The Influence of Nurse Managers' Leadership Styles on Nurses' Job Satisfaction at the War Memorial Hospital

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Abstract

Background: *Leadership is as a multifaceted process of identifying a goal, motivating other people to act, and providing support and motivation to achieve mutually negotiated goals. Nursing leadership is seen as the most crucial aspect of healthcare management since nurses represent the largest group of health professionals and rendering up to 90% or more of the health care services. That notwithstanding, nursing leadership in Ghana/Africa has attracted little investment and research as compared to Europe, America and parts of Asia.*

Aim: *The study was designed to determine the leadership styles used by nurse managers' and the impact of these leadership styles on nurses' job satisfaction at the War Memorial Hospital.*

Methods: *The study used a cross-sectional study design and 118 nurses were selected using a consecutive sampling technique. The Statistical Package for Social Sciences (SPSS), now known as Predictive Analytics Software (PASW) version 20 was used for data analysis.*

Results: *The findings from the study revealed that Nurse Managers use transformational, transactional, and participative leadership styles; with transformational leadership style being the most frequently used. Laissez – faire and autocratic leadership were hardly used by nurse managers in this study. This implies that Nurse Managers do not stick to one particular leadership style, but rather use the contingency (situational) approach to leadership. Additionally, the majority of nurse, 66.1% (n = 78) exhibited low level of job satisfaction whereas 33.9% (n = 40) had moderate level of job satisfaction. Nurse Managers' leadership styles had a significant positive relationship with nurses' job satisfaction.*

Conclusion: *From the findings of the study, we concluded that there is no single leadership style suitable for all circumstances in the nursing profession. Therefore, if nursing will continue to pursue its image as a noble profession successfully, then Nurse Managers may need to go beyond just being managers, to becoming contemporary leaders aimed at propelling their staff to provide quality evidence-based practice.*

Introduction

Leadership is one of the most important aspects of management and has contributed immensely to the general wellbeing of organisations and nations at large. It is a complex multidimensional concept and researchers over the years have concluded that, although it is one of the most-observed concepts, no universally accepted definition or theory of leadership actually exist; rather, a variety of perspectives have been offered by several authors and researchers [1, 2]. However, the desire to have good leaders and good leadership outcomes justifies the variety of perspectives about leadership [3].

The nursing job is very stressful, emotionally demanding and over time it drains the nurses' physical, emotional, and mental

well-being [4]. This makes nurses feel a loss of personal and emotional accomplishment and become numb to the nursing ideals of assisting patients in regaining their health and well-being. It is however the responsibility of nurse managers to assist their staff in coping with these stressors and negative feelings. Therefore, there is an increased responsibility on nurse managers to plan for staff retention and ensure quality patient care with limited resources; hence the need for nurse managers to exhibit leadership styles that positively influence staff outcomes [5].

Globally, earlier researchers on leadership have found hospital leadership to have a great influence on subordinates' job satisfaction [6]. Yahaya and Ebrahim (2016) also suggest that when hospital leadership encourages subordinate empowerment there is a direct link to increased subordinate job satisfaction and motivation. Specifically, a number of studies have demonstrated a significant relationship between Nurse Managers' leadership style and nurses' job outcomes in European and Asian countries [7-9]. Since evidence has shown that empowered nurses shift their self-perceived role from being a subordinate to that of a collaborator, there is the need for nursing leaders to adopt leadership styles that foster staff empowerment [10].

Additionally, studies in the western world have identified transformational leadership style as the leadership style that promotes staff outcomes and job satisfaction among nurses [11, 12]. Other studies have also described leadership styles of nurse managers that foster positive staff outcomes [13, 14]. In these studies, leadership styles such as directive (autocratic), participative (democratic), laissez faire, transactional or situational leaderships were found less favourable for both staff and patient outcomes.

Nursing leadership is pivotal because nurses represent the largest discipline in the health care system [15]. According to Van Lerberghe (2008), nursing leadership is seen as the most crucial aspect of healthcare management since nurses represent the largest group of health professionals and rendering up to 90% or more of the health care services. As indicated by McGuire. and Kennedy (2006), strong leadership is especially important because the "current shortage of registered nurses at the bedside magnifies the importance of having strong, clear, supportive, and inspirational leadership across the health care organization. That notwithstanding, nursing leadership in Ghana/Africa has attracted little investment and research as compared to Europe, America and parts of Asia [16]. Most studies of African origin on nursing leadership fell short of determining the most suitable leadership style(s) for nurse managers [17].

