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Effect of Nurse Managers' Leadership Styles on Organizational Commitment of Nurses Working at Taif Governmental Hospitals in Kingdom of Saudi Arabia

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Results: The present study's findings revealed that most leaders in the two selected hospitals use both transformational and transactional leadership styles from nurses perspectives. The great majority of studied nurses had commitment to their organization, whereas, only small percentage of them didn't have commitment to their organization in the two selected hospitals.

Conclusion: Transformational leadership style was rated higher than transactional leadership style in both hospitals, and there were statistically significant positive correlations between the perceived leadership styles and organizational commitment.

Recommendations: Designing and implementing a comprehensive training program to managers and leaders to encourage behaviors such as trust creation, encouragement of creativity, and induction of a common vision. Such managers can play a key role in the development of organizational commitment of their employees.

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I. Introduction

Leadership has been always a crucial issue and function of management since organizations and companies are permanently in a constant struggle to be increasingly competitive which helps to maximize efficiency and to achieve organizational goals (Keskes, 2014). Nursing leadership is pivotal because nurses represent the most extensive discipline in health care (Marquis & Huston, 2015). Nursing leaders currently face many challenges (new roles, new technology, financial constraints, greater emphasis on participation, cultural diversity, and education). In every health care institution, the leadership must act to encourage effecting changes and achieving high standards of the patient care (Sullivan & Garland, 2010). Huber (2014) defined leadership as the process of working with individuals, groups, and other resources in order to achieve the objectives of the organization (Lorber et al., 2016). Leadership style is the most prevalent factors that influence employees' attitudes and behaviors including organizational commitment (Alkahtani, 2016). It is the approach of providing direction, implementing plans, and motivating people (Northouse, 2015).

Leaders can influence the behavior of their followers through the use of different styles, or approaches, to manage others. For the past three decades, a pair of predominant leadership styles (transactional and transformational leadership) has received a significant amount of attention (Keskes, 2014). Transformational leadership is a process in which "leaders and followers raise one another to higher levels of motivation and morality". This motivation is supposed to stimulate people to accomplish beyond expectancy by generating belongingness in achieving the vision (Foon, 2016). Transformational leadership embraced the assumption that people have immerse potential and can be successful if they are given the vision and support from highly engaging, positive and inspiring leaders (Gates, 2009). Through motivation, a change process happens and subordinates become encouraged and

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are enthusiastic in achieving organizational goals and objectives (Foon, 2016).

From another point of view, transformational leadership is generally defined as a process whereby leaders take conscious action to develop followers into leaders, exhibit behaviors that elicit trust, display self-sacrificial perspectives to build commitment and influence, and demonstrate a moral compass towards mission and purpose (Porter, 2015). Transformational leaders are often highly visible and known for their passion and energy in all aspects of their work. They spend most of their time communicating with others and looking for initiatives that add value to their teams' future. Transformational leaders motivate and empower their followers, often transcending short-term goals by focusing on higher order intrinsic needs (Kuria et al., 2016). In this leadership style, the leaders tend to place followers' needs over their own needs. Transformational leaders influence the beliefs and attitudes of followers to align with theirs and then direct followers towards the attainment of greater organizational success (Alshahrani and Baig, 2016).

Transformational leadership can be divided into four components, which are idealized influence, Individualized Consideration, Inspirational Motivation and Intellectual Stimulation. Idealized Influence is the behavior that encourages the followers to use their leaders as role models. Idealized influence leaders have high moral and ethical values and are able to provide their followers with a sense of vision and mission. In most situations, followers greatly respect the idealized influence leader (Northouse, 2015). Individualized Consideration is shown by the transformational leader by creating a supportive climate, listening to their employees, and acts as a coach and mentor which the leaders show consideration for their employees' needs. Leaders pay close attention to individual differences and treat their employees in the most caring way. They also help individuals to achieve goals and personal development. This type of leaders also uses delegation to get their employee to grow through personal challenges (Alkahtani, 2016).

Inspirational Motivation is about raising the consciousness of the employees by motivating and inspiring them to demonstrate commitment to the vision and mission of the group in the organization. The inspirational motivational leaders engage in clearly communicating high expectations to followers and increase team spirit and enthusiasm (Northouse, 2015). Intellectual Stimulation is demonstrated by the leaders when they support their employees to be creative and innovative and to try new approaches and challenge their own beliefs and values. This type of leaders promotes problem solving to find creative solutions (Alkahtani, 2016).

Transactional leadership which is also known as associate leadership requires establishment of relations between the leader and those employees who work under the leader supervision. These employees will receive their desired rewards in return for implementation of their missions (Ahmadi et al., 2012). Transactional leadership can be described as "keeping the ship afloat." Transactional leaders use disciplinary power and an array of incentives to motivate employees to perform at their best. The term "transactional" refers to the fact that this type of leader essentially motivates subordinates by exchanging rewards for performance. A transactional leader generally does not look ahead in strategically guiding an organization to a position of market leadership; instead, these managers are solely concerned with making sure everything flows smoothly today (Ingram, 2016).

