

RELATIONSHIP BETWEEN LEADERSHIP STYLES AND NURSES' PSYCHOLOGICAL WELL-BEING

Taghreed Fawzy A¹, Reem Abd El Rahman M², Amal Awad M³

¹Specialist nurse at Damanhour Dental Center (B.Sc. Nursing 2009, Alexandria University).

²Professor of Nursing Administration, Faculty of Nursing, Damanhour University.

³Assistant Professor of Psychiatric Nursing and Mental Health, Faculty of Nursing, Damanhour University.

DOI: <https://doi.org/10.5281/zenodo.8276003>

Published Date: 23-August-2023

Abstract: *Background:* Leadership has become an increasingly important in attempt in order to adapt to a turbulent working environment and has a strong influence on nurses' psychological and physical health. *The study aimed to:* examine the relationship between leadership styles and nurses' psychological well-being at Kafr El Dawar General Hospital. *Design:* A descriptive, correlational study was utilized to meet the aim of this study. *Setting:* The study was conducted at all inpatient units (medical and surgical) and Intensive Care Units (ICUs) at Kafr El-Dawar General Hospital (N=22). The hospital is the second largest hospital at El-Beheira Governorate, with bed capacity (278). It is classified as follows: (1) medical units (n=7): medical, coronary, pediatrics, hematemesis, obstetrics and gynecology, burn and urology; (2) surgical units (n= 6): general surgery (A and B), orthopedics, ear, nose and throat, neuro-surgery and vascular; (3) ICUs (n=9): general, pediatrics, neonatal, neuro-surgery, coronary care, dialysis, toxicology, eclampsia and burn. *Subjects:* Composed of 44 head nurses and 270 staff nurses who are working at previously mentioned setting. *Tools:* two tools were used for data collection; Multifactor Leadership Questionnaire 5X short form (MLQ-5XS) and Outcome Questionnaire (OQ) / Life Status Questionnaire (LSQ). *Results:* There were highly statistically significant differences were found between head nurses and staff nurses toward total leadership styles. However, there were no statistically significant differences were found between head nurses and staff nurses toward total psychological well-being. Moreover, the highest mean±SD of leadership styles for both subjects was transformational leadership style; also, symptom distress for psychological well-being. *Conclusion:* based on the results of the present study it can be concluded that, there are positive significant correlations between leadership styles and nurses' psychological well-being. *Recommendation:* promote communication between head nurses and their staff nurses through regular meetings with them, allow staff nurses to participate in decision making process and problem solving and express their idea.

Keywords: Leadership styles, Psychological well-being, Head nurses, Staff nurses.

1. INTRODUCTION

Leadership plays a crucial role in creating an enthusiastic atmosphere and culture in hospitals. ⁽¹⁾ Effective leadership style could promote excellence in developing hospital's members. ⁽²⁾ Leadership is both a research area and a practical skill encompassing the ability of an individual, group or hospital to "lead", influence or guide other individuals, teams, or entire hospitals. Leadership is a complex and interactive process that is considered as one of the major predictors of the quality of nursing work-life. ⁽³⁾ Leaders have an essential role in quality improvement efforts to provide ongoing leadership and accountability for quality care issues. ⁽⁴⁾

Igbaeckemen (2014)⁽⁵⁾ defined leadership as: "the art of influencing individuals to strive willingly towards the achievement of goals". Leadership has been also viewed by Northous (2010)⁽⁶⁾ as: "a process whereby an individual influences a group of individuals to achieve a common goal". Therefore, the process of leadership can be observed by the behaviors displayed by the leaders. Moreover, it was stated that leadership is how the leader communicates in general and relates to subordinates, the way in which the leader motivates and trains them and the way leaders provides direction to his/her team to execute their tasks.⁽⁷⁾ Leadership style refers to a leader's characteristic behaviors when directing, motivating, guiding and managing.⁽⁸⁾

The Full Range Leadership Model (FRLM) is based on transformational, transactional and laissez-faire leadership styles.⁽⁹⁾ According to it, the first style is transformational leadership, which is characterized by broadening and elevating the interests of nurses; and inspiring them to look beyond their own self-interests. Transformational leaders are role model and also focus on nurses need for growth and sharing their vision.⁽¹⁰⁾ Additionally, they are categorized into four subscales, namely: (1) idealized influence, which indicates highly credible and trustworthy leaders; (2) inspiration motivation, which clarify ideal future state; (3) intellectual stimulation, which challenge old ways and habits; and finally, (4) individualized consideration, which means understanding and developmentally focused.⁽¹¹⁾

The second leadership style is transactional, which emphasizes the exchange that takes place among leader's colleagues and followers to accomplish the work. Transactional leader uses rewards to reinforce their followers' behaviors in order to achieve their goals. The transactional leadership style consisted of three subscales, as follow: (1) contingent reward, which clarify goals, and expectation; and finally, both management-by-exception (active or passive), which monitor and correct problems or wait and respond to problems as they occur. Lastly, the third leadership style is laissez-faire that is represented as being passive, avoidance of issues, decision making and accountability; however, passive or active is according to the extent to which the leader chooses to avoid taking actions.⁽¹²⁾

Leadership style affects the performance of nursing care directly either positively or negatively, as it is associated with staff turnover as negative effect or highly productivity as positive effect.⁽¹³⁾ Leadership style can be one of the main hospital environment factors and sources of distress for nurses.⁽¹⁴⁾ It has a dramatic influence on the working climate and outcome of the teamwork; as well as a dramatic impact on the psychological well-being of nurses.⁽¹⁵⁾ Psychological well-being of nurses is the result of both individual and hospital behaviors including: work design and hospital structures.⁽¹⁶⁾

Psychological well-being is usually conceptualised as some combination of positive affective states, such as: happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudaimonic perspective).⁽¹⁷⁾ Psychological well-being is explained as: "the extent to which the nurses feel enthusiastic, active, and alert and function effectively for their work". Nurses' psychological well-being refers to their perceptions of how quality of their lives could affect their physical, emotional and social functioning. Psychological well-being consists of positive relationships with others, personal mastery, autonomy, feeling of purpose and meaning in life and personal growth and development.⁽¹⁸⁾

It is noted that positive leader behavior has an important role to play in the psychological well-being of nurses. Leadership styles have a positive association with positive measures of psychological well-being.⁽¹⁹⁾ Reductions in turnover and absenteeism are an-evidence that it is not only the provision of support that results in greater psychological well-being but also the quality of the support.⁽²⁰⁾ Thus, leadership quality is evaluated as providing good developmental opportunities, work satisfaction, and good conflict solving relationships that is associated with lower levels of negative psychological well-being.⁽²¹⁾

AIM OF THE STUDY

This study aimed to examine the relationship between leadership styles and nurses' psychological well-being at Kafr El-Dawar General hospital.

RESEARCH QUESTION

What is the relationship between leadership styles and nurses' psychological well-being at Kafr El-Dawar General hospital?

2. MATERIALS AND METHODS

2.1 Research design:

A descriptive, correlational study was utilized to meet the aim of this study.

2.2 Setting:

The study was conducted at all inpatient units (medical and surgical) and Intensive Care Units (ICUs) at Kafr El-Dawar General Hospital (N=22). The hospital is the second largest hospital at El-Beheira Governorate, with bed capacity (278). It is classified as follows: (1) medical units (n=7): medical, coronary, pediatrics, hematemesis, obstetrics and gynecology, burn and urology; (2) surgical units (n= 6): general surgery (A and B), orthopedics, ear, nose and throat, neuro-surgery and vascular; (3) ICUs (n=9): general, pediatrics, neonatal, neuro-surgery, coronary care, dialysis, toxicology, eclampsia and burn.

2.3 Subjects of the study:

All head nurses and staff nurses, who are working in the previously mentioned settings and who were available at the time of data collection, with at least one year of nursing experience, were included in the study. Head nurses (N=44), Nurses (N= 270).