In the Ghanaian setting, Azaare and Gross (2011) in a qualitative study found that, knowledge about the kind of leadership style employed by Nurse Managers is unclear but revealed the perception that, Nurse Managers' style of leadership is one of hostility and lordship. This appears to create a sense of job dissatisfaction and poor quality of care among professional nurses. However, nurses today are more educated and assertive and may no longer succumb to traditional directive leadership practices but expect to participate in decision-making that affects themselves and their practice [18]. Despite this trend, there is paucity of literature about the leadership styles adopted by nurse managers in the Ghanaian setting and just a few of them sought to evaluate the impact of leadership styles on staff outcomes. Therefore, this study sought to determine the leadership styles used by nurse managers' and the impact of these leadership styles on nurses' job satisfaction at the War Memorial Hospital.

Methods
Study Design
A descriptive, cross-sectional study design was used for the study. Descriptive study design involves accurate portrayal of the characteristics of a particular individual, situation or a group [19]. In cross-sectional study design, measurement of the independent variable and the dependent variable are taken at the same point in. According to Polit and Beck (2008), cross-sectional studies are appropriate for describing the status of phenomena or for describing relationships among phenomena at a fixed point in time. Again Olsen and St George (2015) indicate that in a cross sectional study, either the entire population or a subset is selected, and from these individuals, data are collected to help answer the research questions of interest. A cross sectional design also allows the researcher to examine relationships between study variables within the population under study without manipulating any of the variables. This design was hence considered appropriate for the current study.

Instruments
The data for the study was collected using a structured questionnaire. For the purpose of the study the "Multifactor Leadership Questionnaire" (MLQ) designed by Bass (1985) and Nurses Job Satisfaction Questionnaire were adopted and modified to meet the study objectives. In this questionnaire, five subscales are used for the measurement of the transformational leadership, while the transactional leadership is measured by two subscales. Other two subscales are to measure the passive-avoidant leadership/ laissez-faire. The MLQ is an efficient and an effective tool to measure different characteristics of leadership. It has alpha coefficients which are more than 0.80 for every scale of MLQ (Bass and Riggio, 2006). The participants' and nurse managers' demographic and professional characteristics (gender, age, educational level, years of experience at the current work, unit of work) were added at the beginning of the questionnaires.

Setting and Sampling
The study was conducted at the War Memorial Hospital in the Kassena Nankana Municipality of the Upper East Region. The War Memorial Hospital is the only hospital in the Municipality and serves as a referral center for all health facilities in the Municipality and other districts including Builsa South, Builsa North and Kassena Nankana West. The Hospital has a total bed capacity of 169 distributed in the various units and total staff strength of 345. The sample size (118) for the study was calculated using Yamane (1967) formula for sample size determination. a consecutive sampling technique was employed to select respondents in this study. Consecutive sampling is a sampling technique in which every subject meeting the inclusion criteria is selected until the required sample size is achieved [19]. The consecutive sampling technique was used because the complete population cannot be accessed at one particular point in time. However, the researchers ensured that data is collected from all the nursing units in the hospital [20].

Ethical Approval
An approval for the study was sought from Ghana Health Ser-

vice through the Medical Superintendent of the War Memorial Hospital. The ethical principles underlying research are general and concern issues such as privacy, anonymity, confidentiality, honesty, and respect for fundamental human rights [21]. The principle of anonymity and confidentiality was adhered to, hence, the identity of participants was not a requirement on the questionnaire and the information obtained was kept confidential. All participants' right to self-determination and autonomy was also respected. Participation was also voluntary and participants had the right to withdraw from the study at any time if they so wished.

Results
Sociodemographic Characteristics of Nurses
From the study sample, the majority of participants, 52.5%% (n = 62) were between the ages of 20- 30 years while 47.5%

(n = 56) were between the ages of 31 – 40 years; with none of the participants being above 40 years of age. The mean age of the participants was 29.2 (SD = 5.70) years with a modal age of 28 years. In terms of gender, the study sample was dominated by the masculine gender as majority of the participants, 70% (n = 71) were males whereas 30% (n = 47) were females. Participants in the senior staff grade (SSN/SSM) constituted the majority (40.7%) whilst those in the nursing officer grade (NO/MO) constituted only 5.1% of the study sample. The enrolled nursing category represented 22.9% (n = 27) of the study participants. Additionally, participants with diploma as their highest qualification were the majority, 69.5% (n = 82); with only 3.4% (n = 4) of the participants having a first degree as their highest qualification. Table 1 below presents the socio – demographic characteristics of participants in the study.

