (n=270)

	Mean	Standard deviation
Transformational leadership	3.28	1.08
Reward influence	3.46	1.08
Individualized influence	3.34	1.05
Intellectual influence	3.25	1.12
Inspirational influence	3.23	1.23
Idealized influence	3.13	1.29
Organizational commitment	3.61	1.21
Normative Commitment	3.76	1.27
Continuance Commitment	3.59	1.28
Affective Commitment	3.47	1.30

4.4 Level of Organizational Commitment Among Nurses

As shown in Table 4.4, the affective commitment subscale reflects how emotionally connected nurses feel to their organization. For example, the item "Nurses feel like part of the family at this organization" received a mean score of 3.41, while "Nurses feel emotionally attached to

this organization" had a slightly higher mean of 3.53. These results suggest that many nurses experience a strong emotional bond and a sense of belonging within their workplace. The overall average score for affective commitment is 3.47, with a standard deviation of 1.30.

In terms of continuance commitment, the statement "Nurses would not leave this organization right now because they would stand to lose something valuable" scored an average of 3.33. The item "It would be very costly to leave this organization right now" received a mean score of 3.54. The highest score in this subscale, 3.84, was for the item "The cost of leaving the organization would outweigh the benefits," indicating that many nurses remain in their roles due to the perceived personal or financial costs of leaving.

Regarding normative commitment, nurses showed strong agreement with statements reflecting a moral obligation to stay. The item "Even if it were to my advantage, I do not feel it would be right to leave my organization now" had a mean score of 3.61, while "I would violate a trust if I quit my job with this organization now" had the highest score in this category at 3.91. These responses suggest a strong sense of loyalty and ethical responsibility among the nurses toward their organization.

4.4: Frequency distribution of nurses' responses to Organizational Commitment dimension (n=270)

Question	Mean	Standard deviation
Area1		
I would be very happy to spend the rest of my life with the organization he/she leads.	3.53	1.37
I really feel as if my organization's goals and missions are my own.	3.41	1.42
Area2		
Right now, staying with my organization is a matter of necessity as much as desire	3.33	1.44
It would be very hard for me to leave my organization right now, even if I wanted to.	3.84	1.29
Area3		
Even if it were to my advantage, I do not feel it would be right to leave my organization now	3.61	1.34
I would violate a trust if I quit my job with this organization now	3.91	1.37

4.5 Overall, Intrinsic, and Extrinsic Job Satisfaction Among Nurses

The Minnesota Satisfaction Questionnaire (MSQ) assesses job satisfaction across three dimensions: intrinsic satisfaction, extrinsic satisfaction, and overall (general) satisfaction. This section explores these satisfaction levels among healthcare workers using the 20-item short form of the MSQ. Two of the MSQ's subscales align with Herzberg's theory of motivation: (1) intrinsic factors, which act as motivators, and (2) extrinsic factors, which are considered potential sources of dissatisfaction or hygiene factors. Alongside examining these two

dimensions separately, overall satisfaction is assessed by combining scores from both intrinsic and extrinsic items, along with two additional general satisfaction items.

Nurses rated each of the 20 MSQ items using a **5-point Likert scale**, ranging from 1 ('very dissatisfied') to 5 ('very satisfied'). Table 4.5 presents the response distribution, offering insights into which aspects of nursing work and the clinical environment nurses find most and least satisfying. The data reveal that intrinsic factors received the highest satisfaction ratings. Between 35.2% and 54.9% of nurses reported being satisfied or very satisfied with the intrinsic elements of their jobs. Conversely, extrinsic factors—such as salary, opportunities for promotion, and working conditions—were the least satisfying. A notable portion of nurses (27.8% to 57%) expressed dissatisfaction with these extrinsic components. Additionally, a significant number of nurses reported dissatisfaction with general workplace conditions, with 27.8% to 35.2% indicating negative perceptions of these aspects.

