

Effect of leadership style on job related tension and organizational commitment among nurses

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Abstract

Background: The leadership is required for building trust and achieving positive organizational outcomes. Organizational commitment acts as one of the outcomes of authentic leadership. Head nurses, as leaders can use an authentic leadership style that positively influence staff nurses and increase their organizational commitment.

Aim: The present study aimed to investigate the effect of leadership style on job related tension and organizational commitment among nurses. **Methods:** A descriptive correlation research design was utilized to achieve the aim of the current study. conducted on all available head nurses (58) working in general departments and intensive care units at South Egypt Cancer Institute at Assuit University. Three tools were utilized for data collection namely; (I) questionnaire consisted of two parts; which included; personal characteristics data sheet, and leader Behavior Description Questionnaire (LBDQ), (II): Job-related Tension (JT) and (III) Organizational Commitment Scale.

Results: The highest percentage of study sample were use autocratic leadership style with (75,9%) ,also the majority of the study sample were high role conflict with (93,1%) and high role ambiguity with (94,8 %). **Conclusion:** The study concluded that there was a negative correlation between leadership styles (delegative and democratic) with conflict and between other leadership styles with affective commitment. However, there was a-positive correlation between leadership style (autocratic) with conflict. **Recommendations:** The study recommended that leadership educational program should be recognized and implemented for all head nurses who in a management position in the nursing field in other hospitals as needed

Keywords: Job related tension, Leadership style, Nurses & Organizational commitment

Introduction

In the global competitive environment, effective leadership style is necessary to reduce the attrition rate. From the effective leadership styles only it is possible to achieve organizational goal productively. Leadership styles effect on the employee performance and productivity. more over leadership styles has effect on the job tension and commitment in work (Nan Jundes & Swamy, 2014)

An effective head nurse influences followers in a desired manner to achieve desired goals. Different leadership styles may affect organizational effectiveness or performance. (Nan jundes & Swamy, 2014).

Head nurses full file vital position in hospital she inspired worker by her professionalism, her availability and her approach with patients and their families (Anvari & Irum,(2014).

Leadership style is a social influence process in which the leader seeks the voluntary participation of subordinate in an effort to reach organization goals. A leader can be defined as a person who delegates or influencing others to act so as to carry out specified objectives. (Jeremy et al., 2012).

Today's organizations need effective leaders who understand the complexities of the rapidly changing global environment. If the task is highly structured and the leader has good relationship with the employees, effectiveness will be high on the part of the employees. According to the (ladipo et al., 2013) the success or failure of proper organizations, nations and other social units has been largely credited to the nature of their leadership style.

There are several leadership styles that are been practiced. Autocratic leadership style keeps main emphasis on the distinction of the authoritarian leader and their followers. These types of leaders make sure to only create a distinct professional relationship. Direct supervision is what they believe to be key in maintaining a successful environment and follower ship. Democratic leadership style consists of the leader sharing the decision-making abilities with group members by promoting the interests of the group members and by practicing social equality. The delegative leadership style is where all the rights and power to make decisions is fully given to the worker. (Martindale, 2011).

Management, sociology and psychology are among the various disciplines engaged in the investigation of job-related tension. Overall, they mainly converge that stress generally affects productivity and performance of organizations. Several drives of occupational stress have been proposed in the literature such as physical environment, workload, organizational support, rewards, job security, job autonomy, role conflict and role ambiguity (Terzi et al., 2012).

Job related tension here refers to feelings of stress, discomfort, uncertainty and tension arising from role conflict and role ambiguity. Research has indicated that job related tension has a negative influence on job involvement (Chio, 2011).

Chio, (2011) Stated that the employees perceived characteristics of their jobs and control as a big source of stress, and as a result perceive the organization as less committed to the organization. The author added that the job related tension affects workers by bringing about forgetfulness, lack of creativity, concentration and emotional symptoms which lead to low organizational commitment.

Workers under democratic leadership style do not experience higher job-related tension than workers under autocratic leadership style. Also, workers under autocratic style of leadership do not experience higher sense of commitment than workers under democratic style of leadership (Bunmi, & omolayo, 2007).

Also an individual faced with job related tension in terms of role conflict and ambiguity has his or her commitment and performance and overall behaviors affected. (Chang et al., 2008).

Organizational commitment is defined in terms of member's identification and level of engagement with a particular organization. It reflects peoples attitudes towards the goals and values of the organization, a desire to stay with the organization and a willingness to expend effort on its behalf. The latter has behavioral implications, but the conceptualization focuses more on how people think about their relationship to the employing organization and the formation of attitudes based on that (Wang et al., 2020).

Huiung et al., (2009) stated that the leadership style can affect organizational commitment and work satisfaction positively and work satisfaction in turn can affect organizational commitment and work performance positively.

Significance of the study

An effective leader influences followers in a desired manner to achieve desired goals. Different leadership styles may affect organizational effectiveness,

performance or commitment in work. (Nan & Swamy, 2014).

Effective leadership is essential to ensure that change leads to increased efficiency. If leader adopt their subordinates preferred style, giving employees the which in will affect the functioning and commitment of the organization. Satisfied employees are absent less, show less job related tension. Stay at work longer, and make positive contributions to their organization. Absence of leadership style brings about lack of direction from the leader resulting in low self-esteem and lack of attention in the work. It was found that workers who fell under pressure reported autocratic supervision on the part of their leaders. Those leaders allowed them to participate in the decision making. It was also reported that workers were under stress also reported harsh supervision and control on the part of their leaders, (Ajila, 2012).

Bunimi & omolayo, (2007) added that There is a relationship between leadership style, job-related tension and commitment in work organization. There was no study conducted to investigate the relation. So this study is a step forward to assess the effect of the leadership style on work tension and commitment at South Egypt Cancer Institute in Assuit University

The Aim of the Study:

The present study aimed to investigate the effect of head nurses leadership style on job related tension and organizational commitment among nurses.

Research questions:

- Are head nurses leadership styles have effect on job related tension and organizational commitment?

Subjects and Methods:

Research design: A descriptive correlation research design was used to conduct this study.

Setting of the study: The study was carried out at South Egypt Cancer Institute at Assuit University Hospital

Sample: All available nurses (58) they work in the general departments and intensive care units of the South Egypt Cancer Institute at Assuit University. Their age ranges from 25 to 45 and graduated from School of Nursing.

Study tools:

Three tools were used to collect the data in this study and were developed by researcher based on the related literatures.

Tool (I): A questionnaire consisted of two parts;

The first part: A personal characteristics data sheet:

It consisted of items related to age, sex, marital status, nursing qualification, and years of experience.

The second part: leader Behavior Description Questionnaire (LBDQ):

This questionnaire was to assess what leadership style normally operates.

It was developed by **Fleishman, (1999)** to measure three leadership styles in work organizations namely Democratic/Consideration/Person or employee-centered and Autocratic structure task or work-centered and delegate person, every style contains (10) items. The total items are (30) item.

Scoring system:

The responses were (Almost, Almost true, Frequently true, Occasionally true, Seldom true, Almost never true).were respectively scored(5,4,3,2,1).The lowest score possible for a stage is 10 (Almost never) while the highest score possible for a stage is 50 (Almost always).The highest of the three scores indicates what style of leadership normally use. If highest score is 40 or more , it is a strong indicator of normal style. The lowest of the three scores is an indicator of the style least use. If lowest score is 20 or less, it is a strong indicator that you normally do not operate out of this mode.

Tool (II): Job-related Tension (JT):

It developed by **El Sayed. et al (1997)**. I used to measures the nature, causes and consequences of two aspects of organizational stress namely role conflict and role ambiguity. It is divided into two parts in the following sequence:

1st part: Causes of role conflict:

It includes twenty two questions related to causes of role conflict:

Scoring system:

The response to the question is (yes=2)or (no=1)respectively. The total score ranges from (22-44).The level of role conflict will be considered high if ranged from (36-44). The level of role conflict will be considered moderate if ranged from (29-35).The level of role conflict will be considered low if ranged from (22-28).

2nd part: Causes of role ambiguity:

It include ten questions related to causes of role ambiguity.

Scoring system:

The response to the question is (yes=2) or (no=1) respectively. The total score ranges from (10-20).The level of role ambiguity will be considered high if ranges from (16-20). The level of role ambiguity will be considered moderate if ranges from (11-15).The level of role ambiguity will be considered low if ranges from (6-10).

Tool (III): Organizational Commitment Scale:

It was developed by **(Allen & Meyer, 1990)** and modified by **(Ahmed, 2014)**.

This scale included three dimensions of commitment

- Affective commitment involves the employees emotional attachment to identification with and

involvement in the organization. That consisted of eight statements.

- Continuance commitment; involves commitment based on the costs that consisted of eight statements.
- Normative commitment; involves the employee's feelings of obligation to stay with the organization. That consisted of three statements.