Transactional leadership refers to a dynamic exchange between leaders and their subordinates, in which the leader establishes specific goals, monitors progress, and identifies rewards that can be expected upon goal achievement. It involves an exchange process between the leader and the followers, intended to increase followers' compliance to the leader and to the organizational rules (Keskes, 2014). The transactional leadership is based on the exchange process that involves fulfilling contractual obligations, setting objectives and monitoring and controlling outcomes. This leadership style is made up of three main factors: contingent reward and management by exception (active) and management by exception (passive) (Foon, 2016).

Contingent Reward Managers who use the contingent reward leadership show the standards, and encourage their employees to perform well because the leaders will let their employees know the rewards they will receive if their performance level is high. Subordinates are promised rewards for good performance but if the performance is bad they will receive the punishment. Management by Exception (Active) occurs when leaders make corrective criticisms or use negative reinforcement. This leadership behavior monitors employees closely in order to identify mistakes and errors. Leaders with Management-by- Exception "active" behaviors are characterized as monitoring followers' performances and taking corrective action if deviations from the set standards occur. These leaders enforce rules to avoid mistakes (Alkahtani, 2016).

Management by Exception (Passive), in this leadership style, leaders use Management-by-Exception (passive), only intervene when goals have not been met or a problem arises. This leader with a "passive" behavior would not get involved until problems become serious. The Management-by-Exception (passive) leaders wait to take action until mistakes are brought to their attention (Northouse, 2015). Transactional leadership concerns the power to perform certain tasks and reward or punish for employees' performance. It gives the opportunity to leaders to lead the employees

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and they agree to follow their leaders to accomplish the goals. Power is given to the leaders to evaluate, train, correct and handle the employees when productivity is below the expectation level and reward appropriately when the expected outcome is reached (Alkahtani, 2016).

Abualrub and Alghamdi (2012) examined the impact of leadership styles of nurse managers on Saudi nurses' job satisfaction and intention to stay on the job. The results indicated that Saudi nurses perceived their managers as transformational rather than transactional leaders. Another study conducted by Malloy and Penpras (2010) suggested that leaders using the components of transformational leadership more likely contribute to a positive work environment, increased job satisfaction, commitment and motivation.

Organizational commitment is a common phenomenon which has been extensively addressed by many researchers worldwide due to its importance to the organization (Alkahtani, 2016). In the meantime, over the past two decades, organizational commitment was the dominant job attitude that has been the center of attention of researchers and the subject of so many meta-analyses (Haghighy et al., 2016). Today, healthcare organizations are challenged by the lack of commitment from nurses and doctors due to their choices to leave the organization (Fabiene and Kachchhap, 2016). Committed employees are expected to perform at a greater level than their uncommitted counterparts. The lack of commitment among employees of an organization results in interruptions in normal operations, loss of efficiency and increase customer dissatisfaction while high levels of commitment to the organization are likely to reduce staff absenteeism, and increase levels of job performance (Soha et al., 2016).

Commitment is defined as the psychological bond that is characterized by the members' feeling of attachment, obligation, and loyalty to a given organization. Commitment also describes the level of employees' acceptance of the organization's goals and the willingness they have to work towards these goals (Manetje and Martins, 2009 & Fabiene and Kachchhap, 2016). Organizational commitment is categorized into three components; affective, continuance and normative commitments. Affective commitment concerns the employee's emotional attachment to, identification with and involvement in the organization (Kimura, 2013). Continuance commitment, on the other hand, refers to employees' assessment of whether the costs of leaving the organization are greater than the costs of staying. Employees who perceive that the costs of leaving the organization are greater than the costs of staying will remain with the organization (Rego et al., 2016). Normative commitment refers to employees' feelings of responsibility to the organization. Employees with high levels of normative commitment stay with the organization because they feel that they have to (Alkahtani, 2016 and Sow et al., 2016).

In arguing for this framework, Allen and Meyer (1997) contended that affective, continuance, and normative commitment were components rather than types because employees could have varying degrees of all three. They exemplified the three types of commitment by saying that one employee might feel both a strong attachment to an organization and a sense of responsibility to remain. A second employee might enjoy working for the organization but also recognize that leaving would be very difficult from an economic perspective. Finally, a third employee might experience a considerable degree of desire, need, and responsibility to remain with the current employer (Alkahtani, 2016).

Nurses are the backbone of medical care, hence the nursing leaders should build and maintain a healthy work environment that motivates and supports the nurses to reduce nurses turnover and increase organizational commitment. It has been found that the nurses prefer to work in an environment which promotes social relationship and encourages participation in decision-making (Alshahrani and Baig, 2016). By implementing transformational leadership styles, subordinates feel empowered leading to organizational commitment and solving of employee morale problems which in turn lead to job satisfaction (Foon, 2016).