Table 1: Sociodemograhic Characteristics of Respondents

Variables		Frequency (n)	Percentage (%)
Age groups	20 – 30	62	52.5
	31 – 40	56	47.5
	41 - 50	-	-
	Total	118	100.0
Gender	Female	47	40.0
	Male	71	70.0
	Total	118	100.0
Rank	Staff nurse/midwife	37	31.3
	Senior staff nurse/midwife	48	40.7
	NO/MO	6	5.1
	Enrolled nurses	27	22.9
	Total	118	100.0
Highest education	Certificate	32	27.1
	Diploma	82	69.5
	First degree	4	3.4
	Total	118	100.0
Ward	Emergency	11	9.3
	Maternity	39	33.1
	Surgical	20	17.0
	Medical	18	15.2
	Children	11	9.3
	Theatre	9	7.6
	OPD	10	8.5
	Total	118	100.0

Sociodemographic Characteristics of Nurse Managers
Table 2 below presents the sociodemographic characteristics of Nurse Managers in the study. As presented in the table, 60.2% (n = 71) of participants indicated that their nurse managers were between 31 – 40 years of age whereas 28.8% (n = 34) were between 41 - 50 years of age. Additionally, 37.3% (n = 44) of the participants said their Nurse Managers' highest qualification was a first degree whilst 8.5% (n = 10) said the highest qualification

of their Nurse Managers was master's degree. Again, participants were asked whether their Nurse Managers had received any leadership training. Majority of the participants 73.7% (n = 87) said their Nurse Managers did not receive training in leadership whilst only 15.3% (n = 18) had received leadership training. However, 11% (n = 13) of nurses did not know whether their Nurse Managers had received leadership training or not.

Table 2: Sociodemographic Characteristics of Nurse Managers

Variable		Frequency (n)	Percentage (%)
Age group	20 – 30	-	-
	31 – 40	71	60.2
	41 - 50	34	28.8
	Missing	13	11.0
	Total	118	100.0
Leadership training	Yes	18	15.3
	No	87	73.7
	Do not know	13	11.0
	Total	118	100.0
Rank	Senior Staff nurse/midwife	12	10.2
	NO/MO	34	28.8
	SNO/SMO	46	39.0
	PNO/PMO	26	22.0
	DDNS	-	-
	Total	118	100.0
Highest Education	Certificate	34	28.8
	Diploma	12	10.2
	Advanced diploma	18	15.3
	First degree	44	37.3
	Masters	10	8.5
	Total	118	100.0

Source: Field data 2019

Leadership Styles used by Nurse Managers

One of the key objectives of the study was to describe the leadership styles used by Nurse Managers at the War Memorial Hospital. From the results, the overall mean score of 71.18 (SD = 8.461) for transformational leadership was high; indicating frequent use of transformational leadership style among Nurse Managers. Taking the various components of transformational leadership into consideration, idealised attributes had the highest mean score of 15.24 (SD = 2.062) whereas inspirational motivation had the lowest mean score of 12.62 (SD = 1.373). Additionally, the moderate mean score of 34.78 (SD = 5.351) and 36.64 (SD = 4.661) on transaction and participative leadership respectively revealed their moderate use by nurse managers. However, within transactional leadership style, management by exception: passive (passive avoidant behaviour) had a very low mean score of 5.52 (SD = 1.032), indicating minimal use of management by exception: passive by Nurse Managers; likewise, laissez – faire leadership style with a mean score of 3.71 (SD = 0.018). Comparing the mean scores of the various leadership styles with their total expected scores on the multifactorial leadership scale, participative leadership style emerged as the most frequently used leadership style by nurse managers.

