



A study of head nurses' leadership styles and emergency nurse commitment levels in Hail City, Saudi Arabia

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Leadership styles can have a noticeable impact on emergency nurses' work commitment, which in turn affects the satisfaction of emergency nurses, patients, and organizational productivity. Leadership styles are crucial in overcoming obstacles in the health care system, including enhancing safety and quality achievement and preserving high-performing emergency nurses. Therefore, from the perspective of emergency nurses, this study examines the effect of leadership styles on emergency nurse commitment levels. The 250 emergency nurses were chosen using a convenience method from the public hospitals in Hail City. The research had a quantitative, descriptive, cross-sectional, and correlational design. The Multifactor Leadership Questionnaire (5X short form) and the Utrecht Work Engagement Scale were used to gather information. From emergency nurses' perspectives, transformational leadership styles ($M \pm SD = 2.07 \pm .85$) and transactional leadership styles ($M \pm SD = 1.84 \pm .63$) earned the highest mean ratings from emergency nurses' perspectives, while laissez-faire leadership styles ($M \pm SD = 1.50 \pm .89$) received the lowest mean score. Furthermore, there was a strong statistically significant positive relationship between transformational and transactional leadership styles and emergency nurses' levels of work commitment ($r = 0.584$, $P = 0.000$, and $r = 0.507$, $P = 0.000$, respectively), but not between laissez-faire leadership styles and emergency nurses' levels of work commitment ($r = -.044$, $p = 0.48$).

The results revealed a statistically significant positive relationship between transformational and transactional leadership styles and levels of job commitment among emergency nurses. However, there was no statistically significant relationship between the laissez-faire leadership style and emergency nurses' ratings of job commitment.

Keywords: Leadership Styles, Commitment, Emergency Nurses, Head Nurses, Hail City.

INTRODUCTION

Head nurses confront several challenges in terms of enhancing safety and quality, reducing costs, and finding and keeping highly skilled emergency nurses (Cheng, Bartram, Karimi et al. 2016). With the uncertainty of healthcare legislation, monitoring supplies, technological innovation, possible labor shortages, demographic shifts, and budgetary constraints, head nurse judgments about where to address these concerns are becoming more challenging (Tomajan & Hatmaker, 2019). To address these challenges, emergency nurses' commitment to work is needed (Adler-Milstein, Embi, Middleton et al. 2017; Baghdadi, Farghaly Abd-EL Aliem, & Alsayed, 2021). Given this, both head nurses and emergency nurses play critical roles in overcoming the obstacles now encountered in emergency care settings. Although emergency nurses play an important role in providing good care to their patients, they are not usually engaged in healthcare decision-making. Through their leadership styles, head nurses strive to achieve organizational goals by empowering and inspiring emergency nurses. The head nurse's leadership style is inextricably linked to the

commitment of emergency nurses (Cummings, Lee, Tate et al. 2021; Yusuf & Irwan, 2021).

Emergency nurses who are engaged are less likely to quit the organization or their supervisors, which has an effect on their level of commitment (Møller, Berthelsen, & Hølge-Hazelton, 2021). Emergency nurses who are not interested in their work are dissatisfied with their professions, which leads to increased turnover and worse patient outcomes (Kim & Yoo, 2018; Wolf, Perhats, Clark et al. 2018). In Saudi Arabia, a little research on the relationship between leadership style and nurses' commitment in emergency departments has been undertaken. As a result, the purpose of this research is to investigate the effect of leadership styles on the levels of job commitment based on nurses' perspectives in emergency departments at general hospitals.

MATERIALS AND METHODS

Design of Study

A quantitative, descriptive, cross-sectional, and correlational design used in this research.

Study Setting

The study was conducted in the emergency departments of the country's biggest government hospitals in Hail City, Saudi Arabia's northern region. These hospitals include King Khalid Hospital, Hail General Hospital, and King Salman Specialist Hospital. They are part of the Ministry of Health (MOH). All three hospitals are accredited, non-profit, and situated in similar locations.