Scoring system:

The responses are on a (5) point likert scale ranging from (strongly disagree to strongly agree).Scores ranged as following (1, 2, 3, 4, and 5).

Total scores ranged from (19 to 95).It is considered affective commitment when ranging from (19 to 31).It is considered continuance commitment when ranged from (32 to 63).It considered normative commitment when ranged from (64 to 95).

Validity and reliability:

Reliability and statistical of the study tool as measured by internal consistency

Items	No, of items	Cronbach's alpha
Autocratic	10	.797
Democratic	10	.080
Delegative	10	.92
Role conflict	10	.855
Role ambiguity	22	.87
Affective commitment	8	.887
Continuance commitment	8	.914
Normative commitment	3	.855
Total	91	.90

Result in the table indicated that the instrument was reliable as the alphas for all the variable are above (.7) using cronbach's co efficient alpa.

Administrative design:

An official approval to carry the study was obtain from the Dean of the faculty of nursing and the Dean of the South Egypt Cancer Institute.

Letters to the managers of the all departments of South Egypt Cancer Institute in Assiut University.

At the initial interview, the researchers introduced themselves to initiate a line of communication and explain the nature and purpose of the study. The data were collected from 1st January 2020 to 30 April 2021.

Ethical considerations:

Research proposal was obtained from ethical committee in the Faculty of Nursing-Assiut University, There is no risk for study subject during application of the research. Study subject have the right to refuse to participate and/ or withdraw from the study without any rational any time, Confidentiality and anonymity will be assured, The study was follow common ethical principle in clinical research, Patient was assured that the data of this research will not be refused without second

permission, Informed consent was taken from person participating in study after explaining the nature and purpose of study.

Operational design:-

The operational design included three stages, preparatory phase, pilot study, and field work.

Preparatory phase:

Reviewing the available literatures concerning the topic of the study, An Arabic translation of the study tools, Permission was obtained from the Director of South Egypt Cancer Institute and provide a copy of approval for all departments participating in the study, Confidentiality of obtained data was assured by coding the data obtained without names. The aims and the purpose of the study were explained to all participants before starting of data collection.

Pilot study:

A pilot study was conducted on group of 6 head nurses (10%) of total participants, before embarking on the field work to find out the difficult present in the questions in order to modify or clarify them, or to omit or add certain questions and to estimate the Feasibility and time required to answer the survey were evaluated on the participants. minor modifications were done as revealed from the pilot study. the results obtained from the pilot study were not included in the sample.

Field work:

Data were collected from 58 head nurses, The study was carried out in the morning shifts., Participants were assessed separately to maintain the social distancing for avoiding spread of infection. The researchers started by introducing themselves to the participants, informing them about the aim of the meeting. During fieldwork in the clinical situation through an interviewing questionnaire sheet (tool I Part 1). The total time for collecting the data was about 10 minutes. This through asking them about all items of the previous mentioned(tool 1Part 2) and measures three leadership styles in their ward. The total time for collecting the data was about 20 minutes.

The researcher assess the Job-related Tension (Tools II, part 1&2) to measures the nature, causes and consequences of two aspects of organizational stress namely role conflict and role ambiguity.

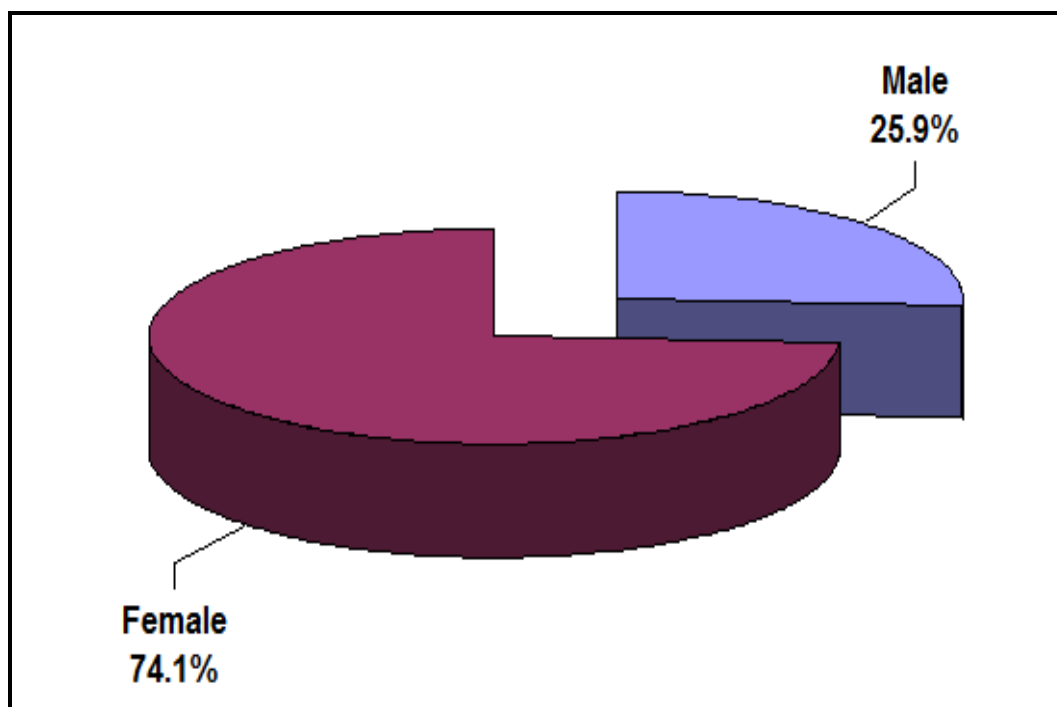
Most of the participants were cooperative and interested, as the subject touches the reality and the nature of their work it took about 20 minutes. Through face to face interview, the researcher assess the **organizational commitment (Tool III)**.The responses were ranging from strongly disagree to strongly agree. It took about 30 minutes to be field by each participant.

Statistical design:

The data obtained has been reviewed, prepared for computer entry, coded, analyzed and tabulated. Descriptive statistics (frequencies and percentages, mean and standard deviation.) were done using computer program (SPSS) version (20). Chi-square test was used to assess the relationship. It's considered significant when P. value ≤ 0.05 .

Results:**Part (I): Distribution of personal characteristics of the studied nurses (No. 58) (Table 1, fig 1&1)****Table (1): Percentage distribution of the studied nurses personal characteristics (No. 58)**

	No. (58)	%
Age: (years)		
< 30 years	28	48.3
≥ 30 years	30	51.7
Mean ± SD (Range)	32.28 ± 7.80 (22.0 – 51.0)	
Department:		
ICU	14	24.1
Medicine	17	29.3
Pediatrics	12	20.7
Surgery	15	25.9
Years of experience:		
< 10	20	34.5
10 - 15	22	37.9
> 15	16	27.6
Mean ± SD (Range)	12.88 ± 7.92 (1.0 – 33.0)	
Marital status:		
Single	18	31.0
Married	40	69.0
Sex:		
Male	15	25.9
Female	43	74.1
Qualification:		
Bachelor of nursing	2	3.4
Secondary school of nursing	33	56.9
Technical institute of nursing	23	39.7

**Figure (1): Percentage distribution of the studied nurses regarding their gender (No. 58).**

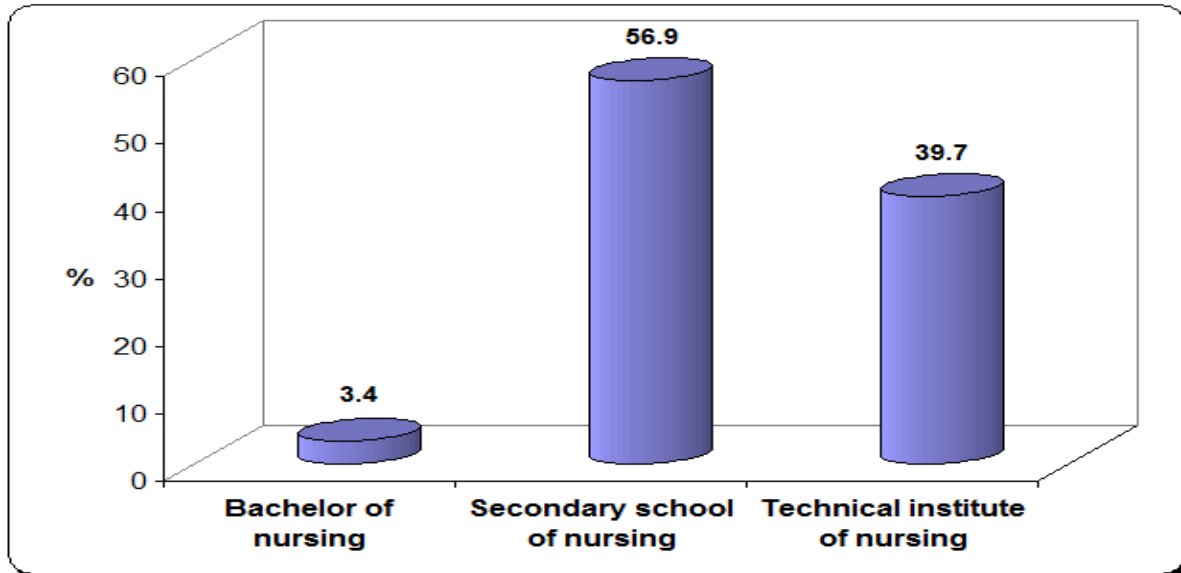


Figure (2): Percentage distribution of the studied nurses regarding their Qualification (No. 58).