Table 3: Leadership Styles used by Nurse Managers

LEADERSHIP STYLE	MIN.	MAX.	MEAN	SD
Transformational Leadership	20	100	71.18	8.461
Idealized Attributes	4	20	15.24	2.062
Idealized Behaviour	4	20	13.53	2.736
Inspirational Motivation	4	20	12.62	1.373
Intellectual Stimulation	4	20	13.21	2.004
Individual Consideration	4	20	14.88	2.071
Transactional Leadership	12	60	34.78	5.351
Contingent Reward	4	20	14.58	2.844
Management by Exception: Active (MBEA)	4	20	16.38	2.038
Management by Exception: Passive (MBEP)	4	20	5.52	1.032
Laissez-Faire (LF)	4	20	3.71	0.018
Participative leadership Style	10	50	36.64	4.661
Autocratic Leadership Style	11	55	12.85	2.84

Source: Field data, 2019

Level of Job Satisfaction Among Nurses

To assess the level of job satisfaction among nurses, eight items on a job satisfaction scale was used. As shown in the table below, the overall mean score of nurses' job satisfaction was low (Mean = 11.29, SD = 4.648), implying low level of job satisfaction among nurses. The total score on job satisfaction was further categorised and analysed. From the results, the majority of nurses, 66.1% (n = 78) had low level of job satisfaction whereas 33.9% (n = 40) had moderate level of job satisfaction. None of the participants had high level of job satisfaction. However, the results of the individual items revealed high mean scores on satisfaction with Nurse Managers' leadership style (Mean = 2.37, SD = 1.648), satisfaction with Nurse Manager 's ability to coordinate activities in the ward (Mean = 2.48, SD = 1.130) and satisfaction with relationship with the Nurse Manager (Mean = 2.53, SD = 1.205).

Table 4: Leadership Styles used by Nurse Managers

ITEM	MIN.	MAX.	MEAN	SD
I am very satisfied with my job.	1	4	1.32	0.270
I feel that my co-workers are satisfied with their jobs.	1	4	1.22	0.036
I feel that the health care facility provides a supportive work environment in which I work.	1	4	1.43	0.170
I feel I would be happy to work here until I retire.	1	4	1.14	0.017
I am very satisfied with my Nurse Manager's leadership style	1	4	2.37	1.648
I am very satisfied with my Nurse Manager's ability to coordinate activities in the ward	1	4	2.48	1.130
I am very satisfied with my relationship with my Nurse Manager	1	4	2.53	1.205
I feel I am accomplished in my job	1	4	1.28	0.172
OVERALL JOB SATISFACTION	8	32	11.29	4.648
LEVEL OF JOB SATISFACTION	LOW	MODERATE	HIGH	
FREQUENCY(n)	78	40	-	
PERCENTAGE (%)	66.1	33.9	-	

Source: Field data, 2019

Relationship between Nurse Managers' Leadership Styles and Nurses' Job Satisfaction

To establish the relationship between Nurse Managers' leadership styles and nurses' job satisfaction, a Pearson product moment correlation (Pearson r) analysis was done as the variables were assumed to be linearly related and measured on an interval scale. Results of the Pearson 's correlation analysis showed a moderate but significant positive correlation between transformational leadership style (r = 0.522, p < 0.001), transactional leadership style (r = 442, p = <.001), participative leadership styles (r = 0.351, r = <.001) and nurse' job satisfaction. Within transactional leadership, passive management by exception (passive avoidant behaviour) had a strong significant negative correlation (r = -0.827, p = <.001) with nurses' job satisfaction. Additionally, there was a strong significant negative correlation (r = -0.761, p = <.001) between autocratic leadership style and nurses job satisfaction. However, there was no significant relationship established between laissez – faire leadership style and job satisfaction. The results are presented in table 5 below.

Table 5: Relationship between Nurse Managers' Leadership Styles and Nurses' Job Satisfaction

LEADERSHIP STYLE	JOB SATISFACTION	
	r	p-value (2-tailed)
Transformational Leadership	0.522	<.001
Idealized Attributes	0.364	<.001
Idealized Behaviour	0.421	<.001
Inspirational Motivation	0.762	<.001
Intellectual Stimulation	0.207	.002
Individual Consideration	0.416	<.001
Transactional Leadership	0.442	<.001
Contingent Reward	0.373	<.001
Management by Exception: Active (MBEA)	0.531	<.001
Management by Exception: Passive (MBEP)	-0.827	<.001
Laissez-Faire (LF)	0.142	0.074
Participative leadership Style	0.351	<.001
Autocratic Leadership Style	-0.761	<.001

Dependent variable: Job Satisfaction, Significance level: $p \geq .05$

Disussion

Effective leadership in health care is crucial in improving and enhancing the effectiveness and efficiencies of health care systems [22]. Given global trends, such as ageing populations and rapid adoption of new technologies, the way in which health care is being delivered has changed substantially in the last 10 years; hence the need for new ways of leading a health care team. As such, nurses function as leaders when they demonstrate leadership characteristics in their nursing roles and lead other nurses and their communities to achieve a vision of quality health care [24].