2.4 Tools of the study:

In order to collect the required data, the following two tools were used in this study:

Tool (I): Multifactor Leadership Questionnaire 5X short form (MLQ-5XS):

This tool was updated by Bass and Avolio ⁽²²⁾ and was adopted by the researcher, to assess nurses' perception of their head nurses' leadership styles and also head nurses for themselves. It consists of 36 items grouped into three leadership styles, namely: (1) transformational style (20 items): divided into five subscales, namely: (a) idealized influence attribute (4-item); (b) idealized influence behavior (4-item); (c) inspiration motivation (4-item); (d) intellectual stimulation (4-item); lastly, (e) individual consideration (4-item). (2) Transactional style (12 items): reflected into three subscales, as follows: (a) contingent reward (4-item); (b) management by exception passive (4-item); and finally, (c) management by exception active (4-item); lastly, (3) laissez faire style (four items). Responses were measured on a 5-point Likert scale ranging from (0) "not at all" to (4) "if not always". The overall score ranged from 0 to 144, where low score ranged from (0-48), moderate score (49-96) and high score (97-144).

Tool (II): Outcome Questionnaire (OQ) / Life Status Questionnaire (LSQ):

This tool was updated by Lambert et al ⁽²³⁾ and was adopted by the researcher, to assess nurses' psychological well-being. It consists of 45 items categorized into three subscales, namely: (1) social-role functioning (10-item); (2) interpersonal relationships (12-item) and (3) symptoms distress (23-item). Responses were measured on 5-point Likert scale ranging from (0) "never" to (4) "almost always". The overall score ranged from 0 to 180, where low score ranged from (0-60), moderate score (61-120) and high score (121-180).

In addition to that, a demographic characteristics data sheet was developed by the researcher to elicit demographic data related to: age, working unit, educational level, gender, years of nursing and unit experiences and marital status.

2.5 Methods:

1- An official permission was obtained from the Dean of Faculty of Nursing, Damanhour Univeristy and the responsible authorities of the study settings at Kafr El-Dawar General hospital, after explanation of the purpose of the study.

2- The two tools were translated into Arabic language, and were tested for its content validity and translation by five experts from the field of the study. Accordingly, some modifications were done.

3- The two tools were tested for its reliability, using Cronbach's Alpha Coefficient test to measure internal consistency of the items composing each subscales of the tools. The results were: tool I: Multifactor Leadership Questionnaire 5X short form (MLQ-5XS) ($\alpha = 0.833$); and tool II: Outcome Questionnaire (OQ) / Life Status Questionnaire (LSQ) ($\alpha = 0.870$); which indicating good reliability.

4- A pilot study was carried out on (10%) of total sample size; head nurses (n=4) and staff nurses (n=27) that were not included in the study sample, to test the wording of the questions, clarity and feasibility of the tools; to estimate the average time needed to collect the necessary data and to identify obstacles and problems that might be encountered during data collection. Based on the findings of the pilot study, no modifications were done.

5- Data collection was conducted by the researcher through hand delivered questionnaire to head nurses and staff nurses, after individualized interview with each one for about (5) minutes to explain the aim of the study and the needed instructions were given before the distribution of the questionnaire in their settings. Every subject took from 15 to 20 minutes to fill out the two tools. Data collection took a period of three months from the beginning of December 2019 to the end of February 2020.

Ethical consideration:

- The research approval was obtained from the ethical committee at the Faculty of Nursing, Damanhour University, prior to the start of the study.
- An informed written consent was obtained from the study subjects after explanation of the aim of the study.
- Privacy and right to refuse to participate or withdraw from the study were assured during the study.
- Confidentiality and anonymity regarding data collected were maintained.

Statistical analysis:

The collected data were organized, coded and analyzed by using the Statistical Package for Social Sciences (SPSS), version 22. The reliability tests were confirmed by using the Chronbach's Alpha Coefficient tests. Data were presented using: (1) Descriptive statistics: In the form of frequencies and percentages for qualitative variables, mean and standard deviation for the quantitative variables. P value ≤ 0.05 was considered statistically significant, and P value ≤ 0.01 was considered highly statistically significant; (2) Analytic statistics: Deferential analysis was done for quantitative variables using chi square test in cases of two independent variables with parametric data.

3. RESULTS

Demographic characteristics of the studied subjects, working at Kafr El-Dawar General Hospital.

Table 1 represents that, according to age, the mean \pm SD of head nurses was 34.61 \pm 3.25; compared to 32.78 \pm 6.60 for staff nurses. The highest percentage of head nurses (88.6%) and less than half of staff nurses (48.1%) had from 30 to less than 40 years old. Pertaining to working units, above one third of head nurses and staff nurses were working in surgical units (38.6%, 35.2%), respectively; compared to less than one third of them, working in medical units (29.5%, 30.0%), consecutively. Concerning educational level, all head nurses had Bachelor of Sciences in Nursing (100%); whereas above two thirds of staff nurses (67.4%) had Diploma of Technical Institute of Nursing.

Regarding gender, the majority of both head nurses and staff nurses were female (95.4%, 96.7%), respectively. In relation to years of nursing experience, mean \pm SD of head nurses was 11.61 \pm 2.58; whereas 10.99 \pm 6.40 for staff nurses. Less than three quarters of head nurses had from 10 to less than 20 years of nursing experience (72.7%); while less than half of staff nurses had less than 10 years of the same experience (47%). As for unit experience, mean \pm SD of both head nurses and staff nurses were (9.04 \pm 2.06, 9.63 \pm 5.6), consecutively. Above half of head nurses and staff nurses had from 1 to less than 5 years of unit experience (54.5%, 55.2%), respectively. The majority of head nurses and above three quarters of staff nurses were married (90.9%, 78.1%), consecutively.

Table (1): Demographic characteristics of the studied subjects, working at Kafr El-Dawar General Hospital.(N=314)

Demographic characteristics	Head nurses (n=44)		Staff nurses (n=270)		Total (N=314)	
	No	%	No	%	No	%
Age (years)						
20-	2	4.6	88	32.6	90	28.6
30-	39	88.6	130	48.1	169	53.8
≥ 40	3	6.8	52	19.3	55	17.6
Mean± SD	34.61±3.25		32.78±6.60		33.6±4.23	
Working units						
Medical	13	29.6	81	30.0	94	29.9
Surgical	17	38.6	95	35.2	112	35.6
Intensive Care	14	31.8	94	34.8	108	34.5
Educational level						
Bachelor of Sciences in Nursing	44	100.0	87	32.2	131	41.7
Diploma of Technical Institute of Nursing	0	0.0	182	67.4	182	57.9
Diploma of Secondary School of Nursing	0	0.0	1	0.4	1	0.4
Gender						
Male	2	4.6	9	3.3	11	3.5
Female	42	95.4	261	96.7	303	96.5
Years of nursing experience						
<10	10	22.7	127	47.0	137	43.6
10-	32	72.7	108	40.0	140	44.6
≥ 20	2	4.6	35	13.0	37	11.8
Mean± SD	11.61±2.58		10.99±6.40		11.30±5.17	
Years of unit experience						
<5	24	54.5	149	55.2	173	55.2
5-	18	40.9	95	35.2	113	35.9
≥ 10	2	4.6	26	9.6	28	8.9
Mean± SD	9.04±2.06		9.63±5.96		9.33±3.79	
Marital status						
Single	4	9.1	59	21.9	63	20.1
Married	40	90.9	211	78.1	251	79.9
Divorced	0	0.0	0	0.0	0	0
Widow	0	0.0	0	0.0	0	0

Mean scores of head nurses and their staff nurses’ perceptions of leadership styles, working at Kafr El-Dawar General Hospital.

