

ORIGINAL RESEARCH

PERIOPERATIVE MEDICINE

The relationship between transformational leadership, job satisfaction, and organizational commitment in Jordanian nurses

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Abstract

Background: Leaders influence and inspire others, develop strategies, organize the work and coordinate resources. Leadership style may affect nurses' performance directly and it may have positive or negative effects on nursing performance. We investigated the relationship between transformational leadership (TL), job satisfaction, and organizational commitment (OC) in Jordanian nurses.

Methods: The study utilized a correlational, cross-sectional design. A sample of 253 registered nurses was recruited using a convenience sampling method from two government hospitals in Jordan. The Global Transformational Leadership (GTL) scale, job satisfaction survey, and Organizational Commitment Scale (OCS) were used to collect the data.

Results: A total of 253 participants completed the study. The results showed that there was a significant and positive association between TL and job satisfaction, ($r = 0.297$, $P = 0.000$). There was a positive relationship between TL and OC ($r = 0.200$, $P = 0.001$).

Conclusion: Considering the outcomes of the current study, it can be concluded that transformational leadership is one of the important leadership styles that has the potential to support nurses and improved nurses' job satisfaction and organizational commitment in Jordanian hospitals.

Abbreviations: OC - Organizational commitment; TL - Transformational leadership; GTL - Global Transformational Leadership Scale; JSS - Job Satisfaction Survey; OCS - Organizational Commitment Survey

Keywords: Transformational leadership; Job satisfaction; Organizational commitment; Nurses; Jordan.

Citation: Othman T, Khrais H. The relationship between transformational leadership, job satisfaction, and organizational commitment in Jordanian nurses. *Anaesth. pain intensive care* 2022;26(3):304-309; DOI: [10.35975/apic.v26i3.1896](https://doi.org/10.35975/apic.v26i3.1896)

Received: November 23, 2021, **Reviewed:** March 09, 2022, **Accepted:** March 21, 2022

1. Introduction

To run organizations smoothly and efficiently, the managers need to focus on the human resources as a valuable and indispensable factor for a healthy work environment. The success of an organization depends on the hard working, loyal and committed employees. ¹

Dealing with the employees depends on the quality of the organizational leadership. Leaders are the most valuable

members of the organization because they create and maintain a community that drives employees success, encourages creative improvements, and the development of new solutions. ² In the recent years, leadership styles, job satisfaction (JS), and organizational commitment (OC) have become important issues in the healthcare system. With the continuous development in medicine and medical sciences, the disparity in demographic trends, and the constant need for new healthcare systems, the nurse managers are required to prioritize the safety of

their patients and at the same time preserve the functionality and well-being of their staff.³ Transformational leadership (TL) plays a vital role in creating an educational atmosphere within the hospitals, and enables nurses to achieve the organizational objectives.⁴ The managerial practices and leadership styles at the unit level are the most relevant factors affecting employee satisfaction and commitment. Leaders who demonstrate transformative actions substantially predict the desired patient outcomes and may affect nurses' JS and OC.⁵

JS reflects the employees' feelings, good or bad, about the various aspects within an organization.⁶ With inspiring leaders, nurses feel that their work is well recognized, they act as change agents, and as a result they feel satisfied.

Organizational commitment (OC) is defined as an individual's involvement in a particular organization.⁷ It had been conceptualized that employee's commitment is determined by many factors including; strong belief and acceptance of the organization's goals and values, willingness to exert considerable effort on behalf of the organization and a strong desire to maintain an organizational position. Low level of OC leads to negative consequences including increased staff turnover and decreased productivity of the organization. It also affects retention of experienced nurses who serve the organization well and this, in turn, may affect the organization's goal of maintaining high quality of care at reduced costs.⁸

Despite of its importance, there have been no such studies among nursing staff in Jordan. Hence we conducted this study to evaluate the relationship between TL, JS, and OC in Jordanian nurses.

2. Methodology

This descriptive correlational cross-sectional study was conducted in two major government educational and accredited hospitals. Nurses were invited to participate in the study if they met the following criteria: registered nurses, with full time contract, have had direct contact with the patients, and willing to participate in the study. The nurses in the managerial positions were excluded because they have a different scope of practice which might have affected the validity of the results of this study.

Using a convenient sampling technique, 253 nurses were recruited to participate in this study. IRB approvals from the Zarqa University (No. 3-2020) and from the selected hospitals were obtained as appropriate.

Due to the COVID-19 pandemic and its related restrictions, it was not possible for the researchers to collect data physically by interviewing each nurse.

Instead, the data were collected electronically by building an online survey using the Google Forms. Then the primary investigator approached the nurse directors and head nurses in target hospitals, explaining the purpose of the study, and sought their help to encourage their staff members to fill the survey form.