The findings from the study indicates that Nurse Managers used transformational, transactional, and participative leadership styles; with transformational leadership style being the most frequently used. Laissez – faire and autocratic leadership were hardly used by nurse managers in the current study. This implies that Nurse Managers did not stick to one particular leadership style, but rather used the contingency (situational) approach to leadership. Since the delivery of nursing care is a dynamic in nature, the contingency approach to leadership is required to deal with specific circumstances as the situation demands [25]. As such, this approach to leadership has long been identified as being very useful in nursing settings. This finding is consistent with that of Ofei, Sakyi, Buabeng, Mwini-Nyaledzigbor, and Atindanbila (2014) where Ghanaian Nurse Managers exhibited variable leadership styles but are more inclined towards transformational (supportive) leadership style. Elsewhere, Goh, Ang, and Della (2018) found that nurse leaders exhibited both transformational and transactional leadership behaviours and, to a lesser extent, laissez-faire.

Addtionally, the frequent use of participative and transactional leadership styles by Nurse Managers as found in the current study also corroborates the work of many earlier researchers in nursing leadership. In a study by Ahmad, Adi, Noor, Rahman, and Yushuang (2013), transactional leadership style was the most frequently used leadership style by Nurse Managers. Additionally, other researchers indicate that nurses were gradually moving away from directive leadership behaviours towards transformational and transactional leadership styles [26-28]. However, contrary to the finding in the current study where autocratic leadership had a limited use by nurse managers, Azaare and Gross (2011) suggest that Nurse Managers in Ghana largely exhibited autocratic.

Moreover, the overall mean score on nurses' job satisfaction of 11.29 (SD = 4.648) signifies low level of job satisfaction among nurses. This finding is comparable to that of Khunou and Davhana-Maselesele (2016) where nurses' level of job satisfaction was low. Another consistent finding was also reported recently, where there was low level of job satisfaction among nurses [29]. Conversely, there was moderate to high job satisfaction among nurses working in Ethiopian public hospitals [30]. In the further analysis of the total score of job satisfaction, the majority of nurses, 66.1% (n = 78) had low level of job satisfaction whereas 33.9% (n = 40) had moderate level of job satisfaction. In tandem with the findings in the current study, majority of nurses expressed low job satisfaction (61.8 %) while moderate satisfaction was 28.3% and unfortunately, only 9.8% of nurses were highly satisfied [31]. This finding is also in accordance with the result of a study conducted in Pakistan and revealed that all the studied nurses in both private and public sectors were dissatisfied with their jobs [32].

However, contradicting the finding in the current study, a study done in Islamabad showed that 37.14% of the participants had a low level of job satisfaction [33]. Methodology difference among the studies might have contributed to the result. However, it is lower than the findings of studies conducted in Australia, where nurses were highly satisfied. This might be due to difference in socio-economic status and organizational policies including staff handling and infrastructure between the study setups. Again, the majority of nurses expressed low job satisfaction (61.8 %) while moderate satisfaction was 28.3% and unfortunately, only 9.8% of nurses were highly satisfied [34]. This finding is also in accordance with the result of a study conducted in Pakistan and revealed that all the studied nurses in both the private and public sectors were dissatisfied with their jobs.

Finally, the Pearson's correlation analysis showed a moderate but significant positive correlation between transformational leadership style ($r = 0.522$, $p < 0.001$), transactional leadership style ($r = 442$, $p = <.001$), participative leadership styles ($r = 0.351$, $r = <.001$) and nurse' job satisfaction. The results of this study is in congruent with what was reported by Morsiani, Bagnasco, and Sasso (2017). According to their study, head nurses' transformational and transactional leadership styles were positively related to nursing staff's overall job satisfaction [35-40]. Similar results revealed from the study conducted by Alshahrani and Baig (2016) where all head nurses demonstrated both transactional and transformational style of leadership and nursing staff -working under these supervisors- demonstrated higher job satisfaction with the transformational style.