Table 2 reveals that highly statistically significant differences were found between head nurses and staff nurses and total leadership styles, transformational style, idealized influence attribute, idealized influence behavior, inspiration motivation and intellectual stimulation subscales, where (P ≤ 0.01). Whereas, a statistically significant difference was found between head nurses and staff nurses and management by exception passive, where (P = 0.03). However, no statistically significant differences were found between head nurses and staff nurses and transactional and laissez-faire styles, individual consideration, contingent reward and management by exception active subscales, where (P > 0.05).

Additionally, head nurses had high mean±SD of total leadership styles (83.09±8.01); compared to (77.95±9.74) for staff nurses. The highest mean±SD was transformational leadership style for both head nurses and staff nurses (51.77±5.47, 46.58±7.94), respectively; followed by transactional leadership style (24.52±4.61, 24.29±5.18), consecutively; and lastly, laissez faire leadership style (6.79±2.85, 7.27±2.96), respectively.

According to leadership subscales, the highest mean±SD, for both head nurses and staff nurses, was idealized influence attribute (11.47±1.63, 10.25±2.46), respectively; whereas, the lowest mean±SD was management by exception active (6.68±3.01, 7.58±2.93), consecutively.

Table (2): Mean scores of head nurses and their staff nurses’ perceptions of leadership styles, working at Kafr El-Dawar General Hospital. (N=314)

Leadership styles and subscales	Head nurses (n=44)			Staff nurses (n=270)			T	P
	Min	Max	Mean±SD	Min	Max	Mean±SD		
1- Transformational leadership	40	64	51.77±5.47	26	64	46.58±7.94	17.40	.00**
a-Idealized influence attribute	9	16	11.47±1.63	2	16	10.25±2.46	10.10	.00**
b-Idealized influence behavior	8	15	10.90±1.68	3	15	9.58±2.39	12.40	.00**
c-Inspiration motivation	8	14	10.38±1.48	2	14	8.94±2.60	12.70	.00**
d-Intellectual stimulation	8	16	10.59±1.63	2	16	9.50±2.41	8.20	.04**
e-Individual consideration	2	13	8.40±2.69	2	13	8.28±2.59	.09	.76
2- Transactional leadership	13	32	24.52±4.61	11	33	24.29±5.18	.26	.61
a-contingent reward	4	12	8.31±2.20	2	12	7.96±2.44	.80	.37
b-management by exception passive	5	16	9.52±2.56	1	16	8.54±2.72	4.93	.03*
c-management by exception active	0	13	6.68±3.01	0	13	7.58±2.93	3.54	.06
3- Laissez faire leadership	0	12	6.79±2.85	0	14	7.27±2.96	.99	.32
Total Leadership styles	58	110	83.09±8.01	57	108	77.95±9.74	11.00	.01**

**Highly significant at P ≤0.01; *Significant at P ≤0.05; Not significant at P >0.05

Mean scores of head nurses’ perceptions and their staff nurses’ psychological well-being, working at Kafr El-Dawar General Hospital.

Table 3 reveals that no statistically significant differences were found between head nurses and staff nurses and total psychological well-being, social role functioning, interpersonal relationship and symptom distress subscales, where (P > 0.05).

Pertaining to total psychological well-being, staff nurses had high mean±SD of total psychological well-being (96.06±12.53); compared to (95.36±14.94) for head nurses. As regard to psychological well-being subscales, the highest mean±SD of both head nurses and staff nurses was symptoms distress (46.68±11.07, 48.10±8.70), respectively; whereas, the lowest mean±SD of both head nurses and staff nurses was social role functioning (23.40±4.87, 22.56±4.43), consecutively.

Table (3): Mean scores of head nurses’ perceptions and their staff nurses’ psychological well-being, working at Kafr El-Dawar General Hospital. (N=314)

Nurses’ Psychological well-being subscales	Head nurses (n=44)			Staff nurses (n=270)			F	p
	Min	Max	Mean ±SD	Min	Max	Mean± SD		
Social-Role functioning	15	34	23.40±4.87	14	34	22.56±4.43	1.33	.25
Interpersonal relationships	12	36	25.29±4.70	12	36	25.39±4.72	.02	.89
Symptoms distress	21	68	46.68±11.07	21	68	48.10±8.70	.93	.34
Total nurses’ psychological wellbeing	68	138	95.36±14.94	68	136	96.06±12.53	.11	.75

**Highly significant at P ≤0.01; *Significant at P ≤0.05; Not significant at P >0.05

Correlation matrix between head nuses’ leadership styles and their perceptions of nurses’ psychological well-being, working at Kafr El-Dawar General Hospital.

Table 6 reveals that there was statistical significant correlation between total leadership styles and total psychological well-being, where (P=0.040). Moreover there were positive high statistically significant correlations between total leadership styles and all its related styles and subscales and social role functioning; except management by exception active. Moreover, there were positive high statistically significant correlations between total psychological well-being and transactional leadership, contingent reward, management by exception active and all its related subscales, where (P=0.000).

Furthermore, there were positive high statistically significant correlations between transformational leadership and idealized influence attribute, idealized influence behavior, inspiration motivation, intellectual stimulation, individual consideration and management by exception passive. Additionally, the same correlations were found between transactional leadership and all its related subscales and idealized influence attribute, social role functioning, symptom distress and laissez faire leadership; as well as between laissez faire leadership and management by exception active. Additionally, the same correlations were found between symptom distress and social role functioning and interpersonal relationships, where (P=0.000).

Moreover, positive statistically significant correlations were found between laissez faire leadership and social role functioning, where (P=0.037). However, negative high statistically significant correlations were found between total psychological well-being and transformational leadership, idealized influence behavior and inspiration motivation; as well as between transformational leadership and management by exception active and symptom distress, where (P=0.000). Additionally, the same correlation was found between laissez faire leadership and interpersonal relationships, where (P=0.009).

In addition to that, negative statistically significant correlations were found between transactional leadership and idealized influence behavior, where (P=0.021). On the other hand, no statistically significant correlations were found between the other dimensions.

Table (6): Correlation matrix between head nurses' leadership styles and their perceptions of nurses' psychological well-being, working at Kafr El-Dawar General Hospital. (N=44)

Leadership styles	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
Psychological well-being																	
Transformational leadership (1)	r	.673	.644	.747	.554	.562	-.090	.045	.239	-.418	-.079	.743	.082	.020	-.295	-.168	
	P(2-tailed)	.000**	.000**	.000**	.000**	.000**	.141	.463	.000**	.000**	.193	.000**	.182	.739	.000**	.000**	
Idealized influence attribute (2)	r		1	.369	.302	.144	.331	.208	-.066	.024	-.336	-.158	.390	.067	-.010	-.047	
	P(2-tailed)			.000**	.000**	.018*	.000**	.001**	.281	.696	.000**	.009**	.000**	.271	.875	.000	
Idealized influence behavior (3)	r			1	.436	.102	.167	-.140	-.077	.104	-.280	-.107	.418	-.068	-.170	-.244	
	P(2-tailed)				.000**	.095	.006**	.021*	.209	.089	.000**	.079	.000**	.271	.003**	.000**	
Inspiration motivation (4)	r				1	.452	.176	-.050	.029	.204	-.303	.073	.605	-.010	-.110	-.300	
	P(2-tailed)					.000**	.004**	.410	.636	.001**	.000**	.231	.000**	.866	.071	.000**	
Intellectual stimulation (5)	r					1	.082	.094	.198	.168	-.155	.009	.504	.208	.212	-.091	
	P(2-tailed)						.182	.125	.001**	.006**	.011*	.889	.000**	.001**	.000**	.134	
Individual consideration (6)	r						1	.016	.058	.251	-.253	-.076	.444	.065	.150	-.240	
	P(2-tailed)							.794	.345	.000**	.000**	.214	.000**	.290	.014*	.000**	
Transactional leadership (7)	r							1	.700	.590	.636	.240	.531	.320	.005	.279	
	P(2-tailed)								.000**	.000**	.000**	.000**	.000**	.000**	.937	.000**	
Contingent reward (8)	r								1	.206	.213	.099	.439	.244	.124	.254	
	P(2-tailed)									.001**	.000**	.105	.000**	.000**	.042*	.000**	
Management by exception passive (9)	r									1	-.056	.022	.515	.139	-.054	-.044	
	P(2-tailed)										.356	.715	.000**	.023*	.376	.473	
Management by exception active (10)	r										1	.312	.095	.234	-.045	.323	
	P(2-tailed)											.000**	.118	.000**	.464	.000**	
Laissez faire leadership (11)	r											1	.367	.127	-.150	.098	
	P(2-tailed)												.000**	.037*	.009**	.109	
Total Leadership styles (12)	r												1	.275	-.029	-.243	
	P(2-tailed)													.000**	.632	.309	
Social-Role functioning (13)	r													1	.087	.281	
	P(2-tailed)														.153	.000**	
Interpersonal relationships (14)	r														1	.171	
	P(2-tailed)															.527	
Symptoms distress (15)	r															1	
	P(2-tailed)																
Total psychological wellbeing (16)	r																1

