

Influence of Management Leadership styles on Nurses Organizational Commitment among two Private Hospitals in Jordan

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Abstract

The leadership styles have been discussed in labor marketing and production before academia. Notably, certain types have been found to have a detrimental impact on both organizational commitment and service quality, particularly in the healthcare industry. Aim: To investigate the leadership practices of nursing managers in hospitals and their impact on staff commitment, seeking to understand how these leaders' styles shape organizational commitment. Subjects and methods: Descriptive cross-sectional study among two private teaching hospitals. included 507 nurses aged (22-45), had at least 1 year of work experience. Results: In a study of two hospitals, it was found that most managers exhibited both transformational and transactional leadership styles from the nurses' perspective. However, transformational leadership emerged as the dominant style, with 80.27% of managers displaying this approach. Despite this, the majority of nurses reported a strong commitment to their organization. Conclusion: A comparative analysis revealed that transformational leadership style was found to be more prevalent and effective in two hospitals compared to transactional leadership style. Furthermore, both leadership styles were found to have a statistically significant positive correlation with organizational commitment, indicating a strong link between these styles and employee engagement and loyalty.

Keywords: leadership style, transformational leadership, transactional leadership, organizational commitment.

1. Introduction

Studies and research have intensified in the last five decades on the link between the leadership concept or manager style and its impact on the efficiency of job performance and raising the standard and quality of services provided (Rusliza Yahaya, 2016) (Wu, 2006) (Lussier, 2007) (Puspita Khairunnisa, 2019). Leadership, in its various styles, directly affects the organizational performance of employees, which in turn influence the quality of services provided, productive efficiency, and the organizational result of company (Meiling, (2023)).

The leadership style in health care institutions has a significant influence on the level of services quality, nurse management is a basic pillar of manager and organization within health institutions, given that the nursing staff is considered the most comprehensive segment in the health sector (Marquis, 2015)). Many studies have linked nurses' satisfaction with administrative style and patients' satisfaction with the services provided (Moussa, 2016). According to Huber (2014), Effective leadership emerges from a collaborative effort between the individual, the team, and other available resources, all working together to bring the organization's vision and goals to life (Lorber, 2016), it is a directive and motivational behavior on implementing the plans and purposeful strategies within the organization, which directly affects the performance and behavior of employees in particular organizational commitment of employees within the organization (Bass, 2003).

Many studies have previously dealt with different styles of leadership. During the past few years, most studies have indicated the importance of two styles of leadership, the transactional and transformational leadership (Hasan2, 2019) (Keskes, 2014) (Ferreira Barbosa DB, 2021:). The transformational leadership style is based on enhancing the spirit of belonging among employees to achieve a common vision of sustainable development, by providing all means of support based on loyalty, encouragement and mutual trust. it aims to improve the existing attitude and prepare employees to become future leaders (Foon, (2016)). Transformational leaders expect in their followers the future leaders and ensuring of the continuity of their organizations' vision in the distant future. They see in them ambitions based on sacrifice. They always strive to meet the needs of their followers, stimulate their energies, and adopt their constructive proposals as a guarantee of a distinguished present and a promising future. They take into consideration any obstacles facing their followers and strive to overcome them in order to create a constructive and inspiring environment to push the wheel of creativity forward (Kuria, 2016). Transactional leadership style adopts reciprocal and egalitarian thinking between leaders and their subordinates, who receive equivalent compensation for their work under the supervision of leaders who closely monitor the progress of the work plan (Ingram, (2016)). They give their followers rewards or bonuses in order to encourage and continue carrying out the required tasks. Leaders resort to punishing anyone who is negligent or violates the tasks, transactional leader doesn't care about employees' suggestions or aspirations, or don't even look to the future. they monitor the progress of their rules that they imposed on subordinates (Keskes, 2014).