Part (II): Distribution of the studied nurse regarding the autocratic style (No. 58) (table 2, 3& 4)

Table (2): Percentage distribution of the studied nurses regarding the autocratic style (No. 58).

Autocratic style	Almost always true		Frequently true		Occasionally true		Seldom true		Almost never true	
	No.	%	No.	%	No.	%	No.	%	No.	%
• He always retain the final decision-making authority within his department or team	25	43.1	4	6.9	5	8.6	12	20.7	12	20.7
• He do not consider suggestions made by my employees as he do not have the time for them	23	39.7	1	1.7	1	1.7	14	24.1	19	32.8
• He tells his employees what has to be done and how to do it	30	51.7	4	6.9	5	8.6	19	32.8	0	0.0
• When someone makes mistakes, He tells them not to ever do that again and make a note of it	22	37.9	3	5.2	1	1.7	20	34.5	12	20.7
• New employees are no allowed to make any decisions unless it is approved by him first	28	48.3	12	20.7	1	1.7	14	24.1	3	5.2
• When something goes wrong, he tell his employees that a procedure is not working correctly and he establish a new one	40	69.0	2	3.4	1	1.7	14	24.1	1	1.7
• He closely monitors his employees to ensure they are performing correctly	28	48.3	15	25.9	13	22.4	2	3.4	0	0.0
• He like the power that his leadership position holds over subordinates	26	44.8	1	1.7	0	0.0	6	10.3	25	43.1
• Employees must be directed or threatened with punishment in order to get them to achieve the organizational objectives	28	48.3	2	3.4	2	3.4	3	5.2	23	39.7
• Employees seek mainly security	44	75.9	10	17.2	0	0.0	3	5.2	1	1.7

Table (3): Percentage distribution of the studied nurse regarding the Democratic style (No. 58).

Democratic style	Almost always true		Frequently true		Occasionally true		Seldom true		Almost never true	
	No.	%	No.	%	No.	%	No.	%	No.	%
• He always tries to include one or more employees in determining what to do and how to do it However, He maintain the final decision making authority	14	24.1	5	8.6	14	24.1	7	12.1	18	31.0
• He ask for employee ideas and input into upcoming plans and projects	28	48.3	1	1.7	1	1.7	7	12.1	21	36.2
• When things go wrong and he need to create a strategy to keep a project or process running on schedule, he call a meeting to get his employee's advice	28	48.3	1	1.7	3	5.2	6	10.3	20	34.5
• He wants to create an environment where the employees take ownership of the project, he allows them to participate in the decision making process	19	32.8	1	1.7	13	22.4	21	36.2	4	6.9
• He ask employees for their vision of where they see their jobs going and then use their vision where appropriate	30	51.7	0	0.0	1	1.7	7	12.1	20	34.5
• He allows his employees to set priorities with his guidance	25	43.1	4	6.9	2	3.4	8	13.8	19	32.8
• When there are differences in role expectations, he works with them to resolve the differences	50	86.2	2	3.4	1	1.7	1	1.7	4	6.9
• He like to use his leadership power to help subordinates grow	17	29.3	1	1.7	13	22.4	7	12.1	20	34.5
• Employees will exercise self-direction if they are committed to the objective	25	43.1	3	5.2	2	3.4	3	5.2	25	43.1
• Employees know how to use creativity and ingenuity to solve organizational problems	27	46.6	3	5.2	5	8.6	20	34.5	3	5.2

Table (4): Percentage distribution of the studied nurses regarding the Delegative style (No. 58).

Delegative style	Almost always true		Frequently true		Occasionally true		Seldom true		Almost never true	
	No.	%	No.	%	No.	%	No.	%	No.	%
• He and employees always vote whenever a major decision has to be made	15	25.9	3	5.2	13	22.4	6	10.3	21	36.2
• For a major decision-making to be approved in his team, it must have the approval of each individual or the majority	16	27.6	2	3.4	12	20.7	7	12.1	21	36.2
• To get information out he send it by email, memos, or voice mail very rarely is a meeting called his employees are then expected to act upon the information	26	44.8	2	3.4	17	29.3	8	13.8	5	8.6
• He allow his employees to determine what needs to be done and how to do it	29	50.0	0	0.0	4	6.9	5	8.6	20	34.5
• His workers know more about their jobs than him so he allow them to carry out the decisions to do their job	13	22.4	1	1.7	5	8.6	17	29.3	22	37.9
• He delegates tasks in order to implement a new procedure or process	4	6.9	14	24.1	2	3.4	15	25.9	23	39.7
• Each individual is responsible for defining their job	13	22.4	1	1.7	4	6.9	1	1.7	39	67.2

Delegative style	Almost always true		Frequently true		Occasionally true		Seldom true		Almost never true	
	No.	%	No.	%	No.	%	No.	%	No.	%
• He like to share his leadership power with his subordinates	16	27.6	1	1.7	10	17.2	3	5.2	28	48.3
• Employees have the right to determine their own organizational objectives	25	43.1	3	5.2	3	5.2	2	3.4	25	43.1
• His employees can lead themselves just as well as he can	14	24.1	1	1.7	3	5.2	3	5.2	37	63.8

Table (5): Percentage distribution of the studied nurses regarding Job related tension (Conflicts) (No. 58).

Job related tension (Conflicts)	Yes		No	
	No.	%	No.	%
• Individuals educated with professional values are in opposition with bureaucratic values and expectation	56	96.6	2	3.4
• Differing views concerning what nursing is and what is should be about	31	53.4	27	46.6
• Disagreement between medical and nursing views of what nurse's role should be	56	96.6	2	3.4
• Perceived public expectation, self-expectations and self-image are frequently in conflict	42	72.4	16	27.6
• Most nurses are women their caring work is viewed as a natural attribute and not valued	54	93.1	4	6.9
• Nurse's own personal values differ from those of the profession	27	46.6	31	53.4
• Physicians ignore nurses' suggestion indicating they do not want feedback	55	94.8	3	5.2
• Physicians are trained to be in authority over nurses	58	100.0	0	0.0
• Nurses want to be more independent have professional responsibility and accountability for patient care	34	58.6	24	41.4
• Different managers set conflicting rules	55	94.8	3	5.2
• Supervisors can not tolerate ideas which are different from their own	34	58.6	24	41.4
• Doctors underestimate nurses through their perception of nurses as handmaidens	57	98.3	1	1.7
• Lack of cooperation between nurses	12	20.7	46	79.3
• Shortage of staff	54	93.1	4	6.9
• Organizations do not provide nurses with adequate educational opportunities	55	94.8	3	5.2
• Leaving a sick child home alone in order to go to work	58	100.0	0	0.0
• Crowded space	55	94.8	3	5.2
• Nurses are not prepared for change, they are threatened	57	98.3	1	1.7
• Nurses are not recognized or respected and unable to control the situation	1	1.7	57	98.3
• Personal goals conflict with organizational goals.	15	25.9	43	74.1
• Incompatible perceptions or activities	55	94.8	3	5.2
• Double lines of authority inherent in the hospital organization system	57	98.3	1	1.7

Table (6): Percentage distribution of the studied nurses regarding Job related tension (Role ambiguity) (No. 58).

Job related tension (Role ambiguity)	Yes		No	
	No.	%	No.	%
• Lake of clear job expectations	54	93.1	4	6.9
• Hospital policy, procedure and routine are not clear	53	91.4	5	8.6
• Responsibilities are not defined	51	87.9	7	12.1
• Lake of orientation to the facilities and equipment in the unit	32	55.2	26	44.8
• Period of adjustment is not adequate to new responsibilities	53	91.4	5	8.6
• Job duties and work objectives are not clear	45	77.6	13	22.4
• Nurse's perception of her role is different from the actual situation	57	98.3	1	1.7
• Nurses in a role is uncertain about the role expectations of one or more members of the role set	55	94.8	3	5.2
• Lake of information about duties, authority or criteria or performance evaluation	55	94.8	3	5.2
• Lake of clear job expectations	57	98.3	1	1.7

Part (IV): Distribution of the studied nurses regarding Organizational commitment (Tables 7, 8 &9).

Table (7): Percentage distribution of the studied nurse regarding Organizational commitment (Affective commitment) ((No. 58).