* significant at P≤0.05; ** Highly significant P≤0.01 Interpretation of r: Weak(0.1-0.24); Intermediate(0.25-0.7); Strong(0.75-0.99); Perfect(1)

Correlation matrix between staff nurses' perceptions of leadership styles and their psychological well-being, working at Kafr El-Dawar General Hospital.

Table 7 reveals that there was statistical significant correlation between total leadership styles and total psychological well-being, where (P=0.030). Moreover, there were positive high statistically significant correlations between total leadership styles and all its related styles and intellectual stimulation, individual consideration, contingent reward and management by exception passive subscales. Moreover, there were positive high statistically significant correlations between total psychological well-being and all its related subscales and management by exception active, where (P=0.000).

Furthermore, there were positive high statistically significant correlations between transformational leadership and idealized influence (attribute and behavior), inspiration motivation, intellectual stimulation and individual consideration; as well as between transactional leadership and contingent reward, management by exception active, laissez faire leadership and social role functioning. Additionally the same correlation were found between laissez faire leadership and contingent reward and management by exception active; as well as between social role functioning and symptom distress, where (P=0.000).

Moreover, positive statistically significant correlations were found between total leadership styles and inspiration motivation and social role functioning; as well as between total psychological well-being and transactional leadership and contingent reward, additionally the same correlation were found between transactional leadership and management by exception passive, where(P≤0.05).

However, negative high statistically significant correlations were found between transformational leadership and management by exception active and symptom distress, where (P=0.000). In addition to that, negative statistically significant correlation were found between total psychological well-being and transformational leadership and inspiration motivation, where (P≤0.050). On the other hand, no statistically significant correlations were found between the other dimensions.

Table (7): Correlation matrix between staff nurses’ perceptions of leadership styles and their psychological well-being, working at Kafr El-Dawar General Hospital. (N=270).

Leadership styles		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Psychological well-being																	
Transformational leadership (1)	r	1	.550	.435	.570	.562	.771	-.158	-.088	.285	-.421	-.036	.579	-.037	-.018	-.441	-.345
	P(2-tailed)		.000**	.003**	.000**	.000**	.000**	.305	.569	.060	.004**	.818	.000**	.809	.907	.003**	.022*
Idealized influence attribute (2)	r		1	.050	.220	.179	.250	-.185	-.011	-.011	-.129	-.108	.234	.074	.074	-.215	-.062
	P(2-tailed)			.747	.152	.244	.102	.230	.944	.944	.404	.485	.125	.632	.632	.161	.689
Idealized influence behavior (3)	r			1	.014	.096	.162	-.284	-.186	-.167	-.157	.015	.139	-.171	-.067	-.196	-.233
	P(2-tailed)				.926	.534	.293	.062	.226	.280	.307	.921	.369	.266	.666	.201	.147
Inspiration motivation (4)	r				1	.249	.315	.000	-.010	.386	-.321	-.019	.383	-.229	-.143	-.328	-.363
	P(2-tailed)					.102	.038*	.998	.949	.001**	.034*	.901	.010*	.136	.353	.030*	.016*
Intellectual stimulation (5)	r					1	.229	.063	-.028	.313	-.150	.017	.426	.121	.125	-.132	-.019
	P(2-tailed)						.135	.685	.859	.038*	.331	.915	.004**	.434	.419	.393	.902
Individual consideration (6)	r						1	-.074	.071	.288	-.411	-.016	.478	.038	.139	-.497	-.312
	P(2-tailed)							.635	.645	.058	.006**	.918	.004**	.805	.369	.001**	.039*
Transactional leadership (7)	r							1	.732	.367	.685	.525	.656	.476	.013	.257	.350
	P(2-tailed)								.000**	.014*	.000**	.000**	.000**	.001**	.933	.092	.020*
Contingent reward (8)	r								1	-.010	.397	.457	.524	.494	.049	.198	.323
	P(2-tailed)									.951	.008**	.002**	.000**	.001**	.752	.197	.032*
Management by exception passive (9)	r									1	-.282	.040	.421	-.084	-.011	-.169	-.156
	P(2-tailed)										.063	.795	.004**	.586	.943	.272	.310
Management by exception active (10)	r										1	.436	.263	.440	-.006	.394	.434
	P(2-tailed)											.003**	.085	.003**	.967	.008**	.003**
Laissez faire leadership (11)	r											1	.635	.175	.032	.158	.184
	P(2-tailed)												.000**	.256	.835	.305	.231
Total Leadership styles (12)	r												1	.311	.007	-.096	.332
	P(2-tailed)													.040*	.966	.534	.036*
Social-Role functioning (13)	r													1	.115	.381	.645
	P(2-tailed)														.456	.011**	.000**
Interpersonal relationships (14)	r														1	.079	.411
	P(2-tailed)															.610	.006**
Symptoms distress (15)	r															1	.980
	P(2-tailed)																.000**
Total psychological wellbeing (16)	r																1
	P(2-tailed)																

* significant at P≤0.05; ** Highly significant P≤0.01 Interpretation of r: Weak(0.1-0.24); Intermediate(0.25-0.7); Strong(0.75-0.99); Perfect(1)

Multivariate regression analysis to illustrate predictors of head nurses’ leadership styles, working at Kafr El-Dawar General Hospital.

Table 8 Present the results of multivariate regression analysis between leadership styles as dependent variable and age, gender, nursing experience, unit experience and psychological wellbeing as predictors, where adjusted R²=0.456. It was found that approximately 45.6% of the leadership styles is related to psychological well-being, where the model is significant (F=1.47, P=0.03).

However, coefficients table of regression analysis has displayed that age, gender and psychological well-being were relatively significant predictors of leadership styles, where (P=0.03, 0.04, 0.02), respectively; and also years of nursing experience and unit experience are not significant predictors affecting the level of leadership styles.

Table (8): Multivariate regression analysis to illustrate predictors of head nurses’ leadership styles, working at Kafr El-Dawar General Hospital. (N=44)

	Unstandardized Coefficients		standardized Coefficients	T	P. value
	B		β		
Age	2.63		2.73	3.15	.03*
Gender	2.21		2.24	1.43	.04*
Nursing experience	-.09		-.01	-.03	.98
Unit experience	1.01		.07	.37	.71
Psychological wellbeing	3.00		3.02	4.03	.02*
ANOVA					
Model	Df.	R ²	F	P. value	
Regression	5.00	0.456	1.47	0.03*	

a. Dependent Variable: leadership styles

b. Predictors: (constant): age, gender, nursing experience, unit experience and psychological well-being.

** Highly significant $P \leq 0.01$ *, significant $P \leq 0.05$

df= degree of freedom, F= One Way Anova

T=Independent samples t- test, R²= Coefficient of multiple determination

Multivariate regression analysis to illustrate predictors of staff nurses’ psychological well-being, working at Kafr El-Dawar General Hospital.