4.5: Frequency distribution of nurses' responses to the short version of the Minnesota satisfaction questionnaire (n=270).

Scales of Job Satisfaction		Mean (SD)	Very dissatisfied/ dissatisfied	Neutral	Very satisfied/ satisfied
Intrinsic satisfaction	Being able to keep busy all the time	2.86(1.25)	104(28.5)	55(20.4)	111(41.1)
	The chance to work alone on the job	3.12(1.22)	110(40.7)	12(4.4)	148(54.9)
	The chance to do different things from time to time	3.17(1.06)	74(27.4)	84(31.1)	112(41.5)
	The chance to be somebody in the community	3.14(1.26)	103(28.1)	34(12.6)	133(49.3)
	Being able to do things that don't go against my conscience	3.25(1.04)	70(25.9)	78(28.9)	122(45.2)
	The way my job provides for steady employment	3.19(1.06)	93(34.5)	67(24.8)	110(40.7)
	The chance to do things for other people	3.06(1.38)	93(34.5)	52(19.3)	125(46.2)
	The chance to tell people what I do	3.13(1.03)	70(25.9)	84(31.1)	116(43.0)
	The chance to do things that makes use of my abilities	3.09(1.17)	95(35.2)	61(22.6)	114(42.2)
	The freedom to use my own judgement	3.02(1.05)	81(30.0)	94(34.8)	95(35.2)
Extrinsic satisfaction	The chance to try my own methods of doing the job	3.02(1.04)	94(34.8)	54(20.0)	122(35.2)
	The way my boss handles his/her workers	3.15(1.05)	70(25.9%)	60(22.2%)	140(51.9%)
	The competency of my supervisor in making decision	3.09(1.17)	101(37.4)	51(18.9)	118(43.7)
	The way company policies are put into practice	3.06(1.23)	98(36.3)	70(25.9)	102(37.8)
	My pay and the amount of work I do	2.86(1.18)	154(57.0)	54(20.0)	81(30.0)
General	The chance for advancement on this job	3.03(1.28)	92(34.1)	81(30.0)	97(35.9)
	The working conditions	3.23(1.12)	75(27.8)	72(26.7)	123(35.5)
	The way myco-workers get along with each other	2.95(1.25)	95(35.2)	61(22.6)	114(42.2)

4.6 Correlations between Transformational Leadership Style and Organizational commitment dimension.

This study explored the overall relationship between transformational leadership style, organizational commitment, and job satisfaction. As shown in Table 4.6, the findings reveal a strong and statistically significant positive correlation among these variables. Specifically, transformational leadership style demonstrated a strong and significant association with organizational commitment ($r = 0.809$, $p < 0.001$), as well as with job satisfaction ($r = 0.631$, $p < 0.001$). Additionally, a significant and strong positive relationship was observed between job satisfaction and organizational commitment ($r = 0.760$, $p < 0.001$).

Table 4.6: Correlation between Leadership Styles, organizational commitment and job satisfaction

Correlations		leadership	commitment	satisfaction
leadership	Pearson Correlation	1	.809**	.631**
	Sig. (2-tailed)		.000	.000
commitment	Pearson Correlation	.809**	1	.760**
	Sig. (2-tailed)	.000		.000
satisfaction	Pearson Correlation	.631**	.760**	1
	Sig. (2-tailed)	.000	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4.7 displays the findings of a hierarchical multiple regression analysis used to identify predictors of nurses' perceived Transformational Leadership. The analysis was performed in two phases. In the first phase, demographic variables were entered into the model as predictors. In the second phase, Job Satisfaction and Organizational Commitment were added. Collectively, these variables explained 16% of the variance in perceived Transformational Leadership. In the initial phase, gender emerged as a significant predictor [$F = 1.76$, $P = 0.44$]. In the second phase, the analysis revealed that both Job Satisfaction and Organizational Commitment were significantly associated with Transformational Leadership after controlling for demographic variables. Notably, Organizational Commitment contributed an additional 82% to the explained variance, surpassing the 16% explained by the previous predictors [$F = 86$, $P < 0.001$].