Effective organization commitment is a crucial challenge that healthcare organizations and institutions face, as it is essential for delivering high-quality patient care and achieving successful outcomes., organization commitment is considered a psychological charter that reflects the extent of belonging to the organizations vision and loyalty to the organization's goals (Haghighy, redicting Different Dimensions of Organizational Commitment in the Red Crescent Society of Fars Province Directors and Staff Based on Dimensions of their Emotional Intelligence and Organizational Culture, 2016). The lack of commitment of nurses and their departure from their institution negatively affects the quality of the organization's services and leads to increased dissatisfaction, between clients (Fabiene, 2016). Organizational commitment can be broken down into three distinct categories: affective, continuance, and normative. (Haghighy, 2016). However, it has been confirmed that are component not type of organization commitment, moreover the employee can have varying level of the three components (Fabiene EE, 2016:).

Affective commitment refers to the emotional bond an employee has with their organization, stemming from the understanding that the benefits of staying with the company outweigh the costs of leaving. This emotional connection is often referred to as continuity commitment. On the other hand, normative commitment is characterized by an employee's sense of moral obligation to their organization, driven by a sense of responsibility and duty towards their workplace. (S.A., 2009) (C, 2007).

The nursing staff represents the highest and most important percentage in the structure of the health sector, and therefore an appropriate structure must be created to ensure the efficiency of nurses' work and their continuity in their work according to the highest possible quality standards (Puspita Khairunnisa, 2019). This is based on the relationship built between the nurse-leadership and nurses. It is well-established through numerous studies and reviews that nursing leadership has a profound effect on nurses' organizational commitment (Alfaouri L, 2021). Research across the globe over the past five decades has consistently highlighted the significance of transformational leadership in fostering job satisfaction among nursing staff. This body of work underscores the pivotal role that transformational leadership plays in creating a positive work environment, ultimately leading to increased job satisfaction among nurses (Saleh Alzahrani, 2019).

2. Significance of the Study

In recent decades, the study of leadership styles has become a prominent topic in management and organizational behaviour literature. Moreover, the concept of organizational commitment has gained significant traction, with researchers increasingly devoting attention to its significance. This research will make a substantial contribution to the existing body of knowledge by adding empirical evidence from Jordan to a topic that has been extensively studied and debated for decades, enriching our understanding and informing theory in this area.

Previous studies on leadership style have typically categorized it as either transformational or transactional. However, later researchers, such as Hersey & Blanchard and Bass (1990), shifted the focus to leadership styles, dividing them into task-oriented and relation-oriented approaches. Despite the varying terminology used by different researchers, including person-related behaviour and goal-focused behaviour, there is a consensus among scholars that leadership style has a significant impact on employees' responses to their work and the organization as a whole.

In Jordan, private hospitals have been making a significant impact on the healthcare sector by offering competitive salaries and attracting top-notch medical professionals. This study aimed to shed light on the relationship between leadership style and commitment, focusing specifically on the link between relational and task-oriented leadership style and different types of organizational commitment. By examining the leadership style of hospital administrators and their effect on nursing staff commitment, this research seeks to provide valuable insights into the factors that influence staff loyalty. The findings of this study will be instrumental in informing effective change management strategies for Jordanian hospitals, ultimately enhancing their overall management paradigm.

Aim of the Study:

The aim of this research investigation was to examine the impact of leadership and style on nursing staff commitment to their hospitals in Jordan. The study also considered the personal and demographic factors of age, experience, and length of service with the hospital to better understand the relationships between these variables and staff commitment.

Research questions:

Does the style of hospital leadership have an impact on the commitment of nursing staff? Specifically, which of the two-leadership style (transformational leadership style or transactional leadership style) has a greater influence on nurses' intention to stay with their hospital?

2. Subjects and Methods

study design: A cross-sectional correlational study was designed to investigate the relationship between nurse managers' leadership style and nurses' commitment at two private teaching hospitals in Amman, Jordan. The aim of the study was to examine the impact of nurse managers' leadership models on nurses' commitment in these hospitals.

Settings: The study was conducted in two private teaching hospitals as they are two of the finest and most efficient high-quality hospital in Jordan. The 1st one is A hospital and the other B hospital, although the hospitals' name was not disclosed to maintain its privacy and protect the confidentiality of the information and results obtained.

population: A random selection of 530 nurses worked in A and B private hospitals was taken.

Inclusion criteria: The study participants consisted of registered nurses with one to 23 years of experience, aged 22-45, who were working in the specified settings and volunteered to take part in this research.