Over the years, there has been increasing interest in the relationship between leadership and organizational commitment. In a study of Kenyan and US financial firms, Walumbwa et al., (2005) found that transformational leadership not only had a positive effect on organizational commitment but on job satisfaction as well. Transformational leaders influence followers' organizational commitment by encouraging followers to think critically by using novel approaches, involving followers in decision-making processes, inspiring loyalty, while recognizing and appreciating the different needs of each follower to develop his or her personal potential (Keskes, 2014). Lee (2004) found out that transformational leadership correlates significantly with organizational commitment with samples of research and development professional in Singapore. Contrary, transactional leadership does not have significant relationship with organizational commitment.

II. Significance of the Study

In the recent years organizations have gone through dramatic changes, including flatter and looser structures, downsizing, and horizontal approaches to information flow, these changes are due to rapid technological developments, global competition, and the changing nature of the workforce that triggered by interventions such as total quality management and business process reengineering. Leadership is regarded

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as a critical factor in the initiation and implementation of the transformations in the organizations. The leadership should be broadened if it wants to engender a positive impact on individuals, teams, and organizations (Raja & Alanichamy, 2011).

Healthcare organizations are systems where human resources are the most important assets for the delivery of quality healthcare; nursing is the largest workforce within the healthcare organization. They are the front line healthcare providers who spend more time with patients than any other healthcare professional. Therefore achieving optimal healthcare delivery is difficult, if not impossible without the efforts and commitment of staff nurses. Nursing leadership has a significant impact on creating practice environments that support and motivate staff nurses to provide the highest level of care to healthcare consumers (Fugate, 2014). Therefore, the current study will enhance our understanding of the relationship between leadership styles and organizational commitment that affect work behaviors and attitudes of nurses which would ultimately be linked with the achievement of organizational goals.

a) Aim of the Study

The main aim of the present study was to: Explore and describe nurse managers' leadership styles and its effect on nurses' organizational commitment at Taif governmental hospitals in Kingdom of Saudi Arabia.

b) Research questions

1. What is the nurse managers' leadership style as perceived by their subordinates?
2. What is nurses' organizational commitment?
3. What is the correlation between nurse managers' leadership styles and nurses' organizational commitment?

III. Subjects and Methods

a) Research design

Non-experimental cross sectional correlational study for exploring and describing nurse managers' leadership styles and its effect on nurses' organizational commitment at Taif governmental hospitals in Kingdom of Saudi Arabia was conducted.

b) Settings

The study was conducted in two different hospitals (King Faisal Specialized Hospital {KFSH} & King Abdul-Aziz Specialized Hospital {KASH}).

c) Subjects of the study

A random sample of 570 nurses worked in the previously mentioned settings (King Faisal Specialized Hospital {KFSH} & King Abdul-Aziz Specialized Hospital {KASH}) were selected.

d) Inclusion criteria

Staff nurses who have at least one year of experience and working at study settings, and as well as agreed to participate in this study.

e) Instrumentation

In order to fulfill the aim of the study, three modified questionnaires were used to measure the variables in this study from nurses' point of view, which include:

1. *Assessment Sheet:* This sheet was designed by the researchers to collect the socio- demographic data (such as; age, gender, qualification, total years of experiences, hospital, nationality and marital status).
2. *Leadership Style Questionnaire:* This tool was used to measure transactional and transformational leadership styles from nurses' point of view. It was developed by Vera and Crossan, (2004). It is modified and translated into Arabic by the researchers. The questionnaire included 18 statements concerning transformational and transactional leadership styles. Twelve statements concerning transformational leadership style and six statements measuring transactional leadership style. Each item was measured on a 5- point Likert scale. The possible responses ranged from 1 (strongly disagree) to 5 (strongly agree) on all items. The higher the scores, the higher the leadership is.
3. *Organization Commitment Questionnaire:* This is a self-reporting 18 items scale developed by Meyer (2004) used to measure nurses' commitment toward their organizations. It included statements reflecting nurses' perception of three types of commitment namely; affective commitment (6 statements), continuance commitment (6 statements); and normative commitment (6 statements). The responses were made on a 5 point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The higher the scores, the higher the commitment is. There were four items on the commitment scales had been worded such that strong agreement actually reflects a lower level of commitment. These are referred to as "reverse-keyed" items (identified by "R" after the statement).

f) Pilot study

A pilot study was performed on twenty nurses (not included in the full-scale study) to test the practicability and applicability of the study tool, identify any difficulties, estimate the time needed to fill in the questionnaire. Based on the results of the pilot study, the necessary modification and clarification of some questions were done. Validity and reliability of the study tool was tested using Cronbach's coefficient alpha (0.84).

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IV. Method of Data Collection

Approval of institutional review board (IRB) at the selected hospitals was obtained. After that, once the subjects were asked to sign the designed consent form, then the researchers gave the questionnaire for filling it out, each participant was spent 20-30 minutes to complete the questionnaire. The researcher told the participants that all information gathered will be used only for the purpose of research, and results of the study will be published in aggregates. The data collection phase of the study was carried out in three months from 1/10/2016 to 30/12/2016.

a) Ethics and human rights

An informed consent was obtained from all the participants before collecting any data. Explanation of the study aim in a simple and clear manner was done to each participant. All data was considered confidential. Participants were informed about their rights to withdraw from the study at any time without giving any reason.

b) Data Analysis Plan

Data were revised, coded, entered, analyzed and tabulated using SPSS version 19. Both descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (Pearson correlation and chi-square tests) were used according to type of variables. P value less than 0.05 was considered significant.

c) Limitation of the study

The most remarkable limitation of the present study was that all data in this study was obtained through cross-sectional, self-report surveys, which could lead to common method variance between predictor variables and outcome variables. Therefore, it is suggested that these results be used cautiously.