Table 11 Presents the results of multivariate regression analysis between psychological well-being as dependent variable and age, gender, nursing experience, unit experience and leadership styles as predictors of psychological well-being, where adjusted R²=0.384. It was found that approximately 38.4% of psychological well-being is related to leadership styles where the model is significant (F=2.37, P= 0.02).

However, coefficients table of regression analysis has displayed that age and leadership styles were relatively significant predictors of psychological well-being, where(P=0.03, 0.02), respectively; and also gender, years of nursing experience and unit experience are not significant predictors affecting the level of psychological well-being.

Table (11): Multivariate regression analysis to illustrate predictors of staff nurses’ psychological well-being, working at Kafr El-Dawar General Hospital. (N=270)

	Unstandardized Coefficients		standardized Coefficients	T	P. value
	B		β		
Age	3.64		3.71	2.91	.03*
Gender	-2.12		-.03	-.49	.62
Nursing experience	-3.11		-.17	-1.11	.27
Unit experience	1.85		.09	.76	.45
Leadership styles	2.05		2.05	3.91	.02*
ANOVA					
Model	Df.	R ²	F	P. value	
Regression	5.00	0.384	2.37	.02*	

a. Dependent Variable: psychological well-being

b. Predictors: (constant): age, gender, nursing experience, unit experience and leadership styles.

** Highly significant $P \leq 0.01$ *, significant $P \leq 0.05$

df= degree of freedom, F= One Way Anova

T=Independent samples t- test, R²= Coefficient of multiple determination

4. DISCUSSION

Leadership styles

The findings of the present study revealed that highly statistically significant differences were found between head nurses and staff nurses and total leadership styles, transformational leadership, idealized influence attribute, idealized influence behavior, inspiration motivation and intellectual stimulation subscales. Moreover, a statistically significant difference was found between head nurses and staff nurses and management by exception passive. However, no statistically significant differences were found between head nurses and staff nurses and transactional and laissez-faire leadership, individual consideration, contingent reward and management by exception active subscales. Moreover, the first leadership style was transformational; followed by transactional, and lastly, laissez-faire.

This may be related to head nurses and staff nurses, who are likely to work as team, with collaborative decisions and taking into account hospital objectives. However, these decisions are generally post pond due to their work overload and staff shortage, which make it more serious and challenging. Furthermore, head nurses usually feel uncertain of the capabilities of her staff, leading to not giving them to take their own decisions, she is always with them.

This is congruent with Humphreys and Zettel (2002),⁽²⁴⁾ reported that leaders, who described themselves as more transformational, are more effective than other leaders. Moreover, Bass and Riggio (2006)⁽²⁵⁾ found that transformational leadership is the most used and effective between leaders. Furthermore, Failla and Stichler (2008)⁽²⁶⁾ and Bass and Bass (2008)⁽²⁷⁾ found that staff nurses believed that transformational leadership was widely used by head nurses. Mabrouk, (2009)⁽²⁸⁾ also stated that transformational leadership is proposed as empowering leadership style that better fits with today's hospital and nursing environment, it aims to empower nurses and help to grow in their personal and professional development. Ibrahim et al. (2011)⁽²⁹⁾ found that leadership styles are dominant in all hospital especially between head nurses and the most used style was transformational leadership style. Also, the results of Garg and Ramjee (2013),⁽³⁰⁾ indicated that leadership in the said Para statal is more transformational than transactional. Along the same line, Bryman (2013)⁽³¹⁾, Tsuno and kawakami (2015),⁽³²⁾ documented that transformational leadership was dominant. This was also, in same line with Elmezin et al. (2016)⁽³³⁾, who showed in their study that nurses favor transformational leadership over transactional. Additionally, Abdelhafiz et al. (2016)⁽³⁴⁾ stated that transformational leadership were the most used followed by transactional leadership by head nurses in hospitals.

On the other hand, this result is contraindicated with Jaffe et al. (2012)⁽³⁵⁾, who reported that staff nurses rated head nurses are equally using all three leadership styles: transformational, transactional and laissez faire with minor individual variances among them. Mubark et al. (2015)⁽³⁶⁾ found that staff nurses believed that their head nurses used transactional style and laissez faire style quite often.

Psychological well-being

The findings of the present study revealed that no statistically significant differences were found between head nurses and staff nurses and total nurses' psychological well-being, social role functioning, interpersonal relationship and symptom distress subscales. Additionally, the first psychological well-being subscales was symptoms distress; followed by interpersonal relationships, and lastly, social role functioning. This may be due to that nurses staff are experienced to deal with stress due to their continuous exposure to emergency situations at their units. Moreover, as nursing is a stressful career that requires dealing with acute ill patients and life threatening situations; therefore it needs a lot of physical effort and interpersonal relationships.

These findings are compatible with Kuniek (2017),⁽³⁷⁾ stated that great relationship between nurses and symptom and physical distress. In addition to that, Faisal and Abdullah (2019)⁽³⁸⁾ revealed that the relationship between psychological well-being and symptom distress in nurses may be due to poor working conditions and shortage of nursing staff. On the other hand, Madhchandra and Srimathi (2016)⁽³⁹⁾ studied psychological well-being among nurses and doctors in india and found that positive relationship between them. Moreover, Akbari et al. (2019)⁽⁴⁰⁾ reported that psychological well-being of nurses are depending on social relationships. Sobhi et al. (2020)⁽⁴¹⁾ indicated that social role functioning is the dominant psychological well-being subscale between nurses. Moreover, Siris and Owens (2021)⁽⁴²⁾ reported that nurses experienced psychological distress.

Relationship between leadership styles and psychological well-being

The findings of the present study revealed that there was positive statistical significant correlation between total leadership styles and total psychological well-being, for both head nurses and staff nurses. This may be due to the working relations between head nurses and her staff that is reflected on her staff psychological well-being, so, the more positive and collaborative leadership style, the more positive psychological well-being and a positive work climate.

These findings go in the same line with Zopitas and Constanti (2010),⁽⁴³⁾ who found that transformational leadership was positively correlated with personal accomplishment and well-being. Moreover, Millia (2012)⁽⁴⁴⁾ found that the impact of leadership styles on interpersonal trust and well-being is positive. In addition to that, Halder (2014)⁽⁴⁵⁾ showed that there was a positive and significant effect of transformational leadership and psychological well-being. However, this result is partially consistent with Skogbrott et al. (2016),⁽⁴⁶⁾ who found a negative relation between leadership behaviors and psychological distress. Furthermore, Amir (2018)⁽⁴⁷⁾ concluded that a highly positive relationship was found between leadership styles and nurses psychological well-being and also interpersonal communications.

Furthermore, there were positive high statistical significant correlations between total leadership styles and all its related styles and subscales. Moreover, there were positive high statistical significant correlations between total psychological well-being and all its related subscales for both head nurses and staff nurses. Additionally, the same correlations were found between total leadership styles and social role functioning; as well as between total psychological well-being and transactional leadership and contingent reward for head nurses, also between total psychological well-being and management by exception active for both head nurses and staff nurses. Furthermore, there were positive high statistical significant correlations between transformational leadership and idealized influence attribute, idealized influence behavior, inspiration motivation, intellectual stimulation and individual consideration for both head nurses and staff nurses. This may be due to the increase awareness of head nurses about styles of leadership and its skills, leading to better communication and work performance among their staff nurses, who are dealing with more respect to them.