Instrumentation: In order to achieve the objectives of the study, a self-reported modified questionnaire was used to collect data and determine the variable of study. The questionnaires were translated, and converted into Arabic by the researchers, which include three purposeful sections: the 1st section was designated to collect the socio-demographic data (Gender, age, marital status, nationality, qualification, hospital and years of experiences). The "Leadership Style Questionnaire" was the second section of the study, based on the work of Vera and Crossan (2004). This tool was used to gauge nurses' perceptions of leadership style. The questionnaire consisted of 12 statements measuring transformational leadership and 6 statements assessing transactional leadership. A 5-point Likert scale was employed to rate each item, with responses ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The scores were scored on a scale where higher values indicated higher levels of leadership. The third section of the survey, known as the "Organization Commitment Questionnaire", was adapted from Meyer's (2004) study. This instrument measures nurses' commitment to their organizations by using an 18-item scale. The scale is divided into three categories: affective commitment (6 items), continuance commitment (6 items), and normative commitment (6 items). Respondents rated their agreement with each

statement on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). A higher score indicates a higher level of commitment.

Pilot study: A pilot study was conducted with 30 nurses to assess the feasibility and usability of the study tool, as well as identify any challenges or difficulties. This pilot study helped refine the questionnaire by addressing any issues that arose and adjusting the questions as needed. The validity and reliability of the tool were subsequently evaluated using Cronbach's alpha coefficient, which yielded a score of 0.81.

Method of Data Collection

Ethics and approval: Authorization of the study was obtained from the nursing managers and quality assurance committees in the two hospitals. Prior to participation, each individual was asked to provide informed consent and sign a pledge. The purpose of the study was clearly explained in a sustainable and transparent manner to each participant. They were also informed of their right to withdraw from the study at any time, without providing a reason. Each participant then completed a research questionnaire, which took approximately 20-30 minutes to finish. Participants were assured that all data collected would be kept confidential and used solely for the purposes of the research. The data collection period of the study was achieved in three months between January 2024 and March 2024

Analysis of Data: Data were analyzed using SPSS version 23. according to variables type; inferential statistics (chi-square tests and Pearson correlation) and descriptive statistics (mean, standard deviation, frequency and percentage) were used. significant P value was considered less than 0.05.

Limitation: Limitation of this study were

that all data was collected through cross-sectional, self-report surveys, which may introduce common method bias between the predictor and outcome variables. As a result, the findings should be interpreted with caution.

3. Result

507 of participants had completed the surveys, The studied nurses number reached 265 (52.26%) participants from A Hospital and 242 (47.73%) from B Hospital. Regarding to Sociodemographic features of participant; the mean age of total participants was (28.51 ± 5.671) however (27.29 ± 5.262 and 29.85 ± 5.809 years) in A Hospital and B Hospital. respectively, most of them were female (70.4 %) and staff nurses (79.3%), The mean years of experience of All participant (6.13 ± 3.793 years) however it was (6.15 ± 3.858 years and 6.10 ± 3.729 years) in A Hospital and B Hospital. respectively. Most of participant (86.2%) had bachelor degree, Jordanian (96.4%) in nationality and married (79.3%). A statistical analysis revealed significant differences between the two hospitals with respect to the age of participants, indicating that the age demographics vary significantly between the two institutions. Additionally, significant differences were also found between the two hospitals in terms of other sociodemographic

characteristics, suggesting that these features also exhibit distinct patterns across the two hospitals (table.1).

Table 1: Socio- demographic features of Participant in both Hospitals (N=507).