V. Results

The current challenges facing healthcare systems, in relation to the shortage of health professionals, necessitates mangers and leaders to learn from different leadership styles and staff empowerment strategies, so as to create a work environment that encourages nursing staff commitment to patients and their organization. This study intends to explore and describe nurse managers' leadership styles and its effect on nurses' organizational commitment at Taif governmental hospitals in Kingdom of Saudi Arabia. Figure 1 illustrated distribution of studied nurses by type of hospital. (51.6%) of participant nurses, were from King Faisal hospital while (48.4%) from King Abdul Aziz hospital.

Table (1: A and B) demonstrated socio-demographic characteristics of participant nurses, the mean age of participant nurses were (28.7±2.9 and 30.1±5.2 years) in King Abdul Aziz and King Faisal hospital respectively and most of them (72.6%) were female. Regarding occupation (82.8%) of participant nurses were staff nurses while (17.2%) of them were nurse managers. The mean years of experience of participant nurses, were (7.2±4.8 and 6.0±2.) in King Faisal hospital and King Abdul Aziz respectively. One fifth (20.4 %) of participant nurses had a diploma degree, while (71.9%) of them were bachelor degree. Above half of participant nurses (51.2 %) were Non-Saudi and married (56.8%). There is statistically significant difference between the two hospitals regarding all socio- demographic characteristics.

Table 2 showed leadership styles of nurse managers distributed by type of hospital. As noticed from the table, most of participant nurses (74.4%) perceived their leaders as transformational leaders in both hospitals and the difference between the two hospitals were statistically significant, P=0.000. Regarding transactional leadership style, (65.6%) of participant nurses perceived their leaders as transactional leaders in both hospitals and there is no statistically significant difference between the two hospitals P=0.10.

As shown in the table 3, nurses' affective organizational commitment, the majority of them (78.6%) had affective commitment to their organization, while nearly about one fifth of them (21.4%) didn't have commitment to their organization in both hospitals. Moreover, affective commitment was higher in King Faisal hospital than King Abdul Aziz hospital and differences between them were statistically significant, P=0.001.

Continuance organizational commitment of nurses is illustrated in table 4. It is clear that the highest percentage (84.2%) of participant nurses had continuance commitment to their organization and about (15.8%) of them didn't have in both hospitals. Regarding hospitals, continuance commitment was higher in King Faisal hospital (89.8%) compared to King Abdul Aziz hospital (78.3%) and the differences between them were statistically significant, P=0.000.

Table 5 represented nurses' normative organizational commitment. (71.6%) of participant nurses had normative commitment to their organization, while only (28.4%) of them didn't have normative commitment to their organization in both hospitals. Concerning hospital, normative commitment was higher in King Abdul Aziz than King Faisal hospital and there were statistically significant differences between the two hospitals P=0.000.

Figure 2 showed nurses' total organizational commitment distributed by types of hospital. As evident from this figure, the great majority (87.1%) of participant nurses had commitment to their organization. Moreover, only (12.9%) didn't have commitment to their organization in King Faisal hospital. On the other hand, in King Abdul Aziz hospital, the majority (76.8%) of

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participant nurses had commitment to their organization. Meanwhile, nearly about one fourth (23.2 %) of them didn't have commitment to their organization and differences between the two hospitals were statistically significant, P=0.001.

Transformational leadership styles and its effect on nurses' organizational commitment in the two studied hospital are displayed in table 6. There were statistically significant positive correlation between transformational leadership style and organizational commitment in each hospital (King Abdul Aziz and King Faisal hospitals) and a positive correlation in the comparison of two hospitals, P=0.000.

Lastly, table 7 revealed transactional leadership style and its effect on nurses' organizational commitment in the two studied hospital. There were positive correlation between transactional leadership style and organizational commitment in King Abdul Aziz hospital. On the other hand, there were statistically significant positive correlation between transactional leadership style and organizational commitment in King Faisal hospital. For comparison between the two hospitals, also there were statistically significant positive correlation between transactional leadership style and organizational commitment, P=0.03.