Table 4.7: Results of Hierarchical Multiple Regression Analysis (N = 270)

	B	Std. Error	Beta	T	R2	F
Model One						
Age	.045	.117	.035	.39	0.16	1.76
Gender	-.272	.134	-.124	-2.02*		
Education	-.127	.125	-.062	-1.02		
Experience	-.115	.084	-.124	-1.37		
Model Two						
Age	.021	.069	.016	.307	0.82	86.45
Gender	-.168	.080	-.076	-2.11*		
Education	.071	.074	.035	.957		
Experience	-.049	.050	-.053	-.99		
Commitment	.694	.050	.778	13.90***		
Satisfaction	.045	.066	.038	.679		

*P < 0.05, **P < 0.01, ***P < 0.001

Chapter Five :

Discussion

5.1 Introduction

This chapter presents a comprehensive discussion and synthesis according to the findings for this current study that conducted in selected public and private hospitals in the southern West Bank, Palestine. It interprets the results within the framework of existing literature, focusing on the interplay between nursing managers' leadership styles—transformational, transactional, and laissez-faire—and their impact on nurses' job satisfaction and organizational commitment. The discussion highlights the prevalence of transformational leadership, the moderate levels of job satisfaction observed, and the significant positive correlations between these variables, while also considering their implications for healthcare delivery in the Palestinian context. Additionally, this chapter addresses the study's limitations, including time constraints and the scarcity of prior research in the region, and offers actionable recommendations for healthcare institutions to foster effective leadership practices that enhance nurse retention and patient care quality. The chapter concludes with a summary of key findings and their significance for advancing nursing management and guiding future research in Palestine.

5.2 Nurses' Perceptions of Leadership, Job Satisfaction, and Organizational Commitment

Nurses are essential to the functioning of any healthcare system. They are responsible for coordinating patient care, facilitating communication between patients and healthcare professionals, and ensuring smooth hospital operations. However, their front-line role is influenced by several key factors—most notably leadership style, job satisfaction, and organizational commitment. For nurse managers, it is crucial to understand what motivates their staff and to implement strategies that reduce dissatisfaction and enhance commitment to the organization (Zuraik & Kelly, 2019).

Transformational leadership is particularly effective in this context. Transformational leaders are attuned to the needs of their team and can inspire motivation from within. Leaders who exhibit transformational qualities are more likely to create supportive professional environments that promote high-quality patient care (Yahaya & Ebrahim, 2016).

For example, a Canadian study examined the link between transformational leadership, structural empowerment, nurse clinical leadership, and adverse patient outcomes. The findings revealed that transformational leadership significantly reduced negative outcomes through increased empowerment and nurse leadership (Boamah, 2018). Similarly, research from two major hospitals in Malaysia involving 200 nurses and medical assistants found that empowerment mediated the relationship between transformational leadership and job satisfaction (Choi et al., 2016). This suggests that empowering employees not only improves job satisfaction but also strengthens the impact of transformational leadership.

Job satisfaction is the degree to which an employee's expectations, desires, and needs are met at work. It has wide-reaching implications for productivity, turnover, absenteeism, stress, safety, and more (Al Maqbali, 2016). During the COVID-19 pandemic, nurses faced immense psychological stress. A study involving 261 nurses in the Philippines found that increased fear of COVID-19 was associated with lower job satisfaction (De los Santos & Labrague, 2021).

Other studies have explored the multiple variables that influence job satisfaction among nurses. In Ghana, a correlational study showed that emotional intelligence was positively associated with job satisfaction (Tagoe & Quarshie, 2017). Research in Belgium among ICU nurses found that both communication satisfaction and job satisfaction were high, with a moderate positive correlation between the two (Vermeir et al., 2018). A descriptive study in Jordan also demonstrated a positive link between job satisfaction and the work environment (Al-Hamdan, Manojlovich, Tanima, 2017).