Organizational commitment (Affective commitment)	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	No.	%	No.	%	No.	%	No.	%	No.	%
A-Affective commitment:										
I would be very happy to spend the rest of my career with this organization	28	48.3	3	5.2	1	1.7	26	44.8	0	0.0
I enjoy discussing my organization with people outside it	26	44.8	5	8.6	0	0.0	27	46.6	0	0.0
I really feel as if this organization's problems are my own	7	12.1	17	29.3	4	6.9	30	51.7	0	0.0
I think that I could easily become as attached to another organization as I am to this one	14	24.1	23	39.7	3	5.2	17	29.3	1	1.7
I don't feel like part of the family at my organization	13	22.4	8	13.8	9	15.5	9	15.5	19	32.8
I do not feel emotionally attached to this organization	13	22.4	6	10.3	9	15.5	11	19.0	19	32.8
This organization has a great deal of personal meaning for me	5	8.6	20	34.5	13	22.4	19	32.8	1	1.7
I do not feel a strong sense of belonging to my organization	13	22.4	14	24.1	4	6.9	6	10.3	21	36.2

Table (8): Percentage distribution of the studied nurses regarding Organizational commitment (Continuance commitment) ((No. 58).

Organizational commitment B- (Continuance commitment)	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	No.	%	No.	%	No.	%	No.	%	No.	%
• I am not afraid of what might happen if I quit my job without having another one lined up	2	3.4	7	12.1	1	1.7	30	51.7	18	31.0
• It would be very hard for me to leave my organization right now even if I wanted to	4	6.9	13	22.4	3	5.2	20	34.5	18	31.0
• Too much in my life would be disrupted if I decided I wanted to leave my organization now	15	25.9	11	19.0	1	1.7	29	50.0	2	3.4
• It wouldn't be too costly for me to leave my organization now	4	6.9	1	1.7	2	3.4	50	86.2	1	1.7
• Right now staying with my organization is a matter of necessity as much as desire	26	44.8	12	20.7	2	3.4	17	29.3	1	1.7
• I feel that I have too few options to consider leaving this organization	11	19.0	15	25.9	2	3.4	28	48.3	2	3.4
• One of the few serious consequences of leaving this organization would be the scarcity of available alternatives	12	20.7	12	20.7	2	3.4	13	22.4	19	32.8
• One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice-another organization may not match the overall benefits I have here	31	53.4	12	20.7	1	1.7	11	19.0	3	5.2

Table (9): Percentage distribution of the studied nurses regarding Organizational commitment (Normative commitment) (No. 58).

Organizational commitment C- (Normative commitment)	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	No.	%	No.	%	No.	%	No.	%	No.	%
I think that people these days move from company to company to often	15	25.9	14	24.1	2	3.4	25	43.1	2	3.4
I do not believe that a person must always be loyal to his or her organization	35	60.3	11	19.0	1	1.7	8	13.8	3	5.2
Jumping from organization to organization does not seem at all unethical to me	3	5.2	3	5.2	2	3.4	44	75.9	6	10.3

Table (10): Correlation between leadership styles, job related tension, role ambiguity and organizational commitment scales

		Autocratic	Democratic	Delegative	Job related tension	Role ambiguity	Affective commitment	Continuance commitment	Normative commitment
Autocratic	r-value								
	P-value								
Democratic	r-value	-0.721							
	P-value	0.000*							
Delegative	r-value	-0.937	0.718						
	P-value	0.000*	0.000*						
Conflicts	r-value	0.766	-0.627	-0.787					
	P-value	0.000*	0.000*	0.000*					
Role ambiguity	r-value	0.401	-0.518	-0.473	0.544				
	P-value	0.002*	0.000*	0.000*	0.000*				
Affective commitment	r-value	-0.334	-0.167	0.332	-0.335	0.087			
	P-value	0.010*	0.209*	0.011*	0.010*	0.516			
Continuance commitment	r-value	0.661	-0.602	-0.643	0.630	0.352	0.006		
	P-value	0.000*	0.000*	0.000*	0.000*	0.007*	0.962		
Normative commitment	r-value	0.459	-0.481	-0.371	0.422	0.288	0.208	0.537	
	P-value	0.000*	0.000*	0.004*	0.001*	0.029*	0.117	0.000*	

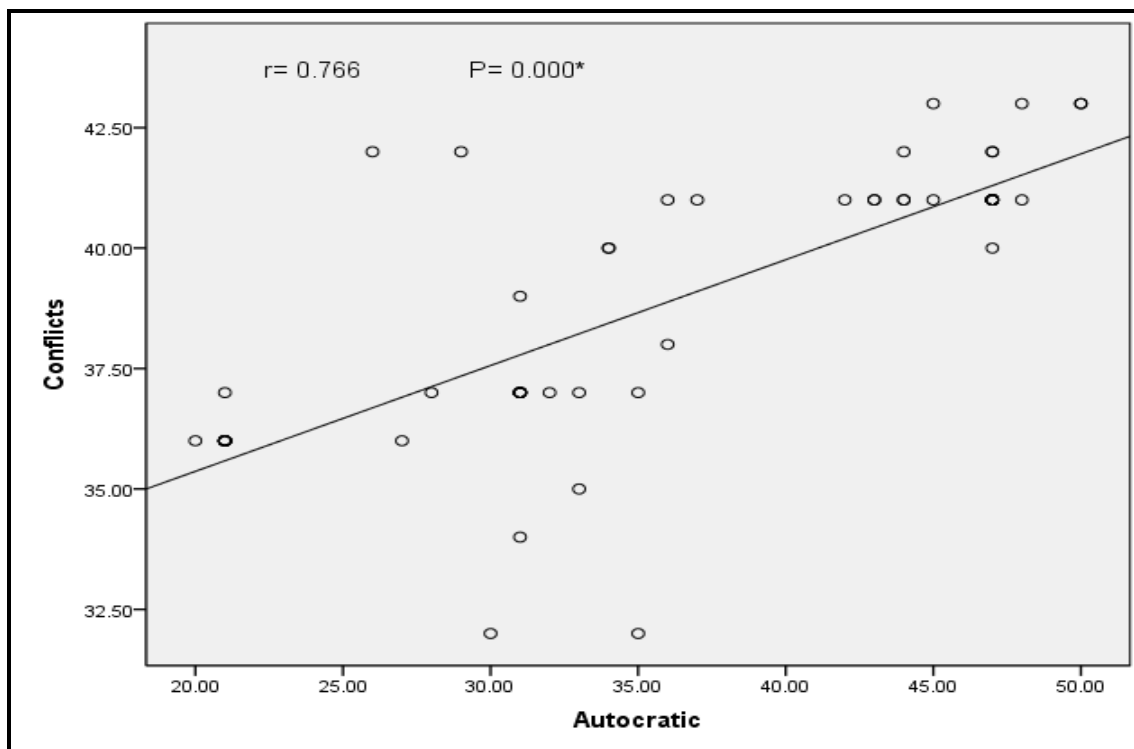


Figure (3): Correlation between leadership styles (autocratic) and conflict.

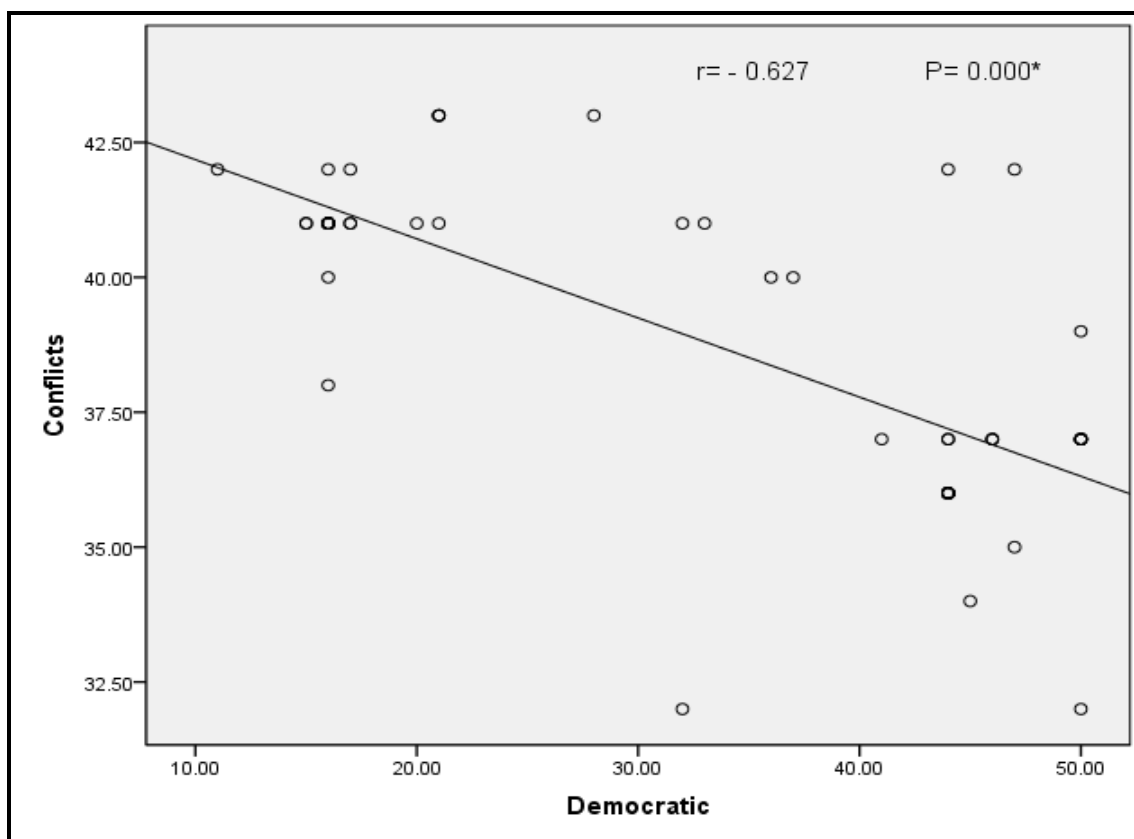


Figure (4): Correlation between leadership styles (Democratic) and conflict.