These findings are in accordance with Woodman and Hauser (2013),⁽⁴⁸⁾ who reported that acceptance of responsibilities and social role were related to low levels of psychological well-being. Moreover, Secil (2014)⁽⁴⁹⁾ demonstrated that psychological well-being of nurses are contributed with relationships in work and their social role. In addition to that, Davood et al. (2014)⁽⁵⁰⁾ noted that transformational leaders are more innovative and considering individuality. Anderson (2015)⁽⁵¹⁾ revealed that there was a very strong correlation between transactional leadership and transformational leadership. Additionally, Lizette and Frida (2016)⁽⁵²⁾ stated that idealized influence behavior, nurses motivation and consideration are positively connected. Manjale (2017)⁽⁵³⁾ found that transformational leadership style is determinant of nurses' self-esteem and individual consideration. Moreover, Frank et al. (2018)⁽⁵⁴⁾ concluded that transactional style is more contributed to nurses' leadership styles.

Furthermore, Rinaldi et al. (2018)⁽⁵⁵⁾ found that transformational leadership has a positive relationship with nurses motivation. Moreover, Kiran et al. (2019)⁽⁵⁶⁾ found a positive correlation between transactional style and laissez faire style. This result is partially inconsistent with Mohammad et al. (2014),⁽⁵⁷⁾ who found that there is a positive weak correlation between transformational leadership and nurses' psychological well-being. On the other hand, Tebogo et al. (2015)⁽⁵⁸⁾ mentioned that leadership styles were not statistically significant with laissez faire nurses.

The present study illustrated that there were positive statistical significant correlations were found between laissez faire leadership and social role functioning for head nurses whereas, the same correlation between total leadership styles and inspiration motivation and social role functioning; as well as between total psychological well-being and transactional leadership and contingent reward, additionally the same correlation were found between transactional leadership and management by exception passive for staff nurses. This may be related to head nurses, who are more enthusiastic and optimistic and seek different perspectives when solving problems. Head nurses spend time teaching her staff and help in develop their strengths and provide others with assistance. They are also eager about their family troubles, feeling loved and wanted, feel stressful, working too hard to solve problems and avoid taking important decision.

These findings are supported by Arnold and Connelly (2013),⁽⁵⁹⁾ who found that nurses, who are more enthusiastic, are more caring with their family and positive well-being. Raja et al. (2021)⁽⁶⁰⁾ also stated that more good relations with health team tend to more well-being climate in hospitals. On contrary, this is not in agreement with Sophon (2013),⁽⁶¹⁾ who

contends that transformational leaders facilitate communication and delegation among nurses. In addition, Long et al. (2014)⁽⁶²⁾ stated that leaders are able to assign nurses tasks, which are comfortable doing. Furthermore, Barine and Minja (2014)⁽⁶³⁾ found that inspirational motivation is concerned with motivating nurses to higher level of contribution and productivity. Finally, Mariela (2021)⁽⁶⁴⁾ stated that no statistical significant relationship was found between both transformational and transactional leadership styles and management by exception passive.

The findings of the present study illustrated that there are negative high statistical correlations between total psychological well-being and transformational leadership, idealized influence behavior and inspiration motivation; as well as between laissez faire leadership and interpersonal relationships for head nurses. Additionally, the same correlations were found between transformational leadership and management by exception active and symptom distress for both head nurses and staff nurses. This may be due to head nurses keep track of all mistakes and concentrate her full attention to deal with it and with failures. They also had sense of power and confidence to get involved in issues and making decisions. This is supported by Robert and Vandenberghe (2020),⁽⁶⁵⁾ who stated that laissez faire leaders are negatively affected in making decisions. These findings are incompatible with Gregory (2007),⁽⁶⁶⁾ who found that there is a positive correlation between transformational leadership style and nurses' motivation and dealing with problems. Willis et al. (2017)⁽⁶⁷⁾ also found that less strongly relation between transformational leadership and management by exception active.

The findings of the present study also showed that there are negative statistical significant correlations between transactional leadership and idealized influence behavior for head nurses; and between total psychological well-being and transformational leadership and inspiration motivation. This may be related to head nurses, who have values and beliefs and sense of purpose deal with their staff nurses with fairness and individuality to promote their psychological well-being. This finding is incompatible with Dvir et al. (2002),⁽⁶⁸⁾ who found that transactional leadership is less correlational with higher performance and behavior than transformational leadership. Moreover, Wang et al. (2004)⁽⁶⁹⁾ stated that transformational and transactional leadership were positively linked with nurses' behavior and attitude.

Predictors of leadership styles and psychological well-being

The present study revealed that age, gender and psychological well-being were significant predictors affecting the level of head nurses' leadership styles. However, nursing experience and psychological well-being were relatively significant predictors of staff nurses' perceptions of leadership styles. Additionally, years of nursing experience and unit experience are not significant predictors affecting the level of head nurses' leadership styles and also age, gender and unit experience are not significant predictors affecting the level of staff nurses' perceptions of leadership styles. Moreover, the present study showed that age, gender and leadership styles were relatively significant predictors of psychological well-being of head nurses perceptions, however age and leadership styles were relatively significant predictors of psychological well-being of staff nurses. Additionally, years of nursing experience and unit experience are not significant predictors affecting the level of psychological well-being of head nurses perceptions, also gender, years of nursing experience and unit experience are not significant predictors affecting the level of psychological well-being of staff nurses.

This is supported by Gelfan et al. (2007),⁽⁷⁰⁾ who found that gender is significant predictor of leadership styles because female differ from male in using leadership styles. In addition to that, Basel and Kagman (2021)⁽⁷¹⁾ stated that gender and psychological well-being had a strong effect on leadership styles and decision making, female leaders are more effective and have huge impact than male. The finding goes partially in the same line with Vecchio and Bullis (2001),⁽⁷²⁾ who found, that based on gender, nurses are likely to display different psychological reactions and job habits. In addition to that, Liu et al. (2010)⁽⁷³⁾ indicated that leadership styles affect nurses' psychological well-being. Kara and Ctheriene (2013)⁽⁷⁴⁾ also stated that leadership had effect on psychological well-being; and that, transformational leadership is combined with positive psychological well-being. Moreover, Nurul and Che (2016)⁽⁷⁵⁾ found that there was no difference between male and female toward psychological well-being. On the other hand, John et al. (2007)⁽⁷⁶⁾ found that nursing experience influence leadership styles and behaviors. Finally, Casey and Rebecca (2011);⁽⁷⁷⁾ Perez (2012);⁽⁷⁸⁾ and Amran and Khairian (2014)⁽⁷⁹⁾ concluded that there are no statistical significant differences of general psychological well-being toward gender.

5. CONCLUSION

The findings of the present study concluded that a positive significant correlation was found between total leadership styles and total psychological well-being at Kafr El-Dawar General hospital. In addition to that, there were highly statistically

significant differences were found between head nurses and staff nurses toward total leadership styles. However, there were no statistically significant differences were found between head nurses and staff nurses toward total psychological well-being. Moreover, the highest mean \pm SD of leadership styles for both subjects was transformational leadership style; also, symptom distress for psychological well-being. Furthermore, above three quarters of both head nurses and staff nurses had moderate level of total leadership styles. Moreover, half of head nurses and less than three quarters of staff nurses had moderate level of total psychological wellbeing.

6. RECOMMENDATIONS

Based on the findings of the present study, the following recommendations are suggested:

1- Hospital administrators should:

- Conduct training programs and conferences for nurse managers to enhance their leadership skills and talents for delegate responsibilities and duties to staff nurses, for positive relationships with staff nurses through being good listener and giving them feedback.
- Communicate clear goals and expectation to nurses, through sharing new ideas, which make them motivated and give them a sense of trust to maintain their psychological well-being.
- Conduct regular meetings with head nurses to promote effective interpersonal communications, solving problems and fulfill their needs.
- Apply training program to monitor level of psychological well-being of staff nurses through providing constructive feedback, encourage engagement and provide a competitive advantage.
- Foster a positive work climate for staff nurses to participate in decision making process and problem solving in order to promote working environment, to enhance their psychological well-being.