Organizational commitment, a concept widely explored in management literature, plays a critical role in improving organizational performance and effectiveness (Hanaysha, 2016). Porter et al. (1976) described organizational commitment as the strength of an individual's identification with and involvement in their organization. However, cultivating strong commitment among nurses is not simple. A cross-sectional study found that nurses often lack strong organizational commitment, suggesting that nurse managers must adopt targeted strategies to improve it (Karami, Farokhzadian, Foroughameri, 2017). Supporting this, a study from Saudi Arabia found that leadership style and psychological empowerment significantly influenced nurses' organizational commitment in acute care units (Asiri et al., 2016).

The current study aimed to examine the relationship between transformational leadership, job satisfaction, and organizational commitment among nurses in Jordan. Results revealed a significant positive correlation between transformational leadership and job satisfaction, consistent with prior research in Jordan indicating that transformational leadership enhances nurse satisfaction and retention (Abdelhafiz, Alloubani, Almatari, 2016). This may be due to the fact that nurses who perceive their leaders positively tend to perform better and experience greater satisfaction. Nurse managers who demonstrate transformational behaviors are better positioned to foster a supportive and satisfying work environment.

Findings from this study show that nurses reported moderate levels of job satisfaction, which contrasts with studies from Iran reporting low satisfaction levels among nurses (Abdelhafiz, Alloubani, Almatari, 2016; Vanaki & Vagharseyyedin, 2009). The study also identified a significant positive association between transformational leadership and organizational commitment. Leadership style has been consistently recognized as a key factor influencing organizational commitment (Yahaya & Ebrahim, 2016). For instance, research across 50 major organizations in the UAE involving 430 participants found that positive leadership behaviors

were strongly linked to higher levels of organizational commitment (Al-Aameri, 2000). Employees under consultative or participative leadership are typically more satisfied, more committed, and perform at higher levels (Yousef, 2000).

5.3 Conclusion

In summary, a leader's attitude or leadership style can significantly influence the job satisfaction of their subordinates. Nurse managers who exhibit transformational leadership tend to be more effective in creating an environment that supports high-quality patient care and promotes greater nurse engagement and loyalty to the organization.

This study found a strong and meaningful positive correlation between transformational leadership practices and the three components of organizational commitment— affective, normative, and continuance. This suggests that leadership behaviors such as building trust, promoting a shared vision, inspiring enthusiasm, fostering innovation, offering guidance, and recognizing employee contributions play a role in shaping how staff feel about staying with the organization, whether by choice, obligation, or necessity.

However, lower average scores in nurses' organizational commitment dimensions suggest that respondents perceive a lack of adequate rewards in exchange for their efforts. This perceived imbalance contributes to higher turnover rates, reduced job satisfaction, and increased absenteeism. Overall, the study highlights that both transformational and transactional leadership styles are essential in shaping employee commitment and satisfaction within healthcare settings.

5.4 Strength of the Study :

- This is the first study in the Palestinian context examining leadership styles and nurses' job satisfaction.
- A large sample (n=270) was distributed across multiple hospitals, enhancing the possibility of generalization across the region.
- The use of validated instruments (MLQ and MSQ) with high reliability (Cronbach's alpha: 0.76-0.83) was used.
- A rigorous statistical analysis, including correlation and regression, provided strong evidence of the relationship.

5.5 Limitation of the study

- The study faced limited availability of previous research on this topic, making it difficult to build a strong theoretical foundation and compare findings, although it also highlighted an opportunity to explore a new area and contribute to future research.
- **Time Constraints:** This study faced significant time constraints due to the limited availability of participants, who were only accessible during specific periods, and the tight deadlines for manuscript submission.
- The focus of this current study on hospitals in the southern West Bank may not be generalizable to other regions.
- The political and security situation facing Palestinian society, especially after the war, makes it difficult to move between cities and villages to reach all hospitals.