According to another study Abdelhafik, Alloubani, and Almatari (2016), which was conducted in public and private hospitals of Jordan, a positive relationship was found between the overall score of both leadership styles and the job satisfaction. In accordance to the above mentioned results were the results of a study conducted in the USA [41-44]. According to this study both leadership styles of head nurses had a positive correlation to the nursing staff's overall job satisfaction. During the last decade a great number of studies resulted to similar findings revealing that nursing staff tends to be more satisfied with the leadership style which encourages creative behavior, encouraging staff to think highly and driven to conclude higher levels of personal commitment. Though there was no significant relationship established between laissez – faire leadership style and job satisfaction, findings of previous studies indicated that management by exception (passive) and laissez-fair styles are the least effective forms of leader behaviour and are likely to have negative relation with job satisfaction [45-48].

Conclusion

The findings from the current study indicate that Nurse Managers used varied leadership styles without being inclined to one particular leadership style. Over the years, researchers and practitioners have been searching for the best style of leadership for effective nursing care. However, this study finding implies that there is no single leadership style suitable for all circumstances in the nursing profession. Additionally, nursing staff exhibited

low levels of job satisfaction and Nurse Managers' leadership styles had a significant influence on nurses' job satisfaction. Therefore, if nursing will continue to pursue its image as a noble profession successfully, then nurse managers may need to go beyond just being managers, to becoming contemporary leaders aimed at propelling their staff to provide quality evidence-based practice [49-52].

References

1. Grossman, S., & Valiga, T. M. (2016). The new leadership challenge: Creating the future of nursing. F. A. Davis.

2. Mannix, J., Wilkes, L., & Daly, J. (2013). Attributes of clinical leadership in contemporary nursing: An integrative review. Contemporary Nurse, 45(1), 10–21. https://doi.org/10.5172/conu.2013.45.1.10.

3. Loke, J. C. F. (2001). Leadership behaviours: Effects on job satisfaction, productivity and organizational commitment. Journal of Nursing Management, 9(4), 191–204. https://doi.org/10.1046/j.1365-2834.2001.00231.x.

4. Jaffe, R. A. (2012). Staff nurse perception of leadership styles among nurse managers.

5. Asamani, J. A., Naab, F., & Ofei, A. M. A. (2016). Leadership styles in nursing management: Implications for staff outcomes. Journal of Health Sciences, 6(1), 23–36.

6. Larrabee, J. H., Janney, M. A., Ostrow, C. L., Withrow, M. L., Hobbs, G. R., & Burant, C. (2003). Predicting registered nurse job satisfaction and intent to leave. Journal of Nursing Administration, 33(5), 271–283. https://doi.org/10.1097/00005110-200305000-00003.

7. Abdelhafiz, I. M., Alloubani, A. M., Klaledeh, M., Mutari, N., & Almukhtar, M. M. (2015). Impact of leadership styles among head nurses on level of job satisfaction among staff nurses. European Scientific Journal, 11(10).

8. Alshahrani, F. M. M., & Baig, L. A. (2016). Effect of leadership styles on job satisfaction among critical care nurses in Aseer, Saudi Arabia. Journal of the College of Physicians and Surgeons Pakistan, 26(5), 366–370.

9. Negussie, N., & Demissie, A. (2013). Relationship between leadership styles of nurse managers and nurses' job satisfaction in Jimma University Specialized Hospital. Ethiopian Journal of Health Sciences, 23(1), 50–58.

10. Van Winkle, B., Allen, S., De Vore, D., & Winston, B. (2014). The relationship between the servant leadership behaviors of immediate supervisors and followers' perceptions of being empowered in the context of small business. Journal of Leadership Education, 13(3). https://doi.org/10.12806/V13/I3/R2.

11. Giltinane, C. L. (2013). Leadership styles and theories. Nursing Standard, 27(41), 35–39. https://doi.org/10.7748/ns2013.06.27.41.35.e7565.

12. Wong, C. A., & Cummings, G. G. (2007). The relationship between nursing leadership and patient outcomes: A systematic review. Journal of Nursing Management, 15(5), 508–521. https://doi.org/10.1111/j.1365-2834.2007.00723.x.

13. Cummings, G. G., MacGregor, T., Davey, M., Lee, H., Wong, C. A., Lo, E., … Stafford, E. (2010). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. International Journal of Nursing Studies, 47(3), 363–385. https://doi.org/10.1016/j.ijnurstu.2009.08.006.