2- Head nurses should:

- Build autonomy in nursing staff by providing them with more authorities and responsibilities through applying delegation system, to encourage them to act in constructive and flexible manner and become role model for them.
- Increase staff nurses' satisfaction to increase their psychological well-being through competitive salaries, regular scheduling incentives, encourage team spirit and establish regular meetings to discuss their problems.
- Provide staff nurses with continuous positive feedback about their performance to boost their self-confidence and stimulate feeling of belonging to organization, to increase their psychological well-being.
- Foster positive work environment through encouraging team building and team work to improve workflow, which positively will impact their psychological well-being.

3- Staff nurses should:

- Communicate openly with their head nurses to discuss their problems.
- Attend training programs to improve their abilities and skills to work effectively; thus, increase their psychological well-being.

Further research:

- Impact of head nurses' leadership styles on nursing staff performance.
- Relationship between styles of leadership and productivity of work.
- Relationship between nurses' psychological well-being and their turnover.
- Relationship between nurses' psychological well-being and their work performance.

International Journal of Novel Research in Healthcare and Nursing

Vol. 10, Issue 2, pp: (227-243), Month: May - August 2023, Available at: www.noveltyjournals.com

REFERENCES

- [1] Alghazo A, Al-Anazi M. The Impact of Leadership Style on Employee's Motivation. *International Journal of Economics and Business Administration* 2016; 2(5), pp. 37-44.
- [2] Hurduzue R. The impact of leadership on organizational performance. *SEA - Practical Application of Science* 2015; 31(7), pp. 289-294.
- [3] Western S. *Leadership: A critical text*. London: Sage 2019; ISBN 978-1-5264-5951-0.
- [4] Mabrouk R, Samir G. First line nurse manager's clinical supervision effectiveness and supervisory working alliance: proctor's model application. Faculty of Nursing, Damanshour University. El-Beheira, Egypt. *World Journal of Nursing Sciences* 2016; 2(3):173-187.
- [5] Igbaekemen G. Impact of Leadership Style on Organization Performance: A Strategic Literature Review. *Public Policy and Administration Research* 2014; 4(9), pp. 126-136.
- [6] Northouse P. *Leadership: theory and practice*. 5th ed. California: SAGE 2010; 135-55.
- [7] Gharibvand S. The Relationship between Malaysian Organizational Culture, Participative Leadership Style, and Employee Job Satisfaction among Malaysian Employees from Semiconductor Industry. *International Journal of Business and Social Science* 2012; 3(16): 289-98.
- [8] Shortell S, Kaluzny A. *Health care management: organization design and behavior*. 5th ed. Delmar Publishers, Albany NY 2006; 240-56.
- [9] Kirkbride P. Developing transformational leaders: the full range leadership model in action. *Industrial and Commercial Training* 2006; 38(1): 23-32.
- [10] Nilsson K, Hertting A, Petterson I, Theorell T. Pride and confidence at work: potential predictors of occupational health in a hospital setting. *BMC Public Health* 2005; 5(92): 1-11.
- [11] Piccolo R, Colquitt A. Transformational leadership and job behaviors: the mediating role of core job characteristics. *Academy of Management Journal* 2006; 49(2): 327-40.
- [12] Bass B, Avolio B. *Transformational leadership development: manual for the multifactor leadership questionnaire*. Palo Alto, CA: Consulting Psychologists Press 2004; 315-38.
- [13] Elsayed E, Mahmoud A and Mohamed N. Effect of faculty support and nursing student self-efficacy an affective commitment on their academic achievements. *Life science journal* 2013; (1).
- [14] Elsayed W, Saleem W and Elsayed N. Nursing workload and the cost of nursing care at mansoura emergency hospital. *Journal of American Science* 2012; 322-70.
- [15] Marquis B, Huston C. *Leadership roles and management functions in nursing: theory and application* (5th ed); Philadelphia: Lippincott Williams & Wikins 2006; (1).
- [16] Huber D. *Leadership and nursing care management* (3rd ed.); Philadelphia: Saunders 2006; 288-143.
- [17] Deci E, Ryan R. Hedonia, eudaimonia, and well-being: An introduction. *Journal of Happiness Studies* 2008; 9: 1–11.
- [18] Keyes C, Lopez S. Toward a science of mental health: positive directions in diagnosis and interventions. In C. R. Snyder and S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 45-62). Oxford: Oxford University Press 2005; (1).
- [19] Wang X, CHontawan R and Nantsupawat R. Transformational leadership effect on job satisfaction of registered nurses in hospital in china. *Adv Nurs* 2012;68(2):444-51.
- [20] Clumeck N, Kempnaers C, Godin I, Dramaix M, Kornitzer M, Linkowski P, Kittel F. Working conditions predict incidence of long-term spells of sick leave due to depression: results from the Belstress I prospective study. *Journal of Epidemiology and Community Health* 2009; 63(4): 286-292.

International Journal of Novel Research in Healthcare and Nursing

 Vol. 10, Issue 2, pp: (227-243), Month: May - August 2023, Available at: www.noveltyjournals.com

- [21] Munir F, Burr H, Hansen J, Rugulies R, Nielsen K. Do positive psychosocial work factors protect against 2-year incidence of long-term sickness absence among employees with and those without depressive symptoms? *A orchestras. Nonprofit management and leadership* 2011; 20(1): 41-59.
- [22] Bass B, Avolio B. *Multifactor Leadership Questionnaire Manual* (Third ed.). Menlo Park, CA: Mind Garden, Inc 2004; (1).
- [23] Lambert M, Jong K, Nugter M, Burlingame G. Handleiding voor de afname en scoring van de Outcome Questionnaire -45 (OQ-45). Salt Lake City, UT: OQ Measures LLC 2009; (1).
- [24] Humphreys J, Zettel M. Transformational leader self-perception and objective sales performance: The potential moderating effects of behavior a coping ability. *International Business and Economics Research Journal* 2002; 1(1): 9-23.
- [25] Bass B and Riggio R. *Transformational Leadership* 2nd ed. New Jersey: Lawrence Erlbaum Associates 2006; (1).
- [26] Failla K, Stichler J. Manager and Staff Perceptions of the Manager's Leadership Style. *The Journal of nursing administration* 2008; 38(1); 480-487.
- [27] Bass, Bass. *The Bass hand book of leadership: theory, research and managerial applications* 4thed. Newyourk 2008.
- [28] Mabrouk R. The impact of first line nurse managers leadership development training programe work group climate and performance. Unpublished Doctorate Dissertation. Faculty of Nursing. Alexandria University 2009.
- [29] Ibrahim A, El shaer A, Elsayed N. Leadership styles and conflict management strategies of head nurses at Mansoura university hospital. *Mansoura nursing journal* 2011; 2(2): 18235.
- [30] Garg A and Ramjee D. The Relationship Between Leadership Styles And Employee Commitment At A Parastatal Company In South Africa. *International Business & Economics Research Journal* 2013; 12(11):1411-36.
- [31] Bryman A. *Bussiness research methods*, Oxford University 2013; 21(4): 210-113
- [32] Tsuno K, Kawakami N. Multifactor leadership styles and new exposure to work place bullying: a six month prospective study. *Japan* 2015; 43(5):178-93.
- [33] Elmezin N, Ibrahim S, El Sayed R and Attala M. Relationship between Head Nurses' Leadership Styles and Staff Nurses' Job Performance. *IOSR Journal of Nursing and Science (IOSR-JNHS)* 2016; 5(1): 66-74.
- [34] Abdelhafiz I, Alloubani A, Almatari M. Impact of leadership styles adopted by head nurses on job satisfaction : a comparative study between governmental and private hospitals in Jordan. *Journal of nursing management* 2016; 24(3): 384-392.
- [35] Jaffe E, Sasson U, Knobler H, Aviel E, Goldberg A. *Nonprofit management and leadership* 2012; 22(3): 367-377.
- [36] Moubark I, Mah'd A, Klaldehy M, Mousa M. Impact of leadership styles among head nurses on level of job satisfaction among staff nurses. *European Scientific Jounal*. November 2015; 25(2): 116-30.
- [37] KunieK. The relationship between work engagement and psychological distress of hospital nurses and the perceived communication behaviors of their nurse managers: A cross sectional survey. *International journal nursing* 2017.
- [38] Faisal S, Abdullah KH. Psychological distress and its association with job satisfaction among nurses in a teaching hospital. *Journal of clinical nursing* 2019.
- [39] Madhchandra M and Srimathi N. Psychological well-being among nurses and doctors: A comparative study. *The international journal of india psychology* 2016; 3(4).
- [40] Akbari F, Amir H, Poor A, Vagheie Y, Dastjer R. Survey of socio- psychological stress among nurses working in birjand teaching hospitals. *Birjand university medical science* 2019; (12): 66-72.
- [41] Sobhi M, Hanan A, Kasir W, Abdulaziz A, Dara A. Psychological well-being during COVID-19 lockdown: Insights from a Saudi State University's Academic Community 2020.