Sampling

In the current study, the researchers selected samples by using the non-probability convenience sampling technique from nurses working in the three governmental hospitals. In order to conduct a power analysis for the current study, the G*power software was used to calculate the sample size. Assuming 0.80 power with an alpha error of 0.05 and an effect size of 0.5, the total sample size was 220 emergency nurses to have confidence in the findings. Over sampling, on the other hand, is done to gain a greater grasp of the phenomena. In this study, 250 emergency nurses made up the total sample size.

Eligibility Criteria

Nurses who work in emergency rooms are invited to take part in the study: (a) they should be capable of reading and comprehending both English and Arabic; (b) they should have worked for at least one year in an emergency department; and (c) they should be supervised by a head nurse at all times. Novel emergency nurses who attend the hospital's orientation program and have less than one year of experience are excluded from the research because they may not have spent enough time with their head nurse to appropriately reflect on their head nurse's leadership style.

Study Measurement Tools

Multi-factor Leadership Questionnaire (MLQ 5X short form)

Multi-factor Leadership Questionnaire (MLQ-5X). It was developed by Bass and Avolio (1995). It aims to measure three different styles of leadership. This part consists of 45 items under nine subscales that are used in the MLQ-5X. Five subscales measure items of transformational leadership (idealized influence–behavior, idealized influence–attributes, intellectual stimulation, inspirational motivation, and individual consideration); three subscales measure items of "transactional leadership" (management by exception–passive, and management by exception–active, contingent reward), and one subscale is used to measure items of "laissez-faire (passive/avoidant leadership). Each of the four items in the leadership styles subscales measures one of the three leadership styles on a 5-point Likert scale (0 = not at all) to 4 = frequently, if not always).

Utrecht Work Engagement Scale (UWES)

Schaufeli, Bakker and Salanova (2006) developed the Utrecht Work Engagement Scale (UWES). Its goal is to determine how engaged nurses are at work (Appendix A3). It consists of 17 elements that have been widely utilized in many nations and fields, particularly nursing. The survey is graded on a seven-point Likert scale ranging from 0 (never) to 6 (always) (always). The UWES consists of three subscales: vigor (six items), dedication (five items), and absorption (six items) (Schaufeli et al. 2006). The total scale ranges from 0 to 102, with higher scores indicating a greater nurse's level of work commitment. Each of the work commitment subscales was averaged to get the total commitment score. The overall level of job satisfaction might range from very low to very high. A score < 1.93 indicates a low level of work commitment. Scores ranging from 1.94 to 3.06 indicate low level of work commitment. Scores ranging from 3.07 to 4.66 indicate an average work level of commitment. High levels of work commitment are indicated by scores ranging from 4.67 to 5.53. When the score is higher than 5.54, work commitment is very high (Schaufeli & Bakker, 2004). The average level of work commitment among the participants in this study was 4.08.

Psychometric Properties of the Measurement Tool

The researchers from the study confirmed that the reliability of the questionnaires is excellent based on the Cronbach alpha analysis of the MLQ 5X short form, which was 0.89 (Bass & Avolio, 2004), and UWES was 0.90 (Schaufeli et al. 2006). The current study's researchers assessed questionnaire reliability based on internal consistency by measuring Cronbach's coefficients for each questionnaire. Cronbach alpha coefficients for the MLQ-5X short form and UWE tools were 0.94 and 0.93, respectively. This indicated that the questionnaires of the current were trustworthy. The tools were validated using content validity methods by a panel of five experts in nursing administration specialties filed from University of Hail.

Data Collection Procedure

Researchers met with the Chief Nursing Officers (CNO) at each hospital in the Hail region to outline the study's aims and gauge interest in participating. The CNO sent the online surveys using Google Forms that were developed by researchers to emergency nurses at each hospital using their official e-mail addresses. Invitations to complete the surveys were sent to each hospital's emergency nurses. For six weeks, the surveys were accessible for online answers. At the end of weeks two and four, every emergency nurse at each hospital was reminded via email to participate if they had not already done so. The surveys were closed six weeks after the original invitation e-mail. The e-mail included an invitation to emergency nurses with attachments linked by a link. The consent of the emergency nurses was included in this