14. Perez, J. W. L. (2014). Impact of nurse managers' leadership styles on staff nurses' intent to turnover.

15. Sullivan, E. J., & Garland, G. (2010). Practical leadership and management in nursing. Pearson Education.

16. Azaare, J., & Gross, J. (2011). The nature of leadership style in nursing management. British Journal of Nursing, 20(11), 672–680. https://doi.org/10.12968/bjon.2011.20.11.672.

17. Abualrub, R. F., & Alghamdi, M. G. (2012). The impact of leadership styles on nurses' satisfaction and intention to stay among Saudi nurses. Journal of Nursing Management, 20(5), 668–678. https://doi.org/10.1111/j.1365-2834.2011.01320.x.

18. Bondas, T. (2009). Preparing the air for nursing care: A grounded theory study of first-line nurse managers. Journal of Research in Nursing, 14(4), 351–362. https://doi.org/10.1177/1744987109104672.

19. Mustapha, A. (2014). Textbook of nursing research and statistics (2nd ed.). AITBS.

20. Bowers, D., House, A., & Owens, D. H. (2011). Getting started in health research. John Wiley & Sons.

21. Williamson, G., & Prosser, S. (2002). Illustrating the ethical dimensions of action research. Nurse Researcher, 10(2), 38–45.

22. Vesterinen, S., Suhonen, M., Isola, A., & Paasivaara, L. (2012). Nurse managers' leadership styles in Finland. Nursing Research and Practice, 2012, Article 605379. https://doi.org/10.1155/2012/605379.

23. Choi, S. L., Goh, C. F., Adam, M. B. H., & Tan, O. K. (2016). Transformational leadership, empowerment, and job satisfaction: The mediating role of employee empowerment. Human Resources for Health, 14(1), 73. https://doi.org/10.1186/s12960-016-0171-2

24. Ibrahim, S., El Sayed, R. I., Attala, M., & Elmezin, N. (2016). Relationship between head nurses' leadership styles and staff nurses' job performance. IOSR Journal of Nursing and Health Science, 5(1), 66–74.

25. Castle, N. G., & Anderson, R. A. (2011). Caregiver staffing in nursing homes and their influence on quality of care: Using dynamic panel estimation methods. Medical Care, 49(6), 545–552.

26. Grimm, J. W. (2010). Effective leadership: Making the difference. Journal of Emergency Nursing, 36(1), 74–77. https://doi.org/10.1016/j.jen.2009.03.018.

27. Malloy, T., & Penprase, B. (2010). Nursing leadership style and psychosocial work environment. Journal of Nursing Management, 18(6), 715–725. https://doi.org/10.1111/j.1365-2834.2010.01094.x.

28. Zampieron, A., Spanio, D., Bernardi, P., Milan, R., & Buja, A. (2013). Nurse managers' preferred and perceived leadership styles: A study at an Italian hospital. Journal of Nursing Management, 21(3), 521–528. https://doi.org/10.1111/j.1365-2834.2012.01441.x.

29. Andrioti, D., Skitsou, A., Karlsson, L. E., Pandouris, C., Krassias, A., & Charalambous, G. (2017). Job satisfaction of nurses in various clinical practices. International Journal of Caring Sciences, 10(1), 76–85.

30. Semachew, A., Belachew, T., Tesfaye, T., & Adinew, Y. M. (2017). Predictors of job satisfaction among nurses working in Ethiopian public hospitals, 2014: Institution-based cross-sectional study. Human Resources for Health, 15(1), 31. https://doi.org/10.1186/s12960-017-0204-5.

31. Enas, E., & Ragaa, E.-M. (2018). Job satisfaction among

nurses working in Mansoura University Hospital: Effect of socio-demographic and work characteristics. Egyptian Journal of Occupational Medicine, 42(2), 227–240.

32. Hamid, S., Malik, A. U., Kamran, I., & Ramzan, M. (2014). Job satisfaction among nurses working in the private and public sectors: A qualitative study in tertiary care hospitals in Pakistan. Journal of Multidisciplinary Healthcare, 7, 25–35. https://doi.org/10.2147/JMDH.S55077.