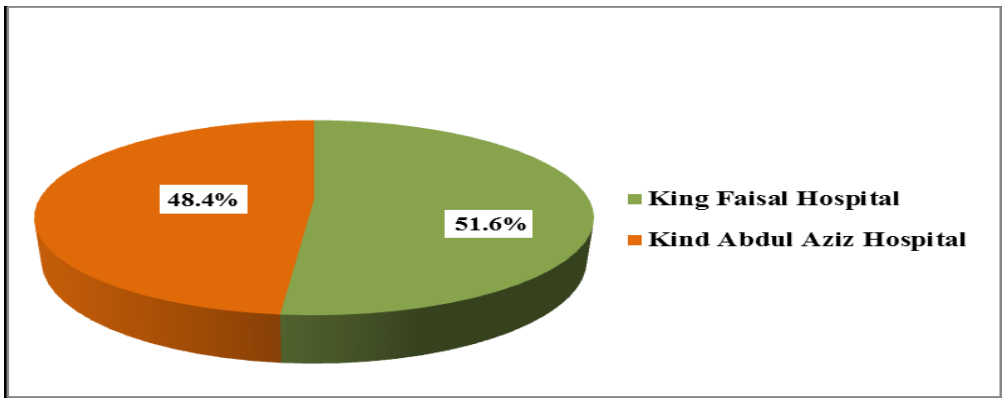

Figure 1: Ditribution of Sytudied Nurses by Type of Hospital N= 570.

Table 1 (A): Socio- demographic Characteristics of Participant Nurses Distributed by Type of Hospital (N=570).

Socio- demographic data		Hospitals				Total		P value
		King Abdul Aziz Hospital		King Faisal Hospital				
		N0.	%	N0.	%	N0.	%	
Age groups of studied nurses	20 - 30 years	228	82.6%	206	70.1%	434	76.1%	X2=17.4, P=0.000 HS
	31 - 40 years	44	15.9%	66	22.4%	110	19.3%	
	41 - 50 years	4	1.4%	22	7.5%	26	4.6%	
	Mean ± SD	28.7±2.9 years		30.1±5.2				t=3.8, P=0.000 HS
Gender	Male	30	10.9%	126	42.9%	156	27.4%	X2=73.7, P=0.000 HS
	Female	246	89.1%	168	57.1%	414	72.6%	
Occupation	Staff nurse	210	76.1%	262	89.1%	472	82.8%	X2=16.9, P=0.000 HS
	Nurse manager	66	23.9%	32	10.9%	98	17.2%	
Experience groups of nurses' participants	<=5 years	126	45.7%	110	37.4%	236	41.4%	X2=9.5, P=0.008 Sig
	6 - 10 years	136	49.3%	150	51.0%	286	50.2%	
	11 - 25 years	14	5.1%	34	11.6%	48	8.4%	
	Mean ± SD	6.0±2.4 years		7.2±4.8years				t=3.6, P=0.000HS
Education	Diploma	20	7.2%	96	32.7%	116	20.4%	X2=59, P=0.000 H S
	Bachelor	236	85.5%	174	59.2%	410	71.9%	
	Master	20	7.2%	24	8.2%	44	7.7%	

Table 1 (B): Socio- demographic Characteristics of Participant Nurses Distributed by Type of Hospital (N=570).

Socio -demographic data		Hospitals				Total		P value
		King Abdul Aziz Hospital		King Faisal Hospital				
		N0.	%	N0.	%	N0.	%	
Nationality	Saudi	154	55.8%	124	42.2%	278	48.8%	X2=10.6, P=0.001 Sig
	Non Saudi	122	44.2%	170	57.8%	292	51.2%	
Marital Status	Married	180	65.2%	144	49.0%	324	56.8%	X2=15.3, P=0.000 HS
	Single	96	34.8%	150	51.0%	246	43.2%	
Total		276	100.0%	294	100.0%	570	100.0%	

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Table 2: Leadership Styles of Nurse Managers Distributed by Type of Hospital (N=570).

Leadership Styles	Hospitals				Total		P value
	King Abdul Aziz Hospital		King Faisal Hospital		N0.	%	
	N0.	%	N0.	%			
Non transformational leadership style (12-35)	90	32.6%	56	19%	146	25.6%	X2=13.7, P=0.000 HS
Transformational leadership style (36 -60)	186	67.4%	238	81%	424	74.4%	
Non transactional leadership style (6 -17)	104	37.7%	92	31.3%	196	34.4%	X2=2.6, P=0.10 NS
Transactional leadership style (18 -30)	172	62.3%	202	68.7%	374	65.6%	
Total	276	100%	294	100%	570	100%	

Table 3: Nurses' Affective Organizational Commitment Distributed by Type of Hospital (N=570).

Affective Commitment	Hospitals				Total		P value
	King Abdul Aziz Hospital		King Faisal Hospital				
	N0.	%	N0.	%	N0.	%	
Non affective commitment (6-17)	76	27.5%	46	15.6%	122	21.4%	X2=11.9, P=0.001 Sig.
Affective commitment (18 - 30)	200	72.5%	248	84.4%	448	78.6%	
Total	276	100.0%	294	100.0%	570	100.0%	

Table 4: Nurses' Continuance Organizational Commitment Distributed by Type of Hospital (N=570).

Continuance Commitment	Hospitals				Total		P value
	King Abdul Aziz Hospital		King Faisal Hospital				
	N0.	%	N0.	%	N0.	%	
Non Continuance Commitment (6-17)	60	21.7%	30	10.2%	90	15.8%	X2=14.2, P=0.000 HS
Continuance Commitment (18-30)	216	78.3%	264	89.8%	480	84.2%	
Total	276	100.0%	294	100.0%	570	100.0%	

Table 5: Nurses' Normative Organizational Commitment Distributed by Type of Hospital (N=570).