Socio- demographic		Hospitals				Total.		P value
		A Hospital		B Hospital				
		N	%	N	%	N	%	
Age	22 - 30 years	221	83.4%	149	61.8%	370	73.1%	P= .000
	31 - 40 years	31	11.7%	87	36.1%	118	23.3%	
	41 - 45 years	13	4.9%	5	2.1%	18	3.6%	
	Mean ± SD	27.29 ± 5.262 years		29.85 ± 5.809 years		28.51 ± 5.671 years		t= -5.207 P=0.000
Gender	Male	76	28.7%	74	30.6%	150	29.6%	X2: .219
	Female	189	71.3%	168	69.4%	357	70.4%	P = .640
Occupation	Staff nurse	204	77.0%	198	81.8%	402	79.3%	X2: 1.8 P= .179
	Nurse manager	61	23.0%	44	18.2%	105	20.7%	
Experience years	1-5 years	139	52.5%	127	52.5%	266	52.5%	X2: .097 P=.953
	6 - 10 years	92	34.7%	86	35.5%	178	35.1%	
	>11 years	34	12.8%	29	12.0%	63	12.4%	
	Mean ± SD	6.15 ± 3.858 years		6.10 ± 3.729 years		6.13± 3.793 years		t= .177 P= .860
Education	Diploma	14	5.3%	21	8.7%	35	6.9%	X2: 3.688 P= .158
	Bachelor	229	86.4%	208	86.0%	437	86.2%	
	Master	22	8.3%	13	5.4%	35	6.9%	
Nationality	Jordanian	256	96.6%	233	96.3%	489	96.4%	X2: .038
	Non-Jordanian	9	3.4%	9	3.7%	18	3.6%	P=.844
Marital Status	Married	206	77.7%	196	81.0%	402	79.3%	X2: .817
	Un married	59	22.3%	46	19.0%	105	20.7%	P=.366
Total		265	100.0%	242	100.0%	507	100.0%	

According to the study on leadership style, transformational leaders were found to be the most prevalent, with 80.27% of participants in both hospitals exhibiting this style. Furthermore, no statistically significant difference was observed between the two hospitals in terms of transformational leadership ($P = 0.952$). In contrast, transactional leadership was less common, with 65.5% of participants reporting their managers exhibit this style. Interestingly, there was no statistically significant difference between the two hospitals in terms of transactional leadership ($P = 0.93$). (table 2).

Table 2: Distributed of Leadership Style in both Hospitals (N=507).

Leadership Style	Hospitals				Total.		P value
	A Hospital		B Hospital		N.	%	
	N	%	N	%	N	%	
Non transformational	52	19.6%	48	19.8%	100	19.72%	X2= .004

Transformational	213	80.4%	194	80.2%	407	80.27%	P=.952
Non transactional	91	34.3%	84	34.7%	175	34.5%	X2= .008
Transactional	174	65.7%	158	65.3%	332	65.5%	P= .930
Total	265	100%	242	100%	507	100%	

Most participants (80.3%) expressed strong emotional attachment to their organization, with similar levels of commitment found in both hospitals. Specifically, 80.4% of participants from A Hospital and 80.2% from B Hospital reported high levels of affective commitment, and a statistical analysis revealed no significant differences between the two hospitals (p = 0.952). (table 3).

An overwhelming majority (80.3%) of participants demonstrated a strong commitment to their organization, with similar levels of commitment observed in both hospitals. Specifically, 80.4% of respondents from the A Hospital and 80.2% from B Hospital reported this commitment. Importantly, a statistical analysis revealed no significant differences between the two hospitals in this regard (p-value = 0.952). (table 4).

(70.4%) of participants demonstrated a normative commitment to their organization. Notably, this level of commitment was slightly higher at B Hospital (70.6%) compared to A Hospital (70.2%). Furthermore, statistical analysis revealed no significant differences between the two hospitals, with a p-value of 0.938 (table 5).

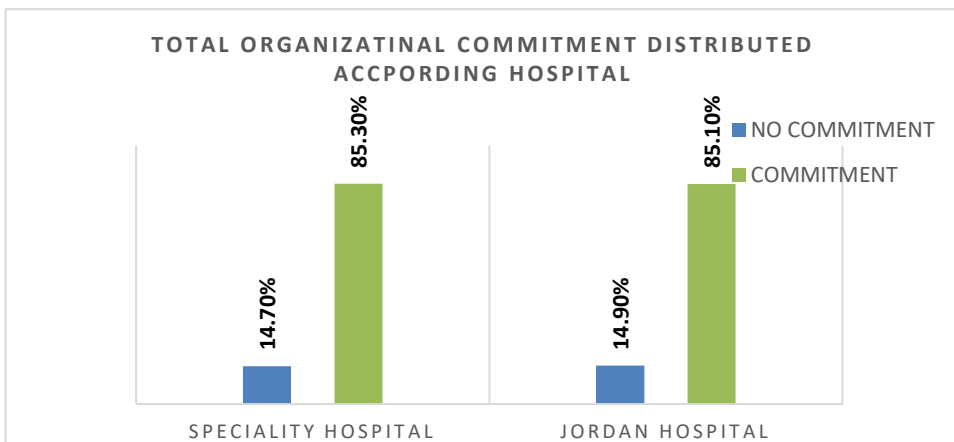
Table 3: Distributed of Affective Organizational Commitment in tow Hospitals (N=507).							
Affective Commitment	Hospitals				Total.		P value
	A Hospital		B Hospital				
	N	%	N	%	N	%	
Non affective	52	19.6%	48	19.8%	100	19.7%	X2=.004
Affective	213	80.4%	194	80.2%	407	80.3%	P=.952
Total	265	100.0%	242	100.0%	507	100.0%	