5.6 Recommendations

- Healthcare organizations can utilize the findings of this study to develop policies, strategies, and workplace initiatives that emphasize the value of transactional leadership in enhancing nurses' job satisfaction and organizational commitment. Additionally, they should invest in comprehensive training programs that promote effective leadership behaviors.
- Given the strong positive link between transformational leadership and nurses' satisfaction and commitment, healthcare institutions should prioritize maintaining and reinforcing this leadership style, as it fosters employee dedication—a key asset to any organization.
- To address the low average scores in continuance commitment, organizations should focus on improving salary structures and benefit packages. Without adequate compensation, employees may feel no obligation to remain with the institution.
- The results underscore the importance of building a robust system of incentives, opportunities for advancement, and professional development. These elements are vital in strengthening employees' organizational commitment, reducing turnover, and boosting overall productivity, as they influence whether staff feel motivated, obligated, or required to stay.
- Future interventions and research are essential to implement effective transformational leadership programs that support higher job satisfaction and stronger organizational commitment while minimizing dissatisfaction.

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Appendix (1): Al Quds University Approval

ΑλΘυδσΥνιπεραιτην
Φοχυλην οφ Ηεολτη Προφεαιονσ
Θερυαλεμ □Αβυ Δισ



جامعة القدس
كلية المهن الصحية
القدس – أبو ديس

Ρεεαρχη ΕτηχσΣυβχομ μ ιτεε οφ Φοχυλην οφ Ηεολτη Προφεαιονσ
Λετερ οφ αππροαυλ

Μαρχη 10, 2025
Ρεφ Νο.: ΡΕΣΧ/2025-7

Dear Applicants, (Δρ Φοριδ Γηραιβ, Μσ ΑεελΜοναρο)
Program: ΜΣχ Νυραιν Δεπαρτι εντ

The Research Ethics subcommittee of the Faculty of Health Professions has recently reviewed your proposal entitled (Τηε περχειαεδ Ρελαπιονσηπ βεαωεεν νυραιν Λεοδεραηπ Σηηλεσ ανδ τηειρ Θοβ Σαπισφοχαιον ιν σουτηερν ωεστ βονκ) submitted by (Δρ Φοριδ Γηραιβ). Your proposal is deemed to meet the requirements of research ethics at Al-Quds University, but further assessment is required by the Central Research Ethics Committee of Al-Quds University. We wish you all best for the conduct of the project.

Ηυσειν ΑΛΜαρι, ΠηΔ
Ασσοχιαε Προφεασορ οφ Μεδιχαλιμ αχινγ
Ρεεαρχη ΕτηχσΣυβχομ μ ιτεε Χηαρ
Φοχυλην οφ Ηεολτη Προφεαιονσ

Hussein ALMasri

CC: File
CC: Committee members

Appendix: Facilitate research mission for Ministry of Health

State of Palestine
Ministry of Health
Education in Health and Scientific
Research Unit



دولة فلسطين
وزارة الصحة
وحدة التعليم الصحي
والبحث العلمي

Ref.:
Date:.....

الرقم: C.50/1978/175
التاريخ: C.50/19/18

الأخ مدير عام الإدارة العامة للمستشفيات المحترم...
تحية واحترام...

الموضوع: تسهيل مهمة بحث

يرجى تسهيل مهمة الطالبة: أسيل مناصرة- ماجستير تمريض الام والطفل/ جامعة القدس،
ويشرف د. فريد اغريب، في عمل بحث بعنوان:
العلاقة بين أسلوب القيادة لدى مدير التمريض والرضا الوظيفي لدى المعرضات
من خلال السماح للطالبة بجمع معلومات عن طريق تعبئة استبانة من قبل كادر التمريض بعد
اخذ موافقتهم، وذلك في:

- مستشفى بيت جالا - مستشفى عاليه الخليل
على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، وعدم التعرض للمعلومات التعريفية للمشاركين.
على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعمد بعدم النشر لحين الحصول على موافقة
الوزارة على نتائج البحث.