Normative commitment	Hospitals				Total		P value
	King Abdul Aziz Hospital		King Faisal Hospital				
	N0.	%	N0.	%	N0.	%	
Non normative Commitment (6-17)	64	23.2%	98	33.3%	162	28.4%	X2=7.2, P=0.001 Sig.
Normative Commitment (18-30)	212	76.8%	196	66.7%	408	71.6%	
Total	276	100.0%	294	100.0%	570	100.0%	

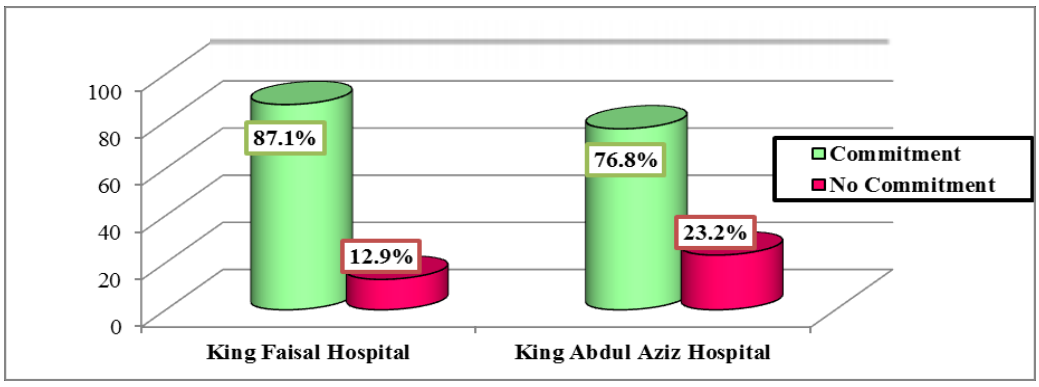

Figure 2: Nurses' Total Organizational Commitment Distributed by Type of Hospital (N=570).

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Table 6: Transformational Leadership Styles and its Effect on Nurses' Organizational Commitment in the Two Studied Hospitals (N=570).

Transformational Leadership Style	Hospitals											
	King Abdul Aziz Hospital						King Faisal Hospital					
	Commitment				Total Score		Commitment				Total Score	
	No commitment (18 -54)		Commitment (55 - 90)		Total		No commitment (18 – 54)		Commitment (55 - 90)		Total	
	N0.	%	N0.	%	N0.	%	N0.	%	N0.	%	N0.	%
Non transformational leadership style (12-35)	64	71.1%	26	28.9%	90	100%	32	57.1%	24	42.9%	56	100%
Transformational leadership style (36-60)	0	0%	186	100%	186	100%	6	2.5%	232	97.5%	238	100%
Total	64	23.2%	212	76.8%	276	100%	38	12.9%	256	87.1%	294	100%

For King Abdul Aziz hospital: X2 = 172.0, P=0.000 High Significant.
For King Faisal hospital: X2 =120.0, P=0.000 High Significant.
For comparison between King Abdul Aziz and King Faisal hospitals: X2=18.2, P=0.000 High Significant.

Table 7: Transactional Leadership Style and its Effect on Nurses' Organizational Commitment in the Two Studied Hospitals (N=570).

Transactional Leadership Style	Hospitals											
	King Abdul Aziz Hospital						King Faisal Hospital					
	Commitment total score				Total		Commitment total score				Total	
	No commitment (18 - 54)		Commitment (55 - 90)				No commitment (18 - 54)		Commitment (55 - 90)			
	N0.	%	N0.	%	N0.	%	N0.	%	N0.	%	N0.	%
Non transactional leadership style (6-17)	18	17.3%	86	82.7%	104	100%	2	2.2%	90	97.8%	92	100%
Transactional leadership style (18-30)	46	26.7%	126	73.3%	172	100%	36	17.8%	166	82.2%	202	100%
Total	64	23.2%	212	76.8%	276	100%	38	12.9%	256	87.1%	294	100%

For King Abdul Aziz hospital: X2 = 3.2, P=0.07 Not Significant.
For King Faisal hospital: X2 =13.8, P=0.000 High Significant.
For comparison between King Abdul Aziz and King Faisal hospitals: X2=6.5, P=0.03 Significant.

VI. Discussion

As a priority, the role of the nurse manager, in continually and effectively empowering staff in the care process, is to ensure a work environment and culture that encourages and sustains quality of healthcare and patient safety. Effective leadership comprises enabling ordinary people to produce extraordinary performance in face of challenge and change, and maintenance of constant performance and benefits. Furthermore, leadership in healthcare organizations is considered an important element for assuring quality health care services, patient satisfaction, and employee performance (Aboshaiqah et al., 2014). However, the relationship between leadership style and employee commitment has not been investigated enough in Saudi Arabian health care context. This cross-sectional descriptive study included 570 nurses, with the aim of exploring and describing nurse managers' leadership styles and its effect on nurses' organizational commitment at Taif governmental hospitals in Kingdom of Saudi Arabia tried to.