2.1. Transformational Leadership Scale (GTL)

TL was measured by using the Global Transformational Leadership Scale (GTL).²¹ The scale consists of 7 items on a five-point Likert scale. The total scores range from 7 to 35, where higher scores are associated with more perceived transformational leadership behaviors. The instrument is valid and reliable with Cronbach's alpha of 0.93.

2.2. Job Satisfaction Survey (JSS)

Nurses' JS was measured by using a 36-item Job Satisfaction Survey (JSS).²² A summated rating scale format is used, with six choices per item ranging from "strongly disagree" to "strongly agree".

2.3. Organizational Commitment Survey (OCS)

OC was measured by using the Organizational Commitment Survey (OCS).²³ The tool consists of 18 items on a seven-point Likert scale ranging from (1) strongly disagree to (7) strongly agree.

3. Results

Data were analyzed using the Statistical Package for Social Science (SPSS), Version 25. Descriptive and

Table 1: Descriptive statistics (N = 253)

Parameter	Data
Age (y)	36.64 ± 6.75
Total experience (y)	13.37 ± 7.72
Hours of work per shift (h)	8.70 ± 2.20
Number of beds	16.51 ± 9.90
Gender	
- Male	117 (42.2)
- Female	136 (53.8)
Marital Status	
- Single	35 (13.8)
- Married	212 (83.8)
- Divorced	5 (02.0)
- Widow	1 (00.4)
Educational Level	
- Bachelor	221 (87.4)
- Master	27 (10.7)
- PhD	5 (02.0)

Data presented as mean ± SD or n (%)

Table 2: Pearson Correlations between the Study Variables (N = 253)

Measure	Transformational Leadership	Job Satisfaction	Organizational Commitment
Transformational Leadership	1		
Job Satisfaction	0.297**	1	
Organizational Commitment	0.200**	0.195	1

**P < 0.01

Table 3: Results of Hierarchical Multiple Regression Analysis (N = 253)

	B	S.E	β	T	R2	F
Model One						
Age	0.09	0.10	0.08	0.88	0.14	3.16**
Total years of experience	-0.15	0.09	-0.15	-1.69 [†]		
Hours of work per shift	-0.18	0.21	-0.05	-0.85		
Number of beds	-0.14	0.49	-0.18	3.04 [†]		
Model Two						
Age	0.02	0.09	0.02	0.25	0.25	17.64***
Total years of experience	-0.13	0.07	-0.13	-1.75 [†]		
Hours of work per shift	-0.19	0.18	-0.05	-1.03		
Number of beds	-0.11	0.04	-0.14	-2.74 [†]		
Job satisfaction	0.51	0.06	0.49	8.16***		
Organizational commitment	0.01	0.02	0.03	3.63 [†]		

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

inferential statistics were used to analyze and interpret the data. Nurses' characteristics are shown in Table 1. A total number of 253 participated in the study of which 136 (53.8%) were female, the mean age of the participants was 36.6 ± 6.75 y, 212 (83.8%) were married, and 221 (87.4%) had earned bachelor's degree in nursing (Table 1).

The nurses demonstrated a mean moderate level of TL to be 25 ± 1.23 ; moderate satisfaction levels was 132 ± 1.01 ; and the mean score of the nurse's OC was 4.54 ± 2.02 . Table 2 presents bivariate analyses using the Pearson r correlation to examine the relationships among TL, JS, and OC. TL was shown to have a significant positive association with JS ($r = 0.297$; $P < 0.01$) and OC ($r = 0.200$; $P < 0.01$).

Finally, Table 3 presents the results of hierarchical multiple regression analysis to assess the predictors of nurses' perceived TL. The regression analysis was conducted in two steps. In the first step, all the demographical variables were included in the model as predictors of TL. However, in the second step, nurses' JS and OC were added to the previous model.

In the first step, results indicated that total years of experience and number of beds had significantly correlated with nurses' TL [$F(4, 248) = 3.16$, $P < 0.01$]. Together, these variables accounted for 14% of the variance in nurses' TL. In the second step, the regression examining whether TL was significantly correlated and predicted by nurses' JS and OC, after variables in step one. Actually, JS and OC added 25% additional variance above and beyond the 14% accounted for by all other predictors [$F(6, 246) = 17.64$, $P < 0.001$].