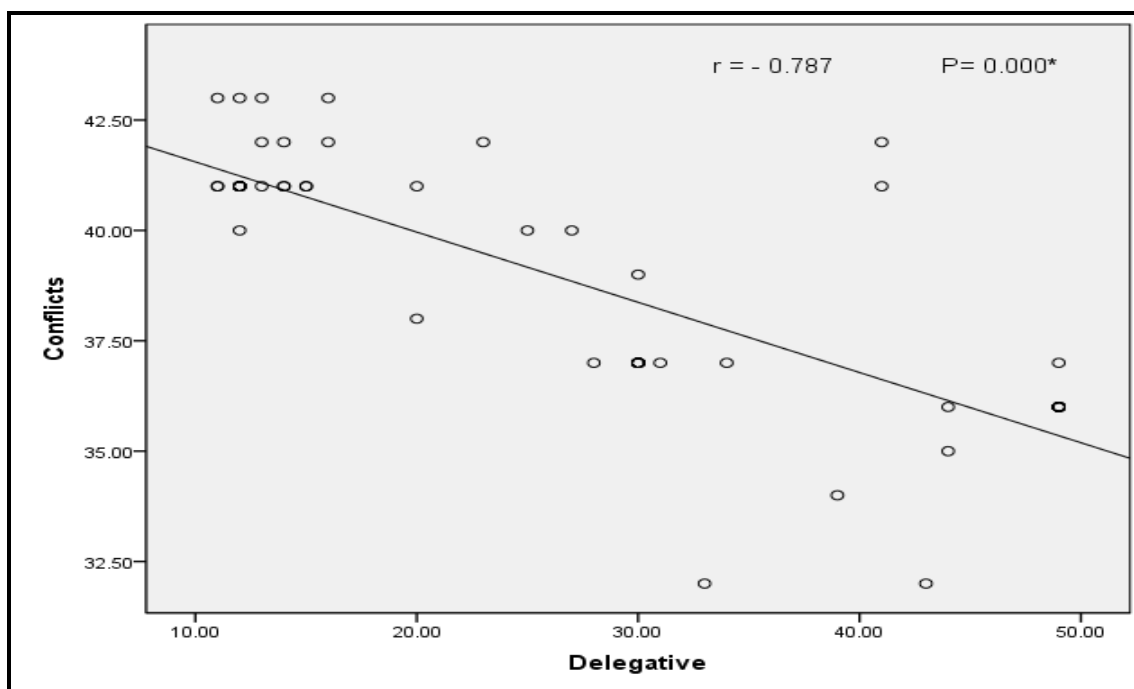


Figure (5): Correlation between leadership styles (delegative) and conflict.

Table (11): Mean and stander division of the leadership style, job related tension and organizational commitment

	Mean ± SD	Range
Autocratic	35.91 ± 9.82	20.0-50.0
Democratic	32.62 ± 14.17	11.0-50.0
Delegative	26.91 ± 14.13	11.0-49.0
Role conflict	38.86 ± 2.84	32.0-43.0
Role ambiguity	18.83 ± 1.70	12.0-20.0
Affective commitment	22.84 ± 3.00	14.0-28.0
Continuance commitment	24.57 ± 5.11	13.0-40.0
Normative commitment	8.40 ± 2.15	3.0-14.0

Table (12): Number and percentage distribution of level of leadership style and job related tension

	No.(58)	%
Autocratic:		
Low	14	%24.1
High	44	%75.9
Democratic:		
Low	25	%43.1
High	33	%56.9
Delegative:		
High	30	%51.7
Low	28	%48.3
Role conflict:		
Low	0	%0.0
Moderate	4	%6.9
High	54	%93.1
Role ambiguity:		
Low	0	%0.0
Moderate	3	%5.2
High	55	%94.8

Table (1): Shows that more than half (51.7%) of the studied nurses their ages ≥ 30 years with SD (mean) 32.28. Around one third (29.3%) worked in Medicine department. More than one third (37.9%) of them had 10 to 15 years of experience. majority of them were married, female and had secondary school of nursing (69.0, 74.1, and 56.9) respectively.

Figure (1): Shows that majority (74.1%) of the studied nurses were female and 25.9% were male)

Figure (2): Shows that more than half (56.9%) of the studied nurses had secondary school of nursing and 3.4% were Bachelor of nursing.

Table (2): Shows that majority of the studied nurses responses regarding the autocratic style were Almost always true for (When something goes wrong, he tell his employees that a procedure is not working correctly and he establish a new one and Employees seek mainly security (69.0 and 75.9) respectively.

Table (3): Shows that majority of the studied nurses responses regarding the democratic style were almost always true for the items,(He ask employees for their vision of where they see their jobs going and then use their vision where appropriate and When there are differences in role expectations, he works with them to resolve the differences (86.2 and 51.7)) respectively.

Table (4): Shows that majority of the studied nurses responses regarding the delegative style were almost always true for the items,(He allow his employees to determine what needs to be done and how to do it (50.0%)) and Almost never true for the items (Each individual is responsible for defining their job and His employees can lead themselves just as well as he can) (76.2 and 63.8%) respectively.

Table (5): Shows that all (100.0%) of the studied nurses responses were agreed regarding these items (physicians are trained to be in authority over nurses and Leaving a sick child home alone in order to go to work). majority (98.3%) agreed regarding these items (Nurses are not prepared for change, they are threatened and Double lines of authority inherent in the hospital organization system)

Table (6): Shows that most of the studied nurses responses toward job related tension (Role ambiguity) nurses agreed that Nurse's perception of her role is different from the actual situation and lake of clear job expectations) 98.3 and 98.3%) respectively.

Table (7): Shows that more than half (51.7%) of the studied nurses responses regarding affective commitment) agreed that he/ she really feet as if this organization's problems are my own. large percentage of them strongly disagreed that he/ she would be very happy to spend the rest of their career with this organization and that he/ she enjoy discussing my organization with people outside it (48.3 and 44.8 %) respectively. In the other hand, more than one third

(36.2%) were strongly agree that he/ she do not feel a strong sense of belonging to their organization.

Table (8): Shows that majority (86.2 %) of the studied nurses responses regarding (Continuance commitment) agreed that It wouldn't be too costly for me to leave his/ her organization now, and about half of the studied nurses also agreed that He/ she is not afraid of what might happen if quit the job without having another one lined up, and too much in his/ her life would be disrupted if he/ she decided wanted to leave his/ her organization now (51.7 and 50 %) respectively. In the other hand large percentage were strongly agreed that one of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice-another organization may not match the overall benefits I have here and Right now staying with my organization is a matter of necessity as much as desire (53.4.7 and 44.8%) respectively.

Table (9): Shows that majority (75.9 %) of the studied nurses responses regarding (Normative commitment) agreed that jumping from organization to organization does not seem at all unethical to me. In the other hand more than half (60.3%) were strongly disagreed he/ she do not believe that a person must always be loyal to his or her organization

Table (10): Shows that there was a negative correlation and statistically significant between delegative and democratic leadership styles with conflict and role ambiguity. But there was appositve correlation between autocratic leadership style with conflict and role ambiguity. Also, the table owed that there was a positive correlation and statistically significant between continuance commitment and normative commitment with autocratic leadership style, but there was a negative correlation between other leadership styles and affective commitment.

Figure (3): Shows that was a-positive correlation and statistically significant between leadership style (autocratic) with conflict.

Figure (4): Shows that there was a negative correlation and statistically significant between leadership styles (democratic) with conflict.

Figure (5): Shows that there was a negative correlation and statistically significant between leadership styles (delegative) with conflict.