The present study's findings revealed that transformational leadership style was rated higher than transactional leadership styles in both hospitals, and there were statistically significant positive correlations between the perceived transformational and transactional leadership styles from nurses' point of view. This result was consistent with Omer (2005) who reported that the transformational leadership style has been ranked higher by the nurses compared to transactional leadership style, and there were significant

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correlations between the perceived leadership style and organization outcomes. Moreover, this finding was congruent with Moussa et al., (2016) who revealed that Saudi nurses perceived their managers as transformational rather than transactional leaders. The results further showed that transformational leadership was associated with job satisfaction. Transactional leadership on the other hand was found to be associated with job dissatisfaction. Also, the result suggested that leaders using the components of transformational leadership more likely contribute to a positive work environment, increased job satisfaction, commitment and motivation.

Likewise, Ahmad et al., (2013) mentioned that transformational leadership have higher mean compared to transactional leadership which means that transformational leadership style is more acceptable for nurses compared to transactional leadership style. In addition, the result of this study revealed that transformational leadership style is more effective than transactional leadership style in producing organizational commitment. This result was supported by Ahmad et al., (2015) who found that transformational leadership style is more valuable than transactional, $\beta=0.6381$, t-value$=10.874$ and p-value<0.01. It is also evident from the finding that the relationship between transactional leadership style and organizational commitment is positive, but less effective than transformational leadership style on organizational commitment in public Tertiary Institutions in Pakistan.

Furthermore, Limsila and Ogunlana (2007) found that the leadership style mostly adopted and proving to be most suitable for that people is the transformational leadership. Meanwhile, the result was in the same line with Abualrub and Alghamdi (2012) who stated that Saudi nurses perceived their managers as transformational rather than transactional leaders. The results further showed that transformational leadership was associated with job satisfaction. Transactional leadership on the other hand was found to be associated with job dissatisfaction. Nurses who were satisfied with their jobs intended to stay longer. In addition, Alshahrani and Baig (2016) indicated that nurses working under leaders with higher transformational style of leadership had more job satisfaction compared to nurses working under leaders with higher scores on transactional style of leadership. Organizational outcomes were better with transformational style of leadership. Also, it is found that transformational leadership is playing a positive role in Pakistani companies and employees in those organizations where transformational leaders seem to be more satisfied with their jobs than those of transactional leadership (Mahmood, 2015).

Moreover, Jain and Duggal (2015) reported a strong and positive relationship between transformational leadership and organizational commitment. Conversely, these results were in contrast with Alshahrani and Baig (2016) who mentioned that most of the head nurses demonstrated transactional leadership style compared to the transformational style of leadership, also, the result was reinforced by the findings of previous studies (Bass and Avolio 2004). Likewise, the findings of this study were on contrary with Lorber et al., (2016) who revealed that leaders most widely use the transactional leadership style. They also identified statistically significant differences in the assessment of the transactional leadership style between leaders and other employees in nursing.

Leadership is a very important variable which enhances organizational commitment of the employees (Aabdeen et al., 2016). Effective leaders should engage in both transformational and transactional behaviors (Keskes, 2014). The results of this study demonstrated that, there were a statistically significant positive correlation between both (transactional and transformational) leadership styles and organizational commitment. These findings were similar with Dariush et al., (2016) who stated that there is a positive relationship between transformational leadership style consisting of the creation of the trust, induction of a common vision, encouragement of creation and emphasis on progress, and organizational commitment. Also, there has often been a significant relationship between leadership styles and a variety of organizational commitments. In accordance with the study result, Rehman et al., (2012) showed that both transformational and transactional leadership have positive relationship with organizational commitment. The second important finding is that transformational leadership is used mostly than transactional leadership.

Likewise, Njoroge, et al.,(2015) conducted an empirical study on 343 respondents of technical institution, Kenya to determine the effect of transformational leadership style on organizational commitment as moderated by employee participation. The result revealed that transformational leadership is a significant predictor of affective, continuance and normative commitment. In addition, Hill et al., (2012) found that there was a positive relationship between leader's behavior and employees' commitment. In agreement with the findings of other studies, Aghashahi, et al., (2013) examined the statistical relationship between leadership styles and organizational commitment components and found a positive direct relationship of transformational leadership style with affective and normative commitment in the context of service industry.

Moreover, these results were congruent with Marmaya et al., (2011) who showed that transformational and transactional leadership have positive relationship with employees' organizational commitment while employees of Malaysian organization are more influenced by transformational than

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transactional. Also, the results were in the same line with Asiri et al., (2016) who revealed that transformational, transactional and laissez-faire styles positively affect commitment levels, with the transformational style having a marginal effect. In the same context, Lee (2010) asserted that transformational leadership and transactional leadership both have a positive and significant effect on organizational commitment. Moreover, organizational commitment will significantly and positively affect to job performance. Also, Ramezaninezhad et al., (2011) pointed out that transformational and transactional leadership styles have significant positive effects on the organizational commitment of school sports teachers. Similar findings were reported by Lotfi et al., (2012), when they found that there is positive relationship between transformational and transactional leadership styles and organizational commitment; the only difference was that their study was concerned with faculty members.