International Journal of Novel Research in Healthcare and Nursing

 Vol. 10, Issue 2, pp: (227-243), Month: May - August 2023, Available at: www.noveltyjournals.com

- [42] Siris F, Owens J. Factors associated with psychological distress in health care workers during an infectious disease outbreaks: a rapid systematic review of the evidence. University of Sheffield, department of psychology. 2021;15(2): 19-29.
- [43] Zopitas A, Constanti P. Leadership styles and burnout: is there an association? International Journal of Contemporary Hospitality Management 2010; 22(3): 300-320.
- [44] Millia J. The impact of leadership styles on interpersonal trust. Journal of Business education 2012.
- [45] Halder D. Transformational leadership and employee well-being and organizational identification. University Amsterdam, Faculty of economic and business 2014; 13(3): 118-26.
- [46] Skogbrott M, Birkeland M, Heir T. Time-lagged relationships between leadership behaviors and psychological distress 2016; 89 (4):689-697.
- [47] Amir R. Leadership styles and interpersonal communication of employee satisfaction and its effect on employee performance. Journal pendidikan bisnis manajemen 2018; 108-116.
- [48] Woodman A, Hauser C. The role of coping strategies in predicting change in parenting efficacy and depressive symptoms among mothers of adolescents with developmental disabilities. USA, Journal of intellectual disabilities 2013; 57(6):513-530.
- [49] Secil B. The relationship between psychological well-being and psychological empowerment: The role of self-efficacy perception and social support 2014; 10(40): 139.
- [50] Davood H, Charkhabi M, Naami A. The relationship between transformational leadership and work engagement in governmental hospitals nurses: A survey study. Springer plus journal 2014.
- [51] Anderson L. Relationship between leadership, Organizational Commitment, and intent to stay among junior executives. Doctoral dissertation, College of Management and Technology, Walden University 2015.
- [52] Lizette E, Frida J. Transformational leadership's effect on motivation and trust. School of business, society and engineering 2016.
- [53] Manjale B. Correlations between leadership styles and self-esteem of employees. A case of technical colleges in Arusha city. Tanzani. Journal of research innovation and implications in education 2017; 1(4):1-12.
- [54] Frank O, Amoak E, Obuobisa Th. The relationship between leadership style and employee performance: An exploratory study of Ghanaian public service. International journal of public leadership 2018; 256-24929.
- [55] Rinaldi A, Wardi Y, Evanita S. The effect of transformational leadership and motivation on employee performance. Advances in economics, business and management research 2018; vol (64).
- [56] Kiran G, Hyde A, Singh V. A study of management by exception: Active, passive and laissez faire leadership style of leaders in B school. India. 2019; 2349-7165.
- [57] Mohammad A, Simin V, Bitu F. The relationship between leadership styles, employee satisfaction and loyalty. International journal of human resources and industrial research 2014; 2349-4816.
- [58] Tebogo S, Steyn R. The relationship between leadership styles, innovation and organizational performance: A systemic review south Africa journal of economic and management sciences 2015; 18(3), 325-337.
- [59] Arnold K, Connelly C. Transformational leadership and psychological well-being: effects on followers and leaders. The Willey black well hand book of psychology of leadership, change and organizational development 2013; PP 175-14.
- [60] Raja N, Masih Sh, Ali W. Influence of transactional leadership and trust in leader on employee well-being and mediating role of organizational climate. International journal of business and economic affairs 2021; 6(1).
- [61] Sophon S. Organizational leadership in times of uncertainty. Journal of trans disciplinary writing and research from Claremont graduate university 2013; 2(1),1-16.

International Journal of Novel Research in Healthcare and Nursing

 Vol. 10, Issue 2, pp: (227-243), Month: May - August 2023, Available at: www.noveltyjournals.com

- [62] Long C, Yusof W, Kowang T, Heng L. The impact of transformational leadership style on job satisfaction. *World applied science journal* 2014; 29(1),117-124.
- [63] Barine K, Minja D. *Transformational corporate leadership*. New York integrity publishing 2014.
- [64] Mariela V. Transactional, transformational and passive avoidant leadership in covid times. *Metropolia university of applied sciences* 2021; 48(2).
- [65] Robert V, Vandenberghe Ch. Laissez faire leadership and affective commitment: the roles of leader-member exchange and subordinate relational self- concept. *Journal of business and psychology* 2020; 36,533-551.
- [66] Gregory A. Transformational and transactional leadership: Association with attitudes toward evidence based practice psychiatric services 2017; 57(8): 1162-1169.
- [67] Willis S, Clarke S, O`conner E. Contextualizing leadership: transformational leadership and management by exception active in safety critical contexts. *Journal of occupational and organizational psychology* 2017; 90(3), 281-305.
- [68] Dvir T, Eden B, Avolio B. Impact of transformational leadership on followers development and performance: A field experiment. *A cademy of management journal* 2002; 45(4), 735-744.
- [69] Wang P, Walumbwa F, Lawler J. The role of collective efficacy in the relations between transformational leadership and work outcomes. *Journal of occupational and organizational psychology* 2004; 77,515-530.
- [70] Gelfan M, Erez M, Aycan Z. Cross-culture organizational behavior. *Annu. Rev psycho* 2007; 58:479-514.
- [71] Basel D, Kagan O. The impact of gender on leadership styles and leadership effectiveness. *International journal of science and research* 2021; 10(1):1419-1434.
- [72] Vecchio R, Bullis R. Moderate of the influence of supervisor-subordinate similarity on subordinates outcomes. *J. appl. Psychol* 2001; 86(5):884-896.
- [73] Liu J, Siu O, Shi K. Transformational leadership and employee well-being. The mediating role of trust leader and self-efficacy. *Applied psychology: an international review* 2010; 59(3),454-479.
- [74] Kara A, Catherine C. Transformational leadership and psychological well-being: Effects on folloers and leaders. *The willey-Black well hand book of the psychology of leadership, change and organizational development*. Publisher: willey black well 2013; PP (175-194).
- [75] Nurul A, Che S. Examining the differences of gender on psychological well-being. *International review of management and marketing* 2016; 6(58)82-87.
- [76] Jon E, Susan F, Gina S, Pavid B. Effects of gender, education and age up on leaders use of influence and full range leadership behavior. *Springer science and business media* 2007; PP71-83.
- [77] Casy L, Rebecca M. Stress and well-being in Australia: A state of the nation survey. In *psych. The bulletin of Australian psychological society* 2011; 33(6), 32.
- [78] Perez J. Gender differences in psychological well-being among Filipino college students samples. *International journal of humanities and social science* 2012; 2(13), 84-93.
- [79] Amran H, KHairiah K. Hubungan tekanan terhadap kesejah teraan umum dalam kalangan penjawat awam di pejabat setiausaha kerajaam negeri Pahang. *Jurnal psikologi and kaunseling perkhidmatan awarn Malaysia* 2014; 9(87-104).