invitation. The emergency nurses were requested to choose one of two informed consent options at the end of the consent. An option with the text "I agree and consent" is considered consent. When choosing the "I do not consent or agree" option, consider the emergency nurses' choice not to participate. Those who refused to consent were greeted with a screen thanking them for their time. A questionnaire linked with a Universal Resource Link (URL) that specified, "Begin questionnaires" looked for those emergency nurses who agreed to participate. The responses of emergency nurses' questionnaires were exported into a Microsoft Excel spreadsheet once the questionnaires were closed. For further data processing, emergency nurse replies are saved in a secure computer file. It took the participants about 15-20 minutes to complete the questionnaires.

Ethical Considerations

The current study was approved by the Institutional Review Board of the University of Hail and the Hail Health Affairs Directorate for each hospital. Emergency nurses were informed that their participation in the questionnaires had no bearing on their employment status. Each emergency nurse was given an invitation and consent form to review at the time of data collection. The emergency nurses were told that participation in the research is entirely optional, their privacy and confidentiality were respected.

Data Analysis

The Statistical Package for Social Science (SPSS) ®-PC version 28 for Windows will be used to analyze data. The significance level was set at 0.05 for all statistical studies. Data analysis encompasses both descriptive and inferential reasoning. Descriptive statistics were established for the demographic data of emergency nurses, head nurses' leadership styles, and engaged emergency nurses. The Pearson-Product-Moment correlation analysis was used to examine the relationships between the independent variable (head nurses' leadership styles) and the dependent variable (Emergency nurses' levels of work commitment).

RESULTS

Sociodemographic Information

The final sample consisted of 250 emergency nurses from diverse wards throughout the three hospitals. Over half of the emergency nurses (51.6%) were between the ages of 20 and 29, with 2.4% being beyond the age of 49. The three hospitals' emergency nurses were mostly female (96%), with more than half (54.8%) of them Saudi. More than half (58%) of the emergency nurses were married, while 41.2% were unmarried. Approximately three-quarters (70.8%) of the nurses had a BSN, whereas 1.6% held a master's degree in nursing. In addition, 41.6% of emergency room nurses had more than seven years of

experience and worked the morning shift (60.4%) (Table 1).

Table 1: Sociodemo-graphic Characteristics of the Emergency Nurses (n= 250)

Nurses

Variable	N	%
Age		
20-29	129	51.6
30-39	100	40.0
40 -49	15	6.0
> 49	6	2.4
Gender		
Male	10	4.0
Female	240	96.0
Nationality		
Saudi	137	54.8
Non-Saudi	112	44.8
Marital status		
Married	145	58.0
Un-married	103	41.2
Education		
Diploma	69	27.6
Bachelor (BSN)	177	70.8
Master	4	1.6
Experience		
1-3 years	100	40.0
4-6 years	46	18.4
7 and above	104	41.6
Type of shift		
Morning	151	60.4
Evening	15	6.0
Night	84	33.6

Leadership Styles of Head Nurses in the Emergency Department

The emergency nurses perceived their nurse managers to have a strong transformative, transactional leadership style, based on the scale means and standard deviations. Table 2 illustrates the MLQ leadership style factors and means (SD) scores. The transformational leadership style had the highest mean (mean \pm SD), (2.07 \pm .85); with a scale ranging from 0 to 4. The passive-avoidant leadership style had the lowest mean (mean \pm SD), (1.50 \pm .89).

Table 1: Leadership Style of Head Nurses' Characteristics (n=250)

Leadership Styles	Mean	±SD
Transformational	2.07	±.85
Idealized Influence (Attributes)	2.13	±.95
Idealized Influence (Behaviors)	2.18	±.88
Inspirational Motivation	2.14	±.98
Intellectual Stimulation	1.97	±.89
Individual Consideration	1.92	±.94
Transactional	1.84	±.63
Contingent Reward	1.94	±.91
Management by Exception (Active)	2.04	±.80
Management by Exception (Passive)	1.54	±.83
Laissez-Faire (passive avoidant)	1.50	±.89

The Relationship between Transformational Leadership Style and Work Commitment Levels

Table 3 demonstrates a substantial positive relationship between transformative leadership and total work commitment, $r = 0.584$, $p < .001$, when the nurse manager using transformational leadership style associated with higher levels of work commitment among emergency nurses. Additionally, the transformational leadership style of head nurse and the job commitment

subscales of “vigor” ($r = 0.560$), “dedication” ($r = 0.534$), and “absorption” ($r = 0.476$) had a high positive association ($p < .001$).