33. Sultana, A., Riaz, R., Mehmood, F., & Khurshid, R. (2011). Level of job satisfaction among nurses working in tertiary care hospitals of Rawalpindi. Rawal Medical Journal, 36(2), 150–154.

34. Allen, B. C., & Cooper, B. K. (2012). What nurses want: Analysis of the first national survey of nurses' attitudes to work and working conditions.

35. Bormann, L., & Abrahamson, K. (2014). Do staff nurse perceptions of nurse leadership behaviors influence staff nurse job satisfaction? The case of a hospital applying for Magnet® designation. Journal of Nursing Administration, 44(4), 219–225. https://doi.org/10.1097/NNA.0000000000000053.

36. Aboshaiqah, A. E., Hamdan-Mansour, A. M., Sherrod, D. R., Alkhaibary, A., & Alkhaibary, S. (2014). Nurses' perception of managers' leadership styles and its associated outcomes. American Journal of Nursing Research, 2(4), 57–62.

37. Ibraheem, S., Mohammad, S., Al-Zeaud, H., & Batayneg, A. M. (2011). The relationship between transformational leadership and employees' satisfaction at Jordanian private hospitals. Business and Economic Horizons, 5(1), 35–46.

38. Chattopadhyay, D. S., & Singh, D. S. (2013). Transformational, transactional and laissez-faire styles of teaching by faculty as predictors of satisfaction: Evidence from higher education institutions of West Bengal. International Journal of Management, 5(4), 131–136.

39. Rowold, J., & Schlotz, W. (2009). Transformational and transactional leadership and followers' chronic stress. Leadership Review, 9(1), 35–48.

40. Abdelhafik, I. M., Alloubani, A. M. D., & Almatari, M. (2016). Impact of leadership styles adopted by head nurses on job satisfaction: A comparative study between governmental and private hospitals in Jordan. Journal of Nursing Management, 24(3), 384–392. https://doi.org/10.1111/jonm.12333

41. Ahmad, A. R., Adi, M. N. M., Noor, H. M., Rahman, A. G. A., & Yushuang, T. (2013). The influence of leadership style on job satisfaction among nurses. Asian Social Science, 9(9), 172–178. https://doi.org/10.5539/ass.v9n9p172.

42. Bass, B. M. (1985). Leadership: Good, better, best. Organizational Dynamics, 13(3), 26–40. https://doi.org/10.1016/0090-2616(85)90028-2.

43. Goh, A. M. J., Ang, S. Y., & Della, P. R. (2018). Leadership style of nurse managers as perceived by registered nurses: A cross-sectional survey. Proceedings of Singapore Healthcare, 27(3), 201–208. https://doi.org/10.1177/2010105817751742.

44. Khunou, S. H., & Davhana-Maselesele, M. (2016). Level of job satisfaction amongst nurses in the North-West Province, South Africa: Post occupational specific dispensation. Curationis, 39(1), Article e1–e10. https://doi.org/10.4102/curationis.v39i1.1438.

45. McGuire, E., & Kennedy, S. M. (2006). Nurse managers as transformational and transactional leaders. Nursing Economics, 24(4), 179–187.

46. Morsiani, G., Bagnasco, A., & Sasso, L. (2017). How staff nurses perceive the impact of nurse managers' leadership style in terms of job satisfaction: A mixed-method study. Journal of Nursing Management, 25(2), 119–128. https://doi.org/10.1111/jonm.12448.

47. Ofei, A., Sakyi, E., Buabeng, T., Mwini-Nyaledzigbor, P., & Atindanbila, S. (2014). Perceived and preferred leadership behavior of nurse managers at the unit level in the Greater Accra Region: A mixed-method approach. International Review of Social Sciences, 2(2), 42–61.

48. Olsen, C., & St. George, D. (2015). Cross-sectional study design and data analysis. College Board Research, 26(3), 200–206.

49. Polit, D. F., & Beck, C. T. (2008). Nursing research: Generating and assessing evidence for nursing practice. Lippincott Williams & Wilkins.

50. Van Lerberghe, W. (2008). The world health report 2008: Primary health care—Now more than ever. World Health Organization.

51. Yahaya, R., & Ebrahim, F. (2016). Leadership styles and organizational commitment: Literature review. Journal of Management Development, 35(2), 190–216. https://doi.org/10.1108/JMD-01-2015-0004.

52. Yamane, T. (1967). Elementary sampling theory. Prentice-Hall.