In addition, these finding was consistent with Othman et al., (2013) who concluded that there is a positive correlation between leadership styles and organizational commitment. Researchers contended that leaders can be both transformational and transactional and that leader's actions within organization contribute significantly to employee's organizational commitment. The finding was also congruent with Rao and Gorfie (2017) who indicated that transformational and transactional leadership styles are positively and significantly correlated with organizational commitment. However, the correlation among these constructs is very weak; indicating that all the components of transformational leadership, and transactional leadership could not as such strongly promote the increment of organizational commitment of faculties. The result showed that transformational leadership style explained the variance on organizational commitment better than transactional and laissez faire leadership behaviors demonstrated by heads and deans.

In the same line, the results from this study were supported by Lee (2004) who found out that transformational leadership correlates significantly with organizational commitment with samples of research and development professional in Singapore. Likewise, Porter (2015) reported that transformational leadership was significantly correlated with organizational commitment. In this respect, Stacey (2007) also drew the conclusion that both transformational and transactional leadership styles have positive effects on the affective and normative commitments. Moreover, Hayward et al., (2004) noted that transformational leadership has moderate positive correlation with affective commitment. In addition, their result reveals that transformational leadership style is likely to generate commitment from subordinates while transactional and laissez-faire are not. Meanwhile, Dargahi et al., (2017) pointed out that there was a positive relationship between spiritual leadership with organizational commitment (P=0.000).

Likewise, Lai et al., (2014) probed the relationship between school teacher commitment and principle leadership styles in Perak, Malaysia. The result found that the relationship between commitment and transformational leadership style is significant. Another research conducted by Shin (2013) also investigated the association between organizational outcome, organizational commitment and leadership style in fire department. The findings showed that both styles of leadership (transformational and transactional leadership) have significant relationship with organizational commitment. Moreover, Chiun et al., (2009) highlighted that both styles of leadership (transformational and transactional) have effect on organizational commitment. However, transactional leadership style helps in some positions but less effective than transformational leadership style.

In addition, the result was similar with Ahmad et al., (2015) who stated that the relation between transformational leadership style and organizational commitment is significant. This finding is consistent with results of previous research (Cemaloglu, et al., 2012). The finding also revealed that the relationship between transactional leadership and organizational commitment is significant. The finding is also supported by the previous researches results (Yavirach, 2012 and Madanipour, 2013).

In contradiction with the present study' findings, Lee (2004) pointed out that transactional leadership does not have significant relationship with organizational commitment. Moreover, Hayward et al., (2004) indicated that no correlation was found between transactional leadership and affective, normative and continuance commitment. However, disagreement arises as Epitropaki and Martin (2005) and Wu (2009) declared that transactional leadership is more effective than transformational leadership style to achieve organizational goals and enhance employee commitment. Similarly, Marmaya et al., (2011) also argued that the relationship between employee commitment and transactional leadership is more significant than transformational leadership style.

Finally, and away from the strong emphasis on transformational leadership style and organizational commitment, and the weak emphasis on transactional leadership style, one positive thing was certain from the present study' findings. The majority of participant nurses appreciated the importance of leadership styles of nurse managers to produce organizational commitment, improve and upgrade the effectiveness of the delivered services. Nursing leaders need to utilize a leadership style that best suit the environment and their subordinates. The leader should be able to recognize and analyze their subordinates as well as the

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environment where they worked. Leaders' behavior is reflected through their employees in the care they give to their patients each day, regardless of the leadership style used. Also, healthcare organizations need nursing leaders who can improve nursing care, are an advocate for the nursing profession, and have a positive effect on health care.

VII. Conclusion

Generally, nurses working under transformational and transactional leaders tend to be more loyal to their organizations. The present study's findings revealed that transformational leadership style was rated higher than transactional leadership style in both hospitals, and there were statistically significant positive correlations between the perceived leadership styles and organizational commitment. The great majority of studied nurses had commitment to their organization. Moreover, only small percentage of them didn't have commitment to their organization. Managers should use more principles of these styles of leadership to increase the level of organizational commitment of their employees.

VIII. Recommendations

In the light of study findings, the following recommendations are proposed:

1. Designing and implementing a comprehensive training program to managers and leaders to encourage behaviors such as trust creation, induction of a common vision, encouragement of creativity, emphasis on personal development, and achieving organizational and individual achievements and benefits. Such managers can play a key role in the development of organizational commitment of their employees.
2. Nursing leaders in hospitals can enhance the nursing work environment by practicing appropriate leadership styles and empowering strategies, including greater participation of nursing staff in the decision making process. Ultimately, more effective nursing management should result in improved nursing staff retention, job satisfaction, and work commitment.
3. Replication of this study in different health care sectors with other healthcare professionals and in critical care units will be beneficial, variables such as empowerment, job satisfaction, turnover, and retention can be considered in future research to increase organizational commitment of employees.

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