4. Discussion

Nurses play a vital role in every healthcare organization. They coordinate and provide the care for patients; communicate with patients and other healthcare providers; and maintain the hospitals' workflow. However, being at the front line of healthcare services is associated and affected by several factors including leadership style, JS and OC. Nurse managers need to understand what drives nurses' potentials and develop strategies to decrease dissatisfaction and improve their OC.⁹

The transformational leader is able to understand the current needs of the followers and create motivations within them. Leaders who demonstrate TL in the workplace have greater potential for creating environments that support professional nursing practice that promote high quality of patient care.¹⁰

A study was conducted in Canada aimed to examine the relationships between TL, structural empowerment, staff nurse clinical leadership, and nurse assessed adverse patient outcomes. The study concluded that TL was significantly associated with decreased adverse patient outcomes through structural empowerment and staff nurse clinical leadership.¹¹ Another study conducted in two large hospitals in Malaysia investigated the relationships between TL, empowerment, and JS among nurses and medical assistants. The study used a survey to collect data from 200 subjects and showed that empowerment mediated the effect of TL on the JS in nursing staff. Employee empowerment not only is indispensable for enhancing JS but also mediates the relationship between TL and JS among nursing staff.¹²

JS is the extent to which the person hopes, desires, and expectations about the job are fulfilled. JS affects productivity, employee turnover, absenteeism, safety, stress, and other issues.¹³ During the COVID-19 pandemic, the healthcare providers, especially nurses, were positioned under extremely stressful conditions. A recent cross-sectional study including 261 frontline nurses from the Philippines showed that the decreased JS level of nurses was linked with their increased fear from the COVID-19.¹⁴

Further, studies found that nurses' JS can be linked with many variables. For example, a correlational study conducted in Ghana found that nurses' emotional intelligence level was positively correlated with their scores on JSS.⁵ Another multicenter questionnaire-based research conducted in Belgium aimed to examine the association between JS and communication satisfaction among 303 intensive care unit nurses. The study found that nurses have demonstrated high levels of communication and JS, also, communication satisfaction was moderately correlated with JS among ICU nurses.¹⁵ In Jordan, a descriptive study revealed that there was a positive association between nurses' JS and their work environment.¹⁶

OC is one of the most important organizational concepts that has widely been examined in managerial literature due to its significance for organizational performance and effectiveness.¹⁷ In his study, Porter pointed out that OC is reflecting the relative strength of an individual's identification with his/her involvement in a particular organization.¹⁸ Developing nurses' OC is very important and vital, but not easy. A cross-sectional study aimed to evaluate nurses' professional OC highlighted that nurses

need to be more committed to their organizations. The study suggested that nurse managers should follow appropriate strategies to enhance the OC of their nursing staff.¹⁹ Further, Saudi Arabian study aimed to measure the effects of nurses' overall perception of the leadership style of their managers and psychological empowerment on their OC in acute care units, the results concluded that the leadership styles and employee empowerment could play an instrumental role in promoting OC of nurses working in acute health care settings.²⁰

This study aimed to investigate the relationship between TL, JS and OC in Jordanian nurses. We found in this study a significant and positive association between the TL and JS. This result is consistent with another study conducted in Jordan and found that TL increases nurses' JS and retention.⁶ This could be due to the fact that nurses who have positive perceptions of their leaders have more abilities to perform their tasks in a satisfactory way. Also, this finding indicates that nurse managers who demonstrate transformational behaviors are more able to keep their staff satisfy with their work environment.

JS is an important area of study in healthcare organizations, the mean score for nurses' JS in the current study indicates that participants had relatively moderate levels of JS. This result is inconsistent with other studies. One Iranian study found that Iranian nurses demonstrated low levels of JS in their hospitals.²⁴ Another study conducted found that nurses were not satisfied with their work conditions and they might leave their current positions.²⁵

Our study demonstrates a significant relationship between TL and OC. It had been found that leadership style is an antecedent of OC.¹⁰ Past research using a variety of leadership and commitment measures in various settings consistently showed a positive linkage between leadership style and OC. For example, one study examined the linkages between leadership behavior and OC in 50 major organizations in the United Arab Emirates. The sample consisted of 430 employees. The study found a significant positive relationships between leadership behavior and OC.²⁶ Employees are highly committed to their organizations, more satisfied with their jobs, and produce higher job performance when they work under the supervision of leaders who adopt consultative or participative leadership behavior.²⁷

5. Conclusion

In conclusion, the leader attitude or style may affect the level of work satisfaction of subordinates. Nurse managers who demonstrate transformative leadership in the workplace have more capacity to create conditions that facilitate high-quality of provided care and encourage nurses to be more involved and committed to their organization.

6. Recommendations

Healthcare organizations may use the results of this study to design policies, strategies and workplace activities that are aimed to foster the importance of utilizing TL which may influence nurses' job satisfaction and organizational commitment. Future interventions and studies are necessary to ensure proper transformational leadership programs to enhance the job satisfaction and organizational commitment and reduce dissatisfaction.

7. Ethical approval

The study was reviewed and approved by the Institutional Review Board (IRB) of Zarqa University (Approval No. 3/2020).

8. Conflicts of Interest

The authors have no conflicts of interest to declare that are relevant to the content of this article.

9. Acknowledgement

The authors acknowledge the departmental support by the Zarqa University to conduct this study.

10. Author Contributions

TO, HK: Planned and designed the study.

TO, J: Data collection.

TO, HK: Interpretation of the results.

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