The Relationship between Transactional Leadership Style and Levels of Work Commitment

Table 4 shows that transactional leadership style and overall work commitment have a strong positive relationship ($r = 0.507$, $p < .001$) when the head nurse uses transactional leadership style associated with higher levels of work commitment among emergency nurses. Additionally, the head nurse transactional leadership style and the “vigor” subscale of job commitment had a moderate positive link ($r = 0.464$), “absorption” ($r = 0.481$), and “dedication” ($r = 0.481$), $p < .001$.

The Relationship between Laissez-Faire Leadership Style and Levels of Work Commitment

Table 4 shows a no significant correlation between the laissez-faire leadership style and total work commitment, $r = -0.044$, $p > 0.05$. Additionally, there was no significant correlation between the laissez-faire leadership style and work commitment subscale of “vigor” ($r = -0.026$) ($p = 0.668$), and “dedication” ($r = -0.122$) ($p = 0.054$) and “absorption” ($r = 0.025$) ($p = 0.691$).

Table 3: Associations between Transformational Leadership Styles and Work Commitment Levels (n= 250).

Characteristics		Transformational Leadership	Commitment	Vigor	Dedication	Absorption
Transformational Leadership	<i>r</i>	-				
	<i>P</i>	.000				
Commitment	<i>r</i>	.584*	-			
	<i>P</i>	.000	.000			
Vigor	<i>r</i>	.560*	.893*	-		
	<i>P</i>	.000	.000	.000		
Dedication	<i>r</i>	.534*	.911*	.708*	-	
	<i>P</i>	.000	.000	.000	.000	
Absorption	<i>r</i>	.476*	.946*	.696*	.703*	-
	<i>P</i>	.000	.000	.000	.000	.000

* Significant ($p < 0.05$) level (2 tailed); *r*: person correlation

Table 4: Association between Transactional Style and Work Commitment Levels (n= 250).

Characteristics		Transactional	Laissez-Faire	Work Commitment	Vigor	Dedication	Absorption
Transactional	<i>r</i>	-					
	<i>P</i>	.000					
Laissez-Faire	<i>r</i>	.330*	-				
	<i>P</i>	.000	.000				
Work Commitment	<i>r</i>	.507*	-.044	-			
	<i>P</i>	.000	.486	.000			
Vigor	<i>r</i>	.464*	-.026	.893*	-		
	<i>P</i>	.000	.668	.000	.000		
Dedication	<i>r</i>	.416*	-.122	.896*	.708*	-	
	<i>P</i>	.000	.054	.000	.000	.000	
Absorption	<i>r</i>	.481*	.025	.897*	.696*	.703*	-
	<i>P</i>	.000	.691	.000	.000	.000	.000

* Significant ($p < 0.05$) level (2 tailed); *r*: person correlation

DISCUSSION

The results revealed that transformational leadership

of head nurses had the highest mean score, whereas laissez-faire had the lowest mean score. The current

results are in agreement with studies of Aboshaiqah, Hamdan-Mansour, Sherrod et al. (2014); Al-Yami, Galdas and Watson (2018). But, contrary to the current findings, a study conducted by García-Sierra and Fernández-Castro (2018) and Al-Daibat (2017) found that a transactional leadership style had a higher mean than a transformational one.