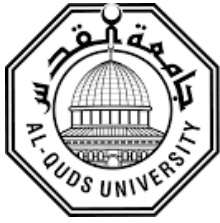
مع الاحترام...

د. عبد الله القواسمي
رئيس وحدة التعليم الصحي والبحث العلمي



نسخة: منسقة برنامج الماجستير/ دائرة التمريض المحترمة/ جامعة القدس

Appendix 3 : Questionnaire



جامعة القدس
Al-Quds University

Greetings,

I am Assel Manasreh, a master's student at Al-Quds University, conducting a study titled *"The Relationship Between Leadership Style of Nursing Managers and Job Satisfaction in Nurses,"* under the supervision of Dr. Farid Ghraib.

I kindly invite you to participate in this study by completing the attached questionnaire. The estimated time to complete the survey is 15-20 minutes. Please note that all data collected will be kept strictly confidential and used solely for the purpose of scientific research. Your participation is highly valued and will contribute significantly to understanding this important topic.

Thank you for your time and support.

Signature of participant:

Sincerely,

Assel Manasreh: +972 59-860-8133

This questionnaire consists of three sections,

Section (1): about nurse's sociodemographic information.

Section (2): about leadership style,

Section (3): about the nurse's job satisfaction.

Section one: Sociodemographic information.

1.Age in years:

- 22-30.
- 31-40.
- 41-50.
- >50

2.Gender :

- Male
- Female

3.Marital Status :

- Single
- Married
- divorced/ widow

4.Educational Level:

- Diploma.
- Bachelors.
- High diploma or Master

5.Years of experience (in years)

- 1-5 yrs.
- 6-10 yrs.
- 11- 15 yrs.
- 16-20 yrs.
- >20 yrs.

6.The department you currently work in:

- Emergency.
- Medical.
- Surgical.
- ICU& CCU.
- Pediatric& NICU.
- Maternity.
- Operation room
- Dialysis.
- Outpatient clinic

.....

Section tow: Multifactor Leadership Questionnaire (MLQ)

INSTRUCTIONS: This questionnaire provides a description of the roles applied by of your organizational leaders. Twenty-one descriptive statements are listed below. Rate your leader on how each statement fits his/her leadership. The word others may mean your fellow followers, group and organization members. **KEY (1) I strongly disagree, (2) I moderately disagree, (3) I disagree, (4) I agree, (5) I moderately agree, and (6) I strongly agree.**

Statement	<i>strongly disagree(1)</i>	<i>moderately disagree (2)</i>	<i>Disagree(3)</i>	<i>Agree (4)</i>	<i>moderately agree(5)</i>	<i>strongly agree (6)</i>
1-My leader makes others to feel good to be around him/her.						
2.My leader expresses with a few simple words what we could and should do.						
3.My leader enables others to think about old problems in new ways						
4.My leader helps us his/her members to develop our selves.						
5.My leader tells us what to do if we want to be rewarded for our work.						
6.I and others have complete faith in my leader						
7.My leader provides appealing images about what the organization can do.						
8.My leader provides others with new ways of looking at difficult and puzzling things.						
9.My leader lets us know how his thoughts of what we are doing.						
10.My leader provides recognition/rewards when we reach our goals.						

11.Others are proud to be associated with my leader.						
12.My leader helps us find meaning in our work.						
13.My leader gets us to rethink ideas that we had never questioned before.						
14.My leader gives personal attention to us his/her members when we seem rejected.						
15.My leader calls attention to what benefits we can get for what we accomplish.						
16.I would be very happy to spend the rest of my life with the organization he/she leads.						
17.Right now, staying with my organization is a matter of necessity as much as desire.						
18.I do not feel any obligation to remain with my current leader and organization.						
19.I really feel as if my organization's goals and missions are my own.						
20.It would be very hard for me to leave my organization right now, even if I wanted to.						
21.Even if it were to my advantage, I do not feel it would be right to leave my organization now.						