Table 4: Distributed of Continuance Organizational Commitment in tow Hospitals (N=507).							
Continuance Commitment	Hospitals				Total.		P value
	A Hospital		B Hospital				
	N	%	N	%	N.	%	
Non-Continuance	52	19.6%	48	19.8%	100	19.7%	X2= .004 P= .952
Continuance	213	80.4%	194	80.2%	407	80.3%	
Total	265	100.0%	242	100.0%	507	100.0%	

Table 5: Distributed of Normative Organizational Commitment in tow Hospitals (N=507).

Normative commitment	Hospitals				Total.		P value
	A Hospital		B Hospital				
	N	%	N	%	N	%	
Non normative	78	29.4%	72	29.8%	150	29.6%	X2= .006 P=.938
Normative	187	70.6%	170	70.2%	357	70.4%	
Total	265	100.0%	242	100.0%	507	100.0%	

In both hospitals, a significant majority of participants demonstrated a high level of organizational commitment. Specifically, 85.3% of respondents in A Hospital reported being committed to their organization, while 85.1% of those in B Hospital shared the same sentiment. Notably, a statistical analysis revealed no significant difference between the two hospitals, with a p-value of 0.960 indicating that the difference was not statistically significant.



A significant positive correlation was found between transformational leadership style and total organizational commitment in both the Tow hospitals, with a statistically significant result ($p=0.000$). Additionally, a positive correlation was observed when comparing the two hospitals. (Table 6).

Table 6: Transformational Leadership Style and its Effect on Organizational Commitment in the Two Hospitals (N=507).

Transformational Leadership Style	Hospitals					
	A Hospital			B Hospital		
	Commitment		Total Score	Commitment		Total Score
	No commitment	Commitment	Total	No commitment	Commitment	Total

	N.	%	N	%	N	%	N	%	N	%	N	%
Non transformational	39	75.0%	13	25.0%	52	100.0%	36	75.0%	12	25.0%	48	100.0%
Transformational	0	0.0%	213	100.0%	213	100.0%	0	0.0%	194	100.0%	194	100.0%
Total	39	19.6%	226	80.4%	265	100.0%	36	14.9%	206	85.1%	242	100.0%
For A Hospital: $X^2 = 187.317$, $P = .000$												
For B Hospital: $X^2 = 170.927$, $P = .000$												
For comparison between tow Hospital: $X^2 = 358.245$, $P = .000$												

Table 7: Transactional Leadership Style and its Effect on Organizational Commitment in the Two Hospitals (N=507).

Transactional Leadership Style	Hospitals											
	A Hospital						B Hospital					
	total score OF Commitment				Total		total score OF Commitment				Total	
	No commitment		Commitment				No commitment		Commitment			
	N.	%	N	%	N	%	N	%	N	%	N	%
Non transactional	39	42.9%	52	57.1%	91	100%	36	42.9%	48	57.1%	84	100%
Transactional	0	0.0%	174	100.0%	174	100%	0	0.0%	158	100.0%	158	100%
Total	39	14.7%	226	85.3%	265	100%	36	14.9%	206	85.1%	242	100%
For A Hospital: X2 = 87.440, P=.000												
For B Hospital: X2 =79.548, P=.000												
For comparison between 2 tow Hospital: X2= 166.988, P= .000												

A correlation analysis found a positive link between transactional leadership style and total organizational commitment in both hospitals, with the correlation being statistically significant in both settings ($p < 0.000$). Furthermore, the comparison between the two hospitals also revealed a positive correlation between transactional leadership and organizational commitment, indicating a strong relationship between these variables in both hospitals (table 7).