Regarding work commitment among emergency nurses, the extant study revealed that the highest mean score was in the dedication domain, which points to that emergency nurses had a strong sense of significance, inspiration, the challenge to their work, and experienced a sense of enthusiasm. The lowest mean score was for the vigor domain, which was attributed to the fact that emergency nurses exhibited a high level of energy, readiness to improve and develop their organization, and mental resilience while working. The existing results are similar with other studies (Aboshaiqah, Hamadi, Salem et al. 2016; Rahmadani, Schaufeli, Ivanova et al. 2019; Towsen, Stander, & van der Vaart, 2020). On contrary, Hayati, Charkhabi and Naami (2014) showed the highest mean score was for vigor while the lowest was for dedication. Besides, Manning (2016) Baghdad et al. (2021); Mousa, EldinFekry and Elewa (2020) concluded similar results with the current study in the high mean score of dedication but, on the contrary, in the mean score of vigor and absorption.

According to the findings of this study, transformational and transactional leadership styles play a significant role in predicting emergency nurses' commitment. However, the current study indicated that the laissez-faire style is statistically non-significant correlated with work commitment and may be because of this style keeps emergency nurses under pressure as the head nurse does not attempt to make any agreement with the followers, or motivate them, nor guide them toward organizational goals, nor delay feedback with a lack of communication (Abbasi, 2018; Manning, 2016). These results are supported by a number of studies (Essays, 2018; Hayati et al. 2014; Manning, 2016) that revealed a positive significant correlation between transformational leadership style and work commitment. The logical reason is due to positive supportive leadership behavior like; encouraging autonomy, creativity, innovation, promoting clear vision, and role modeling (Negussie & Demissie, 2013). Furthermore, positive leadership styles have been demonstrated to increase nurses commitment both directly and indirectly by enhancing job resources and reducing job demands (Schaufeli, 2015).

The findings of the present study are in agreement with these studies (Breevaart, Bakker, Hetland et al. 2014; Strom, Sears, & Kelly, 2014) that confirmed that a higher level of follower's work commitment is positively with transformational leadership and they suggested that transformational head nurse enhance their follower's via identifying and fostering the acceptance of group goal, providing an appropriate model, articulating a vision,

except intellectual stimulation, providing individualized support and high performance. Even in varied organizational and cultural environments, there is empirical evidence that transformational leadership is positively associated with work commitment (Singh, 2019). On the other hand, the findings of Zhang (2011) reported that transactional leader provides clear structured tasks that are attractive to those with a high demand for achievement and clarity and avoid ambiguity. Nurses who do not perform well in such situations may experience anxiety and stress, leading to no commitment. Transformational leaders are more charming and likely to persuade their emergency members to put in more effort and those emergency members who don't perform well in such situations may suffer from anxiety and stress because the guidelines weren't clearly stated. Widmann (2013) also discovered a significant transformative leadership style positively correlates with work commitment, while transactional leadership style negatively correlates. Besides, the study of Garg and Ramjee (2013) that showed a statistical significance with work commitment while no statistical significance between transactional and overall work commitment domains.

CONCLUSION

Transformational and transactional leadership styles had the greatest mean score among emergency nurses' perceptions of head nurse leadership styles, whereas laissez-faire leadership styles had the lowest mean score. Furthermore, dedication received the highest mean score of emergency nurses' work commitment; whereas vigor received the lowest mean score. The majority of emergency nurses were just moderately engaged at work. Furthermore, there was a strong and significant positive correlation between the nurse manager's transformational and transactional leadership styles and the level of work commitment of emergency nurses, but no such correlation existed between the nurse manager's laissez-faire leadership style and the level of work commitment of emergency nurses.

Implications for Nursing Practice

At all levels of the health system, the current study recommends embracing emergency personnel in decision-making, particularly those that influence their practices and profession. Additionally, increase emergency nursing commitment by teaching them about their health organization's vision, mission, and goals. Maintain periodic contact with their emergency nurses to recognize work challenges and assist them in finding solutions, which may improve their job commitment.

CONFLICT OF INTEREST

The researchers declare not to have any financial or non-financial competing interests regarding the publication of this paper.

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AUTHOR CONTRIBUTIONS

H.A designed and performed the data analysis and wrote the manuscript. SA and FA performed data collection. FA and SA reviewed the manuscript. All authors read and approved the final version.

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