Table (11): The table shows that the highest mean and SD was autocratic style was 35.91+9.82 with range 20.0-50.0 and the lowest mean score and SD was delegative style was 26.91+14.13 with range 11.0-43.0, Also the table showed that the mean and SD of job related tension was 18.83+3.0 with range 12.0-28.0 and the mean and SD of role ambiguity was 18.83+1.70 with range 12.0-20.0. As regarded to organizational commitment the table shows that the highest mean score and SD was

continuance commitment was 24.57 ± 5.11 with range 13.0-40.0 and the lowest mean score and SD was normative commitment was 8.40 ± 2.15 with range 3.0-14.0.

Table (12): The table shows that the highest percentage of study sample were used autocratic style with (75.9%) and the lowest were used delgative style with (48.3%)

Also the table shows that the highest percentage of study sample were high level of role conflict was high (93.1%) and also were high level of role ambiguity (94.8%).

Discussion

Different leadership styles may affect organizational effectiveness or performance. A good head nurse is important for health care organizations success. Leaders influences the quality of our lives as much as our in-low or our blood pressure. There are three basic reasons why leader are important (**Alharbi, 2017**).

The job related tension affects workers by bringing about forgetfulness, lake of creativity, concentration and emotional symptoms which lead to low organizational commitment. Verdict the expected organizational context of optimism, organizations turn towards the leadership and the role of leader. So, the organization tries to test and implement new types of leadership (**Cummings et al., 2018**).

The present study was conducted with the aim of to investigate the effect of head nurses leadership style on job related tension and organizational commitment among nurses working in general departments and intensive care units at South Egypt Cancer Institute at Assuit University.

The present study began by seeking for an understanding of who the participants are, personal data collected, such as the age, gender, level of education, and the years of experience. The results of the present study indicated that the total number of head nurses was fifty eight and more than half of the studied nurses their ages ranged ≥ 30 years with Mean \pm SD (Range) 32.28 ± 7.80 (22.0 – 51.0) and around one third worked in Medicine department. More than one third of them had 10 to 15 years of experience.

This not in the same line with **Buerhaus et al., (2017)** who mentioned that; the administrators selected older age nurses to be able to perform mainly tasks in the medical departments effectively as our study setting criteria that need special technical skills to deal with those group of patients with chronic illness.

As regarding to sex the majority of studied nurses were females and they had a secondary school of nursing., As well, **El Shinawy et al., (2020)** whom revealed that the majority of nurses working in this

critical places their ages ranged from 20-40 years, female, and they have diploma of nursing, more than half of them their experience was more than 5 years.

From the researcher's point of view that old age helped in understanding the nature of the work and give the participant a great chance to differentiate between the different styles of leaderships. In addition, give them a great experience in enumerating the daily work stressors that they face.

The present study indicated that majority of the studied nurses responses regarding the autocratic style were almost always true that when something goes wrong, he tell his employees that a procedure is not working correctly and he establish a new one and employees seek mainly security. This result is consistent with **Al Amiri et al., (2019)** who mentioned that the leader ship style influence performance and absenteeism. In the same line **Alharbi, (2017)** added that it is crucial to distinguish between the managers' characteristics and the perceptions of the leaders' characteristics of their followers.

In the present study, the majority of the studied nurses responses regarding the democratic style were almost always true for item (He ask employees for their vision of where they see their jobs going and then use their vision where appropriate and When there are differences in role expectations, he/she works with them to resolve the differences).

The researcher point of view, democratic leadership works best in situations where group members are skilled and eager to share their knowledge. It is also important to have plenty of time to allow people to contribute, develop a plan, and then vote on the best course of action so it decrease the work stress and increase the organizational commitment.

The results of **Rego et al., (2016)** agreed with the present study findings, which are appointed that democratic leadership influences organizational commitment. Taking into account of the results obtained by the confirmatory analysis of organizational commitment that suggests a profile of affective commitment / dominant normative commitment, the democratic leadership also influences the normative dimension.

Also, consistent with **Bayiz Ahmad et al., (2020)** who stated that an increase in a leader's democratic characteristic behavior would translate into an improvement in organizational commitment. Thus, employees who are led by democratic leaders are more likely to be committed to their organization. It also means that when individuals within organizations establish that their leader is sensitive to their grievances, trustworthy, and thus very supportive, they responded by showing more commitment. Previous researchers like, **Paais & Pattiruhu, (2020)**

showed that democratic leadership has a direct and significant effect on organizational commitment.

It also postulated that it could influence developing commitment, organizational citizenship behaviors, and performance. Authentic leadership causes followers to feel more committed to achieving the goals and objectives that have set, given their degree of perceived authenticity (**Pastor Álvarez et al., 2019**). Followers will get to know, appreciate, and admire their leader's, oneself wants, needs, and desires, as well as their role–position as a leader and thus as a representative spokesperson for the overall organization.

The current study showed that majority of the studied nurses responses regarding the delegative style were almost always true for item (he/ she allow his employees to determine what needs to be done and how to do it) and almost never true (his/ her employees can lead themselves just as well as he/she can).

The researcher opinion, it is very important for the organization to understand exactly how the employee feels and needs what working conditions he/she has and what his/her level of satisfaction is.

Baljoon et al., (2018) added that nurses are motivated to achieve specific goals and they will be satisfied if they achieve these goals through better performance, even if these are goals of the enterprise where they work. They can be even more satisfied if they are rewarded with an external recognition or an inner sense of achievement and increase the organizational commitment. This external recognition is the responsibility of the superior who use delegative style.

The current study showed that all of the studied nurses responses regarding job related tension (Conflicts) agreed that (physicians are trained to be in authority over nurses; and that they feel conflicts to leaving a sick child home alone in order to go to work) item.

In the researcher point of view, the great volume of tasks on nurses are faced with means they must make stark choices about where to deploy their time and resources and argue that this context provides an opportunity and delay priority to extend theories of nursing overwork and coping.

In the same line **Strong,(2017)** stated that a great deal of research has been directed towards nursing stress, the study of how stress affects nursing practice at the ward level has not been a priority, particularly in low economic settings. Instead, the study of nursing overwork, burnout and resilience has largely been focused on individuals and their personal, psychological characteristics.

In this regards, in seeking to investigate how nurses cope under pressure, **Menzies, (2019)** study connect

with earlier academic studies of nursing that focused on collective methods of reducing anxiety that combine to mount a 'social defense system.

The exciting study revealed that most of the studied nurse responses job role ambiguity agreed that nurse's perception of her role is different from the actual situation and lack of clear job expectations.

The researcher opinion that role ambiguity and poor understanding of the roles of the nursing team often hindered their collaboration.

In support to the present study, **Arain et al., (2017)** found that supportive result with our study and found all the nursing team members in the included studies had difficulty describing their role. RNs perceived their role as different from other members of the team and explained that the role had changed over time. Also, **Aiken et al., (2017)** study suggested that the nursing team members did not understand the roles of one another. On the other hand, nurses believed they had limited understanding of the role but they had no job expectations.

The present study found that more than half of the studied nurses responses regarding Organizational commitment (Affective commitment) agreed that about nurses really feel as if this organization's problems are their own. large percentage of them strongly disagreed that they would be very happy to spend the rest of their career with this organization and enjoy discussing my organization with people outside it. In the other hand more than one third were strongly agree that they do not feel a strong sense of belonging to their organization.

In the same line (**Asif et al., 2019**). Stated that affective commitment or emotional attachment to the organization is the believe of the employees on organization's goals and values such as like or feels the organization

The present study findings are consistent with **Averlid & Høglund, (2020)** who have reported that nurses who work in a welcoming environment and/or with a supportive preceptor are more motivated to work, more confident in asking for help, and more likely to feel valued, important, and safe. In contrast, lack of belonging is associated with negative effects on nurses self-esteem, competence, and psychological, social, behavioral, and physical well-being.

Also, **Vinales (2019)** found that nurses' sense of belonging strongly fosters positive learning experiences, nurses–staff relationships, self-esteem, confidence, motivation, workplace satisfaction, competence and high-quality care.

However, **Mutair (2018)** explained that most head nurses in Saudi Arabia are newly graduated nurses with limited clinical and teaching experience, who lack skills to create positive clinical experiences,

evaluation, preparation, communication, and the ability to motivate nurses.

The present study showed that majority of the studied nurses responses regarding continuance commitment agreed that it would not be too costly for them to leave their organization now, too much in their life would be disrupted if they decided wanted to leave their organization. In the other hand large percentage were strongly disagreed that one of the major reasons nurses continue to work for this organization is that leaving would require considerable personal sacrifice-another organization may not match the overall benefits nurse have here and right now staying with my organization is a matter of necessity as much as desire.

The researcher opinion that job turnover rates are high, there is a detrimental impact on the remaining nursing staff as they experience heavy workloads, lack of work group cohesion, and decreased mental health and well-being.

This confirmed by **Yan et al., (2021)** who stressed that there is evidence that nurses job turnover intentions are associated with withdrawal behaviors, such as decreased productivity, effort and job performance as the employee psychologically distances themselves from their current position.