Section Three: Minnesota Satisfaction Questionnaire:

The purpose of this questionnaire is to give you a chance to tell how you feel about your present job, what things you are satisfied with and what things you are not satisfied with.

Statement	<i>Very Dissatisfied</i> (1)	<i>Dissatisfied</i> (2)	<i>Neither</i> (3)	<i>Satisfied</i> (4)	<i>Very Satisfied</i> (5)
1-Being able to keep busy all the time					
2-The chance to work alone on the job					
3-The chance to do different things from time to time					
4-The chance to be "somebody" in the community.					
5-The way my boss handles his/her workers					
6-The competence of my supervisor in making decisions					
7-Being able to do things that don't go against my conscience					
8-The way my job provides for steady employment .					
9-The chance to do things for other people					
10-The chance to tell people what to do					
11-The chance to do something that makes use of my abilities					
12-The way company policies are put into practice					
13-My pay and the amount of work I do					

14-The chances for advancement on this job					
15-The freedom to use my own judgment					
16-The chance to try my own methods of doing the job					
17-The working conditions					
18-The way my co-workers get along with each other					
19-The praise I get for doing a good job					
20-The feeling of accomplishment I get from the job					

Thank You

العلاقة بين نمط القيادة لدى مدير التمريض والرضا الوظيفي لدى الممرضين

اسم الطالب: أسيل إبراهيم موسى مناصرة

المشرف: د. فريد غريب

الملخص

الخلفية: تؤثر أنماط القيادة لدى مديري التمريض بشكل كبير على رضا الممرضين الوظيفي، مما ينعكس على جودة الرعاية الصحية وأداء المؤسسة. يعد فهم هذه العلاقة أمراً بالغ الأهمية لتحسين استبقاء الممرضين ونتائج رعاية المرضى.

الأهداف: هدفت هذه الدراسة إلى تحليل العلاقة بين أنماط القيادة (التحويلية، التبادلية، المتساهلة) لمديري التمريض ورضا الممرضين الوظيفي في مستشفيات جنوب فلسطين. وتضمنت الأهداف تحديد أنماط القيادة السائدة، تقييم مستويات الرضا الوظيفي، وفحص العلاقة بينهما.

المنهجية: استخدمت الدراسة تصميماً مقطوعياً شمل 270 ممرضاً من مستشفيات حكومية وخاصة في الخليل وبيت لحم. تم جمع البيانات باستخدام استبيان القيادة متعدد العوامل (MLQ) واستبيان مينيسوتا للرضا الوظيفي (MSQ). وتم تحليل البيانات باستخدام الإحصاء الوصفي والاستدلالي، بما في ذلك تحليلات الارتباط والانحدار.

النتائج: كان القيادة التحويلية هي الأكثر شيوعاً (المتوسط = 3.28، الانحراف المعياري = 1.08) وأظهرت ارتباطاً إيجابياً قوياً برضا العمل ($r = 0.631$ ، $p < 0.001$) والالتزام التنظيمي ($r = 0.809$ ، $p < 0.001$). كان رضا العمل معتدلاً، حيث تم تقييم العوامل الداخلية (مثل 54.9% راضون عن الاستقلالية) أعلى من العوامل الخارجية (مثل 57% غير راضين عن الأجر). تنبأت القيادة التحويلية بشكل كبير برضا العمل والالتزام، موضحة 82% من التباين في نموذج الانحدار.

الاستنتاج: تعزز القيادة التحويلية الرضا الوظيفي للممرضين والالتزام التنظيمي. ينبغي للمؤسسات الصحية تبني برامج تطوير القيادة لتحسين استبقاء الممرضين وجودة الرعاية.

الكلمات المفتاحية: أنماط القيادة، الرضا الوظيفي، إدارة التمريض، القيادة التحويلية، الالتزام التنظيمي.