4. Discussion

Nursing manger act an effective role in the health care process. Nursing leadership style has a significant impact on maintaining the quality and level of health care provided in addition to its role in motivating and encouraging the nursing staff to move forward in developing themselves

and promoting the health services provided. effective leadership seek to enable individuals to perform distinctively in the face of difficulties with the aim of moderate and maintaining continuity of benefit performance.in addition the leadership of health institute is considered the basis for ensuring the quality of services, the employees' performance as well as patient satisfaction (kena bailey taylor, 2021)

The study found that transformational leadership was more prevalent than transactional leadership in both hospitals, and a statistically significant positive correlation existed between nurses' perceptions of leadership style (both transformational and transactional) and their level of organizational commitment.

A recent systematic review by Saleh Alzahrani and colleagues examined eight quantitative nursing studies published between 2012 and 2017, which collectively demonstrated the significant and beneficial effects of transformational leadership on job satisfaction compared to other leadership style (Saleh Alzahrani, 2019) in addition more development of transformational leadership style lead to improvement of nurses' job satisfaction (IBRAHIM MBARAK ABDELHAFIZ, 2016).

Moreover, A recent systematic review by Puspita Khairunnisa et al. explored the relationship between transformational leadership and patient care quality. The findings showed that adopting a transformational leadership style was associated with a significant 28% improvement in the quality of nursing services and patient satisfaction (Puspita Khairunnisa, 2019) furthermore the quality of nursing services is significantly enhanced when transformational leadership style is promoted, leading to a notable increase in nurses' job satisfaction. (Aladeen Alloubani, 2015).

A study by Thaira Othman and colleagues explored the connection between job satisfaction, organizational commitment, and transformational leadership among nurses working in Jordanian government hospitals. Their findings suggest that transformational leadership has a significant impact on boosting job satisfaction and organizational commitment among nurses, ultimately supporting their work and promoting a more committed workforce. (Othman T, 2022). moreover. Research has shown that leaders who adopt a transformational leadership style have a notably strong and positive connection with employee commitment to their organization. In contrast, transactional leaders, who focus on short-term rewards and punishments, have a much weaker relationship with employee commitment. This suggests that transformational leaders are more effective at fostering a sense of loyalty and dedication among their team members, while transactional leaders may struggle to create a similar level of engagement and motivation (Long, 2016) as well (Hend Mohamed Ali, Sahar Ahmed Abood, & el-baset, 2020) confirmed the positive influenced of organizational commitment by leadership style.

Consistent with numerous previous studies, this research confirms that transformational leadership is the most effective style in fostering organizational commitment among nurses. The examples presented above illustrate that this style is also the most preferred by nurses. Moreover, our findings demonstrate that transformational leadership has a significant impact on the quality and level of services provided, as well as the efficiency of nurses in their work and patient satisfaction with those services (Puspita Khairunnisa, 2019).

5. Conclusion

This study revealed that transformational leadership was more prominent than transactional leadership in both hospitals, and both styles were significantly linked to higher levels of organizational commitment. The findings indicate that the majority of nurses exhibited a strong sense of loyalty to their organization, with a smaller proportion lacking this sentiment. To enhance employee commitment, leaders may benefit from incorporating elements of both transformational and transactional leadership approaches into their management style.

6. Recommendations

To optimize employee engagement and organizational performance, we suggest the following initiatives:

Firstly, it is crucial to develop a talent development program that fosters a culture of collaboration, innovation, and personal growth. This will enable leaders to unlock their employees' potential and drive collective success.

Secondly, healthcare institutions can revamp their leadership approach by embracing participatory management and empowering nurses to take ownership of decision-making processes. This will lead to increased job satisfaction, reduced turnover, and enhanced staff commitment.

Lastly, future studies should investigate the application of these findings in various healthcare settings, focusing on the interplay between empowerment, job satisfaction, retention, and organizational commitment. By doing so, we can refine our understanding of what drives employee engagement and inform evidence-based strategies for improving overall organizational performance.

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