While, **Al-Jabari, & Ghazzawi, (2019)** reported that affective, normative, and continuance commitment are distinctive concepts, all three components influence one's job turnover intentions, regardless of which component is the strongest. Theoretically, an employee who feels committed to their organizational in any way, whether it be emotional, obligatory, or cost related, will demonstrate decreased job turnover intentions, and actualized leaving place of work.

The present study revealed that majority of the studied nurses responses regarding normative commitment agreed that jumping from organization to organization does not seem at all unethical to nurses. In the other hand, more than half were strongly agreed he/ she do not believe that a person must always be loyal to his or her organization.

In the point of researcher view, that one's experience of commitment and loyalty may be influenced by individual characteristics, as well as conditions of the work environment, including self-efficacy, perceived organizational support, structural empowerment, role clarity, work engagement, and effective leadership.

In this regard, **Onu et al., (2018)** explained that normative commitment is when an employee decides to stay in an organization due to feelings of obligation because the organization might have spent a lot of money in training the employee either locally of internationally and therefore the employee believe it necessary to work for the organization because he/ she "ought to" or staying is the right to do.

The results of the present study is consistence with **Tavassoli, & Sune, (2018)** who stated that normative commitment is referred to as obligatory commitment to the organization. **Radosavljevic et al., (2017)** added that normative commitment focuses on the individual's sense of obligation to stay with the organization. This commitment stems from an individual's moral obligation to stay with the organization regardless of the benefit he or she might receive by leaving.

The present study showed that there was a negative correlation between leadership styles (delegative and democratic) with conflict. But there was appositve correlation between leadership style (autocratic) with confect.

Also, the results showed that there was a positive correlation between Continuance commitment and Normative commitment with Autocratic leadership style, but there was a negative correlation between other leadership styles and Affective commitment.

In agreement of the present study **Ribeiro et al., (2020)** stated that the authentic leaders took as a role model of integrity, transparency, authenticity, and character, and they give direction to the employees and explain the meaning to the employee's work and their lives. And **Duarte et al., (2021)** added that the individuals would be more committed toward achieving their goals and objectives if they perceived a high level of leader's authenticity, one of them is authentic leadership that has a positive impact on an individual's commitment toward the organization.

However, **Anees et al., (2021)** reveal that head nurse leadership style obviously negative influences on job satisfaction indicating that role stress and conflict among nurses negatively influences their job satisfaction.

Hwang, (2019) stated that the leadership style can affect organizational commitment and work satisfaction positively and work satisfaction intern can affect organizational commitment and work performance positively.

The present study revealed that those nurses stay in hospital for long term time so; they may have sufficient knowledge and skills that enhance their performance. These results are in congruence with **Israel et al., (2017)** who found a statistical significant correlation between organizational commitment and nursing qualification which mean that nurses with higher qualification had generally higher scores of total commitment compared to the nursing school graduates, as they transmit that to clinical practice. Also, **Fragkos et al., (2020)** found that older nurses had more experience in providing commitment toward the organization and to take challenging tasks. In addition, they had more confidence to pursue a

standard of excellence and emphasize quality over quantity.

The present study found that the majority of the staff nurses were used autocratic leadership style and more than half of them used democratic but had lowest used style was delegative style.

This match with **Paais, & PATTIRUHU, (2020)**. Who found that autocratic leaders and this differentiation was statistically significant.

These findings are in accordance with **Arain et al., (2017)** who claimed that, the ways that leaders function vary and can be located along a continuum from authoritative to participatory in leadership styles. Moreover, literature mentioned that nurse managers had many leadership styles, but normally they had one that they used more than the others. In addition, the nurse managers should consider their leadership style from the point of view of employees, situation factors, and goals of the organization (**Asif et al., 2019**).

In the same line nurses who work in hospitals desire autonomy and responsibility and usually like to be led by a leader with a participative leadership style (**Vinales, 2019**)

These result proved the findings of **Mutair, (2018)** which reported that, situational leadership is centered on the premise that, there is no such thing as a single appropriate leadership style for each and every situation. In this approach, the leader's behavior in relation to subordinates in a specific task is emphasized. it is founded interrelation between the leader's task behavior, his/her relationship behavior, and the subordinates' maturity.

In the other hand **Pastor Álvarez, et al., (2019)** found regarding dominant leadership style the majority of staff nurses' perceive their leader on democratic, followed by authoritarian, and lastly laissez-faire leadership style (mean =78.57 %), followed by authoritarian leadership style (mean =75.3%), and lastly laissez-faire leadership style (mean=62.37%).

The present study found that more than half of the staff nurses had a high conflict and high role ambiguity.

The researcher opinion that lack of time as well as inadequate knowledge base and personnel conflicts were the more frequent barriers to decision making among staff nurses leading to that high role ambiguity.

This is consistent with **Al-Jabari, & Ghazzawi, (2019)** who demonstrated that 73.3% of them perceived role ambiguity.

In this respect, **Onu et al., (2018)** found that the autonomy as decision makers has been reported to be affected by their perceived lack of knowledge, by medical control on a regular basis and by the mismatch between their high level of training in

critical care and the low level of responsibility afforded to them.

This result supported by **Radosavljevic et al., (2017)** who mentioned that role ambiguity (or lake of role clarity) has been to have a significant negative impact on performance because individuals are uncertain about key aspects of their job, and therefore, they are unable to perform at their highest level.

This match with **Lorber et al., (2020)** who found that less than half of study sample have high level of role conflict during morning shift more frequently. This might be attributed ti increase workload in the morning shifts and all routine procedures occur at the morning shift. This was consistent with **Baek et al., (2019)** who mentioned that increasing job demand were a problem for nurses. It could have consequences for patient safety in relation to inadequate time to properly test equipment and insufficient time for the preparation of medications. In addition, daily control routines in the morning could not be complete.

Conclusion

There was a negative correlation between delegative and democratic leadership styles with conflict and between other leadership styles with Affective commitment. However, there was a positive correlation between autocratic leadership style with conflict and role ambiguity. Also, the result showed that there was a positive correlation between continuance commitment and normative commitment with autocratic leadership style.

Recommendations:

Based on the findings of the current study, the following recommendations were suggested:

- The leadership educational program should be recognized and implemented for all head nurses and whom in a management position in the nursing field in other hospitals as needed
- Nurse leaders should work to create a productive working environment that enhances staff commitment.
- Workshop should be conducted to all head nurses to increase their knowledge and competencies regarding the development of their leadership style.
- The concepts of authentic leadership and organizational commitment in other health sectors in other geographical areas should be investigated as needed.
- Further in-depth research is needed to investigate the effect of head nurses' leadership on staff nurses productivity.
- Nursing education must highlight the need for strong leadership competencies.

References:

- **Aiken, L., Sloane, D., Griffiths, P., Rafferty, A., Bruyneel, L., McHugh, M., & Sermeus, W. (2017):** Nursing skill mix in European hospitals: Cross-sectional study of the association with mortality, patient ratings, and quality of care. *BMJ Quality & Safety*, 26(7), 559–568.
- **Ajila, C. (2012):** Leadership style and organizational commitment, job involvement and job satisfaction of worker, job stress in Tertiary Institutions. *Business and Management Research*. In the armed forced hospital of Taiwan, 5(10)626-33.
- **Al Amiri, N., Daradkeh, F., & Al Kaabi, A. (2019):** Leadership Styles and Competence among Generation Z Emirati Nursing Students. *International Journal of Learning, Teaching and Educational Research*, 18(9), 23-45.
- **Alharbi, A. (2017):** Leadership styles of nurse managers and their effects on nurse and organisational performance, issues and problems. *International Journal of Information Research and Review*, 4(9), 4516-4525.
- **Al-Jabari, B., & Ghazzawi, I. (2019):** Organizational Commitment: A Review of the Conceptual and Empirical Literature and a Research Agenda. *International Leadership Journal*, 11(1).
- **Allen N, & Meyer J (1990):** The measurement and antecedent of affective, continuance and normative commitment to the organizational journal of occupational psychology. 63,1-18
- **Anees, R., Heidler, P., Cavaliere, L., & Nordin, N. (2021):** Brain Drain in Higher Education. The Impact of Job Stress and Workload on Turnover Intention and the Mediating Role of Job Satisfaction at Universities. *European Journal of Business and Management Research*, 6(3), 1-8.
- **Anvari, and, I (2014):** The impact of leader's culture intelligence on organization commitment, and impact on performance employees working in a study. *International Journal of advanced: bpos research in management*.
- **Arain, M.A, Deutschlander, S., & Charland, P. (2017):** Are healthcare aides underused in long-term care? A cross-sectional study on continuing care facilities in Canada *British Medical Journal Open*, 7(5), e015521.
- **Asif, M., Qing, M., Hwang, J., & Shi, H. (2019):** Ethical leadership, affective commitment, work engagement, and creativity: Testing a multiple mediation approach. *Sustainability*, 11(16), 4489.
- **Averlid, G., & Høglund, J. (2020):** The operating room as a learning arena: Nurse anaesthetist and student nurse anaesthetist perceptions. *Journal of clinical nursing*, 29(9-10), 1673-1683.
- **Baek, H., Han, K., & Ryu, E. (2019):** Authentic leadership, job satisfaction and organizational commitment: The moderating effect of nurse tenure. *Journal of nursing management*, 27(8), 1655-1663.
- **Baljoon, R., Banjar, H., & Banakhar, M. (2018):** Nurses' work motivation and the factors affecting It: A scoping review. *International Journal of Nursing & Clinical Practices*, 5(1).
- **Bayiz A., Liu, B., & Saleem Butt, A. (2020):** Predictors and outcomes of change recipient proactivity in public organizations of the Kurdistan region of Iraq. *International Public Management Journal*, 23(6), 823-851.
- **Beehr, T.A Walsh J.T & Taber, T.D (1976):** Relationship of stress to individually and organizationally valued states, Higher order needs as a moderator. *Journal of Applied Psychology* .15(2)165-176
- **Beloor, V., Nanfundeswaraswamy, T.S., & Swamy, D.R. (2017):** Employee commitment and quality of work life-A literature Review in the *International Journal of Indian Psychology* 4(2), 175-188.
- **Buerhaus, P., Skinner, L., Auerbach, D., & Staiger, D. (2017):** Four challenges facing the nursing workforce in the United States. *Journal of Nursing Regulation*, 8(2), 40-46
- **Bunmi, omolayo (2007):** Effect of leadership style on Job-Related Tension and Psychological Sense of commitment in work organizations; A Case study of Four Organizations in Lagos State , Nigeria, *Bangladesh e-Journal of Sociology*,4(2).
- **Chang P, Chou Y & Cheng F (2008):** Career needs, career development programmers, organizational commitment and turnover intention of nurses in Taiwan. *Journal of Nursing Management*. Wiley Online Library,15(8)801-810.
- **Chio, S. (2011):** *The American Review of Public Administration*.
- **Cummings, G., Tate, K., Lee, S., Wong, C., Paananen, T., Micaroni, S., & Chatterjee, G. (2018):** Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International journal of nursing studies*, 85, 19-60
- **Duarte, A., Ribeiro, N., Semedo, A., & Gomes, D. (2021):** Authentic Leadership and Improved Individual Performance: Affective Commitment and Individual Creativity's Sequential Mediation. *Frontiers in Psychology*, 12, 1660.
- **El Sayed. K (1997):** Relationship between perceived role conflict and role ambiguity with stress level among new Baccalaureate nursing student and in tern in Tanta university. Unpublished master degree thesis.
- **El Shinawy, O., Daef, E., & El-Shafiey, O. (2020):** *Designed Education Program for Nurses*

- about Immediate and Long Term Nursing Management of Patient with Status Asthmaticus in El-Mobara Hospital at Assiut Governorate. Assiut Scientific Nursing Journal, 8(20), 142-155.
- **Fleishman, E.A. (1999):** Leadership climate and supervisory behavior A study of the leadership role the foreman in industrial situation. Columbus, Ohio, 15, pp.43-56.
 - **Fragkos, K., Makrykosta, P., & Frangos, C. (2020):** Structural empowerment is a strong predictor of organizational commitment in nurses: A systematic review and meta-analysis. Journal of Advanced Nursing, 76(4), 939-962
 - **Geisler, M., Berthelsen, H., & Muhonen, T. (2019):** Retaining social workers: The role of quality of work and psychosocial safety climate for work engagement, job satisfaction, and organizational commitment. Human Service Organizations: Management, Leadership & Governance, 43(1), 1-15.
 - **Huiung Fang, Sue-Ten Chang and Guang-Li Chen (2009):** Applying Structural Equation Model to Study of the Relationship Model among leadership style, satisfaction, organization commitment and turnover intention of nurses in Taiwan. Journal of Nursing Management. Wiley Online Library, 15(8)801-810
 - **Hwang, E. (2019):** Effects of the organizational culture type, job satisfaction, and job stress on nurses' happiness: A cross-sectional study of the long-term care hospitals of South Korea. Japan Journal of Nursing Science, 16(3), 263-273.
 - **Israel, B., Kifle, W., Tigist, D., & Fantahun, W. (2017):** Organizational commitment and its predictors among nurses working in Jimma University specialized teaching hospital, Southwest Ethiopia. Primary Health Care: Open Access, 7(1), 1-8
 - **Jeremy M, Melinde C. & Ciller V. (2012):** Perceived leadership style and employee participation in manufacturing company, African journal of business management .6, (15), 5389-5398.
 - **Kearney, E., Shemla, M., van Knippenberg, D., & Scholz, F. (2019):** A paradox perspective on the interactive effects of visionary and empowering leadership. Organizational Behavior and Human Decision Processes, 155, 20-30.
 - **Iadipo K., Jamilah A bdul daud S, Jeffery L,D. & Salami D,K(2013):** Review of leadership theories and organizational performances ,International Business Management Journal,7(1),50-54.
 - **Lorber, M., Treven, S., & Mumel, D. (2020):** Well-being and satisfaction of nurses in Slovenian hospitals: a cross-sectional study. Slovenian Journal of Public Health, 59(3), 180.
 - **Martindale, N (2011):** "Leadership Styles: How to handle the different personas". Strategic Communication Management.
 - **Menzies I, (2019):** A case-study in the functioning of social systems as a defence against anxiety:A report on a study of the nursing service of a general hospital, Hum. Relat., 13 (1), 95-121.
 - **Mutair A. (2018):** Clinical nursing teaching in Saudi Arabia challenges and suggested solutions, J. Nurs. Care, S1, 2-4.
 - **Nan Jundes & Swamy (2014):** Department of Industrial Engineering and Management ,JSS Academy of Technical Education, Bangalore,India
 - **Onu, C., Akinlabi, B., & Adegbola, E. (2018):** Work life balance and normative commitments of employees in the selected deposit money banks in Ogun State, Nigeria. European Journal of Business and Innovation Research, 6(5), 1-13.
 - **Paais, M., & Pattiruha, J. (2020):** Effect of motivation, leadership, and organizational culture on satisfaction and employee performance. The Journal of Asian Finance, Economics, and Business, 7(8), 577-588
 - **Pastor Álvarez, A., Molero Alonso, F., Bardera Mora, M., & Moriano León, J. (2019):** Authentic leadership and its relationships with work engagement and organizational citizenship behaviors in military units: The role of identification as a mediating variable. Military Psychology, 31(5), 412-424.
 - **Purwanto, A., Purba, J., Bernarto, I., & Sijabat, R. (2021):** Effect Of Transformational Leadership, Job Satisfaction, And Organizational Commitments On Organizational Citizenship Behavior. Inovbiz: Jurnal Inovasi Bisnis, 9(1), 61-69.
 - **Radosavljevic, Z., Cilerdzic, V. & Dragic, M. (2017):** Employee Organizational Commitment, International Review, 1-2, 18-26.
 - **Rego (2016):** agreed with our findings, which are consistent with (Luo, C., Lan, Y., Luo, X. R., & Li, H. (2021). The effect of commitment on knowledge sharing: An empirical study of virtual communities. Technological Forecasting and Social Change, 163, 120438.
 - **Ribeiro, N., Duarte, A., Filipe, R., & Torres de Oliveira, R. (2020):** How authentic leadership promotes individual creativity: The mediating role of affective commitment. Journal of Leadership & Organizational Studies, 27(2), 189-202.
 - **Strong A., (2017):** Working in scarcity: effects on social interactions and biomedical care in a Tanzanian hospital, Soc. Sci. Med., 187 (12), 217-224
 - **Tavassoli, T. & Sune, A. (2018):** A national study on the antecedents and outcomes of workLife

balance in Iran, *International Journal of Social Sciences*, 3(3), 1616-1636.

- **Terzi, M.C., Sakas, D., & Vlachos, D., (2012):**Marketing dynamic simulation modeling in high teach laboratories,A study on Textile Asian Jornal of Business and Sector of FaisalabadManagment Science.
- **Vinales J, (2019):** The mentor as a role model and the importance of belongingness, *Br. J. Nurs.*, 24 (10) (2), 532-535.
- **Wang, C., Xu, J., Zhang, T., & Li, Q. (2020):** Effects of professional identity on turnover intention in China's hotel employees: The mediating role of employee engagement and job satisfaction. *Journal of Hospitality and Tourism Management*, 45, 10-22.
- **Woods, A.P. (2010):** "Democratic leadership: drawing distinctions with distributed leadership". *International Journal of Leadership in Education*,15(2)83.
- **Yan, Z., Mansor, Z., Choo, W., & Abdullah, A. (2021):** Mitigating effect of psychological capital on employees' withdrawal behavior in the presence of job attitudes: Evidence from five-star hotels in Malaysia. *Frontiers in Psychology*, 12.